



City of Hamilton
EMERGENCY & COMMUNITY SERVICES COMMITTEE
AGENDA

Meeting #: 22-014
Date: December 1, 2022
Time: 1:30 p.m.
Location: Council Chambers
Hamilton City Hall
71 Main Street West

Tamara Bates, Legislative Coordinator (905) 546-2424 ext. 4102

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. September 22, 2022

5. COMMUNICATIONS

6. DELEGATION REQUESTS

6.1. Medora Uppal, YWCA Hamilton, respecting housing an homelessness for women and gender diverse people (for a future meeting)

6.2. Request for capital as well as operational funding spread over 3-years for Tiny Homes Project, a program to provide tiny, warm cabins for those experiencing homelessness in our city (for today's meeting)

a. Julia Kollek, Hamilton Alliance for Tiny Shelters

- b. Heather McLean, Hamilton Jewish Family Services
- c. Daniel A. Bednis, Hamilton Alliance for Tiny Shelters
- d. Don Seymour, Wesley

7. DELEGATIONS

8. PRESENTATIONS / STAFF PRESENTATIONS

- 8.1. Seniors Advisory Committee - Annual Report

9. CONSENT ITEMS

- 9.1. Standardization of Resident Lifting and Hygiene Equipment (HSC22052) (Wards 7 and 13)
- 9.2. 2022 Ministry of Health Ambulance Service Review Findings (HSC22055) (City Wide)

10. PUBLIC HEARINGS

11. DISCUSSION ITEMS

- 11.1. Seniors Advisory Committee - Citizen Committee Report - Seniors Advisory Committee Roles and Responsibilities of New Members
- 11.2. 2023 Budget Submission - Seniors Advisory Committee (HSC22054) (City Wide)
- 11.3. 2023 Budget Submission – Housing and Homelessness Advisory Committee (HSC22056) (City Wide)

12. MOTIONS

13. NOTICES OF MOTION

14. GENERAL INFORMATION / OTHER BUSINESS

15. PRIVATE AND CONFIDENTIAL

16. ADJOURNMENT



EMERGENCY & COMMUNITY SERVICES COMMITTEE MINUTES 22-013

1:30 p.m.

Thursday, September 22, 2022

Council Chambers

Hamilton City Hall

71 Main Street West

Present: Councillors B. Clark (Chair), N. Nann and E. Pauls,

Regrets: Councillor T. Jackson – City Business, Councillors S. Merulla and T. Whitehead – Personal

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

1. Seniors Advisory Committee - Citizen Committee Report respecting Extreme Heat Mitigation (Item 10.1)

(Nann/Pauls)

WHEREAS, the Ontario Human Rights Commission (OHRC) has issued a statement (https://www.ohrc.on.ca/en/news_centre/ohrc-statement-human-rights-extreme-heat-waves-and-air-conditioning) on human rights, extreme heat waves and air conditioning as of August 19, 2022 stating that while under the *Residential Tenancy Act, 2006* (RTA), tenants have access to vital services such as heat, hot and cold water, electricity and fuel, it does not include air conditioning;

WHEREAS, the OHRC has stated this current RTA puts at risk many Ontarians, such as people with disabilities, older people and low income, youngsters under the age of 4, Indigenous, Black and racialized communities from protection from extreme heat. People with disabilities, older adults and children under the age of 4 years are at most risk for heat illness and death. This leaves many Ontarians without protection from extreme heat;

WHEREAS, the OHRC calls on the provincial government to include air conditioning as a vital service under RTA regulations and to establish a provincial maximum temperature to ensure that vulnerable Code-protected tenants are protected against threat of eviction for using safely installed cooling units;

WHEREAS, at the Federal level, Canada has committed to reaching net-zero emissions by 2050 under the Paris Agreement and to cut emissions of methane by at least 30% below 2020 levels by 2030 through the Global Methane Pledge;

WHEREAS, there is a growing trend across Canada to ban heat from fossil fuels with some cities setting target dates to ban fossil fuel use to reach zero-emissions (Vancouver 2025) as well as some provinces already making it illegal to replace existing furnaces with fossil burning fuels to reach near-zero emissions and drastically cut methane (Quebec);

WHEREAS, the City of Hamilton committed to plans for transforming buildings to low carbon emitting and has prioritized a 13 Climate Change Impact Adaption Plan (<https://www.hamilton.ca/city-initiatives/strategies-actions/climate-change-action>), one being to help vulnerable populations from experiencing climate related risks of extreme heat and cold;

WHEREAS, heating residences with fossil fuels create 85% of Greenhouse Gas emissions mainly from natural gas that is itself 95% methane gas;

WHEREAS, the City of Hamilton has already officially approved to seek a grant to design a Home Efficiency Retrofit Opportunity (HERO) Program (<https://www.environmenthamilton.org/hamiltonhero>) for Hamilton that will allow homeowners to get a low-interest loan to make quality of life and energy conservation improvements to their homes that they would not otherwise be able to afford; and

WHEREAS, the City of Hamilton has already become the owner of the world's largest residential building retrofitted to Passive House standards (https://passivehouse-international.org/index.php?page_id=150). The Ken Soble CityHousing Hamilton building has achieved 94% reduction of greenhouse gas emissions and 91% reduction in heating energy demand to support resident health and climate resilience. This building uses heat pumps to heat and cool apartment units. CityHousing Hamilton is a true model for addressing extreme heat and housing crises.

THEREFORE, BE IT RESOLVED:

- (a) That the Seniors Advisory Committee requests that the City of Hamilton advocate to the Government of Ontario to change the building code to make heat pumps (heat and cooling units) and electrification mandatory in all new building and retrofit housing; and
- (b) That the City of Hamilton expand the extreme heat interventions to other CityHousing Hamilton facilities and to low income rental units in the near future as per those already put in place by Public Health's Extreme Heat Working Group in 181 Jackson Street West, 200 Jackson Street West, 191 Main Street West and 95 Hess Street South.

Result: Motion CARRIED by a vote of 3 to 0, as follows:

YES - Ward 3 Councillor Nrinder Nann
ABSENT - Ward 4 Councillor Sam Merulla
ABSENT - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Chair - Ward 9 Councillor Brad Clark
ABSENT - Ward 14 Councillor Terry Whitehead

2. Support for the Sexual Assault Centre (Hamilton and Area) to Receive Increased and Sustainable Provincial Funding (Item 11.1)

(Nann/Pauls)

WHEREAS, since 1975, the Sexual Assault Centre (Hamilton and Area) (SACHA) has provided advocacy and direct support for survivors of recent or historical sexual violence;

WHEREAS, the number of survivors needing access to crisis counselling and long-term counselling programs continues to increase year upon year;

WHEREAS, SACHA has provided abuse prevention education available for all residents in the City of Hamilton including school boards, universities, public institutions, not-for profit organizations, unions, and community groups, with increasing demands for workshops;

WHEREAS, ongoing underfunding of SACHA has reduced the number of resources available to provide these services due to highly specialized skill requirements that are unmatched by low wages and inadequate benefits relative to other mental health funded positions;

WHEREAS the current COVID-19 pandemic has resulted in a drastic increase in the number of people in the community requiring the services of SACHA; and

WHEREAS the Regional Municipality of Waterloo (June 22, 2022), the Council of the Corporation of the Town of Bracebridge (Dec 22, 2021; motion 21-GC-317), and the City of Kingston (August 9, 2022) have all passed resolutions calling on the provincial government to fulfill the 30% increase commitment announced in 2018 that has not been budgeted to date;

THEREFORE, BE IT RESOLVED:

That the Mayor, on behalf of Council, advocate to the provincial government to increase the base funding for the Sexual Assault Centre (Hamilton Area) (SACHA) by 30% to address current needs and plan for increases to enable sustainability, by writing a letter to Premier Doug Ford and Hon. Merrilee Fullerton, Minister of Children, Community, and Social Services, with copies to Members of Provincial Parliament representing Hamilton ridings and the Association of Municipalities of Ontario.

Result: Motion CARRIED by a vote of 3 to 0, as follows:

YES - Ward 3 Councillor Nrinder Nann
 ABSENT - Ward 4 Councillor Sam Merulla
 ABSENT - Ward 6 Councillor Tom Jackson
 YES - Ward 7 Councillor Esther Pauls
 YES - Chair - Ward 9 Councillor Brad Clark
 ABSENT - Ward 14 Councillor Terry Whitehead

3. Support for Ministry-Funded Essential Supports and Services Organizations in Hamilton (Added Item 13.1)

(Clark/Nann)

That the General Manager, Healthy and Safe Communities, and Housing Division staff be directed to work with organizations in Hamilton that provide essential supports and services that receive Violence Against Women funding from the Ministry of Children, Community and Social Services (Good Shepherd, Interval House, Mission Services and the Native Women's Centre) to meet with the Assistant Deputy Minister of Children, Community and Social Services in order to advocate to the Ministry to increase funding supports for these organizations.

Result: Motion CARRIED by a vote of 3 to 0, as follows:

YES - Ward 3 Councillor Nrinder Nann
 ABSENT - Ward 4 Councillor Sam Merulla
 ABSENT - Ward 6 Councillor Tom Jackson
 YES - Ward 7 Councillor Esther Pauls
 YES - Chair - Ward 9 Councillor Brad Clark
 ABSENT - Ward 14 Councillor Terry Whitehead

FOR INFORMATION:

(a) APPROVAL OF AGENDA (Item 2)

The Committee Clerk advised the following changes to the agenda:

6. DELEGATION REQUESTS

6.1 Sexual Assault Centre (Hamilton and Area), respecting Asking for City of Hamilton to endorse a resolution calling upon the Province of Ontario to provide increased and sustainable funding to local Sexual Assault Centre (SACHA) – for today's meeting

6.1(d) Miranda Jurilj - **WITHDRAWN**

6.1(f) Miriam Sager

(Nann/Pauls)

That the agenda for the September 22, 2022 Emergency and Community Services Committee meeting be approved, as amended.

Result: Motion CARRIED by a vote of 3 to 0, as follows:

YES - Ward 3 Councillor Nrinder Nann
ABSENT - Ward 4 Councillor Sam Merulla
ABSENT - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Chair - Ward 9 Councillor Brad Clark
ABSENT - Ward 14 Councillor Terry Whitehead

(b) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

(c) APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 4)**(Nann/Pauls)**

That the Minutes of the August 11, 2022 meeting of the Emergency and Community Services Committee, be approved, as presented.

Result: Motion CARRIED by a vote of 3 to 0, as follows:

YES - Ward 3 Councillor Nrinder Nann
ABSENT - Ward 4 Councillor Sam Merulla
ABSENT - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Chair - Ward 9 Councillor Brad Clark
ABSENT - Ward 14 Councillor Terry Whitehead

(d) COMMUNICATIONS (Item 5)**(Pauls/Nann)**

That the correspondence from David Steckham, respecting his resignation from the Hamilton Veterans Committee, be received.

Result: Motion CARRIED by a vote of 3 to 0, as follows:

YES - Ward 3 Councillor Nrinder Nann
ABSENT - Ward 4 Councillor Sam Merulla
ABSENT - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Chair - Ward 9 Councillor Brad Clark
ABSENT - Ward 14 Councillor Terry Whitehead

(e) DELEGATION REQUESTS (Item 6)**(Nann/Pauls)**

That the following Delegation Requests, be approved, for today's meeting:

- (a) Sexual Assault Centre (Hamilton and Area) (SACHA), Asking for City of Hamilton to endorse a resolution calling upon the Province of Ontario to provide increased and sustainable funding to local Sexual Assault Centre (SACHA):
 - 1. Jessica Bonilla/Dampthey (Item 6.1(a))
 - 2. Sabreina Dahab (Item 6.1(b))
 - 3. Maria Felix Miller (Item 6.1(c))
 - 4. Sarah Adjekum (Item 6.1(e))
 - 5. Miriam Sager (Added Item 6.1(f))

Result: Motion CARRIED by a vote of 3 to 0, as follows:

YES - Ward 3 Councillor Nrinder Nann
ABSENT - Ward 4 Councillor Sam Merulla
ABSENT - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Chair - Ward 9 Councillor Brad Clark
ABSENT - Ward 14 Councillor Terry Whitehead

(f) CONSENT ITEMS (Item 7)**(Pauls/Nann)**

That the following Advisory Committee Minutes, be received:

- (a) Hamilton Veterans Committee (Item 7.1(a))
 - 1. April 27, 2021 (Item 7.1(a)(a))
 - 2. May 25, 2021 (Item 7.1(a)(b))
 - 3. June 29, 2021 (Item 7.1(a)(c))
 - 4. July 27, 2021 (Item 7.1(a)(d))
 - 5. September 28, 2021 (Item 7.1(a)(e))
 - 6. October 26, 2021 (Item 7.1(a)(f))
 - 7. November 30, 2021 (Item 7.1(a)(g))

8. February 22, 2022 (Item 7.1(a)(h))
 9. March 29, 2022 (Item 7.1(a)(i))
 10. April 26, 2022 (Item 7.1(a)(j))
 11. May 31, 2022 (Item 7.1(a)(k))
- (b) Seniors Advisory Committee (Item 7.1(b))
1. June 3, 2022 (Item 7.1(b)(a))

Result: Motion CARRIED by a vote of 3 to 0, as follows:

YES - Ward 3 Councillor Nrinder Nann
 ABSENT - Ward 4 Councillor Sam Merulla
 ABSENT - Ward 6 Councillor Tom Jackson
 YES - Ward 7 Councillor Esther Pauls
 YES - Chair - Ward 9 Councillor Brad Clark
 ABSENT - Ward 14 Councillor Terry Whitehead

(g) PUBLIC HEARINGS / DELEGATIONS (Item 9)

(i) Sexual Assault Centre (Hamilton and Area) (SACHA), Asking for City of Hamilton to endorse a resolution calling upon the Province of Ontario to provide increased and sustainable funding to local Sexual Assault Centre (SACHA) (Added Item 9.1)

1. Jessica Bonilla-Dampney (Added Item 9.1 (a))

Jessica Bonilla-Dampney addressed Committee respecting Asking for City of Hamilton to endorse a resolution calling upon the Province of Ontario to provide increased and sustainable funding to local Sexual Assault Centre (SACHA).

