THE REGIONAL MUNICIPALITY OF YORK

REPORT NO. 1
OF THE REGIONAL
HEALTH AND EMERGENCY MEDICAL SERVICES COMMITTEE
MEETING HELD ON JANUARY 10, 2002

For Consideration by
The Council of The Regional Municipality of York
on January 24, 2002

PRESENT:

Chair:	Regional Councillor J. Frustaglio
Members:	Mayor M. Black, Vice-Chair Regional Councillor D. Humeniuk Regional Councillor T. Wong Mayor J. Young Regional Chair B. Fisch, ex-officio
Also Present:	Nil
Staff Present:	D. Bladek-Willett, S. Cartwright, B. Meekin, M. Di Re, Dr. T. Herrick, Dr. K.H. Jaczek, S. Turner, A. Wells, J. Williams and M. Woolhead

The Health and Emergency Medical Services Committee began its meeting at 2.01 p.m. on January 10, 2002.

1
ACCREDITATION AWARD LONG TERM CARE & SENIORS BRANCH

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, December 13, 2001, from the Commissioner of Health Services:

1. RECOMMENDATION

It is recommended that:

1. The Health and Emergency Medical Services Committee and Regional Council receive the appended Accreditation Survey Report (*see Attachment 1*) from The Canadian Council on Health Services Accreditation, regarding the findings of the accreditation surveyors during the recent Accreditation Survey of the Newmarket Health Centre, the Maple Health Centre and the Long Term Care Day and Outreach Programs.

2. PURPOSE

This report is provided to the Health and Emergency Medical Services Committee and Regional Council, as the governing body of the Regional Long Term Care facility program, to facilitate their legislated responsibility for ensuring that the Health Centres are in compliance with applicable legislation and standards for the provision of Long Term Care. Specifically, the report provides details about the Accreditation Survey process recently undertaken by the Long Term Care and Seniors Branch.

3. BACKGROUND

Regional Council, through the Health and Emergency Medical Services Committee as the Committee of Management for the Long Term Care Centres, has a legislative responsibility to ensure that the facilities have a quality management system that is developed and implemented for monitoring, evaluating and improving the quality of care and services provided to the residents, and is ultimately accountable for the standards of care provided.

The Canadian Council on Health Services Accreditation ("CCHSA") is a national organization that assists health care organizations across Canada to examine and improve the quality of care and services that they provide to their patients, residents and clients. Participation in the Accreditation Program is voluntary. All health care facilities in Canada are not accredited.

One of the many benefits of participation in the Accreditation Program is an independent third party assessment of the standards of care and services being provided. That assessment is achieved through a comprehensive evaluation of programs and services,

conducted by specially trained health care professionals, to determine the organization's level of compliance against the national standards established by the CCHSA.

The Accreditation standards address all aspects of the facility's operations and include standards related to: Accounting Practices, Administration and Governance, Community Support Programs, Dental Care, Diagnostic and Therapeutic Services, Emergency Preparedness, Facility Organization, Financial Management, Fire Safety, Health Records, Housekeeping, Human Resources Management, Infection Control, Information Services, Physical Plant and Maintenance, Laundry, Library Services, Medical Care, Nursing Services, Nutrition and Food Services, Pharmacy, Policies and Procedures, Quality Assurance, Risk Management, Recreational Programs, Restorative Care, Staff Development, Safety and Security and Volunteer Services.

The CCHSA establishes these national standards in collaboration with the various segments and organizations that make up the Canadian health care community. The CCHSA is comprised of the following professional bodies, corporate and consumer members/representatives:

- Canadian Medical Association
- Canadian Hospital Association
- Canadian Long Term Care Association
- Royal College of Physicians and Surgeons of Canada
- Canadian College of Health Service Executives
- Canadian Nurses Association
- The College of Family Physicians of Canada
- The Association of Canadian Teaching Hospitals
- Consumer Representatives

The Newmarket Health Centre last underwent a CCHSA Accreditation Survey in Spring 1998. The Maple Health Centre and the Long Term Care Day and Outreach Programs were surveyed for the first time in May 2001.

4. ANALYSIS AND OPTIONS

4.1 2001 Survey Award

The Newmarket Health Centre, the Maple Health Centre and the Long Term Care Day and Outreach Programs were surveyed by two Surveyors from the CCHSA on May 6, 7, 8 and 9, 2001.

On the basis of the Surveyors' findings, the Newmarket Health Centre, the Maple Health Centre and the Long Term Care Day and Outreach Programs were awarded a three-year Accreditation standing. In determining that award level, the Board of the CCHSA recognized that all essential services and programs demonstrated a high level of compliance with the CCHSA's standards for Long Term Care Services.

Traditionally, the highest level of Accreditation that a health service organization has been eligible to receive is three years. For a short period of time, the CCHSA experimented with a four-year award in an attempt to recognize superior performance that exceeded standards. This award level was, however, abandoned after a number of potential problems and issues were raised with respect to the extended periods between surveys. A three-year award is given if all of the conditions/standards for continuous quality improvement and effective risk management are achieved, and if the majority of all other standards are rated as substantial and no standard is rated as non-compliant or minimally compliant.

The results of the survey are finalized and the findings documented in a report to the Administrator and the Governing Body. During the last survey, all programs and services offered at the Newmarket Health Centre were found to meet a very high standard of compliance with the CCHSA's standards. A number of comments, suggestions and recommendations were offered within the report to assist in the facility's continuous efforts to improve compliance with the CCHSA's standards and the quality of care provided to residents and clients.

4.2 2001 Survey Highlights

The CCHSA Surveyors observed that the organization has geared services to the resident/client and is very client focused. They documented that they found the Long Term Care and Seniors Branch ("LTC Branch") to be innovative and creative in designing and implementing programs and services for the specialized groups that it provides care for, and that it uses best practices and evidence-based processes in the development and delivery of its programs and services. Their report states, "York Region Health Services was commended for setting the standard for integration with community agencies. York Region Health Services has established a precedent by creating 'Health Centres', which not only house long-term care facilities, but also day programs and a base for several community agencies."

It is important to note that the overall standards were found to be compliant and that there was no significant risk to resident care or safety identified. Two medium-priority recommendations and a number of suggestions were provided by the CCHSA to assist the LTC Branch in further improving the quality of care and services that it delivers. One of the recommendations relates to additional staff training regarding universal precautions. The second recommendation relates to further integration of documentation in the progress notes on the health care record. The recommendations relate to criteria within the standards in which there are opportunities to further enhance compliance with the CCHSA's standards. The LTC Branch will be working with its Continuous Quality Improvement Teams and staff over the next few months to facilitate implementing these recommendations and the suggestions offered.

Finally, the Surveyors noted that "Members of York Region including Regional Council, Health Services Committee, Community Advisory Board for Long Term Care and the Commissioner of Health Services, are to be commended for their support of the facilities

that has resulted in a 'cutting edge' organization, which is setting the standard for care and provision of services to the elderly and disabled."

5. FINANCIAL IMPLICATIONS

The Ministry of Health and Long-Term Care provides enhanced funding to service providers that maintain their Accreditation standing with the CCHSA. The Accreditation premium is $0.33 per bed per day/$24,100 per year. All costs associated with the 2001 accreditation process will be absorbed within the current budget.

6. LOCAL MUNICIPAL IMPACT

The independent third party survey conducted by the CCHSA provides confirmation that the Regional Municipality of York is continuing to deliver high quality Long Term Care services for the residents of all local municipalities within York Region.

