Regional Municipality of Waterloo

Community Services Committee

Minutes

Tuesday, June 17, 2014
10:54 a.m.

Regional Council Chamber
150 Frederick Street, Kitchener, Ontario

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

Declarations Of Pecuniary Interest Under The Municipal Conflict Of Interest Act

None declared.

Consent Agenda Items

Request to Remove Items From Consent Agenda

There were no requests to remove items from the consent agenda.

Motion to Approve Items or Receive for Information

Moved by C. Zehr

Seconded by D. Craig

That the following items be approved:

- That the Regional Municipality of Waterloo donate $1,000 to the Town of Goderich for its tree planting program to be funded by revenues from the 2014 Emergency Services Conference as outlined in report SS-14-029, dated June 17, 2014.
• That the Regional Municipality of Waterloo approve in principle the Community Homelessness Prevention Initiative Supportive Housing Program Framework as outlined in report SS-14-030, dated June 1, 2014.

• That the Regional Municipality of Waterloo amend current service agreements with the Waterloo Region District School Board and the Waterloo Catholic District School Board to incorporate all school sites offering extended day programs effective September 1, 2014;

And further that the Regional Municipality of Waterloo amend current service agreements with Conestoga College Institute of Technology and Advanced Learning, 299 Doon Valley Drive, Kitchener, ON N2G 4M4; Creative Beginnings Child Care Centre, 1140 Snyder’s Rd. West, Baden, ON N3A 3L3; Jacob Hespeler Child Care Services, 640 New Hampshire Street, Waterloo, ON N2K 0A5; Young Women’s Christian Association, Kitchener-Waterloo, 153 Frederick Street, Kitchener, ON N2H 2M2; and Kitchener Waterloo Young Men’s Christian Association, 161 Roger Street, Waterloo, ON N2J 1B1, for the purposes of offering youth development programs, as outlined in report SS-14-033, dated June 17, 2014.

And that the following items be received for information:

• SS-14-028, Waterloo Region Energy Assistance Program Update (Information)

• P-14-074, Sixteenth Annual Report of the Kissing Bridge Trailway Advisory Board (Information)


• PH-14-026, Electronic Cigarettes (Information)

• PH-14-028, 2013 Food Safety Annual Report (Information)

• PH-14-030, Baby-Friendly Initiative (BFI) Pre-Assessment Site Visit (Information)

• PH-14-031, 2013 Public Health Annual Report (Information)

• PH-14-032, Healthy Babies Healthy Children Program Update – Local Service Delivery Model (Information)

• Memo: Housing First Training and Technical Assistance

• Memo: Housing Stability System Newsletter – June 2014

• Memo: Ontario Works Caseload: May 2014
- Memo: STEP Home 2012-2014 Report
- Memo: 2011 National Household Survey Bulletins
- Memo: Jane’s Walk 2014

Carried

**Regular Agenda Resumes**

**Reports – Social Services**

a) SS-14-032, Children’s Planning Table Progress Report (Presentation)

Nancy Dickieson, Director, Children’s Services, and Michelle Martin, Social Planning Associate, provided a presentation on the Children’s Planning Table. A copy of the presentation is appended to the original minutes. N. Dickieson gave an overview of the membership and function of the Children’s Planning Table. M. Martin explained that the Children’s Planning Table has worked to develop the Child Wellbeing Dashboard to support outcome evaluation. She stated that the dashboard uses four indicators for measuring the wellbeing of children. The dashboard is located on the Region’s website and offers various interactive maps that demonstrate the different aspects of child wellbeing throughout the Region.

*R. Kelterborn, J. Brewer, and R. Deutschmann joined the meeting at 10:56 a.m.*

*J. Wideman joined the meeting at 11:00 a.m.*

In response to a question from the Committee, N. Dickieson explained that most of the area municipalities are members of the Children’s Planning Table and are aware of the dashboard. However, she noted that staff will send a specific notice to the area municipalities regarding the dashboard.

Received for information.

b) Memo: Tuesday Night K-W OOTC Site

Douglas Bartholomew-Saunders, Commissioner, Social Services, explained that staff have met with volunteers from the Tuesday night Out of the Cold site and are organizing a meeting with volunteers from all of the Out of the Cold sites for further discussions of possible solutions. He noted that the Out of the Cold philosophy is not entirely compatible with the Region’s housing strategy. Discussions will continue and a report will likely be presented in August.