2. Sabreina Dahab – Video Delegation (Added Item 9.1 (b))

Sabreina Dahab addressed Committee by pre-recorded video, respecting Asking for City of Hamilton to endorse a resolution calling upon the Province of Ontario to provide increased and sustainable funding to local Sexual Assault Centre (SACHA).

3. Maria Felix Miller (Added Item 9.1 (c))

Maria Felix Miller addressed Committee respecting Asking for City of Hamilton to endorse a resolution calling upon the Province of Ontario to provide increased and sustainable funding to local Sexual Assault Centre (SACHA).

4. Sarah Adjekum (Added Item 9.1 (d))

Sarah Adjekum addressed Committee respecting Asking for City of Hamilton to endorse a resolution calling upon the Province of Ontario to provide increased and sustainable funding to local Sexual Assault Centre (SACHA).

5. Miriam Sager (Added Item 9.1 (e))

Miriam Sager addressed Committee respecting Asking for City of Hamilton to endorse a resolution calling upon the Province of Ontario to provide increased and sustainable funding to local Sexual Assault Centre (SACHA).

(Nann/Pauls)

That the following Delegations, be received, and referred to the consideration of Item 10.1, Sexual Assault Centre (Hamilton and Area) (SACHA), Asking for City of Hamilton to endorse a resolution calling upon the Province of Ontario to provide increased and sustainable funding to local Sexual Assault Centre (SACHA):

1. Jessica Bonilla-Dampthey (Added Item 9.1(a))
2. Sabreina Dahab (Added Item 9.1(b))
3. Maria Felix Miller (Added Item 9.1(c))
4. Sarah Adjekum (Added Item 9.1(d))
5. Miriam Sager (Added Item 9.1(e))

Result: Motion CARRIED by a vote of 3 to 0, as follows:

YES - Ward 3 Councillor Nrinder Nann
 ABSENT - Ward 4 Councillor Sam Merulla
 ABSENT - Ward 6 Councillor Tom Jackson
 YES - Ward 7 Councillor Esther Pauls
 YES - Chair - Ward 9 Councillor Brad Clark
 ABSENT - Ward 14 Councillor Terry Whitehead

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

(h) ADJOURNMENT (Item 15)

(Pauls/Clark)

That there being no further business, the Emergency and Community Services Committee be adjourned at 2:52 p.m.

Result: Motion CARRIED by a vote of 3 to 0, as follows:

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YES - Chair - Ward 3 Councillor Nrinder Nann
ABSENT - Ward 4 Councillor Sam Merulla
ABSENT - Ward 6 Councillor Tom Jackson
YES - Ward 7 Councillor Esther Pauls
YES - Ward 9 Councillor Brad Clark
ABSENT - Ward 14 Councillor Terry Whitehead

Respectfully submitted,

Councillor B. Clark
Chair, Emergency and Community Services
Committee

Tamara Bates
Legislative Coordinator
Office of the City Clerk

Bates, Tamara

Subject: FW: Webform submission from: Request to Speak to a Committee of Council

Submitted on Tue, 11/01/2022 - 16:35

Submitted by: Anonymous

Submitted values are:

Committee Requested

Committee
Emergency & Community Services Committee

Will you be delegating in-person or virtually?
In-person

Will you be delegating via a pre-recorded video?
No

Requestor Information

Requestor Information
Medora Uppal
YWCA Hamilton
75 MacNab Street South
Hamilton, Ontario. L8P3C1
muppal@ywcahamilton.org

Preferred Pronoun
she/her

Reason(s) for delegation request
YWCA Hamilton -- addressing housing an homelessness for women and gender diverse people

Will you be requesting funds from the City?
Yes

Will you be submitting a formal presentation?
Yes

Bates, Tamara

Subject: FW: Webform submission from: Request to Speak to a Committee of Council

Submitted on Thu, 11/10/2022 - 16:06

Submitted by: Anonymous

Submitted values are:

Committee Requested

Committee
Emergency & Community Services Committee

Will you be delegating in-person or virtually?
In-person

Will you be delegating via a pre-recorded video?
No

Requestor Information

Requestor Information
Julia Kollek
Hamilton Alliance for Tiny Shelters
HAMILTON, Ontario.

Preferred Pronoun
she/her

Reason(s) for delegation request
Presentation requesting ~~foundational funding~~ **capital as well as operational funding spread over 3-years** for our program to provide tiny, warm cabins for those experiencing homelessness in our city.

Will you be requesting funds from the City?
Yes

Will you be submitting a formal presentation?
Yes

Bates, Tamara

Subject: FW: Webform submission from: Request to Speak to a Committee of Council

Submitted on Wed, 11/16/2022 - 14:18

Submitted by: Anonymous

Submitted values are:

Committee Requested

Committee
Emergency & Community Services Committee

Will you be delegating in-person or virtually?
In-person

Will you be delegating via a pre-recorded video?
No

Requestor Information

Requestor Information
Heather McLean
Hamilton Jewish Family Services
30 King Street East
Dundas, Ontario. L9H 5G6
ed@hamiltonjfs.ca
9056279922

Preferred Pronoun
she/her

Reason(s) for delegation request
Attending in support of Hamilton Alliance for Tiny Shelters

Will you be requesting funds from the City?
No

Will you be submitting a formal presentation?
No

Bates, Tamara

Subject: FW: Webform submission from: Request to Speak to a Committee of Council

Submitted on Tue, 11/22/2022 - 11:03

Submitted by: Anonymous

Submitted values are:

Committee Requested

Committee
Emergency & Community Services Committee

Will you be delegating in-person or virtually?
In-person

Will you be delegating via a pre-recorded video?
No

Requestor Information

Requestor Information
Daniel A Bednis
HATS - Hamilton Alliance for Tiny Shelters
Carlisle, ON

Preferred Pronoun
he/him

Reason(s) for delegation request
To present HATS budget inclusive of new request for funding of the Hamilton Tiny Shelters program.
I will be presenting with Julia Kollek and Don Seymore

Will you be requesting funds from the City?
Yes

Will you be submitting a formal presentation?
Yes

Bates, Tamara

Subject: FW: Webform submission from: Request to Speak to a Committee of Council

Submitted on Tue, 11/22/2022 - 11:07

Submitted by: Anonymous

Submitted values are:

Committee Requested

Committee
Emergency & Community Services Committee

Will you be delegating in-person or virtually?
In-person

Will you be delegating via a pre-recorded video?
No

Requestor Information

Requestor Information
Don Seymour
Wesley
52 Catharine
Hamilton, Ontario. l8r1j1
don.seymour@wesley.ca

Preferred Pronoun
he/him

Reason(s) for delegation request
To support HATS request for funding.

Will you be requesting funds from the City?
No

Will you be submitting a formal presentation?
No



EMERGENCY AND COMMUNITY SERVICES COMMITTEE

Presentation by

Seniors Advisory Committee

December 1, 2022

2022 Seniors Advisory Committee (SAC)

Mission and Membership

- SAC is a credible communication vehicle regarding the quality of life for all seniors in the City of Hamilton.
- SAC provides a forum for consumers and deliverers of seniors' services and facilitates to identify issues, explore possible remedies, and work to implement them.
- Membership is comprised of up to 19 members and currently SAC has a full compliment of members.
- Members have a variety of backgrounds and interests.

2022 Monthly Meeting Activity

Quorum

- Reached quorum at all monthly meetings

Attendance

- Average of 15 members at each meeting

Delegations/Presentations

- Received 10 in total

Citizen Committee Reports

- Submitted 5 to Emergency and Community Services Committee

Age-Friendly Hamilton

- SAC is a full partner with the City of Hamilton and the Hamilton Council on Aging in the development, governance and implementation of Hamilton's Plan for an Age-Friendly Community (2021-2026) and Hamilton's Plan for an Age-Friendly City (2014-2019).
- SAC has member representation on both the Age-Friendly Collaborative Committee (AFCC) and Age-Friendly Governance Committee (AFGC).

Working Groups and Committees

- SAC has 4 active working groups that are aligned with the objectives of Hamilton's Age-Friendly Plan:
 - ✓ Communications
 - ✓ Elder Abuse
 - ✓ Housing
 - ✓ Getting Around Hamilton
- SAC also has membership on several external committees/groups, including Vision Zero, Our Future Hamilton, McMaster Institute for Research on Aging, Ontario Health Coalition, Senior of the Year Awards, International Day of Older Persons and the Seniors Kick-off event.

Achievements

- **Heat Mitigation-** Research on global heat mitigation strategies and local by-laws, as well as the submission of a Citizen Committee Report to E&CS Committee which included recommendations.
- **City's New Website-** Feedback submitted to the City's Communications and Web staff with suggestions for improvement. i.e. Homepage has a direct link to landing page with seniors' resources, larger font size, easier to navigate site and landing page.
- **Working Groups-** Chairs of all working groups attended various Age-Friendly Collaborative Committee meetings to present on achievements from their prospective working group.

Additional Achievements

- **Elder Abuse-** Collaborated with Hamilton Police Services' (HPS) Seniors Support Officer to provide more information on elder abuse on HPS' website.
- **Secondary Dwelling Units-** supported this concept for lots designated for single family homes.
- **Brochure and Banner-** Developed a promotional brochure and banner for engagement events with seniors.
- **Events-** Participated in the Seniors Kick-off, International Day of Older Persons, Seniors Awards and Advisory Committee for Persons with Disabilities' (ACPD) Accessibility Fair.
- **Support-** provided funding support for the Seniors Kick-off, International Day of Older Persons and Seniors Awards.

Contacts

Penelope Petrie

Chair, Seniors Advisory Committee

Lisa Maychak

Staff Liaison, Seniors Advisory Committee

Project Manager, Age-Friendly City

City of Hamilton

Lisa.Maychak@hamilton.ca



QUESTIONS?




Hamilton

THANK YOU



CITY OF HAMILTON
HEALTHY AND SAFE COMMUNITIES DEPARTMENT
Long Term Care

| | |
|---------------------------|--|
| TO: | Chair and Members Healthy and Safe Communities Committee |
| COMMITTEE DATE: | December 1, 2022 |
| SUBJECT/REPORT NO: | Standardization of Resident Lifting and Hygiene Equipment Including Related Accessories, Supplies and Maintenance. (HSC22052) (Wards 7 and 13) |
| WARD(S) AFFECTED: | Wards 7 and 13 |
| PREPARED BY: | Holly Odoardi (905) 546-2424 Ext. 1906 |
| SUBMITTED BY: | Angela Burden General Manager Healthy and Safe Communities Department |
| SIGNATURE: |  |

RECOMMENDATION

- (a) That Council approve the standardization of ARJO® resident lifting and hygiene equipment and ARJO accessories and supplies required for the use of the resident lifting and hygiene equipment manufactured by Arjo Canada Incorporated, pursuant to Procurement Policy #14 - Standardization, at Macassa and Wentworth Lodges until January 30, 2028.
- (b) That Council approve the standardization of Arjo Canada Incorporated to perform the agreement work of annual maintenance on ARJO® equipment at Macassa and Wentworth Lodges until January 30, 2028.
- (c) That the General Manager, Healthy and Safe Communities Department be authorized to negotiate, enter into and execute any required Contract and any ancillary documents required to give effect thereto with Arjo Canada Incorporated, in a form satisfactory to the City Solicitor.

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: Standardization of Resident Lifting and Hygiene Equipment Including Related Accessories, Supplies and Maintenance. (HSC22052) (Wards 7 and 13) - Page 2 of 5

EXECUTIVE SUMMARY

In November 2016, Council approved Report CES16047, allowing the continued the standardization of ARJO® equipment and maintenance services until November 2021. In January 2022, Procurement Policy #11 was completed for an extension to the contract for Arjo Inc. to January 2023. Report HSC22052 is seeking approval until January 2028 for standardization of ARJO® resident lifting and hygiene equipment and ARJO accessories and supplies and the annual maintenance on ARJO® equipment. ARJO® lifting and bathing systems have been in use at both lodges for approximately 24 years.

The lifting and handling of residents while providing routine care is a high-risk activity for both staff and residents. Limiting our lifting and handling equipment to a standardized selection of products minimizes risk to resident, staff and exposure by the City.

Statistically, healthcare workers have one of the highest incidences of work-related injuries. Because of this trend, the Ministry of Labour (MOL) and the Ministry of Long Term Care (MLTC) continue to monitor this risk with their presence in health care facilities. This increased presence results in higher expectations of accountability on behalf of staff and management. Healthcare organizations such as Macassa Lodge and Wentworth Lodge are required to demonstrate due diligence in identifying and mitigating risks related to the safety of staff and residents. The Fixing Long Term Care Act (2021) and Regulations also extends this requirement for due diligence to the governing bodies of healthcare facilities.

In order to meet these expectations, it is recommended that Macassa and Wentworth Lodges (the Lodges) continue to use one manufacturer, Arjo Canada Incorporated (“Arjo Inc.”), for all resident lifting and bathing equipment. Arjo Inc. is the manufacturer and sole distributor of ARJO® brand equipment. It is also recommended that the preventative maintenance program for this equipment be single sourced to the manufacturer.

Alternatives for Consideration – See Page 5

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial:

Standardized, quality equipment, properly maintained and used by well-trained staff is an essential component of maintaining health and safety standards for residents and staff, and providing high quality care for residents in long term care. Any variability in

SUBJECT: Standardization of Resident Lifting and Hygiene Equipment Including Related Accessories, Supplies and Maintenance. (HSC22052) (Wards 7 and 13) - Page 3 of 5

pricing between manufacturers is off-set by the value of reduced risk and reduced potential for injury of residents and staff. There is a budget within the lodges for this expenditure, and this expense can be accommodated within the existing budget. On average the Lodges purchase between \$120,000 to \$250,000 annually depending on cycle of equipment replacement and need for additional equipment based on resident assessed needs.