7. CONCLUSION

The Accreditation Program provides the Governing Body with an independent third party assessment of the programs and services provided by the LTC Branch. This assessment includes an evaluation of the quality and risk management systems that the organization has established to monitor, assess and improve quality and reduce exposure to risk.

Participation in the CCHSA Accreditation Survey in May 2001 also provides the LTC Branch's clients, their families and the public with the additional assurance of quality provided by an independent review of its programs, and certification that it meets or exceeds national standards for the delivery of health services.

This report has been reviewed by the Senior Management Group.

(A copy of the attachment referred to in the foregoing is included with this report and is also on file in the Office of the Regional Clerk.)

2
YORK REGION EMS PARAMEDIC RESPONSE STATION SIGNAGE

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, December 13, 2001, from the Commissioner of Health Services:

1. RECOMMENDATIONS

It is recommended that:

1. Health and Emergency Medical Services Committee and Regional Council endorse the proposed station signage for York Region Paramedic Response Stations.

2. Health and Emergency Medical Services Committee and Regional Council authorize the purchase and installation of the approved EMS station signage on all York Region Paramedic Response stations at an estimated total cost of $37,000 subject to approval of the 2002 Business Plan and Budget.

2. PURPOSE

The purpose of this report is to provide information to Health and Emergency Medical Services Committee and Regional Council regarding the proposed signage for Paramedic Response Stations and obtain approval for the purchase and installation of York Region EMS signage on Paramedic Response Stations as appropriate.

3. BACKGROUND

The Regional Municipality of York assumed responsibility for the delivery of Land Ambulance Services January 1, 2000. A branding and imaging strategy has been developed and implemented to provide the public with a recognizable set of logos and corporate images. This strategy was approved by Regional Council in December, 1999. To date, the branding and imaging strategy has been limited to uniforms, vehicles and printed material.

The current facilities leased as Paramedic Response Stations do not have signage identifying them to the public as York Region EMS facilities.

4. ANALYSIS AND OPTIONS

The importance of clear signage identifying to the community where paramedics are located cannot be understated. Clearly marked EMS station signage is one mechanism of improving community awareness at each station.

To assure the community identifies York Region Emergency Medical Services, a branding strategy should be established for placement on Paramedic Response Stations. Attachment 1 is the recommended prototype image to be erected at each Paramedic Response Station.

The Regional Municipality of York currently leases 14 Paramedic Response Stations. The three EMS facilities in Woodbridge, Richmond Hill and Nobleton have existing infrastructure to support illuminated signage. It is recommended that these facilities have the approved EMS station signage applied to the existing support structure. Ten other

facilities are leased directly from local municipal Fire services. Negotiations and discussions to install approved EMS station signage on these facilities are ongoing.

5. FINANCIAL IMPLICATIONS

The cost to supply and install the approved EMS station signage to the facilities in Woodbridge, Richmond Hill and Nobleton is $4,968 including taxes. The costs to supply and install signage to all Paramedic Response Stations, being $37,000, has been included in the proposed 2002 Health Services budget.

6. LOCAL MUNICIPAL IMPACT

The installation of signage at Paramedic Response Stations will increase public awareness of where emergency medical services are located. As part of the local community, York Region EMS will provide enhanced customer service through partnerships and an increased community awareness and presence.

7. CONCLUSION

The approval and installation of a unique EMS signage at all Paramedic Response Stations will assist the public in identifying the location of emergency services and continue to demonstrate the Regional Municipality of York's commitment to performance based EMS service delivery.

This report has been reviewed by the Senior Management Group.

(A copy of the attachment referred to in the foregoing is included with this report and is also on file in the Office of the Regional Clerk.)

3

YOUTH ANTI-TOBACCO ACTION COALITION FORUM ON HELPING YOUTH PROMOTE THE ELIMINATION OF TOBACCO

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, December 20, 2001, from the Commissioner of Health Services:

1. RECOMMENDATION

It is recommended that:

1. The Health and Emergency Medical Services Committee and Regional Council receive this report regarding the youth forum on tobacco held recently in York Region for information purposes.

2. PURPOSE

The purpose of this report is to provide members of the Health and Emergency Medical Services Committee and Regional Council with an update of the work of the Youth Anti-Tobacco Action Coalition (Y-ATAC). Specifically, this report provides an overview of the proceedings from a youth forum on tobacco held by Y-ATAC on October 29, 2001. The event was entitled "Helping Youth Promote the Elimination of Tobacco" (HYPE*t*).

3. BACKGROUND

The youth forum was hosted by members of Y-ATAC at the Catholic Education Centre in Aurora on October 29, 2001. The main objective of this coalition is to work with youth to identify and implement educational initiatives targeted to tobacco use prevention within the youth population in the Regional Municipality of York. Y-ATAC membership includes representatives from the York Region Catholic District School Board, York Region District School Board, Canadian Cancer Society, Centre for Addiction and Mental Health, York Region Heart Health Project, York Region Health Services Department, and youth leaders from both school boards. A number of other key stakeholders also agreed to support this initiative and to partner with Y-ATAC in planning the youth forum. These partners included York Regional Police, the York Region Lung Association, York Region Health Services Department By-law Enforcement Officers, Cancer Care Ontario, Rogers Cable, Interkom Creative Marketing and *The Era Banner*.

Based on a review of best practices, the main objective of the HYPE*t* Forum was to engage youth in the development of a comprehensive approach to peer-driven tobacco-use prevention initiatives in their schools. Additional objectives of the forum included:

- To increase and promote the awareness among youth and educators of the health impacts of tobacco use.
- To provide youth with the necessary tools to assist them in dealing with tobacco issues.
- To promote student led initiatives and provide support for the implementation of prevention and/or cessation activities by students in their respective schools.
- To increase the awareness among youth and educators of the *Tobacco Control Act* and York Region tobacco by-laws.
- To stimulate interest among youth in the role of advocacy for tobacco use prevention.

4. ANALYSIS AND OPTIONS

In order to promote healthy tobacco-free lifestyles, the HYPE*t* Forum provided youth with interactive educational workshops (i.e. Tobacco-Use Prevention/Cessation, Peer Mentorship, Media Impact, *Tobacco Control Act*/Tobacco By-laws), resources and opportunities to work with other youth to identify potential activities and initiatives that they could implement within their own school environments and surrounding communities. These activities not only encouraged youth to take ownership of this important health issue, but also incorporated activities that support the *Expectations Related to Substance Use and Abuse Guidelines* outlined in the new Ontario Curriculum for Secondary Schools.

4.1 Participants Attending the HYPE*t* Forum

Information packages were developed by the forum planning committee and were distributed to schools by representatives of both school boards. Secondary school administrators who expressed an interest in establishing action committees within their respective schools to support, develop, and implement tobacco-use prevention initiatives were encouraged to register four students and one staff advisor each for the forum. School staff provided the opportunity to attend the daylong interactive learning experience to those students who demonstrated an interest, capacity and enthusiasm for working on tobacco-related issues that impacted on their peers and the broader community.

