



## HEALTH COMMITTEE

Wednesday, November 16, 2011

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A meeting of the Health Committee was held at County Administration Building, Pembroke, Ontario on Wednesday, November 16, 2011 at 9:30 a.m.

Present were: Janice Visneskie, Chair  
Robert Sweet, Warden

and Committee Members: Mary Campbell, Jennifer Murphy, Richard Rabishaw,  
David Shulist, Tammy Stewart

City of Pembroke Reps: Terry O'Neill, Gary Severin

Staff Present: W. James Hutton, Chief Administrative Officer/Clerk  
Bruce Beakley, Human Resources Director  
Michael Nolan, Emergency Services Director  
Shelley Sheedy, Administrator, Miramichi Lodge  
Shayne Hoelke, Administrator, Bonnechere Manor  
Bruce McIntyre, Media Relations Coordinator  
Jean Benton, Nurse Practitioner, Bonnechere Manor and  
Miramichi Lodge  
Lee Kirkwood, Environmental Services Supervisor, Bonnechere  
Manor  
Dianne Johnston, Administrative Assistant, Bonnechere Manor

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Chair Visneskie welcomed committee members and called the meeting to order at 9:35 a.m. The roll was called, and no pecuniary interests were declared.

### **RESOLUTION NO. H-C-11-11-86**

Moved by: Reeve Stewart  
Seconded by: Mayor Shulist

THAT the minutes of the meeting dated October 12, 2011 be adopted as printed and circulated.

CARRIED.

### **EMERGENCY SERVICES REPORT**

Mr. Michael Nolan overviewed the Emergency Services Department Report, which is attached as Appendix A.

Mr. Nolan advised that the Paramedic Service participated in the Local Health Integration Network (LHIN) Non-Urgent Transportation Committee. This group brings together a number

of community stakeholders to identify non-urgent transportation gaps and opportunities to improve access within the County of Renfrew. Mr. Nolan advised that deferrable calls of non-urgent status can utilize non-urgent transportation services. He reminded committee that there is no funding available to the Paramedic Service for non-urgent transportation however through the LHIN Non-Urgent Transportation Committee, funding has been provided to the non-urgent transportation companies.

Mr. Nolan overviewed the 'Patient Carrying Calls 2011 Chart' that was requested at a previous session of County Council. Mr. Nolan explained the call status as follows: Deferrable Calls (i.e., non-urgent transfers from hospital to a long-term care home) are Code 1; Scheduled Calls (i.e., transfers from facility to facility) are Code 2; Prompt Calls (i.e., broken leg) are Code 3; and Urgent Calls (i.e., life threatening) are Code 4. As represented in the chart, the Code 4, life threatening calls produce the most volume of calls to the Paramedic Service. He stated that in the past the call types were more evenly distributed, but continued work with hospitals has resulted in a more appropriate use of the Service resources. Mr. Nolan advised that an analysis of the current deployment plan for the Paramedic Service is currently being reviewed. He advised that he will present a proposal to enhance service in the Townships of Admaston/Bromley and the Whitewater Region, as well, along the Opeongo Road ridge in the Township of Brudenell, Lyndoch & Raglan, for Committee's review. Mr. Nolan will provide a separate chart detailing call volume by call type at future committee meetings.

Chair Visneskie on behalf of the committee thanked the Emergency Service Department for the development and implementation of the Exercise "Shake It Up!" on October 25, 2011. She thanked Ms. Leslie Wirth, Deputy Chief for her leadership role in this exercise.

Mr. Nolan advised that County Council requested the County of Renfrew crest be included on the Paramedic Service vehicles. Mr. Nolan presented a design of a paramedic service vehicle with the County of Renfrew crest displayed.

Mr. Nolan advised that in consultation with a graphic designer and with other Paramedic Services, the medical insignia is located on the door. Chair called for a vote, with everyone in agreement with placement of the County of Renfrew design graphic.

**RESOLUTION NO. H-C-11-11-87**

Moved by: Mayor Rabishaw  
Seconded by: Mayor Campbell

THAT the Health Committee approves the placement of the County of Renfrew graphic on the paramedic service vehicles. AND FURTHER THAT County Council be advised.

CARRIED.

Warden Sweet advised that he had attended a meeting with the Chief Administrative Officer of Lennox and Addington County regarding the proposed closure of the Denbigh land ambulance station. Warden Sweet advised that the County of Renfrew sent an invitation to members of the Hasting, Frontenac, and Lennox & Addington Counties to discuss the proposed closure. To date no response has been received.

**RESOLUTION NO. H-C-11-11-88**

Moved by: Councillor O'Neill  
Seconded by: Mayor Campbell

THAT the Emergency Services Department Report attached as Appendix A be approved.

CARRIED.

Mr. Nolan vacated the meeting at 10:06 a.m.

**DELEGATION**

Mrs. Shelley Sheedy, Administrator, Miramichi Lodge provided background information on the Nurse Practitioner position in long-term care, which commenced in 1999 as a pilot project with the Ministry of Health and Long-Term Care (MOHLTC) through a Request for Proposal (RFP). Mrs. Sheedy advised that the County of Renfrew Long-Term Care Homes; Bonnechere Manor and Miramichi Lodge was one of 20 Homes to apply for this pilot project and was successful. She advised that the Nurse Practitioner position is no longer a pilot project, however funding continues in part from the Ministry of Health and Long-Term Care. Mrs. Sheedy introduced Mrs. Jean Benton, Nurse Practitioner for Miramichi Lodge and Bonnechere Manor. Ms. Benton provided an annual update on the Nurse Practitioner activities in long-term care, as well as legislative changes that affect this position. The presentation is attached to these minutes as Appendix B.

Ms. Donna Cotnam, Community Relations Coordinator, Miramichi Lodge and members of the Miramichi Lodge Foundation Board: Ms. Sherri Crone, Ms. Sandra Sell, Ms. Mary Arseneau, Ms. Marilyn Craig and Mr. Marc Poirier entered the meeting at 10:30 a.m.

Chair Visneskie on behalf of the committee thanked Ms. Benton for her presentation.

Ms. Benton vacated the meeting at 10:35 a.m.

Mrs. Sheedy advised that the Miramichi Lodge Foundation was formed in 2003 in preparation for the capital campaign for the new Home. She advised that the Foundation has raised over \$1.3 million since the inception. Mrs. Sheedy overviewed a list of programs, services and equipment donated by the Foundation, thus fulfilling their mission to enhance the quality of life for the residents of Miramichi Lodge. Mrs. Sheedy presented Ms. Cotnam and the Foundation Members with a Certificate of Appreciation. On behalf of the Health Committee, Chair Visneskie and Warden Sweet congratulated the Foundation Committee for their great work and ongoing dedication to enriching the lives of the residents of Miramichi Lodge. Ms. Sherri Crone, Chair of the Foundation Committee thanked the Committee for this honour. Mrs. Sheedy acknowledged the current members that were unable to attend the meeting which are Mr. Brian Wilson, Mr. Bill Croshaw, Ms. Marianne Minns, and Mr. Ron Hamilton. Mrs. Sheedy also thanked all former members of the Foundation Committee for their services.

Ms. Cotnam and the Miramichi Lodge Foundation Members vacated the meeting at 10:45 a.m.

Chair Visneskie requested Mrs. Sheedy to provide a presentation to a future meeting of the Health Committee on the Classic Music Program at Miramichi Lodge.

Mr. Hoelke provided an overview of some initiatives that Bonnechere Manor has undertaken to become more efficient providing examples: the installation of electrical switches; low flush toilets; new high efficiency lights; and the replacement of inefficient washers and dryers. Mr. Hoelke advised committee that Bonnechere Manor is still awaiting approval for the proposed roof solar panel project that would generate approximately \$2,000,000 in revenue over 20 years. Mr. Hoelke thanked the committee for their recent support with the implementation of the Point of Care computerized documentation for the nursing department. Mr. Hoelke advised committee that representatives from the Perley and Rideau Veteran's Health Centre visited Bonnechere Manor last week for an overview on the Point of Care documentation system and were very impressed with the systems in place. Mr. Hoelke acknowledged and thanked the committee for their ongoing support. Mr. Shayne Hoelke introduced Mr. Lee Kirkwood, Environmental Services Supervisor, Bonnechere Manor. Mr. Kirkwood provided a presentation on a proposed new initiative to be more efficient and cost effective with the installation of a new telephone and satellite television equipment and the presentation is attached to these minutes as Appendix C.

Mayor Murphy questioned why the Committee would consider leasing, when the cost of leasing increases the price. Mr. Hoelke advised that the Request for Proposal would seek submissions for both lease to own and to purchase the equipment. Warden Sweet suggested the purchasing of the equipment, as it could be paid for within 2 ½ years. Mayor Campbell questioned if the residents would use the proposed services and be able to accommodate the fee for service. Mr. Kirkwood confirmed that currently 70 residents are paying for telephone services and 80 residents are paying for cable television services.

Bruce McIntyre vacated the meeting at 11:00 a.m.

Mayor Campbell questioned if purchasing used equipment was researched. Mr. Kirkwood explained that the Bonnechere Manor telephone system is 18 years old and that it would be offered sale. Mr. Kirkwood suggested that the requested RFP seek submissions for new equipment only in order to provide current technology and services. Warden Sweet recommended the utilization of the County of Renfrew Information Technology Department in this process.

**RESOLUTION NO. H-C-11-11-89**

Moved by: Warden Sweet

Seconded by: Reeve Stewart

THAT the Health Committee request County Council to authorize the advertising of a Request for Proposal (RFP) for the provision to purchase a new telephone and satellite television equipment for Bonnechere Manor. AND FURTHER THAT the County of Renfrew Information Technology Department be consulted in the process.

CARRIED.

Mr. Lee Kirkwood vacated the meeting 11:12 a.m.

## **LONG TERM CARE REPORT**

Mrs. Shelley Sheedy overviewed the Long Term Care Report attached as Appendix D.

Circulated to committee was an Addendum to the Long Term Care Report regarding an amendment to the Long-Term Care Home Occupancy Targets Policy, effective January 1, 2011. Mrs. Sheedy advised that the occupancy targets remain unchanged at 97% in order to receive 100% Ministry of Health and Long-Term Care funding. She stated that the County of Renfrew Long-Term Care Homes currently are able to exceed this standard and this statistic information is provided to the Health Committee through the Quarterly Report. Mrs. Sheedy advised that there is no Respite/Short Stay minimum occupancy percentage in order to receive 100% Ministry of Health and Long-Term Care funding. Mrs. Sheedy advised that the Ministry requires the Chair and Chief Administrative Officer for both Bonnechere Manor and Miramichi Lodge to sign the acknowledgement of the amendment to the Long-Term Care Service Accountability Agreement (L-SAA) regarding Long-Term Care Home (LTCH) Occupancy Targets Policy, effective January 1, 2011. All other terms and conditions in the L-SAA remain the same. The organization's acknowledgement of this amendment is required to be returned to the Champlain LHIN before November 25, 2011.