Staffing:

There are no staffing implications.

Legal:

Macassa and Wentworth Lodges have an obligation under both health and safety legislation and Fixing Long Term Care (Act 2021) and Regulations to ensure the safety of residents and staff. Where risk can be clearly identified, all reasonable mitigation must be applied in order to reduce liability should an error occur.

HISTORICAL BACKGROUND

In November 2016, Council approved Report CES16047, allowing the continued the standardization of ARJO® equipment and maintenance services until November 2021. In January 2022, Procurement Policy #11 was completed for an extension to the contract for Arjo Inc. to January 2023. This extension was necessary so that Lodge staff could maintain their focus on providing enhanced care to the residents and support the staff during the COVID-19 pandemic.

ARJO® lifting and bathing systems have been in use at both lodges for approximately 24 years. ARJO® equipment is made and distributed by Arjo Inc. This equipment includes electronic lifts, shower chairs, bath chairs and their accessories: slings, batteries and weigh scales. The life expectancy for these products can range from 10 years to 14 plus years.

The equipment has been consistently reliable, easy to use, has few repair problems and minimal down time due to repairs. ARJO® equipment was specified for installation in the redevelopment projects at the Lodges. On a yearly basis, a portion of the lifting and bathing equipment requires routine replacement or upgrading. For example, there were 8 lifts ordered in 2020 and an additional 11 lifts ordered in 2021 as a result of the Annual Health and Safety audit of all equipment completed by Arjo.

Currently, there are one hundred and three pieces of ARJO® equipment in use at Macassa Lodge with an estimated replacement value of \$1,307,700. Forty-four pieces

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: Standardization of Resident Lifting and Hygiene Equipment Including Related Accessories, Supplies and Maintenance. (HSC22052) (Wards 7 and 13) - Page 4 of 5

of equipment are in use at Wentworth Lodge with an estimated replacement value of \$605,627.

Maintenance agreements are established annually with Arjo Inc. to provide a preventative maintenance program for ARJO® equipment at the Lodges.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

City of Hamilton Purchasing Policy By-law as amended, Section 4.14 - Policy #14: Policy for Standardization.

Standardization is a management decision-making process that examines a specific common need or requirement and then selects a good and/or service that best fills that need to become the standard. When the establishment of a standard will result in a single source purchase, that purchase shall also be approved by the Council.

RELEVANT CONSULTATION

The Directors of Nursing, Macassa Lodge and Wentworth Lodge were consulted regarding the report content related to risk, research and operational issues and are supportive of the recommendations.

The Corporate Services Department, Procurement Section was consulted regarding the report recommendations, relevant policies and content, and are supportive of the recommendations.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Resident Lifting Equipment

Residents and staff are at highest risk of injury during episodes of lifting or transferring a resident. Safe operation of the equipment requires:

- a) That staff must have a high degree of familiarity with the equipment. Risk management practices in high risk areas of healthcare indicate that minimizing the variety of devices used by staff reduces risk.
- b) The provision of a thorough and detailed staff orientation / training program with annual refreshers. Limiting equipment to one manufacturer simplifies the training

SUBJECT: Standardization of Resident Lifting and Hygiene Equipment Including Related Accessories, Supplies and Maintenance. (HSC22052) (Wards 7 and 13) - Page 5 of 5

for staff, increases comfort and competence in the use of equipment and reduces the chance of error.

- c) The correct use of compatible slings. Industry experts state that it is strongly advised not to mix and match products from different manufacturers. It is important to use a sling and lift from the same manufacturer to maintain a safe transfer.
- d) The availability of a robust preventative maintenance program. In order to eliminate confusion, to ensure timely response to service calls, for a well-organized preventative maintenance program and for liability and warranty reasons, limiting equipment to one manufacturer are the recommendations.

ALTERNATIVES FOR CONSIDERATION

The alternative to standardizing to the ARJO® product would be the introduction of equipment, accessories and supplies made by another manufacturer.

Financial:

Savings, if any, in the cost of an alternative product would be offset and may be exceeded by the cost of additional staff education and inefficiencies in the maintenance program.

Staffing:

There are no staffing implications.

Legal:

The potential for human error and subsequent injury to residents and/or staff would increase the risk of exposure to litigation.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities


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

APPENDICES AND SCHEDULES ATTACHED

None



INFORMATION REPORT

| | |
|---------------------------|---|
| TO: | Chair and Members Emergency and Community Services Committee |
| COMMITTEE DATE: | December 1, 2022 |
| SUBJECT/REPORT NO: | 2022 Ministry of Health Ambulance Service Review (HSC22055) (City Wide) |
| WARD(S) AFFECTED: | City Wide |
| PREPARED BY: | Michael Sanderson (905) 546-2424 Ext. 7741 |
| SUBMITTED BY: | Michael Sanderson Chief, Hamilton Paramedic Service Healthy and Safe Communities Department |
| SIGNATURE: |  |

COUNCIL DIRECTION

Not Applicable

INFORMATION

In accordance with the Ambulance Act the City of Hamilton is required to undergo periodic certification by the Ministry of Health (MOH). This certification is intended to ensure the operation of its ambulance service meets all regulatory requirements and applicable standards. A certification review has been successfully completed every three years since 2001.

The Ministry of Health Review Team conducted the most recent mandatory scheduled periodic review of the Hamilton Paramedic Service with all required materials and processes completed by June 1, 2022.

On July 12, 2022, the Ambulance Service Review Team Leader conducted an “exit interview” with Hamilton Paramedic Chief Michael Sanderson and senior members of the Paramedic Service management team. The meeting was very positive, and the review team provided a general overview of the service review findings.

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: 2022 Ministry of Health Ambulance Service Review (HSC22055) (City Wide) – Page 2 of 2

On September 26, 2022, the City of Hamilton received the draft “Ambulance Service Review Preliminary Draft Report” containing a detailed description of the service review observations. Accompanying correspondence from the Senior Manager, Inspections and Certifications, provided the following introduction and comments:

“Congratulations on successfully meeting the legislated requirements for certification as a land ambulance operator in the Province of Ontario.”

“Hamilton Paramedic Service is to be commended for its efforts in the following areas:

- Preparation for the certification inspection
- Quality Assurance/CQI”

The MOH advised that “opportunities for improvement” were identified in the report as “observations” and requested a response to the report within 30 days. A detailed written response to all observations was submitted on October 19, 2022.

The draft report identified three observations that were minor in nature. There were no critical observations or findings of deficiency.

A response was provided October 12, 2022 addressing all three observations.

Subsequent to receipt of our response on October 29, 2022, the MOH issued a renewed Certificate authorizing continued operation of a land ambulance service in accordance with the Ambulance Act.

It is expected that the Hamilton Paramedic Service will next undergo the certification process in the spring of 2025.

Managers, supervisors, paramedics, and support staff of the Hamilton Paramedic Service deserve significant recognition for their excellent performance through the review process which occurred in the midst of the major ongoing pandemic response.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report HSC22055: Ambulance Service Review Preliminary Draft Report, September 26, 2022

Appendix “B” to Report HSC22055: Hamilton Paramedic Service Response to September 26, 2022 Service Review Preliminary Draft Report, October 12, 2022

MINISTRY OF HEALTH

Ambulance Service Review Preliminary Draft Report

Hamilton Paramedic Service

September 26, 2022

**Ministry of Health**Emergency Health Regulatory and
Accountability Branch590 Rossland Rd. E.
Whitby ON L1N 9G5
Tel.: 905-665-8086**Ministère de la Santé**Direction de la réglementation et de la
responsabilisation des services de santé
d'urgence590 rue Rossland E.
Whitby ON L1N 9G5
Tél.: 905-665-8086

September 26, 2022

Michael Sanderson
Chief, Hamilton Paramedic Service
1227 Stone Church Rd E
Hamilton, ON L8W 2C6

Dear Chief Sanderson:

Congratulations on successfully meeting the legislated requirements for certification as a land ambulance operator in the Province of Ontario.

I am pleased to enclose the Ambulance Service Review Preliminary Report which summarizes the off-site inspection that was concluded on July 12, 2022.

Hamilton Paramedic Service is to be commended for its efforts in the following areas:

- Preparation for the certification inspection
- Quality Assurance/CQI

Opportunities for improvement have been identified in the report as observations. Your response to the Preliminary Report is requested within 30 days. The ministry recognizes the challenges your service is currently facing as a result of the COVID-19 pandemic and looks forward to working collaboratively with you in this regard. Should you require additional time to provide the requested documents, please advise me at your earliest convenience.

Once again, congratulations to you and your team.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michelle Johnson".

Michelle Johnson
Senior Manager
Inspections and CertificationsCc: Stuart Mooney, Director, EHPMDB
Robin Souchuk, Field Manager, Southwest Field Office, EHPMDB

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Introduction

Due to these unprecedented times and the COVID-19 pandemic, a preliminary means of assessing an ambulance service's compliance with legislation, for recertification has been developed to provide an off-site Preliminary Review, until normal review activities recommence.

The *Ambulance Act* (the Act) stipulates that no person shall operate an ambulance service unless the person holds a certificate issued by the certifying authority. The Act further stipulates that a person shall be issued a certificate by the certifying authority only if the person has successfully completed the certification process. The ministry conducts an Ambulance Service Review prior to the expiration of an existing certificate to confirm that the provider meets legislated certification standards.

Legislated standards include:

- Advanced Life Support Patient Care Standards
- Ambulance Service Communicable Disease Standards
- Basic Life Support Patient Care Standards
- Land Ambulance Certification Standards
- Ontario Ambulance Documentation Standards
- Ontario Provincial Land Ambulance & Emergency Response Vehicle Standards
- Patient Care & Transportation Standards
- Provincial Equipment Standards for Ontario Ambulance Services
- Patient Care Model Standards

In Ontario, the Patient Care Standards legislated under the Act are designed to ensure that the highest levels of safety are in place for every patient being treated/transported by paramedics and are issued by the Ministry of Health with input from:

- Ontario physicians specializing in Emergency Medicine
- Ontario Association of Paramedic Chiefs
- Ontario Base Hospital Advisory Group
- Provincial Medical Advisory Committee

The Ambulance Service Review focuses upon three main areas which are represented in this report:

- Patient Care
- Quality Assurance
- Administration

Subsections within each area provide the legislative requirements, inspection methodologies, followed by the Review Team observations.

Ambulance Service Review Overview

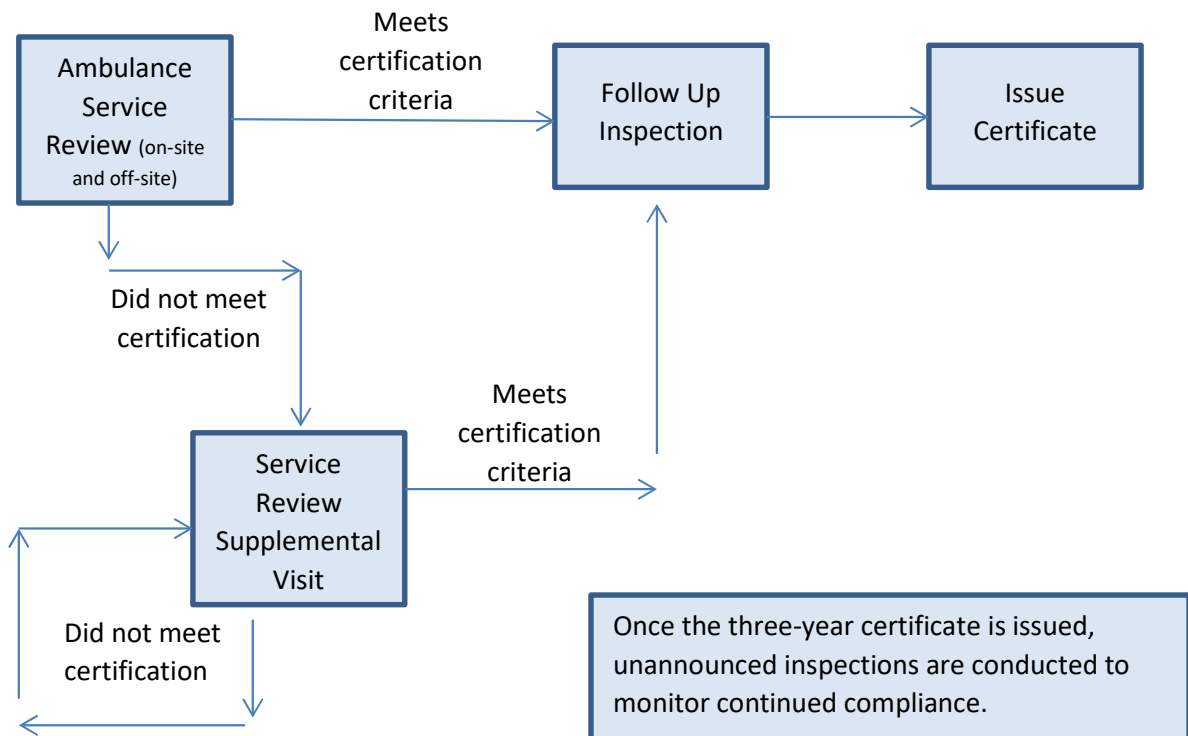
Certification Process: Ambulance Service Providers undergo an Ambulance Service Review every three years. The certification of a service is not extendable under the Act.

A Service Provider due for an Ambulance Service Review this year (2022) will be contacted by the Inspections and Certifications Unit, to discuss the new off-site Preliminary Review process and confirm the date that the supporting documentation is required by. Service Providers are asked to complete the modified Team Checklist and provide the supporting documentation requested to demonstrate compliance with legislation and standards.

With every Service Review, an exit meeting is conducted with the Service Provider. Upon completion of the off-site review, the Team Leader will contact the Service Provider to arrange for a mutually agreed date and time to discuss the review observations. Continued consultation/assistance and a draft report are provided to assist the Service Provider.