Representatives from 17 registered secondary schools across York Region participated in the daylong tobacco use prevention forum. Students were selected from grades 9 to OAC (grade 12/13). The total number of participants attending the forum was approximately 83 (including 70 students and 13 staff advisors) from the following York Region Public and Catholic Secondary Schools:

- Thornhill Secondary School
- Milliken Mills High School
- Vaughan Secondary School
- Langstaff Secondary School
- Sutton District High School
- Sir William Mulock Secondary School
- Keswick High School
- Westmount Collegiate Institute
- Holy Cross Catholic High School (CHS)
- Cardinal Carter CHS
- Brother André CHS
- Sacred Heart CHS
- Father Michael McGivney CHS
- St. Augustine CHS
- St. Robert CHS
- Father Bressani CHS
- St. Joan Of Arc CHS.

4.2 Action Plan Development

The process for the development of action plans began at the completion of the educational workshops at which time participants reconvened into their respective school groups to brainstorm on ideas for initiatives related to tobacco use prevention activities in their school community. These school groups became the HYPE*t* Student Tobacco Action Committees for their respective schools and identified a variety of student-led initiatives that they thought might apply to their community. Some of the initiatives identified during the planning portion of the forum included:

- Recruitment of students to form "Tobacco Prevention Committees."
- Development and implementation of school surveys.

- Planning and hosting health forums related to tobacco.
- Development of school wide "Quit 'N Win" contests.
- Establishment of mentorship programs related to tobacco use prevention or cessation to feeder elementary schools.
- Development of media messages targeted at youth.
- Development of school assemblies related to smoking cessation and/or tobacco use prevention.

These action plans were shared with all forum participants and will be carried back to the respective schools by the staff advisors and students for further discussion and follow-up.

4.3 Participant Evaluation Summaries

The youth forum event concluded with an overview of the activities of the day, sharing of some of the school action plans and an evaluation of the day by both students and school advisors. At present, both the school action plans and the evaluations are undergoing further analysis by the planning committee. However, an overview of some of the key findings from a review of the evaluation forms indicate the following:

- 87% of participants rated the quality and usefulness of their opportunity to participate in the forum activities to be good or excellent.
- 92% of the participants rated the quality and usefulness of opportunities to plan to be good or excellent.
- 91% of the participants rated the quality and usefulness of their opportunities for interaction to be good or excellent.
- 89% of the participants rated the print materials and handouts to be good or excellent.
- 90% of the participants rated the quality and usefulness of other resources provided for the day as being good or excellent.
- 82% of the participants rated the workshop sessions as being very to highly useful.

The verbal feedback at the end of the youth forum by both school advisors and students indicated that the participants were energized by the forum and stimulated by the sharing of ideas with their peers and interactions with the workshop facilitators. The attendees also reported having developed a heightened awareness of the health impacts of tobacco and were returning to their schools with a renewed commitment to tobacco use prevention and to empower their peers to take ownership of their own health.

4.4 Next Steps

The HYPT*/* Student Tobacco Action Committees have been established in each of the participating schools. Their efforts will focus on expanding the skills and resources of committee members to enable them to reach students in their home school, in their feeder elementary schools, and to reach youth not linked with the school system with their tobacco-free living health messages.

The long-term goal is to reduce the proportion of 12-19 year olds in York Region who smoke daily by 10% by the year 2005 (*Mandatory Core Programs and Services Guidelines,* 1997*,*

Health Protection and Promotion Act). Y-ATAC will support all efforts directed towards achievement of this goal by:

- Maintaining and building the capacity of HYPE*t* School Tobacco Action Committees in secondary schools across York Region.
- Promoting and providing support to peer-led initiatives identified and implemented by HYPE*t* School Tobacco Action Committees.
- Developing a steering committee from Y-ATAC members to provide leadership and direction to HYPE*t* School Tobacco Action Committees and disseminate funds as appropriate to their initiatives.
- Developing funding criteria and an evaluation process for school action plans.
- Identifying a process to provide recognition to schools who implement student-led initiatives within their communities.
- Exploring linkages through the York Region Youth Advisory Committee.

The provision of on-going support by Y-ATAC members provides the youth and school communities with the tools and skills they need to build a strong foundation for the successful implementation of a variety of youth led initiatives (e.g. health forums, "Quit N Win" contests, peer mentorship). With the encouragement of community members, the youth will be able to assess the impact of their initiatives to date, determine the next steps in their work plan and expand their reach within their school population and surrounding community. In order to recognize the students and their school initiatives, the Y-ATAC members plan to hold a community event to coincide with World No Tobacco Day in May 2002.

5. FINANCIAL IMPLICATIONS

Y-ATAC received in-kind contributions from the youth forum partner members of the Coalition to support the planning and implementation of the Youth Forum. It was also successful in receiving funding from York Region Heart Health Project (HeartyParty.com) and Cancer Care Ontario for a total of $10,000 targeted to the forum and implementation of student led initiatives in the participating schools.

All staff participation in Y-ATAC activities is accommodated within the Health Services Budget.

6. LOCAL MUNICIPAL IMPACT

The youth forum has provided a vehicle for students to take ownership of the tobacco issues relevant to their school communities within their municipality. They have been provided with an opportunity to identify initiatives that they believe address the needs of their peers and to brainstorm ideas for implementation through the development of action plans. With the support of community leaders and health professionals, youth throughout York Region will be able to convert these plans into actions focused on tobacco use prevention and smoking cessation among their peers. Municipal politicians and community members across

the Region will be in a position to take a leadership role in working collaboratively with these student advocates on initiatives that will have a positive impact on the health of all youth.

7. CONCLUSION

Youth Anti-Tobacco Action Coalition is committed to taking action to reduce tobacco use by youth throughout York Region. Y-ATAC recognizes the value of a comprehensive school approach to health promotion initiatives among youth and supports the development of youth led initiatives as an effective strategy for tobacco use prevention. It has demonstrated its commitment to collaborative community action with the successful implementation and evaluation of the HYPE*t* youth forum. The next steps outlined in this report will ensure that the youth and school community will receive the ongoing support inherent in the sustainability of health promotion programs. The enthusiasm of the students that brought energy and life to the forum events is a clear sign that the youth of York Region are ready to embrace the role of community advocates and take control of their own health.

This report has been reviewed by the Senior Management Group.

4
WORLD YOUTH DAY

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, December 20, 2001, from the Commissioner of Health Services:

1. RECOMMENDATIONS

It is recommended that:

1. The Health and Emergency Medical Services Committee and Regional Council receive this report regarding World Youth Day 2002 in Toronto for information purposes.

2. Staff be directed to establish a cross-departmental working group and invite representation from area municipalities and other key stakeholders, in order to co-ordinate a comprehensive operational plan for York Region with respect to World Youth Day.

2. PURPOSE

The purpose of this report is to provide the Health and Emergency Medical Services Committee and Regional Council with information on World Youth Day 2002 and the impact of this event on the York Region Health Services Department, particularly the Public Health and Emergency Medical Services Branches.

3. BACKGROUND

3.1 Overview of World Youth Day

World Youth Day (WYD) is a bi-annual conference organized by the Catholic Church for young people aged 16–35 from around the world. In August 2000, His Holiness Pope John Paul II officially announced that the City of Toronto had been selected to host the WYD Conference 2002. This will be the largest conference ever held in Toronto. Attendance at previous events has consistently exceeded 500,000 people, with crowds approaching and exceeding 1 million people on three occasions. WYD 2002 involves the participation of all three levels of government.

3.1.1 World Youth Day 2002—Toronto

The events for WYD will take place in Toronto from July 23–28, 2002. Exhibition Place and the Downsview Park have been identified as key locations for activities and events, with organizers anticipating an attendance of between 750,000 and 1 million delegates. Preliminary estimates suggest that $86 million will be injected into the economy of the Greater Toronto Area as a result of the event.