## **RESOLUTION NO. H-C-11-11-90**

Moved by: Reeve Stewart

Seconded by: Mayor Murphy

THAT the Health Committee authorize the Chair of the Health Committee and the Chief Administrative Officer to sign an acknowledgement and agreement of the Amendment to Long-Term Care Service Accountability Agreement (L-SAA) regarding the amendment to the Long-Term Care Home Occupancy Targets Policy, effective January 1, 2011. AND FURTHER THAT County Council be advised.

CARRIED.

## **MIRAMICHI LODGE DEPARTMENT REPORT**

Mrs. Shelley Sheedy overviewed the Miramichi Lodge Report, which is part of the Long-Term Care Report.

Mrs. Sheedy advised that the Miramichi Lodge Auxiliary will be presenting at a future meeting of the Health Committee to overview their activities. She advised that the Auxiliary has a long history of fundraising and donating to enhance the care and services available at Miramichi Lodge.

Circulated to committee was an Addendum to the Miramichi Lodge Report regarding the Request for Proposal (RFP) for a Pharmacy Service Provider for Miramichi Lodge. Mrs. Sheedy advised that a staff panel reviewed the five submissions received by the deadline date of October 31, 2011, with two of the proposals disqualified for not meeting the requirements within the RFP. Mrs. Sheedy advised that the staff panel recommended the Mulvihill Drug Mart's RFP, which received the highest evaluation score. This recommendation was approved

by the (Acting) Chief Administrative Officer, Mr. James D. Kutschke. Mrs. Sheedy stated that Mulvihill Drug Mart, Pembroke, Ontario has been the Pharmacy Service Provider for Miramichi Lodge for the past 35 years.

**BONNECHERE MANOR DEPARTMENT REPORT**

Mr. Shayne Hoelke overviewed the Bonnechere Manor Report, which is part of the Long-Term Care Report.

Mr. Hoelke advised committee that a review of the equipment needs for the food services department has been completed. He stated that four (4) equipment items (Rotary Toaster-\$1800, Steam Table - \$1400, Cambro Transport Truck - \$1600, and Carts – \$400), previously approved in the 2011 Capital Budget are in good repair and do not need to be replaced in this budget year. He requested committee’s approval to reallocate the total saving amount of \$5,200 from the items not required to purchase new resident dining tables. Mr. Hoelke advised that previously approved in the 2011 Capital Budget is the purchase of three (3) new resident dining tables at \$2,100 and he requested to purchase an additional seven (7) tables to be accommodated through the reallocation of Capital funds.

**RESOLUTION NO. H-C-11-11-91**

Moved by: Reeve Stewart  
Seconded by: Mayor Murphy

THAT the Health Committee approve the reallocation of the previously approved (2011 Budget) \$5,200 for food service equipment for the purchase of seven (7) resident dining tables.

CARRIED.

**RESOLUTION NO. H-C-11-11-92**

Moved by: Reeve Stewart  
Seconded by: Mayor Murphy

THAT the Long-Term Care Department Report, including reports from Miramichi Lodge and Bonnechere Manor, and the Addendum Long-Term Care Report, and the Addendum Miramichi Lodge Report attached as Appendix D, be approved.

CARRIED.

Mr. James Hutton, Chief Administrative Officer announced that Warden Sweet was acclaimed as Warden of Renfrew County for 2012. Mr. Hutton and Chair Visneskie on behalf of the committee congratulated Warden Sweet. Chair Visneskie thanked the Health Committee members for their time and service over the past year.

**RESOLUTION NO. H-C-11-11-93**

Moved by: Reeve Stewart

Seconded by: Councillor O'Neill

THAT the next regular meeting of this committee be held at the call of the Chair, in the Council Chambers, County of Renfrew Administration Building, Pembroke Ontario and that this meeting adjourn. Time – 11:26 a.m.

CARRIED.

**COUNTY OF RENFREW  
EMERGENCY SERVICES REPORT**

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**TO:** Health Committee  
**FROM:** Michael Nolan  
Director, Emergency Services  
Chief, Paramedic Service  
**DATE:** November 16, 2011  
**SUBJECT:** Emergency Services Department

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**CORRESPONDENCE**

1. The following letter has been received and is attached for Committee’s information.

- (a) Appendix ES-I – Copies of letters from Mr. Emil Kolb, Regional Chair and Executive Officer, the Regional Municipality of Peel dated October 27, 2011, to the Honourable Dwight Duncan, Minister of Finance, the Honourable Deb Matthews, Minister of Health and Long Term Care, and the Honourable Laurel Broten, Minister of Education, requesting support for the “efforts to make Ontario a leader in bystander cardiopulmonary resuscitation (CPR)”.

**Recommendation:** Receive as information.

**INFORMATION**

The Emergency Services Department is responsible for four distinct elements of core business: The County of Renfrew Paramedic Service; Community Emergency Management; 9-1-1 Coordination; and Fire Dispatching. In the spring of 2009 County Council supported the development of an Emergency Service Department Strategy Map identifying three Strategic Directions: Capacity Building; Synergistic Partnerships; and Innovation, each with defined strategies that drive the Department’s activities to achieve both annual goals and the long term vision to improve the quality of life for the residents and visitors of the County.

- 1. Strategic Direction: Capacity Building in Emergency Services

The department is confident that by providing opportunities for the community and stakeholders (staff, municipalities, partners) to develop understanding, skills and resources related to minimizing preventable health risk they would enjoy an improved quality of life. Activities include:

## **1.1 Strategy: Focusing on community wellness, engagement and empowerment**

- The Service participated in the Local Health Integration Network (LHIN) Non-Urgent Transportation Committee, which brings together a number of community stakeholders to identify non-urgent transportation gaps and opportunities to improve access within the County of Renfrew.
- The Service continues to participate in the development of a governance model for the Madawaska Valley Community Health Integration Group.
- The County of Renfrew Paramedic Service - Service Delivery Statement was presented to the St. Francis Memorial Hospital Medical Advisory Committee. The Medical Advisory would like to work in partnership with the Service on any initiatives to improve the health of the Madawaska Valley community.
- The Service participated on the Centennial College Advisory Committee to help the College determine the Human Resource requirements of a Paramedic Service.
- The Service participated in an accreditation exercise for ORNGE Air Ambulance Education Program. The Service was able to articulate the strengths and weaknesses of the ORNGE Advanced Care Paramedic Education Program as it relates to the needs of both the individual paramedics and the Service.
- The Service participated on the St. Francis Memorial Hospital Pandemic Planning Committee to identify contingency planning in the event of a pandemic incident.

## **1.2 Review of Ambulance Call Reports**

A chart illustrating a breakdown of Patient Carrying Calls for the time period of January to October 2011, has been attached as ES-Appendix II.

## **1.3 Strategy: Promote Resilience**

- The Emergency Services Department led the development and implementation of Exercise “Shake it Up!” on October 25, 2011. At the request of Council, the Department facilitated the exercise design process. In total eleven municipalities exercised their Emergency Response Plans and tested communication processes both within the municipality and externally to the County and other partners. Each participating municipality reported that the exercise identified areas for improvement and were satisfied that the exercise met their requirements.

#### **1.4 Strategy: Enhance the Paramedic scope of practice:**

- County of Renfrew Paramedics are currently undertaking the annual recertification process for Symptom Relief and Semi-Automatic Defibrillation provided by the Regional Paramedic Program of Eastern Ontario. Currently staff are becoming familiar with the new Provincial Patient Care Standards expected to be approved and formally rolled out in the near future

**Recommendation:** Receive as information

#### **2. Strategic Direction: Innovation in Emergency Services**

The Emergency Services Department supposes that by developing and providing services that are responsive to the unique needs of our community and informed by best practices then we will have a positive effect on the quality of life in our community.

##### **2.1 Strategy: Create Novel Delivery Programs**

- The County of Renfrew Paramedic Service is currently undertaking a complete program review to determine the best approach to both meet the growing demands on the service through the provision of quality emergency medical services in a timely manner and to impact the appropriate utilization of these services by providing primary care, delivering health promotion and disease prevention programming to the higher risk population groups.

##### **2.2 Strategy: Demonstrate continuous improvement:**

- The County of Renfrew Paramedic Service is working with the Regional Paramedic Program of Eastern Ontario to become a member of the Cardiac Pulmonary Monitoring Program. The purpose of the program is to measure and improve the quality of CPR being completed on cardiac arrest patients. Paramedics will receive feedback regarding time on chest, the number of compressions per minute, average compression rate, and the depth of compressions. There are three Services throughout the region currently participating in the study and their experience has been very positive with staff seeking feedback independently

**Recommendation:** Receive as information.

Respectfully submitted,



## Office of the Chair

October 27, 2011

The Honourable Laurel Broten  
Minister of Education  
22nd Floor, Mowat Block  
900 Bay Street  
Toronto, Ontario M7A 1L2



Resolution No. 2011-953

Dear Minister Broten:

Subject: Bystander Cardiopulmonary Resuscitation

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I am writing to advise that Peel Regional Council approved the following resolution at its meeting held on September 22, 2011:

"Whereas, the Region of Peel has demonstrated its commitment to working with and supporting community partners to respond to the health needs of Peel residents;

And whereas, the Region of Peel has been asked to support "Physicians and Paramedic Urging Lifesaving Education" in their efforts to make Ontario a leader in bystander cardiopulmonary resuscitation (CPR);

Therefore be it resolved, that the Regional Chair write to the Minister of Education, the Ministry of Health and Long-Term Care, and to the Minister of Finance on behalf of Regional Council, to request that their ministries adopt the measures proposed by "Physicians and Paramedics Urging Lifesaving Education" to increase bystander CPR;

And further, that a copy of the report of the Commissioner of Health Services dated August 10, 2011, titled "Bystander Cardiopulmonary Resuscitation" and its corresponding resolution be sent to designated delivery agents for land ambulance in Ontario and to the Association of Municipalities of Ontario for their information and support".

On behalf of Regional Council, I request that you give consideration to the above resolution. I look forward to your reply. Please quote the Region of Peel's reference number in your reply.