Received for information.
Reports – Interdepartmental

c) SS-14-031/P-14-076, 2013 Homelessness to Housing Stability Data Reports

D. Bartholomew-Saunders stated that the report outlines the statistical data that has been gathered in relation to homelessness and housing; and emergency shelter usage.

In response to a question from the Committee, Lynn Randall, Director, Social Planning, Policy and Program Administration explained that currently there are no real counts of individuals living on the streets and that staff use estimates based on emergency shelter usage.

Received for information.

Reports – Planning, Housing and Community Services

d) P-14-070, Area Municipal Consideration of Tools and Incentives for Affordable Housing

Chair S. Strickland noted that at the last Committee meeting there was a discussion on ensuring that there is affordable housing available near the LRT. He explained that the “Planning Act” allows the area municipalities to provide increases in height and density in exchange for community benefits such as affordable housing. Rob Horne, Commissioner, Planning, Housing and Community Services, explained that there is an inter-municipal working group with the three cities that is looking at shaping the community around the ION.

In response to a question from the Committee, R. Horne explained that through density bonuses it is possible to have affordable units in the same or separate buildings.

Moved by J. Mitchell
Seconded by G. Lorentz

That Regional Council request all of the Area Municipalities to consider using density bonusing and other local tools and incentives in order to increase the variety and supply of affordable housing across the community, as means of addressing both existing and future needs;

And that the creation of affordable housing be a high priority for the Region and Area Municipalities in the consideration of development and redevelopment proposals, including areas within and around ION station areas and in proximity to Grand River Transit routes, as described in P-14-070, dated June 17, 2014.

Carried
e) P-14-075, Cultural Sites Program Review 2012/2013 Implementation Update

R. Horne explained that the report provides an update on the actions that have been taken in relation to the program review and the finalizing of the new structure.

In response to a question from the Committee, Lucille Bish, Director, Community Services, explained that the in residence position is not an addition to staff and will be based on an honorarium for a short term to create a specific piece of work.

Chair S. Strickland inquired about the partnerships and joint interaction mentioned in the report and what is being done to improve this. L. Bish explained that this includes the Waterloo Wellington Museums and Galleries Network. Many of the local institutions are members of the network and are working on joint initiatives for 2017 to recognize the Canada 150. She has also met with David Marskell, Chief Executive Officer, THEMUSEUM, and they are looking at different opportunities for working together.

Received for information.

Reports – Public Health

f) PH-14-024, 2013 Response Times Analysis

Stephen Van Valkenburg, Director/Chief EMS, provided an overview of the report and noted that it looks at EMS response times and examines the drivers of those response times including the current challenges and success. He explained that response times are affected by differences in populations and geography, including road density, population density, and population demographics. He noted that response times are decreasing across the Region but are higher in rural and suburban areas when drive time increases.

In response to a question from the Committee, S. Van Valkenburg explained that response times have decreased due to improved deployment and keeping vehicles where they are needed. Staff are looking at greater efficiency through the completion of the deployment plan. D. Craig asked if more ambulances would improve response times in Cambridge. S. Van Valkenburg explained that this is costly and may not be effective. He stated that there is more value in managing and deploying resources properly.

Chair S. Strickland noted that since 2008 call volume has increased but response times have decreased.

Received for information.

g) PH-14-029, Update on Harm Reduction Planning, Programs, and Services in Waterloo Region

1654847
Karen Quigley-Hobbes, Director, Infectious Disease, Dental and Sexual Health, explained that the report summarizes the Region’s harm reduction activities. This includes a needle syringe program, provision of clean and sterile drug-using equipment, and referral to treatment. She noted that in June/July Public Health will begin a program to distribute Naloxone, which is a medication that can reverse the effects of an opioid overdose.

Received for information.

Information/Correspondence

a) Council Enquiries and Requests for Information Tracking List was received for information.

Motion to go Into Closed Session

Moved by K. Seiling

Seconded by L. Armstrong

That a closed meeting of the Planning and Works and Administration and Finance Committees be held on Tuesday, June 17, 2014 immediately following Community Services Committee 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) receiving of legal advice subject to solicitor-client privilege and proposed or pending litigation related to a matter before an administrative tribunal;

b) proposed or pending acquisition of land in the City of Kitchener;

c) receiving of legal advice subject to solicitor-client privilege and proposed or pending litigation related to a legal matter;

d) receiving of legal advice subject to solicitor-client privilege and proposed or pending acquisition of land in the City of Kitchener

Carried

Motion to Reconvene Into Open Session

* T. Galloway joined the meeting at 1:05 p.m.

Moved by R. Kelterborn

Seconded by R. Deutschmann

That the meeting reconvene into open session at 1:05 p.m.

1654847
Presentations

a) Dr. Fred Mather, Medical Director, Sunnyside Home re: SS-14-021, Sunnyside Home Medical Director Report 2013

D. Bartholomew-Saunders introduced Dr. Fred Mather, Medical Director, Sunnyside Home. Dr. F. Mather provided a presentation on the provincial quality indicators. A copy of the presentation is appended to the original minutes. He noted that the number of residents that have had a recent fall has increased since 2012 and is above the provincial average. The percentage of residents with worsening bladder control is improving but is still higher than the provincial average due to staff discouraging the use of catheters.

In response to a question from the Committee, Dr. F. Mather explained that a restraint is considered any restraining device that the patient cannot remove themselves. Sunnyside Home is working to minimize the level of restraint usage. However, a seatbelt used to protect an individual with dementia, who is unable to stand from attempting to, is counted as a restraint.

Chair S. Strickland asked what can be done to lower the number of residents that have experienced a fall. Dr. F. Mather explained that every fall that occurs is reviewed by a team to look at future prevention. He also noted that the statistics do not show the number of convalescent care residents that experienced a fall prior to coming into care. The Committee requested that that number be presented in the next annual report.

   Received for information.

Next Meeting – August 12, 2014

Adjourn

Moved by G. Lorentz

Seconded by L. Armstrong

That the meeting adjourn at 1:19 p.m.

   Carried

Committee Chair, S. Strickland

Committee Clerk, T. Brubacher

1654847
Children's Planning Table

Vision:
All children in Waterloo Region live in a community that supports their developmental health through a system of coordinated and effective services.
Welcome to the Child Wellbeing Dashboard for Waterloo Region

Click on any of the four puzzle pieces of the logo to view the indicator associated with that category or click on “map” in the centre of the logo to go straight to the interactive Early Years Services Map.
% children scoring low on the EDI in Waterloo Region, by neighbourhood

% children scoring low
- Lowest % children scoring low
- Lower % children scoring low
- Higher % children scoring low
- Highest % children scoring low
- No data
Neighbourhood Child Wellbeing Profile

Neighbourhood #: 4
Columbia/Lakeshore
Waterloo

DISPOSABLE INCOME: Highest % families without disposable income
The Disposable Income Measure (DIM) asks whether or not families have money left over at the end of the month to save, buy extras, or use in an emergency, after they have paid for necessities. Families that do not have money left over are less likely to be able to withstand an additional financial pressure without sacrificing basic needs. Data for the DIM comes from the Kindergarten Parent Survey (2010). See Footnote 1.

HEALTHY BABIES: Highest % of families identified with potential risk
The Healthy Babies Healthy Children (HBHC) Screen was developed by the Ministry of Children and Youth Services (MCYS). It is a comprehensive tool for identifying families with potential risk of negative developmental outcomes for children who may benefit from HBHC services. It is a standardized, universal screening tool that can be used across the prenatal, postnatal, and early childhood development periods. It includes 16 questions assessing risk factors in pregnancy and birth, family, parenting, infant/child development and health care professional observations. This tool can be completed by health care professionals, including public health nurses, hospital nurses, midwives, nurse practitioners, doctors, or social workers. An individual with two or more responses of “yes” on the HBHC Screen is identified as “with risk”. See footnote 2 and page 2 for more information.

EARLY DEVELOPMENT INSTRUMENT: Highest % children scoring low
The Early Development Instrument (EDI) is a population measure of school-readiness of Senior Kindergarten students. It is designed to indicate a community’s capacity to prepare children for school. The EDI measures school-readiness in the following areas: physical health and wellbeing, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge. A child is considered ‘at risk’ of developmental difficulties if they score below the 10th percentile on two or more of the five domains. See footnote 3.

NEIGHBOURHOOD SOCIAL COHESION: Lowest % experiencing social cohesion
The Neighbourhood Social Cohesion Index (NSCI) refers to the level of social cohesion that exists in a neighbourhood. It is a score based on parent(s)/caregiver(s) level of agreement with statements regarding the likelihood that their neighbours will discuss problems, help each other, and can count on each other to keep children safe. Families considered to have experienced social cohesion are those...
Tuesday, June 17, 2014
Sunnyside Home
Medical Director's Report
Quality Indicators

1. Falls
2. Incontinence
3. Pressure ulcers
4. Use of Restraints
Quality Indicators

Monitored and may be reported

1. Psychotropic use
2. Transfers to ER
3. Pain Management
## Indicator results for this home

<table>
<thead>
<tr>
<th>YEAR</th>
<th>PERCENTAGE OF RESIDENTS WHO HAD A RECENT FALL</th>
<th>PERCENTAGE OF RESIDENTS WITH WORSENING BLADDER CONTROL</th>
<th>PERCENTAGE OF RESIDENTS WHO HAD A PRESSURE ULCER THAT RECENTLY GOT WORSE</th>
<th>PERCENTAGE OF RESIDENTS WHO WERE PHYSICALLY RESTRAINED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13</td>
<td>18.7 %</td>
<td>27.3 %</td>
<td>3.5 %</td>
<td>19.8 %</td>
</tr>
<tr>
<td>2011-12</td>
<td>15.4 %</td>
<td>31.2 %</td>
<td>2.1 %</td>
<td>24.1 %</td>
</tr>
<tr>
<td>Provincial Average 2012/13</td>
<td>13.6%</td>
<td>19.3%</td>
<td>2.9%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Benchmark</td>
<td>9%</td>
<td>12%</td>
<td>1%</td>
<td>3%</td>
</tr>
</tbody>
</table>
Percentage of residents who have had a recent fall

<table>
<thead>
<tr>
<th></th>
<th>2012 - 13</th>
<th>2011 - 12</th>
<th>Provincial Average</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18.7%</td>
<td>15.4%</td>
<td>13.6%</td>
<td>9%</td>
</tr>
</tbody>
</table>
Percentage of residents with worsening bladder control

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>2012 - 13</td>
<td>27.3%</td>
</tr>
<tr>
<td>2011 - 12</td>
<td>31.2%</td>
</tr>
<tr>
<td>Provincial Average 2012 - 13</td>
<td>19.3%</td>
</tr>
<tr>
<td>Benchmark</td>
<td>12%</td>
</tr>
</tbody>
</table>
Percentage of residents who had a pressure ulcer that recently got worse

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>2012 - 13</td>
<td>3.5%</td>
</tr>
<tr>
<td>2011 - 12</td>
<td>2.1%</td>
</tr>
<tr>
<td>Provincial Average 2012 - 13</td>
<td>2.9%</td>
</tr>
<tr>
<td>Benchmark</td>
<td>1%</td>
</tr>
</tbody>
</table>
Percentage of residents who were physically restrained

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012 - 13</td>
<td>19.8%</td>
</tr>
<tr>
<td>2011 - 12</td>
<td>24.1%</td>
</tr>
<tr>
<td>Provincial Average</td>
<td>11.0%</td>
</tr>
<tr>
<td>2012 - 13</td>
<td>Benchmark</td>
</tr>
</tbody>
</table>
# Antipsychotic Use

*Toronto Star article, May 2, 2014*

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<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGHEST</strong></td>
<td>~ 70 %</td>
</tr>
<tr>
<td><strong>LOWEST</strong></td>
<td>&gt; 10 %</td>
</tr>
<tr>
<td><strong>AVERAGE</strong></td>
<td>33.63%</td>
</tr>
<tr>
<td><strong>SUNNYSIDE</strong></td>
<td>29%</td>
</tr>
</tbody>
</table>
The following chart shows Ontario nursing home facilities, sorted by the percentage of residents being prescribed antipsychotic drugs (highest to lowest). The red line shows the average of all facilities (33.63%). Hover over bars for details and links to inspection reports.

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Per cent of residents prescribed antipsychotics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caressant Care Bourget</td>
<td>71.63%</td>
</tr>
<tr>
<td>Residence Champlain</td>
<td>66.48%</td>
</tr>
<tr>
<td>Leisureworld Caregiving C.</td>
<td>65.34%</td>
</tr>
<tr>
<td>Woodland Villa</td>
<td>62.08%</td>
</tr>
<tr>
<td>Riverview Gardens</td>
<td>60.77%</td>
</tr>
<tr>
<td>The Woodlands Of Sunset</td>
<td>59.39%</td>
</tr>
<tr>
<td>Sheridan Villa</td>
<td>58.24%</td>
</tr>
<tr>
<td>Maple Villa Long Term Care.</td>
<td>57.13%</td>
</tr>
<tr>
<td>Elm Grove Living Centre Inc.</td>
<td>56.79%</td>
</tr>
<tr>
<td>Leisureworld Caregiving C.</td>
<td>56.61%</td>
</tr>
<tr>
<td>Eden House Nursing Home</td>
<td>55.69%</td>
</tr>
<tr>
<td>Richmond Terrace</td>
<td>55.41%</td>
</tr>
<tr>
<td>Sumac Lodge</td>
<td>53.54%</td>
</tr>
<tr>
<td>Miramichi Lodge</td>
<td>53.32%</td>
</tr>
<tr>
<td>Fairvern Nursing Home</td>
<td>53.25%</td>
</tr>
<tr>
<td>Residence Prescott Et Rus.</td>
<td>52.35%</td>
</tr>
<tr>
<td>White Eagle Residence</td>
<td>52.04%</td>
</tr>
<tr>
<td>Anson Place Care Centre</td>
<td>51.78%</td>
</tr>
<tr>
<td>Leisureworld Caregiving C.</td>
<td>51.44%</td>
</tr>
<tr>
<td>Oak Terrace</td>
<td>51.12%</td>
</tr>
<tr>
<td>Golden Plough Lodge</td>
<td>50.71%</td>
</tr>
</tbody>
</table>
The following chart shows Ontario nursing home facilities, sorted by the percentage of residents being prescribed antipsychotic drugs (highest to lowest). The red line shows the average of all facilities (33.63%). Hover over bars for details and links to inspection reports.
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<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Per cent of residents prescribed anti-psychotics</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Westmount</td>
<td>45.00</td>
</tr>
<tr>
<td>Peoplecare A.R. Goudie Kit..</td>
<td>41.00</td>
</tr>
<tr>
<td>Lanark Heights Long Term..</td>
<td>38.00</td>
</tr>
<tr>
<td>Forest Heights</td>
<td>36.00</td>
</tr>
<tr>
<td>Trinity Village Care Centre</td>
<td>33.00</td>
</tr>
<tr>
<td>Sunnyside Home</td>
<td>30.00</td>
</tr>
<tr>
<td>The Village Of Winston Park</td>
<td>28.00</td>
</tr>
<tr>
<td>Grand River Hospital - Free..</td>
<td>20.00</td>
</tr>
</tbody>
</table>

Average of all facilities: 33.63%
Transfer to Emergency

363 transfers for 35 LTCHS

A total of 363 transfers for 35 LTCH’s within the LHIN. Sunnyside represented by BB in graph, with 36 transfers in Q2 2013 14.
Ontario Long Term Care Physicians
MEDICAL DIRECTOR TRAINING
Medical Director Training

LONG TERM CARE MEDICAL DIRECTOR CURRICULUM 2014

REGISTRATION NOW CLOSED for Blocks 1 and 2

Block 1: The Regulatory Environment (Ontario specific)
May 3rd & 4th 2014 (Mainpro-C 14 credits)

Block 2: LTC Physicians' Quality Improvement
May 2nd & Sept 19th 2014 (Mainpro-C 20 credits)

Block 3: Leadership & Risk Management
September 20th & 21st 2014

Program and Registration Guide

Accreditation
This program meets the accreditation criteria of the College of Family Physicians of Canada and has been
Partnering together for a quality agenda in Long Term Care
Thank you