In conjunction with the City of Toronto, other levels of government and members of the business community, York Region Health Services Department has been an active participant in a variety of Committees and Sub-Committees organized by the Office of the WYD Secretariat since August 2001. Our presence ensures that all planning for this event considers health-related issues and challenges specific to York Region.

A meeting between the York Region Health Services Department and York Region School Boards has taken place in an effort to begin preparing and planning for the delegates assigned to York Region. Potential billeting sites were discussed but have not yet been confirmed. Preliminary discussions regarding the safety of billeting sites was undertaken. A working group with representation from all Boards of Education and York Region Health Services Department was formed and will be meeting regularly in the months leading up to the event.

3.1.2 Accommodation

To accommodate the anticipated 750,000 delegates, the Office of the WYD Secretariat is pursuing a variety of accommodation options throughout the GTA. There are plans to billet delegates to the homes of York Region Catholics, to utilize schools, local campgrounds and hotels throughout the Region.

3.1.3 Food Safety

Included in the registration fee, participants will be provided with two meals each day. The majority of meals will be prepared at designated sites and transported to larger activity sites for distribution. This may require the placement of staff at the preparation and distribution sites to supervise and ensure adherence to proper food handling and storage practices.

4. ANALYSIS AND OPTIONS

The WYD Conference 2002 and Papal visit are expected to draw 750,000 to one million participants from around the world. Consultation with WYD organizers of past events has identified the following circumstances that suggest the need for prior planning:

- Food borne illnesses: both Rome and Paris had food poisoning outbreaks—in one location alone there were 5,000 reported cases.
- Food preparation: this was difficult in Rome and Paris due to the large quantities of food being prepared to serve to delegates.
- Potable water: Rome distributed 16 million bottles of water along one route alone. Both Rome and Paris indicated that they could not provide enough water for delegates during the event.
- Sunstroke: there were 18, 000 reported cases in Denver. Organizers indicated that this was likely due to extreme heat and lack of water. Many delegates became dehydrated during the event.
- EMS response: Denver EMS treated 2200 patients during the first four days of the Denver event. At the Papal Mass on the final day, 1700 patients were treated by paramedics.
- EMS response: was challenged by issues associated with multi-jurisdictional service delivery.
- Multi-lingual communication: presented challenges.

To support WYD 2002, it is anticipated that Public Health staff will be required in a variety of areas. Details of these activities may be found in *Attachment 1*.

York Region EMS regular deployment will not be able to support an event of this magnitude. Therefore, York Region EMS will be required to provide additional staff resources, vehicles and equipment to support WYD activities. It is anticipated that a mutual aid request to support day-to-day operation in the City of Toronto will be forthcoming. Details of York Region EMS responsibilities cannot be fully determined until WYD activities and activity sites are confirmed.

It is anticipated that WYD activities will also have an impact on other Regional departments and services, including but not limited to, Transportation and Works, York Region Transit, York Regional Policy and Community Services and Housing. The extent of this impact cannot be fully determined until further details regarding WYD activities and activity sites are finalized.

5. FINANCIAL IMPLICATIONS

This report does not reflect the operational costs of providing service to this large-scale event. It is anticipated, however, that additional staff overtime will be required in 2002 in order to address competing work demands and increased workload. These projections will be made when the locations of WYD activities within York Region have been confirmed and the need for resources can be more clearly defined. Staff involvement in planning activities to date has been accommodated within the approved 2001 budget.

The days prior to and immediately following WYD 2002 occur during peak summer vacation periods. It may be necessary to implement vacation restrictions during this period. The City of Toronto has implemented vacation restriction policies and the Region of Peel is currently investigating the same.

6. LOCAL MUNICIPAL IMPACT

Delegates will participate in pilgrimage activities, which will see in excess of 250,000 pilgrims walking up to 10 kilometers over various terrains. To date, one York Region pilgrimage route has been confirmed, beginning at the Rutherford Go Station in Vaughan, extending down Keele Street to Downsview Park. The pilgrimage route will require the placement of York Region EMS staff resources, vehicles and equipment to be stationed at various points to patrol the route and provide emergency care as required, for the duration of the pilgrimage.

WYD plans to conduct activities at a minimum of 25 park-like sites throughout the Greater Toronto Area. Each site will host approximately 5,000–10,000 delegates who will gather for catechesis and community services activities. Specific locations for the activity sites have not yet been confirmed. York Region EMS, and potentially Public Health inspectors, will be required to support the activities planned for sites within York Region.

It is anticipated York Region will experience a significant influx of people, resulting in increases in: traffic on regional roads, the use of public transit, the use of public buildings and attendance at tourist attractions. It is anticipated that the event will have a positive impact on the York Region economy.

7. CONCLUSION

World Youth Day 2002 is the largest conference ever held in Toronto, with an estimated attendance of 750,000 participants. Although WYD 2002 is seven months away, an event of this magnitude requires extensive co-ordination, organization and planning.

The full impact of WYD 2002 on Regional departments and on York Region has yet to be determined, as planning and negotiations concerning potential billeting and activity sites are still underway. The confirmation of these sites will allow organizers to project the number of delegates assigned to York Region during the WYD event.

The formation of a cross-departmental working group that also includes representatives from area municipalities and other key stakeholders would assist in the development of a comprehensive operational plan for York Region during WYD 2002 events.

Further reports providing more detail about the WYD event and its impact on York Region will be provided in Spring 2002.

This report has been reviewed by the Senior Management Group.

(A copy of the attachment referred to in the foregoing is included with this report and is also on file in the Office of the Regional Clerk.)

5
FALLS PREVENTION PROJECT FOR SENIORS A MULTI-AGENCY PILOT UPDATE

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, December 20, 2001, from the Commissioner of Health Services:

1. RECOMMENDATION

It is recommended that:

1. Health and Emergency Medical Services Committee and Regional Council receive this report for information purposes.

2. PURPOSE

The purpose of this report is to present a progress update regarding the development/design phase of a multi-agency pilot project to prevent falls in the York Region senior population to Health and Emergency Medical Services Committee and Regional Council.

3. BACKGROUND

The provincial Mandatory Health Programs and Services Guidelines, 1997, pursuant to the *Health Protection and Promotion Act*, directs public health staff to "reduce the rate of fall-related injuries in the elderly (aged 65+ years) that lead to hospitalization or death by 20% by the year 2010." An initial report regarding this multi-agency pilot, Falls Prevention Project for Seniors, was tabled at Health and Emergency Medical Services Committee on January 11, 2001, which authorized the Health Services Department to enter into a collaborative project with the City of Toronto Public Health Department and the Baycrest Centre for Geriatric Care and to enter into a Memorandum of Understanding (MOU) defining the roles and responsibilities of all three organizations.

The program will target frail, community dwelling seniors living relatively independently in the communities of Vaughan, Richmond Hill and North Toronto. With the goal of creating a linkage between primary prevention and rehabilitation, the program consists of a mobile, multi-disciplinary Falls Intervention Team with a focus on in-home risk assessment, a home-based exercise program, medication management and the in-home education of the senior and his/her support system of informal and formal care providers. A draft MOU setting out agency roles and responsibilities was prepared by the Regional Corporate and Legal Services Department and is currently under final review by legal counsel for the Baycrest Centre for

Geriatric Care and the City of Toronto, Public Health Department. It is anticipated that the MOU will be signed by the partner agencies in January 2002, following final review of the document.
It is projected that the first senior clients will be accepted into the 18-month pilot program commencing April 2002. When a final evaluation report is completed in December 2003, the findings will provide data to enhance future program design to better serve seniors within York Region and beyond.