Sincerely,

Emil Kolb  
Regional Chair and Chief Executive Officer

EK:tr

c: Janette Smith, Commissioner of Health  
Peter Dundas, Chief and Director, Peel Paramedic Services

Also sent to:

The Honourable Deb Matthews  
Minister of Health and Long-Term Care  
10<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, Ontario M7A 2C4

The Honourable Dwight Duncan  
Minister of Finance  
7<sup>th</sup> Floor, Frost Building South  
7 Queen's Park Crescent  
Toronto, Ontario M7A 1Y7

Also Copied:

Henry Alamenciak, Chief of EMS, Algoma EMS  
Jayne Carman, Clerk and Co-ordinator Council Committee Services, County of Brant  
Doug Smith, Chief of EMS, Bruce County EMS  
Judy Smith, Manager, Municipal Governance/Clerk, Municipality of Chatham-Kent  
Steve Trinier, Director EMS, Cochrane District  
Denise Labelle-Gélinas, City Clerk, City of Cornwall  
Pam Hillock, Clerk/Director of Corporate Services, Dufferin County Ambulance  
P. M. Madill, Regional Clerk, Durham Region  
Susan McConnell, Administrative Services Coordinator, Elgin County  
Mary Brennan, Director of Council Services/Clerk, Essex Windsor  
Dan Shilling, First Nation Manager, Chippewas of Rama First Nation  
CAO-Clerk, Frontenac Paramedic Services  
Sharon Vokes, County Clerk/Director of Council Services, Grey County EMS  
Evelyn Eichenbaum, Clerk, Haldimand County EMS  
Tamara Wilbee, County Clerk/HR, Haliburton County EMS  
Susan Lathan, Regional Clerk and Director of Council Services, Halton Region EMS  
Rose Caterini, City Clerk, City Hall Hamilton EMS  
Jim Pine, Chief Administrative Officer/Clerk, Hastings Quinte EMS  
David Lew, Chief Emergency Services, Huron County EMS  
Keith Kirkpatrick, Chief, City of Kawartha Lakes  
Jeff Brooks, Acting Manager, County of Lambton EMS  
County Clerk, Lanark County Ambulance Service  
Lesley Todd, EMS, United Counties of Leeds and Grenville  
Larry Keech, Chief Administrative Officer/Clerk, Lennox and Addington County  
Michael MacIsaac, EMS Chief, Manitoulin-Sudbury EMS/SMU  
Kathy Bunting, Middlesex County Clerk  
Debbie Crowder, District Clerk, District of Muskoka  
Office of the Regional Clerk Region of Niagara, Public Health Dept., EMS Division  
Jean-Guy Belzile, EMS Manager, District of Nipissing EMS

Bev Wood, Clerk/Manager of Council Services, Norfolk County EMS  
Diane Cane, County Clerk, Northumberland County Emergency Medical Services  
Leslie Donnelly, Deputy City Clerk, Ottawa Paramedic Service  
Brenda Tabor, County Clerk, Oxford Public Health and Emergency Services  
Sharon Montgomery-Greenwood, Director of Emergency Services, Parry Sound  
Peter Dundas, Chief and Director, Peel Regional Paramedic Service  
Kerri Ann O'Rourke, County Clerk, Perth County EMS  
Sally Saunders, Clerk, Peterborough County/City EMS  
Stéphane P. Parisien, CAO and Clerk, EMS - United Counties of Prescott-Russell  
Dan McCormick, Health Services Manager, Rainy River EMS  
Jim Hutton, Chief Administrative Officer/Clerk, County of Renfrew EMS  
Malcolm White, City Clerk, Sault Ste. Marie Fire Service - EMS Division  
Brenda Clark, Clerk, County of Simcoe Paramedic Services  
Tim P. Beadman, Chief of Emergency Services, Greater Sudbury EMS  
Norm Gale, Chief of EMS, Superior North EMS  
Mike Trodd, EMS Chief, District of Timiskaming EMS  
Paul Raftis, Chief, Toronto Emergency Medical Services  
John Prno, Director Emergency Medical Services, Region of Waterloo  
Denis Kelly, Regional Clerk, Corporate Services Department York Region  
Pat Vanini Executive Director, Association of Municipalities of Ontario (AMO)



## Office of the Chair

October 27, 2011

Resolution No. 2011-953

The Honourable Dwight Duncan  
Minister of Finance  
7<sup>th</sup> Floor, Frost Building South  
7 Queen's Park Crescent  
Toronto, Ontario M7A 1Y7

Dear Minister Duncan:

Subject: Bystander Cardiopulmonary Resuscitation

---

I am writing to advise that Peel Regional Council approved the following resolution at its meeting held on September 22, 2011:

"Whereas, the Region of Peel has demonstrated its commitment to working with and supporting community partners to respond to the health needs of Peel residents;

And whereas, the Region of Peel has been asked to support "Physicians and Paramedic Urging Lifesaving Education" in their efforts to make Ontario a leader in bystander cardiopulmonary resuscitation (CPR);

Therefore be it resolved, that the Regional Chair write to the Minister of Education, the Ministry of Health and Long-Term Care, and to the Minister of Finance on behalf of Regional Council, to request that their ministries adopt the measures proposed by "Physicians and Paramedics Urging Lifesaving Education" to increase bystander CPR;

And further, that a copy of the report of the Commissioner of Health Services dated August 10, 2011, titled "Bystander Cardiopulmonary Resuscitation" and its corresponding resolution be sent to designated delivery agents for land ambulance in Ontario and to the Association of Municipalities of Ontario for their information and support".

On behalf of Regional Council, I request that you give consideration to the above resolution. I look forward to your reply. Please quote the Region of Peel's reference number in your reply.

Sincerely,

Emil Kolb  
Regional Chair and Chief Executive Officer

EK:tr

c: Janette Smith, Commissioner of Health  
Peter Dundas, Chief and Director, Peel Paramedic Services

Also sent to:

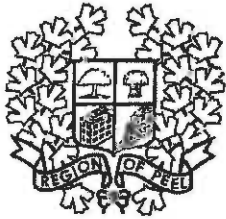
The Honourable Laurel Broten  
Minister of Education  
22nd Floor, Mowat Block  
900 Bay Street  
Toronto, Ontario M7A 1L2

The Honourable Deb Matthews  
Minister of Health and Long-Term Care  
10<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, Ontario M7A 2C4

Also Copied:

Henry Alamenciak, Chief of EMS, Algoma EMS  
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Jean-Guy Belzile, EMS Manager, District of Nipissing EMS

Bev Wood, Clerk/Manager of Council Services, Norfolk County EMS  
Diane Cane, County Clerk, Northumberland County Emergency Medical Services  
Leslie Donnelly, Deputy City Clerk, Ottawa Paramedic Service  
Brenda Tabor, County Clerk, Oxford Public Health and Emergency Services  
Sharon Montgomery-Greenwood, Director of Emergency Services, Parry Sound  
Peter Dundas, Chief and Director, Peel Regional Paramedic Service  
Kerri Ann O'Rourke, County Clerk, Perth County EMS  
Sally Saunders, Clerk, Peterborough County/City EMS  
Stéphane P. Parisien, CAO and Clerk, EMS - United Counties of Prescott-Russell  
Dan McCormick, Health Services Manager, Rainy River EMS  
Jim Hutton, Chief Administrative Officer/Clerk, County of Renfrew EMS  
Malcolm White, City Clerk, Sault Ste. Marie Fire Service - EMS Division  
Brenda Clark, Clerk, County of Simcoe Paramedic Services  
Tim P. Beadman, Chief of Emergency Services, Greater Sudbury EMS  
Norm Gale, Chief of EMS, Superior North EMS  
Mike Trodd, EMS Chief, District of Timiskaming EMS  
Paul Raftis, Chief, Toronto Emergency Medical Services  
John Prno, Director Emergency Medical Services, Region of Waterloo  
Denis Kelly, Regional Clerk, Corporate Services Department York Region  
Pat Vanini Executive Director, Association of Municipalities of Ontario (AMO)



## Office of the Chair

October 27, 2011

Resolution No. 2011-953

The Honourable Deb Matthews  
Minister of Health and Long-Term Care  
10<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, Ontario M7A 2C4

Dear Minister Matthews:

Subject: Bystander Cardiopulmonary Resuscitation

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Sincerely,

Emil Kolb  
Regional Chair and Chief Executive Officer

EK:tr

c: **Janette Smith, Commissioner of Health**  
**Peter Dundas, Chief and Director, Peel Paramedic Services**

**Also sent to:**

The Honourable Laurel Broten  
 Minister of Education  
 22nd Floor, Mowat Block  
 900 Bay Street  
 Toronto, Ontario M7A 1L2

The Honourable Dwight Duncan  
 Minister of Finance  
 7<sup>th</sup> Floor, Frost Building South  
 7 Queen's Park Crescent  
 Toronto, Ontario M7A 1Y7

**Also Copied:**

Henry Alamenciak, Chief of EMS, Algoma EMS  
 Jayne Carman, Clerk and Co-ordinator Council Committee Services, County of Brant  
 Doug Smith, Chief of EMS, Bruce County EMS  
 Judy Smith, Manager, Municipal Governance/Clerk, Municipality of Chatham-Kent  
 Steve Trinier, Director EMS, Cochrane District  
 Denise Labelle-Gélinas, City Clerk, City of Cornwall  
 Pam Hillock, Clerk/Director of Corporate Services, Dufferin County Ambulance  
 P.M. Madill, Regional Clerk, Durham Region  
 Susan McConnell, Administrative Services Coordinator, Elgin County  
 Mary Brennan, Director of Council Services/Clerk, Essex Windsor  
 Dan Shilling, First Nation manager, Chippewas of Rama First Nation  
 CAO-Clerk, Frontenac Paramedic Services  
 Sharon Vokes, County Clerk/Director of Council Services, Grey County EMS  
 Evelyn Eichenbaum, Clerk, Haldimand County EMS  
 Tamara Wilbee, County Clerk/HR, Haliburton County EMS  
 Susan Lathan, Regional Clerk and Director of Council Services, Halton Region EMS  
 Rose Caterini, City Clerk, City Hall Hamilton EMS  
 Jim Pine, Chief Administrative Officer/Clerk, Hastings Quinte EMS  
 David Lew, Chief Emergency Services, Huron County EMS  
 Keith Kirkpatrick, Chief, City of Kawartha Lakes  
 Jeff Brooks, Acting Manager, County of Lambton EMS  
 County Clerk, Lanark County Ambulance Service  
 Lesley Todd, EMS, United Counties of Leeds and Grenville  
 Larry Keech, Chief Administrative Officer/Clerk, Lennox and Addington County  
 Michael MacIsaac, EMS Chief, Manitoulin-Sudbury EMS/SMU  
 Kathy Bunting, Middlesex County Clerk  
 Debbie Crowder, District Clerk, District of Muskoka  
 Office of the Regional Clerk Region of Niagara, Public Health Dept., EMS Division  
 Jean-Guy Belzile, EMS Manager, District of Nipissing EMS