When a service meets certification standards, it is issued a three-year certificate to operate an ambulance service. When an ambulance service operator does not initially meet certification standards, the ministry conducts a Service Review Supplemental Visit to re-evaluate the service’s success in meeting certification standards.

The diagram below graphically represents the certification process.



To meet certification standards, a Service Provider must meet two thresholds:

1. 90%+ for Patient Care (which represents 70% of the overall inspection)
 AND
2. 90%+ overall score (Patient Care 70%, Quality Assurance 20%, Administration 10%)

Preliminary Review: The preliminary review will be conducted off-site and requires the Service Provider to complete the Preliminary Review Team Checklist and provide comments and supporting documentation to the Team Leader as requested. Once all documents have been received and evaluated, a final exit (virtual) meeting will be scheduled with the Service Provider to discuss the review observations.

Upon completion of the exit meeting, the off-site portion of the review is concluded. A Preliminary Draft Report is prepared and provided to the Service Provider. Upon successful completion of the Preliminary Review process, a renewed Certificate is issued for a further three years. The Service Provider will have the opportunity to respond to the observations in the Preliminary Draft Report.

On-site Review Team: Each Review Team will be comprised of persons experienced in management, operational and patient care delivery aspects of providing ambulance service. Team members are selected for their experience and are trained by the Emergency Health Regulatory and Accountability Branch as quality surveyors. Composition of each Review Team is specific to the size and type of service being reviewed.

Currently the Review Team is comprised of service representation from approximately 70 percent of Ontario Paramedic Services. The on-site team will include but is not limited to, one ministry Team Leader, Service Chiefs, Deputy Chiefs, Commanders, Deputy Commanders, Superintendents, Primary, Advanced and Critical Care Paramedics, all of whom are considered seasoned subject matter experts in their field, working together to ensure excellence in ambulance services to all Ontarians.

Upon completion of the on-site review, a report is provided to the Service Provider in draft. The Service Provider is provided an opportunity to respond to the draft report. The response process is an opportunity for the Service Provider to identify potential inaccuracies and provide a response to address any noted observations. Once the Service Provider's response has been received, the ministry will coordinate with the Service Provider a suitable time for a Follow Up Inspection. A Follow Up Inspection is conducted to ensure the noted observations have been addressed by the Service Provider.

A final report culminating the Preliminary Review observations, response from the Service Provider and Follow Up Inspection, is then provided to the Service Provider. Currently the on-site review has been suspended due to the COVID-19 pandemic.

Other Inspection Types: In addition to the Ambulance Service Review on-site inspection, three other types of inspections are conducted:

Service Review Supplemental Visit

Inspection conducted when a service has been found not to meet certification standards during an Ambulance Service Review.

Follow Up Inspection

Inspection conducted after a service has been found to meet certification standards, to confirm actions planned by a service to address observations of the Ambulance Service Review process, have been addressed.

Unannounced Inspection

Inspection undertaken without prior notice, conducted throughout the three-year certificate period.

Inspection Methodologies: The Ambulance Service Review Team will utilize a number of activities and processes to evaluate the success of a Service Provider in meeting the requirements of the legislation and standards. The team may utilize some or all of the following methods:

- Interviews: Interviews with the Service Provider and other service staff will be conducted. Also, interviews may be held with hospital staff, Base Hospital staff, Ambulance Dispatch staff and staff of the municipality or delivery agent, where appropriate.
- Documentation Review: Files pertinent to the delivery of ambulance service will be reviewed including: staff qualifications, policies & procedures, Incident Reports, Ambulance Call Reports, vehicle and equipment maintenance records, staff training records and other relevant standards related documents.
- Ride-Outs: In order to provide the broadest possible assessment of the patient care provided by a service, team members will conduct ride-outs with paramedics on every priority call and Canadian Triage Acuity Scale category call opportunity that presents. Observations will be recorded and combined with the documented patient care information provided by the crews as well as any feedback from the receiving facility. This information is utilized to evaluate that the provision of patient care is consistent with the patient care standards.
- Observation and Examination: To accurately determine compliance with the legislation and standards the Review Team will conduct various examinations of service vehicles, equipment, supplies and documents. For example, the team will ensure ambulances and ERVs are constructed and equipped in accordance with the standards.

- **Exit Meeting:** Upon completion of the Ambulance Service Review, the Team Leader and designated team members will meet with the Service Provider to provide a brief verbal overview of the observations from the Review. These meetings will provide an opportunity for the Service Provider to be informed of any areas that require prompt attention. The meetings will also serve to provide the Service Provider an early indication of their success in meeting the requirements of the Ambulance Service Reviews.
- **Reports:** Following the Ambulance Service Reviews, the Review Team Leader will prepare and submit a written summary to the ministry. The observations will determine if a Service Provider has met the requirements of the legislation and standards. The written report in draft will then be forwarded to the Service Provider for comment and for the preparation of an action plan to address any observations noted within the reports. The draft reports forwarded to the Service Provider will indicate that their service has:

Satisfied the Requirements:

- The Service has met the requirements of the Preliminary Review.
- A Preliminary Draft Report has been provided indicating the Service Provider has been successful in meeting the requirements to be certified as a land ambulance operator in the Province of Ontario.
- Response to the Preliminary Draft Report from Service Provider.
- A renewed 3-year certificate is provided.
- A report in draft has been provided indicating the Service Provider has been successful in meeting the certification requirements.
- Response to Ambulance Service Review Draft Report from Service Provider.
- Follow Up Inspection completed.
- Final Report transmitted.

Not Satisfied the Requirements:

- The Service has not met the requirements of the Preliminary Review.
- To assist the Service Provider, the Review Draft Reports will include observations on how the service can meet the certification requirements.
- Continued collaboration and consultation are available to assist a Service Provider.
- Review Team resources are available to assist a Service Provider if required or requested in preparing for the Supplemental Visit.

Summation

The Service has been in operation since July 1, 2000. The certificate for Hamilton Paramedic Service expires on October 29, 2022. As required to renew their certificate, Hamilton Paramedic Service participated in the Ambulance Service Preliminary Review. The Ambulance Service Preliminary Review found that Hamilton Paramedic Service has **met** the requirements of the *Land Ambulance Certification Standards*.

Hamilton Paramedic Service operates from eighteen stations, including headquarters and provides primary and advanced paramedic patient care. The Service employed two hundred ninety-two primary care paramedics and eighty-five advanced care paramedics. The Service responded to approximately 104,605 calls in 2021. At the time of the Ambulance Service Review, the Service had thirty-five front line ambulances, ten mechanical spares, seven emergency response vehicles and one emergency support unit.

The Service provides ambulance service to the residents of Hamilton, Stony Creek, Mount Hope, Waterdown, Binbrook, Dundas and Ancaster, as well as the surrounding areas. Headquarters is located at 1227 Stone Church Rd E, Hamilton. Hamilton Paramedic Service is dispatched by Hamilton CACC and has a Base Hospital agreement with the Hamilton Health Sciences, Centre for Paramedic Education and Research.

The Service is to be commended for making staff available during the course of the Review and the Review Team would like to thank Hamilton Paramedic Service staff for their assistance throughout the Review.

Patient Care

Subsections:

- ACR Review – ALS/BLS Patient Care Standards,
- Paramedic Ride-Outs,
- Training,
- MOH ID Cards,
- Communicable Disease Management,
- Vehicle – Equipment Restraints,
- Communication – Communication Service Direction,
- Patient Care Equipment and Supplies,
- Medications,
- Patient Care Devices and Conveyance Equipment Maintenance,
- Vehicle – Staffing, and
- Vehicle – Maintenance/Inspection.

ACR Review – ALS/BLS Patient Care Standards

Legislated Requirement: ACR documentation of patient care delivered by paramedics is one avenue used to confirm that ALS/BLS Patient Care Standards are properly performed and that the appropriate CTAS level was assigned according to patient condition as per the *Prehospital CTAS Paramedic Guide*. Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (a) states, as a condition of employment, each employee and volunteer in the applicant/operator's service, who is required to provide patient care, will provide such patient care in accordance with the standards set out in the *Basic Life Support Patient Care Standards* and where applicable, the *Advanced Life Support Patient Care Standards* published by the Ministry as those documents may be amended from time to time.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Review Team reviewed the supporting documentation submitted by the Service Provider and noted the Service Provider's ACR audit process is designed to monitor paramedic compliance with the ALS/BLS Patient Care Standards. The Service Provider does audit each paramedic's ACRs to determine if patient care provided was appropriate and consistent with ALS/BLS standards.

The Service Provider's QA/CQI of ACRs includes:

- Recommendations are provided to staff after auditing ACRs for appropriateness and consistency with ALS/BLS standards.
- Recommendations resulting from an ACR audit for appropriateness and consistency with ALS/BLS standards are addressed to mitigate reoccurrence.
- The Service Provider works with Base Hospital to review and investigate calls.
- Recommendations resulting from the review and investigation of a call are addressed to mitigate reoccurrence.

Paramedic Ride-Outs

Legislated Requirement: The diagnostic modalities employed by paramedics are spelled out in standards of practice or practice guidelines set out in the BLS Patient Care Standards, the ALS Patient Care Standards and the Base Hospital Medical Directives.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (a) states, as a condition of employment, each employee and volunteer in the applicant/operator's service, who is required to provide patient care, will provide such patient care in accordance with the standards set out in the *Basic Life Support Patient Care Standards* and where applicable, the *Advanced Life Support Patient Care Standards* published by the ministry as may be amended from time to time.

Inspection Methodologies: No On-Site Review was conducted.

Observations: No On-Site Review was conducted.

A priority 4 call is a threat to life and or limb, priority 3 is an emergency call of serious illness or injury, and should be performed without delay, priority 2 is a routine call that must be completed at a specific time, priority 1 is a routine call that may be delayed without detriment to the patient. Non patient carried calls are those where a patient was not transported.

Training

Legislated Requirement: Training and Continuing Medical Education ensure paramedic competencies and abilities in the provision of patient care. Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (k) states, all reasonable measures are taken to ensure that each emergency medical attendant and paramedic employed in the applicant/operator's land ambulance service maintain competence in the use of the patient care, accessory and communications equipment required for the proper provision of service in accordance with the Basic Life Support and Advanced Life Support Patient Care Standards.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has processes in place to ensure paramedic knowledge and skills are maintained, which includes:

- Annual evaluation demonstrating compliance with the current legislation and standards.
- Evaluation results are communicated to and acknowledged by staff.
- New staff members undergo an evaluation of their patient care skills prior to their first unsupervised shift.
- Training for new, updated and additional equipment.
- Training on changes/updates to standards and/or legislation.

All paramedics employed by the Service Provider are included in the QA/CQI Program. The paramedic files reviewed by the Review Team demonstrated that the components of patient care equipment knowledge and skills are demonstrated and evaluated. A remedial training program is in place for staff who demonstrated deficiencies in the use of patient care equipment.

Documentation demonstrated the Service Provider works with the Base Hospital to:

- Ensure staff regularly demonstrates proficiency in patient care skills.
- Provide remedial training to employees whose patient care skills are considered deficient.
- Ensure identified staff attended and successfully completed remedial training for patient care skills deficiencies.
- Ensure staff regularly demonstrates proficiency in performing Controlled Acts.
- Provide remedial training for employees whose certification has been suspended or revoked.
- Ensure identified staff attended and successfully completed remedial training.

MOH ID Cards

Legislated Requirement: Ministry issued ID Cards are required to be carried by the paramedic at all times while on duty.

Paramedic MOH ID Cards with the Service Specific Number permit a means for the paramedic to log onto the ambulance dispatch environment; provides a recognizable identifier to the general public and allied agencies; and further provides a paramedic required ID for access to secure areas such as correctional facilities and airports.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (g.1) states, each emergency medical attendant and paramedic employed by the applicant/operator in his or her ambulance service is assigned a unique identification number issued by the Director.

Section (g.2) also states that the unique identification number referenced in clause (g.1) shall appear on a photo identification card that conforms to Schedule 1 of this standard, and the photo identification card shall be on the person of the emergency medical attendant or paramedic while on-duty.

Inspection Methodologies: No On-Site Review was conducted.

Observations: No On-Site Review was conducted.

Communicable Disease Management

Legislated Requirement: The Service Provider, management team and staff, have an obligation to ensure infection control and occupational health and safety measures are in place to prevent transmission of infectious diseases.

The *Patient Care and Transportation Standards*, Communicable Disease Management, section 1 part B, subsection 2(b) states in part, each operator shall ensure that appropriate measure(s) are employed by staff to protect themselves and patients from transmission of communicable disease between employees and patients, and (c) each EMA, paramedic and ambulance student takes appropriate infection control and occupational health and safety measures to prevent transmission of all infectious agents to and from themselves and does not knowingly expose himself or herself or his or her patients to any communicable disease in the course of work, without taking the precautions set out in this standard.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: There was documentation indicating the Service Provider monitors and enforces Communicable Disease Management.

There was documentation demonstrating the Service Provider has identified a person who is designated to implement Section 1, part B, Communicable Disease Management of the PCTS, for the service.

Vehicle - Equipment Restraints

Legislated Requirement: Staff, passengers, patients and equipment must be secured within the vehicle while the vehicle is in motion to ensure that in an unforeseen circumstance, unsecured equipment, supplies and/or persons do not become projectiles. The PCTS, Section 2 - Patient Transport subsection 3 states, each EMA and Paramedic shall ensure that each item of equipment transported in an ambulance or ERV is properly restrained in the ambulance or ERV. The PCTS, Section 1 - Patient Care, part A General, subsection 8 states, each person transported in an ambulance or ERV is properly restrained in the ambulance or ERV.

Inspection Methodologies: No On-Site Review was conducted.

Observations: No On-Site Review was conducted.