4. ANALYSIS AND OPTIONS

4.1 Collaborative Development Process

The design for this multi-agency falls prevention pilot project is led by staff from the three partner agencies. Extensive consultation with seniors groups, as well as with key service providers, has been conducted.

Membership of the Project Steering Committee was formalized in March 2001 and since that time the following activities have occurred:

- Drafting a Memorandum of Understanding that is acceptable to all partner agencies.
- Recruitment of a Project Co-ordinator, Public Health Nurse and Physiotherapist positions.
- Consultation sessions with more than 50 community stakeholders and seniors groups within the catchment area (Vaughan, Richmond Hill, North Toronto) to refine project design and determine relationship to existing services.
- Early stages of recruitment of community partners for a Community Advisory Committee, comprised of key senior service provider representatives.
- Development of a draft service delivery model.

The partner agencies are committed to this project and have participated equally in the project-planning phase (March–present).

4.2 Future Plans

The final program intervention model and evaluation plan will be confirmed by the end of December 2001. The first clients will enter the program in April in accordance with the Health Canada funding and upon the execution of the Memorandum of Understanding. The second phase consisting of program implementation spans 18 months and will be complete by June 2003. A project evaluation report will be drafted for Health Canada by December 2003.

5. FINANCIAL IMPLICATIONS

The Health Services Department is providing in-kind contributions to the project totalling $94,665 annually. This includes 1 FTE public health nurse and a percentage of time from management, support, graphic design and epidemiological staff. The City of Toronto Public

Health Department and the Baycrest Centre for Geriatric Care are also providing similar in-kind contributions and human resources.

In 2001, the Falls Prevention Project for Seniors received $53,000 from Health Canada to support the development of program materials and the marketing of the initiative.

6. LOCAL MUNICIPAL IMPACT

The Health Services Department will be able to provide leadership in identifying evidence-based falls prevention strategies for the rapidly growing senior population, developing services tailored to the unique needs of York Region residents and in the integration of those services with other services in the community, at both Regional and Area Municipal levels.

7. CONCLUSION

The development of the pilot Falls Prevention Project for Seniors is well underway. Staff will continue to provide Health and Emergency Medical Services Committee and Regional Council with timely updates regarding the progress of this exciting multi-agency partnership initiative.

This report has been reviewed by the Senior Management Group.

6
BINGO OPERATIONS IN YORK REGION

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, January 9, 2002, from the Commissioner of Health Services:

1. RECOMMENDATIONS

It is recommended that:

1. The Health and Emergency Medical Services Committee and Regional Council receive this report for information.

2. The Regional Clerk circulate this report to all nine area municipalities.

2. PURPOSE

The purpose of this report is to clarify various factors that influence the revenue and profitability of the bingo industry and to review bingo operations within York Region.

3. BACKGROUND

On October 26, 2000, York Regional Council adopted a three-phase, Region-wide No-Smoking By-law. Effective June 1, 2001, all bingo facilities may establish an unenclosed smoking area no greater than 25% of occupiable public space in the premises or build a designated smoking room (DSR) that cannot be greater than 25% of the occupiable public space and must have a ventilation system that meets the criteria as outlined in the York Region No-Smoking By-law # A-0285-2000-105. After June 1, 2004, all bingo facilities must erect a designated smoking room or become smoke-free (Phase III).

3.1 Bingo Licenses

The Alcohol and Gaming Commission of Ontario (AGCO) and Councils of the area municipalities have the authority to issue licenses to charitable or religious organizations in order to conduct and manage lottery operations. The AGCO is the sole licensing authority for bingo events with prizes exceeding $5,500, as well as Super Jackpot and Progressive bingo games. Local municipalities have licensing authority for bingo events with prizes less than $5,500.

Operators of charity bingo events are required to file their records with either the area municipality or the AGCO within 15 days of the bingo event. Failure to comply may result in fines or imprisonment.

At present, all four York Region bingo operators hold a Super Jackpot and/or Progressive Bingo Game License.

3.2 Factors Influencing Bingo Operations in York Region

As articulated in a report to the General Committee of the City of Mississauga on June 7, 2000, entitled Bingo Industry Update ("2000 City of Mississauga Report" (see *Attachment 1*)), bingo operators in Ontario have complained that the policies of the AGCO and competition from casinos and slot machines have handicapped the bingo industry. At present, York Region does not have casino or slot machine facilities. However, such facilities (e.g. Great Blue Heron, Georgina Downs, Casino Rama and Woodbine Race Track Slots) are all within one-hour driving distance from York Region.

3.2.1 Bingo Regulations

As set out in the 2000 City of Mississauga Report, in a workshop for bingo stakeholders, bingo operators stated the regulatory framework imposed on bingo operators by the Province of Ontario significantly constrains any innovation in the bingo industry. To bingo operators, this regulatory framework was designed to allow the Provincial government to either take over the operation of the bingo industry, or eliminate it altogether.

The regulatory framework allegedly restricts the type and amount of customer appreciation gifts that can be offered to patrons. Bingo operators or sponsor associations cannot provide free breakfast, lunches or transportation for their patrons (2000 City of Mississauga Report).

In addition, it is alleged that the regulatory framework restricts advertising by bingo establishments. Bingo establishments are restricted from spending more than 1% of their prize money on advertising (2000 City of Mississauga Report).

Finally, bingo establishments allege that before the AGCO approves any new types of licensed bingo games, it goes through a lengthy review process and even if the new game is approved, the bingo operator has limited opportunity to advertise the new game to other bingo operators or sponsor associations across the Province, thus reducing the opportunity for success (2000 City of Mississauga Report).

3.2.2 Competition Among Bingo Operators

Competition within the gaming industry is fierce as bingo operators compete with each other over the hours of operation, the price of a bingo game card, the number for bingo and jackpot prizes.

Generally, the price of a bingo game card ranges from $10 to $30. The average bingo prize per game is $1,000 but many of the Progressive bingo and Super Jackpot game operators have prizes as high as $25,000. The jackpot prizes are usually highest at the end of the month. In addition, during the holiday season bingo operators across the Greater Toronto Area provide a variety of prizes to attract players. This includes minimum prizes of $5,000 per game and free draws to win prizes such as televisions, VCRs and DVD players.

3.2.3 Alternative Gambling Venues

The electronic bingo game was a pilot project that was introduced in 2000 by the AGCO to upgrade and modernize the bingo industry. At present, no bingo facility in Ontario has received approval to operate electronic bingo games. The AGCO recently established the terms and conditions for electronic bingo.

The introduction of slot machines into Ontario had a devastating effect on the bingo industry. It is estimated that the money spent by a bingo player for one trip to play the slots represented approximately four trips to the bingo hall (2000 City of Mississauga Report). The 2000 City of Mississauga Report concluded that slot machines had caused "both attendance and charity revenue to decline" significantly in all bingo facilities in the City of Mississauga.

3.3 Review of York Region Bingo Operations

At present, York Region has four bingo facilities—Newmarket, Aurora, Richmond Hill and Woodbridge. Bingo Country Corporation operates the Newmarket and Woodbridge facilities while Delta Bingo operates the Richmond Hill bingo. Aurora Bingo is an independent bingo operator.