Bev Wood, Clerk/Manager of Council Services, Norfolk County EMS  
Diane Cane, County Clerk, Northumberland County Emergency Medical Services  
Leslie Donnelly, Deputy City Clerk, Ottawa Paramedic Service  
Brenda Tabor, County Clerk, Oxford Public Health and Emergency Services  
Sharon Montgomery-Greenwood, Director of Emergency Services, Parry Sound  
Peter Dundas, Chief and Director, Peel Regional Paramedic Service  
Kerri Ann O'Rourke, County Clerk, Perth County EMS  
Sally Saunders, Clerk, Peterborough County/City EMS  
Stéphane P. Parisien, CAO and Clerk, EMS - United Counties of Prescott-Russell  
Dan McCormick, Health Services Manager, Rainy River EMS  
Jim Hutton, Chief Administrative Officer/Clerk, County of Renfrew EMS  
Malcolm White, City Clerk, Sault Ste. Marie Fire Service - EMS Division  
Brenda Clark, Clerk, County of Simcoe Paramedic Services  
Tim P. Beadman, Chief of Emergency Services, Greater Sudbury EMS  
Norm Gale, Chief of EMS, Superior North EMS  
Mike Trodd, EMS Chief, District of Timiskaming EMS  
Paul Raftis, Chief, Toronto Emergency Medical Services  
John Prno, Director Emergency Medical Services, Region of Waterloo  
Denis Kelly, Regional Clerk, Corporate Services Department York Region  
Pat Vanini Executive Director, Association of Municipalities of Ontario (AMO)

**DATE:** August 10, 2011

**REPORT TITLE:** **BYSTANDER CARDIOPULMONARY RESUSCITATION**

**FROM:** Janette Smith, Commissioner of Health Services

### **RECOMMENDATION**

**Whereas, the Region of Peel has demonstrated its commitment to working with and supporting community partners to respond to the health needs of Peel residents;**

**And whereas, the Region has been asked to support "Physicians and Paramedic Urging Lifesaving Education" in their efforts to make Ontario a leader in bystander cardiopulmonary resuscitation (CPR);**

**Therefore be it resolved, that the Regional Chair write to the Ministers of Education, Health and Long-Term Care, and Finance, on behalf of Regional Council, to request that their Ministries adopt the measures proposed by "Physicians and Paramedics Urging Lifesaving Education" to increase bystander CPR;**

**And further, that a copy of the report of the Commissioner of Health Services dated August 10, 2011, titled "Bystander Cardiopulmonary Resuscitation" and its corresponding resolution be sent to designated delivery agents for land ambulance in Ontario and to the Association of Municipalities of Ontario for their information and support.**

### **REPORT HIGHLIGHTS**

- The Canadian Association of Emergency Physicians believes Canadians should be trained in CPR and regardless of training should be able to respond, and that all ambulance dispatch centres should provide dispatch assisted pre-arrival CPR instructions in all cases of cardiac arrest.
- The Association made recommendations on how to increase CPR education through high school curriculum, through tax incentives and through a national campaign to increase bystander CPR.
- Region of Peel programs work both to improve the rate of survival for out of hospital heart attack victims and to reduce rate of heart disease that can lead to heart attacks.
- The Region of Peel has been asked to lend further advocacy support so that Ontario can continue to take the lead for bystander CPR.

August 10, 2011

**BYSTANDER CARDIOPULMONARY RESUSCITATION****DISCUSSION****1. Background**

This report updates Council on recent efforts to increase the survival rate for heart attack victims in Peel, and how the Region of Peel may support the province-wide efforts to increase the rate of bystander CPR. Dr. Sheldon Cheskes, Medical Director for Paramedic Services, presented on this subject in his delegation at the June 9 meeting of Regional Council.

As Council is aware, the Peel community is moving ahead with several initiatives to increase the survival rate for victims of cardiac arrests. Dr. Cheskes' presentation highlighted work involving paramedic services, Peel-area hospitals, employers, and organizations promoting heart health and early response to heart attacks such as the Heart and Stroke Foundation, St. John Ambulance and the Canadian Red Cross.

Of all these efforts to save lives, Dr. Cheskes reported that more needs to be done to expand bystander CPR. Bystanders performing hands-only CPR before paramedics get to the scene is an extremely important factor in the success of a cardiac resuscitation, and can mean the difference between life and death. The survival rate of those suffering a cardiac arrest in the community (i.e. out of hospital) is proven to be higher when those witnessing a cardiac arrest perform CPR. Dr. Cheskes emphasized that the chance of survival when bystander CPR is performed is four times greater than if no CPR is performed.

Peel has been making progress in this area. More people in Peel are now trained to respond than ever before, resulting in the rate of bystander CPR almost doubling to 31 per cent since 1992. Furthermore, real advancements have been made in CPR training methods and tools to make CPR training as accessible as possible to all Canadians.

**2. Findings**

There has been increasing efforts provincially and nationally to expand CPR training to more Canadians. Region of Peel staff have partnered with members of the Canadian Association of Emergency Physicians and are looking at ways that municipalities can assist in advocacy efforts to expand bystander CPR.

**a) Evidence Supporting Bystander CPR**

The Canadian Association of Emergency Physicians has recently endorsed a position statement on bystander CPR. Dr. Cheskes was part of the expert panel that developed this position statement that highlights evidence supporting bystander CPR and makes recommendations on how to increase the rate of bystander CPR.

The Canadian Association of Emergency Physicians contends that it is not acceptable that vast numbers of witnessed cardiac arrest victims are not receiving bystander CPR. The Association believes all Canadians should be trained in CPR and regardless of training should be able to respond, and that all ambulance dispatch centres should provide dispatch assisted pre-arrival CPR instructions in all cases of cardiac arrest. The evidence includes the following:

August 10, 2011

## BYSTANDER CARDIOPULMONARY RESUSCITATION

- Cardiovascular disease is the leading cause of death in North America;
- Most heart attacks (60 per cent) occur outside of the hospital setting. 85 per cent of these heart attacks happen at home. Approximately half of these heart attacks are witnessed by a bystander;
- For half of all heart attack victims, the cardiac arrest is the first sign of cardiovascular disease; and
- Overall survival to hospital discharge for out of hospital cardiac arrest victims is improved where CPR is attempted.

The Canadian Association of Emergency Physicians calls for strong inducements and a systematic approach to ensure that more people in the community are prepared and are ready to perform this life saving skill.

### b) Provincial Advocacy to Increase Bystander CPR

The Canadian Association of Emergency Physicians made recommendations on how to increase CPR education through high school curriculum, through tax incentives and through a national campaign to advance the cause of bystander CPR. These recommendations have been adopted by a provincial coalition of emergency physicians and paramedics called "Physicians and Paramedics Urging Lifesaving Education". This coalition's goal is to have Ontario take the lead on bystander CPR through the following policy initiatives:

- That the Ministry of Education require all Grade 12 students to complete a Heart and Stroke Foundation Heartsaver Basic CPR course or equivalent to receive their Ontario Secondary School Diploma; and
- That the Ministry of Finance implement individual tax rebates to individuals who complete a CPR course and a corporate tax rebate for businesses that train employees in CPR.

With respect to CPR training being mandatory for high school graduation, the Ministry of Education has indicated that making CPR training a mandatory requirement for graduation is not being considered. However, this Ministry plans to strengthen the curriculum on this issue through new teacher tools that emphasize the values of CPR training.

The Ontario Children's Activity Tax Credit assists parents with the cost of enrolling children in physical and other eligible activities, including CPR courses.

Provisions in the *Good Samaritan Act, 2001* provide legal protection for persons providing first aid assistance to a person in an emergency.

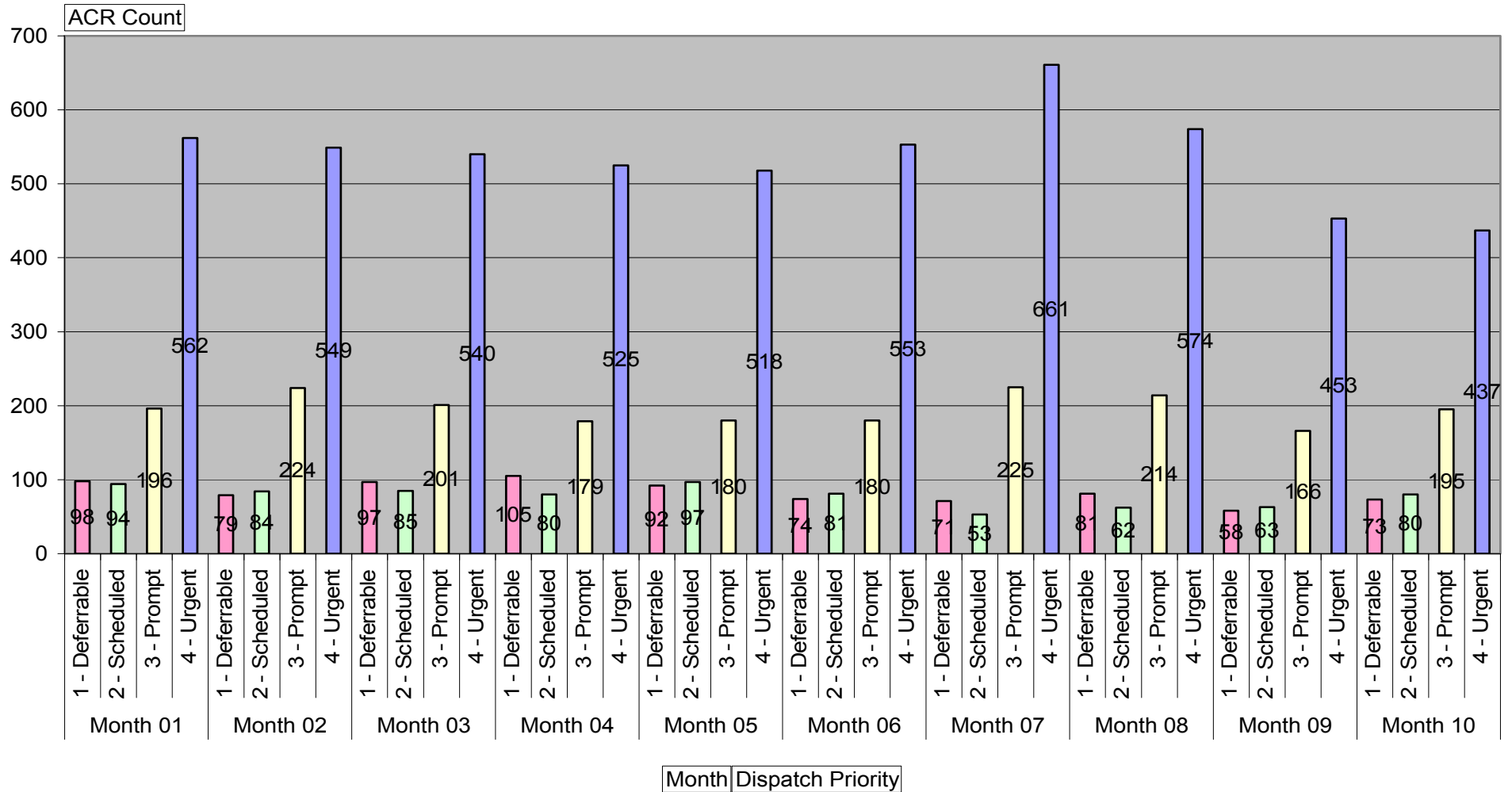
### c) Region of Peel Efforts

Region of Peel programs in Public Health and Paramedic Services work both to improve the rate of survival for out of hospital heart attack victims and to reduce rate of heart disease that can lead to heart attacks.