Communication - Communication Service Direction

Legislated Requirement: To ensure continuity of operations and response by appropriate service resources, the Service Provider and staff must provide the Ambulance Dispatch Centre their deployment plan, care provider levels of training (Primary/Advanced Care), vehicle availability, resource-call contingencies, tiered response agreement and follow the direction of the Ambulance Dispatch Centre at all times.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, no employee of the applicant/operator's land ambulance service shall refuse or disregard the direction of a Communications Officer in regard to any request for ambulance service. The Communication Service that normally directs the movement of the ambulances and ERVs will be kept informed at all times as to the availability and location of each employee, ambulance or emergency response vehicle. The standard also states in part, that each paramedic employed in the applicant/operator's land ambulance service maintain competence in the use of the patient care, accessory and communications equipment required for the proper provision of service.

The *Basic Life Support Patient Care Standards v 3.3*, Patient Transport Standard states in part, the Paramedic shall make a decision regarding the appropriate receiving health care facility and initiate transport of the patient as confirmed or directed by an Ambulance Communications Officer (ACO). If confirmation or direction cannot be obtained by an ACO, the paramedic must transport to the closest or most appropriate hospital capable of providing the medical care required by the patient.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: As part of the Service Provider's deployment strategies to ensure continuity of operations, the Service notified the Communication Service:

- Whenever an ambulance or ERV was removed from service.
- Whenever an ambulance or ERV was returned to service.
- Whenever an ambulance or ERV was involved in a collision.

There was documentation demonstrating there is clear direction to paramedic staff regarding transport of a patient when directed by the Communication Service, i.e. hospital availability. There was also documentation demonstrating clear direction to paramedic staff regarding transport of a patient when not directed to a destination by the Communication Service.

Patient Care Equipment and Supplies

Legislated Requirements: The Patient Care Standards have been developed with the assistance and input from Ontario physicians specializing in Emergency Medicine, the Ontario Association of Paramedic Chiefs (OAPC), the Ontario Base Hospital Advisory Group and the Provincial Medical Advisory Committee (PMAC). To ensure patient care meets the legislated standards, equipment and supplies utilized by paramedics must meet and be maintained to the standards.

The *Provincial Equipment Standards for Ontario Ambulance Services* specify the minimum quantities and specifications of each piece of equipment that are required to be carried on a land ambulance or emergency response vehicle.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled *Provincial Equipment Standards for Ontario Ambulance Services*, published by the ministry as may be amended from time to time. Further, each land ambulance or ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has a policy regarding cleaning and sanitization of equipment and the patient care compartment. The Service Provider monitored and enforced the cleaning and sanitization policy.

The Service Provider identified patient care and accessory equipment in need of repair, removed it from service and responded to identified deficiencies/concerns. There was documentation demonstrating that patient care and accessory equipment repairs had been completed.

Medications

Legislated Requirements: To ensure patient care provided by paramedics meets the legislated standards, the equipment, supplies and medications utilized must meet and be maintained to the standards.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, a valid agreement is in effect between the applicant/operator and the designated Base Hospital Program, for each area in which the applicant/operator proposes to provide land ambulance service, for the delegation of Controlled Acts by paramedics employed by the applicant/operator.

Further, each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled *Provincial Equipment Standards for Ontario Ambulance Services*. Also, each land ambulance or ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: No On-Site Review was conducted.

Observations: No On-Site Review was conducted.

Patient Care Devices and Conveyance Equipment Maintenance

Legislated Requirements: To ensure patient care provided by paramedics meets the legislated standards, the equipment, supplies and medications utilized must meet and be maintained to the standards.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled *Provincial Equipment Standards for Ontario Ambulance Services*, published by the ministry as may be amended from time to time. Each land ambulance or ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has a preventative maintenance program in place for conveyance equipment and patient care devices. All patient care devices requiring regular inspection and/or calibration (e.g. oxygen delivery systems, suction equipment, and defibrillator) were included within the Service Provider's Preventative Maintenance program. The service's oxygen testing equipment had not always been calibrated according to the manufacturer's specifications (*no calibrations done in 2020 and 2021*). **(Observation: 1)**

The Service Provider's Preventative Maintenance program also included all conveyance equipment (e.g. stretchers, power load systems, stair chairs, etc).

Vehicle - Staffing

Legislated Requirements: The Upper Tier Municipality (UTM)/Delivery Agent (DA) is obligated to ensure provision of service to meet community needs. Further, the Service Provider must ensure each vehicle designated as a PCP, ACP or CCP response vehicle, must be staffed accordingly to meet their service commitment/deployment plan.

Subsection 6 (1) (b) of the Act states in part that every upper tier municipality shall be responsible for ensuring the proper provision of land ambulance services in the municipality in accordance with the needs of persons in the municipality.

The *Patient Care and Transportation Standards*, Section 1 - Patient Care, part A states in part, each operator and each emergency medical attendant (“EMA”) and paramedic employed or engaged as a volunteer by the operator, shall ensure that:

- (1) Each emergency response vehicle (“ERV”) responding to a request for service is staffed with at least one person who is qualified as an EMA or paramedic under the regulations.
- (2) Each ambulance responding to a request for service is staffed with at least one primary care paramedic and one EMA qualified under the regulations.
- (4) Each ambulance that is designated by an ambulance service operator as an advanced care paramedic ambulance is staffed with at least one advanced care paramedic and one primary care paramedic when responding to a request for service or while transporting a patient.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has access to spare vehicles to maintain service. There were no incidents where a replacement vehicle was required.

Vehicle - Maintenance/Inspection

Legislated Requirements: The UTM/DA is obligated to ensure provision of service meets community needs. To meet community needs, the Service Provider must ensure each vehicle is equipped according to the equipment standards, each vehicle meets the vehicle standards, and that equipment, supplies and vehicles are maintained according to manufacturer’s specifications.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, only ambulances and emergency response vehicles that comply with the applicable version at time of manufacture of *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standards*, published by the ministry as may be amended from time to time, are or will be used in the applicant/operator's ambulance service. It also states, each land ambulance and ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: Each vehicle is included within the Service Provider’s Vehicle PM program.

The Service Provider ensured that communication equipment remains operational at all times. The Service Provider works co-operatively with the communication service to ensure communication equipment repairs are completed. The Service Provider provides the Communication Service access to radios and communication equipment upon request.

The Service Provider has a policy that states staff will use only the designated radio call identifier when using ministry telecommunication devices.

Documentation regarding vehicle safety demonstrated:

- Staff completed a checklist ensuring general safety features were functional.
- Paramedics could comment on the checklist regarding vehicle deficiencies or safety concerns.
- Staff checked each vehicle at least once per shift.
- The Service Provider audits checklists for completeness, accuracy and vehicle deficiencies or safety concerns.
- Safety concerns raised by staff are resolved.
- Repairs or items requiring replacement were completed in a timely manner.

Quality Assurance

Subsections:

- Quality Assurance/CQI,
- Employee Qualifications, and
- ACR - IR Documentation.

Quality Assurance/CQI

Legislated Requirements: A Service Provider's QA/CQI Program provides a Service Provider continued oversight in their quality of patient care and provision of service delivered to the public.

Subsection 6 (1) (b) of the Act states in part that every upper tier municipality shall be responsible for ensuring the proper provision of land ambulance services in the municipality in accordance with the needs of persons in the municipality.

Subsection 3 (1) of Regulation 257/00 made under the Act requires that the operator of an ambulance service meets the requirements of the *Land Ambulance Certification Standards*.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (r) states in part, incident reports, ambulance call reports and collision reports are made in accordance with *Ontario Ambulance Documentation Standards*, published by the Ministry of Health as may be amended from time to time, respecting each incident, complaint, investigation, and collision relating to the applicant/operator's service, employees, agents and to each patient served.

The *Ontario Ambulance Documentation Standards*, Part 4 – Documentation Requirements stipulates the ACR documental requirements.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has a Quality Assurance program in place to ensure compliance with legislated requirements. The Service Provider's Quality Assurance program included:

- Ambulance Call Report audits,
- Service form completion audits,
- Incident Report audits,
- In Service CME, and
- Base Hospital Certification.

The Service Provider responds to recommendations made by quality assurance programs to ensure optimal provision of service.

As part of the QA/CQI Program, the Service Provider investigates and responds to patient care and service delivery complaints. The Service Provider addresses recommendations resulting from an investigation with staff to mitigate reoccurrence.

Employee Qualifications

Legislated Requirements: In Ontario, to work as a Paramedic, an individual must meet the qualification requirements delineated by *Ontario Regulation 257/00*. There are three levels of paramedic practice in Ontario with each level building on the competencies and skills of the prior level and assuming its scope of practice.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, a personnel record is maintained for each emergency medical attendant and paramedic employed by the applicant/operator. The record shall include evidence of qualification as described in Part III of O. Reg. 257/00.

The *Ambulance Service Communicable Disease Standards* stipulates the immunization requirements for employment in Ontario.

The *Patient Care and Transportation Standards* delineate influenza immunization and reporting requirements.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: Hamilton Paramedic Service maintains a mechanism to help ensure each employee record includes documentation that demonstrates each employee meets the minimum employment standards according to legislation.

As of December 17, 2021, EMAs and paramedics must:

- a) provide a valid certificate signed by a physician or delegate that states that he or she has been vaccinated against influenza, or that such vaccination is medically contraindicated; or
- b) provide a written statement that he or she has taken the educational review and has not been, and does not intend to be, vaccinated against influenza.

The Service receives Influenza Immunization status of each employee no later than directed by EHRAB each year.

Each operator shall, no later than January 14, 2022, report to the local Senior Field Manager of the Emergency Health Program Management & Delivery Branch, the following:

- a) the total number of active EMAs and paramedics employed by the operator;
- b) the number of EMAs and paramedics that have provided a valid certificate signed by a physician or delegate that states that he or she has been vaccinated against influenza;
- c) the number of EMAs and paramedics that have provided a valid certificate signed by a physician or delegate that states that vaccination is medically contraindicated;
- d) the number of EMAs and paramedics that signed the written statement that he or she has taken the annual educational review and has not been, and does not intend to be, immunized against influenza.

The Service Provider did not always report to the Field Office the Influenza Immunization status of each employee no later than directed by EHRAB each year (*reports due in 2020, 2021 and 2022 were all sent late*). **(Observation: 2)**

ACR – IR Documentation

Legislative Requirement: ACRs document the patient care delivered by paramedics and are used to confirm that ALS/BLS Patient Care Standards are properly performed. The ACR forms part of the patient record and must be completed according to the *Ontario Ambulance Documentation Standards* and the ACR Completion Manual.

The *Land Ambulance Certification Standards* subsection (r) states in part, incident reports, ambulance call reports and collision reports are made in accordance with *Ontario Ambulance Documentation Standards*, published by the Ministry of Health as may be amended from time to time, respecting each incident, complaint, investigation, and collision relating to the applicant/operator's service, employees, agents and to each patient served.

The *Ontario Ambulance Documentation Standards*, Part 3 – Patient & Patient Care Documentation Requirements and Part 4 – Documentation Requirements stipulate ACR documental and distribution requirements.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider audits ACRs to determine if they are complete and accurate as per the ACR Completion Manual/OADS. As a result of their audit, the Service Provider makes recommendations to staff respecting compliance with the ACR Completion Manual/OADS. Further, the Service Provider addresses recommendations to mitigate reoccurrence. There was documentation demonstrating staff review the ACR Completion Manual and OADS as part of the Service Provider's QA/CQI Program.

As part of their responsibility, the Service Provider identifies any incomplete or outstanding Ambulance Call Reports. The Service Provider ensured such reports were completed as required under the OADS.

There was documentation demonstrating the Service Provider works with their Base Hospital to review Ambulance Call Report audit findings where paramedic performance and/or ALS/BLS Standards patient care deficiencies were identified. Audit findings by the Base Hospital and the Service Provider are compared for discrepancies. Audit findings where paramedic performance and/or ALS/BLS Standards patient care deficiencies were identified are investigated and were resolved/remediated.

It was noted that Ambulance Call Reports were distributed according to the Act, Regulations and OADS. It was also noted that Ambulance Call Reports were secured from unauthorized access. The Service Provider maintains Ambulance Call Reports on file for a period of not less than five years.

As part of their QA/CQI process, the Service Provider audits Ambulance Call Reports to determine if an Incident Report was to have been completed as determined by the OADS.

The Service Provider audits Incident Reports for completeness and accuracy. Documentation demonstrated the Service Provider makes recommendations to staff after auditing Incident Reports regarding completeness and accuracy. Recommendations resulting from the audit are addressed to mitigate reoccurrence.

It was noted that Incident Reports were secured from unauthorized access and are maintained on file for a period of not less than five years. Completed Incident Reports are transmitted to the Field Office according to OADS timeframes.

Administrative

Subsections:

- Response Time Performance Plan,
- Service Provider Deployment Plan,
- Ambulance Service ID Card Program,
- Base Hospital Agreement,
- Policy and Procedures, and
- Insurance.

Response Time Performance Plan

Legislated Requirement: A Service Provider is required to establish a Response Time Performance Plan, to monitor, enforce and where necessary, update their plan as required to ensure patients categorized as the most critical, receive response and assistance in the times established within their plan.

Part VIII of *Ontario Regulation 257/00* made under the Act states in part, no later than October 1st in each year, that every upper-tier municipality and delivery agent responsible under the Act for ensuring the proper provision of land ambulance services shall establish, for land ambulance service operators selected by the upper-tier municipality or delivery agent in accordance with the Act, a performance plan for the next calendar year respecting response times.

An upper-tier municipality or delivery agent shall ensure that the plan established under that subsection sets response time targets for responses to notices respecting patients categorized as Canadian Triage Acuity Scale (CTAS) 1, 2, 3, 4 and 5, and that such targets are set for each land ambulance service operator selected by the upper-tier municipality or delivery agent in accordance with the Act.

An upper-tier municipality or delivery agent shall ensure that throughout the year the plan established under that subsection is continuously maintained, enforced and evaluated and where necessary, updated whether in whole or in part.

An upper-tier municipality or delivery agent shall provide the Director with a copy of the plan established under that subsection no later than October 31st in each year, and a copy of any plan updated, whether in whole or in part, no later than one month after the plan has been updated.