In early July 2001, Markham Bingo, owned by Bingo Country, closed its facility. At the time of this report, Markham Bingo remains closed.

All York Region bingo facilities are operated seven days per week with a minimum of two sessions daily. Aurora and Richmond Hill, however, run four sessions each day. During the holiday season some bingo operators provide additional sessions to attract players to their facility.

3.3.1 Attendance at York Region Bingo Facilities

Data on attendance at local bingo facilities prior to June 1, 2001 is limited. After numerous requests, only one bingo operator was willing/able to provide attendance data prior to June 1, 2001. The data showed that the smoking section's occupancy rate in October 2000 was 13,557 and in October 2001 was 11,833. The non-smoking section's occupancy rate in October 2000 was 3,102 and in October 2001 was 3,821. The difference between 2000 and 2001 for the smoking section was a decrease of 12.7% and the non-smoking section was an increase of 23%. Overall, there was a decrease of 6% in total attendance.

In addition, during the month of November 2001, all the bingo facilities in York Region were visited by the By-law Enforcement Officers at different times/days of the week. This is illustrated in *Attachment 2*, which clearly showed that all York Region bingo facilities had over 100 players per session. Bingo operators require at least 100 players per session in order to generate a profit. Richmond Hill Delta Mayfair Bingo had almost 500 players at one of its 10:00 PM sessions in November 2001. This large turnout may be attributed to the $10,000 jackpot prizes.

3.4 Proximity of Gaming Facilities Outside York Region

3.4.1 Bingo Facilities

At present, there are five bingo facilities in the City of Toronto and Region of Peel that impact York Region bingo operations. Like the four York Region bingo establishments, they attempt to attract players to their facilities by the same methods as outlined above.

3.4.2 Slot Machines and Casinos

In addition to the various bingo facilities that border York Region, there are four slot machine operators and one casino (Mohawk Raceway, Woodbine Raceway, Casino Rama, Georgian Downs and Great Blue Heron) located within a one-hour drive.

On December 15, 2001, the Toronto Star printed a story entitled "Casinos Haul in Record Revenues," which stated 15 casinos and slot operations scattered across Ontario generate about 3.65 million dollars a day. This amount might otherwise have been spent in bingo facilities. Furthermore, several facilities, including the 1,700 slot machines at Woodbine, saw revenues increase by approximately 20% from one year ago.

The introduction of these gaming facilities has "significantly constrained any innovation and growth within the bingo industry" (2000 City of Mississauga Report).

4. ANALYSIS AND OPTIONS

At present, the existing four bingo facilities in York Region are complying with the York Region No-Smoking By-law that requires all bingo premises to "establish and designate an unenclosed smoking area no greater than 25% of occupiable public space. This unenclosed smoking area must be contiguous and clearly identifiable." Under the current Regional No-Smoking By-law, bingo operators are not required to build their enclosed DSR until June 1, 2004.

5. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

6. LOCAL MUNICIPAL IMPACT

Slot machines and casinos have adversely impacted the bingo industry. This resulted in decreased attendance at local bingo facilities and therefore a reduction in the revenue received by the local charities.

7. CONCLUSION

At present, there is tremendous competition among gambling facilities for business. During the past few years, the Ontario government has expanded the gaming industry by introducing a variety of gaming activities such as slot machines, instant win games and casinos. These competing activities have reduced both the attendance and revenue in the bingo industry. While the current Regional No-Smoking By-law may have some initial impact on the bingo operations in York Region, it is not solely responsible for the closure of Markham Bingo, or the decline in both revenue and attendance at existing York Region bingo facilities.

This report has been reviewed by the Senior Management Group.

(A copy of the attachments referred to in the foregoing is included with this report and is also on file in the Office of the Regional Clerk.)

(Regional Council at its meeting on January 24, 2002, amended the foregoing Clause to include the following recommendations:

3. ***That the area municipalities be requested to respond by February 28, 2002, in order that a report can be presented to Regional Council in March 2002.***

4. ***That the report also be circulated to bingo operators and the Markham Bingo Charity Association in York Region for feedback.***

7
PESTICIDE REDUCTION TASK FORCE, UPDATE #2

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, January 3, 2002, from the Commissioner of Health Services:

1. RECOMMENDATION

It is recommended that:

1. The Health and Emergency Medical Services Committee and Regional Council receive this report for information purposes.

2. PURPOSE

The purpose of this report is to provide Health and Emergency Medical Services Committee and Regional Council with details regarding the second meeting of the Pesticide Reduction Task Force held on November 29, 2001.

3. BACKGROUND

At its June 14, 2001 meeting, the Health and Emergency Medical Services Committee authorized staff to work with area municipalities, school boards and conservation authorities to develop pesticide reduction guidelines with the goal of eliminating the non-essential use of pesticides on lands owned by the Regional Municipality of York.

On September 13, 2001, Health and Emergency Medical Services Committee authorized the formation of a Pesticide Reduction Task Force.

A report entitled "Pesticide Reduction Task Force Update", which outlined the details of the inaugural meeting of the Pesticide Reduction Task Force on October 30, 2001, was tabled at Health and Emergency Medical Services Committee on November 15, 2001 and at Regional Council on November 22, 2001.

4. ANALYSIS AND OPTIONS

The second meeting of the Pesticide Reduction Task Force was held on November 29, 2001, from 7 PM to 9:30 PM in the York Regional Administrative Centre in Newmarket.

4.1 Attendance

A total of 33 people were present. Attendees included Regional Councillor Diane Humeniuk (Chair) and Mayor Jeff Holec (Co-Chair). Also in attendance were 2 area municipal councillors (East Gwillimbury and Markham), 5 area municipal staff (Aurora, East Gwillimbury, Markham, Vaughan and Whitchurch-Stouffville), 7 lawn care/landscaping

company representatives, 4 representatives from environmental organizations, 1 York Region District School Board member, 1 golf and country club representative and 1 representative of the University of Guelph. Regional staff were present to assist the committee.

4.2 Opening Remarks

In her opening remarks, Regional Councillor Humeniuk provided the group with a summary of the previous meeting (October 30, 2001) and an outline of the proceedings for the present meeting. Mayor Holec emphasized the difference between "Guidelines" and policy. It is anticipated that when the Pesticide Reduction Guidelines are presented to Health and Emergency Medical Services Committee and Regional Council, a recommendation for these Guidelines to become Regional policy will be attached. Mayor Holec mentioned that the pesticide usage would be managed through an ecosystem approach.

4.3 Presentations

Two presentations were made to attendees during the meeting. First, Kevin Haley, York Region Public Health Inspector, outlined the content of the draft Guidelines and the Background Document. These documents were created following the inaugural Task Force meeting and incorporated input from Task Force members and information from multiple sources including other jurisdictions (i.e. British Columbia, Waterloo, etc.). The Guidelines provide direction for the elimination of the non-essential use of pesticides on lands owned by York Region and the implementation of integrated pest management principles. A list of Regional lands that will be impacted by the Guidelines was presented. The Guidelines will apply to land owned by the Region of York but not the buildings or structures located on these properties. A list of Regional Departments affected by these Guidelines was also provided, along with exceptions where pesticide use might be required, such as spraying for mosquitoes carrying West Nile Virus. Prevention is the key to integrated pest management and in planning/designing lands. Soil compaction and structure are key to preventing pests. The principles of integrated pest management were outlined.