Given the evidence that greater bystander CPR saves lives, Peel Regional Paramedic Services is committed to efforts to increase CPR in those minutes before an ambulance arrives. Since 2009, Peel Paramedics has put bystander CPR at the forefront of its public education program. Some notable initiatives include:



County of Renfrew Paramedic Service  
Patient Carrying Calls 2011



# **Nurse Practitioner in Long- Term Care Update 2011**

**Jean Benton RN(EC), PHCNP, CGN (C ),  
B Sc N,NCA  
November, 2011**

# My objectives

- ▶ To provide an update on NP scope of practice
- ▶ To introduce NP service models -  
CHAMPLAIN LIHN

# Changing the culture of health care services

- ▶ Ministry of Health & LTC goals:
- ▶ Enabling and optimizing patient care
  - To improve timely access to health services;
  - To improve delivery of appropriate primary health services (preventive, timely diagnosis & intervention, chronic disease management)
  - To provide choice to individuals
  - To support interprofessional teamwork in health services
  - Fiscal management
    - To decrease dependence on the hospital system (most costly)

# Nurse Practitioner

- ▶ Primary role: clinical
- Current classes:
  - Primary Health Care
  - NP – Adult
  - NP – Pediatrics
  - NP - anesthesiologist

# Legislation Updates

- ▶ **Regulated Health Professions Statute Law Amendment (Bill 179) 2009 & related regulatory changes( 2011)**
- ▶ **July 1, 2011**
  - restrictive laboratory list removed – open laboratory tests & restrictions to x-rays removed; CT scans & MRIs not yet
- ▶ **October 1, 2011 – restrictive prescribing list removed**
  - Open prescribing except for narcotics & controlled substances
  - NP prescribing of Narcotics & controlled substances –
    - **Federal & provincial legislation,**
    - Currently worked on, anticipated to be included in NP prescribing Jan/Feb 2012

# Legislation Changes

- ▶ **Regulation 965 of the Public Hospitals Act(PHA)**
  - as of July 1, 2011 – NP authorized to discharge hospital in-patients
  - as of July 1, 2012 – NPs authorized to admit patients to hospital
- ▶ **Reg 965 of PHA, Health Insurance Act, & the Laboratory & Specimen Collection Centres Licensing Act:–**
  - NPs authorized to order any lab test appropriate for patient care
  - Complete death certificates in hospital
  - Diagnose & treat hospital in-patients

# Other Enabling legislation

- ▶ **Government programs – federal & provincial (e.g disability tax forms)**
- ▶ **Referral to specialists**
- ▶ **Private Insurance health claims**
- ▶ **Narcotics & Controlled substances ( as previously cited)**
- ▶ **CT scans, MRI ( diagnostic imaging tests)**

# NP services – Renfrew County LTC

- ▶ **Services essentially unchanged from previous years**
  - **Miramichi Lodge –**
    - **episodic care, admission & annual health exams, palliative care, pain management, special care conferences, resident/family education/counselling, 3 physicians**
  - **Bonnechere Manor**
    - **admission/annual health exams – one physician**

# NP services – Renfrew County LTC

- ▶ **Student placements**
  - NP students – both sites
  - 4<sup>th</sup> year B ScN students - Miramichi Lodge
- ▶ **External Committees**
  - Renfrew County Hospice/EOL/Palliative
  - CNO LTC, CCC, Rehab Advisory Council

# NP services – Renfrew County LTC

**2011**

## **Miramichi Lodge**

- **Integration of pharmacist medication reviews ( Medcheck program, renal function)**
- **LTCA mandated clinical programs**
  - **Pain & Responsive Behaviours**
    - **Evidence-based practice**
    - **Medical management component**
      - **Example: Responsive Behaviours**
        - **Medical management of Delirium**

# Impact of legislative changes for NP services in LTC

- ▶ **Supports /facilitates a fuller implementation of NP scope of practice to treat**
  - **initiating medication, adjusting dose of medications**
  - **Examples:**
    - **initiating/adjusting diabetic medications,**
    - **oral anticoagulation therapy**
    - **completing medication reviews**

# The Next Steps

- ▶ **Review/update NP job description**
- ▶ **Clarify “ shared care” model with Medical Director & Nursing Management integrating legislative changes**
- ▶ **Addressing workload**
- ▶ **Succession planning for NP**
- ▶ **Identify/address/learning needs**
  - **LEAP program - palliative care for primary care health providers**
  - **Ontario LTC Primary Care Physicians conference**

# CHAMPLAIN LIHN & NP Service Models

- ▶ NP Mobile Outreach Teams
- ▶ NP outreach ( Emergency Dept of Hospital)
- ▶ NP on staff in LTC
  
- ▶ Review is very focused on prevention of transfers of residents to local ERs/hospital admissions
- ▶ Also focused on #s of residents seen by NP ( this is a challenge!)

# CHAMPLAIN LIHN & NP Service Models

- ▶ **Initiated tracking of transfers to ER (Sept/11)**
- ▶ **Initial meeting with CHAMPLAIN NP Regional Group – Nov 29<sup>th</sup>.**
- ▶ **Next steps –**
  1. **Establish a tracking system for identified outcome indicators for NP services within LTC**
  2. **Establish interprofessional, written practice standards for the non-urgent clinical issues aimed at preventing transfer to ER and supporting treatment within the LTC facility .**



# Bonnechere Manor

Bonnechere Manor, a safe and caring community to live, work and enjoy life.

# Bonnechere Manor

- ✓ Communications
  - ✓ Leadership
- ✓ Excellence in Care & Services

# Bonnechere Manor

## Telephone and Satellite Television Systems Project

# Costing the Systems

## To Purchase

- New telephone system cost \$90,000
- New satellite television system \$ 46,600

## To Lease over 5 years

- New telephone system \$2600 per month
- New satellite television system \$2383 per month
- Total monthly cost \$4983.00 for first 5 years
- Total monthly cost after 5 years \$2610.00

# Revenues

- Telephone system with 70 users \$2800 per month
- Television System with 80 users \$2720 per month
- Total revenue \$5520 per month
- Less the costs of the system \$4983
- Projected revenue after cost \$537 for first 5 years
- After 5 years \$2373 per month in revenues - \$28,476 annually

## Benefits:

New telephone and television systems at neutral cost

Faster more efficient service to residents (respite)

Revenue generating project to offset future facility needs

# Bonnechere Manor

Thank you for your support

**COUNTY OF RENFREW  
LONG TERM CARE REPORT**

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**TO:** Health Committee

**FROM:** Shelley Sheedy, Administrator, Miramichi Lodge and  
Shayne Hoelke, Administrator, Bonnechere Manor

**DATE:** November 16, 2011

**SUBJECT: Long-Term Care Departmental Report**

---

**INFORMATION**

1. Bonnechere Manor Resident Statistics:

|                             | <b>October 31, 2011</b> |
|-----------------------------|-------------------------|
| Population at end of Month  | 179                     |
| # of Female Residents       | 112                     |
| # of Male Residents         | 67                      |
| Vacant Beds at End of Month | 0 LTC / 1 Respite       |
| Resident Deaths             | 3                       |
| Resident Discharges         | 4                       |
| Resident Admissions         | 4 LTC / 3 Respite       |

**Recommendation:** Receive as information.

2. Miramichi Lodge Resident Statistics:

|                             | <b>October 2011</b> |
|-----------------------------|---------------------|
| Population at end of Month  | 164                 |
| # of Female Residents       | 118                 |
| # of Male Residents         | 46                  |
| Vacant Beds at End of Month | 2 LTC / 0 Respite   |
| Resident Deaths             | 4                   |
| Resident Discharges         | 1                   |
| Resident Admissions         | 7 LTC / 3 Respite   |

**Recommendation:** Receive as information.

3. September 2011 Treasurer's Reports for the Homes

The September 2011 Treasurer's Reports for each of Bonnechere Manor and Miramichi Lodge are attached, as Appendix LTC I.

**Recommendation:** Receive as Information.

4. Champlain Local Health Integration Network Update

Attached as Appendix LTC II is a copy of 'Highlights' from the Champlain LHIN meeting held on October 26, 2011.

**Recommendation:** Receive as Information.

5. Agreement with the Ministry of Health and Long-Term Care Regarding Direct Funding to Long Term Care Homes

As Committee will recall, long-term care homes (LTCHs) were required to enter into an agreement (LSAA) with the Local Health Integration Network (LHIN) effective July 1, 2010. The LSAA does not cover any funding provided to the Homes directly from the Ministry of Health and Long-Term Care (MOHLTC). Under government accountability requirements, the Ministry is required to have an agreement with every recipient of funds relating to transfer payment programs. LTCHs were required to sign a letter of agreement with the MOHLTC on behalf of their homes to ensure continuity of funding relating to the transfer payment programs.

**Recommendation:** Receive as information.

6. Government's New Cabinet

Following the recent provincial election, Premier Dalton McGuinty has announced the cabinet and Ms. Deb Matthews remains as the Minister of Health and Long-Term Care. An e-Bulletin from the Ontario Association of Homes and Services for Seniors is attached as Appendix LTC III for Committee's information.

**Recommendation:** Receive as information.

7. Thank You to Health Committee

In recognition of our last scheduled Health Committee meeting for 2011, the Home Administrators, on behalf of their residents, staff and volunteers, wish to thank the Chair and Committee Members for their support of long-term care issues over the past year.

**Recommendation:** Receive as information.

## COUNTY OF RENFREW LONG TERM CARE REPORT

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**TO:** Health Committee

**FROM:** Shelley Sheedy, Administrator, Miramichi Lodge

**DATE:** November 16, 2011

**SUBJECT: Miramichi Lodge Report**

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### **INFORMATION**

1. The Miramichi Lodge Foundation's Successes To Date

Committee is reminded that the Miramichi Lodge Foundation was formed in 2003 in preparation for the capital campaign for the new Home. We are pleased to advise Committee that, since its' inception, the Foundation has donated over \$1.3M in programs, services and equipment, fulfilling their mission to enhance the quality of life for the residents at Miramichi Lodge. A list of the key items is attached as Appendix LTC IV for Committee's information. We thank present and former Foundation members and the many event volunteers including The Gala, Paddlequest, Bingo and others for their donation of time and talents, resulting in these valued resident-related items.