An upper-tier municipality or delivery agent shall provide the Director with the percentages for the preceding calendar year, required under Part VIII of *Ontario Regulation 257/00*, section 23, subsection 7(1), (2) and (3), no later than March 31st of each year.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has an established Service Response Time Performance Plan with response time targets for patients categorized as Canadian Triage Acuity Scale (CTAS) 1, 2, 3, 4 and 5. The Service Provider provides the Director of EHRAB with a copy of the Response Time Performance Plan no later than October 31st of each year.

The Service Provider did demonstrate that they met their Response Time Performance Plan.

Documentation demonstrates the Service Provider, throughout the year, continuously maintains, enforces, evaluates and where necessary, updates their Response Time Performance Plan. There was also documentation demonstrating the Service Provider investigates those instances where their Service Response Time Performance Plan had not been met. Further, documentation demonstrates that recommendations resulting from investigations as to why the Response Time Performance Plan had not been met are addressed to mitigate reoccurrence.

The Service Provider established their Response Time Performance Plan by October 1st of each year. Updates are provided to the Director no later than one month after the plan was updated.

There was also documentation to demonstrate that by March 31st of each year the Service Provider reported to the Director the following for the preceding calendar year:

- The percentage of times that a person equipped to provide defibrillation arrived on-scene for sudden cardiac arrest patients, within six minutes.
- The percentage of times the ambulance crew arrived on-scene for sudden cardiac arrest or other CTAS 1 patients, within eight minutes.
- The percentage of times the ambulance crew arrived on-scene for patients categorized as CTAS 2, 3, 4 and 5, within the response time targets set by the UTM or delivery agent.

Service Provider Deployment Plan

Legislated Requirement: A Service Provider's Deployment Plan and strategies provide the Service Provider oversight to ensure in part, the continuity of operations and provision of service meets community needs.

Subsection 6 (1) (b) of the Act states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance services in the municipality in accordance with the needs of persons in the municipality.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (i.1) states in part, the communication service that normally directs the movement of the ambulances and emergency response vehicles in the applicant/operator's service, will be kept informed by the employees of the applicant/operator at all times as to the availability and location of each employee, ambulance or emergency response vehicle.

Further, the Act, section 7.0.1 (1) states, the Minister may issue operational or policy directives to the operator of a land ambulance service where it is in the public interest to do so. Subsection (3) states, an operational or policy directive may be general or particular in its application and may include, but not limited to:

- (a) conveyance of persons by ambulance to destinations other than hospitals; and
- (b) responsibilities in addition to the provision of ambulance services, including,
 - (i) providing treatment by paramedics to persons who may not require conveyance by ambulance,
 - (ii) ensuring treatment provided by paramedics is in accordance with the prescribed standard of care, and
 - (iii) other responsibilities to facilitate the adoption of treatment models for persons with lower acuity conditions.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has provided a copy of their deployment plan to the Field Office suitable for implementation by the Communication Service. Documentation demonstrates the service does not always have sufficient staff at each level of qualification to meet their written deployment plan (*service provider records showed down staffing occurred over various dates*).

(Observation: 3)

To ensure continuity of operations, the Service Provider does notify the Communication Service of any changes to their staffing pattern. The Service Provider notifies the Communication Service before implementing or revising policies or procedures that may affect the dispatching/deployment of ambulances or ERVs.

The Service Provider had a letter signed by the Director, EHRAB, for approval to implement the new Patient Care Models used by the service. Documentation demonstrates staff have been trained on the new Patient Care Models. The Service Provider had signed agreements in place with alternate receiving facilities e.g. Mental Health facility, etc. The Service Provider had notified the CACC of the Patient Care Models.

Ambulance Service ID Card Program

Legislated Requirements: A paramedic in Ontario is required to obtain a ministry issued, service specific ID card prior to the provision of patient care. The ID card must be carried on their person at all times while on duty. The ID card process ensures the paramedic meets qualification requirements and provides the paramedic an ability to log onto the ambulance dispatch environment. The ID card is a provincially accepted ID for access to restricted areas otherwise not available to the general public and must be returned to the ministry upon employment separation.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (g) states in part, each emergency medical attendant and paramedic employed by the applicant/operator in his or her ambulance service is assigned a unique identification number issued by the Director. The unique identification number shall appear on a photo identification card and the photo identification card shall be on the person of the paramedic while on-duty.

Section III, Schedule 1, also states in part, ambulance service identification cards are and remain the property of the ministry. Upon release from employment, the identification card must be surrendered to the employer and returned to the ministry.

Ambulance Service Identification Card Program, Operating Protocols and Processes stipulates, the ministry is to be notified of an employee's release by way of either email or facsimile so that the Human Resources Inventory database may be updated.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has provided their baseline employee record information to the ministry.

Documentation demonstrates the Service Provider notifies the ministry of each instance of employee hiring and separation, including the separation date. It was noted that newly hired paramedics commence patient care activities only after receipt of their service specific identification number and card.

The ministry is notified in each instance an identification card is lost. The Service Provider recovered and returned the paramedic's service specific identification card to the ministry on each occasion of employment being terminated or separated from the service.

Base Hospital Agreement

Legislated Requirement: Each Service Provider must have an Agreement in place with their regional Base Hospital for medical oversight. Each Base Hospital has a framework within which its medical director provides guidance and medical advice, quality assurance, advanced care skills training, certification of paramedics and the delegation of Controlled Acts.

Base Hospital Policies and Medical Directives are established specifically to enable delegation to paramedics in accordance with legislated requirements, regulations, standards, College of Physician and Surgeons of Ontario (CPSO) and provincial guidelines. The Base Hospital Program has been providing pre-hospital medical oversight for over thirty years.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (I) states in part, a valid agreement is in effect between the applicant/operator and the designated Base Hospital Program, for each area in which the applicant/operator proposes to provide land ambulance service, for the delegation of Controlled Acts by paramedics employed by the applicant/operator.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has a written performance agreement with the Base Hospital that includes:

- Providing medical direction and training to all paramedics.
- Monitoring quality of patient care given by those paramedics.
- Delegation of controlled acts to paramedics.

Policy and Procedure

Legislated Requirement: A Service Provider has in place, policies and procedures which impact directly or indirectly on patient care. Policies and procedures are monitored and enforced to ensure compliance with standards and legislation.

- The Act states in part that every upper tier municipality shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.
- The PCTS states, no person smokes any cigar, cigarette, tobacco or other substance while in an ambulance or emergency response vehicle.
- The PCTS also states in part, that no paramedic, while on duty, takes or consumes any liquor within the meaning of the *Liquor Control Act*, or any drug which could impair his or her ability to function as a paramedic; or reports for duty while under the influence of any liquor within the meaning of the *Liquor Control Act*, or any drug which impairs his or her ability to function as a paramedic; or responds to a request for ambulance service while apparently under the influence of liquor or drugs or is apparently suffering the effects of liquor or drugs.
- The *Ambulance Service Communicable Disease Standards* states in part, each operator shall ensure that; employees are aware of current communicable disease risks and follow all aspects of the ASCDS.
- The Act, Part III Discharge of Responsibilities states in part, an upper-tier municipality shall ensure the supply of vehicles, equipment, services, information and any other thing necessary for the proper provision of land ambulance services in the municipality in accordance with this Act and the regulations.

- The Act further states the requirements respecting the disclosure of personal health information. Personal health information has the same meaning as in the *Personal Health Information Protection Act, 2004*.
- Part VI of *Ontario Regulation 257/00* made under the Act states in part, the operator of an ambulance service shall ensure that the remains of a dead person are not transported by ambulance unless, the remains are in a public place and it is in the public interest that the remains be removed; arrangements are made to ensure that an alternative ambulance is readily available for ambulance services during the time that the remains are being transported; and no patient is transported in the ambulance at the same time as the remains are transported.
- Part VI of *Ontario Regulation 257/00* made under the act also states in part, an ambulance may be used to transport the remains of a dead person for the purpose of tissue transplantation on the order of a physician if a physician at the hospital where the tissue is being delivered acknowledges the order.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No On-Site Review was conducted.

Observations: The Service Provider has a Policy and Procedure document. New and updated Policies and Procedures are communicated to staff. The Service Provider monitors and enforces Policies and Procedures to ensure optimal provision of service.

The Service Provider had policies covering the following areas:

- Prohibiting staff from responding to calls under the influence of alcohol or drugs.
- Prohibiting staff from reporting to work under the influence of alcohol or drugs.
- Prohibiting staff from consuming alcohol or drugs while at work.
- Prohibiting any person from smoking any cigar, cigarette, tobacco or other substance while in an ambulance or ERV.
- Regarding transport of a person's remains as per legislation.
- Regarding the disposal of bio-medical materials/waste.
- That students are to be free from communicable diseases.
- That students are to be immunized.
- Staff will immediately notify the Communication Service in the case of any accident involving an ambulance or ERV.
- Outlining the legislative parameters of sharing and disclosure of personal health information.
- Governing the protection of personal information of patients.
- Directing staff in the release of confidential information to allied agencies.
- Directing staff in the release of confidential information to the public.

There was documentation to demonstrate Service Policies relating to drugs, alcohol and tobacco are complied with. There was documentation to demonstrate that immunizations and communicable disease requirements for students/observers are monitored and enforced. There was further documentation to demonstrate Service Policies relating to the release of confidential information are complied with.

Insurance

Legislative Requirement: To mitigate risk and exposure to paramedics, staff and their management team, Service Providers must have appropriate insurance coverage as outlined in *Ontario Regulation 257/00*.

Part VII of *Ontario Regulation 257/00* made under the Act states in part, if the operator of a land ambulance service that is an applicable enterprise uses or permits the use of a land ambulance or emergency response vehicle that is not owned by the Province of Ontario, the operator shall obtain and maintain in good standing a contract of automobile insurance under Part VI of the *Insurance Act* in respect of the vehicle, under which, the operator and every driver are insured and delineates all insurance requirements.

Inspection Methodologies: The Review Team obtained and reviewed the Service insurance policy coverage, submitted by the Service Provider. No On-Site Review was conducted.

Observations: It was noted the Service Provider's insurance policy was current and valid. Further, the insurance coverage was at least equal to that outlined in legislation.

The insurance policy includes and covers:

- Each ambulance, ERV and ESU,
- The Service Provider and every driver,
- An amount equal to at least \$5,000,000, in respect of any one incident,
- Liability for loss of or damage to, resulting from bodily injury to or the death of any passenger carried, getting into or alighting from the ambulance or ERV,
- Liability for loss of or damage to, the property of a passenger carried in an ambulance or ERV, and
- Liability while the ambulance is used for carrying passengers for compensation or hire.

Appendix G Abbreviations

| Glossary of Abbreviations | | | |
|----------------------------------|---|------------------------|---|
| ACRONYM | MEANING | ACRONYM | MEANING |
| ACP | Advanced Care Paramedic | ERV | Emergency Response Vehicle |
| ACR | Ambulance Call Report | ESU | Emergency Support Unit |
| ACS | Ambulance Communications Service | HRI | Human Resources Inventory |
| ACO | Ambulance Communications Officer | IC | Inspections and Certifications |
| AEMCA | Advanced Emergency Medical Care Assistant | IR | Incident Report |
| ALS | Advanced Life Support | LAISC | Land Ambulance Implementation Steering Committee |
| ASCDS | Ambulance Service Communicable Disease Standards | LACS | Land Ambulance Certification Standards |
| ASR | Ambulance Service Review | MOHLTC | Ministry of Health and Long-Term Care |
| BLS | Basic Life Support | MOH | Ministry of Health |
| CACC | Central Ambulance Communications Centre | OAPC | Ontario Association of Paramedic Chiefs |
| CCP | Critical Care Paramedic | OADS | Ontario Ambulance Documentation Standards |
| CME | Continuing Medical Education | OBHAG | Ontario Base Hospital Advisory Group |
| CO | Communications Officer | OEM | Original Equipment Manufacturer |
| CPR | Cardiopulmonary Resuscitation | OPLA & ERVS | Ontario Provincial Land Ambulance & Emergency Response Vehicle Standard |
| CPSO | College of Physician and Surgeons of Ontario | PCTS | Patient Care and Transportation Standards |
| CQI | Continuous Quality Improvement | PMAC | Provincial Medical Advisory Committee |
| CTAS | Canadian Triage & Acuity Scale | QA | Quality Assurance |
| DA | Delivery Agent | RTPP | Response Time Performance Plan |
| DSSAB | District Social Services Administration Board | P&P | Policy and Procedure |
| EHPMDB | Emergency Health Program Management & Delivery Branch | PCP | Primary Care Paramedic |
| EHRAB | Emergency Health Regulatory and Accountability Branch | PESFOAS | Provincial Equipment Standards for Ontario Ambulance Services |
| EMA | Emergency Medical Attendant | RFO | Regional Field Office EHPMDB |
| EMCA | Emergency Medical Care Assistant | UTM | Upper Tier Municipality |
| EMS | Emergency Medical Service(s) | VIN | Vehicle Identification Number |
| EORR | Education, Operational Readiness and Regulations | | |



Hamilton Paramedic Service

Response to Ambulance Service Review Preliminary Draft Report

Ambulance Service Review Dates: Offsite concluded June 1, 2022

Ambulance Service Review Preliminary Draft Report Date: September 26, 2022



Hamilton Paramedic Service
Response to September 26, 2022 Service Review Preliminary
Draft Report

Background:

As per Part V, Section 8 of the *Ambulance Act*, no person shall operate an ambulance service unless the person holds a certificate issued by the certifying authority. Further, the legislation states that the certifying authority will only issue a certificate if the person has successfully completed the certification process prescribed by the regulations.

The current Hamilton Paramedic Service certificate to operate an ambulance service expires on October 29, 2022. The legislation states a certificate shall be renewed by the certifying authority only if, before the expiry of the certificate, the operator successfully completes the certification process prescribed by the regulations. The certification process is entitled "Ambulance Service Review".

