



# REGIONAL MUNICIPALITY OF WATERLOO COMMUNITY SERVICES COMMITTEE MINUTES

Tuesday, September 25, 2012  
9:15 a.m.

Regional Council Chamber  
150 Frederick Street, Kitchener

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Present were: Chair S. Strickland, L. Armstrong, J. Brewer, T. Cowan, D. Craig, R. Deutschmann, T. Galloway, J. Haalboom\*, R. Kelterborn, J. Mitchell, K. Seiling, and C. Zehr

Members absent: B. Halloran, G. Lorentz, C. Millar and J. Wideman

## **MOTION TO GO INTO CLOSED SESSION**

MOVED by L. Armstrong

SECONDED by J. Haalboom

THAT a closed meeting of the Community Services, Administration and Finance and Planning and Works Committees be held on Tuesday, September 25, 2012 at 8:30 a.m. in the Waterloo County Room, in accordance with Section 239 of the *Municipal Act*, 2001, for the purposes of considering the following subject matters:

- a) litigation or potential litigation and receiving of legal advice and opinion that is subject to solicitor-client privilege related to a legal proceeding
- b) litigation or potential litigation and receiving of legal advice and opinion that is subject to solicitor-client privilege related to a contract
- c) litigation or potential litigation and receiving of legal advice and opinion that is subject to solicitor-client privilege related to a contract

CARRIED

## **MOTION TO RECONVENE INTO OPEN SESSION**

MOVED by T. Cowan

SECONDED by D. Craig

THAT the meeting reconvene into Open Session.

CARRIED

## **DECLARATIONS OF PECUNIARY INTEREST UNDER THE *MUNICIPAL CONFLICT OF INTEREST ACT***

None declared.

## **REPORTS – Social Services**

- a) SS-12-038, Provincial Transitional Funding for Children's Services

Nancy Dickieson, Director, Children's Services, provided an overview of the report and advised that approval will allow for a rate supplement for operators, capital funding and a new funding envelope to support mergers and the development of common business practises.

MOVED by R. Kelterborn  
SECONDED by T. Cowan

THAT the Regional Municipality of Waterloo increase the 2012 Children's Services operating budget by \$623,966 gross and \$0 net Regional Levy for Transitional Operating and Capacity Funding as outlined in report SS-12-038, dated September 25, 2012.

CARRIED

b) SS-12-043, Children's Services, Early Learning and Child Care Service Plan 2012-2015

Gail Kaufman Carlin, Acting Commissioner, Social Services, introduced the report. N. Dickieson gave a [presentation](#) to the Committee; a copy is appended to the original minutes. She distributed copies of the [full report](#), *Region of Waterloo Children's Services Early Learning and Child Care Service Plan*.

\* J. Haalboom joined the meeting at 9:18 a.m.

N. Dickieson highlighted the current status, the service gaps and issues, as well as the key directions noted in the plan.

In response to a Committee question about the status of the Raising the Bar program, N. Dickieson stated that there is 100% compliance in the Region and that staff will be developing higher standards in the future.

MOVED by T. Cowan  
SECONDED by J. Brewer

THAT the Regional Municipality of Waterloo endorse the Children's Services, Early Learning and Child Care Service Plan 2012-2015 and that copies be forwarded to the Province, Early Learning and Care Division, Ministry of Education as outlined in report SS-12-043, dated September 25, 2012.

CARRIED

c) SS-12-044, Community Homelessness Prevention Initiative (CHPI)

Received for information

## **REPORTS – Public Health**

d) PH-12-038, Breastfeeding Support Update – 2012

Dr. Liana Nolan, Commissioner/Medical Officer of Health, stated that next week is World Breastfeeding Week, with an event being hosted locally, and that staff are seeking recognition for the Region as a baby-friendly community.

Andrea Reist, Director, Child & Family Health, gave an overview of the local event planned this Saturday at the Kitchener Market.