**Recommendation:** Receive as information.

2. Ministry of Health and Long-Term Care Inspection

Committee is advised that a Ministry of Health and Long-Term Care Inspector conducted an inspection on October 4, 2011 in follow up to a Critical Incident Report filed by the Home. Two written notices were received with a voluntary plan of correction. It is noted that the Inspector verbally advised the Administrator that she felt appropriate action was taken by the Home at the time of Inspection and therefore no further action is required.

**Recommendation:** Receive as information.

3. Renfrew County and District Health Unit Food Safety Inspection Report

Committee is advised that Ms. Michelle Street, Public Health Inspector for the Renfrew County and District Health Unit conducted a Food Safety Inspection on November 4, 2011. No items of non-compliance were found, with the following comment received, "Facility well maintained. Facility is on a regular maintenance schedule for major cleaning of equipment. Kitchen is in compliance in accordance with Food Premise Regulations. Keep up the hard work". Congratulations to the Food Services department, under the leadership of Ms. Sherri Hendry, Food Services Supervisor.

**Recommendation:** Receive as information.

## **COUNTY OF RENFREW LONG TERM CARE REPORT**

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**TO:** Health Committee

**FROM:** Shayne Hoelke, Administrator, Bonnechere Manor

**DATE:** November 16, 2011

**SUBJECT: Bonnechere Manor Report**

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### **INFORMATION**

#### 1. Ministry of Health and Long-Term Care Inspection

The Ministry of Health and Long-Term Care (MOHLTC) conducted an inspection at Bonnechere Manor on October 4 to 6, 2011 to follow up on a critical incident and a complaint report. One finding of non-compliance was found during the critical incident inspection, which was a written notification as follows; “The Licensee has failed to comply with O.Reg 70/10, s. 9. Doors in a home”. This is a new standard in the Long-Term Care Homes Act, 2007 where doors are to be equipped with an audio door alarm that allows calls to be cancelled only at the point of activation. A written notification requires no follow up on the part of the Home, however a voluntary action plan of correction was completed and the audible door alarm is scheduled to be installed by the end of November.

**Recommendation:** Receive as information.

#### 2. Infection Control Week

Bonnechere Manor participated in an Infection Control Week, October 17 – 21, 2011 lead by Ms. Shelley Dowling, Resident Care Coordinator and Infection Control Practitioner. There were daily prizes for completion of word scrabble games, crossword puzzles and trivia questions. On Wednesday there was an interactive “Dueling Hand Washing” competition for the quest to be declared the ultimate hand washer. On Thursday Ms. Dowling took four members of the Bonnechere Manor Infection Control Committee to the Renfrew County and District Health Outbreak Management forum. On Friday, Ms. Dowling conducted spot check for compliance with hand hygiene practices, with all participant names entered in a draw for a prize donated by Ms. Sheila Kemp, owner of Aikenhead’s Pharmacy. The Infection Control Week was fun and interactive with many staff members participating.

Attached as Appendix LTC V, is an article from the Public Health Ontario Fall 2011 FOCUS on Infection Prevention and Control newsletter featuring Ms. Dowling, who was hired for two months to be a Just Clean Your Hands (JCYH) Coach with the Champlain Region Infection Control Network (RICN).

**Recommendation:** Receive as information.

## RESOLUTIONS

### 3. Telephone and Satellite Television Equipment

Bonnechere Manor wishes to advertise a Request for Proposal (RFP) for the provision of telephone and satellite television equipment at Bonnechere Manor. As per the presentation provided at this meeting, by Mr. Lee Kirkwood, Environmental Services Supervisor and Mr. Shayne Hoelke, Administrator, Bonnechere Manor, this venture will provide many features including revenue opportunities and enhancement of services for the residents and staff.

**Recommendation:** THAT the Health Committee authorize the advertising of a Request for Proposal for the provision of telephone and satellite television equipment. AND FURTHER THAT County Council be advised.

### 4. 2011 Capital Budget Reallocation of Funds

We wish to advise committee that a review of the equipment needs for the food services department has been completed. The four (4) equipment items listed below and previously approved in 2011 Capital Budget are in good repair and do not need to be replaced in this budget year:

|                          |                  |
|--------------------------|------------------|
| • Rotary Toaster         | \$1,800.00       |
| • Steam Table 5 Well     | \$1,400.00       |
| • Cambro Transport Truck | \$1,600.00       |
| • Carts                  | <u>\$ 400.00</u> |
|                          | \$5,200.00       |

We are seeking committee's approval to reallocate the total saving amount of \$5,200 as list above, to purchase new resident dining tables. Previously approved in 2011 Capital Budget is the purchase of three (3) new resident dining tables at \$2,100 and we would like to purchase an additional seven (7) tables to be accommodated through the reallocation of Capital funds.

**Recommendation:** THAT the Health Committee approve the reallocation of the previously approved (2011 Budget) \$5,200 for food service equipment for the purchase of seven (7) resident dining tables.

Respectfully submitted.

**COUNTY OF RENFREW  
LONG TERM CARE ADDENDUM REPORT**

---

**TO:** Health Committee

**FROM:** Shelley Sheedy, Administrator, Miramichi Lodge and  
Shayne Hoelke, Administrator, Bonnechere Manor

**DATE:** November 16, 2011

**SUBJECT:** Long-Term Care Departmental Report

---

**RESOLUTION**

1. Amendment to the Long-Term Care Home Occupancy Target Policy, effective January 1, 2011

Attached as Appendix I is a letter from the Ms. Chantale LeClerc, Interim CEO, Champlain Local Health Integration Network (LHIN) dated November 14, 2011 and corresponding Ministry of Health and Long-Term Care Financial Policy. The Ministry is requesting the Chair and Chief Administrative Officer for both Bonnechere Manor and Miramichi Lodge to sign the acknowledgement of the amendment to the Long-Term Care Service Accountability Agreement (L-SAA) regarding Long-Term Care Home (LTCH) Occupancy Targets Policy, effective January 1, 2011. All other terms and conditions in the L-SAA remain the same. The organization's acknowledgement of this amendment is required to be returned to the Champlain LHIN before November 25, 2011.

**Recommendation:** THAT the Health Committee authorize the Chair of the Health Committee and the Chief Administrative Officer to sign in acknowledgement and agreement of the Amendment to Long-Term Care Service Accountability Agreement (L-SAA) regarding the amendment to the Long-Term Care Home Occupancy Targets Policy, effective January 1, 2011. AND FURTHER THAT County Council be advised.

Respectfully submitted.

**COUNTY OF RENFREW  
LONG TERM CARE REPORT - ADDENDUM**

---

**TO:** Health Committee

**FROM:** Shelley Sheedy, Administrator, Miramichi Lodge

**DATE:** November 16, 2011

**SUBJECT:** Addendum to Miramichi Lodge Report

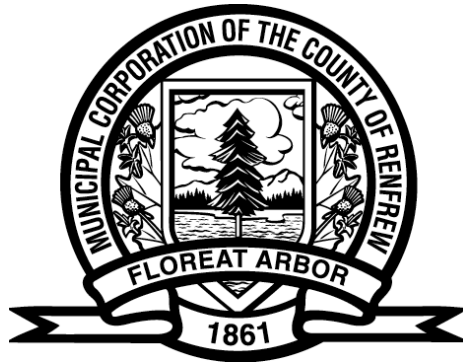
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**INFORMATION**

1. Request for Proposal – Pharmacy Service Provider

Committee will recall that Miramichi Lodge issued a Request for Proposal (RFP) for a Pharmacy Service Provider on October 07, 2011. I wish to advise Committee that five submissions were received by the deadline date of October 31, 2011 and further that, two of the proposals were disqualified as they did not meet the requirements of the RFP. A staff panel consisting of Ria MacDonald, Resident Care Coordinator; Jean Benton, Nurse Practitioner; Mike Blackmore, Director of Care; and Shelley Sheedy, Administrator have recommended that the proposal submitted by Mulvihill Drug Mart, Pembroke Ontario be selected based on the average highest evaluation score of 83.75/100. This recommendation has been approved by the (Acting) Chief Administrative Officer, Mr. James D. Kutschke. The Service Agreement, which is effective January 31, 2012, is attached for Committee's information as Appendix LTC I.

**Recommendation:** Receive as Information.



COUNTY OF RENFREW  
MIRAMICHI LODGE  
PHARMACY SERVICES PROVIDER  
SERVICE AGREEMENT

***Appendix A – Pharmacy Services Agreement***

BETWEEN

Miramichi Lodge

(herein after referred to as “the Home”)

-and-

**Mulvihill Drug Mart**

(herein after referred to as the “Service Provider”)

**WHEREAS** the Service Provider wishes to provide services to the residents of the Home on a fee-for-service basis;

**AND WHEREAS** the Home agrees to allow the Service Provider to enter the Home for the purposes of offering its services to the Home’s residents as provided herein;

**THE PARTIES AGREE AS FOLLOWS:**

**DESCRIPTION OF SERVICES**

1. The contractor shall provide the Pharmacy services (hereinafter referred to as “the services”) set forth in Schedule A of Appendix B attached, as may be required by the Home’s residents, on a fee for service basis. Schedule A shall not be amended in any manner except with the consent in writing of the Administrator/Designate of the Home.

**RESPRESENTATIONS AND WARRANTIES**

2. The Service Provider warrants that it shall provide services as requested by residents and/or substitute decision makers in a diligent and competent fashion.
3. The Service Provider represents that it shall ensure that all of its employees are qualified to perform services as requested by residents and/or substitute decision makers in a diligent and competent fashion.
4. The Service Provider shall provide services on a predetermined schedule to meet the needs of the Home’s residents.
5. The Service Provider agrees to maintain a professional and cooperative relationship with the Home’s residents, visitors, employees and contractors. It is further agreed by the Service Provider that it will at all times adhere to the Residents’ Rights set out in Appendix B, Schedule B, attached.

*Appendix A – Pharmacy Services Agreement*

6. The Home requires a single pharmacy service provider as per Regulations 119 and 122 of the LTCH Act (2007):

**PHARMACY SERVICE PROVIDER**

**Retaining of pharmacy service provider**

**119. (1) Every licensee of a long-term care home shall retain a pharmacy service provider for the home.**

**OBTAINING AND KEEPING DRUGS**

**Purchasing and handling of drugs**

**122. (1) Every licensee of a long-term care home shall ensure that no drug is acquired, received or stored by or in the home or kept by a resident under subsection 131 (7) unless the drug,**

**(a) has been prescribed for a resident or obtained for the purposes of the emergency drug supply referred to in section 123; and**

**(b) has been provided by, or through an arrangement made by, the pharmacy service provider or the Government of Ontario.**

**(2) Subsection (1) does not apply where exceptional circumstances exist such that a drug prescribed for a resident cannot be provided by, or through an arrangement made by, the pharmacy service provider.**

7. The Service Provider acknowledges that the Home and the Municipal Corporation of the County of Renfrew is not responsible for any damages and/or loss related to the services provided pursuant to this Agreement. The Service Provider agrees to save harmless and indemnify the Home from all claims made against it as a result of the Service Provider's conduct.