Len Munt, York Regional Forester/Regional Weed Inspector, described the development of the 20-year Urban/Rural Forest Management Plan during the second presentation. This plan will implement the Pesticide Reduction Task Force Guidelines/Recommendations. He provided historical background information about pesticide use in York Region. Ten to 15 years ago the spraying equipment was sidelined and integrated pest management principles have since been utilized. Herbicides have continued to be used for noxious weeds like poison ivy and insecticides have been used for gypsy moths. The Regional Forester receives many complaints about dandelions, but herbicides have not been applied. He mentioned that most York Region urban developments have poor soil, as the topsoil has been removed and not replaced after construction had been completed.

4.4 Working Group Sessions

Attendees were assigned to one of three working group sessions wherein they were to discuss and provide comments/feedback on the draft Pesticide Reduction Guidelines document. After approximately one hour, a spokesperson outlined his/her respective group's comments.

Staff will incorporate these comments into a further revised draft Pesticide Reduction Guidelines document. Furthermore attendees have the opportunity to provide any further

comments about the draft Guidelines and Background Document until January 10, 2002. The revised draft Guidelines will be distributed to Task Force members on or before January 23, 2002 in order to allow for review prior to the third Task Force meeting scheduled for January 31, 2002.

5. FINANCIAL IMPLICATIONS

Costs associated with Public Health staff time and other necessary resources have been accommodated within both the 2001 and the proposed 2002 budgets for the Health Services Department.

6. LOCAL MUNICIPAL IMPACT

Area municipal staff have participated in the development of the Pesticide Reduction Guidelines for Regional lands. It is hoped that these same Guidelines will be adopted more widely for public lands owned by area municipalities in the future.

7. CONCLUSION

This report provides details of the developments of the Pesticide Reduction Task Force and its meeting of November 29, 2001.

This report has been reviewed by the Senior Management Group.

8
ADMISSION TO LTC FACILITY PROGRAM

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, November 26, 2001, from the Commissioner of Health Services:
(See also Item No. 11 under Clause 10 – Update-Committee Proceedings)

1. RECOMMENDATION

It is recommended that the Health and Emergency Medical Services Committee receive and approve the following report regarding Resident Admissions for September 2001.

2. PURPOSE

This report is provided to the Health and Emergency Medical Services Committee and Regional Council, as the governing body of the Regional LTC Facility Program, in accordance with applicable legislation.

3. BACKGROUND

Sixty-four applicants to the Regional LTC Facility Program have been assessed and properly documented by the LTC Admissions and Discharge Committee. They have been found to be eligible for admission under the terms of the *Long-Term Care Act* and meet the admission policies of the Region.

Male	89	Cognitive Care
Female	87	Cognitive Care
Male	80	Cognitive Care
Male	72	Cognitive Care
Female	75	Cognitive Care
Male	80	Cognitive Care
Female	48	Cognitive Care
Female	80	Psychogeriatric Care
Female	86	Psychogeriatric Care
Female	76	Psychogeriatric Care
Female	74	Psychogeriatric Care
Male	80	Psychogeriatric Care
Female	48	Psychogeriatric Care
Female	71	Heavy Complex Care
Male	79	Heavy Complex Care
Male	89	Heavy Complex Care
Female	76	Heavy Complex Care
Male	75	Heavy Complex Care
Female	91	Heavy Complex Care
Female	85	Heavy Complex Care
Female	90	Heavy Complex Care
Male	92	Heavy Complex Care
Female	89	Heavy Complex Care
Female	76	Heavy Complex Care
Male	85	Heavy Complex Care
Male	75	Heavy Complex Care
Male	76	Heavy Complex Care
Female	91	Heavy Complex Care
Male	79	Heavy Complex Care
Female	88	Heavy Complex Care
Female	66	Heavy Complex Care
Female	79	Heavy Complex Care
Female	87	Heavy Complex Care
Female	75	Heavy Complex Care
Male	85	Heavy Complex Care
Female	81	Heavy Complex Care
Female	81	Heavy Complex Care
Male	85	Heavy Complex Care
Female	78	Heavy Complex Care
Female	82	Heavy Complex Care

Female	77	Heavy Complex Care
Male	71	Heavy Complex Care
Male	83	Heavy Complex Care
Male	85	Heavy Complex Care
Female	85	Heavy Complex Care
Female	77	Heavy Complex Care
Female	85	Heavy Complex Care
Female	71	Heavy Complex Care
Female	73	Heavy Complex Care
Female	95	Heavy Complex Care
Female	63	Heavy Complex Care
Female	74	Heavy Complex Care
Male	88	Heavy Complex Care
Female	82	Heavy Complex Care
Male	91	Heavy Complex Care
Female	83	Heavy Complex Care
Male	90	Heavy Complex Care
Female	106	Heavy Complex Care
Female	77	Heavy Complex Care
Female	84	Heavy Complex Care
Female	91	Heavy Complex Care
Male	80	Heavy Complex Care
Female	75	Heavy Complex Care
Female	85	Heavy Complex Care

4. ANALYSIS AND OPTIONS

This report includes all applicants assessed and approved by the LTC Facility Admission and Discharge Committee in the reporting period.

4.1 Wait List Administration and Triage

Once applicants are approved by the Admission and Discharge Committee, they are placed on a waiting list that is administered by the Community Care Access Centre (CCAC). Applicants on the waiting list are categorized and prioritized according to risk level, type of care, level of care and accommodation requested (private/standard) and are admitted according to those criteria. Those individuals that are at greatest risk and/or inappropriately placed in an acute care setting are given the highest priority for placement.

4.2 Reporting Period Admissions

The following applicants from our approved waiting list were admitted in the month of September 2001:

Female	72	Cognitive Care
Female	90	Psychogeriatric Care

Female	87	Psychogeriatric Care
Male	74	Heavy Complex Care

4.3 Wait List Summary

There were a total of 64 applicants assessed and approved in the reporting period and 4 applicants from the approved wait list were admitted. There are a total of 518 individuals/applicants on the LTC Facility waiting lists.

5. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

6. LOCAL MUNICIPAL IMPACT

There is no local municipal impact associated with this report.

7. CONCLUSION

This report provides detailed and complete information concerning the approval of Applications and Admissions to the Region's Long Term Care Facilities for the month of September 2001.

This report has been reviewed by the Senior Management Group.

9
ADMISSION TO LTC FACILITY PROGRAM

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, November 26, 2001, from the Commissioner of Health Services:
(See also Item No. 11 under Clause 10 – Update-Committee Proceedings)

1. RECOMMENDATION

It is recommended that the Health and Emergency Medical Services Committee receive and approve the following report regarding Resident Admissions for October 2001.

2. PURPOSE

This report is provided to the Health and Emergency Medical Services Committee and Regional Council, as the governing body of the Regional LTC Facility Program, in accordance with applicable legislation.

3. BACKGROUND

Fifty-six applicants to the Regional LTC Facility Program have been assessed and properly documented by the LTC Admissions and Discharge Committee. They have been found to be eligible for admission under the terms of the *Long-Term Care Act* and meet the admission policies of the Region.

Female	85	Cognitive Care
Female	86	Cognitive Care
Female	81	Cognitive Care
Male	90	Cognitive Care
Female	79	Cognitive Care
Male	79	Cognitive Care
Female	76	Cognitive Care
Female	76	Cognitive Care
Female	81	Cognitive Care
Male	91	Cognitive Care
Female	79	Heavy Complex Care
Female	76	Heavy Complex Care
Female	74	Heavy Complex Care
Female	94	Heavy Complex Care
Female	73	Heavy Complex Care
Female	92	Heavy Complex Care
Male	90	Heavy Complex Care
Female	73	Heavy Complex Care
Female	76	Heavy Complex Care
Female	83	Heavy Complex Care
Female	83	Heavy Complex Care
Female	88	Heavy Complex Care
Female	76	Heavy Complex Care
Male	84	Heavy Complex Care
Female	90	Heavy Complex Care
Female	68	Heavy Complex Care
Male	72	Heavy Complex Care
Female	98	Heavy Complex Care
Male	86	Heavy Complex Care
Male	68	Heavy Complex Care
Female	89	Heavy Complex Care
Female	86	Heavy Complex Care
Female	85	Heavy Complex Care
Male	77	Heavy Complex Care
Male	87	Heavy Complex Care
Male	75	Heavy Complex Care
Male	76	Heavy Complex Care
Female	98	Heavy Complex Care
Male	94	Heavy Complex Care
Female	94	Heavy Complex Care

Male	69	Heavy Complex Care
Female	78	Heavy Complex Care
Male	74	Heavy Complex Care
Female	89	Heavy Complex Care
Female	83	Heavy Complex Care
Female	91	Heavy Complex Care
Female	77	Heavy Complex Care
Female	78	Heavy Complex Care
Female	89	Heavy Complex Care
Female	84	Heavy Complex Care
Female	88	Heavy Complex Care
Male	84	Heavy Complex Care
Male	95	Heavy Complex Care
Female	89	Psychogeriatric Care
Male	73	Psychogeriatric Care
Female	79	Psychogeriatric Care

4. ANALYSIS AND OPTIONS

This report includes all applicants assessed and approved by the LTC Admissions and Discharge Committee in the reporting period.

4.1 Wait List Administration and Triage

Once applicants are approved by the Admissions and Discharge Committee, they are placed on a waiting list that is administered by the Community Care Access Centre (CCAC). Applicants on the waiting list are categorized and prioritized according to risk level, type of care, level of care and accommodation requested (private/standard) and are admitted according to those criteria. Those individuals that are at greatest risk and/or inappropriately placed in an acute care setting are given the highest priority for placement.

4.2 Reporting Period Admissions

The following applicants from our approved waiting list were admitted in the month of October 2001:

Male	81	Cognitive Care
Female	80	Cognitive Care
Male	80	Cognitive Care
Male	82	Heavy Complex Care
Female	80	Heavy Complex Care
Female	85	Heavy Complex Care
Female	78	Psychogeriatric Care

4.3 Wait List Summary

There were a total of 56 applicants assessed and approved in the reporting period and 7 applicants from the approved wait list were admitted. There are a total of 506 individuals/applicants on the LTC Facility waiting lists.

5. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

6. LOCAL MUNICIPAL IMPACT

There is no local municipal impact associated with this report.

7. CONCLUSION

This report provides detailed and complete information concerning the approval of Applications and Admissions to the Region's Long Term Care Facilities for the month of October 2001.

This report has been reviewed by the Senior Management Group.

10
UPDATE - COMMITTEE PROCEEDINGS

The Health and Emergency Medical Services Committee advises Council of the following matters having been considered by the Health and Emergency Medical Services Committee with the corresponding action as noted:

1. The Health and Emergency Medical Services Committee elected Regional Councillor J. Frustaglio as Chair and Mayor M. Black as Vice-Chair, for the year 2002.

2. **PROGRAM ACTIVITY REPORT**
   3rd. Quarter, July 1 – September 30, 2001

   The Committee received the report and requested that in future reports, any anomalies or major concerns or trends be highlighted and explanatory notes included.

PRESENTATIONS

3. 2002 BUSINESS PLAN AND BUDGET

Marilyn Woolhead, Director, Administrative Services Division, Health Services Department and Mark Critch, Financial Administrator, made a presentation regarding the '2002 Health Services Department Business Plan and Budget.'

The Committee recommended that the presentation by the Director, Administrative Services Division, Health Services Department, be received and that the 2002 Health Services Business Plan and Budget be forwarded to Regional Council for approval.

The Committee also requested that staff prepare a report in the near future regarding substance abuse prevention programs and their status in the region at this time. The report should also include the types of programs operating in the Region, both at the regional and community levels, and identify any gaps in services for those who are too young for certain services and too old for others.

Dr. Jaczek will also provide Regional Councillor Humeniuk with documents concerning public health mandatory programs.

COMMUNICATIONS

4. The Corporation of the Township of Havelock-Belmont-Methuen, November 12, 2001, forwarding a resolution regarding 'Realignment of Health Services into the Community.'
Received.

5. Dr. K. Helena Jaczek, November 22, 2001, to Dr. Colin D'Cunha, Director, Public Health Programs and Chief Medical Officer of Health and Long-Term Care, Ministry of Health and Long-Term Care, regarding the 'Immigration Subcommittee of the Canadian Tuberculosis Committee.'
Received.

6. J.D. Leach, City Clerk, City of Vaughan, November 23, 2001, regarding 'York Region Disclosure System, Food Premises, City of Vaughan.'
Received.

7. Mayor Stan Johnston, Chair of the Board, Kingston, Frontenac and Lennox & Addington Health Unit, November 29, 2001, regarding "Prohibiting the Use of Mobile Phones While Operating Motor Vehicle".
Received.

8. Carolyn Downs, Manager Council Support/City Clerk, City of Kingston, December 6, 2001, regarding 'Halt of Bill 130 – *The Community Care Access Corporations Act, 2001.'*
Received.

9. Gail Paech, Assistant Deputy Minister, Long-Term Care Redevelopment Project, Ministry of Health and Long-Term Care, December 17, 2001, regarding 'Municipal Participation in Long-Term Care.'
Received.

OTHER BUSINESS

10. **'HEALTHY BABIES, HEALTHY CHILDREN' PROGRAM – SERIOUS OCCURRENCE POLICY VERBAL UPDATE**

Dr. K.H. Jaczek referred to a communication from Lynne Livingstone, Director, Early Years and Healthy Child Development Branch, Integrated Services for Children Division, dated December 19, 2001, (see Item 6(b) on the Revised Agenda), in updating the Committee on the 'Serious Occurrence Policy.' Dr. Jazcek informed members that the procedures and guidelines will be reviewed by the Province. Dr. Jaczek will report back to the Committee when further information is available.
The Committee received the communication and the verbal update from Dr. Jaczek.

11. **AGENDA ITEMS 14 and 15 – ADMISSION TO LTC FACILITY PROGRAM**
(See Clauses 8 and 9 of this Report)

The Committee requested that staff provide them with the following:
- List of all LTC's in the Region – private and public
- The number of beds in each facility
- A contact number for each facility

Also:
With regard to the last two or three LTC bed allocations in the Region by the Ministry:
- How many beds were allocated
- Who were awarded the beds

The Health and Emergency Medical Services Committee adjourned at 4.07 p.m.

Respectfully submitted,

January 10, 2002 **J. Frustaglio**
Newmarket, Ontario **Chair**

(Report No. 1 of the Health and Emergency Medical Services Committee was adopted, as amended, by Regional Council at its meeting on January 24, 2002.)