Received for information

e) PH-12-037, EMS Rural Response Time Update

John Prno, Chief, Emergency Medical Services, provided a [combined presentation](#) to the Committee; a copy is appended to the original minutes. He provided a history of the implementation of response time targets and advised that the Region's plan must be submitted to the Ministry by October 1, 2012. He explained why the Region makes use of percentile measurement for response times rather than average times. He advised that as result of the increase in call volume from the townships prior to July 2012, the service enhancement in July 2012 and the changes noted in the data, the rural response time has only increased by .4% since 2009 with a rural response time of 18:11 minutes. He provided highlights of the benefits of the Rural Emergency Response Units (RERUs) and advised that if the RERUs were not in place, the rural response time would be approximately twenty (20) minutes. He outlined the options to improve rural response times and the financial impact, stating that there would be significant costs involved in any of the three options.

J. Prno responded to Committee questions about the increase in the volume of calls from the Regional townships, citing the transition of urban values into the rural areas. He stated that the added ambulance has had an impact on the improved response times but that calls from the townships are much lower than what would warrant the addition of an ambulance. He commented that, given the cost of an additional ambulance, the best way to address rural service is through the use of RERUs.

In response to a Committee inquiry regarding budgetary considerations and the ambulance expense per capita comparators for rural response times of other similar-sized municipalities, J. Prno stated that this information is available for 2011 and can be provided to the Committee at a future date. He advised that staff will bring back any budget issues at the appropriate time, dependent on the discussion and direction of the Committee. He also clarified that the Emergency Medical Services (EMS) Master Plan calls for an additional RERU in 2014.

Chair S. Strickland reminded the Committee that the three (3) options noted in this report are not currently identified in the EMS Master Plan, and, that while they might directly improve rural response times, the consideration of any of these options would be part of any 2013 budget discussions. R. Deutschmann expressed his desire that a budget issue paper come forward related to the options presented in this report and he expressed his concern that common response times for rural and urban areas have not been achieved.

The Committee discussed the issue of offloading delays at local hospitals and the impact on ambulance service availability. J. Prno noted that staff are meeting with hospitals to work on solutions to the delays; staff will report back to the Committee later in the fall. He stated that adding an ambulance won't improve response times as desired, given offloading delays.

D. Craig requested that staff provide information for Councillors with a breakdown of the Percentage Change in Response Time data for Urban Combined.

It was suggested that local Members of Provincial Parliament be included in the discussions about hospital offloading delays. The suggestion was referred to Regional Chair K. Seiling who advised that the Province has recently announced \$0.5 million to fund triage nurses.

Received for information

f) PH-12-039, EMS Response Time Performance Plan

J. Prno provided a summary of the report advising that the plan can be modified any time after it is in place without any legal penalty. He highlighted the challenges of comparing the

performance measurements with other municipalities and identified the target requirements. He gave an overview of the lobbying efforts for more accurate triage standards and the potential for a defibrillator registry, as well as the modeling used and the results. He stated that four (4) options are proposed for consideration and that Option D has never been achievable in the Region.

The Committee discussed the presented options, the implementation status of the EMS Master Plan and the goals of the proposed working group. J. Prno advised that the Region will have the flexibility to set separate rural and urban response times and to determine what those targets should be. R. Deutschmann expressed concern with choosing Option C and requested a recorded vote.

MOVED by T. Galloway  
SECONDED by J. Brewer

THAT the Regional Municipality of Waterloo adopt interim EMS response time targets for the 2013 calendar year in accordance with the Ambulance Act, O. Reg. 267/08, amending O. Reg 257/00, under Part VIII, Response Time Performance Plans, Sections 22-24 (attached as Appendix A);

AND THAT Response Time Target Option "C" shown in Appendix B to Report No. PH-12-039 be approved;

AND THAT a Working Group be established to include staff and Councillors to review the Response Time Target plan, deal with any outstanding issues and report back to Council with any recommended revisions in 2013;

AND THAT area municipalities and the Waterloo Regional Police Services Board be requested to formally share response time information with EMS for any cardiac arrest their Police or Fire staff attend, where a defibrillator is available for use;

AND FURTHER THAT since Region of Waterloo EMS does not have universal access to the response time information from other agencies and parties, the Regional Chair on behalf of Council, be directed to write to the Minister of Health and Long Term Care, requesting that Regulation 257/00 under the Ambulance Act be amended to require all agencies and parties using defibrillators to report response time information to the relevant Upper Tier Municipality in order that a complete report of annual defibrillator activity in the municipality can be compiled, per report PH-12-039, dated September 25, 2012.

CARRIED

Yeas: J. Brewer, T. Galloway, J. Haalboom, R. Kelterborn, J. Mitchell, K. Seiling, S. Strickland and C. Zehr

Nays: L. Armstrong, T. Cowan, D. Craig and R. Deutschmann

The following Councillors agreed to volunteer on the Response Time Target Plan working group: T. Cowan, R. Deutschmann, T. Galloway and S. Strickland.

#### **INFORMATION/CORRESPONDENCE**

a) Memo: Fear of Crime & Victimization - RAP Sheet

Received for information

**OTHER BUSINESS**

- a) Council Enquiries and Requests for Information Tracking List was received for information.
- b) [Memo: Leed® Canada Silver Certification](#) – Waterloo Region Museum was distributed to the Committee and received for information; a copy is appended to the original minutes.

**NEXT MEETING – October 16, 2012****ADJOURN**

MOVED by K. Seiling  
SECONDED by J. Brewer

THAT the meeting adjourn at 10:24 a.m.

CARRIED

**COMMITTEE CHAIR, *S. Strickland***

**COMMITTEE CLERK, *S. Natolochny***

# Early Learning & Child Care Service Plan 2012-2015



September 25, 2012  
**Community Services  
Committee**



Region of Waterloo

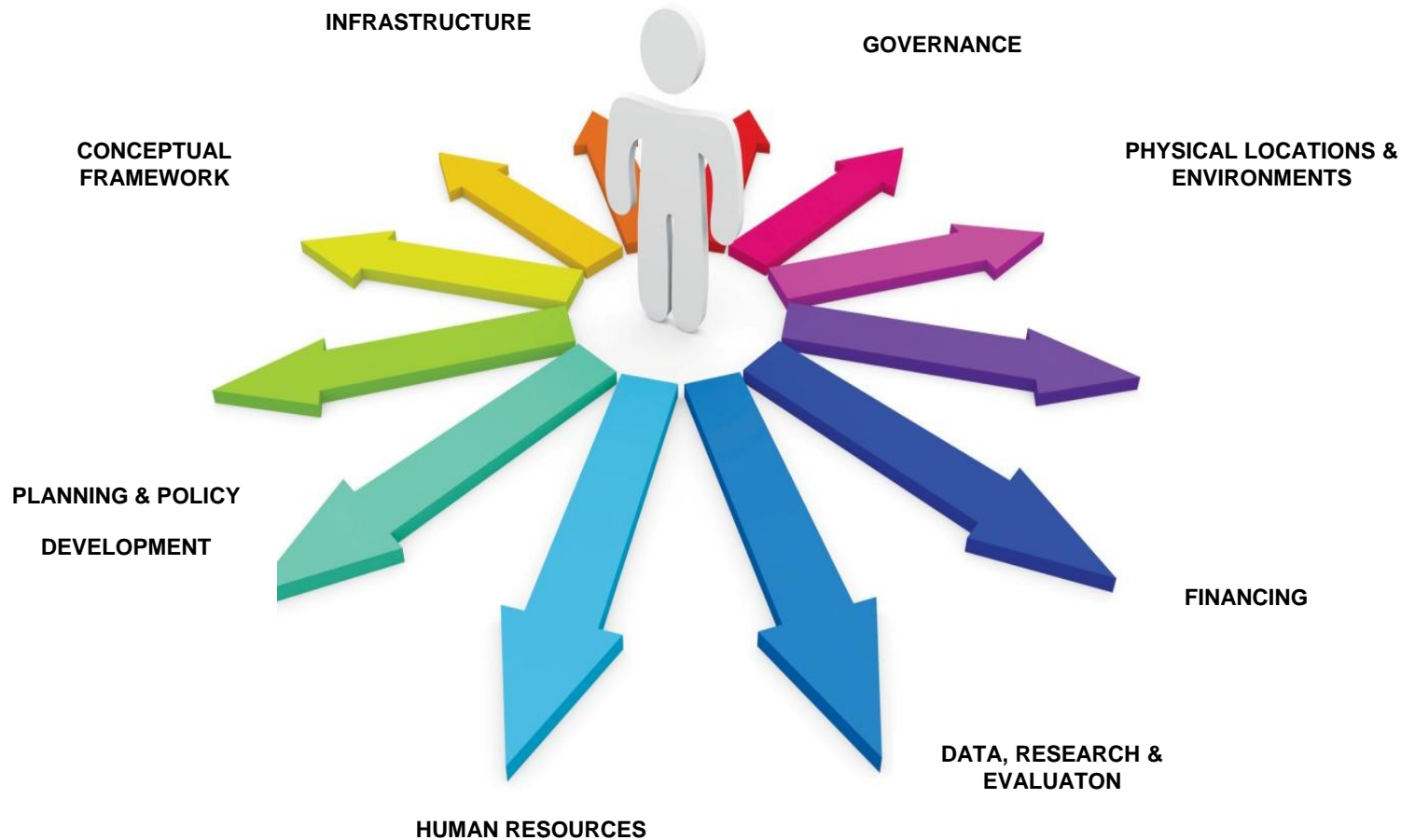
# Multi Year Plan



## **Four Sections**

- Current Picture
- Bigger Picture
- Issues & Gaps
- Key Directions

# Developing A High Quality, Inclusive, Early Learning & Child Care System for Children and Families in Waterloo Region







Region of Waterloo

# Gaps & Issues

- Transition/change
- Financial viability
- Human Resources
- Quality
- Accessibility
- Availability
- Infrastructure



# Key Directions

- Vibrant, high quality inclusive service system
- System wide approach
- Integrated planning and service delivery



Region of Waterloo

# EMS Response Time Update

Community Services Committee

September 25, 2012

# Today...

- Rural Response Time Update following May 8<sup>th</sup> request of Committee.
- A brief review of the University of Waterloo modelling undertaken.
- Approve interim Response Time Performance Plan for 2013.

# Response Time Target History

- 1997: Ministry of Health sets response time standard of 10 minutes 30 seconds 90% of the time, based on 1996 performance under their control.
- October 2000: Council considers separate rural and urban targets but adopts 9 minutes 90% of the time Region-wide.
- December 2007: Council adopts 10 minute 30 second target 90% of the time Region-wide as part of the EMS Master Plan.
- 2008: Ministry of Health announces Municipalities will be able to set own targets effective first for 2011, then changed to 2013. Plan is due October 1, 2012.

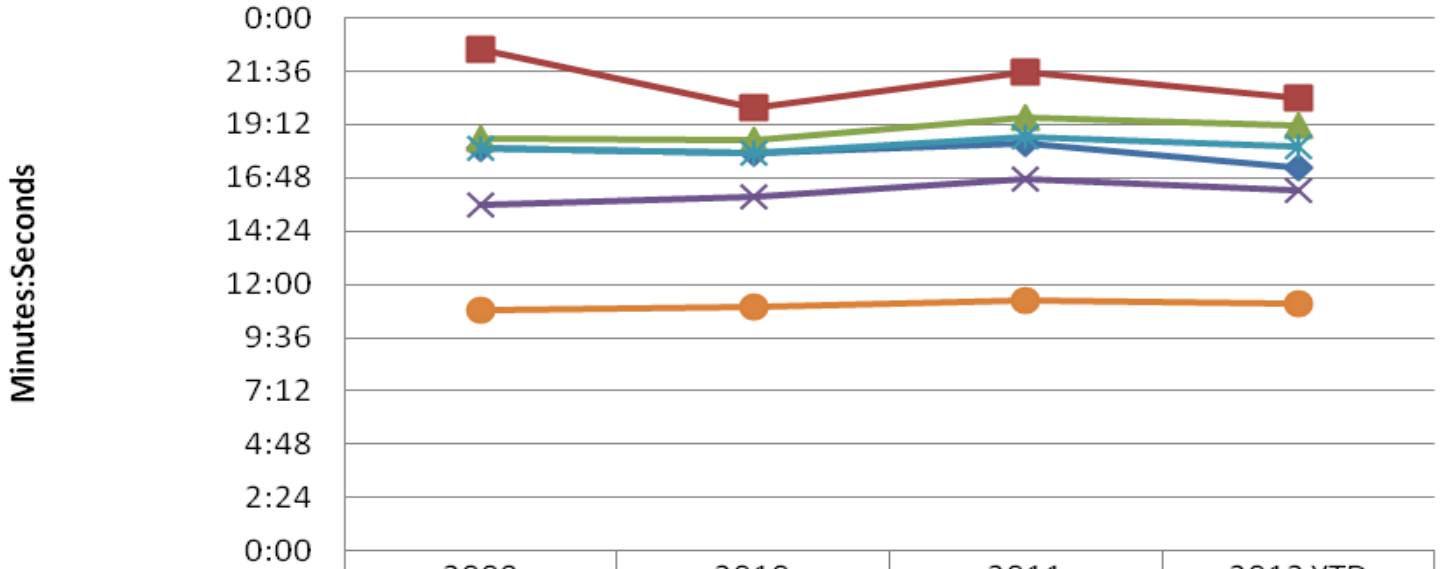
# Why 90<sup>th</sup> Percentile Response Times?

- Used instead of average times because 90% of calls are reached in less than the time shown, leaving a very small outlier to estimate.
- An average time indicates 50% of the calls are reached in less than the time shown, while the other half are higher with no indication just how high.
- A good example of the impact is on Page 2 of the Rural Response Time Report... 2012 YTD 90<sup>th</sup> is 18:11 vs. 11:22 average.

# Rural Response Time Update

- 19.8% increase in rural call volume 2011 over 2010, accompanied by a 44 second increase in the 90<sup>th</sup> percentile emergency response time.
- Response time climbed from 17:55 to 18:39, but reversed with 2012 service enhancement to 18:11 YTD or 17:40 since July enhancement start.
- With staffing change related ups and down, the combined Rural response time has climbed .4% since 2009 vs. 2.6% in urban municipalities.

## 90th Percentile Emergency Response Times by Rural Municipality



|                  | 2009  | 2010  | 2011  | 2012 YTD |
|------------------|-------|-------|-------|----------|
| ◆ North Dumfries | 18:08 | 17:56 | 18:23 | 17:17    |
| ■ Wellesley      | 22:34 | 19:59 | 21:34 | 20:25    |
| ▲ Wilmot         | 18:36 | 18:28 | 19:30 | 19:08    |
| × Woolwich       | 15:33 | 15:57 | 16:43 | 16:13    |
| * All Rural      | 18:07 | 17:55 | 18:39 | 18:11    |
| ● All Urban      | 10:51 | 11:01 | 11:16 | 11:08    |



# Rural Emergency Response Units (RERUs)

- Single Advanced Care Paramedic non-transport Units dedicated to rural needs.
- Fill rural stations when ambulances are not available, or are posted in other townships when ambulances are.
- One unit staffed from 0600-noon, two from noon-1800 and one from 1800-midnight.
- Work because they can't be tied up in hospital.

# The RERU Effect on Combined Rural Response Time

- No RERUs staffed: 21+ minutes
- 1 RERU: 17:30-17:45
- 2 RERUs: 15:59

# Options to Improve EMS Rural Response Times

- Additional RERU staffed between 2300-0700 would reduce overnight response time to approximately 17 minutes... \$194,000 pa
- Additional RERUs to ensure 2 staffed around the clock would reduce rural response time to approximately 15 mins 30 secs... \$601,000 pa
- A RERU in every township around the clock would reduce rural response time to approximately 11 minutes... \$1,800,000 pa

Questions?

# Response Time Performance Plans

- Must be approved and sent to the Ministry by October 1<sup>st</sup> for implementation January 1<sup>st</sup>, but can be modified at any time without penalty.
- Compliance with performance expectations reported to the Ministry by March 31<sup>st</sup> of each year for publication on the Ministry's website.
- Will be extremely difficult to compare apples to apples due to different municipal formats being used.

# Establishing the Plan...

- Extremely Complex Process.
- Separate targets for Sudden Cardiac Arrest and by 5 different levels of patient acuity (CTAS – As described on Pg. 13 of the RTPP Report).
- CTAS levels are not determined until paramedic assesses the patient, yet are used to determine what the response time should be.
- Only a very recent history of CTAS collection can be used in plan development.

# Establishing the Plan...

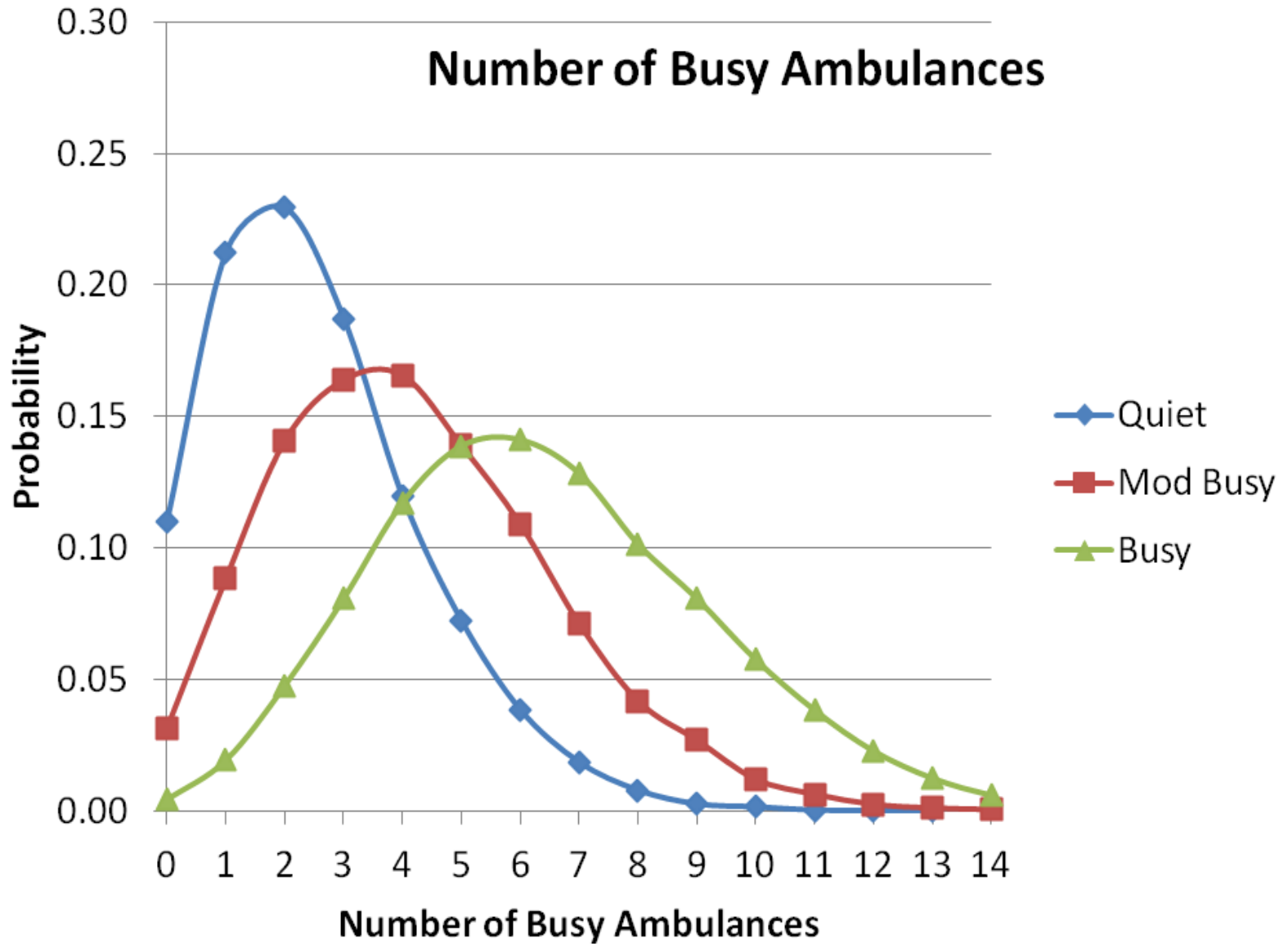
- Requires us to report defibrillator arrival times by other agencies, without access to data.
- Required the engagement of U of W Management Sciences to model response time capabilities given most recent resource additions.
- Two measures have preset response times (Sudden Cardiac Arrest Defibrillator and EMS arrival), while others allow response times and compliance % to be prescribed.

# Modelling

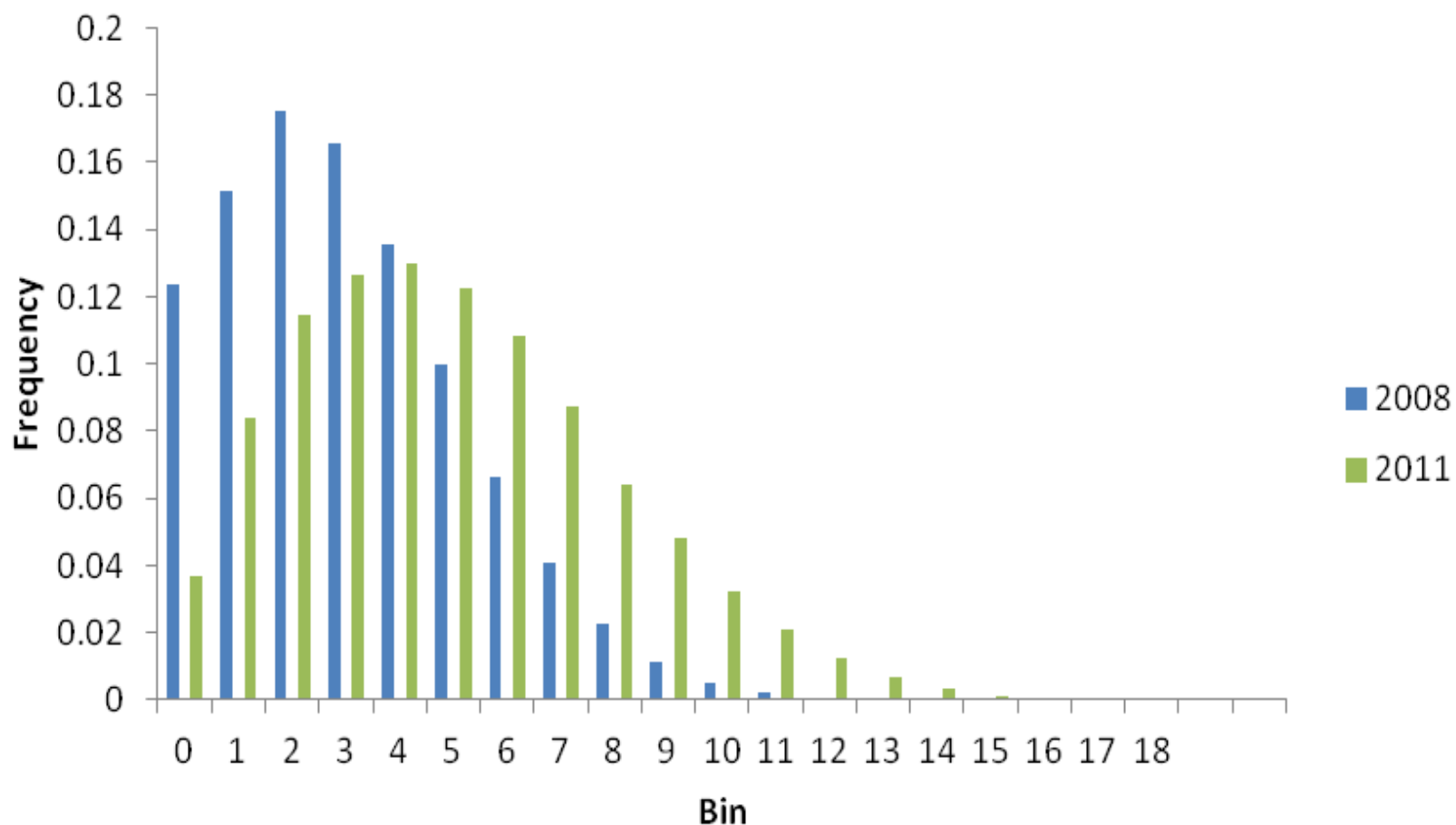
- Modelling calculated our ability to respond to emergency calls in every sq km of the Region, given the call frequency at various times of day, and the 2012 resources and Fire and EMS station locations.
- Modelling divided into three phases of the day: Quiet (overnight), Busy (daytime), and Moderately Busy (shoulder periods) and three levels of patient acuity: High (CTAS 1), Moderate (CTAS 2), Lower (CTAS 3-5)



## Number of Busy Ambulances



# Distribution Of Busy Ambulances 2008 and 2011 -All Hours



# Modelling Results

- Based on the Ministry prescribed time elements of both a Fire-based defibrillator in under 6 minutes, and EMS in under 8 minutes, current resources should reach cardiac arrest and other CTAS 1 patients between 67-76% of the time.
- For all other patients, EMS should arrive in 10 minutes 30 seconds between 85-91 % of the time.

# RTPP Options

- 4 RTPP Options presented:
  - 3 (A, B, C) are based on current performance (either using 2011 data or modelled performance assumptions about existing 2012 resources)
  - All three provide similar performance levels and can be easily implemented and monitored.
  - The fourth option (D) presents the status quo target of 10 minutes 30 seconds 90% of the time. While in place since 1997, this target has never been achievable and would remain so based on current resource levels.

# Options Presented

|                | A           | B          | C          | D          |
|----------------|-------------|------------|------------|------------|
| Cardiac Arrest | 6 mins 50%  | 6 mins 50% | 6 mins 50% | 6 mins 50% |
| CTAS 1         | 8 mins 70%  | 8 Mins 70% | 8 mins 70% | 8 mins 70% |
| CTAS 2         | 10:30 80%   | 12:51 90%  | 10:30 80%  | 10:30 90%  |
| CTAS 3         | 15 mins 90% | 14:12 90%  | 10:30 80%  | 10:30 90%  |
| CTAS 4         | 20 mins 95% | 15:02 90%  | 10:30 80%  | 10:30 90%  |
| CTAS 5         | 25 mins 95% | 15:43 90%  | 10:30 80%  | 10:30 90%  |

# Preferred Option

- Option "C" is the preferred option. It maintains the current Code 4 response time standard of 10 minutes 30 seconds for CTAS 2, 3, 4 and 5 calls at a common compliance target of 80%.
- Provides a stretch target, but achievable given the recent 2012 service enhancement and pending traffic signal pre-emption implementation.

Questions?



Region of Waterloo

## PLANNING, HOUSING AND COMMUNITY SERVICES

Community Services

Date: September 25, 2012

# MEMORANDUM

**To:** Chair Sean Strickland and Members of Community Services Committee

**From:** Lucille Bish, Director, Community Services

**Subject:** LEED® CANADA SILVER CERTIFICATION – WATERLOO REGION MUSEUM

**File Code:** A20-20

The Waterloo Region Museum building, designed and constructed in 2008-2010, has just recently been certified as a LEED® Silver building.

Through Report P-07-075, June 12, 2007, Regional Council approved proceeding with the construction of the Region of Waterloo History Museum following the Museum Feasibility Study. The report also identified that the new museum building would be designed and constructed to the Canada Green Building Council Leadership in Energy and Environmental Design (LEED®) Silver Standard, in accordance with Regional policy for all new construction projects.

Throughout the design and construction of this facility, the project steering committee and design team identified a number of environmental features that could be incorporated into the building to maximize environmental benefits and enjoyment of the facility, while keeping within the approved project budget.

A total of thirty-three out of seventy possible points are required in the LEED® green building rating system to achieve silver level certification. Thirty-seven points were achieved on this project, placing the project comfortably within the silver certification level. Certification of this project from the Canada Green Building Council was achieved on August 27, 2012. A plaque and copy of the certificate will be displayed near the entrance to the museum to showcase this achievement.

Key LEED® features of the building include energy savings of 34% compared to a similar building, using approved calculations; water efficiency through innovative technologies such as rainwater harvesting, low-flow plumbing fixtures and water efficient landscaping; daylight provided to 77% of occupied spaces; construction waste management processes diverted 82% of construction waste from landfills; and the use of recycled and regional materials (18% of construction materials contain recycled content and 36% of construction materials were extracted and manufactured locally).

All five of five possible Innovation & Design points were achieved on this project by including green education and green housekeeping programs for the facility, achieving “exemplary performance” for both water reduction and regional materials, and including a LEED® accredited professional on the project.

The information regarding the certification of this project will be published by the Canada Green Building Council and is expected to be picked up by a number of other related publications. Staff will prepare a press release regarding the LEED® certification of the project to publicize this accomplishment.