Hamilton Paramedic Service received preliminary notice from the Emergency Health Services Branch (EHSB) of the Ministry of Health and Long-Term Care (MOHLTC) that the Ambulance Service Review would be conducted virtually with a submission deadline of June 1, 2022. Prior to the review dates, Hamilton Paramedic Service received the "Team Checklist, Self-Assessment and Resource Tool" and commenced preparations.

On July 12, 2022, the Ambulance Service Review Team leader (A) conducted an "exit interview" virtually with Hamilton Paramedic Chief Michael Sanderson and senior members of the Paramedic Service management team. The meeting was positive, and the review team provided a general overview of the service review findings.

On September 26, 2022, the City of Hamilton received the draft "Ambulance Service Review Preliminary Draft Report" containing a detailed description of the service review observations. Accompanying correspondence from Ms. Michelle Johnson, Senior Manager, Inspections and Certifications provided the following introduction:

"Congratulations on successfully meeting the legislated requirements for certification as a land ambulance operator in the Province of Ontario."

"Hamilton Paramedic Service is to be commended for its efforts in the following areas:

- Preparation for the certification inspection*
- Quality Assurance/CQI"*

The MOHLTC advised that "opportunities for improvement" have been identified in the report as "observations" and requested a response to the report within 30 days.

The following is the formal Hamilton Paramedic Service response to the draft report.

Overall Finding of the Service Review

The City of Hamilton, and the men and women of Hamilton Paramedic Service, appreciate and respect the summary finding that the service they provide meets the requirements of the Ambulance Service Review Standards as outlined in the draft "Ambulance Service Review Preliminary Draft Report":

October 12, 2022

**Hamilton Paramedic Service
Response to September 26, 2022 Service Review Preliminary
Draft Report**

The Hamilton Paramedic Service would like to thank Aaron Lemieux for his professionalism and assistance during the virtual review process.

Hamilton Paramedic Service takes great pride in the delivery of quality patient care to the communities we serve. We therefore place great significance on the observations made during the virtual review process. We were pleased to receive various commendations through the report as confirmation from these observers that our corporate pillars of collective ownership, sensational service, and engaged empowered employees were fulfilled.

This statement is an accolade to the dedication and professionalism of the Paramedics, Supervisors, Managers and support staff employed by Hamilton Paramedic Service.

Response to Observations

In the following sections, each of the observations will be listed in association with a response from Hamilton Paramedic Service (HPS).

Observation 1 (Patient Care Devices and Conveyance Equipment Maintenance):

The Service Provider has a preventative maintenance program in place for conveyance equipment and patient care devices. All patient care devices requiring regular inspection and/or calibration (e.g. oxygen delivery systems, suction equipment, and defibrillator) were included within the Service Provider's Preventative Maintenance program. The service's oxygen testing equipment had not always been calibrated according to the manufacturer's specifications (no calibrations done in 2020 and 2021).

HPS Response: As outlined in the observation, HPS takes pride in our preventative maintenance program and have taken the initiative to make this program, and its associated tracking, more robust. We acknowledge that record of calibration for the testing device was absent for the years 2020 and 2021. There was a record of calibration available for 2022 and we have ensured that the testing unit(s) are now being tracked for preventative maintenance schedules.

ACTION: HPS has corrected the deficiency and we have added the identified equipment to our Operative IQ system for scheduled maintenance cycles.

Observation #2 (Employee Qualifications):

The Service Provider did not always report to the Field Office the Influenza Immunization status of each employee no later than directed by EHRAB each year (reports due in 2020, 2021 and 2022 were all sent late).

HPS Response: HPS strives to meet the deadlines outlined by EHRAB in relation to the reporting requirements for Influenza Immunization status of our paramedic staff. The challenges HPS faces is in relation to when the EHRAB notification is received to when the

October 12, 2022

Hamilton Paramedic Service
Response to September 26, 2022 Service Review Preliminary
Draft Report

deadline is set to occur. Notifying 400+ staff and receiving their declarations is a time-consuming process that may be mitigated by having the EHRAB notification sent out earlier than the normal timelines.

ACTION: HPS will endeavour to meet future submission deadlines for Influenza Immunization status for each employee. Where a paramedic has not provided a response to the declaration it will be assumed that they have provided a negative response and we will report to the Ministry accordingly.

Observation #3 (Service Provider Deployment Plan):

The Service Provider has provided a copy of their deployment plan to the Field Office suitable for implementation by the Communication Service. Documentation demonstrates the service does not always have sufficient staff at each level of qualification to meet their written deployment plan (service provider records showed down staffing occurred over various dates).

HPS Response: HPS, as with other ambulance providers, faced many challenges with the COVID-19 pandemic. The forefront of these challenges was staffing in response to Provincial mandates surrounding isolation, exposures, and symptomatic illness to name a few. Staffing continues to be a systemic issue with ambulance providers provincially and attempts are being made to mitigate this.

ACTION: HPS continues, on a yearly basis, to request additional ambulances/staff as part of the budgetary process with our City Council. HPS will continue to conduct yearly recruitments to fill vacancies and to meet any Council approved ambulance/staff additions.

CONCLUSION

Thank you for the opportunity to respond to this Draft Report. We would be pleased to meet to further discuss any issues, or to provide any required confirmation documentation, as needed to conclude the 2022 Ambulance Service Review Process.

Appendix A to SAC-CCR SAC Roles and Responsibilities
Page 1 of 3

City of Hamilton Seniors Advisory Committee
Committee Recruitment 2022 - 2026
Roles & Responsibilities of New Members

Mission Statement

The Seniors Advisory Committee shall be a credible communication vehicle regarding the quality of life for all seniors in the City of Hamilton. It will provide a forum for consumers and deliverers of seniors' services and facilities to identify issues, explore possible remedies, and work to implement them.

Values

The Committee believes that all seniors should have multiple opportunities for healthy ageing, and a full range of supports to assist them.

Mandate

The Seniors Advisory Committee is empowered by City Council and is responsible to City Council for its activities; it reports to City Council, on issues and concerns pertaining to seniors in Hamilton, through the Emergency & Community Services Committee.

Committee Members Roles and Responsibilities:

The members of the Seniors Advisory Committee responsibilities include, but are not limited to the following:

- Attend and actively participate in monthly meetings and notify the Chair if unable to attend a meeting.
- Members who are absent for three (3) consecutive meetings, without advanced notification, could and/or may be asked to resign from the committee.
- Demonstrate leadership in action through participation in events and activities.
- Form working groups, from within the Seniors Advisory Committee membership, to deal with specific issues as they arise or to work on projects related to the well-being of seniors.
- Examine and advise on issues brought forward by members of the community including businesses, residents, education sector, local organizations and special interest groups.
- Provide input and advise to Council and City staff on issues related to seniors and on the implementation of Hamilton's Age-Friendly Plan.
- Act as an ambassador for seniors and participate in seniors-related events in Hamilton, i.e. International Day of Older Persons, Seniors Kick-off, Senior of the Year Awards.
- Read agendas and minutes prior to meetings and keep well informed of committee projects.
- Liaise with City Councillors to keep them informed of Seniors Advisory Committee projects.

Membership Composition

The Seniors Advisory Committee is comprised of two (2) members of Council and up to 19 citizen members. Committee members will serve a four (4) year term, to coincide with the term of Council. Meetings are typically held between 10:00 am to 12:00 pm on the 1st Friday of each month, or

Appendix A to SAC-CCR SAC Roles and Responsibilities

Page 2 of 3

at the call of the Chair. A Chair and Vice-Chair will be elected and/or appointed by the voting membership of the committee.

Committee Leadership

The various positions within the Committee and the specific responsibilities associated with each are as follows:

Committee Chair:

Plays a leadership role in planning and coordinating the committee's work. The Chair is responsible for maintaining order and decorum during meetings and generally ensuring that the committee work proceeds smoothly in conjunction with the committee's work plan.

Elected by the committee members, the Chair shall:

- Preside at committee meetings and make sure meetings run smoothly by establishing meeting guidelines, involving all committee members in discussions and resolving conflicts.
- With the Vice Chair and the staff liaison, assist with the preparation of meeting agendas and familiarize themselves with agenda items prior to each meeting.
- Ensure the committee complies with procedural By-laws and operational policies.
- Maintain contact with working groups, helping them to stay on track and providing any additional support to accomplish their assigned goals.
- Build a sense of collaboration, creativity, and team ownership between Committee members.
- Represent the Seniors Advisory Committee at public functions.

Vice-Chair:

Elected by the committee members, the Vice-Chair shall:

- Support the Chair in the responsibilities and activities listed above.
- With the Chair and staff liaison, assist with the preparation of meeting agendas and familiarize themselves with agenda items prior to each meeting.
- In the absence of the Chair at Committee meetings or events, the Vice-Chair will fulfill the obligations and responsibilities of the Chair.

Secretary:

- Provide relevant information, ideas and opinions as a participant in the meeting.
- Record without note or comment all resolutions, decisions and other proceedings at the meeting (as per the Municipal Act, 2001).
- Keep an accurate set of minutes of each meeting.
- Keep an up-to-date membership/contact list.
- Distribute minutes to members and notify them of upcoming meetings.
- Keep a list of all advisory committees and members.
- Help the Chair with preparing the agenda, advice on meeting procedure, reference materials and information retrieved from the records.
- Make meeting and physical set-up arrangements (Note: room bookings with City Facilities will be coordinated through the Committee's Staff Liaison).

Staff Liaison:

Appendix A to SAC-CCR SAC Roles and Responsibilities

Page 3 of 3

A City of Hamilton staff member will be assigned to support the ongoing functions of the Seniors Advisory Committee and will:

- Record decisions and other proceedings at each meeting without note or comment.
- Keep an accurate set of minutes for each meeting.
- Keep an up-to-date membership/contact list.
- Distribute minutes and agendas to members and notifying them of upcoming meetings.
- Assisting the Chair and Vice Chair with preparing the agenda, providing advice on meeting procedure, reference materials and information retrieved from the records.
- Coordinate, develop and deliver the Orientation Session for committee members at the beginning of the term.
- Provide technical advice from the Healthy & Safe Communities Department for the preparation of discussion materials, reports, correspondence, etc.
- Arrange for presentations from City staff, community members or external stakeholders on topics relevant to seniors.
- Liaise with City staff for advice and information required by the committee, including procedural advice from the Legislative Coordinator in the Office of the City Clerk.
- Arrange for printing of agendas, minutes, reference material and distribution required by the Committee
- Arrange for the booking of the meeting room.
- Coordinate the annual review of the Committee's Terms of Reference, Roles and Responsibilities, Work Plan and Budget Request to City Council.
- Arrange for parking passes and bike parking access, if required.
- Forward notices of resignation to the Legislative Coordinator for inclusion in the appropriate Emergency and Community Services Committee agenda.

Qualifications

Members of the Seniors Advisory Committee are expected to possess the following qualifications, experience, and abilities:

- An interest, passion, or desire to improve the quality of life for seniors living in Hamilton.
- Demonstrated tact, diplomacy and a commitment to reducing barriers to participation, access or inclusion on the basis of race, ethnicity, ancestry, citizenship/immigration status, country of origin, religion, gender, sexual or gender orientation, ability, health status, receipt of public assistance, political affiliation, record of offences, level of literacy, mental health status, age, socio-economic class, type of housing, neighbourhood of residence, language, family status, or any other personal characteristics.
- Shall reside in the City of Hamilton and have an interest in seniors-related issues.
- It is preferable to have at least one member residing in each ward and that the committee reflect the diversity of the City of Hamilton on the basis described above.



CITIZEN COMMITTEE REPORT

| | |
|--------------|---|
| To: | Emergency & Community Services Committee |
| From: | Seniors Advisory Committee <hr style="width: 20%; margin-left: auto; margin-right: 0;"/> (Penelope Petrie, Chair) |
| Date: | September 20, 2022 |
| Re: | Seniors Advisory Committee Roles and Responsibilities of New Members |

Recommendation:

That the “Seniors Advisory Committee Roles and Responsibilities of New Members” attached as Appendix “A”, be approved for new Seniors Advisory Committee members selected for the 2022-2026 term of City Council.

Background:

At the September 9, 2022 Seniors Advisory Committee meeting it was carried by committee members, the roles and responsibilities of new members under item 13 (General Information/Other Business- 13.6), for Council to approve.

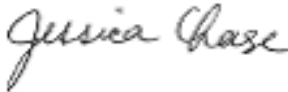
Analysis/Rationale:

The purpose of having this information for new members is to ensure that all new Seniors Advisory Committee members selected for the 2022-2026 term of Council are provided a thorough orientation regarding their roles and responsibilities, so they can fulfill the expectations of their role as an advisory committee member.

Attached as Appendix A: Seniors Advisory Committee Roles and Responsibilities of New Members



CITY OF HAMILTON
HEALTHY AND SAFE COMMUNITIES DEPARTMENT
Children's and Community Services Division

| | |
|---------------------------|--|
| TO: | Chair and Members, Emergency and Community Services Committee |
| COMMITTEE DATE: | December 1, 2022 |
| SUBJECT/REPORT NO: | 2023 Budget Submission - Seniors Advisory Committee (HSC22054) (City Wide) |
| WARD(S) AFFECTED: | City Wide |
| PREPARED BY: | Lisa Maychak (905) 546-2424 Ext. 1721 Rachelle Ihekwoaba (905) 546-2424 Ext. 5909 |
| SUBMITTED BY: | Jessica Chase Director, Children's and Community Services Division Healthy and Safe Communities Department |
| SIGNATURE: |  |

RECOMMENDATION(S)

That the Seniors Advisory Committee 2023 base budget submission attached as Appendix "A" to Report HSC22054 in the amount of \$3000 be approved and referred to the 2023 budget process for consideration.

EXECUTIVE SUMMARY

In accordance with the process for submission of budgets for the Volunteer Advisory Committees, the Seniors Advisory Committee budget for 2023, in the amount of \$3000 is being submitted for approval.

Alternatives for Consideration – See Page 2

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The base budget request for 2023 for the Seniors Advisory Committee is \$3000 which is an increase of \$500 over the budget requested and approved for 2022.

