



Minutes
of the February 28, 2019
MANITOULIN-SUDBURY DSB BOARD MEETING
held in Espanola's 210 Mead Blvd. DSB Boardroom

Present: Jill Beer, Les Gamble, Vern Gorham, David Ham, Arthur Hayden, Bruce Killah, David Leonard, Michael Levesque, Richard Malette, Jim Rook, David Santi, Richard Stephens, Maureen Van Alstine, Ned Whycott

Staff : Fern Dominelli, Anne Quenneville, Connie Morphet, Melody Ouellette, Robert Smith, Paul Myre

Media: Alicia McCutcheon

1.0 CALL TO ORDER

Chair, Les Gamble, called the meeting to order at 10:00 a.m.

2.0 ADOPTION OF AGENDA

Resolution No. 19-15

Moved by: Richard Malette

Seconded by: Ned Whycott

BE IT RESOLVED THAT the agenda be adopted.

Carried

3.0 DECLARATIONS OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

4.0 Closed Session

Resolution 19-16

Moved by: Bruce Killah

Seconded by: Maureen Van Alstine

BE IT RESOLVED THAT the Board move into closed session at 10:00 a.m.

Carried

Resolution 19-17

Moved by: Jill Beer

Seconded by: Vern Gorham

BE IT RESOLVED THAT the Board adjourn this closed session at 10:40 a.m.

Carried

5.0 Business Arising from Closed Session

During its Closed Session, the Board discussed Property and Human Resources Issues.

6.0 Adoption of Minutes

Resolution No. 19-18

Moved by: Arthur Hayden

Seconded by: Richard Stephens

BE IT RESOLVED THAT the Minutes of the [January 24, 2019](#) Board meeting be approved.

Carried

7.0 Committee Reports

Property Committee

The Property Committee met February 27, 2019. Bruce Killah was elected as Committee Chair.

7.1 Request for Expression of Interest

Connie Morphet, Director of Finance & Administration, walked the Board through the [Request for Expression of Interest – Issue Report](#).

The Manitoulin-Sudbury DSB currently owns 3 vacant properties, one in Gore Bay and two in Espanola. An Expression of Interest (EOI) will solicit project proposals for new-construction of residential buildings. Proponents will be encouraged to engage additional rental housing program funding available through Canada Mortgage & Housing Corporation National Co-Investment Fund for new construction, Housing Investment Corporation or other agencies to further improve affordability.

An EOI from local Non-Profits will receive additional consideration for a commitment to the greatest number of affordable units that will be offered through the new construction.

The rental housing can be for a range of unit sizes, but the greatest need identified by the Manitoulin-Sudbury DSB Waitlist is for one-bedroom units.

Preference will be given to responses that incorporate energy efficiency measures, positive design, and barrier free features for persons with disabilities.

Projects approved must have at least 30% of units with affordable rents and must remain affordable for a minimum period of 20 years. Affordability is defined as having rents for the project that are at or below 80% of the Manitoulin-Sudbury DSB Market Rent amount based on unit size.

Affordability may be achieved in partnership with the Manitoulin-Sudbury DSB Direct Shelter Subsidy Program where individual tenants qualify for the program.

The DSB will review all EOI proposals and gauge the amount of interest in the project and the general viability of the endeavors. Once submissions are reviewed and deemed viable in meeting the needs of the community, staff will provide a report for the Property Committee and the Board for their review.

According to the Ministry of Municipal Affairs & Housing, if a proponent does not intend to build affordable housing, full market value for the lot would need to be paid as these lots were designated for Social Housing purposes and any proceeds from the sale must go to existing or additional Social Housing projects.

Resolution 19-19

Moved by: Bruce Killah

Seconded by: Dave Ham

WHEREAS the Manitoulin-Sudbury DSB Property Committee has reviewed the Request for Expression of Interest – Issue Report and is recommending approval of this report to the Board.

THEREFORE BE IT RESOLVED THAT the Manitoulin-Sudbury DSB accepts the Property Committees recommendation and approves the [Request for Expression of Interest – Issue Report](#) and directs staff to action the recommendations contained within the report.

Carried

8.0 New Business

8.1 2018 Fourth Quarter CAO Activity Report

Fern Dominelli, CAO, walked the board through the CAO Quarterly Report. This report will be shared with member municipalities who are encouraged to add it to Council agenda packages.

Resolution 19-20

Moved by: Mike Levesque

Seconded by: David Leonard

BE IT RESOLVED THAT the [2018 CAO Fourth Quarter Activity Report](#) be approved as presented.

Carried

8.2 2018 Fourth Quarter Financial Report

Connie Morphet, Director of Finance & Administration, walked the Board through the 2018 Fourth Quarter Unaudited Financial Report, which is forecasting a year-end surplus of \$71,033.

Resolution 19-21

Moved by: David Santi

Seconded by: Maureen Van Alstine

BE IT RESOLVED THAT the [2018 Fourth Quarter Unaudited Financial Report](#) be approved as presented.

Carried

8.3 Freelandt Caldwell Reilly LLP

Connie Morphet, Director of Finance & Administration, walked the Board through the [Audit Report Changes - New Standards](#).

During the 2018 Audit, the auditors presented the New Audit Report Standards.

The new standards are effective December 15, 2018; and since the Manitoulin-Sudbury DSB's financial year end is December 31, 2018, the standards affect our audit.

If there is a material uncertainty about an entity's ability to continue as a going concern, an additional paragraph is required to be added to the auditor's report, drawing the user's attention to the note disclosure contained in the financial statements that explains this condition. Previously, this information and reference, known as an emphasis of matters paragraph, would appear at the end of the report.

The changes that have been made to the audit report will not have a substantial impact on our experience with the audit process.

8.4 Ministry of Training, Colleges and Universities

Anne Quenneville, Ontario Works Program Supervisor, walked the Board through the Ministry of Training, Colleges and Universities news release, [Province Helping Job Seekers and Employers Make Ontario Open for Business](#).

On February 12, the Ontario Government announced a plan to transform employment service to help job seekers find and keep good jobs and help employers recruit the skilled workers they need.

Ontario's plan for transforming employment services includes:

- Launching a refreshed labour market information website to help people explore careers, education and training opportunities, and help businesses find the right workers.

- Integrating social assistance employment services into Employment Ontario to help the province's most vulnerable, including people with disabilities, to break free from the poverty cycle.
- Introducing a new model to manage the employment service system more effectively. The selection of service system managers will be determined through a new, competitive process and open to any public, not-for-profit and private sector organization, as well as consolidated municipal service managers and district social services board service managers.
- Changes to Ontario's employment services will be implemented gradually, beginning with three prototypes in fall 2019. The government will immediately begin engaging with key stakeholders about the transformation and will be working closely with delivery partners to phase-in changes in a manner that addresses local needs.
- The Ministry intends to announce three prototype communities wherein a vendor will be selected to operate as Service System Manager to achieve meaningful employment outcomes.

The Manitoulin-Sudbury DSB believes that Employment Services are a fundamental component in Service System Management along with Affordable Housing, Quality Child Care, and Financial Supports.

The DSB has joined with 10 NOSDA members to submit a [proposal](#) to serve as the Service System Manager for employment services.

The DSB is interested in serving as one of the three prototype communities through its coordination with NOSDA members which will provide true Service System Management, including Affordable Housing, Quality Child Care, and Financial Supports, leading to meaningful and lasting employment outcomes.

Resolution 19-22

Moved by: Ned Whynott

Seconded by: Jim Rook

WHEREAS the Ministry of Children, Community, and Social Services in conjunction with the Ministry of Training, Colleges and Universities have [announced](#) the consolidation of employment funding under the Employment Ontario envelope; and

WHEREAS the Manitoulin-Sudbury DSB stands to lose a considerable amount of funding for employment services; and

WHEREAS employment services are a fundamental component in Service System Management along with Affordable Housing, Quality Child Care, and Financial Supports; and

WHEREAS the Ministry intends to announce three prototype communities wherein a vendor will be selected to operate as Service System Manager to achieve meaningful employment outcomes; and

WHEREAS the Manitoulin-Sudbury DSB, in its unmatched capacity to leverage the full suite of services to ensure lasting employment outcomes and having joined with 10 NOSDA members to submit a [proposal](#) to serve as the Service System Manager for employment services;

THEREFORE BE IT RESOLVED that the Manitoulin-Sudbury DSB provide notice to the Minister of Children, Community and Social Services and the Minister of Training, Colleges and Universities that the Manitoulin-Sudbury DSB will serve as one of the three prototype communities through its coordination with NOSDA members which will provide true Service System Management, including Affordable Housing, Quality Child Care, and Financial Supports, leading to meaningful and lasting employment outcomes.

Carried

8.5 Ministry of Health and Long-Term Care

Robert Smith, Chief of Paramedic Services, walked the Board through the 1st Interim Report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine, [Hallway Health Care: A System Under Strain](#).

In 2004, both federal and provincial Governments declared Emergency Department (ED) overcrowding as a priority item, and in 2008, the Ontario Government released the Emergency Department Wait Time Strategy, a publication with several proposed solutions to mitigate negative impacts of ED overcrowding. The Northeast LHIN received slightly more than 1.4M of the almost 55M in funding to address ED care.

The solutions were multifaceted, but they included mandated processes to expedite hospital admissions. The impact was a shift of patient overcrowding from the hallways in emergency departments to hallways of inpatient units. The term hallway medicine became the adopted term to describe patients who were admitted into hospitals with no designated hospital room. Hallway medicine is actually a phrase that describes use of unconventional spaces for placement of admitted patients, and while it does include hallway space, it also includes storage rooms and shower rooms, and even converted boardrooms/offices. Hallway medicine is a supply and demand issue.

The number of funded hospital beds are reported by the Organization of Economic Development (OECD) as a factor of per thousand population. Without mitigation, Ontario will see the hospital bed per 1,000 population decline to 1.73 by 2041. Health Science North's CEO has recently reported that the current HSN bed count resulted from the government mandated 86 bed, or 16% reduction in 2003, prior to the facility even opening.

The reduction of hospital beds is a result of de-institutionalized health care, something that started in the 1980s. The concept of care out of hospitals has expanded with programs such as Home First, which leveraged community health care in a residential, or minimally nonacute environment. The shift to a non-acute facility model has been proven problematic as that the necessary space in Long Term Care, Assisted Living, or Rehabilitation facilities have not been developed. Patients requiring that alternate level of care (ALC patients) are then kept in acute care facilities. [On February 14th HSN CEO Dominic Giroux](#) reported that Health Science North had 107 ALC patients in their facility, nearly 24% of their acute care bed occupancy. Meanwhile he also reported that 30 of the 38 Emergency department spaces were occupied by inpatients, and that there were 46 inpatients being treated under the hallway medicine model.

Several programs have been implemented by successive governments to address hospital overcrowding, the most recent being the [October 3rd, 2018 announcement](#) that **Dr. Rueben Devlin will act as the Chair the Premier's Council on *Improving Healthcare and Ending Hallway Medicine***.

The project for Improving Healthcare and Ending Hallway Medicine will have to include a unique approach to managing residents of Northern Ontario. The council affirms that social determinants of health are drivers of health consumption, specifically where chronic and multiple pathologies exists. Countless researchers have concluded that residents of Northern Ontario, including Manitoulin-Sudbury DSB have poorer significantly poorer determinants, and as such have greater health care requirements.

Additionally, senior citizens represent a growing percentage of the population as a whole. In 2014, 15.7% of the Canadian population were identified by Stats Canada as seniors (Stats Canada, 2015), and the Canadian government classified the seniors as the fastest growing demographic with an expected representation of almost 25% by 2030. Health Canada reports that the number of seniors is expected to double by 2025 (2014) and triple by 2041. The relative percentage of senior citizens in rural Ontario, including Manitoulin-Sudbury DSB Seniors represent more than 23% of the total population (24.8% in Manitoulin and 21.4% in Sudbury District). The GTA had only a 14.5% senior citizen representation for the same period.

The fact that seniors are the largest consumers of health care and are a significant representation of the total population in Manitoulin-Sudbury Districts equates to significant health cost impact. As leaders for these people, we must engage to develop sound and sustainable measures to ensure quality care can be maintained.

8.6 Paramedic Services Deployment Plan

Robert Smith, Chief of Paramedic Services, walked the Board through the [Paramedic Services Deployment Plan- Update Report](#).

This version of the Deployment Plan is a significant change from earlier models, but it is in line with both the Strategic Deployment design and staffing levels.

The Deployment Plan is designed to capture a multitude of factors related to the operations of the Paramedic service. The document provides direction for resource use, staffing levels, integration with allied agencies, inclusive of Ornge, and management of interfacility requests for service.

The move to 24/7 supervisory coverage in early 2018 has allowed for collaborative integration with the Central Ambulance Communication Centre (CACC) Supervisory team at Sudbury's Central Ambulance Communications Centre, and this version of the plan will help to further improve the cooperation with the centres in Sault Ste. Marie and Timmins.

Beyond Paramedic Service's primary role as a public safety agency responsible for emergency responses to our citizens, the Deployment Plan specifically sets specific out direction for interfacility transportation of patients.

Interfacility transfers are prioritized by the Communications Centre staff as emergent, urgent or non-urgent, based upon triaging tools put in place by the Ministry of Health and Long-Term Care. The Deployment Plan specifies how service response to these calls will be managed.

The evolution of regionalized health care has resulted in the increased requirement for patients to travel to hub hospitals such as Health Science North in Sudbury and Timmins and District Hospital. The evolving challenge available space in these centres has started to result in longer movements to other facilities such as North Bay and Sault Sainte Marie. Interfacility transfer impact on emergency response capacity, response times, and patient care in the community. To this end, mitigation strategies have been put in place.

The plan limits movement of non-urgent patients to specific times and requires that Paramedic Superintendents be engaged. The rationale for this is to ensure alternative transportation resources have been considered, and that they emergency coverage within all communities has been considered as a priority.

The plan sets out specific methods for facilitation of urgent and emergent transfers. In previous iterations of the deployment plan, every urgent or emergent would be serviced immediately, without regard for the impact on the communities left without anything nearing appropriate paramedic coverage.

Specifically, the Deployment Plan now requires any request to move an urgent or emergent patient between health care facilities be declined by Ornge, the Province's Air Ambulance, such movements are the primary role for that organization. Additionally, urgent, non-emergent transportations will be managed over a longer period of time to ensure emergency coverage for the communities would not be compromised.

Additionally, there was no concern for work days for paramedics, and we were addressing work days extending beyond 16 hours for non-emergent movement of patients. To address these concerns, the deployment plan has put in place a policy that requires paramedics to return to response readiness immediately following every call and return to their deployment community without any primary consideration for patient repatriation. Manitoulin-Sudbury DSB's Paramedic Service has developed mitigation strategies to repatriate patients that do not negatively impact on public safety.

The new version of Manitoulin-Sudbury DSB [Paramedic Service's Deployment Plan](#) has been written in a manner that focuses on the nature of this agency as an emergency service. Implementation of practices that contain resource loss through regionalized health care will, we believe assist in improved response times and improved outcomes for our patients, and our communities. Over the past number of months, staff have met with both hospital partners and allied partners, and the plan has been shared in detail. While this plan requires that all partners now consider the impact on decisions for transportation of patients, we are confident that this plan will yield positive outcomes.

Resolution 19-23

Moved by: Richard Malette

Seconded by: Bruce Killah

BE IT RESOLVED THAT the Manitoulin-Sudbury DSB accepts the [Paramedic Services Deployment Plan – Update Report](#) as presented.

Carried

8.7 Paramedic Services Response Time Standard

Robert Smith, Chief of Paramedic Services, walked the Board through the [Paramedic Response Time Standard – Issue Report](#).

There is vast concurrence that the Response Time Standard system is far more valid than the Ministry's earlier system that required service maintain response time to a minimum achieved in 1996. That said, we acknowledge that the data sets used for Response Time Standard assessment have historically been those supplied by the Ministry of Health Ambulance and Long-Term Care Communication Centers, data manually inputted in the face of extremely stressful periods where Communications Officers are managing a significant workload. As such, accuracy of the data can be suspect. The service continues to explore technology use as a method to improve system accuracy.

It is important to note that Sudden Cardiac Arrest events are rare, with only 24 responses taking place in 2018. The addition of a single target met has the resulting change of 4% in the compliance metric meaning that the compliance can change dramatically each year. A Response Time target of 6 minutes is truly an urban design. Sudden cardiac arrest responses represent less than 0.5% of the entire service call volume.

Despite service efforts to improve our response times, and success target achievement that continues to trend upward, we continue to accept that there are challenges to success and work to be done.

Public access defibrillator programs continue to have the potential for improved target outcomes, with one successful event in 2018. It should be noted that most Sudden Cardiac Arrests take place in the home, away from public locations where Automated External Defibrillator (AED) devices are primarily available.

Importantly, the increased utilization of the non-urgent pilot project at Manitoulin-Sudbury DSB has allowed for shedding of those calls that pull paramedics from their communities and negatively impact on emergency responses. 80% of the responses for sudden cardiac arrests in 2018, where the response was within the Response Time Standard limit were responses from the station, not from another community.

Resolution 19-24

Moved by: Jim Rook

Seconded by: Ned Whynott

WHEREAS the Manitoulin-Sudbury DSB has reviewed the Paramedic Response Time Standard – Issue Report.

THEREFORE BE IT RESOLVED THAT the Manitoulin-Sudbury DSB approves the [Paramedic Response Time Standard – Issue Report](#) and directs staff to action the recommendations contained within the report.

Carried

9.0 Other Business

10.0 Next Meeting – March 28, 2019

11.0 Adjournment

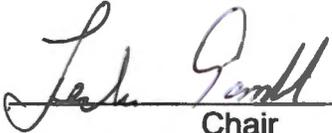
Resolution 19-25

Moved by: David Santi

Seconded by: Richard Malette

BE IT RESOLVED THAT we do now adjourn at 12:00 p.m. until the next regular meeting to be held, in the DSB's Espanola Mead Boulevard Board Room on March 28, 2019.

Carried



Chair



CAO (Secretary-Treasurer
of the Corporation)