**TERM**

8. The Service Provider shall perform the services for the term commencing January 31, 2012 and ending December 31, 2016.

**NATURE OF THE RELATIONSHIP**

9. The parties acknowledge and agree as follows:

(a) Neither the Service Provider nor any persons he/she contracts with to provide services pursuant to this Agreement are independent contractors, agents, employees, partners or joint venturers of the Home or the Municipal Corporation of the County of Renfrew and neither the Service Provider nor the Home or the Municipal Corporation of the County of Renfrew shall make representations otherwise; and

(b) Nothing herein shall be construed so as

- (i) to make the Service Provider, or its agents or employees, employees of the Home or the Municipal Corporation of the County of Renfrew; or
- (ii) to impose any liability which may arise between employer and employee as the case may be.

## **CONSIDERATION**

- 10. The fees for the services rendered to be invoiced to the Home's residents are set out in Schedule A of Appendix B, attached. Schedule A shall not be amended in any manner except with the consent in writing of the Administrator/Designate.
- 11. Prior to providing services, the Service Provider shall obtain approval for payment from the Home's residents and/or substitute decision makers.

## **EQUIPMENT**

- 12. The Service Provider shall supply at its own expense all equipment, labour, supplies, materials, licenses and all other regulatory approvals necessary to provide the services.
- 13. All equipment must be C.S.A. approved and passed by the Home's Maintenance Department prior to use. The Home is not responsible for loss or damage.

## **PROOF OF REGISTRATION**

- 14. If applicable, the Service Provider shall provide proof of registration with its licensing body on an annual basis: The Pharmacy shall be accredited by the Ontario College of Pharmacists and provide a copy of same to the Home. The Pharmacy shall be directed by a Pharmacist licensed to practice in the Province of Ontario, with support staff to provide the services defined in this contract and provide annual copy(ies) of registration with the Ontario College of Pharmacists for each Pharmacist that provides clinical services to the Home.

## **CRIMINAL REFERENCE CHECK**

- 15. The Service Provider agrees to provide a satisfactory Criminal Reference Check from the police force detachment responsible for the jurisdiction of the Service Providers' place of residence for any servant, agent or employee of the Service Provider.

## **POLICIES**

- 16. The Service Provider agrees to comply with all policies, rules, regulations and instructions of the Ministry of Health and Long Term Care and the Home now in force or which hereafter may be amended, revised or adopted in the sole discretion of the Home from time to time.

17. The Service Provider further agrees to execute and comply with the attached Confidentiality Agreement, as well as to provide proof of annual immunization for influenza and a initial negative 2 step TB test or Chest X-ray for its servants, agents and employees providing services to the Home.
18. The Service Provider agrees to comply at all times with the prevailing laws, including any regulations which may apply to the services being performed.

## **WORKPLACE SAFETY AND INSURANCE**

19. The Service Provider, if it is eligible, shall register with the Workplace Safety and Insurance Board. The Service Provider further agrees to indemnify and save harmless the Home from any workplace safety and insurance or workers' compensation claims made by the Service Provider or its servants, agents or employees. The Service Provider agrees to provide a "clearance certificate" as proof of its registration with the Workplace Safety and Insurance Board prior to entering the Home to provide services pursuant to this Agreement. The Service Provider further agrees to renew the WSIB "clearance certificate" every sixty (60) days for the term of this Agreement.

## **INSURANCE**

20. The Service Provider shall obtain at least five (5) million dollars in liability insurance coverage. The Home shall be added as an additional named insured under the policy, including for pharmacy services under the policy, and the policy shall provide that the Home will be given sixty (60) days written notice by the insurer in the event that the insurer intends to cancel the policy or change it in any manner. A copy of all insurance policies shall be provided by the Service Provider to the Home.

## **TERMINATION**

21. The Home may terminate this Agreement upon either:
  - (a) sixty (60) days written notice to the other; or
  - (b) without notice in the event of breach of the terms of this Agreement.

## **NOTICES**

22. All notices sent pursuant to this Agreement by the Service Provider to the Home, including notice of termination of this Agreement, shall be hand delivered or sent by prepaid registered mail to the following address or any new address specified by the Home in a written notice:

Miramichi Lodge  
725 Pembroke Street West  
Pembroke, ON K8A 8S6

All notices sent pursuant to this Agreement by the Home to the Service Provider, including the notice of termination of this Agreement, shall be hand delivered or sent by prepaid registered mail to the following address or any new address specified by the Service Provider in a written notice:

**Mulvihill Drug Mart  
1231 Pembroke Street W.,  
Pembroke ON K8A 5R3**

#### **INDEPENDENT LEGAL ADVICE**

23. The Service Provider acknowledges and agrees that it has been given an opportunity to seek independent legal advice in connection with this agreement and has either waived such right or has received such advice. In either case, the Service Provider hereby confirms that it fully appreciates and understands the terms of this Agreement.

#### **ASSIGNMENT**

24. Neither party may assign this Agreement without the written authorization of the other party.

#### **SEVERABILITY**

25. The parties agree that if any of the provisions or a part of a provision of this Agreement are deemed illegal or unenforceable, such provisions shall be considered separate and severable from this Agreement, and the remaining provisions or part of a provision of the Agreement shall continue in force, and be binding upon the parties as though such provision or part of a provision had never been included.

#### **ENTIRE AGREEMENT**

26. It is agreed that this Agreement embodies the entire agreement of the parties and that no understandings or agreements, verbal or otherwise, exist between the parties except as expressly set out in this Agreement. This Agreement shall not be amended, altered or qualified except by a memorandum in writing signed by all the parties hereto.

#### **GOVERNING LAW**

27. This Agreement shall be governed by and construed and interpreted in accordance with the laws of the Province of Ontario and the parties hereby irrevocably attorn to the jurisdiction of the courts of such province.

**IN WITNESS WHEREOF** the parties hereto have caused this Agreement to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 2012.

\_\_\_\_\_  
Signed on behalf of the Service  
Provider

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signed on behalf of the Home

\_\_\_\_\_  
Witness

*Schedule A*

**PHARMACY SERVICES**

The Pharmacy shall provide during the Term of this contract the following services, collectively referred to as the Pharmacy Services: The Pharmacy and the Home agree to the designation of **Mulvihill Drug Mart** (who shall hereinafter be referred to as “the Pharmacist”) to carry out the duties of the Pharmacist.

Note: Any reference to physician includes Nurse Practitioner, where within scope of practice.

**Pharmacy Service Provider**

The pharmacy service provider must be the holder of a certificate of accreditation for the operation of a pharmacy under section 139 of the *Drug and Pharmacies Regulation Act*.

The pharmacy service provider shall,

- 1) provide drugs to the Home on a 24-hour basis, seven days a week, or arrange for their provision by another holder of a certificate of accreditation for the operation of a pharmacy under section 139 of the *Drug and Pharmacies Regulation Act*:

The Pharmacist shall be available to visit the Home on a weekly basis, for the purposes of, but not limited to, performing medication label changes, destruction of medications, policy and procedures development, and other routine duties that are the responsibility of the Pharmacist.

A Pharmacist will be available 24 hours a day, each day of the year. The Pharmacist may be contacted through a 24-hour on-call system. The Provider will provide an up-to-date list of available pharmacists, store locations, store hours and phone numbers where services can be available on a 24 hour a day, 365 days a year basis. The Pharmacist must return the call within one hour.

Immediate supply of medications will be provided in emergencies. Emergencies will be determined by the physician and/or RN in consultation with the Pharmacist. Total response time shall not exceed one hour.

- 2) perform all the other responsibilities of the pharmacy service provider under this Regulation including but not limited to:
  - a) For each resident of the Home, the development of medication assessments, medication administration records and records for medication reassessment, and the maintenance of medication profiles.
  - b) Evaluation of therapeutic outcomes of drugs for residents.
  - c) Risk management and quality improvement activities, including review of medication incidents, adverse drug reactions and drug utilization as well as review of applicable policies and maintenance of records to ensure compliance with the LTCH Act, 2007 and Regulations 79/10 and Accreditation Canada Standards.

d) Developing audit protocols and conducting audits to evaluate the medication management system:

- i. Audit of Medication Distribution System
- ii. The Pharmacist will inspect medication cards and carts, medication rooms, medication refrigerators and audit the drug distribution system. A written record of the inspection shall be kept by the Pharmacist and a copy provided to the Home, quarterly or more frequently if necessary.
- iii. The Pharmacist will participate in Drug Utilization Reviews and/or Evaluations planned and implemented at the Home by the Pharmacy & Therapeutic Committee. The Pharmacist will supply monthly drug usage reports to the committee. The computer generated reports should include, but not be limited to drug use reports for a major drug class or a specific drug
  - By resident
  - By resident unit
  - By physician
  - By diagnosis
  - By program
  - By requested drug classification i.e. psychotropics

Other reports related to resident medication utilization may be requested.

3) Conducting regular monthly visits to the Home to provide a thorough inspection of the medication distribution system to observe the following:

- adequate separation of internal and external products
- surplus medications
- correct labeling
- corresponding documentation by the facility
- appropriate storage
- expired medication
- auxiliary labels
- drug security

4) Educational support to the staff of the Home in relation to drugs.

5) The Pharmacy will establish a regular schedule of visits to Miramichi Lodge to provide the following:

- a) All inservice education program for professional staff relative to current drug therapy in long-term care, minimum monthly or as requested by Home.
  - b) Provide training to staff in implementation of new Pharmacy systems programs and specific medications.
  - c) Provide orientation to new registered nursing staff in the operation of Pharmacy systems and procedures as required by the Home, including drug destruction.
  - d) Ten (10) copies (of the current Compendium of Pharmaceutical and Specialities shall be provided by the Pharmacy at no cost to the Home in each year of the contract. A minimum of six (6) copies shall be hard copies; up to four (4) may be e- CPSs”.
- 6) Drug destruction and disposal under clause 136 (3) (a) of the *Long-Term Care Homes Act, 2007*.
- 7) The Pharmacist will serve on the Pharmacy and Therapeutics Advisory Committee of the Home, applicable Accreditation teams and other established committees that require the presence of the Pharmacist. Involvement by the Pharmacist in such committee work, and regular attendance at such committee meetings, is deemed by the Home to be an integral part of this contract.

### **Monitored Dosage System**

The service provider shall provide a monitored dosage system for the Home, as determined by the Director of Care with a transition to electronic ordering and EMAR systems compatible with PointClickCare by September 2012, for the administration of drugs that promotes the ease and accuracy of the administration of drugs to residents and support monitoring and drug verification activities.

All oral, solid dose medications will be packaged in a multi-dosage system.

#### **1) Special Dispensing Requirements**

The Pharmacy agrees to special dispensing requirements as per Miramichi Lodge policy for the following:

- a) Weekend pass medication/leave medications
- b) Self-Medication Administration Program
- c) Supervised Medication Administration Program
- d) Notification of Change of Brand

Six (6) ergonomically safe pill crushers and bags will be provided and replaced by the Pharmacy per year as required.

## 2) **Medication Order Review**

Prior to dispensing any medication, the Pharmacist shall review the prescriber's original written order or a direct copy to ensure that the prescriber's medication order is authentic, accurate and appropriate. The Pharmacist shall check the medication order for:

- a) resident's name;
- b) signature of authorization prescriber;
- c) name of the medication and ODB status;
- d) dose, form, and strength,
- e) route and frequency of administration
- f) duration of treatment, if limited;
- g) complete directions for appropriate use;
- h) date and time order was written; and,
- i) for verbal and/or telephone orders, as well as faxed orders, the name and signature of the person who received the order and the name of the prescriber;
- j) medical conditions, relevant diagnoses.
- k) the Pharmacist shall provide clinical consultation within a mutually agreed upon time on resident's pharmacotherapy and other drug-related matters including resident's needs and provide documentation of same on resident's health record.
- l) the Pharmacist shall communicate and resolve any concerns with the attending physician and notify the Director of Care of same.

## 3) **Resident Medication Profiles**

The Pharmacist shall ensure that a complete and current medication profile, through a computerized system, is available. Patient medication profile information shall include:

- a) name of the resident, and unit;
- b) admission date;
- c) attending physician's name and/or prescriber's name;
- d) date of birth;
- e) gender;
- f) weight;
- g) allergies and/or sensitivities;
- h) list of current medication orders;
- i) for each medication: medication name, dose, route, dosage form, directions for use, and administration times if not following standardized times);
- j) start and stop date of the medication, when applicable;

- k) date medications were dispensed, refilled, or discontinued; and
  - l) signature or initials of the Pharmacist or technician entering or verifying computerized entry of medication orders into the medication profile;
  - m) medical conditions, relevant diagnoses.
- 4) The Pharmacist will be responsible for the review of the profile information prior to dispensing the residents' medications. The Pharmacist shall assess the physician's medication order, utilizing the resident's medication profile for the detection of:
- a) duplication of therapeutically similar medication;
  - b) potential allergic or adverse drug reaction;
  - c) possible drug-disease incompatibilities;
  - d) significant drug-drug interaction;
  - e) correct dosage and dosage interval;
  - f) appropriate dosage form and route of administration;
  - g) problems related to intravenous administration including potential incompatibilities, drug stability, volume of intravenous fluid for medication administration, and rate of administration, and,
  - h) appropriate length of therapy.

The Pharmacist shall resolve any questions regarding the order with the prescriber prior to dispensing a prescription.

#### 5) **Medication Administration Record**

All forms and related supplies necessary to maintain medication records, including but not limited to E-Pens and related supplies and equipment, shall be provided by the Pharmacy at no cost to the Home.

A Medication Administration Record (MAR) shall be prepared and supplied monthly on or before the 4<sup>th</sup> last day of each month for each resident by the Pharmacy. The MAR sheet shall be maintained by the Home, and checked by the Home each time new MAR sheets are implemented. The resident's MAR sheet shall include:

- The resident's full name, the name of the Facility and the resident's location within the Facility
- Medical conditions, relevant diagnoses
- The names of all current medications prescribed (prescription and government stock medication), directions, dosage form, strength and route of administration
- Known sensitivities and allergies

6) **Quarterly Medication Review Report**

The quarterly Medication Review Report shall be the responsibility of Miramichi Lodge to generate and forward to the Pharmacy. The contract Pharmacist shall provide input as required.

7) **Delivery Schedule**

Maintenance medication for each resident will be scheduled on a specified cycle, such as one month's supply. Prescriptions, new and repeat, shall be delivered to each resident unit on a daily basis seven (7) days a week, with a minimum of two (2) deliveries each business day. Prescriptions shall be delivered to a registered nurse and signed for. Medication cards must clearly identify a reorder point and repeat prescription orders will utilize reorder labels.

8) **Drug Quality**

The Pharmacist shall promptly respond to and address concerns expressed by the Home regarding the acceptability of certain generic medications, in a manner acceptable to the Home.

9) **Safe storage of drugs**

The service provider shall provide, maintain, repair and replace as required by the Home, six (6) medication carts satisfactory to the Home to be used exclusively for drugs and drug-related supplies:

- a) that are safe, securable and lockable
- b) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy:
- c) that complies with manufacturer's instructions for the storage of the drugs;
- d) that provide a separate locked area within the locked medication cart for controlled substances;
- e) that meet the Home's and it's staffs' needs for safe equipment:
  - height adjustable
  - light weight
- f) and compatible hardware (i.e. tablets) consistent with implementation of e-MAR and e-Pen technology.

## **Medication Management System**

A Pharmacist shall participate in the interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents, including written policies and protocols to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the Home.

The written policies and protocols must be:

- a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
- b) reviewed and approved by the Director of Care and Pharmacist, and, where appropriate, the Medical Director.

### **1) Quarterly evaluation**

The Pharmacist must participate in the interdisciplinary team, which must include the Home's Medical Director, the Administrator, the Director of Care, at least quarterly to evaluate the effectiveness of the medication management system in the Home and to recommend any changes necessary to improve the system.

The quarterly evaluation of the medication management system must include at least,

- a) reviewing drug utilization trends and drug utilization patterns in the home, including the use of any drug or combination of drugs, including psychotropic drugs, that could potentially place residents at risk;
- b) reviewing reports of any medication incidents and adverse drug reactions referred to in subsections 135 (2) and (3) of the *Long-Term Care Homes Act and Regulations* and all instances of the restraining of residents by the administration of a drug when immediate action is necessary to prevent serious bodily harm to a resident or to others pursuant to the common law duty referred to in section 36 of the Act; and
- c) identifying changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

### **2) Annual evaluation**

The Pharmacist must participate in the interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Care and Dietitian to evaluate the effectiveness of the medication management system in the Home and to recommend any changes necessary to improve the system.

The annual evaluation of the medication management system must,

- a) include a review of the quarterly evaluations in the previous year as referred to in section 115 of the *Long-Term Care Homes Act, 2007*;
- b) be undertaken using an assessment instrument designed specifically for this purpose; and

- c) identify changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

**3) Emergency drug supply**

The Pharmacist must provide an emergency drug supply for the Home:

- a) only drugs approved for this purpose by the Medical Director in collaboration with the pharmacy service provider, the Director of Care and the Administrator are kept;
- b) that, at least annually, there is an evaluation done by the persons referred to in clause (a) of the utilization of drugs kept in the emergency drug supply in order to determine the need for the drugs.

**4) Pharmacy Service Provider Medication incidents and adverse drug reactions**

The Pharmacist will participate in the Home's Medication Incident Reporting System, according to the procedures approved by the Pharmacy Committee. The Pharmacist shall participate in the review and analysis of medication errors as part of the quality assurance program, with a view to identifying cases and implementing corrective action.

Following information from the Home to the pharmacy service provider regarding potential ('near miss') or actual medication incidents and/or adverse drug reactions, the Pharmacist shall ensure that;

- a) corrective action is taken as necessary in order to reduce and prevent medication incidents and adverse drug reactions; and
- b) a written record is kept.

Following the review, any changes and improvements identified are implemented; and a written record is kept.

**5) Drug destruction and disposal**

The pharmacy service provider will provide for the ongoing identification, destruction (altered or denatured to such an extent that its consumption is rendered impossible or improbable and disposal of,

- a) all expired drugs;
- b) all drugs with illegible labels;
- c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the *Drug and Pharmacies Regulation Act*; and
- d) a resident's drugs where,
  - i. the prescriber attending the resident orders that the use of the drug be discontinued,

- ii. the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the *Vital Statistics Act* or the resident's attending physician, or
- iii. the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 128.

Drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, on a minimum monthly basis at a mutually agreeable time.

The drugs must be destroyed by a team acting together and composed of,

- a) in the case of a controlled substance, subject to any applicable requirements under the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada),
  - i. one member of the registered nursing staff appointed by the Director of Care, and
  - ii. a pharmacist; and
- b) in every other case,
  - (i) one member of the registered nursing staff appointed by the Director of Care, and
  - (ii) one other staff member appointed by the Director of Care.

Where a drug that is to be destroyed is a controlled substance, the pharmacy service provider shall document the following in the drug record:

- a) The date of removal of the drug from the drug storage area.
- b) The name of the resident for whom the drug was prescribed, where applicable.
- c) The prescription number of the drug, where applicable.
- d) The drug's name, strength and quantity.
- e) The reason for destruction.
- f) The date when the drug was destroyed.
- g) The names of the members of the team who destroyed the drug.
- h) The manner of destruction of the drug.

The Pharmacist shall provide a quarterly audit regarding the drug destruction process to the Home.

## **Other**

### **1) Medication Covered by Contract**

The contract will cover all medication supplies on a doctor's prescription. All approved, non-prescription drugs and other medication supplies will be obtained through the Ontario Government Pharmacy Program and do not form part of this contract.

Any prescription filled by the Pharmacy which is not covered by the Ontario Drug Benefit Program, as well as the dispensing fee will be invoiced directly by the Pharmacy to the resident or third party listed for the resident.

### **2) Payment**

The Pharmacy agrees to bill all prescription dispensing costs in conformity with the usual and proper method of billing required or accepted under the respective reimbursement or payment plans. (Ontario Drug Benefit Program, Blue Cross, etc.)

### **3) Ownership of Data**

The Pharmacy agrees that data relating to medication orders belongs to Miramichi Lodge and that the Pharmacy has custody of data. The Pharmacy further agrees to keep all data relating to medication orders safe from unauthorized access, and to return any such data to Miramichi Lodge on the termination of this Agreement.

### **4) Filling Prescriptions**

Prescriptions as authorized by the residents' physician in accordance with the requirements of the Ontario Regulated Health Professions Act and its regulation and the Ontario Drug Benefit Act, 1986 and the prescription Drug Cost Regulation Act and the regulations made thereunder and in compliance with the *Long-Term Care Homes Act, 2007 and Regulations 10/79* and the administrative and clinical policies of Miramichi Lodge.

The Pharmacy shall provide and maintain six (6) direct outgoing fax machines to the Pharmacist, for the use of physicians and Miramichi Lodge staff.