Staffing: N/A

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: 2022 Budget Submission - Seniors Advisory Committee (HSC22054)
(City Wide) - Page 2 of 3**

Legal: N/A

HISTORICAL BACKGROUND

At their September 9, 2022 meeting, the Seniors Advisory Committee considered their budget needs for 2023. Their budget submission is attached as Appendix "A" to Report HSC22054. The budget includes incidental costs to support the Committee as well as additional costs for specific events, programs and initiatives.

The Seniors Advisory Committee is requesting an additional \$500 for 2023 with the total amount requested being \$3000. The additional \$500 is being requested for additional costs related to the return to in-person meetings, such as parking for committee members and meeting refreshments. The committee also plans to do additional engagement work with seniors in the community in 2023.

In accordance with the volunteer committee budget process, the budget is recommended for approval.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The Seniors Advisory Committee is able to put surplus funds from each year into a reserve, for future purposes and request the use of those funds, in future years, for specific activities. The possibility gives the Committee the opportunity to plan ahead to undertake specific projects or initiatives, in future years, while minimizing increases in their budgets. The Seniors Advisory Committee has not yet determined all of their activities for 2023. Should additional funding be required in 2023 and be available in the Seniors Advisory Committee reserve, requests for reserve funding will be made at the appropriate time.

RELEVANT CONSULTATION

The Seniors Advisory Committee discussed their 2023 budget needs at their September 9, 2022 committee meeting.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

The recommendation will provide funding for the operations of the Seniors Advisory Committee to enable them to continue to fulfil their terms of reference.

ALTERNATIVES FOR CONSIDERATION

None

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: 2022 Budget Submission - Seniors Advisory Committee (HSC22054)
(City Wide) - Page 3 of 3**

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Community Engagement & Participation

Hamilton has an open, transparent and accessible approach to City government that engages with and empowers all citizens to be involved in their community.

Economic Prosperity and Growth

Hamilton has a prosperous and diverse local economy where people have opportunities to grow and develop.

Healthy and Safe Communities

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

Clean and Green

Hamilton is environmentally sustainable with a healthy balance of natural and urban spaces.

Built Environment and Infrastructure

Hamilton is supported by state-of-the-art infrastructure, transportation options, buildings and public spaces that create a dynamic City.

Culture and Diversity

Hamilton is a thriving, vibrant place for arts, culture, and heritage where diversity and inclusivity are embraced and celebrated.

Our People and Performance

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

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report HSC22054: Seniors Advisory Committee 2023 Budget Submission

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.

CITY OF HAMILTON

2023

ADVISORY COMMITTEES

BUDGET SUBMISSION FORM

SENIOR ADVISORY COMMITTEE

Appendix A to Report HSC22054
Page 2 of 5

Appendix A to Report HSC22054
Page 1 of 5

PART A: General Information

ADVISORY COMMITTEE MEMBERS:

| | |
|--------------------|-------------------|
| Penelope Petrie | Kamal Jain |
| David Broom | Noor Nizam |
| Marian Toth | Maureen McKeating |
| Marjorie Wahlman | Dahlia Pet grave |
| Carolann Fernandes | Sarah Shallwani |
| Anne Elliot | Barry Spinner |
| Aref Alshaikhahmed | Kathryn Wakeman |
| Sheryl Boblin | Alexander Huang |
| Steve Benson | Tom Manzuk |
| Peter Lesser | |

MANDATE:

The Seniors Advisory Committee is a Council mandated advisory committee of the City of Hamilton. To be a credible communication vehicle that will reflect and translate the ongoing needs that affects the quality of life for all older persons. It will provide a forum for consumers and deliverers of services and facilities to identify issues, explore possible remedies, and work to implement them.

PART B: Strategic Planning

STRATEGIC OBJECTIVES:

Appendix A to Report HSC22054
Page 2 of 5

- To assist Council in decision making as it pertains to senior's issues in Hamilton.
- To respond and advocate concerns affecting policies, services and facilities for seniors delivered by and funded by all levels of government.
- To promote and disseminate all decisions relating to access, the provision of services programs and facilities for seniors in the City of Hamilton.
- To liaise with other organized groups when there are matters of mutual concerns.
- To promote and advocate, wherever appropriate, the concept of healthy aging by encouraging improved and responsive programs and services in a timely fashion.

ALIGNMENT WITH CORPORATE GOALS:

| Please check off which Council approved Strategic Commitments your Advisory Committee supports | | | |
|--|---|---------------------------------|---|
| 1) Community Engagement & Participation | X | 2) Economic Prosperity & Growth | X |
| 3) Healthy & Safe Communities | X | 4) Clean & Green | X |
| 5) Built Environment & Infrastructure | X | 6) Culture & Diversity | X |
| 7) Our People & Performance | | | |

PART C: Budget Request

INCIDENTAL COSTS:

| | |
|---|-------------------|
| Monthly meeting expenses (photocopying, refreshments, committee member parking), postage, and gifts for committee members who resign or who are on an approved sick leave (limit of \$25 per member). | \$1,500.00 |
| SUB TOTAL | \$1,500.00 |

Appendix A to Report HSC22054
Page 3 of 5

SPECIAL EVENT/PROJECT COSTS:

| | |
|--|-------------------|
| Support for seniors related events (International Day of the Older Person, Seniors Month Kick-off Event, Senior of the Year Award, etcetera, as well as advertising and promotional items for participation at events for seniors. | \$1,500.00 |
| SUB TOTAL | \$1,500.00 |

| | |
|--------------------|------------------------|
| TOTAL COSTS | \$ 3,000.00 |
|--------------------|------------------------|

| | |
|--|--------------|
| Funding from Advisory Committee Reserve (only available to Advisory Committees with reserve balances) | \$N/A |
|--|--------------|

| | |
|---|--------------------|
| TOTAL 2023 BUDGET REQUEST | \$ 3,000.00 |
| PREVIOUS YEAR (2022) APPROVED BUDGET (2022 Request \$) | \$2,500.00 |

CERTIFICATION:

Please note that this document is a request for a Budget from the City of Hamilton Operating budget. The submission of this document does not guarantee the requested budget amount. Please have a representative sign and date the document below.

Representative's Name: **Penelope Petrie, Chair**

Signature:

Date:

Telephone #: 905-383-3558



CITY OF HAMILTON
HEALTHY AND SAFE COMMUNITIES DEPARTMENT
Housing Services Division

| | |
|---------------------------|--|
| TO: | Chair and Members Emergency and Community Services Committee |
| COMMITTEE DATE: | December 1, 2022 |
| SUBJECT/REPORT NO: | 2023 Budget Submission - Housing and Homelessness Advisory Committee (HSC22056) (City Wide) |
| WARD(S) AFFECTED: | City Wide |
| PREPARED BY: | James O'Brien (905) 546-2424 Ext. 3728 |
| SUBMITTED BY: | Michelle Baird Director, Housing Services Division Healthy and Safe Communities Department |
| SIGNATURE: | <i>Michelle Baird</i> |

RECOMMENDATION(S)

That the Housing and Homelessness Advisory Committee 2023 base budget submission attached as Appendix "A" to Report HSC22056 in the amount of \$1,000 be approved and referred to the 2023 budget process for consideration.

EXECUTIVE SUMMARY

The Housing and Homelessness Advisory Committee has prepared and approved their budget submission for 2023 in the amount of \$1,000. This submission is consistent with the 2022 approved budget for the committee.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial:

The budget request is the same as the approved budget for the Housing and Homelessness Committee for 2022. The \$1,000 will be used for meeting costs, including meeting rooms, refreshments, photocopying, parking, printing and transportation and a proposed 2023 committee orientation event.

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: 2022 Budget Submission - Housing and Homelessness Advisory Committee (HSC22056) (City Wide) - Page 2 of 3

Staffing:

N/A

Legal:

N/A

HISTORICAL BACKGROUND

The Housing and Homelessness Advisory Committee was established by the Emergency and Community Service Committee in November 2015 (Report CES15053) with a mandate to:

- Communicate and work to address the needs of citizens within the community for whom barriers exist to accessing safe, suitable, and affordable housing, including the supports needed to enable citizens to obtain and retain their homes, and;
- Support the City of Hamilton's 10-year Housing and Homelessness Action Plan by providing information, advice, and recommendations to the Emergency and Community Services Committee regarding the Action Plan's successful and implementation.

At their November 25, 2022 meeting, the Housing and Homelessness Advisory Committee gave consideration to their 2023 budget needs. Their budget submission is attached as Appendix "A" to Report HSC22056. This budget covers meeting costs, including meeting rooms, refreshments, photocopying, parking, printing and transportation and a proposed orientation event for 2023. The committee is requesting the same budget they had in 2022 in the amount of \$1,000 for 2023.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

The committee will outline a meeting schedule for 2023 if struck by Council, and this budget will provide them support to undertake specific activities in their workplan. This includes transportation and parking support for committee members and speakers as the committee moves back to in-person meetings. The committee has previously used their budget for information gathering events and in 2023, plan to host an orientation event related to affordable housing for their incoming members.

RELEVANT CONSULTATION

The Housing and Homelessness Advisory Committee discussed their 2023 budget needs at the November 25, 2022 meeting. After a thoughtful discussion they approved a budget submission that was consistent with their 2022 budget.

**SUBJECT: 2022 Budget Submission - Housing and Homelessness Advisory
Committee (HSC22056) (City Wide) - Page 3 of 3**

ANALYSIS AND RATIONALE FOR RECOMMENDATION

This budget allocation will provide funding for the operation of the Housing and Homelessness Advisory Committee and enable them to fulfil their mandate. The committee is not asking for an increase to their budget.

ALTERNATIVES FOR CONSIDERATION

None

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Community Engagement and Participation

Hamilton has an open, transparent and accessible approach to City government that engages with and empowers all citizens to be involved in their community.

Healthy and Safe Communities

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

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report HSC22056: Housing and Homelessness Advisory Committee
2023 Budget Submission

CITY OF HAMILTON

2023

ADVISORY COMMITTEES

BUDGET SUBMISSION FORM

Housing and Homelessness Advisory Committee

Appendix A to Report HSC22056
Page 2 of 6

Appendix A to Report HSC22056
Page 1 of 6

PART A: General Information

ADVISORY COMMITTEE MEMBERS:

| | |
|----------------------------|-----------------------------|
| Eileen Campbell | Leisha Dawson |
| Morgan Stanek | Sandy Leyland |
| Violetta Nikolskava | Michael Slusarenko |
| Thomas Mobley | Michael Power |
| Tony Manganiello | Rhonda Mayer |
| Shaun Jamieson | Mary-Ellen Crechiola |
| Julia Verbitsky | Lance Dingman |
| | |

MANDATE:

Communicate and work to address the needs of citizens within the community for whom barriers exist to accessing safe, suitable, and affordable housing, including the supports needed to enable citizens to obtain and retain their homes, and;

Support the City of Hamilton's 10-year Housing and Homelessness Action Plan by providing information, advice, and recommendations to the Emergency & Community Services Committee regarding the Action Plan's successful and meaningful implementation.

PART B: Strategic Planning

STRATEGIC OBJECTIVES:

Appendix A to Report HSC22056
Page 2 of 6

The following objectives have been established for the HHAC to facilitate its efforts in achieving the mandate.

1. Assist with the coordination and implementation of Council approved recommendations, including the City of Hamilton's 10-year Housing and Homelessness Action Plan.
2. Ensure that recommendations regarding issues relating to people who are experiencing homelessness or who may be at risk of becoming homeless are brought forward to Council in a timely manner.
3. Devise and recommend to Council innovative and preventative measures to assist in addressing homelessness within the community;
4. Identify emerging trends, potential gaps and best practices in emergency housing needs.
5. Provide Council and staff with information, advice, and recommendations about residential landlord and tenant issues and policies that would improve the overall well-being of tenants in Hamilton and support landlords in the provision of safe, quality, and affordable rental units.
6. Identify housing-related supports available in the community and facilitate relationship-building between community partners, citizens and government to ensure that people have the individualized supports needed to help them obtain and retain housing.
7. Regularly update Council about homelessness and affordable housing issues through the discussion and analysis that takes place at HHAC.
8. Respond to requests and direction from staff and Council.
9. Collaborate and cooperate with other City of Hamilton committees and community groups doing work around issues that impact homelessness and affordable housing to stay apprised of relevant initiatives and contribute information and advice as needed.

ALIGNMENT WITH CORPORATE GOALS:

| Please check off which Council approved Strategic Commitments your Advisory Committee supports | | | |
|--|---|--|--|
| 1) Community Engagement & Participation | X | 2) Economic Prosperity & Growth | |
| 3) Healthy & Safe Communities | X | 4) Clean & Green | |
| 5) Built Environment & Infrastructure | | 6) Culture & Diversity | |
| 7) Our People & Performance | | | |

Appendix A to Report HSC22056
Page 3 of 6

PART C: Budget Request

INCIDENTAL COSTS:

| | |
|---|----------------|
| Meeting costs – meeting room, refreshments, photocopying, printing, parking, transportation | 1,000 |
| SUB TOTAL | \$1,000 |

SPECIAL EVENT/PROJECT COSTS:

| | |
|------------------|------------|
| N/A | 0 |
| SUB TOTAL | \$0 |

| | |
|--------------------|----------------|
| TOTAL COSTS | \$1,000 |
|--------------------|----------------|

| | |
|--|----------------|
| Funding from Advisory Committee Reserve (only available to Advisory Committees with reserve balances) | \$2,995 |
|--|----------------|

| | |
|--|-----------------|
| TOTAL 2023 BUDGET REQUEST (net of reserve funding) | \$ 1,000 |
| PREVIOUS YEAR (2022) APPROVED BUDGET (2022 Request \$) | \$1,000 |

CERTIFICATION:

Please note that this document is a request for a Budget from the City of Hamilton Operating budget. The submission of this document does not guarantee the requested budget amount. Please have a representative sign and date the document below.

Representative's Name: _____

Appendix A to Report HSC22056
Page 4 of 6

Signature:

Date:

Telephone #:
