



Media Release: Friday, May 22, 2015, 4:30 p.m.

Regional Municipality of Waterloo

Community Services Committee

Agenda

Tuesday, May 26, 2015

1:00 p.m.

Regional Council Chamber

150 Frederick Street, Kitchener

-
- 1. Declarations of Pecuniary Interest Under The Municipal Conflict of Interest Act**
 - 2. Delegations**
 - a) Kayla Andrade, Ontario Landlords Watch, re: Impact of Including Water Costs with Rent for Social Assistance Recipients

Consent Agenda Items

Items on the Consent Agenda can be approved in one motion of Committee to save time. Prior to the motion being voted on, any member of Committee may request that one or more of the items be removed from the Consent Agenda and voted on separately.

- 3. Request to Remove Items From Consent Agenda**
- 4. Motion to Approve Items or Receive for Information**
 - a) [PHE-HLV-15-02](#), Update - Falls Prevention across the Lifespan (Information) 3
 - b) [CSD-HOU-15-09](#), Community Homelessness Prevention Initiative Funding Allocation (Information) 9

Regular Agenda Resumes

5. Reports – Community Services

- a) [CSD-SEN-15-05](#), Sunnyside Home Medical Director’s Report 2014 (Presentation) (Information) 14

Reports – Planning, Development and Legislative Services

- b) [PDL-CUL-15-11](#), Public Art in the ION Rapid Transit Corridor 20

Recommendation:

That the Regional Municipality of Waterloo endorse the proposed approach for incorporating permanent place-making public art at selected ION Rapid Transit Stops, in Cambridge, Kitchener and Waterloo, including an enhanced community engagement process, as outlined in Report PDL-CUL-15-11, dated May 26, 2015.

6. Information/Correspondence

- a) Council Enquiries and Requests for Information [Tracking List](#) 27

7. Other Business**8. Next Meeting – June 16, 2015****9. Adjourn**



Report: PHE-HLV-15-02

Region of Waterloo
Public Health and Emergency Services
Healthy Living

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: May 26, 2015 **File Code:** P16-20

Subject: Update - Falls Prevention Across the Lifespan

Recommendation:

For Information

Summary:

Falls are a significant issue that affect people of all ages. In Waterloo Region, falls are the number one cause of injury-related hospitalizations and death. Since 2011, the Region of Waterloo Public Health's Injury Prevention team (Public Health) has gained a better understanding of the populations in our community that are more at risk for an injury-causing fall. Key initiatives Public Health has been engaged in to reduce fall risks include:

- Equipping internal staff and community organizations working with caregivers of young children with the skills and resources necessary to recognize fall risks and offer solutions to families.
- Working with community partners to offer programs and raise awareness of physical activity as a means of improving resiliency to injuries from falls.
- Conducting research and consulting with community stakeholders to determine the risks falls from alcohol-medication interactions pose to our community.
- Collaborating with local organizations, service providers, other Regional departments, and individuals to promote the health of older adults and address falls across the lifespan.

In order to reduce falls across the lifespan, particularly in anticipation of an increasing older adult population, Public Health is working to improve public awareness of the

significant impact of falls and what can be done to help prevent them. Moving forward, Public Health will continue to enhance, plan, and implement initiatives that help prevent falls across the lifespan in collaboration with community partners, internal staff, and other stakeholders.

Report:

Introduction:

Falls are a significant issue that affect people of all ages. In Waterloo Region, falls are the number one cause of injury-related hospitalizations and death.¹ There is growing recognition of the economic and social impacts injury-causing falls have on individuals and the community. Not only is it costly to respond to and treat injuries from falls, but those who have had a fall may also experience a reduced quality of life due to their injury. A fall may also make an individual stop engaging in activities they enjoy out of fear that they may fall again, further impacting their quality of life and independence.

Below is a summary of the key initiatives Region of Waterloo Public Health's Injury Prevention team (Public Health) has undertaken to reduce and prevent injury-causing falls across the lifespan. Since 2011, Public Health has gained a better understanding of what populations are more at risk for an injury-causing fall in our community and what can be done to reduce this risk.

Infants and Young Children Initiative:

Equip internal staff and community organizations working with caregivers of young children with the skills and resources necessary to recognize fall risks and offer solutions for families. This initiative focuses on infants and young children (ages 0-6 years), caregivers of children (e.g., parents), and staff interacting with caregivers (e.g., family visitors).

In 2014, Public Health adapted Alberta Health Services' "A Million Messages" childhood injury prevention strategy for Waterloo Region to help prevent childhood falls, the number one cause of childhood injuries and injury-related hospitalizations.² The prevention strategy included the development of "Babies/Kids Don't Bounce" resources,

1 Region of Waterloo Public Health and Emergency Services. (2014). *Quick Stats - Injury Hospitalizations*. Available here:

http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/INJURY_HOSPITALIZATIONS.pdf

Region of Waterloo Public Health and Emergency Services. (2015). *Quick Stats – Injury Mortality*. Available here:

http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/INJURY_MORTALITY.pdf

2 Ontario Ministry of Health and Long-Term Care. Ambulatory Emergency External Cause (2008-2012), IntelliHEALTH Ontario. Extracted February 24, 2014.

Ontario Ministry of Health and Long-Term Care. Ontario Mortality Data (2005-2009), IntelliHEALTH Ontario. Extracted February 25, 2014.

which highlight the importance of preventing falls in young children and offer safety tips for caregivers.³ Public Health and the Service First Call Centre integrated these key safety messages and tips into Waterloo Region's New Parent Resource Guide⁴ and call response scripts.

As part of the childhood injury prevention strategy, all Child and Family Health staff were trained on the importance of addressing falls, the relevance of the adapted resources to their practice, and how and when to deliver key falls prevention messages to caregivers based on the age and developmental stage of the child.

Public Health is planning to collaborate with other community organizations that work with caregivers of children to orient them on the importance of addressing falls and what falls prevention resources are available through Public Health.

Promoting Physical Activity to Prevent Falls Initiative:

Work with community partners to offer programs and raise awareness of physical activity as a means of improving resiliency to injuries from falls. This initiative focuses on women 35+ years, and older adults (65+ years).

Improved physical activity and fitness have been shown to reduce an individual's risk of an injury-causing fall, and walking is an accessible type of exercise for many that can be integrated into one's daily routine. In 2012, Public Health sought to raise community awareness of the importance of physical activity for improving resiliency to injury-causing falls in middle-aged women and older adults. This led to the formation of Waterloo Region WALKS!, a community group that seeks to increase awareness of local walking opportunities, resources, and supports.

Between 2013 and 2014, Waterloo Region WALKS partnered with Kitchener Public Library, Cambridge Idea Exchange Public Libraries, Region of Waterloo Public Libraries, and Waterloo Public Libraries, to launch a Pedometer Lending Program at all library branches in Waterloo Region. The objective of the program is to encourage Waterloo Region residents to make sustainable improvements to their physical activity levels by walking with a pedometer. The program has been well received and Public Health is now collaborating with Sunnyside Seniors' Services to offer Waterloo Region WALKS Pedometer Lending Program at the Wellness Centre.

3 Available here:

<http://chd.region.waterloo.on.ca/en/healthyLivingHealthProtection/preventingfallschildren.asp>

4 Available here:

<http://content.yudu.com/Library/A3a1f1/ROWNPRG2015Final/resources/index.htm?referrerUrl=http://free.yudu.com/item/details/2577802/ROW---NPRG-2015Final>

Older Adults, Alcohol-Medication Interactions, and Falls Research Initiative:

Conduct research and consultations with community stakeholders to determine the risks falls from alcohol-medication interactions pose to our community. This initiative focuses on “Baby Boomers” and older adults (65+ years) taking multiple prescription medications and drinking alcohol.

Public Health is currently engaged in research to determine the significance of alcohol-medication interactions on injury-causing falls among older adults. Initial findings suggest that increased age, medication, and alcohol use all contribute to an individual’s fall risk, even when alcohol is consumed within recommended guidelines. This research will include stakeholder consultations to determine the significance of this issue locally, specific considerations for the Baby Boom population, and what can be done to reduce an individual’s risk of injury.

Partnerships Initiative:

Collaborate with local organizations, service providers, other Regional departments, and individuals to promote the health of older adults and address falls across the lifespan. The focus of this initiative is older adults (65+ years) living in Waterloo Region.

In October 2013, Public Health partnered with Wellington-Dufferin-Guelph Public Health to deliver the Canadian Falls Prevention Curriculum to 14 participants who work in the area of falls and injury prevention in the community. The Curriculum provides the knowledge and tools organizations need to deliver evidence-based falls prevention programs to older adults.

Public Health has a long history of engaging stakeholders in falls prevention and continue to collaborate with community partners on a number of committees that address older adult’s health and falls prevention. Some recent examples of collaboration include:

1. Older Adults Falls Prevention Committee, whose purpose is to identify, monitor, and communicate community trends and share falls prevention best practices to and from appropriate decision-making bodies.
2. Seniors Advisory Committee, where Public Health provided knowledge and expertise in alignment with the Region’s Seniors Strategy (e.g., age-friendly community design considerations from an injury prevention perspective, older adult’s injury and demographics data).
3. Waterloo-Wellington Local Health Integration Network (LHIN) Falls Prevention Steering Committee, which provides the opportunity to collaborate with neighbouring health units and organizations to develop falls assessment and prevention resources, share knowledge, and coordinate initiatives where possible.

Conclusions and Next Steps:

In order to reduce falls across the lifespan, particularly in anticipation of an increasing older adult population, Public Health is working to improve public awareness of the significant impact falls can have and what individuals and organizations can do to help prevent them.

Multi-stakeholder community collaborations have demonstrated that falls prevention efforts can be integrated into broader Public Health and/or Regional planning initiatives, such as physical activity promotion and accessible neighbourhood design. Public Health will continue to collaborate with community partners, internal departments, and other stakeholders to enhance, plan, and implement initiatives that will help prevent injury-causing falls across the lifespan.

Ontario Public Health Standards (OPHS) Requirements:

Injury and Substance Misuse (ISMP) Requirements 2 and 3:

Health Promotion and Policy Development

2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and programs, and the creation or enhancement of safe and supportive environments that address falls across the lifespan.

3. The board of health shall use a comprehensive health promotion approach to increase the capacity of priority populations to prevent injury by:

- a. Collaborating with and engaging community partners;
- b. Mobilizing and promoting access to community resources;
- c. Providing skill-building opportunities; and
- d. Sharing best practices and evidence for the prevention of injury

Corporate Strategic Plan:

Strategic Focus Area 4: Healthy and Inclusive Communities

Foster healthy living through information, education, policy development and health promotion

4.7. Collaborate with the community to support older adults to live healthy, active lives.

Financial Implications:

Public Health's involvement in injury prevention initiatives is funded within the department's base budget which is cost shared 75% by the provincial Ministry of Health and Long Term Care and 25% by the local tax levy.

Other Department Consultations/Concurrence:

Nil

Attachments:

None

Prepared By: **Kevan Marshall**, Public Health Planner, Injury and Substance Misuse Prevention

Amanda Kroger, Manager, Injury and Substance Misuse Prevention

Approved By: **Dr. Liana Nolan**, Commissioner/Medical Officer of Health



Report: CSD-HOU-15-09

Region of Waterloo
Community Services
Housing Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: May 26, 2015

File Code: S13-30

Subject: **Community Homelessness Prevention Initiative Funding Allocation**

Recommendation:

For information.

Summary:

A detailed background report on the Community Homelessness Prevention Initiative (CHPI) was brought forward to Council February 24, 2015 (CSD-HOU-15-04). This report included progress on CHPI implementation over 2014/15, and plans for activity and investment for 2015/16, while waiting for the Ministry of Municipal Affairs and Housing (MMAH) to confirm the CHPI funding allocation and the Investment Plan template.

This report provides follow-up, confirming the CHPI funding allocation. The Province had been considering a new funding model but have now confirmed they will be maintaining the existing 100% provincial funding level of \$9.310M to Waterloo Region for each of the 2015/16 and 2016/17 fiscal years (see letter attached as Appendix A). This report also confirms that the required annual Investment Plan has been submitted to the Ministry of Municipal Affairs and Housing (MMAH) by the revised deadline of May 15, 2015.

Report:

1.0 Background

CHPI was implemented January 1, 2013, as a consolidation of five previous homelessness programs with a three year (2013-2016) implementation period. The

initiative is 100% provincial funding, provided through MMAH, and administered by the Region as Service Manager, to prevent homelessness and to support people to find and retain housing.

2.0 CHPI 2015/16 Allocation and Investment Plan

At the time of the February 24, 2015 CHPI report to Council (CSD-HOU-15-04), MMAH had not yet provided the 2015/16 CHPI funding allocation or the Investment Plan template. Typically this information would be provided the previous fall. However, since the fall of 2015, MMAH had been exploring an updated funding model for CHPI across the Province. MMAH informed the Region on February 10, 2015 that they were preparing the funding allocation and an updated Investment Plan template. Given the late notice, they would be extending their Investment Plan submission deadline from February 15 to a later date.

A letter from MMAH confirming the CHPI 2015/16 allocation was received by the Region March 30, 2015 (see Attachment A). The letter identifies that the Region will receive \$9.310M in each of 2015/16 and 2016/17 fiscal years, the same amount received in 2014/15.

The letter also confirmed the Investment Plan submission deadline of May 15, 2015. The 2015/16 CHPI Investment Plan outlines how CHPI funding will be allocated over this period within the four CHPI Service Categories and for administration to fulfill the Service Manager role. The Annual Investment Plan is approved by the Commissioner of Community Services as delegated by Council (SS-13-005) and has been submitted to MMAH for the submission deadline of May 15, 2015.

At \$9.310, CHPI accounts for 77 percent of the overall \$12.23M in homelessness funding in Waterloo Region (with the remainder through the federal Homelessness Partnering Strategy at \$466,805 and Region 100 percent levy funding at \$2.102M). Locally CHPI funds emergency shelters, supportive housing, Lutherwood Housing Resource Centres in Kitchener and Cambridge, the Rent Fund, and \$500,000 towards Discretionary Benefits for rental arrears and emergency energy assistance through the Waterloo Region Energy Assistance Program (WREAP).

Corporate Strategic Plan:

Implementing CHPI in Waterloo Region is consistent with Focus Area 4: Healthy and Inclusive Communities: to “reduce inequities and enhance community health, safety, inclusion and quality of life”; and specifically, Strategic Objective 4.5 to “work collaboratively to increase the supply and range of affordable housing and reduce homelessness”.

Financial Implications:

CHPI is 100% provincial fiscal year funding (April – March) through MMAH and can only be used for operating expenses. The CHPI 2015/16 allocation is \$9.310M. Up to 10 percent of this funding can be used for administration. A total of 8.5 percent in Administration expenditures are planned to fulfill the Service Manager role and support the final year of CHPI implementation.

Other Department Consultations/Concurrence:

Staff from Corporate Services, Treasury Services has been consulted in the preparation of this report.

Attachments

Attachment A CHPI Allocation Letter

Prepared By: Marie Morrison, Manager Community Homelessness Prevention
Deb Schlichter, Director, Housing Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services

Attachment A CHPI Allocation Letter

Ministry of
Municipal Affairs
and Housing

Assistant Deputy Minister's Office

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March 30, 2015

Ms. Deb Schlichter
Director, Housing Services Division
Regional Municipality of Waterloo
99 Regina Street South - 5th floor
Waterloo, ON N2J 4G6

Dear Ms. Schlichter:

I am writing to provide you with details of your 2015-16 and 2016-17 funding allocations under the Community Homelessness Prevention Initiative (CHPI).

The ministry has decided to maintain the current funding allocation model for 2015-16 and 2016-17. This approach will provide stability to Service Managers in the short-term as funding levels will remain the same as the previous year. This approach will also allow the ministry to consider the outcomes of the Expert Advisory Panel on Homelessness, as well as the update to the Long-Term Affordable Housing Strategy planned for 2015-16, on a funding allocation model for future years.

As such, for planning purposes, the CHPI allocation for the Regional Municipality of Waterloo for 2015-16 and 2016-17 is expected to be \$9,310,000, as indicated in the table below:

2015-16 Funding Allocation	2016-17 Planning Allocation
\$9,310,000	\$9,310,000

Please note that your CHPI planning allocations are contingent on provincial budget approvals. You will be notified if there are any changes to your CHPI planning allocations once we receive the respective approved budget for each year.

As per the CHPI Program Guidelines, Service Managers are required to submit an annual CHPI Investment Plan outlining how they plan to use their CHPI allocation for the upcoming year.

Due to the timing of the release of the 2015-16 CHPI allocation, the submission deadline for Service Managers' CHPI 2015-16 Investment Plans has been extended to **May 15, 2015**. Please use the above 2015-16 CHPI planning allocation to complete the 2015-16 Investment Plan. The ministry will be distributing a 2015-16 Investment Plan template to Service Managers shortly.

Furthermore, to ensure continuity of services at the local level, the ministry will be advancing the first CHPI payment for 2015-16 to Service Managers in early April 2015. The amount for this payment will be the first quarter amount based on four equal instalments of the Service Manager's allocation. Future payments for 2015-16 are contingent on the Service Manager submitting their 2015-16 Investment Plan by May 15, 2015.

1

Please note that the 2016-17 Investment Plan will be due by February 15, 2016. Please use your 2016-17 planning allocation to complete this Investment Plan. The CHPI Program Guidelines indicate that for the fiscal year beginning April 1, 2016, Service Managers will be expected to develop a three-year Investment Plan for subsequent years. The ministry intends to consider whether future Investment Plans will be required for a three-year period.

If you have any questions or require additional information, please contact your regional Municipal Services Office (MSO) Team Lead.

Once again, thank you for your participation in the CHPI. I look forward to continuing to work with you as we implement the program.

Sincerely,



Janet Hope
Assistant Deputy Minister
Housing Division

cc. Douglas E. Bartholomew-Saunders, Commissioner of Social Services, Regional Municipality of Waterloo
Tony Brutto, Team Lead, Regional Housing Services, Municipal Services Office - Western
Ravi Bhusia, Manager, Program Delivery - Toronto & West Unit, Housing Programs Branch
Brent Whitty, Manager, Housing Programs Branch
Alicia Yurichuk, Manager, Housing Funding and Risk Management Branch



Report: CSD-SEN-15-05

Region of Waterloo
Community Services Department
Seniors' Services

To: Chair Geoff Lorentz and Members of the Community Services Committee

Date: May 26, 2015

File Code: S06-80

Subject: Sunnyside Home Medical Director's Report 2014

Recommendation:

For information.

Summary:

Nil.

Report:

Seniors' Services works collaboratively with the community to plan, support and operate long-term care, community programs and services to support seniors living in Waterloo Region. Sunnyside Home, the Region's not-for profit Long-Term Care Home, provides professional and supportive services for 263 residents with physical or mental health or end-of-life conditions. Sunnyside Home is Accredited with Exemplary Standing from Accreditation Canada and is part of a continuum of care for seniors in Waterloo Region. Other services delivered by the Seniors' Services division include Community Alzheimer Programs, affordable supported living, Convalescent Care (25 beds), respite care (2 beds), community homemaking and nursing services, integrated assisted living services and a Seniors' Wellness Centre. The division also provides planning support and expertise for Regional services impacting seniors.

This report summarizes the inter-disciplinary and medical activities at Sunnyside Home over the past year. Dr. Fred Mather's leadership as Medical Director and as Chair of the Professional Advisory Committee, and his provincial involvements in the Long-Term Care initiatives, contribute to setting a high standard of care and quality of life for Sunnyside Home residents. Sunnyside Home offers programs that support a provincial

initiative for residents to live in the community longer.

Corporate Strategic Plan:

The service provided by the Medical Director and the other physicians at Sunnyside Home supports the Region's 2011-2014 Corporate Strategic Plan, Focus Area 4: Healthy, safe, inclusive and caring communities; Objective 4.7: (to) collaborate with the community to support older adults to live healthy, active lives.

Financial Implications:

Nil

Other Department Consultations/Concurrence:

Nil

Attachments

Appendix A: Sunnyside Home Annual Medical Director's Report 2014

Prepared By: Helen Eby, Administrator, Resident Care

Connie Lacy, Director, Seniors' Services

Approved By: Douglas Bartholomew-Saunders, Commissioner, Community Services

Appendix A

Sunnyside Home Annual Medical Director's Report 2014-2015

This report summarizes the improvements and accomplishments for medical care at Sunnyside Home over the past year, as well as the goals for the year ahead.

Improvements and achievements made through 2014 included:

1. Review of Nurse-led Outreach Team transfers to hospital
2. Application made to participate in the Physician Services Committee on prescribing patterns in long term care
3. Review of use of antipsychotics in long term care
4. Education completed on the handling of cytotoxic medication
5. Clinical staff acquired access to Clinical Connect
6. Reduction in the number of falls and fractures
7. Staff education on osteoporosis and prevention of fractures
8. Expansion of the Convalescent Care beds from ten to twenty-five and greater involvement of the attending physician in the interdisciplinary team
9. Evaluation of the Convalescent Care Program
10. Active education programs including physicians, nurse practitioners, pharmacy students, nurses and personal support workers
11. Development of the first Annual Quality Improvement Plan

These are the goals and objectives for 2015 - 2016:

1. Focus on the quality indicators contained in the Quality Improvement Plan
2. Review the use of psychotropic medications, which include antipsychotics and benzodiazepines
3. Review the performance indicator for pain management
4. Develop and initiate International Normalized Ratio (INR) medical directive
5. Participate in the "Making the Most of Mealtimes" research study
6. Ongoing participation in the Congestive Heart Failure study
7. Participate in the Ontario Telemedicine Network (OTN) initiative and its application for clinical purposes

The remainder of the report will be (i) an update on the Convalescent Care Program, (ii) a review of performance measures, (iii) an introduction to the Quality Improvement Plan and (iv) information about the activities of the Medical Director.

The Convalescent Care Program (CCP), like respite care, is part of the Short Stay Program (SSP) under the Long-Term Care Homes Act. Convalescent care gives the person the opportunity to restore their strength, endurance and functioning in order to

return to their residence, or the highest possible level of independence. “CCP residents generally have higher acuity levels than long-stay Long-Term Care residents and require a mix of services with a strong rehabilitative focus.” (LTCHA, 2007)

The CCP began as six beds in 1996 and expanded from ten to twenty-five beds in the later months of 2013. This expansion supports Ontario’s *Living Longer, Living Well* report that supports “the local delivery of health, social, and community services with a focus on helping older Ontarians to remain healthy and stay at home longer.” Sunnyside Home provides the only CCP beds in the Waterloo-Wellington LHIN. There were 129 discharges from Convalescent Care in 2014, the first full year of the expanded program. One hundred and five of these discharges (81.4%) returned to the community, with or without Community Care Access Centre (CCAC) services. Like the other community programs at Sunnyside, including Supportive Housing, Community Alzheimer Day Programs, and the Wellness Centre, the CCP supports independence of the frail elderly in the community.

A high degree of transparency and accountability is required of Long-Term Care Homes because of the vulnerable individuals requiring care. Three measures of transparency and accountability follow: (i) the Long-Term Care Home Quality Inspection Program (LQIP), (ii) Health Quality Ontario (HQP) quality indicators and (iii) the opinions of our residents and families.

The LQIP assures that all Ontario homes are inspected at least once a year. Prior to last year most quality inspections were in response to complaints, concerns and critical incidences. As of January 30, 2015, all of Ontario’s 629 Long-Term Care Homes received a Resident Quality Inspection (RQI). For six days in May 2014 at Sunnyside Home, three inspectors interviewed thirty-one residents, three family members, seven RNs, four RPNs, nine personal support workers, one cook, two dietary aides, one maintenance staff, the management team and Presidents of the Residents Council and Family Council. The inspectors commented on how the Sunnyside staff team was approachable, helpful and forthcoming during the inspection.

Findings for the RQI are ranked based on severity of non-compliance. “Orders” are issued for the highest level of severity. “Written Notifications” and “Voluntary Plans for Correction” are issued for less severe findings. Sunnyside’s first RQI resulted in twelve Written Notifications with nine Voluntary Plans for Correction. This level of findings is considered by the Ministry of Health and Long-Term Care (MOHLTC) to be of low risk and below the MOHLTC reported provincial average. Since the 2014 inspection, the improvements required in the findings have been made.

A subsequent RQI inspection was completed at the end of March, 2015 resulting in two Written Notifications with two Voluntary Plans for Correction. It is noted that these findings were related to operational rather than resident care concerns and have been addressed by Sunnyside staff. These findings place Sunnyside Home significantly below the reported provincial average of two Orders and twelve Written Notifications. The RQI reports are available on-line at <http://www.publicreporting.ltchomes.net>.

Quality indicators (QI) for Long-Term Care Homes are reported by Health Quality Ontario (HQO), at <http://www.hqontario.ca/public-reporting/long-term-care>. As presented last year, the four quality indicators are:

1. Falls,
2. Incontinence,
3. Pressure ulcer and
4. Use of restraints

The data for these indicators are collected by the Canadian Institute of Health Information and reported by HQO. A large number of the CCP admissions have had a fall, often with a fracture, before coming for convalescence. These individuals are at high risk for recurrent falls. The statistics for CCP cannot be separated from the data of the entire home.

For 2013 – 2014, there are improvements for pressure ulcers and restraint use. An increase in falls is attributable to the increase of short stay residents in CCP. The indicator reports a fall that occurred in the last 30 days. The data for these residents cannot be separated from other areas of the facility. There is a significant discrepancy between Sunnyside's level of continence and the provincial average. This is explained by documentation practices and will be addressed in the inaugural quality improvement plan.

High quality, integrated care for all patients, clients and residents is embedded in the Excellent Care of All Act (2010). Ontario's Action Plan for Health Care is the blueprint for change in health care. The Quality Improvement Plan is the enabler for this change. Priority QIP indicators for Long-Term Care Homes are:

- Falls
- Pressure ulcers
- Restraints
- Incontinence
- Appropriate prescribing
- Resident experience
- Avoidable emergency department visits

The Quality Improvement Plan was submitted to HQO on April 1, 2015. The goal is to maintain current standing where there is excellence and improvements with other quality indicators. A challenge will be maintaining our high standing in resident experience: “Receiving and utilizing feedback regarding resident experience and quality of life—having a voice”. In 2014, 100% of the residents and 93% of families rated Sunnyside Home as an “excellent” or “good” place to live.

The Medical Director is active in provincial and national Long-Term Care activities. Last year, the six day Medical Director Training course was completed. He is Vice President of the Ontario Long-Term Care Physicians and chairs the Planning Committee for the annual three day conference. On behalf of the Long-Term Care Medical Directors of Canada, he is part of a sub-committee to make application for Long-Term Care Medicine to be a “Community of Practice” of the College of Family Physicians of Canada.

Fred Mather MD



Report: PDL-CUL-15-11

Region of Waterloo

Planning, Development and Legislative Services

Cultural Services

To: Chair Lorentz and Members of the Community Services Committee

Date: May 26, 2015

File Code: R-07-02

Subject: Public Art in the ION Rapid Transit Corridor

Recommendation:

That the Regional Municipality of Waterloo endorse the proposed approach for incorporating permanent place-making public art at selected ION Rapid Transit Stops, in Cambridge, Kitchener and Waterloo, including an enhanced community engagement process, as outlined in Report PDL-CUL-15-11, dated May 26, 2015.

Summary:

The Region of Waterloo, in collaboration with Area Municipalities and the Creative Enterprise Initiative (CEI), has begun planning for the incorporation of public art in the ION Rapid Transit Corridor. This work is being divided into two related undertakings: encouraging public art in the broader Central Transit Corridor (CTC); and the inclusion of art and culture in the ION infrastructure project.

Research and discussions are underway on potential options for a long-term approach to promoting and funding public art in the CTC. This work will result in a public art strategy or guideline that would outline a collaborative corridor-wide approach to public art within the CTC.

With respect to the ION infrastructure project, the Public Art Advisory Committee (PAAC) has developed a potential approach to incorporating permanent, place-making public art into the LRT portion of the ION project. Based on the number of pieces to be commissioned at one time, and the desire for the process to be a means of community building, the Committee supports the selection of site specific public art for seven prioritized LRT station stops, using an enhanced public art community engagement and artist selection process.

If the proposed approach outlined in this report is endorsed by Regional Council, a consultant would be engaged to further refine the process and facilitate the public consultation. The anticipated timeline is, the fall of 2015 - consultant facilitated community workshops, preceded by an information report to Council, spring 2016 – Call to Artists containing stakeholder input, summer 2016 – development of options for individual art pieces with community input, fall 2016 – Artworks recommended to Council and 2017 – Artworks created and installed.

Along the aBRT portion of the ION Project, two locations for public art have been identified at the Cambridge Centre Terminal and the Ainslie Street Terminal. These are independent projects which will follow the Region's public art commissioning process. The Hespeler Road Grade Separation banner project also provides an opportunity for public art along the route.

In addition to commissioning public artworks, Cultural Services staff will work with Rapid Transit staff, Area Municipal staff, and community stakeholders on several additional arts and culture related initiatives, including design-related site improvement projects at specific ION stops, review of anchor wall designs and organization of construction milestone celebrations, cultural animation and temporary public art along the ION route.

Report:

Public Art provides many social, cultural and economic benefits. Artworks can be stimulus for place-making, allow for community collaboration, provide opportunities for artistic expression, foster community-identity, encourage a sense of ownership and responsibility for the artwork and public infrastructure and enrich economic development efforts.

In planning for the ION Rapid Transit Project, the Region undertook a Community Building Strategy (CBS), with the aim of assisting with shaping the Region's growth and development in the Central Transit Corridor (CTC). This planning document outlined eight community building opportunities, one of which was "Creating a Great Place to Live". As part of creating a great place to live, the CBS recommended that the Region, in consultation with Area Municipal and community partners, develop a Public Art Strategy for the CTC.

To date, through the work of the Public Art Advisory Committee (PAAC), and in consultation with the Cities of Cambridge, Kitchener and Waterloo, and the Creative Enterprise Initiative (CEI), the Region has begun planning for the incorporation of public art in the ION Rapid Transit Corridor.

This work is being divided into two related undertakings, encouraging public art in the broader CTC and the inclusion of art and culture in the ION infrastructure project.

Public Art in the CTC

In collaboration with Area Municipalities and the CEI, the Region has initiated an inventory of existing and potential public artworks in the CTC, and begun research and discussions on options for a long-term approach to promoting and funding public art in the CTC. This work
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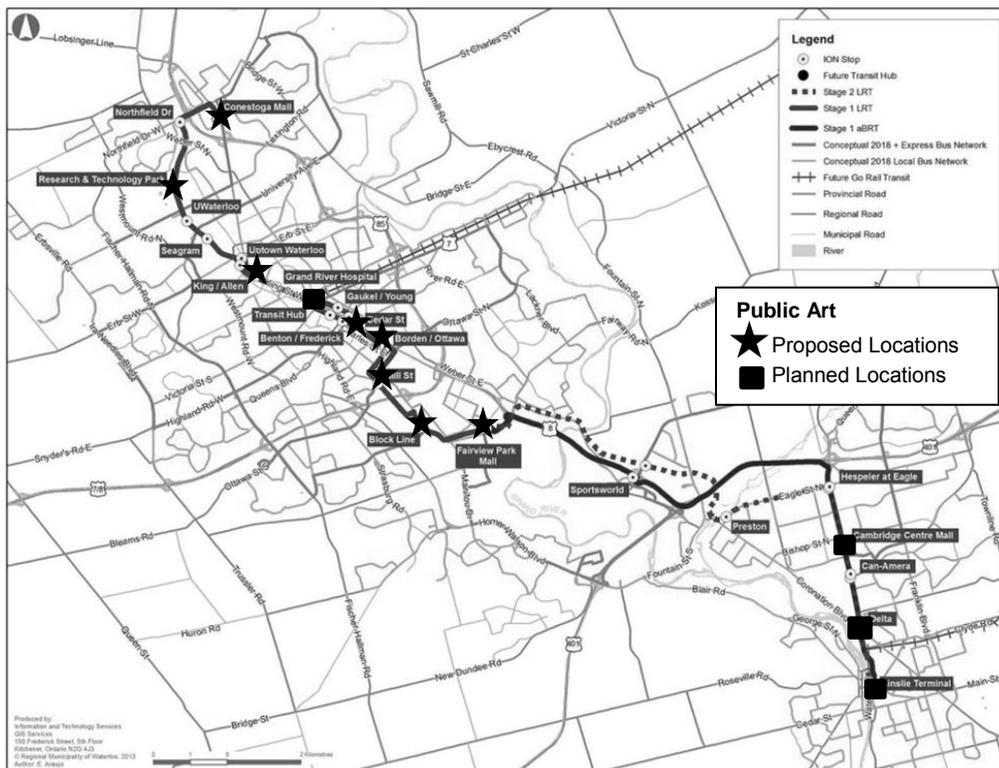
will result in a public art strategy or guideline that would outline a collaborative corridor-wide approach to public art within the CTC.

Potential Approach for ION Public Art

The PAAC has developed a potential approach to incorporating permanent, place-making public art into the LRT portion of the ION project, and is considering options for including public artworks at specific locations along the aBRT portion of the ION Project and at the King Central Transit Hub.

PAAC has researched and discussed various approaches to incorporating public art in the ION Rapid Transit project, and based on the desire for the artwork to be a means of place-making and community building, the Committee supports the selection of site specific public art for prioritized locations along the ION route and the enhancement of the existing public art community engagement and artist selection process.

PAAC is suggesting that the Region commission a significant permanent public artwork at seven of the ION Stops, namely Conestoga Mall, R&T Park, Grand River Hospital, Cedar Street, Mill Street, Blockline Road and Fairview Park Mall. These locations have been chosen based on the opportunity for the artwork to be place-making and community building, the presence of existing and potential artwork and the available physical space at the ION stop. The public artwork would be either free standing or wall-based pieces. The evaluation matrix which shows the assessment of the ION LRT Stops for the potential inclusion of public art is attached.



It is expected that public art would also be incorporated as part of the Region's King Central Transit Hub project and at several additional high priority locations (i.e. Northfield Drive, University of Waterloo and Seagram Drive stops) through partnerships with Area Municipalities and adjacent property owners. Public art at the remaining eight LRT stops is a lower priority due to physical space restrictions and/or the prevalence of existing and potential public artworks in the area.

Along the aBRT portion of the route, two public art installations are planned. The commissioning of public art for the Cambridge Center Terminal is underway, and future public art at the Ainslie Street Terminal is being planned for in consultation with the City of Cambridge, and in conjunction with other public artworks being planned nearby. The Hespeler Road Grade Separation banner project also provides an opportunity for public art along the route.

Enhanced Public Art Commissioning Process

In recognition that the commissioning of seven public art projects at one time for the ION LRT stops is a significant project and a key opportunity for community building, PAAC has recommended an enhanced artwork selection process. The intent is to provide for greater community involvement in establishing themes and shaping the designs. In the adapted process, each of the seven ION artworks would have a location specific theme defined using input from community stakeholders. This approach would promote a strong connection to the local community, encourage a sense of ownership for both the art and the ION infrastructure, and provide an opportunity for community-based place-making.

An independent consultant would be contracted to undertake a facilitated community input process, with the results used to inform the Stage 1 Call for Artists proposals. Artists' submissions would be required to include a summary of the artists' related skills and experience, including experience working with community stakeholders, as well as a description of a range of site specific artwork concepts that reflect the community's input.

A jury selected by Regional Council would then match an artist with each ION stop, and during Stage 2 of the artwork selection process, the artists would work to refine two or three alternative artwork designs, with community input as agreed upon by the artist and key stakeholders. This approach of commissioning individual artworks from multiple artists who would each work with stakeholder input, would add variety in terms of materials, approaches, and expressions. Artists would present a minimum of two refined designs to the jury, who would select one artwork for each ION stop for final recommendation to Council.

If the proposed approach outlined above is endorsed by Regional Council, a consultant would be engaged to further refine the process and facilitate the public consultation. Information on the upcoming opportunity for community engagement on the public art project would be broadly communicated to the public.

The anticipated timeline is the fall of 2015 - consultant facilitated community workshops, preceded by an information report to Council, spring 2016 – Call to Artists containing stakeholder input, summer 2016 – development of options for individual art pieces with community input, fall 2016 – artworks recommended to Council and 2017 – Artworks created and installed.

In addition to commissioning public artworks, Cultural Services staff will work with Rapid Transit staff, Area Municipal staff and community stakeholders on several additional arts and culture related initiatives including design-related site improvement projects at specific ION stops, review of anchor wall designs and organization of construction milestone celebrations, cultural animation and temporary public art.

Area Municipal Consultation/Coordination

The Region works in partnership with Area Municipal staff in the promotion of Public Art Projects and Programs throughout the Region, and has met with Kitchener, Waterloo and Cambridge staff and Arts and Culture Advisory Committee to discuss public art in the CTC.

Corporate Strategic Plan:

This public art project supports Focus Area 2 and the specific action of “promote and enhance arts, culture and heritage”.

Financial Implications:

The cost of the initial consulting for the ION LRT Public Art Project would be covered by the existing cultural services budget.

The suggested budget for public artwork for the ION project is being estimated at \$50,000 to \$80,000 per artwork. Assuming that there would be public art installed at seven ION stops, the budget for the project would be \$350,000 - \$560,000.

As approved by Regional Council during the budget process in 2003 and 2008, major Regional capital projects contribute \$30,000 towards a public artwork, which is then topped up through the Public Art Reserve Fund. The ION Rapid Transit Project would contribute \$210,000 from the project’s capital budget that would go towards funding the seven public artworks recommended for incorporation into the infrastructure project.

The Public Art Reserve Fund has an additional \$224,000 that could be made available for the commissioning the ION related artworks. At the beginning of 2015, \$486,000 was held in the Public Art Reserve Fund. Of these funds, \$106,000 is earmarked for the Cambridge Centre and Former County Courthouse public art projects, \$105,000 for other anticipated but not yet approved artworks at Regional facilities and \$51,000 for the ongoing maintenance of the public art collection and the Region’s art rental program.

The combined contributions from the ION project's capital budget and the Public Art Reserve Fund are sufficient to cover the cost of the proposed public art project.

Other Department Consultations/Concurrence:

Cultural Services staff is working closely with Rapid Transit, Transit Planning and Community Planning staff on all aspects of this Public Art project. The future opportunity for public consultation on the ION public art project was introduced at the ION anchor wall public consultation centres as outlined in Report TES-RTS-15-05, Public Consultation Centres for ION Stop Anchor Wall Designs.

Attachments:

Attachment 1 - Assessment of ION LRT Stops for the Potential Inclusion of Public Art

Prepared By: Kate Hagerman, Cultural Heritage Specialist

Approved By: Rob Horne, Commissioner, Planning, Development and Legislative Services

Attachment 1 - Assessment of ION LRT Stops for the Potential Inclusion of Public Art

ION LRT Stops	Good Location for Place-making / Community Building	Limited Existing Public Art Nearby	Limited Potential for Adjacent Public Art	Physical Space Available at ION Stop	Public Art Recommended
Conestoga Mall	√	√	√	√	√
Northfield Drive	√	√			
R&T Park	√	√		√	√
University of Waterloo	√	√			
Seagram Drive		√			
Willis Way					
Waterloo Town Square					
Allen Street	√	√	√		
Grand River Hospital	√	√	√	√	√
Transit Hub	√	√		√	√ (Planned)
Gaukel Street					
Benton Street			√		
Young Street					
Frederick Street			√		
Cedar Street	√	√	√	√	√
Borden Avenue	√	√	√		
Mill Street	√	√	√	√	√
Blockline Road	√	√	√	√	√
Fairview Park Mall	√	√	√	√	√

- Notes:
- ION stops noted as good locations for place-making/community building include stops where the introduction of public art would have a significant impact on the location's sense of place and/or provide a community landmark.
 - The location of existing public artworks and the potential for additional public artworks planned in partnership with and/or by others adjacent to the ION route were considered in making these recommendations.
 - Physical space available for public art at ION stops includes adjacent landscaped areas, retaining walls, and/or platform areas beyond the standard ION stop footprint.
 - Public art installations in Cambridge are planned, and so are excluded from this chart.

Council Enquires and Requests for Information				
Community Services Committee				
Meeting date	Requestor	Request	Assigned Department	Anticipated Response Date
05-May-15	G. Lorentz	That staff provide a report on harm reduction activities, specifically a review of the most used disposal sites, how often they are emptied, and cost of tamper proof disposal units	Public Health and Emergency Services	Fall 2015