



Media Release: Friday, September 11, 2015, 4:30 p.m.

## **Regional Municipality of Waterloo**

### **Community Services Committee**

#### **Agenda**

Tuesday, September 15, 2015

9:00 a.m.

Regional Council Chamber

150 Frederick Street, Kitchener

- 
- 1. Declarations of Pecuniary Interest under The Municipal Conflict Of Interest Act**
  - 2. Delegations**
  - 2.1 [CSD-EIS-15-09](#), Emergency Food Hamper Distribution System (Information) 5**
    1. Wendi Campbell, The Food Bank of Waterloo Region, and Pat Singleton, Cambridge Self-Help Food Bank

#### **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**

- 4.1 CSD-EIS-15-11**, 2015-16 Ontario Works Service Plan 7

**Recommendation:**

That the Regional Municipality of Waterloo approve the 2015-16 Ontario Works Service Plan;

And that the approved draft be forwarded to the Ministry of Community and Social Services for approval as outlined in report CSD-EIS-15-11, dated September 15, 2015.

- 4.2 CSD-HOU-15-20**, Waterloo Region Energy Assistance Program (WREAP) Update (Information) 11

- 4.3 PHE-15-05**, Infectious Diseases in Waterloo Region: Surveillance Report 2014 (Information) 17

- 4.4 PHE-PSV-15-08**, Paramedic Services Performance Measurement Report – January to June 2015 (mid-year) (Information) 24

- 4.5 PDL-CUL-15-14**, Public Art Advisory Committee - Proposed Revisions to Terms of Reference 32

**Recommendation:**

That the Regional Municipality of Waterloo approve the revised Terms of Reference for the Public Art Advisory Committee, as described in Report No. PDL-CUL-15-14, dated September 15, 2015.

<b>Regular Agenda Resumes</b>
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**5. Reports - Community Services**

- 5.1 CSD-CHS-15-12**, Provincial Wage Enhancement Initiative 40

**Recommendation:**

That the Regional Municipality of Waterloo endorse the recommendations for changes to the Provincial Wage Enhancement Initiative as described in CSD-CHS-15-12 dated September 15, 2015;

And that a copy of the report be forwarded to the Minister of Education, the Early Years Division of the Ministry of Education; the Association of Municipalities Ontario (AMO) and the Ontario Municipal Social Services Association (OMSSA).

**Reports - Public Health and Emergency Services**

**5.2** **PHE-IDS-15-08**, Immunization of School Pupils Act Enforcement for the 2015-2016 School Year (Information) 44

**6. Information/Correspondence**

**6.1** Council Enquiries and Requests for Information [Tracking List](#) 52

**7. Other Business****8. Next Meeting – October 6, 2015****9. Motion to go into Closed Session**

That a closed meeting of Administration and Finance and Planning and Works Committees be held on Tuesday, September 15, 2015 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) labour relations and receiving of advice that is subject to solicitor-client privilege
- b) receiving of advice that is subject to solicitor-client privilege related to an agreement
- c) receiving of advice that is subject to solicitor-client privilege related to an agreement and proposed or pending acquisition of land in the Cities of Cambridge, Kitchener and Waterloo
- d) receiving of advice that is subject to solicitor-client privilege related to an agreement
- e) receiving of advice that is subject to solicitor-client privilege related to an agreement

**10. Adjourn**





**Report:** CSD-EIS-15-09

**Region of Waterloo**  
**Community Services Department**  
**Employment and Income Support**

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

**Date:** September 15, 2015

**File Code:** S16-80

**Subject:** Emergency Food Hamper Distribution System

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**Recommendation:**

For Information

**Summary:**

Nil

**Report:**

At the April 14, 2015 Community Services Committee Meeting, staff were directed to consult with agencies funded through the Emergency Food Hamper program to explore additional options for distribution and report back further information. There are currently six agencies that receive funding from the Region of Waterloo including: The Cambridge Self-Help Food Bank, House of Friendship of Kitchener, The Salvation Army – Cambridge, The Salvation Army – Kitchener, Wilmot Family Resource Centre Inc., and Woolwich Community Services.

The Emergency Food Hamper program, is part of a larger food assistance system called The Food Assistance Network that includes 100 food assistance programs along with The Cambridge Self-Help Food Bank and the Food Bank of Waterloo Region. The Food Assistance Network has indicated that there are currently 55 distribution points in Waterloo Region for food assistance. This group works together to:

- Manage the food assistance system
- Ensure the system is equitable
- Maximize efficiency and effectiveness

- Communicate and collaborate
- Develop service guidelines
- Advocate

“Link2Feed”, a cloud-based client intake and reporting software designed exclusively for the food banking industry, will be implemented across the Food Assistance Network by the end of 2015 and will result in a more streamlined collection and management of data. The result will be opportunities for increased strategic distribution planning.

Members of the Food Assistance Network will be present at today's meeting to provide further information about the current food distribution system.

**Corporate Strategic Plan:**

This initiative aligns with the Region's 2011-2014 Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities; Strategic objective 4.1 (to) work collaboratively to reduce poverty.

**Financial Implications:**

The 2015 budget for Emergency Food Hampers totals \$700,000 and forms part of the Region's Discretionary Benefits Program. The Discretionary Benefits program is funded by a combination of provincial 100% and cost shared funding as well as 100% regional funding.

**Other Department Consultations/Concurrence:**

Nil

**Attachments**

Nil

**Prepared By:** **Barbara Cardow**, Interim Manager, Social Development Programs

**Carolyn Schoenfeldt**, Director, Employment and Income Support

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



**Report:** CSD-EIS-15-11

**Region of Waterloo**  
**Community Services Department**  
**Employment & Income Support**

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

**Date:** September 15, 2015

**File Code:** S14-20

**Subject:** 2015-16 Ontario Works Service Plan

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**Recommendation:**

That the Regional Municipality of Waterloo approve the 2015-16 Ontario Works Service Plan;

And that the approved draft be forwarded to the Ministry of Community and Social Services for approval as outlined in report CSD-EIS-15-11, dated September 15, 2015.

**Summary:**

The Ministry of Community and Social Services requires the development and submission of a full Service Plan in the first year (2015) of a two year approval cycle, and updated in the second year (2016) as part of the budget process.

**Report:**

**1.0 Background**

Ontario Works provides two types of assistance: employment services and basic financial assistance. The goal of the Ontario Works (OW) program is to assist participants to find sustainable employment. The mandate is to provide temporary financial assistance to people in need to enable them to obtain sustainable employment. Eligibility for financial assistance and the amount granted are based on a financial assessment and participation in employment related activities. In order to receive financial assistance, applicants enter into a participation agreement which includes an individualized employment plan (unless there is an approved reason to be deferred from participation).

The Region of Waterloo is one of forty-seven Consolidated Municipal Service Managers (CMSMs) or District Social Services Administration Boards (DSSABs) in the Province of

Ontario. Community Services, through Employment & Income Support, provides financial assistance under the Ontario Works Act to persons in need to cover the costs of food, shelter and clothing. Additional financial support is provided through the discretionary benefits program for some items, such as vision, dental and medical services for Ontario Works participants and persons with low income. A range of services which assist people to find employment are purchased or directly delivered by Employment & Income Support.

## **2.0 The Service Plan**

The Province requires that all CMSMs and DSSABs to submit an Ontario Works Service Plan every two years that summarizes service delivery information including service targets and strategies for the period covered by the Service Plan. The primary goal of service planning is to demonstrate how the range and type of services being provided will best serve Ontario Works participants. The intent is to link Provincial funding for Employment Assistance activities to employment outcomes. Once approved, the 2015-16 Service Plan will become part of the service description schedule of the Ontario Works service contract between the Region and the Province.

## **3.0 Key Directions for 2015**

Recovery from the implementation of Social Assistance Management System (SAMS) will continue to be an organizational driver for service delivery in 2015-16. Necessary data clean up from SAMS implementation will require dedicated staffing to reconcile payments, recover overpayments, bring deferred workload up-to-date in areas where the Province gave policy deferrals pending SAMS implementation and cleanse data. In addition, the submissions of financial and statistical claim forms have not occurred since the implementation of SAMS. Addressing this issue will be an important component of next steps towards normalization in 2015-16. Collaboration with the Province continues through various working groups and activities to assist with business recovery and technical system changes and updates.

Data requirements to render eligibility decisions at intake have increased in SAMS, particularly for new applications for assistance. While staff are more confident in the system and system fixes improve functionality, managing staffing levels will continue to be a challenge until SAMS is functioning as intended. Returning staff to previous business levels will include managing the backlog of work, including outstanding participation agreement updates. As the project transitions to regular operations, further review of existing processes will be needed provincially and locally to leverage efficiencies and ensure seamless customer service. This will be particularly evident with the anticipated introduction of Social Assistance Online, which is a client portal for reporting changes.

In addition, there are regional government initiatives that will impact the work of the division in 2015-16, including:

- Region of Waterloo 2015-18 strategic planning process;

- Regional Service Review;
- Review of Social Development Programs;
- Transit partnership for affordable transit
- Department and Divisional Restructuring

Financial constraints brought on by the changes to the funding of Discretionary Benefits will continue to be felt in the coming years.

At the same time, there are several Provincial initiatives that will impact the work of the division, including:

- SAMS normalization;
- Continuation of Supportive Approaches through Innovative Learning (SAIL) now incorporating other Regional divisions and departments;
- Participation in the Provincial Service Standards initiative;
- Follow up to the recommendations of the Commission for the Review of Social Assistance including input to a provincial “rate restructuring” exercise;
- Continued involvement and interest in the implementation of the Integrated Social Assistance Framework (ISAM) Framework;
- Introduction of the Ontario-wide debit card system for social assistance recipients;
- Provincial child dental program changes; and
- Ministry of Training, Colleges and Universities (MTCU) review of Employment programs.

Given the number of Regional and Provincial initiatives as well as the continuing business recovery from the implementation of SAMS, staff has set modest targets concerning employment outcomes for Ontario Works participants. For example one of the division’s priorities for 2015-16 is to revisit our client service pathway to ensure an employment -centered service that is adaptive to individual and labour requirements through a variety of strategic and evaluative initiatives. Currently the division offers industry specific job training or skills training programs to move clients towards employment.

#### **Corporate Strategic Plan:**

The 2015-2016 Ontario Works Service Plan supports the Region’s 2011-2014 Corporate Strategic Focus Area 4, Healthy and Inclusive Communities. In addition, the proposed activities will promote Focus Area 5, Service Excellence.

#### **Financial Implications:**

The 2015 Budget approved by Regional Council provides for the delivery of Ontario Works programs. The 2016 Budget will be considered by Council during the current budget process.

**Other Department Consultations/Concurrence:**

Finance was consulted in the development of the Service Plan; and provides support in reviewing program financial reports, conducting financial reviews and financial reporting to the Province.

**Attachments**

Attachment A                      2015-16 Ontario Works Service Plan

**Prepared By:**            **Melodie Klassen**, Social Planning Associate  
**Carolyn Schoenfeldt**, Director, Employment & Income Support

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



**Report:** CSD-HOU-15-20

**Region of Waterloo**  
**Community Services**  
**Housing Services**

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

**Date:** September 15, 2015

**File Code:** D27-80

**Subject:** Waterloo Region Energy Assistance Program (WREAP) Update

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**Recommendation:**

For information

**Summary:**

The Waterloo Region Energy Assistance Program (WREAP) program provides grants for energy arrears to low-income households. The eligibility criteria for WREAP have been changed to reduce a projected year-end program budget shortfall due to decreased external funding and increased demand. If current program trends and eligibility criteria remained unchanged, the projected deficit for December 31, 2015 would have been \$155,000. The savings due to these eligibility criteria changes are projected to be approximately \$115,000, leaving a year-end projected deficit of approximately \$40,000.

Previously, households were able to receive support up to \$1,000 or \$1,500 depending on their income source, and there was no limit to the number of times per year they could access this funding. Effective September 1, the total WREAP funding available per households was changed to \$500, and households will only be able to access the program once per year. On average, WREAP participants request \$500 each year to pay for their arrears, and extra supports will be given to the approximately 290 households who may require more than \$500 per year to assist with arrears. These changes have been communicated to funding partners, community agencies and households that have previously accessed WREAP grants.

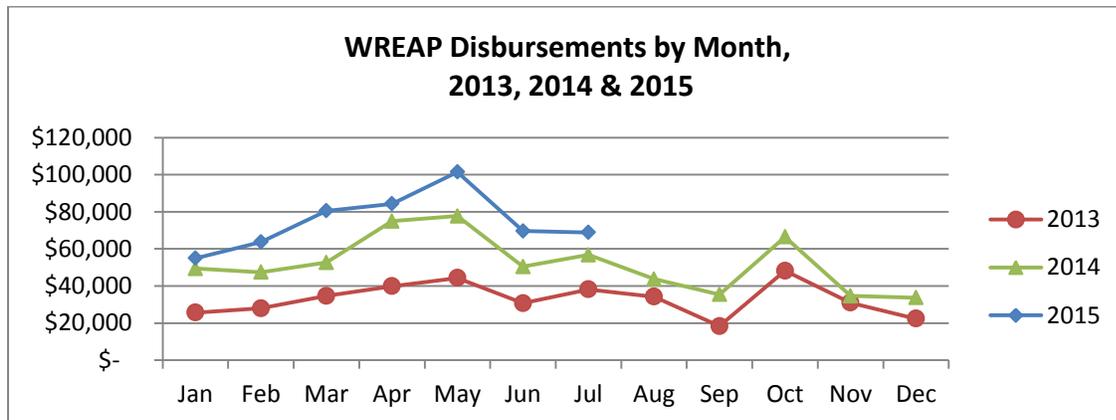
**Report:**

The Waterloo Region Energy Assistance Program (WREAP) provides grants for energy arrears to low-income households. The program is administered by the Region’s Employment and Income Support (E&IS) and Housing Services Divisions and is funded by local utility companies through the Low-Income Energy Assistance Program (LEAP), Union Gas through its Winter Warmth Program, the Provincial Government through the Community Homelessness Prevention Initiative (CHPI), and by Region of Waterloo Community Services through Ontario Works discretionary benefits.

The projected revenue from all sources for WREAP is \$659,954 for 2015. The Regional revenue contributions are \$200,000 from CHPI and \$172,000 from Discretionary Benefits (approximately 56% of total revenue). Over the past few years, the total amount of revenue for WREAP has decreased. This decrease is due primarily to a decline in available LEAP revenue from the external class action lawsuit settlement funds for three local utility companies. This is a finite amount of money that is close to depletion. Staff have met with local utility partners in June to request increasing LEAP revenue, and they have identified that additional funds are not available for 2015.

At the same time, demand for WREAP has increased significantly (see Table 1: Demand for WREAP Grants). The total amount of funding provided to households in 2014 through WREAP was \$623,147 (up 35% from \$461,608 in 2013). Demand has continued to rise in 2015. As of July 31, 2015, total program spending is at \$523,546 which represents a 28% increase over 2014 at the same time. Reasons for the increased program use identified by utilities and program staff include: colder than average winters, rising utility costs, increased awareness of the program, lack of affordable housing, and increases to cost of living.

Table 1: Demand for WREAP Grants



On average, WREAP participants request \$500 each year to pay for their arrears. The program criteria changes will impact around 290 participants who may require more

than \$500 per year to assist with arrears. Regional Employment and Income Support staff will support these households to increase their use of repayment arrangements, access pay direct options for utility bills, and provide information regarding budget-related counselling.

Financial pressures within WREAP will continue for the foreseeable future without significant program changes. Staff will continue to monitor program use and will be engaging in integrated planning to identify a longer term plan for a sustainable WREAP program in 2016 and beyond. The new Ontario Energy Support Program (OESP) launching January 1, 2016 will provide some assistance to low income households to cover energy costs. This program will provide a credit on electricity bills for households with annual income below the Low Income Measure (LIM). For a family of four, the credit would equal between \$34 and \$55 per month, depending on income and electricity needs.

### Corporate Strategic Plan:

Energy assistance programs support housing stability. Working to end homelessness in Waterloo Region is consistent with the Region's 2011-2014 Corporate Strategic Plan, Focus Area 4: Healthy and Inclusive Communities: to "foster healthy, safe, inclusive and caring communities"; and specifically, Strategic Objective 4.5 to "work collaboratively to increase the supply and range of affordable housing and reduce homelessness".

### Financial Implications:

The 2015 Budget for WREAP is \$659,954 and is funded from a number of sources, including the Region's Discretionary Benefits program. The following table summarizes the 2015 Budget, year to date expenditures and year end projection:

	2015			
	Budget	YTD July	Projected	Variance
Expenditures	\$659,954	\$523,546	\$699,954	\$40,000
Funding Sources:				
Winter Warmth Fund	\$33,804	\$33,804	\$33,804	\$0
LEAP	167,204	148,563	167,204	0
Settlement Funds	86,946	73,590	86,946	0
Discretionary Benefits				
CHPI Funding	200,000	200,000	200,000	0
Discretionary Benefits	172,000	67,589	212,000	40,000
Total Funding	\$659,954	\$523,546	\$659,954	\$40,000
Surplus/ (Deficit)	\$0	\$0	\$0	\$0

Based on the year to date expenditures and estimated program demand to year end, it

is projected that this program will be over budget by \$40,000 by year end. This over expenditure will be funded from the Region's Discretionary Benefits program. A Periodic Financial Report on year to date expenditures and year end estimates for the Region will be presented at the October 22 Administration and Finance Committee.

**Other Department Consultations/Concurrence:**

Staff from Finance, Corporate Services were consulted on the program criteria changes and the preparation of this report.

**Attachments:**

Attachment A: WREAP Changes Questions & Answers

**Prepared By: Deb Schlichter**, Director, Housing Services

**Carolyn Schoenfeldt**, Director, Employment & Income Supports

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

## Attachment A

## Question & Answer for WREAP Utility Partners

Effective September 1 to December 31, 2015

### What is changing about WREAP?

Maximum grant amounts are being reduced to \$500 per eligible household per year and households can access the program only once per year.

### When will changes take effect?

Changes are effective September 1, 2015 to December 31, 2016 and will be applied retroactively (e.g., if a household has already accessed the program in 2015, they will not be eligible for assistance again). We are still planning for WREAP in 2016 and beyond, but we anticipate that program eligibility and maximums will be similar in 2016.

### How was the \$500 limit determined?

External funding sources to the WREAP program, such as LEAP and Winter Warmth, also have a \$500 limit. Additionally, last year households accessing WREAP received an average of \$499 in grants to repay utility arrears.

### Why are these changes being made?

Program demand has increased significantly since 2013 to the point where demand exceeds revenue. To ensure the Region can meet the growing demand for the program and provide support to as many people as possible while reducing the projected deficit, changes have to be implemented in September.

### What other support is available for low-income households with arrears?

- Payment Plans:** Households who are not eligible for WREAP can work with their utility companies to make an arrears payment agreements. Electric utilities offer special rules for low-income customers that may allow for payment arrangements between 8 and 16 months (depending on the bill amount): <http://tinyurl.com/lowincomerules>. Kitchener Utilities and Union Gas also have payment plan options.
  - Households should contact their utility directly to discuss payment plan options.
- Free Energy Efficient Home Improvements:** Low-income tenants and homeowners may be eligible for free energy efficient home improvements that may reduce future bills:
  - SaveONenergy Home Assistance Program (Electric & Kitchener Utilities): 1-855-591-0877 (<http://www.greensaver.org/homeassistance-2/>)
  - Home Weatherization Program (Union Gas): 1-877-326-3488 (option 2) (<http://tinyurl.com/uniongashome>)

## Who can I contact with questions about WREAP?

### 1. Questions about utility bills and repayment options should be directed to individual utilities:

- Kitchener Utilities: 519-741-2450
- Kitchener-Wilmot Hydro: 519-743-3600
- Cambridge North Dumfries Hydro: 519- 621-3484
- Waterloo North Hydro: 519-886-5090
- Union Gas: 1-888-774-3111

### 2. Questions about eligibility for WREAP and applying for WREAP grants:

- If a household is receiving Ontario Works – speak with their caseworker
- If a household is not receiving Ontario Works – call the application line at 519-883-2100 and select option #1 to speak with an Intake Coordinator

Funding for **WREAP** is currently provided by:



CAMBRIDGE AND NORTH DUMFRIES HYDRO INC.



Community-Owned  
for over 100 Years



Waterloo North Hydro Inc.



Ontario



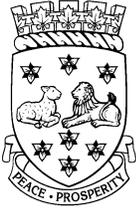
KITCHENER WILMOT  
HYDRO  
INC.



A Spectra Energy Company



Region of Waterloo



**Report:** PHE-15-05

## **Region of Waterloo**

### **Public Health and Emergency Services**

#### **Medical Office/Epidemiology and Health Analytics**

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

**Date:** September 15, 2015                      **File Code:** P03-80

**Subject:** **Infectious Diseases in Waterloo Region: Surveillance Report 2014**

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#### **Recommendation:**

For information.

#### **Summary:**

As per Ontario's Health Protection and Promotion Act (HPPA), certain infectious diseases must be reported to local public health units. This report presents highlights from the monitoring of reportable infectious diseases in Waterloo Region in 2014.

Overall, rates of most reportable diseases in Waterloo Region were consistent with or lower than provincial rates.

Key trends highlighted in the report include:

- Among enteric (e.g. intestinal) diseases, campylobacteriosis and salmonellosis were the most frequently reported infectious diseases. Waterloo Region rates of enteric diseases were similar or lower compared to those for all of Ontario. Travel was a main risk factor for several enteric diseases, accounting for many enteric cases.
- Chlamydia is the most frequent sexually transmitted infection (STI) and the most common reportable disease overall, with high rates in young adults 20 to 29 years of age. Rates are particularly high among 15 to 24 year old females. Local chlamydia rates have remained relatively stable over the last few years, and the 2014 rate was significantly lower than the provincial rate.
- The provincial rate of gonorrhoea has been increasing in recent years, and the local rate increased between 2013 and 2014, but remained similar to the

provincial rate. Reasons for the province-wide increase in rates are unclear, and are being studied by the provincial government. Rates were highest among 20 to 24 year olds, and reported risk factors among local cases included not using a condom and having multiple sexual partners.

- Region of Waterloo Public Health is specifically addressing high rates of chlamydia and other sexually transmitted infections among youth through the 'Waterloo Region Sexual Health Youth Strategy'.
- Influenza was the most common vaccine preventable disease for the 2014-2015 season, accounting for approximately three-quarters of vaccine preventable diseases reported in Waterloo Region. There was an elevated level of influenza activity and an increased number of influenza outbreaks in long-term care and retirement homes during the 2014-2015 season, although still within what can be expected for a busy influenza season. The local rate of influenza was lower than that for the province as a whole.
- Waterloo Region also experienced a busy season in terms of enteric outbreaks, most often due to norovirus-like illness, in daycares and long-term care homes in the 2014-2015 season, but still within what can be expected for an enteric season.
- Local rates of invasive pneumococcal disease (IPD) have been decreasing since 2012, which is similar to the trend observed for all of Ontario. In 2014, local IPD rates were similar to the provincial rate. The most common risk factors for IPD include having an underlying or chronic illness and being partially or fully unimmunized. Region of Waterloo Public Health is currently working to promote IPD immunization among priority and high-risk individuals through health care providers.
- After climbing steadily between 2009 and 2012, local rates of legionellosis have continued to decline, which is similar to the provincial trend. Local cases have been sporadic and not linked to an outbreak.
- Local rates of other infectious diseases were stable in 2014 compared to previous years and similar to those of the province.

## Report:

### Background

Infectious diseases (IDs) are illnesses caused by microorganisms such as bacteria, viruses and parasites which may cause serious illness or be transmitted to large numbers of individuals. In accordance with the Ontario Public Health Standards (OPHS), one of the mandates of local public health units in Ontario is to work on the prevention and control of infectious diseases of public health importance. As such, the purpose of this report is to assess Waterloo Region's rates of infectious diseases of public health importance and to monitor trends over time. This information will be used to aid in planning and evaluating evidence-based public health policies, programs,

interventions, and related services so as to mitigate the frequency and impact of infectious diseases in the local community. This report presents Waterloo Region's rates of reportable diseases for 2014, comparisons to the historical five-year average, and comparison of local rates to those of the province of Ontario. Basic epidemiology, exposure and risk factor information are also provided where appropriate.

## **Key Findings**

### **Overall**

In 2014 there were 2,937 cases of reportable infectious diseases in Waterloo Region. The top five infectious diseases reported in 2014 were chlamydia, influenza, gonorrhoea, campylobacteriosis and salmonellosis, which accounted for 73.9 per cent of all cases. Overall, the rates of most reportable diseases in Waterloo Region were consistent with or lower than provincial rates.

### **Enteric Diseases**

Among enteric (e.g. intestinal) diseases, campylobacteriosis and salmonellosis were the most frequently reported infectious diseases. Waterloo Region rates of enteric diseases were similar or lower compared to those for all of Ontario. While local rates of Hepatitis A were increased in 2014 compared to previous years due to travel-related cases, the rate in 2014 was not significantly higher than the provincial rate. In addition to hepatitis A, travel outside of the province was a common risk factor for amebiasis, cryptosporidiosis, giardiasis, salmonellosis, shigellosis and typhoid/paratyphoid fever. Travellers are reminded to follow good hand hygiene practices, avoid consumption of potentially contaminated food such as raw fruits and vegetables unless they have been washed, peeled or cooked, consume water that is potable, and avoid risky behaviours such as swimming in contaminated water. Region of Waterloo Public Health works to manage and control enteric diseases by following up on reported cases and their contacts, providing education regarding risk factors and prevention, and supporting long-term care homes, hospitals and daycares in the prevention and control of enteric outbreaks. Region of Waterloo Public Health also performs routine inspections of food premises, long-term care homes and retirement facilities, residential facilities, day nurseries, personal service settings, and recreational water facilities (e.g., public pools, hot tubs and splash pads). In addition, Region of Waterloo Public Health collaborates with federal and provincial partners to identify and remove sources of contaminated food products from the consumer marketplace.

### **Vector-borne and Zoonotic Diseases**

Vector-borne diseases (e.g., malaria, West Nile Virus, Lyme disease) and zoonotic diseases (e.g., rabies) are relatively uncommon in Waterloo Region. Similar to previous years, malaria was the most frequently reported illness in this category in Waterloo

Region. However, the local rate is declining, and was significantly lower than the provincial rate in 2014. There were no cases of West Nile Virus infection among residents of Waterloo Region in 2014, and no cases of Lyme disease acquired in the Region. Public Health carries out mandated programs to reduce the risk of exposure to Lyme disease and West Nile Virus through public education, investigation of suspect human cases, vector surveillance, and the implementation of vector control measures. Although rare, the possibility of human rabies acquired from animal bites continues to exist, as animals with rabies can be found on occasion in Waterloo Region. Given that rabies is usually fatal, prevention is most important. To prevent the transmission of rabies from animals to humans, Public Health follows-up on all reported potential human exposures to the rabies virus in a timely manner and dispenses post-exposure vaccine when appropriate to reduce the risk of human rabies.

### **Sexually Transmitted and Blood-borne Infections**

Among all sexually transmitted and blood-borne infections, chlamydia, gonorrhea and hepatitis C contributed the greatest number of cases in Waterloo Region in 2014. As in previous years, chlamydia remains the most common infectious disease in Waterloo Region overall, with high rates in young adults 20 to 29 years of age. Rates are particularly high rates among 15 to 24 year old females. Local chlamydia rates have remained relatively stable over the last few years, and the 2014 rate was significantly lower than the provincial rate. The most common risk factors reported by chlamydia cases in 2014 included not using a condom and having multiple sexual partners. Region of Waterloo Public Health is specifically addressing high rates of chlamydia and other sexually transmitted infections among youth through the 'Waterloo Region Sexual Health Youth Strategy'. This strategy involves partnership with several community stakeholders and outlines a multi-year action plan to promote healthy sexuality among youth in Waterloo Region, and to provide strategic direction for youth sexual health education, programs, and services. It focuses on three key focus areas: access to programs and services, education, and parents. Region of Waterloo Public Health also initiated a project to look at how to reduce incidence rates in our young adult (20 to 29 years of age) and other priority populations.

The rate of gonorrhea in Ontario has been increasing in recent years, and this trend has also been observed locally. The local rate of gonorrhea has been increasing since 2012, although rates in 2013 and 2014 have remained similar to those for the province as a whole. Reasons for the province-wide increase in rates are unclear, and are being studied by the provincial government. The most commonly reported risk factors for local cases of gonorrhea included not using a condom and having multiple sexual partners. The rate of infectious syphilis has also been gradually increasing over recent years primarily in men who have sex with men; although, local rates continue to be lower than that of the province. Rates of hepatitis B, hepatitis C, and HIV/AIDS all remained relatively stable and below those of the province. Region of Waterloo Public Health

continues to address sexually transmitted and blood-borne infections by providing free testing, treatment and counselling for STIs at sexual health clinics and by engaging in harm reduction strategies which include the provision of needle syringe programs and other related services at several locations in the region.

### **Vaccine Preventable Diseases**

Influenza was the most common vaccine preventable disease for the 2014-2015 season, accounting for approximately three-quarters of vaccine preventable diseases reported in Waterloo Region. There was an elevated level of influenza activity during the 2014-2015 season, although still within what can be expected for a busy influenza season, and the local rate was lower than that for the province as a whole. Region of Waterloo Public Health distributes vaccines to health care providers and provides influenza immunization clinics by appointment for families, to complement the many pharmacies, physicians' offices and other providers of influenza vaccine in our region, works with long-term care and retirement homes to increase staff and resident immunization coverage rates, and follows up on influenza cases and outbreaks in Waterloo Region.

Local rates of invasive pneumococcal disease (IPD) have been decreasing since 2012, which is similar to the trend observed for all of Ontario; in 2014 local IPD rates were similar to the provincial rate. The most common risk factors for IPD include having an underlying or chronic illness and being partially or fully unimmunized. As such, Public Health is working to promote immunization for IPD among priority and high-risk individuals through health care providers.

Rates of varicella, mumps, invasive meningococcal disease (IMD), measles and pertussis were either stable or decreased in 2014, and remained similar to or lower than provincial rates. Region of Waterloo Public Health supports the prevention of vaccine-preventable illnesses through the provision of vaccine delivered through health care providers and public health immunization clinics, the achievement and maintenance of high immunization rates among children enrolled in publicly-funded elementary and secondary schools through the *Immunization of School Pupils Act*, as well as other health education and promotion activities to increase immunization coverage rates.

### **Other Infectious Diseases**

Among other reportable infectious diseases, local rates for active and latent (i.e., inactive) tuberculosis, encephalitis/meningitis, and neonatal group B streptococcal disease were stable in 2014 compared to previous years and similar to those of the province. The local rate of invasive Group A streptococcal disease (iGAS) decreased from 2013 to 2014, with the local rate remaining statistically comparable to provincial iGAS rates.

After climbing steadily between 2009 and 2013, local and provincial rates of legionellosis have also started to decline. Cases have been sporadic and not linked to an outbreak. An important component of legionellosis prevention is proper maintenance of cooling towers. In recent years, Region of Waterloo Public Health has distributed legionellosis information to hospitals, schools, long-term care homes, retirement homes, and other identified cooling tower operators within the Region. The information included information on the provincial and local legionellosis disease trends, and recommended best practices for cooling tower maintenance.

## **Outbreaks**

Waterloo Region experienced a busy season in terms of enteric outbreaks, most often due to norovirus-like illness, in daycares and long-term care homes in the 2014-2015 season, but still within what can be expected for an enteric season.

The number of non-influenza respiratory outbreaks was lower in 2014-2015 compared to previous seasons in Waterloo Region. Conversely, the number of influenza outbreaks in long-term care and retirement homes increased in 2014-2015 compared to previous seasons in Waterloo Region. This is reflective of an increase in influenza activity experienced both locally and provincially.

Region of Waterloo Public Health follows up with child care centres, hospitals, residential/group homes, long-term care homes and retirement homes that have reported an outbreak to assist with and support outbreak management efforts. In addition, Region of Waterloo Public Health hosts infection control education forums for long-term care homes, retirement homes, and child care centres, and participates on committees and networks that address infection prevention and control issues in facility settings.

## **Conclusion**

Infectious diseases have the potential to cause serious illness and can have community-wide implications. As such, Region of Waterloo Public Health undertakes a number of activities to prevent or reduce the burden of infectious diseases in the community. These activities include follow-up of all reportable disease cases and their contacts, as well as follow-up and management of outbreaks of infectious diseases. Prevention activities include inspections of food premises, recreational water, residential facilities, day nurseries and personal service settings, immunization programs and vector-borne control programs. Region of Waterloo Public Health also engages in a number of health promotion activities that target the general public, as well as more vulnerable group settings such as long-term care homes, hospitals, and child care centres.

The Infectious Diseases in Waterloo Region Surveillance Report for 2014 provides an

update to the community on the local status of infectious diseases and the findings from this report will be used to inform and improve local public health programming in the prevention and transmission of reportable, infectious diseases in Waterloo Region.

**Ontario Public Health Standards:**

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region's Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services. This report provides information to meet the surveillance and population health assessment requirements of the Infectious Diseases Standard in the Ontario Public Health Standards.

**Corporate Strategic Plan:**

The Infectious Diseases in Waterloo Region Surveillance Report contributes to the strategic objective related to Healthy and Inclusive Communities in the 2011-2014 Corporate Strategic Plan, and is expected to contribute to the 2015-2018 strategic objective related to Healthy, Safe and Inclusive Communities.

**Financial Implications:**

Activities related to Infectious Diseases programming are accomplished within the approved Public Health Department base budget. The majority of the funding is cost shared (Provincial 75%/Tax Levy 25%) with some 100% provincial funding to allow for increased capacity in specific initiatives such as Safe Water, Safe Food and Outbreak Response.

**Other Department Consultations/Concurrence:**

Nil.

**Attachments**

The full report is available online at:

[http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/WR\\_InfectiousDiseaseReport\\_2015.pdf](http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/WR_InfectiousDiseaseReport_2015.pdf)

**Prepared By:** Amy MacArthur, Epidemiologist, Epidemiology and Health Analytics

**Approved By:** Dr. Hsiu-Li Wang, Acting Medical Officer of Health



**Report:** PHE-PSV-15-08

**Region of Waterloo**  
**Public Health and Emergency Services**  
**Paramedic Services**

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

**Date:** September 15, 2015                      **File Code:** P05-80

**Subject: Paramedic Services Performance Measurement Report – January to June 2015 (mid-year)**

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**Recommendation:**

For Information

**Summary:**

Key performance measures can assess how effective and efficient a program is at meeting specific objectives, priorities, and legislated mandates. The focus of this work is on quality and performance, with measurement being a means to provide information to help make decisions and better manage operations.

Monitoring these indicators over time will allow Region of Waterloo Paramedic Services to identify patterns and address the challenges that arise. Some highlights for the months of January – June 2015 (Q1 and Q2) include:

**Volume and Service Level**

- There have been 19,288 calls dispatched in Waterloo Region which projects to 38,896 calls for the full year of 2015 and would represent a new record for call volume and an increase of nearly 1,500 calls or 4 calls per day from last year.
- The rate of calls per 1,000 population is up 4.9 per cent, and the number of calls is up 6.4 per cent (which equates to 1,154 more calls) compared to the same time period in 2014. The increase continues to outpace population growth, and was likely influenced by an aging population.

**Compliance and Quality Assurance**

- Compared to the first half of 2014, the regional 80th percentile response time to

emergency calls has slowed 2.2 per cent (13 seconds) from 9 minutes 45 seconds to 9 minutes and 58 seconds in 2015; likely due to the continued increases in call volume being experienced, and also influenced by offload delay losses.

- No warning system infractions were identified by internal reviews in Q1 or Q2 of 2015.

#### Efficiency Indicators

- For 2015 year-to-date, Offload Delay losses are higher than those experienced during the same period in 2014 and 2013, and closer to the levels experienced in 2012.
- Time spent in Code Yellow and Code Red increased in Q1 2015 before decreasing again in Q2 2015 and currently remains above the historical average.

#### Service and Quality Impact

- Service type indicators tend to fluctuate around the average over time, particularly when a small number of cases are involved. Currently all indicators are within acceptable ranges.

A 12-hour ambulance was added in July of 2015, following the end of the reporting period for this mid-year report. As a result, the impact of this latest, additional resource will only be reflected in future performance reports.

In response to Councillor Craig's request for paramedic response times in Cambridge, Kitchener, and Waterloo for the previous five years, information has been provided in Appendix 2.

#### **Report:**

The report contains four indicator categories:

1. Volume and Service Level (How much did we do?)
2. Compliance and Quality Assurance (How well did we do it?)
3. Efficiency (How efficiently did we do it?)
4. Service and Quality Impact (How well is the service being performed?)

To produce this report and the indicators included in it, a number of data sources were utilized. Due to the nature of Paramedic Services, the Region of Waterloo relies on a joint effort with external parties to access accurate and reliable data in as timely a fashion as possible. The Ambulance Dispatch Reporting System (ADRS), Central Ambulance Communications Centre (CACC) and St. Mary's Hospital are sources of data for a number of indicators. For the remaining indicators, data values have been pulled from the Paramedic Services TabletPCR (an internal tool used to track information and data relevant to calls and patient care reporting). The Paramedic Services Performance Measurement Report will undergo additional development in the

future as key indicators are identified.

### Summary of Results:

#### Volume and Service Level

- The rate of calls per 1,000 population, up 4.9 per cent from the same period in 2014, continues to outpace population growth, and was likely influenced by an aging population.
- After four consecutive quarters (Q1 2014 to Q4 2014) of record call volume Paramedic Services continues to average more than 9,600 calls per quarter (2015 year-to-date); well above the long-term quarterly average.
- For Q2 2015 Unit Utilization (UU) increased from a low of 28 per cent at 5am, peaking at 58 per cent at 11am, before gradually decreasing the rest of the day.
- Unit Utilization measures the percentage of an hour that ambulances are actively engaged in responding to calls, as opposed to waiting for calls. When Unit Utilization exceeds a value of 40 per cent, it becomes difficult to ensure an ambulance will be available for the next call within a reasonable time.
- Staffing is partly based on patterns and predictions seen in Unit Utilization, and monitoring Unit Utilization allows for proactive planning to alter the deployment of staff to reach an appropriate level.
- Region of Waterloo Paramedic Services transported patients 81.4 per cent of the time while non-patient transports such as patient refusal, or other non-patient carrying instances made up the remaining 18.6 per cent of dispatched calls for the year-to-date.
- Note that a 12-hour ambulance was added in each July of 2011, 2012, 2013, and 2015, and an emergency response unit was added in 2014. The addition of a 12-hour ambulance in 2015 took place following the end of the current reporting period, and as a result, the full impact of this latest additional resource will not be realized or measured until future reports.

#### Compliance and Quality Assurance

- For 2015 year-to-date, Paramedic Services' 80th percentile response time to emergency calls (code 4) was 09 minutes and 58 seconds, 2.2 per cent (13 seconds) slower than the first half of 2014.
- From Q1 to Q2 in 2015, the 80th percentile response time to emergency calls (code 4) improved 3.9 per cent from 10 minutes 10 seconds to 09 minutes and 46 seconds, likely due a slight easing in the unprecedented call volume, as well as the end of influenza season, and improved road conditions.
- Paramedic Services has begun monitoring response parameters observed from urban, suburban, and rural perspectives, using an 80th percentile response time informal benchmark.
- Response times vary according to population and road density, which is a typical pattern in all EMS services

- No warning system infractions were identified by internal reviews in Q1 or Q2 2015.
- Chute time adherence remained slightly below the historical average for the quarter, as Region of Waterloo Paramedic Services continues work to improve compliance on this metric.

#### Efficiency Indicators

- For 2015 year-to-date, Offload Delay losses are higher than those experienced during the same period in 2014 and 2013, and closer to the levels experienced in 2012.
- Overall, Paramedic Services is in a much more stable situation and better poised to deal with Offload delay issues in 2015 compared to previous years.
- Close collaboration between Paramedic Services and local hospitals continues to address the issue of Offload Delay and the ability of our services to address and limit Offload Delays to Paramedic Services. Strategies to address Offload Delay and return crews to the public for re-assignment are assisting in lowering and stabilizing our Offload Delay losses.
- Time spent in Code Yellow and Code Red increased in Q1 2015 before decreasing again in Q2 2015 and currently remains above the historical average.

#### Service and Quality Impact

- Note that service type indicators tend to fluctuate around the average over time, particularly when a small number of cases are involved.
- The percentage of stroke patients taken to stroke facilities was slightly at or below the historical monthly average throughout the year-to-date.
- As any Return of Spontaneous Circulation (ROSC) is deemed positive, results for Return of Spontaneous Circulation continued to show improvement from the historical average, and remain in an acceptable range (variation is normal due to the small numbers of cases).
- Heart attack STEMI (ST-Segment Elevation Myocardial Infarction) Protocol compliance fluctuated around the historical monthly average, providing care in less 90 minutes 69 per cent of the time this quarter and 62 per cent year-to-date.

#### **Corporate Strategic Plan:**

This report supports 2011-2014 Strategic Objective 5.3: Ensure Regional programs and services are efficient and effective and demonstrate accountability to the public, and is expected to support 2015-2018 strategic objectives related to Healthy, Safe and Inclusive Communities, and Responsive and Engaging government services.

#### **Financial Implications:**

Paramedic Services budgets are funded 50% by the Ministry of Health and Long Term

Care and 50% through the local tax levy.

**Other Department Consultations/Concurrence:**

Information Technology staff from the Corporate Services Department collaborated with Public Health and Emergency Services staff on the production of this report.

**Attachments**

Appendix A: Paramedic Services Performance Measurement Report, for the period of January – June 2015 (mid-year), produced August 17, 2015, Summary.

Appendix B: Response to Councillor Craig's request for additional Paramedic Services Response Time Historical Trends, 2010-2014 (full year) and 2015 (year-to-date), produced September 3, 2015

The detailed January – June 2015 (mid-year) report is distributed separately for Councillors and is available online at the following link:

- January – June 2015 (mid-year):  
[http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/ParamedicServices\\_PerformanceMeasurement\\_Q2\\_2015.pdf](http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/ParamedicServices_PerformanceMeasurement_Q2_2015.pdf)

**Prepared By:** **Stephen Van Valkenburg**, Director/Chief Paramedic Services  
**Stephen Drew**, Health Data Analyst  
**Jordan Steffler**, Strategic & Quality Improvement Specialist

**Approved By:** **Anne Schlorff**, Acting Commissioner  
**Dr. Hsiu-Li Wang**, Acting Medical Officer of Health

**Appendix A**

Paramedic Services Performance Measurement Report, for the period of January – June 2015 (mid-year), Produced August 17, 2015, Summary.

**A. Volume and Service Level Indicators<sup>i</sup>**

Indicator	Previous Year-to-Date (Q1-Q2 2014)	Current Year-To-Date (Q1-Q2 2015)
Total number of calls*	18,134	19,288
Rate of calls per 1,000 population*	64.3	67.5
Unit utilization	38.8%	42.4%

**B. Compliance and Quality Assurance Indicators<sup>ii</sup>**

Indicator	Previous Year-to-Date (Q1-Q2 2014)	Current Year-To-Date (Q1-Q2 2015)
Paramedic Service's response time to emergency (code 4) calls*	09min 45sec	09min 58sec
Paramedic Service warning system use	100.0%	100.0%
Chute time adherence	92.4%	90.9%

Summary by Municipality			
Municipality	Response Time <sup>iii</sup> Current Year-to-Date (Q1-Q2 2015)	Total Call Volume	
		Previous Year-to-Date (Q1-Q2 2014)	Current Year-To-Date (Q1-Q2 2015)
Cambridge	10min 18sec	4,561	4,838
Kitchener	09min 11sec	8,716	9,278
Waterloo	09min 38sec	3,250	3,454
North Dumfries	13min 58sec	300	295
Wellesley	17min 48sec	132	173
Wilmot	17min 05sec	509	501
Woolwich	13min 19sec	666	749

<sup>i</sup> Volume and Service Level indicators can be forecasted, but do not necessarily require targets. They are monitored to identify trends to ensure appropriate action (if any) can be taken to address the changing demands on the service.

<sup>ii</sup> Compliance and Quality Assurance indicators do have targets, and Paramedic Services strives to continually improve reporting period over reporting period, understanding variances and taking appropriate action.

<sup>iii</sup> Year-to-Date Summary based on data as of August 17, 2015 (for year to date 2015).

**C. Efficiency Indicators<sup>iv</sup>**

Indicator	Previous Year-to-Date (Q1-Q2 2014)	Current Year-To-Date (Q1-Q2 2015)
Offload Delay Measurement (# of 24 hour ambulance days)*	56.3	93.1
Code Yellow Status (% of total time)	9.4%	15.4%
Code Red Status (% of total time)	0.46%	1.62%

**D. Service and Quality Impact Indicators<sup>v</sup>**

Indicator	Previous Year-to-Date (Q1-Q2 2014)	Current Year-To-Date (Q1-Q2 2015)
Stroke Patients to Stroke Facilities*	86.6%	86.2%
Return of Spontaneous Circulation*	15.6%	13.3%
Heart attack (STEMI) protocol*	72.0%	62.1%

\*Indicator is captured in a similar fashion (with some variation in measurement) within a portion of the OMBI reporting process.

<sup>iv</sup> Efficiency indicators provide tracking mechanisms to see overall system status/health. The target is to continually improve reporting period over reporting period, understanding variances and taking appropriate action.

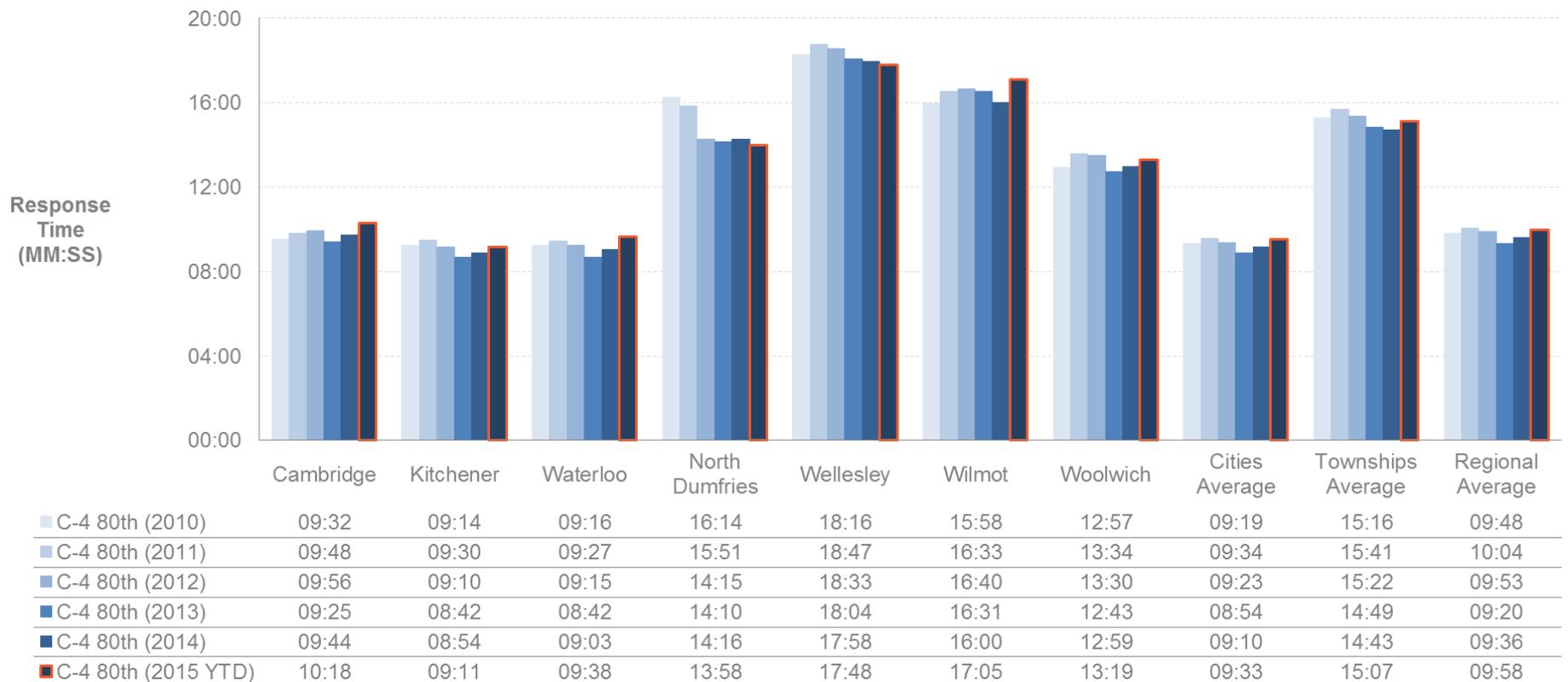
<sup>v</sup> Service and Quality Impact indicators tend to fluctuate around averages, due to the shared nature of responsibility among multiple parties. They are monitored over time for trending to understand possible patterns and improvement opportunities

**Appendix B**

**Response to Councillor Craig’s request for additional Paramedic Services Response Time Historical Trends, 2010-2014 (full year) and 2015 (year-to-date), produced September 3, 2015.**

**Figure 1:**

**Response time to emergency calls (code 4), 80<sup>th</sup> percentile, by municipality  
Waterloo Region, January 1<sup>st</sup> to December 31<sup>st</sup> 2010-2014 and January 1<sup>st</sup> to June 30<sup>th</sup>, 2015**





**Report:** PDL-CUL-15-14

## **Region of Waterloo**

### **Planning, Development and Legislative Services**

#### **Cultural Services**

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

**Date:** September 15, 2015                      **File Code:** R01-20

**Subject: Public Art Advisory Committee - Proposed Revisions to Terms of Reference**

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#### **Recommendation:**

That the Regional Municipality of Waterloo approve the revised Terms of Reference for the Public Art Advisory Committee, as described in Report No. PDL-CUL-15-14, dated September 15, 2015.

#### **Summary:**

The Region's Public Art Advisory Committee (PAAC) advises the Commissioner of Planning, Development and Legislative Services on the implementation of the Regional Public Art Program and on other public art related issues of Regional interest, in accordance with the Terms of Reference adopted and periodically reviewed by Regional Council. The Committee is currently chaired by one of the committee's four community representatives, Mr. Glenn Scheels. Councillor Jaworsky and Councillor Vrbanovic provide Regional council representation.

The Proposed Terms of Reference is shown in Attachment 2. Revisions are relatively minor and involve an increase in committee membership from four to six community representatives, clarification of the committee's role, and several changes to committee processes in order to better support the function of the committee and to more closely align the document with the Terms of Reference of other Advisory Committees to Regional Council. PAAC endorsed the revised Terms of Reference at its meeting on August 14, 2015.

Since 2002, the PAAC has assisted the Region in commissioning thirteen pieces of public art for installation at Regional facilities, for example "Nature's Realm" at

Christopher Children's Centre and "The Lion and Lamb" at the Waterloo Region Police Services building. Key projects that PAAC expects to undertake in the next few years include: public art projects for seven ION rapid transit stops in Kitchener and Waterloo, and the Cambridge Centre Terminal and the Ainslie Street Terminal in Cambridge; refinement of the Region's public art policies; and development of a sustainable funding model for public art.

**Report:**

The Public Art Advisory Committee (PAAC) was established in 2002 at the same time that the Region began the Public Art Program, and initiated the Public Art Reserve Fund (Report CR-FM-02-009, dated June 19, 2002). PAAC's current membership includes two representatives of Regional Council and four Council appointed community representatives, chosen for their interest and experience in public art.

The PAAC Terms of Reference, which have not been revised since being adopted by Council in 2002 (Report CR-FM-02-009 dated June 19, 2002), have been included as Attachment 1.

As shown in Attachment 2, the proposed PAAC Terms of Reference revisions include:

- An increase in the number of community representatives on the committee from four to six, and a change of the staff role from voting member to committee support;
- Clarification of the committee's role in terms of assisting, advising, commenting and increasing public awareness and understanding of public art;
- A broader and more detailed description of the breadth of experience and expertise that could be brought to the committee by community representatives;
- A requirement for members to review and complete the Conflict of Interest Policy agreement at the start or renewal of member terms, rather than annually;
- An update to the committee reporting structure to reflect the new Regional corporate structure; and
- General adjustments to formatting, language and content in order to more closely align with the Terms of Reference of other Committees of Regional Council.

The updated Terms of Reference better reflect the mandate, membership terms, reporting structure and meeting processes of the committee. The Public Art Advisory Committee endorsed the revised Terms of Reference at its meeting on August 14, 2015.

If the proposed Terms of Reference are approved by Regional Council, the appointment of the additional community representatives would be undertaken through the usual advisory committee member recruitment process, and be recommended to Council for appointment for a term beginning in January 2016.

**Corporate Strategic Plan:**

The Regional Public Art Program supports Focus Area 2 and the specific action of “promote and enhance arts, culture and heritage”.

**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.

**Financial Implications:**

The work of the Public Art Advisory Committee is supported by Planning, Development and Legislative Services staff through the use of Council-approved funds. The commissioning of public artworks is funded through the Public Art Reserve Fund which was established in 2002 and received an annual contribution from the property tax budget of \$50,000-\$65,000 from 2002-2013, as well as the ongoing contributions from applicable capital projects of \$30,000 per project.

**Other Department Consultations/Concurrence:**

Council and Administrative Services was consulted in drafting the revisions.

**Attachments:**

Attachment 1 - Current Terms of Reference for the Public Art Advisory Committee

Attachment 2 - Proposed Terms of Reference for the Public Art Advisory Committee

**Prepared By:** Kate Hagerman, Cultural Heritage Specialist

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

Attachment 1 – Current Terms of Reference for the Public Art Advisory Committee

## Terms of Reference

### The Regional Municipality of Waterloo Public Art Advisory Committee (PAAC)

#### 1. Name of Committee

The name of the committee will be the Public Art Advisory Committee of The Regional Municipality of Waterloo.

#### 2. Mandate of the Committee

- a) The mandate of the committee is to administer the Public Art Policies and Procedures for The Regional Municipality of Waterloo and to make recommendations to the Administration and Finance Committee and Regional Council.
- b) The committee will develop and recommend detailed policies for the selection, acquisition, display, retention, maintenance, storage and de-accessioning of public art which is owned by or on loan to the Region.
- c) Pursuant to approved policies and procedures, the committee will administer the selection process for acquiring new public art. The committee will select a jury to solicit proposals from the art community which will judge, among alternatives, the most appropriate artwork to be displayed. Each jury will be selected to recognize the unique characteristics and stakeholders of a site. Ethics guidelines will be established to assist the juries.
- d) The committee will oversee the administration of adopted policies and make such further recommendations as deemed appropriate.

#### 3. Membership of the Committee

3.1 The committee will be comprised of the following:

- a) One (or two) Regional Councillors,
- b) Three or four community representatives to recognize
  - i) the arts
  - ii) education
  - iii) the general public,
- c) A representative of the Region of Waterloo's Museums, and
- d) A Facilities Management Division representative

3.2 The community representatives are all three-year terms, staggered where possible to ensure a certain amount of continuity, knowledge and familiarity of issues being dealt with by this committee.

3.3 Advertisements will be placed, as required, in local newspapers through the Regional Clerk's office to invite applications for persons wishing to sit on this committee as community representatives. Applications received will be reviewed by the balance of the committee, who will make recommendations for appointments to the Administration and Finance Committee.

3.4 Community representative appointments will be recommended on the basis of experience, how their knowledge and skills complement the expertise of the committee and their availability to attend meetings.

#### 4. **Reporting Structure**

a) The Public Art Advisory Committee will give direction and make recommendations regarding public art to the Facilities Management Staff and through staff to the Administration and Finance Committee.

b) The committee will advise the Region by resolution on matters referred to them. In the event of a division of opinion, any minority view together with the view of the majority will be recorded in the minutes.

#### 5. **Meetings**

a) Meetings will be held as required, at the call of the Chair.

b) The Chair and Vice-Chair of the Public Art Advisory Committee will be selected from among the members at the first meeting of each calendar year.

c) The quorum for a meeting will be a majority of the members.

d) The Public Art Advisory Committee may, from time to time, invite other persons or groups to address the committee and participate (non-voting) in discussions on subjects before the committee.

#### 6. **Conflict of Interest Policy**

All members shall adhere to the Conflict of Interest Policy for Advisory Committees, approved by Council on May 28, 2003. All members shall annually review and complete the agreement and signature form attached to the policy. Signature forms are to be returned to the Committee Clerk for safe keeping.

Members are expected to undertake their responsibilities on an impartial and objective basis. Any member whose financial interests could be in conflict with the interests of the Region is obliged to disclose same at the meeting. Members will not participate in any decision or recommendation in which they or their immediate family has any financial interest except in common with residents of the municipality.

Attachment 2: Proposed Terms of Reference for the Public Art Advisory Committee

## **Terms of Reference**

## Region of Waterloo – Public Art Advisory Committee (PAAC)

### 1. Committee Mandate

- 1.1 The Public Art Advisory Committee, upon request of the Commissioner of Planning, Development and Legislative Services will:
  - a) Assist with developing, maintaining and implementing the Public Art Policies and Procedures for The Regional Municipality of Waterloo, including but not limited to, the selection, acquisition, display, retention, maintenance, storage and de-accessioning of public art which is owned by or on loan to the Region.
  - b) Assist with the selection process for acquiring new public art by advising on potential project locations, themes, budgets and jury membership. Each jury will be selected to recognize the unique characteristics and stakeholders of a site. Project specific guidelines will be established to assist each jury.
  - c) Provide guidance and advice to Regional staff on the inclusion of design related project enhancements.
  - d) Comment on policies, plans, programs or legislation of Regional departments and other organizations related to public art in the Region.
- 1.3 The Public Art Advisory Committee will serve as a forum for the public and/or agencies to raise their viewpoints on particular public art related issues and/or findings.
- 1.4 The Public Art Advisory Committee will endeavor to increase public awareness and understanding of issues taken up by the Committee.

### 2. Membership

- 2.1 The Regional Municipality of Waterloo will appoint up to eight (8) members to the committee. The committee will be comprised of the following:
  - a) One (or two) members of Regional Council appointed for the term of each Council
  - b) Six (6) community representatives with a demonstrated interest in Public Art in the Region
- 2.2 Community representative appointments will be recommended on the basis of experience, how their knowledge and skills complement the expertise of the

committee, and their availability to attend meetings. The diverse range of committee member experience and expertise in public art may include, but is not limited to artists, architects/landscape architects, design professionals, curators, conservators, educators, administrators and community animators.

- 2.3 The community representatives are all three-year terms, staggered where possible to ensure a certain amount of continuity, knowledge and familiarity of issues being dealt with by this committee. Committee members may reapply to serve up to three consecutive three-year terms in accordance with Regional Council policy.
- 2.4 Advertisements will be placed as required in local newspapers through the Regional Clerk's office to invite applications for persons wishing to sit on this committee. Applications received will be reviewed by Regional staff, who will make recommendations for appointments to the Community Services Committee and Regional Council. Advisory Committee members are encouraged to assist with recruitment of potential members.
- 2.5 Any member missing three consecutive meetings or a total of four meetings in a year without excuse may be requested to resign from the Committee and will be replaced at the earliest opportunity.
- 2.6 A representative of Cultural Services and a representative of Facilities Management shall be in attendance at all meetings.
- 2.7 The Commissioner of Planning, Development and Legislative Services or his/her designate shall be in attendance at all meetings.

### **3. Reporting Structure**

- 3.1 The Public Art Advisory Committee reports to the Community Services Committee through the Commissioner of Planning, Development and Legislative Services.

### **4. Meetings**

- 4.1 Meetings will be held as required, at the call of the Chair.
- 4.2 The Chair and Vice-Chair of the Public Art Advisory Committee will be selected from among the members at the first meeting of each calendar year.
- 4.3 The quorum for a meeting will be a majority of the members.
- 4.4 The Public Art Advisory Committee may, from time to time, invite other persons

or groups to address the committee and participate (non-voting) in discussions on subjects before the committee.

- 4.6 Minutes of meeting will be kept by Planning, Development and Legislative Services.
- 4.7 The Public Art Advisory Committee will be supported by Planning, Development and Legislative Services staff in the preparation of agendas, minutes, distribution of information, facilitation of meetings, research and preparation of draft reports as appropriate.

## **5. Remuneration**

- 5.1 Members will be reimbursed if a submission is made for mileage and incidentals (parking, long distance telephone, bus tokens, meals and snacks) as required.

## **6. Conflict of Interest Policy**

All members shall adhere to the Conflict of Interest Policy for Advisory Committees, approved by Council on May 28, 2003. At the start or renewal of member terms, members shall review and complete the agreement and signature form attached to the policy. Signature forms are to be returned to the Committee Clerk for safe keeping.

Members are expected to undertake their responsibilities on an impartial and objective basis. Any member whose financial interests could be in conflict with the interests of the Region is obliged to disclose same at the meeting. Members will not participate in any decision or recommendation in which they or their immediate family has any financial interest except in common with residents of the municipality.

If a conflict of pecuniary interest arises the member is required to declare the conflict including the reason for declaration.



**Report:** CSD-CHS-15-13

**Region of Waterloo**  
**Community Services Department**  
**Children's Services**

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

**Date:** September 15, 2015

**File Code:** S04-20

**Subject:** Provincial Wage Enhancement Initiative

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**Recommendation:**

That the Regional Municipality of Waterloo endorse the recommendations for changes to the Provincial Wage Enhancement Initiative as described in CSD-CHS-15-13 dated September 15, 2015;

And that a copy of the report be forwarded to the Minister of Education, the Early Years Division of the Ministry of Education; the Association of Municipalities Ontario (AMO) and the Ontario Municipal Social Services Association (OMSSA).

**Summary:**

This report provides an overview of the Provincial Wage Enhancement Initiative and updates Committee on the process to date. This new initiative, though welcome to enhance wages of employees in the licensed Early Learning and Child Care sector, has challenges from an administrative perspective. Staff are requesting endorsement from Committee to forward recommendations for future years of the program, which would reduce administrative burdens for the Region of Waterloo as Consolidated Municipal Service Manager and for licensed child care operators.

**Report:**

**1.0 Background**

On January 20, 2015 the Province announced the new Child Care Wage Enhancement initiative for staff/caregivers working in licensed Early Learning and Child Care (ELCC) settings. The initiative has three goals:

- To close the wage gap between registered early childhood educators (RECEs) working in the publicly funded education system and those in the licensed child care sector;
- To help stabilize child care operators by supporting their ability to retain RECEs and non-RECE program staff; and
- To support greater employment and income security for child care program staff.

The Wage Enhancement Initiative will support an increase of up to a maximum of \$1 per hour in 2015, plus 17.5 percent benefits, with an additional increase to \$2 per hour in 2016 to staff in eligible positions.

As the Consolidated Municipal Service Manager (CMSM) the Region is responsible for licensed child care (ELCC), Children's Services is the designated flow-through agency to distribute wage enhancement funding in Waterloo Region. Wage enhancement is an entitlement initiative, available to all licensed child care operators regardless of auspice or purchase of service (POS) status.

Of the 136 licensed child care operators in Waterloo Region, 126 applied for wage enhancement funding, which represents an uptake of 93%. A total of \$2.8M will be distributed in wage enhancement funding to licensed child care operators in 2015.

## 2.0 Benefits

By increasing wages for ELCC program staff, the Provincial Wage Enhancement Initiative will have a number of benefits for program staff, children, and the ELCC system.

Adequate wages for early childhood educators promotes equity with other professions, helps to retain staff, and contributes to a high quality of care for children. Higher wages also attract more people to work in the field and contribute to a trained, professional workforce of early childhood educators as well as stability within the ELCC system.

## 3.0 Challenges

Despite the benefits of the Provincial Wage Enhancement Initiative, there are a number of administrative challenges that pose issues for both Children's Services and ELCC operators. These include:

- **The complexity of the application:** The current application for Provincial Wage Enhancement is complex and time-consuming for operators to complete. Operators must determine the exact number of hours worked by individual positions in the previous year, factoring in a number of eligibility requirements, to determine their wage enhancement allocation. For large centres, this is particularly onerous.
- **Inequities between positions/caregivers:** Wage enhancement funding for the current year is based on the hours/days worked in the previous year. This means

that staff in new positions that did not exist during the eligibility period in the previous year are not eligible to receive wage enhancement in the current year. Some centre operators have chosen to fund those positions, at their own expense, so as to not create pay equity issues at their organizations. It also limits the amount of funding contracted home child care providers can receive in the current year, based on the days and number of children they provided care for in the previous year.

- **Cap on mandatory benefits:** Wage enhancement funding includes a provision for mandatory benefits, of up to 17.5%. However, for operators that contribute to benefits beyond 17.5%, there is a gap in funding. This means that staff will not receive the full benefit rate on wage enhancement at their organization, unless their employer chooses to cover the additional benefits at their own expense.
- **Gap in funding for Assistant Supervisors and program staff:** Assistant Supervisors play a key role in licensed ELCC settings, both supporting ratios within the classroom and performing administrative tasks. Currently, Assistant Supervisors are only eligible for wage enhancement funding for the time they spend in program supporting ratios. Similarly, program staff are only eligible for wage enhancement funding for time they spend in program and not for training, parent conferences, and other time spent outside the classroom.
- **Financial implications for operators:** As mentioned above, operators with higher benefit rates or ineligible positions may incur additional costs related to wage enhancement, if they chose to cover those funding gaps. Operators are also contributing time and resources completing the application and allocating funding to staff, for which they receive no compensation.

#### 4.0 Recommendations

The Province has committed to the continuation of the Wage Enhancement Initiative will continue for at least another two years. Staff have provided feedback to the Province on modifications that could be made to reduce the administrative burden of the program for future years. Staff are requesting Council endorsement to formally provide these recommendations to the Ministry of Education.

- **Simplify the application process by using budgeted/projected data:** The application process could be simplified, making it less onerous for operators. Using a full year of projected/budgeted data for the upcoming year would remove the need for annualization and tracking of hours worked in the previous year.
- **Fund all positions working in the current year:** Using budgeted/projected data for the upcoming year would allow for the inclusion of all current staff positions and not just those positions that existed in the previous year.
- **Extend wage enhancement funding to all hours worked for program staff and Assistant Supervisors:** Funding all hours program staff and Assistant

Supervisors would reduce the complexity of the application and allocation process and support the important non-program work staff undertake.

### **5.0 Next Steps**

Should Regional Council approve these recommendations, a copy of the report will be forwarded to the Ministry of Education for their information and consideration. It is hoped that these recommendations will inform the planning and implementation of future years of the Wage Enhancement Initiative and reduce administrative burden for the Region of Waterloo as CMSM and for licensed ELCC operators.

### **Corporate Strategic Plan:**

This supports the Region's 2011-2014 Strategic Focus Area 4: Healthy and Inclusive Communities: Foster healthy, safe, inclusive and caring communities; and Strategic Objective 4.6: Collaborate with the community to support the development of services for children.

### **Financial Implications:**

The Wage Enhancement Initiative is an enveloped allocation provided through 100% Provincial dollars and has no impact on the Regional tax levy. Any funding not used for the intended purpose will be recovered by the Province, the current allocation of Provincial Wage Enhancement funding is approximately \$3.4M. The Region of Waterloo received a one-time grant of \$334,000 to support the administrative burden in rolling out this initiative in year one. This funding has been used to cover staffing costs to develop, implement, and reconcile the wage enhancement application and allocation process.

### **Other Department Consultations/Concurrence:**

Nil

### **Attachments**

Nil

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Nancy Dickieson, Director, Children's Services

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



**Report:** PHE-IDS-15-08

## **Region of Waterloo**

### **Public Health**

#### **Infectious Diseases, Dental and Sexual Health**

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

**Date:** September 15, 2015

**File Code:** P14-30

**Subject:** Immunization of School Pupils Act Enforcement for the 2015-2016  
School Year

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#### **Recommendation:**

For information

#### **Summary:**

In January 2015 (refer to Report 15-PHE-IDS-01), the Board of Health approved a staff recommendation to modify the Immunization of School Pupils Act enforcement process for the 2014/2015 school year. Under this modified process, Region of Waterloo Public Health issued notification letters (herein referred to as notices) to students/parents of students who were not up-to-date for mandatory immunizations in Ontario's publicly funded immunization schedule (or did not have a valid exemption on file), but did not suspend students from school at the end of the notification period.

In Winter/Spring 2015 Region of Waterloo Public Health carried out the modified enforcement process as approved by the Board of Health. As expected, Public Health mailed a significant number of notices to students/parents of students whose immunization records were not up-to-date as per the Immunization of School Pupils Act. In total, 20,415 notices were mailed; in the two previous schools years, approximately 8,100 notices were mailed (an increase of 149%).

It is estimated 7,000 students/parents of students responded to the notice leaving over 13,000 students from this cohort still eligible for suspension in future school years. When adding these 13,000 students to the next student cohort (for example, students just entering kindergarten or senior kindergarten who do not have up-to-date records) Public Health is expected to again mail a significant number of notices home in the next

school year (estimated 15,000 to 20,000). Similar to last year, this volume of work will require process adjustments to enable Public Health to provide an effective and efficient enforcement process while maintaining quality customer service to clients.

Over the summer months, Public Health undertook a full review of its Immunization of School Pupils Act enforcement process. Based on this review, Public Health will resume its full enforcement of the Immunization of School Pupils Act in the 2015-2016 school year and meet its legislative requirements. As per past practice, Public Health will:

- Issue notification letters to students/parents of students who are not up-to-date for mandatory immunizations in Ontario's publicly funded immunization schedule, or do not have a valid exemption on file
- Suspend students/parents of students who fail to follow-up on the notification letter
- Keep its traditional suspension days (typically in March, April or May)<sup>1</sup>

In addition, Public Health will make some administrative modifications that aim to make the enforcement process easier for students/parents of students. Public Health will:

- Not suspend students who do not follow-up on the meningococcal vaccine requirement (introduced as of July 2014) to provide students, parents and health care providers with an additional year to adjust to this recent addition of meningococcal vaccines to the Immunization of School Pupils Act
- Send notices home 'in waves' or on a rolling basis instead of mailing them all on the same day
- Mail notices home earlier in the school year (between October 2015 and February 2016). Normally, notices are mailed in February and April
- Issue suspension orders four weeks in advance of the official suspension day. Normally, orders are issued one week in advance
- Explore opportunities to increase the number of immunization clinics (targeted to ISPA-related vaccines)

Proceeding with this slightly modified administrative process will also provide additional time to respond to the notices and orders that are issued.

Region of Waterloo Public Health will produce a detailed report on immunization coverage rates, by school, on all vaccines covered under the Immunization of School Pupils Act after the 2015-2016 enforcement process. This will be released through a Board of Health report in September-October 2016.

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<sup>1</sup> Subject to discussion/approval with school board officials

**Report:****Background**

In order to ensure students are receiving important immunizations to protect their health, and the health of the community, the Ministry of Health and Long-Term Care enacted the Immunization of School Pupils Act R.S.O. 1990 c. I.1. The Act requires that all children attending school between the ages of four to 17 need to be immunized for several immunizations in Ontario's publicly funded immunization schedule.

Students and/or parents of students (ages four to 17) are required to provide up-to-date immunization records to Public Health. They are encouraged to report to Public Health each time their child is immunized, so that the records on file are current. Individuals who are medically unable to be immunized, or are opposed to immunization for religious/conscience beliefs, must have an exemption notice completed by the required official, and submit it to Public Health.

As per the Immunization of School Pupils Act and the Ontario Public Health Standards (Vaccine Preventable Disease Standard and Immunization Management Protocol), each health unit is required to assess the immunization records of children enrolled in school. As part of the assessment process, Region of Waterloo Public Health will determine which students have not submitted a record of immunization or valid exemption for the mandatory immunizations in Ontario's publicly funded schedule. Notification letters outlining the missing immunizations or records of immunization will be sent to each student/parent. Students or parents of students who do not follow-up with Public Health on the notification letter are suspended from school.

**Approved Modifications of the Immunization of School Pupils Act Enforcement Process for the 2014-2015 School Year**

In January 2015 (refer to Report PHE-IDS-15-01), the Board of Health received a report about two challenges that would impact Public Health's ability to complete a Immunization of School Pupils Act enforcement process for the 2014/15 school year:

- The introduction of Panorama, a new provincial electronic information system to maintain the immunization records of school children across the province
- The addition of three immunizations (meningococcal disease, pertussis, varicella) to the Immunization of School Pupils Act (as of July 1, 2014)

In terms of Panorama implementation the report highlighted:

- There were over 500,000 duplicate groupings in Panorama provincially
- Region of Waterloo Public Health was currently listed as the primary health unit responsible for resolving over 12,500 of those
- If Region of Waterloo Public Health were to proceed with enforcement of the

Immunization of School Pupils Act in 2015, the health unit could inadvertently and/or incorrectly suspend students from school

In terms of the three new immunizations the report highlighted:

- It would take the community time to understand these vaccines are now required
- While Region of Waterloo Public Health has undertaken several steps to inform the public of these changes (posters in physician offices, media communication, notices to parents/homes), most students/parents would likely find out during the annual enforcement process
- Enforcing these newly required immunizations this school year would result in thousands of notification letters being sent to students/parents

The Board of Health approved a modified enforcement process for the 2014-2015 school year as recommended by staff. The revised process was that Region of Waterloo Public Health issue notification letters (herein referred to as notices) to students/parents of students who were not up-to-date for mandatory immunizations in Ontario's publicly funded immunization schedule (or do not have a valid exemption on file), **but not suspend students** from school at the end of the notification period. Suspensions were to resume in subsequent school years.

### **Results from the Modified Immunization of School Pupils Act Enforcement Process for the 2014-2015 School Year**

In Winter/Spring 2015 Region of Waterloo Public Health carried out the enforcement process as approved by the Board of Health. Several unexpected administrative challenges related to Panorama implementation were experienced. As a result, notices were mailed home to students/parents of students when ready rather than one set date (as per usual practice). This means students/parents of students did not receive their notices as early as expected; most were mailed between March and July.

Table 1 presents the number of notices sent home and provides a comparison to the two previous school years.

**Table 1: Number of Notices Sent to Students/Parents of Students in past three school years**

<b># of notices sent to students/parents of students whose immunization records are not up-to-date as per the ISPA</b>	<b>2014/2015 School Year</b>	<b>2013/2014 School Year</b>	<b>2012/2013 School Year</b>
Elementary School	10,497	4,041	4,115
Secondary School	9,918	4,142	4,076
Total	20,415	8,183	8,191

As anticipated, the introduction of the three new immunizations, particularly meningococcal, resulted in a dramatic increase (149%) in the number of notices mailed to students/parents of students who were not up-to-date as per the Immunization of School Pupils Act. Since the notices were mailed home, Public Health has received a large a number of inquiries from parents and health care providers about the notices, particularly the new meningococcal vaccine requirements. In response to client demand for immunization, Public Health:

- Increased the number of immunization clinics offered to clients who received notices (with priority being given to clients who require meningococcal immunization)
- Recently implemented a special release, in limited quantities, of Menactra<sup>2</sup> vaccine to primary care providers, so they can immunize their clients. Previously, primary care offices could only request one dose at a time (based on provincial criteria)

It is estimated that 7,000 students/parents of students responded to the notices sent home leaving over 13,000 students from this cohort still eligible for suspension in future school years. When adding these 13,000 students to the next student cohort (for example, students just entering kindergarten or senior kindergarten who do not have up-to-date records), Public Health is expected to again mail a significant number of notices home in the next school year (estimated 15,000 to 20,000). Similar to last year, this volume of work will require process adjustments to enable Public Health to provide an effective and efficient enforcement process while maintaining quality customer service to clients.

### **Modifications for the Immunization of School Pupils Act Enforcement Process for the 2015-2016 School Year**

Over the summer months Public Health undertook a full review of its Immunization of School Pupils Act enforcement process. As part of this review, it considered:

- The Ministry of Health and Long-Term requirement that the Immunization of School Pupils Act be enforced
- Outcomes from the enforcement process for the 2014/2015 school year
- Desired outcomes for future years (to reduce the number of notices sent home and the number of students suspended from school)

Based on this review, Public Health will resume its normal Immunization of School Pupils Act enforcement process in the 2015-2016 school year in order to meet its legislative requirements. As per past practice, Public Health will:

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<sup>2</sup> Menactra is the meningococcal vaccine given to students in grade 7

- Issue notification letters to students/parents of students who are not up-to-date for mandatory immunizations in Ontario's publicly funded immunization schedule, or do not have a valid exemption on file
- Suspend students/parents of students who fail to follow-up on the notification letter
- Keep its traditional suspension days (typically in March, April or May)<sup>3</sup>

However, Public Health will make some modifications to the process that will make the enforcement process easier for students/parents of students. Public Health will:

- Not suspend students who do not follow-up on the meningococcal vaccine requirement
- Send notices home 'in waves' or on a rolling basis instead of mailing all on the same day
- Mail notices home earlier in the school year (between October 2015 and February 2016). Normally, notices are mailed in February and April
- Issue suspension orders four weeks in advance of the official suspension day. Normally, orders are issued one week in advance
- Explore opportunities to increase the number of immunization clinics (targeted to vaccines related to the Immunization of School Pupils Act)

Proceeding with this slightly modified process will allow for a more effective and efficient Immunization of School Pupils Act enforcement process by:

- Providing one additional year for students, parents and primary care providers to adjust to the addition of meningococcal vaccine to the Immunization of School Pupils Act
- Providing additional time (i.e. months) for students/parents of students to respond to the notice/order, and be immunized or submit the required information to Public Health.
- Ensuring staff can provide quality customer service to clients throughout the enforcement process

An evaluation plan will be also be created and implemented to determine the success of the aforementioned changes, and determine if additional modifications in future years are required.

In addition, Public Health will continue its work on duplicate resolution. From January to June 2015, Public Health staff resolved approximately 8,200 duplicate groupings (of our 12,500 in total). As of June 30, there were still 4,300 to resolve (a decrease of 66%). All duplicates for students four to 17 years will be resolved by the end of the year. This will help ensure students are not suspended from school inadvertently or incorrectly.

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<sup>3</sup> Subject to discussion/approval with school board officials

## Next Steps

The following next steps/timelines in the process are:

Task	Timeline (Estimated)
Notification letters for elementary school students mailed home	October to December 2015
Notification letters for secondary school students mailed home	January to February 2016
Elementary school suspension orders issued	March 2016
Elementary school suspension day	April 2016 (to be confirmed)
Secondary school suspension orders issued	April 2016
Secondary school suspension day	May 2016 (to be confirmed)

Public Health will also explore opportunities to increase the number of immunization clinics (targeted to vaccines related to the Immunization of School Pupils Act) to reduce the number of students eligible for suspension.

Finally, after the 2015-2016 enforcement process, Region of Waterloo Public Health will produce a detailed report on immunization coverage rates, by school, on all vaccines covered under the Immunization of School Pupils Act. This will be released through a Board of Health report in September/October 2016.

A report is not being produced for the 2014/2015 school year as the Ministry of Health and Long-Term Care and Public Health Ontario are still working on their advanced reporting system for Panorama. This system, which is being pilot tested in fall/winter 2015, will allow health units to consistently report on their immunization coverage rates. In addition, as Public Health did not fully enforce the legislation this year, and there are a number of students/parents of students who did not respond to the notification letter, our current immunization data is incomplete and the immunization rates would not be accurate.

### Ontario Public Health Standards:

Under the Health Protection and Promotion Act, Region of Waterloo Council serves as Waterloo Region's Board of Health. Boards of Health are expected to adhere to the Ontario Public Health Standards, which outline the expectations for providing public health programs and services. This report relates to two requirements in the Vaccine Preventable Diseases Standard:

- Requirement #1: The board of health shall assess, maintain records and report, where applicable, on:
  - The immunization status of children attending schools in accordance with the Immunization of School Pupils Act; and

- Requirement #13: The board of health shall comply with the Immunization Management Protocol, 2008 (or as current), that specifies the process for the assessment of the immunization status of children... and the enforcement of the Immunization of School Pupils Act.

**Corporate Strategic Plan:**

The annual suspension process relates to the 2011-2014 strategic focus area Healthy and Inclusive Communities, and is expected to contribute to the 2015-2018 strategic focus area Healthy, Safe and Inclusive Communities.

**Financial Implications:**

Immunization of School Pupils Act enforcement activities are carried out using existing resources in Region of Waterloo Public Health's cost-shared base budget which is funded 75% by the provincial Ministry of Health & Long Term Care and 25% by the local tax levy.

Region of Waterloo Public Health was provided one-time funding in the amount of \$211,713 for Panorama implementation for the provincial fiscal year (April 1, 2014 and March 31, 2015). A portion of those funds were used to hire additional temporary staff to resolve Panorama duplicates.

Region of Waterloo Public Health also submitted a one-time request for additional funding to the Ministry of Health and Long-Term Care (under the Program Based Grant) to implement initiatives (e.g. immunization clinics) to mitigate impacts from the introduction of the three new vaccines (i.e. meningococcal, pertussis, varicella) to the Immunization of School Pupils Act. The request was for \$27,000; approval from the Ministry of Health and Long-Term Care is still outstanding.

**Other Department Consultations/Concurrence:**

Nil

**Attachments**

Nil

**Prepared By:** Chris Harold, Manager, Information and Planning (Infectious Diseases, Dental and Sexual Health)

**Approved By:** Dr. Hsiu-Li Wang, Acting Medical Officer of Health  
Anne Schlorff, Acting Commissioner

<b>Council Enquires and Requests for Information</b>				
<b>Community Services Committee</b>				
<b>Meeting date</b>	<b>Requestor</b>	<b>Request</b>	<b>Assigned Department</b>	<b>Anticipated Response Date</b>
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



# Ontario Works Service Plan 2015-2016

## DRAFT

Document is subject to the approval of Regional Council.

DOC 1919795 v7



Region of Waterloo  
COMMUNITY SERVICES

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For more information regarding Ontario Works in Waterloo Region, for additional copies of this document, or to request alternate formats, please contact:

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## Section 1: Guiding Principles

### 1.1 Vision and Mission of Region of Waterloo\*

The vision and mission statements of the Region of Waterloo are as follows:

**Vision:**

Waterloo Region will be an inclusive, thriving and sustainable community committed to maintaining harmony between rural and urban areas and fostering opportunities for current and future generations.

**Mission:**

The Region of Waterloo provides innovative leadership and services essential to creating an inclusive, thriving and sustainable community.

**MAKING A DIFFERENCE ... Every Day**

\*Currently under review for 2015-18.

### 1.2 Vision and Mission of Region of Waterloo Community Services\*

The vision and mission statements of the Region of Waterloo Community Services department are as follows:

**Vision:**

An inclusive, thriving, sustainable community where no one is left behind.

**Mission:**

To deliver essential services that remove obstacles and create opportunities in partnership with our community.

**MAKING A DIFFERENCE ... Every Day**

\*Updated in 2015 for 2015-18.

### 1.3 Vision and Mandate of Ontario Works

The vision and mandate of Ontario Works are as follows:

**Vision:**

To achieve improved employment outcomes for Ontario Works participants by increasing individual employability with the goal of sustainable employment and increased financial independence.

**Mandate:**

To provide employment assistance and financial assistance to people in financial need.  
The Ontario Works program:

- recognizes individual responsibility and promotes self-reliance through employment;
- provides financial assistance to those most in need while they meet obligations to become and stay employed;
- effectively serves people needing assistance; and
- is accountable to the taxpayers of Ontario.

#### **1.4 Priorities for Employment and Income Support (EIS)**

The priorities for the division of Employment and Income Support (EIS) for 2015-16 include:

- Revitalize our client service pathway to ensure an employment centered service that is adaptive to each individual, as well as the ever-changing labour market, through the activities of evaluative review, informed program adjustments, and utilization-focused evaluation;
- Continued review of discretionary benefits that are responsive to the needs of low income citizens, expectations of the community, and constrained budgets (e.g. affordable transportation options, dentures, chiropractic program, services to newcomers, etc.);
- Continue to work in partnership with the Ministry of Community and Social Services (MCSS) on operational strategies and recovery initiatives to return to a full-service OW program after SAMS implementation;
- Further enhance the activities of a Total Quality Management system that more fully accounts for internal program improvement, risk management strategies, employee learning supports, and oversight;
- Continue our work with corporate sponsored employee engagement activities so that staff are involved in their own work/life balance solutions;
- Participate in and support the poverty reduction strategy and housing stability initiatives;
- Implement an integrative approach to service delivery which includes enhancing relationships with Children's Services, Housing Services, Public Health, and other community partners;
- Conduct the 2015 employee Leadership Survey, and support its recommended strategies;
- Improve participant awareness of our programs;
- Review, refine and introduce relevant communication channels, media and approaches; and
- Increase our involvement with youth programs by partnering with a community agency to apply for a Trillium grant.

## Section 2: Environmental Scan

### 2.1 Analysis of Previous Planning Cycle

In reviewing the strategies and targets as outlined in the 2013-2014 Ontario Works (OW) Service Plan and the 2014 OW Service Plan Addendum, the Region met or exceeded all of its employment assistance targets. The analysis for 2014 is based on available Service Delivery Model Technology (SDMT) data for the period January to August, 2014. Good progress was achieved in several key outcome measures, including: 2A “percentage of the caseload with employment income” (up by 2 percentage points); 2B “percentage of the caseload exiting to employment (up by 1.5 percentage points); and 2E “the average length of time to employment” (down by 9.5 per cent). Indicator 2C “Job retention rate as determined by average length of time from exit due to employment to re-entry to social assistance (months)” decreased in 2014 from previous years (2012 and 2013), but just met the 2014 target set at 9.5 months.

**Table 2.1.1 Outcome Measures**

Outcome Measure	2012	2013	2014*	2014 Target	Absolute (%) Change 2013-14
1 a) Average amount of employment earnings for participants with earnings	\$760	\$793	\$810	\$775	+\$17 (2.1%)
1 b) Average amount of employment earnings at exit	\$1,605	\$1,533	\$1,596	\$1,450	+\$63 (4.13%)
2 a) Percentage of the caseload with employment income	10.3%	10.4%	12.2%	10.2%	+2.0% (17.3%)
2 b) Percentage of the caseload exiting to employment	15.3%	15.9%	17.4%	14.5%	+1.5% (9.4%)
2 c) Job retention rate as determined by average length of time from exit due to employment to re-entry to social assistance (months)	10.3	10.4	9.5	9.5	-0.9 (-8.7%)
2 d) Job retention rate as determined by the percentage of participants who exit social assistance due to employment and return	7.1%	7.0%	7.0%	7.7%	0.0 (0.0%)
2 e) Average length of time to employment (months)	14.7	14.7	13.3	16	-1.4 (-9.5%)

\*For 2014, only available data for the months January to August were used in the calculations.

In terms of caseload size over the previous planning cycle, the total caseload size decreased by 4.9 per cent from October 2012 to October 2013, and increased slightly, by 0.9 per cent, from 2013 to 2014. The effects of the economic downturn in 2008 on the caseload size appear to have stabilized (after spiking 26.9 per cent from 2008 to 2009). However, the caseload size remained above pre-recession levels in October 2014 (up 23.3 per cent from 2008 to 2014). With the implementation of SAMS it has been difficult to get accurate current caseload totals. As availability and reliability of SAMS reports and data improve, it does appear that the caseload size remains high.

Employment and Income Support (EIS) completed a number of projects in the previous service planning cycle including work that supports the themes from the previous cycle's Service Delivery Evaluation and the introduction of the online application. The division continued its implementation of its restructuring, including the transfer of the Enhanced Intake units into Income Support Services branches, the development of a Quality Assurance unit, and development of EVP. Several research projects to enhance knowledge for planning were also completed, including research to explore further why some people leave Ontario Works and then return within six months; a survey of OW participants' use of public transit and the impact of our Transit for Reduced Incomes Program (TRIP); and several focus groups and analyses regarding Discretionary Benefits.

## **2.2 External Influences**

### **Social, Economic & Demographic Trends**

Each year, Region of Waterloo planners estimate the number of people living in Waterloo Region. At the end of 2014, the population estimate was 568,500. Based on this estimate, over the past 15 years the Region's population has grown an average of 1.63 per cent per year. The Regional population estimates provide the best estimate of the total number of people and households in the region, as they take into account the Census population, estimated to year-end, the Census undercount and full-time post-secondary students.

The Workforce Planning Board of Waterloo Wellington Dufferin (WPB) publishes numerous reports throughout the year that provide key insights into the local labour market conditions, including the [2014-17 Local Labour Market Plan](#) (October 2014). The report identifies that the number one layoff occupation among employment service clients (Labourers in Processing, Manufacturing and Utilities) is also the number one occupation for clients exiting their intervention through employment services. This would suggest that some workers are simply taking another available job in their current declining occupation instead of upgrading to develop skills for more sustainable, longer-term employment. The report also identifies issues of potential mismatch issues for "Second Career" training choices. In terms of opportunities in key growing sectors, the report highlights the demand for nurses and Personal Support Workers (PSWs) continues to outweigh supply; the difficulty for the manufacturing industry to attract new workers due to the lack of understanding of the types of opportunities available; and the

opportunities for skilled workers in agriculture. The report also highlights that the choices being made by the unemployed in choosing new career paths and/or accessing government training opportunities are not always reflective of the reality of the labour market.

Further, the ability to obtain sustainable employment and achieve financial independence is challenging for groups of people who are typically marginalized such as immigrants (defined as individuals born in a country other than Canada). Data collected from SDMT in October 2014 indicates that 3,294 Ontario Works participants (including dependants) reported being born outside Canada. This number represents 22.31 per cent of the total caseload including dependants. A total of 2,119 interpreted OW appointments were completed for the Region from November 2013 to October 2014. The top five interpreter requests were for the following languages: Arabic, Farsi/Dari/Persian, Spanish, Somali, and Vietnamese.

### **Provincial and Regional Government Initiatives**

Regional government initiatives that the division is/will take part in and/or be impacted by include:

- Region of Waterloo reorganization (RENEW) - November 2014;
- Region of Waterloo 2015-18 strategic planning process;
- Regional Service Review;
- Review of Social Development Programs;
- Transit partnership for affordable transit

Financial constraints brought on by the changes to the funding of Discretionary benefits will continue to be felt in the coming years.

At the same time, there are several Provincial initiatives that will impact the work of the division, including:

- SAMS normalization;
- Continuation of Supportive Approaches through Innovative Learning (SAIL) now incorporating other Regional divisions and departments;
- Participation in the Service Standards initiative;
- Follow up to the recommendations of the Commission for the Review of Social Assistance;
- Continued involvement and interest in the implementation of the Integrated Social Assistance Framework (ISAM) Framework;
- Introduction of the Ontario-wide debit card system for social assistance recipients;
- Provincial child dental program changes;
- Ontario Works rate review restructuring; and
- MTCU review of Employment programs.

## 2.3 Caseload Description

Table 2.3.1 summarizes key service delivery statistics from 2014 and provides annual forecasts to 2016. In 2014, the average monthly number of applicants screened was 898; the average monthly caseload was 8,470, while the average monthly number of ODSP participants (voluntary) was 154. Forecasts for 2015 and 2016 were calculated considering historical caseload trends and anticipated local demographic changes.

### 2.3.1 Service Delivery Statistics

Service Delivery Statistics	Source	Prior Year (2014*) Actual	Year 1 (2015) Forecast	Year 2 (2016) Forecast
Average monthly number of applicants	Intake Tracking Report	898	911	925
Average monthly caseload (number of singles and families including temporary care assistance recipients)	Form 5	8,470	8,597	8,726
Average monthly number of ODSP participants (voluntary)	Benefit Unit Summary	154	156	157

\*Averages calculated using monthly data for the period: January to October, 2014.

The Region conducts an annual review of the known demographic characteristics of participants who are on the Ontario Works caseload to inform service planning. Table 2.3.2 provides a point-in-time snapshot of the Ontario Works caseload as it was on October 31, 2014 and reveals how the caseload has changed over the past year. The data reported on here is summarized from the 2014 Ontario Works Caseload Profile. The Caseload Profile demonstrates that there was a 1.5 per cent increase in the number of children aged 0-6 on the caseload, a slight increase (0.2 per cent) in sole-support parents, a 1.8 per cent increase in participants completing high school or greater, a 1.5 per cent increase in heads of household on assistance for over two years, a slight decrease (0.6 per cent) in the number of participants born outside of Canada, and an increase (2.4 per cent) in the percentage of employed adults on the caseload.

In 2014, the largest age categories among participants aged 18 and over were 25-34 year olds (30.2 per cent), followed by 18-24 year olds (22.5 per cent), making up just over half of the total adult caseload. The caseload profile shows that just over half (52.6 per cent) of adult participants have completed a high school education or greater, which is a 6.3 per cent increase from 2012 (49.5 per cent). One in 5 (19.8 per cent) adult participants had a post-secondary education in 2014, up from 17.9 per cent in 2012.

## 2.3.1 Caseload Profile Data

Item	October 2012	October 2013	October 2014	% Change 2013 to 2014
Number of heads of household <sup>1</sup>	8,299	7,990	8,034	0.6%
Number of dependants <sup>2</sup>	7,083	6,645	6,739	1.4%
Total caseload	15,382	14,635	14,773	0.9%
Average age of adults <sup>3</sup>	34.9 years	35.3 years	35.6 years	0.8%
Number of children aged 0-6	3,024	2,811	2,852	1.5%
Gender <sup>3</sup>	55.0% female	55.0% female	55.4% female	0.4%
Married or common-law <sup>1</sup>	9.4%	8.8%	8.6%	-0.2%
Family composition <sup>1</sup> <i>Singles</i>	57.9%	58.7%	58.7%	0.0%
<i>Sole-support parents</i>	32.5%	32.4%	32.6%	0.2%
<i>Couples with dependants</i>	7.8%	7.3%	7.0%	-0.3%
<i>Couples without dependants</i>	1.8%	1.6%	1.7%	0.1%
Average number of children <sup>4</sup>	1.84	1.85	1.85	0.0%
Education <sup>5</sup> <i>Less than Grade 9</i>	8.7%	8.4%	7.8%	-0.6%
<i>Grade 9-11</i>	41.8%	40.6%	39.4%	-1.2%
<i>High school</i>	31.5%	32.1%	32.9%	0.8%
<i>Post-secondary</i>	17.9%	18.8%	19.8%	1.0%
Months on assistance <sup>1</sup> <i>0-4</i>	31.7%	28.9%	28.2%	-0.7%
<i>5-12</i>	24.6%	24.9%	24.4%	-0.5%
<i>13-24</i>	19.4%	18.7%	18.4%	-0.3%
<i>25+</i>	24.3%	27.5%	29.0%	1.5%
Median months on assistance <sup>1</sup>	10.0	11.0	11.0	0.0%
Born outside of Canada	24.1%	22.9%	22.3%	-0.6%
Employed adults <sup>3</sup>	11.0%	11.5%	13.9%	2.4%
Accommodation type <sup>6</sup> <i>Renting</i>	N/A	83.6%	84.4%	0.8%
<i>Renting – Subsidized</i>	N/A	10.7%	10.3%	-0.4%
<i>Owned Home</i>	N/A	1.1%	1.2%	0.1%
<i>Other (e.g. homeless, transitional)</i>	N/A	4.5%	4.1%	-0.4%

<sup>1</sup> Ongoing heads of household as of October 31, 2013.

<sup>2</sup> Includes ongoing (i.e. not terminated) spouses, dependant adults and dependant children.

<sup>3</sup> Includes heads of household, spouses and dependant adults.

<sup>4</sup> Only includes households with children.

<sup>5</sup> Highest level of education completed by ongoing heads of household, spouses and dependant adults.

<sup>6</sup> Ongoing heads of household, October 2013. This is a new variable added to the 2013 Caseload Profile Report.

The caseload profile also found that 13.9 per cent of adults on the caseload had employment earnings in October 2014, up from 11 per cent in 2012. The proportion of the caseload on assistance for longer than one year increased from 43.7 per cent in October 2012 to 47.4 per cent in October 2014. During this same period the number of newcomers to Canada as percentage of the total caseload decreased from 24.1 per cent to 23.3 per cent. A copy of the 2014 Caseload Profile is available upon request.

## **2.4 Local Labour Market**

Region of Waterloo, Department of Planning, Development and Legislative Services recently published its inaugural annual [Labour Force Report](#). The report highlights labour force characteristics of the Kitchener-Cambridge-Waterloo Census Metropolitan Area for 2014. The report states that the Region's population continued to increase with a growth rate of 1.2 per cent from 2013 to 2014, while the labour force grew at a rate of 1.0 per cent in the same time period. Of the total population aged 15 years and older, 72.5 per cent (299,700) were participating in the labour force. Of these, 283,100 people were employed, with approximately 80 per cent working full time jobs, with the remaining 20 per cent reporting part time employment. The other 19,500 people in the labour force were unemployed, which is reflected in an unemployment rate of 6.4 per cent.

The number of people living in the Kitchener-Cambridge-Waterloo CMA who were working in 2014 grew by 4,200 (1.5 per cent) from 2013. At the same time, the number of those who were unemployed declined, as did the unemployment rate in the CMA, suggesting more people were finding work in 2014. The overall employment situation in the region was relatively strong in 2014, with higher participation and employment rates than Ontario and Canada. The region also had an unemployment rate below that of Ontario and Canada. Data indicates that economic recovery since the recession has been steady, with the employment rate (67.8 per cent in 2014) at its highest reported level since 2005.

Youth unemployment remains much higher than the total population, at 12.1 per cent, indicating that persons aged 15 to 24 are experiencing significant barriers to employment, which has impacts for the Ontario Works caseload.

The Goods Producing sector grew by 6.9 per cent from 2013 to 2014. Employment in the Manufacturing sector remains the largest industry in the region, representing almost one fifth of all employment, growing by 4.2 per cent. Construction and Agriculture showed very strong growth within the last year. Employment in the Service sector remained relatively flat (-0.2 per cent) from 2013 to 2014. The largest industry in the Service sector, Trade, making up 14 per cent of total employment declined slightly.

The fastest growing occupations since 2001 include 'Sales and service occupations', 'Natural and applied sciences and related occupations', 'Occupations in art, culture, recreation and sport', 'Occupations in social science, education, government service and religion', and 'Health occupations'.

See section 2.2 for additional analysis of the local labour market.

## **2.5 Community Engagement**

The Region collaborates with key stakeholder groups to improve employment outcomes for OW participants. Feedback that is received from community partners is a critical piece of service delivery evaluation and development. Forming partnerships enables EIS to be involved in key Regional and Provincial projects, supports innovation in programming, and ensures service is responsive to the needs of the community. This section of the plan will provide a brief overview of a number of these partnerships and initiatives.

### **Employment and Income Support Community Advisory Committee (EISCAC)**

The EISCAC is comprised of key stakeholders including social assistance recipients, community agencies, Provincial representatives, and the Greater Kitchener-Waterloo Chamber of Commerce. The Committee meets six times a year to offer advice on the delivery of services by EIS. The Committee is chaired by a member of Regional Council and reports to the Community Services Committee of Regional Council. As a result of a recommendation from the Committee, the division has worked with community partners as well as Regional staff and volunteers to assist OW participants to file income tax returns. The 2014 EISCAC Annual Report is available upon request.

### **Community Employment Linkages Committee (CELC) and Cambridge Employment Facilitation Network (CEFN)**

The Region participates as a member on both the Community Employment Linkages Committee (CELC) as well as the Cambridge Employment Facilitation Network (CEFN). EIS staff serve as Co-Chairs of the CELC and CEFN. These partnerships are developed with the goal of facilitating inter-organizational support and collaboration. The CELC has been active with the implementation of the Employment Ontario service model in Waterloo region, while EIS is a key funder and sponsor of the CEFN's annual Employer Recognition Breakfast.

### **Employment Ontario Service Providers**

As an Employment Ontario Service Provider the Region of Waterloo attends the Employment Ontario Service Provider meetings, which seek to promote, enhance and ensure collaboration with other Employment Ontario service providers.

### **Immigration Partnership Council**

The Community Services Department hosts the Immigration Partnership Council. Region and EIS staff are active members on the Council's working groups. This federally funded initiative is working to assist immigrants with working, settling, and belonging in Waterloo Region.

### **The Workforce Planning Board of Waterloo Wellington Dufferin (WPB)**

The Workforce Planning Board of Waterloo Wellington Dufferin works to engage communities and community partners in local labour market development and to develop solutions to local workforce development issues. The Region of Waterloo has formed a strong partnership with the WPB and has collaborated on a number of initiatives

including the Making Cent\$ of Abilities coalition of individuals, agencies and employers to promote the employment of persons with a disability. EIS staff participate on the Board of Directors of the WPB in an advisory capacity and is a member of the Making Cent\$ of Abilities steering committee.

### **Waterloo Region Energy Assistance Program (WREAP)**

Through its Intake unit, EIS delivers the Region's Waterloo Region Energy Assistance Program (WREAP). Using a number of different funds (Winter Warmth, Low-income Energy Assistance Program (LEAP), Community Homelessness Prevention Initiative (CHPI), emergency assistance, and discretionary benefits) staff assists families and individuals with low income including Ontario Works (OW) and Ontario Disability Support Program (ODSP) participants who need financial assistance to pay their heating and hydro bills. For the discretionary benefits portion of the energy assistance program, the Region contributes 100 per cent regional funding over and above the funding provided by the Province. Agreements with local utility companies to administer the LEAP and Winter Warmth funds have oversight from the Ontario Energy Board. Region of Waterloo will continue to work with community partners as the new Ontario Electricity Support Program (OESP) is implemented in 2016.

### **Housing Services**

To further support and ensure housing for Ontario Works (and Ontario Disability Support Program) participants, senior EIS staff meet regularly with colleagues in Housing Services. These relationships have resulted in enhanced internal communication protocols and a more formal divisional response to crisis support (e.g. in response to emergencies such as evacuation). In this way, housing is stabilized and secured for people who are particularly vulnerable to losing their housing.

### **Transit Affordability and Accessibility**

The Transit for Reduced Incomes Program (TRIP) advisory group, chaired by Grand River Transit (GRT) staff, seeks to identify strategies to increase affordable transportation opportunities for persons with low income. The advisory committee oversees the administration of the Regionally-funded program which provides a concession to the cost of a bus pass for persons with low income. Through the Transit Affordability Pass Program (TAPP), EIS provides bus passes to Ontario Works participants who are upgrading their education (grade 12 or GED) or participating in its employment placement programs.

In 2013, a survey was conducted with OW and ODSP participants concerning their transportation needs and use of public transit, as well as the benefits of the existing programs. Affordable transportation for persons with low income was identified by OW participants as one of their top priorities through feedback they provided as part of the Service Delivery Evaluation in 2010. Wide reaching community engagement with stakeholders across the region to gather input for the Region of Waterloo 2015-18 Strategic Plan has again found the issue of affordable transportation as a high priority in the Region.

Presently, the group is working with EIS and GRT staff on a report to council that will provide a range of options to provide increased access to transportation services within the region. Anticipated enhancements may be implemented throughout 2015-16 and include GRT's introduction of an electronic fare system that we anticipate will provide additional opportunities for OW and ODSP participants.

### **Ontario Municipal Social Services Association (OMSSA)**

The Region of Waterloo, and Community Services in particular, remain active members of OMSSA. OMSSA has been contracted to provide the training and delivery of SAIL. Staff from the division participates on the Employment and Income Network and other relevant working groups. Staff also participate in direct service staff training, the OMSSA annual conference, and other training events.

### **Provincial and Regional Partnerships**

EIS will participate in the following initiatives in 2015:

- The Region has been approved as a full-suite Employment Ontario Service Provider which has enhanced the continuum of services and support available to OW participants;
- As an Employment Ontario service provider, the Region delivers the Youth Employment Fund. For the 2014/15 year, targets for successfully placed at-risk youth have been increased from nine to 76.
- Staff regularly meet with representatives of the MCSS and the local Ontario Disability Support Program offices to discuss issues of mutual concern and ensure effective service coordination (e.g., changes to discretionary benefits program and timely fulsome file transfers);
- Staff also participate with Ontario Works Administrators and municipal staff from the Central West Region as well as key Provincial staff from the Regional office of MCSS in the Social Assistance Directors Forum;
- The Region of Waterloo supports employees by providing funding for job/career related courses, as well as professional development opportunities provided by the Association of Municipal Employment Services (AMES). This organization provides learning opportunities through its yearly conference. EIS is represented on the AMES executive committee;
- Employment Services continues to provide enhanced services through co-location opportunities in its three Employment Resource Centres. Project Read, Conestoga College, and other organizations utilize Resource Centre space for the services they provide and as a site for local employment Job Fairs; and,
- The Region continues to support its rural communities through a Rural Outreach project. This project has expanded from one rural site to a total of four sites in 2013, whereby the EIS employment desktop and resources can be accessed electronically with Regional staff support available by telephone.

## Section 3: Program Management

### 3.0 Introduction

Employment and Income Support (EIS) offers service out of three locations within Waterloo Region. The Waterloo office is located at 99 Regina Street and provides income support and some employment services including an Employment Resource Area to citizens living in the cities of Kitchener and Waterloo as well as the Townships of Woolwich, Wilmot and Wellesley. Employment programming and services are offered to citizens living in Kitchener-Waterloo and the surrounding Townships largely from the Kitchener office, which is located at 235 King Street. Citizens living in the City of Cambridge and the Township of North Dumfries are provided both income support and employment services at a co-located site situated at 150 Main Street in Cambridge. As an approved Employment Ontario service provider the full suite of employment services are offered at all three locations. This section of the plan provides an overview of key organizational drivers and supports and services to participants including Intake and Emergency Assistance, Case Management, and Program Integrity.

### 3.1 Service Delivery Rationale

#### **Social Assistance Management System (SAMS)**

Recovery from the implementation of Social Assistance Management System (SAMS) continues to be an organizational driver for service delivery in 2016. Collaboration with the Province continues through various working groups and activities to assist with business recovery and technical system changes/updates. Staff continue to provide feedback and suggest enhancements to improve system functionality. Ongoing support for continuous learning and training strengthen future staff learning. Participation on multiple provincial working groups, including the Business Recovery workgroup and the Technical Work Group, is assisting in the identification of issues and resolutions. Waterloo Region also continues to partner in finding solutions and moving forward with SAMS through hosting meetings with guests from the Province, including the Deputy Minister.

The plan for moving forward involves data clean up resulting from SAMS implementation. This will require dedicated staffing to reconcile payments, overpayments and cleanse data. There is commitment to working with the Province to develop plans for this cleanup. It is likely to take into 2016-17 to complete these data recovery items. In addition, the submissions of claim forms have not occurred since the implementation of SAMS; and addressing this issue will be an important component of next steps towards normalization in 2015-16.

Data requirements to render eligibility decisions have increased in SAMS. This has been most evident for new applications for assistance since implementation. While staff are more confident in the system and system fixes improve functionality, managing staffing levels will continue to be a challenge until SAMS is functioning as intended without significant fixes and enhancements.

There are numerous pieces to business recovery that will require action through to 2016. Returning staff to previous business levels will include managing the backlog of work, like outstanding participation agreement updates. As the project transitions to regular operations, further review of existing processes will be needed provincially and locally to leverage efficiencies and ensure seamless customer service. This will be particularly evident with the introduction of the Social Assistance Online (client portal for reporting changes). Completion of data clean up reports will ensure system integrity and accurate reporting mechanism. Business recovery will carry into much of 2016 as staff continue to integrate the new technology and complete recovery items.

As SAMS functionality improves, staff continue to manage the volume of system changes that have compounded since the implementation of the new technology. Staff continue to provide exceptional service while they manage system, process and expected policy changes in 2016.

Supports to staff continue in the following areas of training, coaching, user support and issue escalation. Provincial updates to learning materials have been helpful resources as staff look to the most up to date material as resources. This is most helpful as staffing fluctuations result in hiring of new staff. Strengthening learning materials and ongoing learning plans will reinforce efficient and effective delivery of the social assistance program locally and across the Province.

Despite the challenges to SAMS implementation, staff have begun to communicate some positive features of the system, for example Real Time Cheques. Continued improvements to features of the system assist in providing client service and reducing stress for staff. Moving forward throughout 2016, collaboration and strengthening partnerships across Ontario will ensure business recovery and more effective use of the SAMS technology to deliver the Ontario Works program.

### **Supports to Participants**

In response to the capping of provincial funding, the Region contributes an additional \$2 million above the provincial funding cap for discretionary benefits. The division continually monitors this budget to assess the need and spending usage.

The Region of Waterloo continues to participate in local initiatives to reduce poverty including collaboration with Service Canada and three local banks to promote the Canada Learning Bond (CLB) available to OW and ODSP participants. EIS hosted two sign up events for eligible families to enroll in the CLB in May 2013 and successfully enrolled seventy (70) new children. In 2014 the CLB Initiative was recognized at the provincial level for its great work in helping to break the cycle of poverty with the Local Municipal Champions award from OMSSA. In June 2015 EIS continued efforts to inform and enroll families in the bond by hosting another three sign up events and were able to register an additional fifty (50) children.

The Region also hosts free tax clinics in its Resource Centres and offers a “drop off” service to assist persons with low income to complete their income tax returns. Tax

returns are completed by Regional staff in EIS and Finance. The Region also supports participants in obtaining bank accounts to facilitate direct bank deposits, in anticipation of the April 2016 Federal changes when financial benefits, such as Income Tax Rebates, GST, and Child Tax Benefits, will only be provided through direct deposit.

### **Intake, Eligibility Determination and Emergency Assistance**

Intake Services staff assess the needs of individuals to determine eligibility and the appropriate level of support. Available supports include: emergency assistance; assistance with utility arrears/disconnection (Waterloo Region Energy Assistance Program); discretionary benefits for Ontario Disability Support Program participants; and/or ongoing Ontario Works assistance. In June 2013 the Region of Waterloo implemented an Enhanced Intake where Intake Assessment Coordinators complete the entire application process, including documentation verification appointments with applicants, through to issuance of first payment for enhanced service to participants. With this change and the introduction of the SAMS, the online application process has been well promoted. In 2014, Intake Services received a monthly average of 700 Discretionary/emergency inquiries, provided discretionary or emergency assistance to an average of 156 individuals each month, and completed an average of 627 intakes each month.

In addition to the services described above, the Social Services After Hours Emergency Service provides on-call support to assist individuals outside of regular business hours. The First Response Protocol responds to individuals who have lost their housing as a result of a catastrophe. Through an agreement with the Red Cross, immediate shelter and support is provided.

### **Case Management**

Income Support Caseworkers manage ongoing cases to enhance service and outcomes to ongoing participants. Caseworkers use the Participation Agreement to work collaboratively with participants to identify a realistic plan to move toward self-reliance and sustainable employment. While committed to program integrity and ongoing case management, intake service pressures have resulted in a current pilot initiative to ensure applicants are granted assistance in a timely manner. As a result, caseworkers are now completing documentation verification appointments with applicants when needed.

With SAMS implementation, workload management strategies included supports to staff to ensure staff were acquiring the skills, knowledge and confidence in the new technology.

### **Program Integrity**

The creation of a Quality Assurance Unit this year creates opportunity for a renewed focus on aspects of OW program integrity that includes employment focused outcomes supported by effective program design, accountability for funds issued through third party access oversight and evaluation, and information management to inform OW program delivery. Over the course of the next two years, planned initiatives include a

renewed evaluation system of file review, the development of an access to information data base, new policy development approaches meant to engage direct service staff, and responsive quality approaches to align with MCSS initiatives related to risk managed program delivery. These initiatives are considered to be entwined, each informing the success of the other, so that participants receive continuously improving service.

### **Family Support**

The goals of the Family Support Unit (FSU) are to increase and maintain the percentage of sole support parents receiving Ontario Works with support provisions; to increase the average amount of support in pay within the Child Support guidelines; and, to defend arrears owed to the Province and/or to a municipality. Family Support Workers also provide individual clarification and information regarding support issues to Caseworkers. There are eight Family Support Workers; and the Family Support Unit received a monthly average of 193 referrals in 2014. The FSU continues to support arrears, but changes to the process required FSU prepared statements to be sent directly to the Family Court Judge who makes a decision on obligation for payment. This unit continues to revamp assignment of files and processes to enhance effectiveness and efficiencies.

### **3.2 Oversight Strategy**

The Region of Waterloo has well established financial management policies and procedures that govern the corporation's accountability and oversight for public funds. The Region of Waterloo has a Treasury Services team under the direction of the Region's Chief Financial Officer that is primarily dedicated to support the Ontario Works program. This team is comprised of a supervisor and staff that provide business support to Ontario Works for financial information and processes, including payment administration and budgeting. Although this team receives its formal direction through the Chief Financial Officer, this team is located on site with Ontario Works and is integrated with the Ontario Works management in order to effectively support the Ontario Works service plan.

In addition, the Region of Waterloo is committed to ensuring that the Ontario Works program is delivered in accordance with legislative requirements, program directives and standards as well as to establish appropriate controls to mitigate identified risks. A renewed focus on OW program integrity and quality management will be of high priority for 2015-16 due to (a) the recent establishment of the Quality Assurance unit; (b) the impacts of SAMS on the integrity and reliability of data; and (c) the continued implementation of the Province's Social Assistance Accountability Framework (SAAF).

The Program Development team, within the Quality Assurance unit, is responsible to assist with interpretation, communication and tracking of legislative changes, policies and procedures. All provincial legislation is reviewed and disseminated to staff in a timely manner. When necessary, local policies are developed to assist in the interpretation/implementation of legislated changes. Several enhancements for the

communication and development of policies and procedures are being planned for 2015-16.

The EVP unit, which also recently moved into the Quality Assurance unit, allows cases to be reviewed with a second set of 'fresh eyes', offering greater objectivity and scope for the file review. This process uses a risk based approach of reviewing 3 per cent of OW cases monthly that have been flagged for further revision and investigation. The process involves an analysis and assessment of third party information to determine client eligibility and whether a change in financial assistance is required.

The following processes of accountability and identification of risks and areas for improvement are also currently in place:

- Staff accurately track and maintain records and supporting documentation for all social assistance related expense and recoveries;
- Data and financial reports are reviewed regularly; and identified issues are addressed;
- Playlists are reviewed and approved daily;
- Purchase of service agreements are monitored and tracked;
- Regular team meetings are used to discuss issues and seek staff input;
- Monthly management team meetings are held to review issues, outcome performance and ideas for improvement; and
- The local Administrator and Provincial Program Supervisor meet regularly to review programme expenditures, performance, emerging issues and outcomes.

### **3.3 Analysis of Resources**

The Region is well resourced to manage the financial and administrative activities and responsibilities to support the program. SAMS implementation has diverted training, which has impacted our responsiveness to hiring and filling of positions. Throughout 2015-16, the Region will continue normalizing service delivery with SAMS, and will be reviewing resource allocations and alignment of service and program delivery to achieve employment outcomes.

### **3.4 Overview of Learning Supports**

SAIL will continue to be promoted throughout 2015-16 through creative strategies to maintain interest in the concepts as developed by a direct service staff SAIL advisory group. Children's Services, Community Outreach, Public Health, and Housing Services staff have joined the SAIL advisory group with a continued expansion roll out into 2016. The current series of SAIL training and staff engagement is supporting the learning of new staff hired since the introduction of SAIL. In the fall of 2012, Children's Services, Housing and some EIS management staff received the SAIL management orientation.

The Region's Performance Development Program permits staff, with the support of their supervisor, to shape their own personal development plan. Staff are supported to attend conferences and courses through the Association for Municipal Employment Services

(AMES); OMSSA (e.g., FSW training, Policy Writing); as well as local workshops dealing with issues such as addiction and inter-agency events. Our tuition refund program continues to be fully utilized each year as staff use formal education opportunities to upgrade skills.

### **3.4 Business Practices**

In order to improve the service experience of our clients, the Region is currently working on an initiative to establish an Integrated Service Counter at our Cambridge office. The integrated counter will allow clients to access multiple services and programs at one counter location. The project is a collaborative effort by EIS, Citizen's Service, Housing Services, Children's Services, Business Supports, and Public Health. The results of the initiative will inform further changes towards more integrated service for the public accessing Regional services and programs.

Income Support Services branches have recently put a strategy in place to reduce the number of business days from screening to financial eligibility decision performance indicator. This new strategy is being monitored to ensure targets are being met and resource capacity is being utilized appropriately, while ensuring improved customer service. Other business practices will be reviewed and changed as needed, to meet or exceed service delivery standards, employment outcomes and expectations of participants and staff.

## **Section 4: Outcome Strategies**

### **4.1 Service Strategy Rationale**

The Region continues to work closely with MCSS on many initiatives to support achievement of employment outcomes. The Region provides employment programming to Ontario Works participants to directly support their achievement and exits to employment and financial stability. Programs and services currently available to Ontario Works participants offer a full continuum of opportunities including self-serve Employment Resource Areas and employment programs dealing with a variety of topics (career counseling, job-seeking methods and tools, job retention strategies, skill based training). The Region will be reviewing possibilities for the expansion of employment and job placement capacity, as well as retuning the number of employment programs. The division has a well established Learning, Earning and Parenting Program and works closely with Children's Services, Community Services to ensure that child care supports are readily accessible to support successful exits to employment.

The Region is also a service delivery site for Employment Ontario, funded in part by the Ministry of Training, Colleges and Universities. This permits us to extend the continuum of opportunities available to Ontario Works participants. Being a direct service provider of a wide span of employment programs in the region, works towards broadening and further establishing the Region as a full service employment and income support centre.

The Region continues to collaborate with community agencies (including Project READ, Conestoga College, and St. Louis Adult Learning Centre) to offer literacy, upgrading, and career development in industries including, Hairdressing and Personal Support Worker (PSW) programs. Employment drop in centres for Ontario Works participants, that offer self-service and assisted models of supports and resources, also work towards employment outcomes.

In addition, the Region provides social work support to those who may benefit, as a direct service, as well as through purchase of service agreements with other counselling agencies. EIS staff also refer participants to a variety of high quality addiction related services in the community offering individual and group supports including counseling, medical treatment and withdrawal management. The delivery of these programs and services are vital to supporting the unique needs of individual participants in addressing barriers to achieving financial stability and sustainable employment.

#### **4.2 Linking Strategies to Outcome Measures**

The outcome targets for the 2015 budget will remain at the same levels that were set for 2014. In setting outcome targets for the 2015 budget, the following factors were taken into consideration:

- Availability and integrity of SAMS data;
- Continued work towards SAMS normalization and impacts upon workload;
- The 2014 caseload profile, service delivery statistics and labour market analyses which report a blend of strong and weak-performing indicators that may impact achievement of employment outcomes;
- Recent economic forecasts for Canada; and
- The upcoming 2015 national election.

#### **4.3 Action Steps and Resources**

The Region through Community Services continues to participate in local initiatives to reduce poverty including leadership in a poverty reduction strategy for the corporation and implementation of the Canada Learning Bond and free income tax services and supports for those living in low income. EIS continues to build on its past experience and learning through continued evaluation and ongoing internal working groups, which often directly involve program participants.

#### **4.4 Stakeholder Linkages**

A holistic approach is utilized to maximize the employment attainment of its OW participants and the successful achievement of employment outcomes. Some of the stakeholder linkages that are being leveraged include:

- Strong, effective partnerships with other levels of government, including the Ministry of Training, Colleges and Universities (MTCU).
- Purchase of Service contracts with several employment organizations to deliver services that are targeted to identified caseload needs and outcomes.

- Protocols and linkages with Employment Ontario.
- Partnerships with Project READ, Conestoga College, and St. Louis Adult Learning Centre are vital in supporting participants' progress towards improved literacy, skill upgrading and career training, in preparation for employment.
- Partnerships with community agencies, such as Lutherwood, to provide a menu of supports to participants.
- Formal and informal connections with the Workforce Planning Board Waterloo Wellington Dufferin to better understand the local labour market and industry trends.
- Employer connections with Employment Services staff to maintain and enhance the effectiveness of training and placement programs.
- New partnerships with local banking institutions and Service Canada, through work on the Canada Learning Bond initiative and facilitating access to bank accounts for participants.
- Caseworkers and Employment Services staff work closely with several community agencies through referrals to appropriate programs and services.
- Ontario Works staff are able to directly connect with other Region of Waterloo colleagues in Housing Services, Child Care Services and Public Health to offer an integrated and holistic approach to offering service to participants.
- The division relies upon its relationships with the community through our Employment and Income Support Advisory Council (EISCAC) made up of OW and ODSP participants, as well as a wide cross-section of community agencies, including the local workforce planning board, Chamber of Commerce, employment agencies, multicultural services, mental health, community placement, housing stability system, education, literacy and regional labour council. EISCAC provides opportunity for stakeholders to provide input to identify service gaps and provide input to improve program delivery and employment outcomes.

#### **4.5 Addressing Service Gaps**

Service gaps are identified through our commitment to service excellence in a variety of ways. Issues can be raised in a forum such as the Employment and Income Support Community Advisory Committee or the Community Employment Linkages Committee for discussion and potential coordinated action. The Social Assistance Directors' Forum for Central West Region has been an excellent resource to identify and potentially resolve issues with Provincial Staff. The annual caseload and labour market profiles ensure the division is current with the needs of program participants and labour market trends.

#### **4.6 Increased Employability Strategies**

The Region has put in place a number of strategies to enhance employability. At the core of increased employability strategies are the Caseworker and the principles of SAIL. As stated in section 1.4, one of the division's priorities for 2015-16 is to revisit our client service pathway to ensure an employment-centered service that is adaptive to

individual and labour requirements through a variety of strategic and evaluative initiatives.

Currently, the Region offers a variety of employment programs to support positive employment and earnings outcomes for program participants. Programs such as, Individual Supports Towards Employment (iSTEP), and Social Work Intake provide participants with life stabilization supports and basic skills for employment. Creating Opportunities, for example, provides participants with encouragement and a greater sense of hope, and support to identify their strengths, skills and barriers along their career journey. Planning for Employment, Community Placement, and Focus for Change and Working from Home programs are uniquely tailored programs to support participants in preparing for Employment. STAR (Sharing Tips and Resources) provides participants with practical information to live well on a small budget. The Region offers several foundational courses for employment, such as job searching, resume writing, interviewing, and employment placements. Employment Resource Centres provide participants with a variety of resources and staff assistance to support their employment or training goals.

Industry specific job training or skills training program that may be required to move towards employment are also provided through several programs delivered by the Region. The Region has also continued the GED program to support participants wishing to obtain a high school equivalency certificate, in response to the high number of OW participants without a high school certificate (47.2 per cent in 2014).

Income Support staff continue to work actively in areas such as transportation, housing, literacy, food security and community support to identify and facilitate access to resources that will enable Ontario Works recipients to participate fully in the life of the Region consistent with the SAIL principle of inclusion.

#### **4.7 Monitoring Service Strategies**

Before SAMS implementation, the Provincial update of Employment Assistance target achievements provided on the Extranet were reviewed with all managers within EIS, monthly. The results, and any issues, were discussed with the Program Supervisor (Ministry of Community and Social Services); and as appropriate, a business case would be presented to Provincial Staff if the targets needed to be adjusted. As the availability and integrity of SAMS data and reports improve, the division will continue to enhance and improve strategies to monitor and manage progress towards the achievement of outcome targets.

The Region collects data on employment program participants' education and employment history, as well as their progress towards program completion and exits to employment. This data is utilized by Employment Services staff and management to monitor the effectiveness of programs to support employment objectives and to inform employment program and service planning.

The Region also participates in the Ontario Municipal Benchmarking Initiative (OMBI) and the division has additionally set its own Individual Performance Management Targets. These performance indicators or measures further enhance accountability and promote effective service delivery.

## **Section 5: Next Steps**

### **5.1 Next Steps**

The priorities identified at the outset of this document are reviewed by the senior management team regularly throughout the year and updates are shared with staff electronically. In 2016 an update to this plan will be submitted as a Service Plan Addendum. The update will capture changes in external influences such as the labour market and caseload demographics; progress towards SAMS normalization, and report any changes in service delivery and/or business processes; and outline any changes in service strategies for 2016.



Region of Waterloo \* Paramedic Services  
**PERFORMANCE MEASUREMENT**

Performance Measurement Report (mid-year)  
For the Period of January – June 2015  
Produced on August 17<sup>th</sup>, 2015



# Region of Waterloo \* Paramedic Services

# PERFORMANCE MEASUREMENT

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# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## SUMMARY

### A. VOLUME AND SERVICE LEVEL INDICATORS

Indicator	Current Q2 (2015)	Previous Q2 (2014)	Year-To-Date
Total Number of Calls	9,471	9,114	19,288
Rate of calls per 1,000 population*	65.9	64.3	67.5
Unit Utilization	41.5%	38.1%	42.4%

### C. EFFICIENCY INDICATORS

Indicator	Current Q2 (2015)	Previous Q2 (2014)	Year-To-Date
Offload Delay (# of days)*	45.5 days	26.3 days	93.1 days
Code Yellow Time	15.2%	9.0%	15.4%
Code Red Time	1.29%	0.61%	1.62%

### B. COMPLIANCE AND QUALITY ASSURANCE INDICATORS

Indicator	Current Q2 (2015)	Previous Q2 (2014)	Year-To-Date
Response Time (Code 4, 80 <sup>th</sup> percentile)*	09min 46sec	10min 10sec	09min 58sec
Paramedic Services' Warning System Use	100.0%	100.0%	100.0%
Chute Time Adherence	91.5%	93.5%	90.9%

### D. SERVICE AND QUALITY IMPACT INDICATORS

Indicator	Current Q2 (2015)	Previous Q2 (2014)	Year-To-Date
Stroke Patient to Stroke Facility*	84.3%	88.2%	86.2%
Return of Spontaneous Circulation*	12.5%	18.0%	13.3%
Heart attack (STEMI) protocol*	69.4%	58.3%	62.1%

### SUMMARY BY MUNICIPALITY

		Municipality						
		Cambridge	Kitchener	Waterloo	North Dumfries	Wellesley	Wilmot	Woolwich
<b>Response Times (code 4, 80<sup>th</sup> percentile)</b>	Current Q2 (2015)	10min 07sec	09min 02sec	09min 21sec	13min 14sec	17min 08sec	17min 11sec	12min 31sec
	Previous Q2 (2014)	09min 28sec	08min 39sec	08min 46sec	13min 34sec	17min 12sec	15min 39sec	13min 05sec
	Year-To-Date	10min 18sec	09min 11sec	09min 38sec	13min 58sec	17min 48sec	17min 05sec	13min 19sec
<b>Total Call Volume</b>	Current Q2 (2015)	2,453	4,560	1,643	135	88	250	344
	Previous Q2 (2014)	2,336	4,367	1,564	152	59	276	360
	Year-To-Date	4,838	9,278	3,454	295	173	501	749

\*Indicator is also captured in a similar fashion (with some variation in measurement units) within a portion of the OMBI reporting process.



# Region of Waterloo \* Paramedic Services

# PERFORMANCE MEASUREMENT

## A. VOLUME AND SERVICE LEVEL INDICATORS

### Definition of Indicator Group

Quantity type indicators that show values related to work intake and work breakdown (how much did we do?).

### Summary of Results

For the half of 2015, there were 19,288 calls for paramedic service responded to in Waterloo Region which projects 38,896 calls on the year and, if sustained, would be a record for call volume. The rate of calls per 1,000 was up 4.9 per cent from the first half of 2014, continuing to greatly outpace population growth, and was likely influenced by an aging population. Unit utilization ranged from a low of 28 per cent at 5AM, generally increased to peak at 11am at 58 per cent, before gradually decreasing much of the rest of the day. Unit utilization was up 8.8 per cent from the same time last year (2014-Q2) and down 4.4 per cent from the previous quarter (2015-Q14). Staffing is partly based on patterns and predictions seen in unit utilization, and monitoring unit utilization allows for proactive planning to alter the deployment of staff to reach an appropriate unit unitization level. Note that a 12-hour ambulance was added in each July of 2011, 2012, 2013, and 2015, and an emergency response unit was added in 2014.

### Performance Report

Indicator Name		Indicator Definition	Rolling Quarterly Results		
			Current Q2 (2015)	Previous Q2 (2014)	Current Year-To-Date
Number of Calls	The total number of calls responded to within Waterloo Region year-to-date.*		9,471	9,114	19,288
Rate of calls per 1,000 population	The rate of calls per 1,000 population responded to within the Waterloo Region.*		65.9	64.3	67.5
Unit Utilization	Unit utilization measures the per cent of an hour that ambulances are actively engaged in responding to calls (codes 1 to 4) – as opposed to being deployed waiting for calls. It is used to monitor resource deployment, allowing for planning to ensure sufficient staff to meet community needs. Note that when unit utilization exceeds a value of 40 per cent, it becomes difficult to ensure an ambulance will be available for the next call within a reasonable time.		41.5%	38.1%	42.4%

\*Note that due to differences between the ADRS and TabletPCR data sources, there may be variances with numbers.



Region of Waterloo

# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Number and rate of calls per 1,000 population, year-to-date, by dispatch priority code and year

Waterloo Region, January 1<sup>st</sup> to June 30<sup>th</sup>, 2010-2015<sup>†</sup>

Dispatch priority code	Number of calls						2010→2015
	2010	2011	2012	2013	2014	2015	
1 – Deferrable	377	<b>391</b>	329	256	245	77	
2 – Scheduled	107	84	<b>146</b>	97	87	<b>67</b>	
3 – Prompt	4,790	4,943	5,217	<b>4,540</b>	4,774	<b>5,405</b>	
4 – Urgent	<b>10,471</b>	11,220	11,719	12,288	13,028	<b>13,739</b>	
<b>Rate per 1,000 (YTD)</b>	<b>58.4</b>	60.9	63.0	61.6	64.3	<b>67.5</b>	
Annual change (%)	1.0%	4.2%	3.5%	<b>-2.2%</b>	4.4%	<b>4.9%</b>	
<b>Total calls (YTD)</b>	<b>15,745</b>	16,638	17,411	17,181	18,134	<b>19,288</b>	
Annual change (%)	2.7%	5.7%	4.6%	<b>-1.3%</b>	5.5%	<b>6.4%</b>	
<b>Total calls (annual)</b>	<b>31,883</b>	<b>33,902</b>	<b>35,725</b>	<b>35,421</b>	<b>37,426</b>	<b>38,896*</b>	
Annual change (%)	1.2%	<b>6.3%</b>	5.4%	<b>-0.9%</b>	5.7%	3.9%	

\* Projected

<sup>†</sup> Due to a slight change in methodology, such as including the student population in the denominator, results may differ from previous reports.

Source: ADRS (August 17<sup>th</sup>, 2015)

Lowest value    
  Middle value(s)    
  Highest value

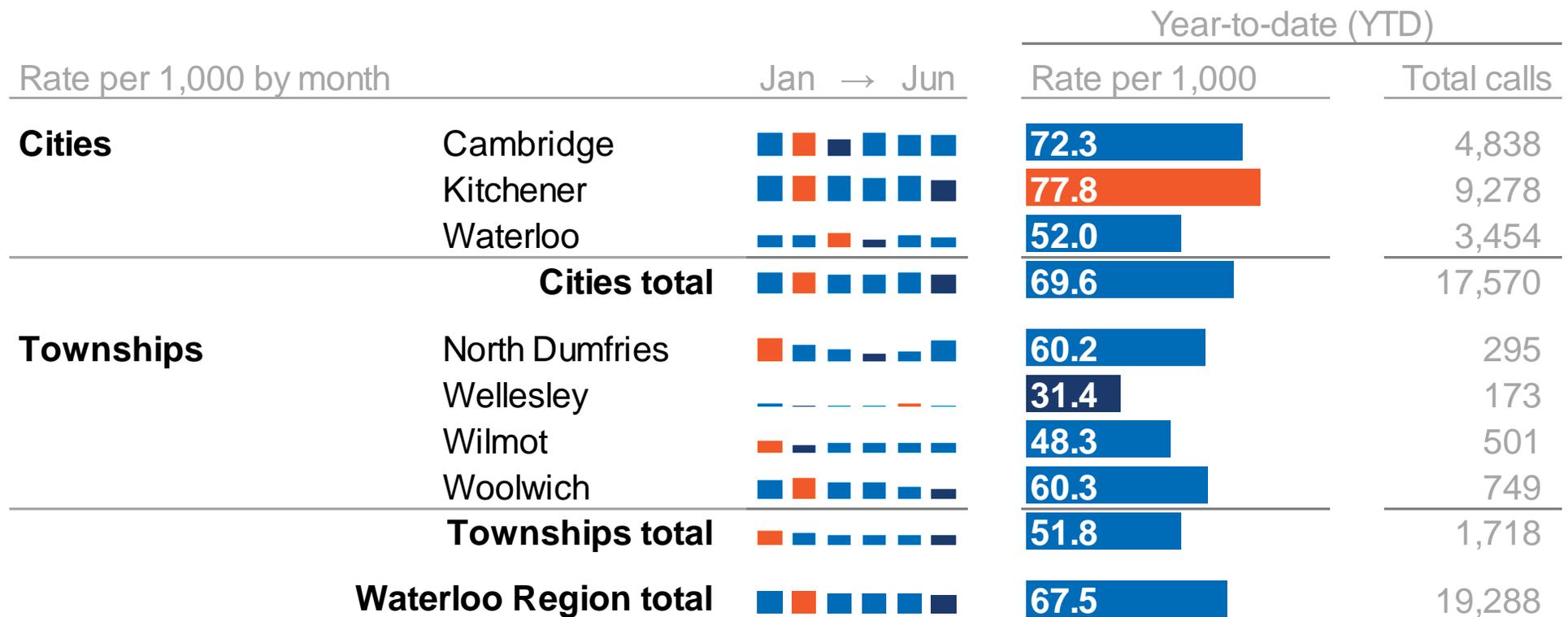




# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Number and rate of calls per 1,000 population, year-to-date, by municipality and month

Waterloo Region, January 1<sup>st</sup> to June 30<sup>th</sup>, 2015<sup>†</sup>



<sup>†</sup> Due to a slight change in methodology, such as including the student population in the denominator, results may differ from previous reports.

Source: ADRS (August 17th, 2015)

Lowest value   Middle value(s)   Highest value

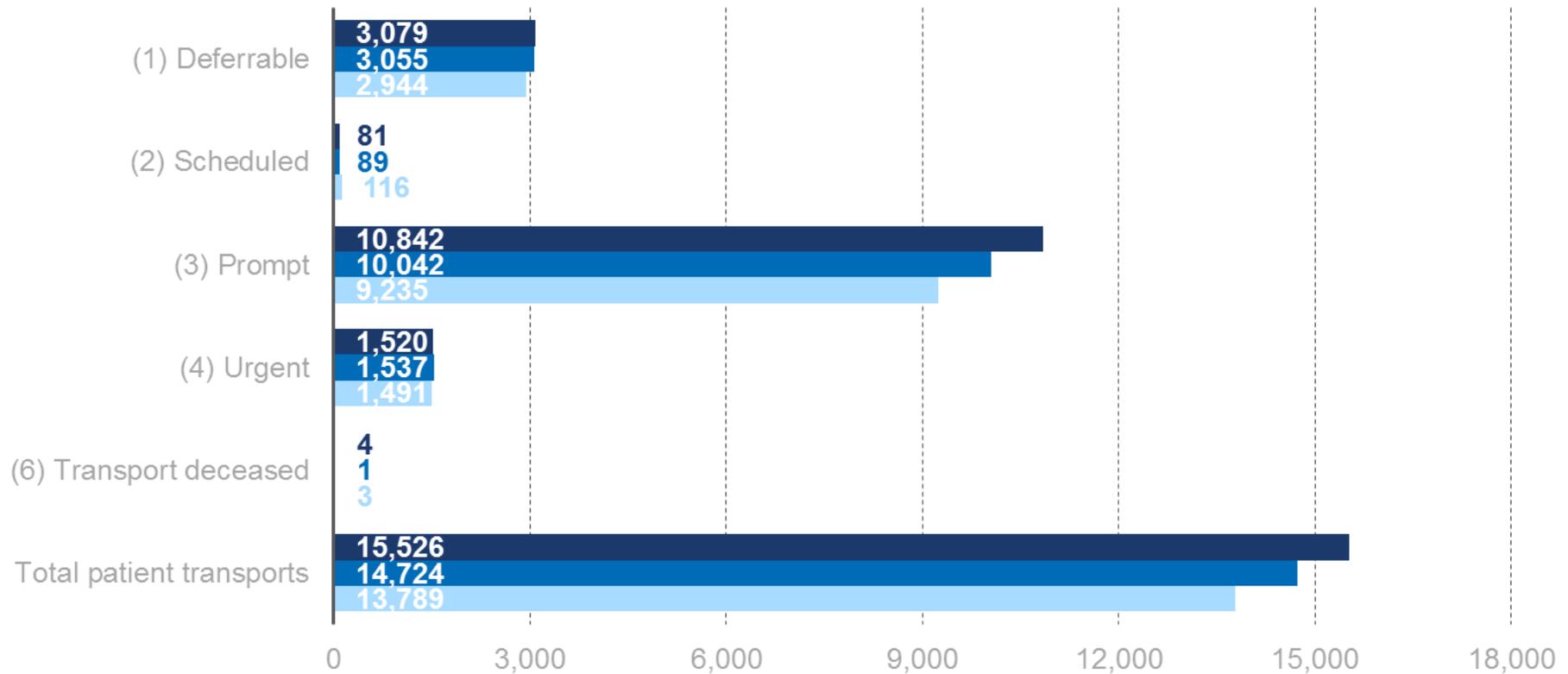


# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Number of patient transports, year-to-date, by return priority code

Region of Waterloo Paramedic Services, January 1<sup>st</sup> to June 30<sup>th</sup>, 2013-2015

■ 2015 ■ 2014 ■ 2013



**Note:** Indicator is based on all calls that Region of Waterloo Paramedic Services responds to both within and outside of Waterloo Region.

**Source:** TabletPCR (August 17<sup>th</sup>, 2015)

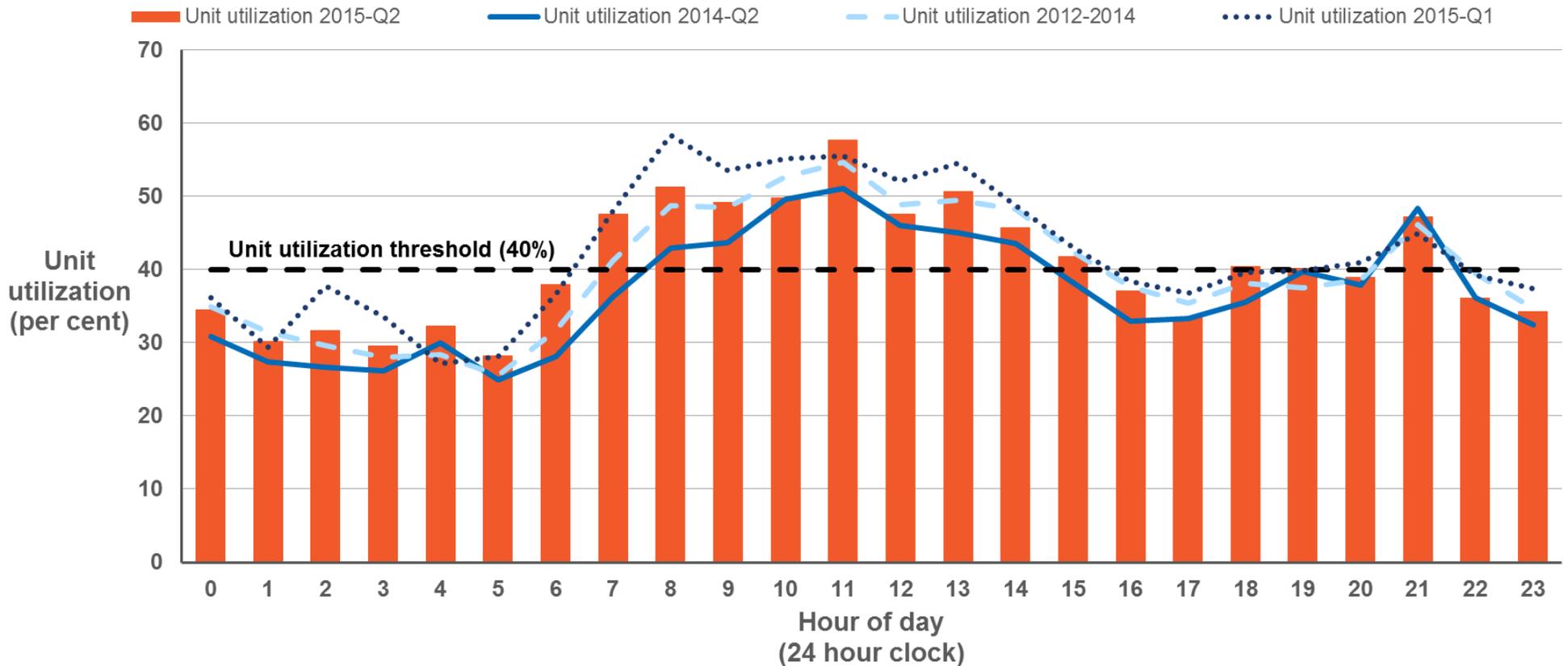




# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Unit Utilization, by hourly average (24 hour clock)

Region of Waterloo Paramedic Services, January 1<sup>st</sup>, 2012 to December 31<sup>st</sup>, 2014, January 1<sup>st</sup> to March 31<sup>st</sup>, 2015, and April 1<sup>st</sup> to June 30<sup>th</sup>, 2014 and 2015



Source: ADRS (August 17<sup>th</sup>, 2015)



# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## B. COMPLIANCE AND QUALITY ASSURANCE INDICATORS

### Definition of Indicator Group

Indicators that monitor Paramedic Services' adherence to internal process, procedure, legislated mandates etc. (how well did we do it?).

### Summary of Results

In the first half of 2015, response times to emergency calls (code 4) within Waterloo Region was 09 minutes and 58 seconds, 2.2 per cent (13 seconds) slower than in the first half of 2014. From the first quarter to the second quarter of 2015 the 80th percentile response time to emergency calls improved 3.9 per cent likely due to a slight easing in the unprecedented call volume being experienced, as well as the end of influenza season, and improved road conditions. Paramedic Services has begun monitoring response parameters observed from urban, suburban, and rural perspectives, using an 80th percentile response time informal benchmark. Response times vary according to population and road density. Drives times are longer in rural areas. Internal reviews identified warning system use compliance of 100 per cent in the current quarter. Chute time adherence remained below the historical average for the third quarter in a row as Region of Waterloo Paramedic Services continues work to improve compliance on this metric. Note that a 12-hour ambulance was added in each July of 2011, 2012, 2013, and 2015, and an emergency response unit was added in 2014.

### Performance Report

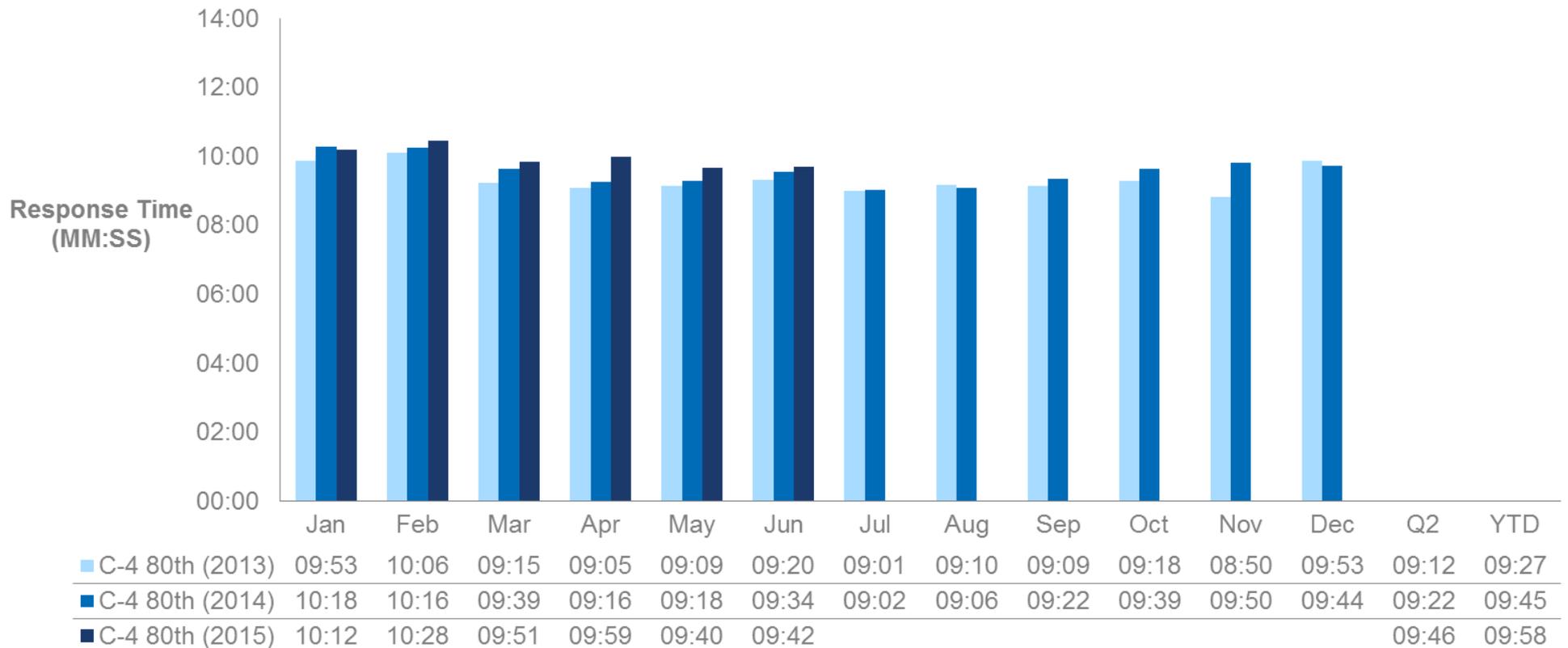
Indicator Name		Rolling Quarterly Results		
		Current Q2 (2015)	Previous Q2 (2014)	Current Year-To-Date
Paramedic Services Response Time to Emergency Calls	A measurement of the Paramedic Services' ability to meet performance a summary performance indicator, response time to code 4 calls, 80 <sup>th</sup> percentile.	09min 46sec	09min 22sec	09min 58sec
Paramedic Services' Warning System Use	A measurement of compliance with the appropriate use of warning systems by Paramedic Services staff (based on a review of internal audits conducted on calls flagged for review during the month).	100.0%	100.0%	100.0%
Chute Time Adherence	The percentage of calls where the timeframe from crew notification to when they are enroute is within protocol (Policy #4.3) of 2 minutes.	91.5%	93.5%	90.9%



# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Response time to emergency calls (code 4), 80<sup>th</sup> percentile, by month

Waterloo Region, January 1<sup>st</sup>, 2013 to June 30<sup>th</sup>, 2015<sup>†</sup>



<sup>†</sup> Due to a slight change in methodology results may differ from previous reports.

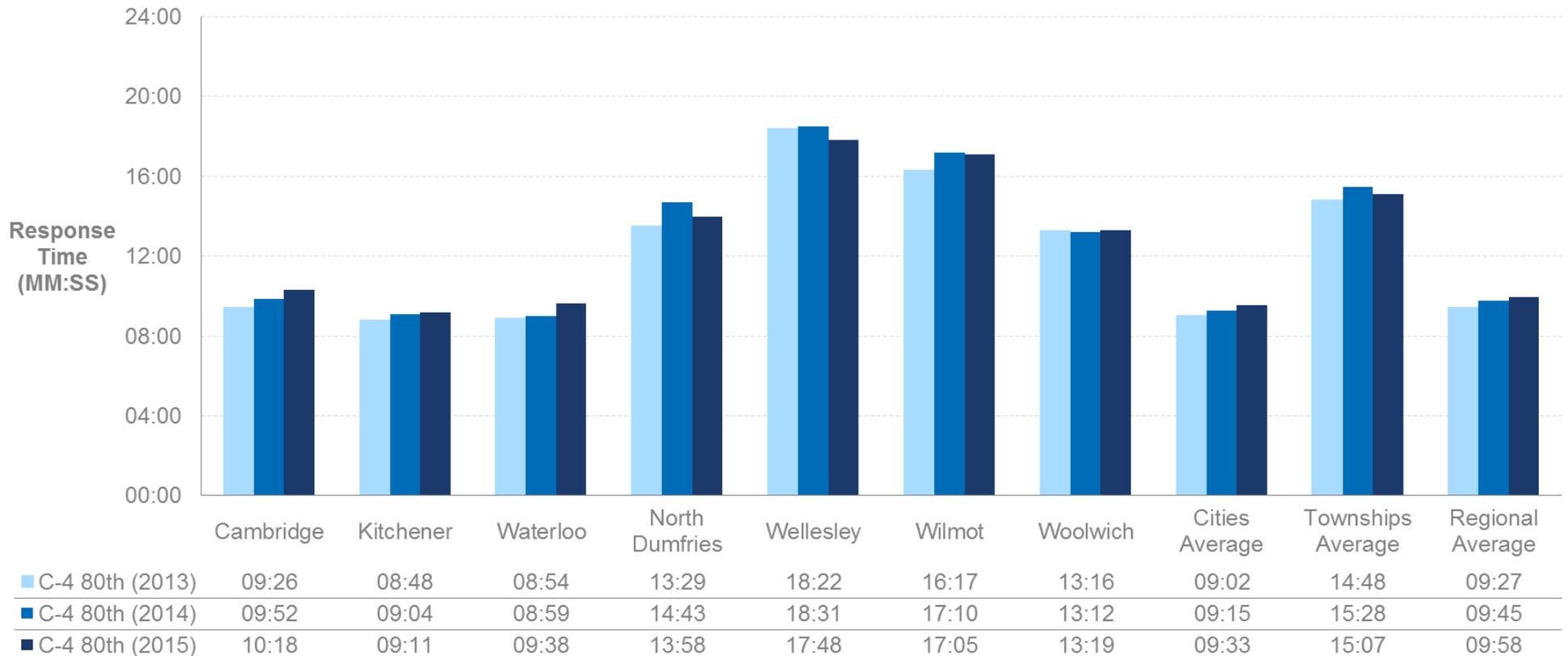
Sources: ADRS (August 17<sup>th</sup>, 2015)



# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Response time to emergency calls (code 4), year-to-date, 80<sup>th</sup> percentile, by municipality

Waterloo Region, January 1<sup>st</sup> to June 30<sup>th</sup>, 2013-2015<sup>†</sup>



<sup>†</sup> Due to a slight change in methodology results may differ from previous reports.

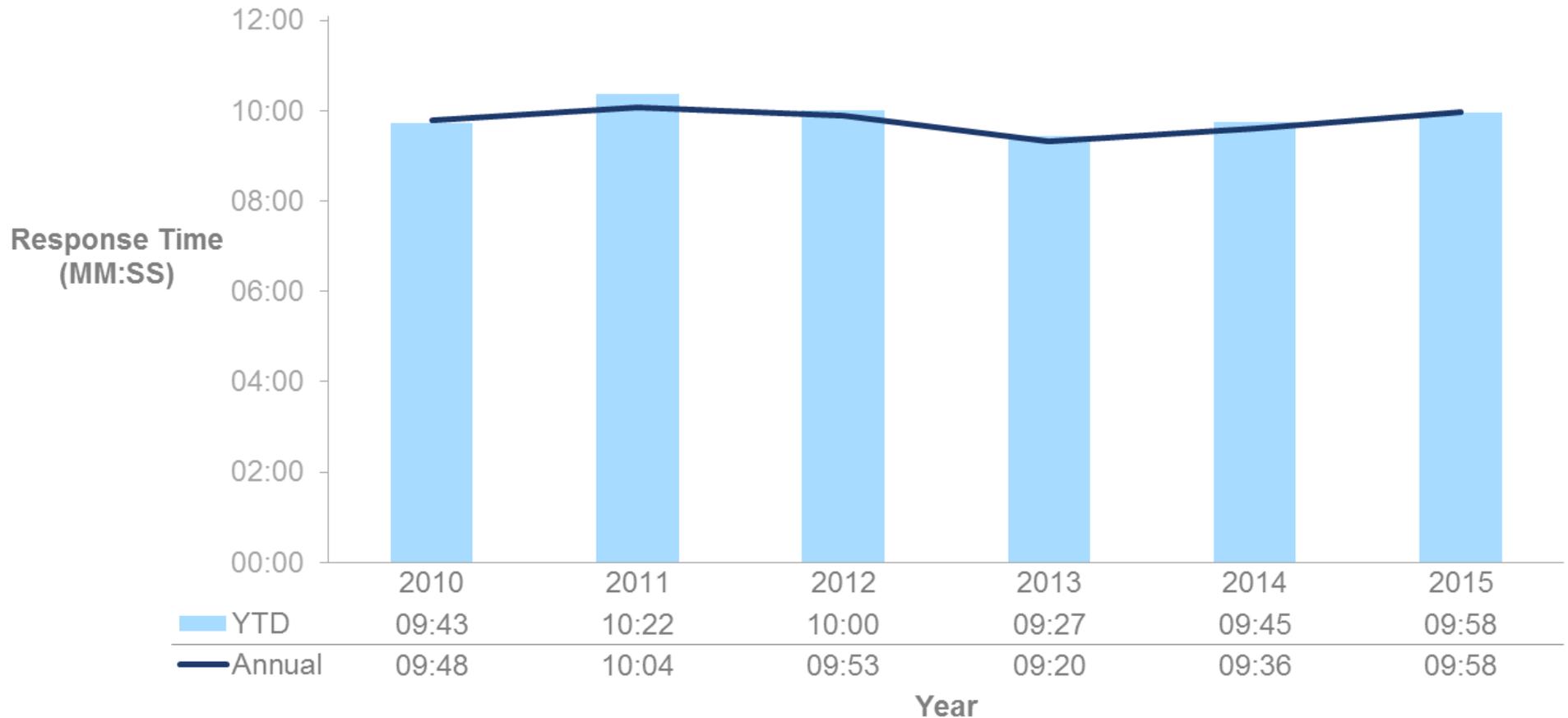
Source: ADRS (August 17<sup>th</sup>, 2015)



# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Response time to emergency calls (code 4), 80<sup>th</sup> percentile, by year

Waterloo Region, January 1<sup>st</sup> to June 30<sup>th</sup>, 2010-2015 and January 1<sup>st</sup> to December 31<sup>st</sup>, 2010-2014<sup>†</sup>



<sup>†</sup> Due to a slight change in methodology results may differ from previous reports.

Source: ADRS (August 17<sup>th</sup>, 2015)



# Region of Waterloo \* Paramedic Services

## PERFORMANCE MEASUREMENT

### Compliance to 2015 response time performance plan, by Canadian Triage Acuity Score (CTAS)

Waterloo Region, January 1<sup>st</sup> to June 30<sup>th</sup>, 2015

Type of call	Response Time Target Paramedic Services notified (T2) to arrive scene (T4)	Approved 2015 Region of Waterloo target	2015 (second quarter)		2015 (year-to-date)	
			Per cent compliance	Percentile time (mm:ss)	Per cent compliance	Percentile time (mm:ss)
Sudden Cardiac Arrest	Defibrillator response in 6 minutes or less (set by MOHLTC)	50% or better (Paramedic Services only)	42%	06:39	36%	06:59
CTAS 1	Paramedic Services response in 8 minutes or less (set by MOHLTC)	70% or better	72%	07:49	71%	07:53
CTAS 2	Paramedic Services response in 10 minutes or less	80% or better	78%	10:22	76%	10:34
CTAS 3	Paramedic Services response in 11 minutes or less	80% or better	78%	11:22	77%	11:37
CTAS 4	Paramedic Services response in 12 minutes or less	80% or better	79%	12:19	78%	12:26
CTAS 5	Paramedic Services response in 12 minutes or less	80% or better	78%	12:25	78%	12:28

Source: ADRS and TabletPCR (August 17<sup>th</sup>, 2015)

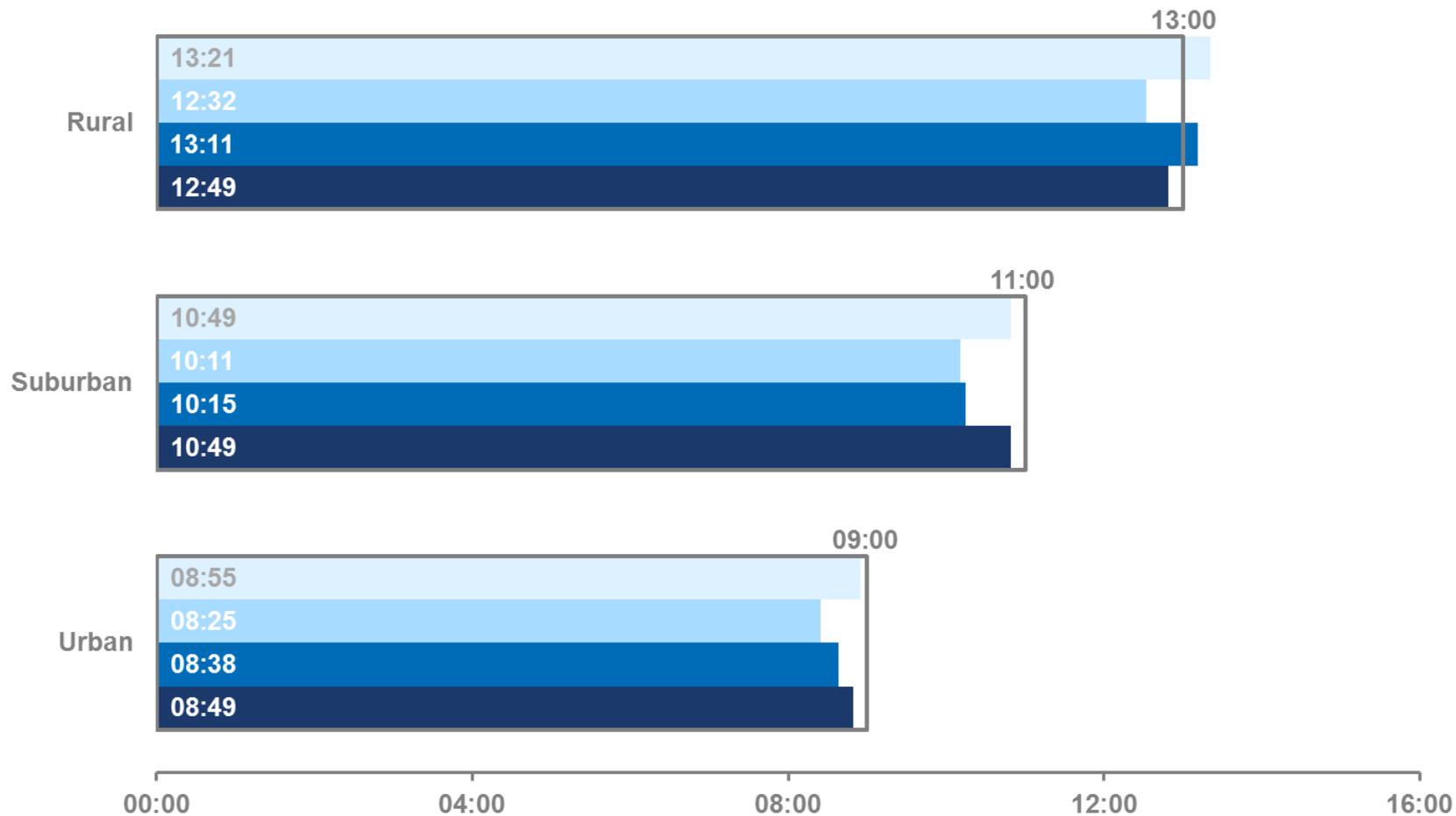


# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Response time to emergency calls (code 4), 80<sup>th</sup> percentile, by population density

Waterloo Region, January 1<sup>st</sup> to June 30<sup>th</sup>, 2012-2015

2012 2013 2014 2015 Informal monitoring benchmark



Source: ADRS (August 17<sup>th</sup>, 2015)



# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Paramedic Services' warning system use of audited calls, by month

Waterloo Region, January 1<sup>st</sup>, 2013 to June 30<sup>th</sup>, 2015

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2015	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						
2014	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
2013	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

**Note:** Results presented are a representative sample of calls audited, not a review of all calls.

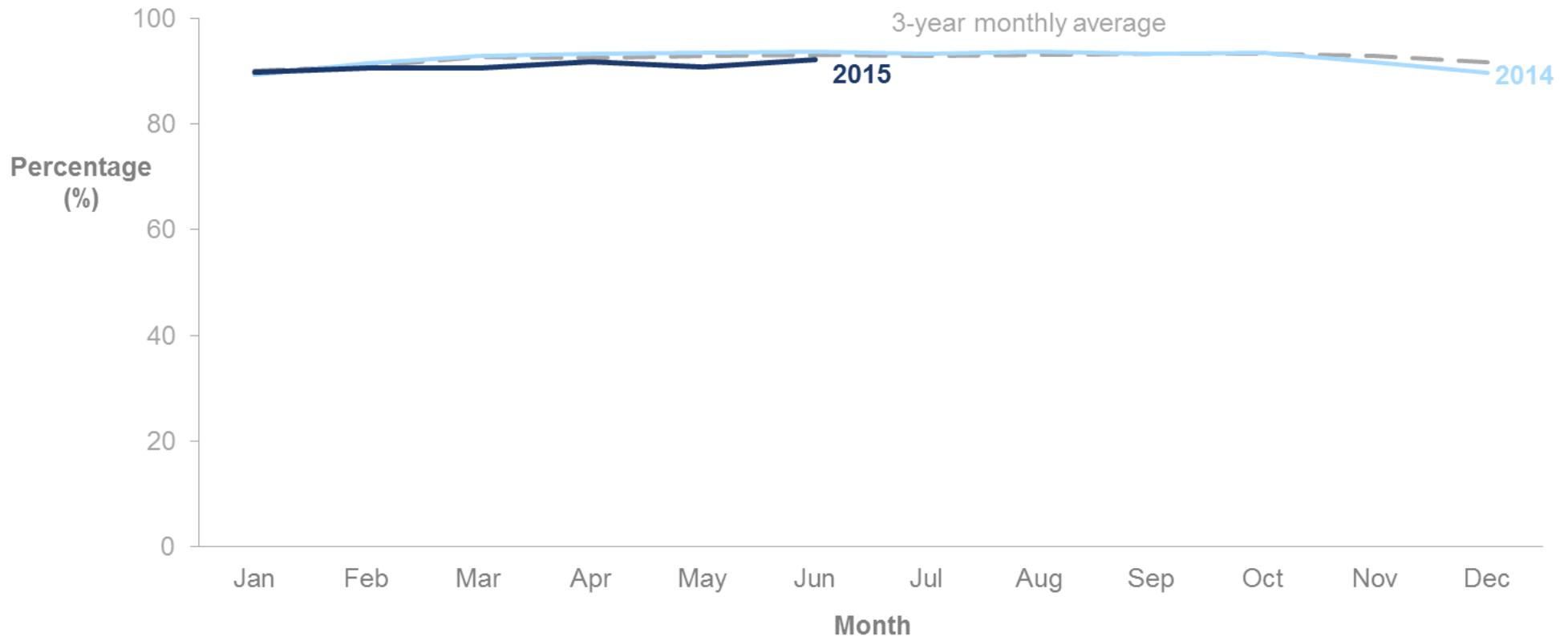
**Source:** TabletPCR (August 17<sup>th</sup>, 2015)



# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Percentage of calls with crew chute adherence (meets two minute policy), by month

Region of Waterloo Paramedic Services, January 1<sup>st</sup>, 2014 to June 30<sup>th</sup>, 2015



Source: TabletPCR (August 17<sup>th</sup>, 2015)



# Region of Waterloo \* Paramedic Services

# PERFORMANCE MEASUREMENT

## C. EFFICIENCY INDICATORS

### Definition of Indicator Group

Indicators that outline how timely Paramedic Services is being performed by staff and offered to the Region (how well did we do it?).

### Summary of Results

Across the second quarter, Offload Delay losses declined 4.5 per cent from the first quarter, returning to 2012 levels. Year-to-date Offload Delay is 60-80 per cent above the previous first halves of 2013 and 2014 respectively. Close collaboration between Paramedic Services and local hospitals continues to focus on addressing the issue of Offload Delay to limit the effects of Offload Delays on Paramedic Services. Collaboration on new and innovative strategies to address Offload Delay and return crews to the public for re-assignment is assisting in limiting our Offload Delay losses. Time spent in Code Yellow and Code Red declined 2.6 per cent and 34.6 per cent respectively from the first quarter, but remain well above the historical average.

### Performance Report

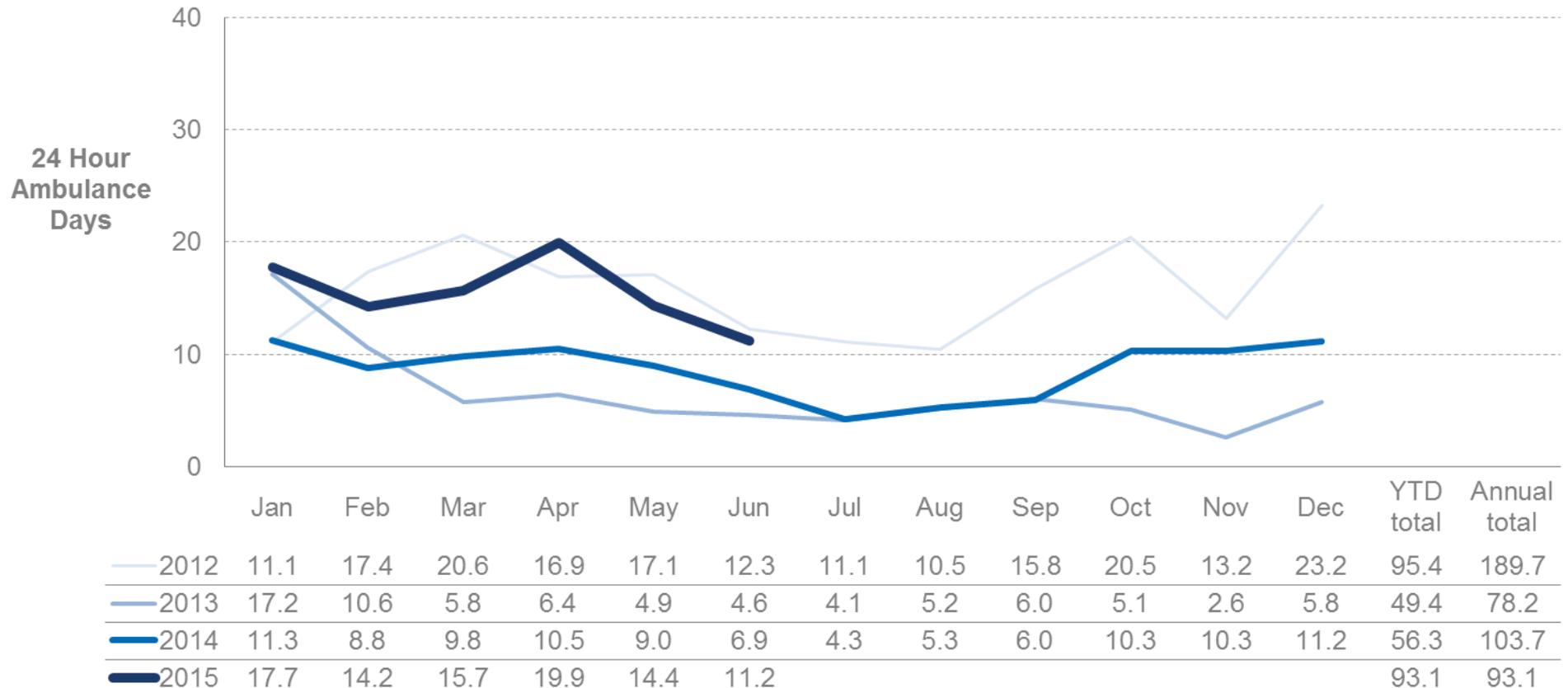
Performance Report		Rolling Quarterly Results		
		Current Q2 (2015)	Previous Q2 (2014)	Current Year-To-Date
Indicator Name	Indicator Definition			
Offload Delay Measurement	The amount of 24 hour ambulance days lost to offload delay over the course of a month.	45.5 days	26.3 days	93.1 days
Code Yellow Status	The percentage of time where Paramedic Services is in a Code Yellow Status for the month ( $\leq$ three vehicles available).	15.2%	9.0%	15.4%
Code Red Status	The percentage of time where Paramedic Services is in a Code Red Status for the month (zero vehicles available).	1.29%	0.61%	1.62%



# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Number of ambulance days lost to offload delay, by month

Region of Waterloo Paramedic Services, January 1<sup>st</sup>, 2012 to June 30<sup>th</sup>, 2015<sup>†</sup>



<sup>†</sup> Currently **offload delay time** is reported, which is defined as the time beyond 30 minutes that a crew waits at the hospital, as a maximum 30 minute wait time per call is deemed to be acceptable. Previously, the total amount of **offload time of calls experiencing offload delay** (greater than 30 minutes) was reported, these are not the same indicator. As a result, trends remain identical to previous reports, but the totals are lower.

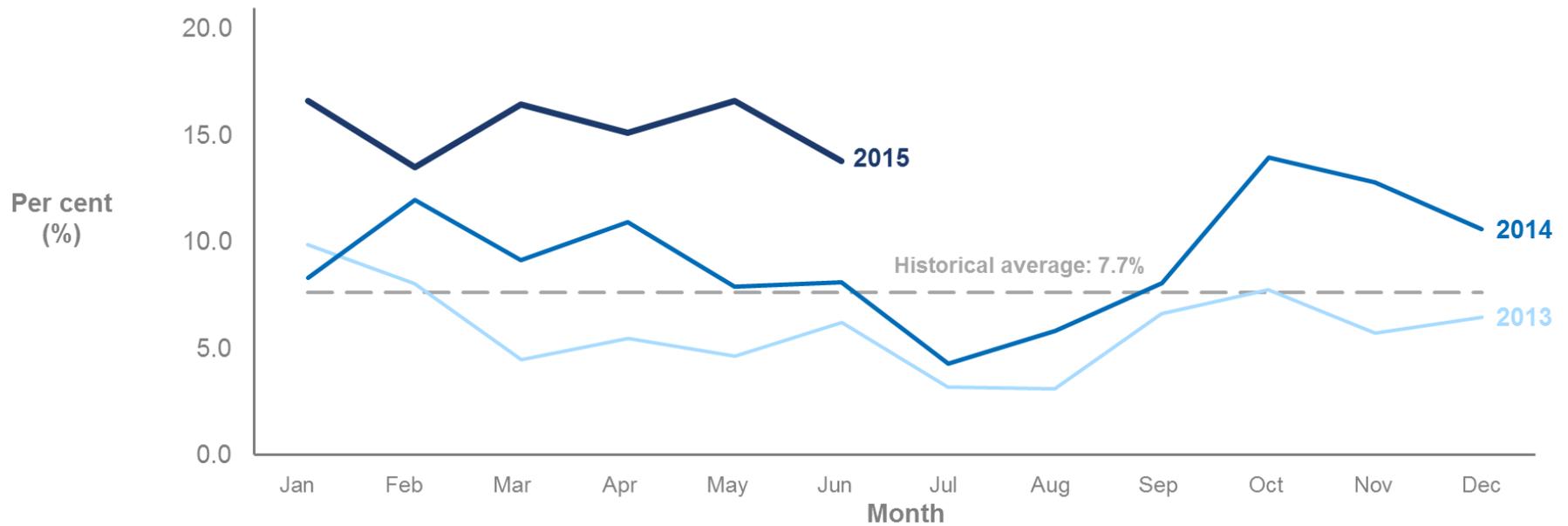
Source: TabletPCR (August 17<sup>th</sup>, 2015)



# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Percentage of time in code yellow status, by month

Waterloo Region, January 1<sup>st</sup>, 2013 to June 30<sup>th</sup>, 2015



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% of time in code yellow (2013)	9.9	8.0	4.5	5.5	4.6	6.2	3.2	3.1	6.6	7.8	5.7	6.5
% of time in code yellow (2014)	8.3	12.0	9.2	10.9	7.9	8.1	4.3	5.8	8.1	14.0	12.8	10.6
% of time in code yellow (2015)	16.6	13.5	16.4	15.1	16.6	13.8	-	-	-	-	-	-
2015 code yellow time (H:M:S)	123:47:02	90:52:37	122:19:32	108:51:29	123:43:10	99:24:21	-	-	-	-	-	-

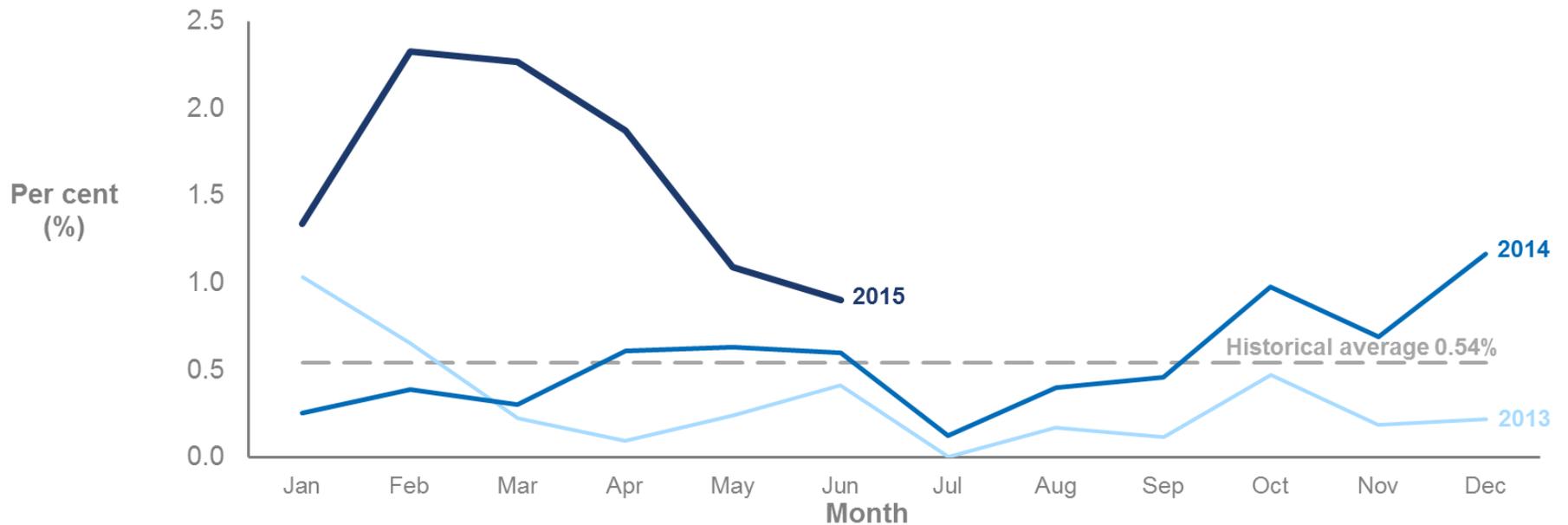
Source: CACC (August 17<sup>th</sup>, 2015)



# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Percentage of time in code red status, by month

Waterloo Region, January 1<sup>st</sup>, 2013 to June 30<sup>th</sup>, 2015



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
— % of time in code red (2013)	1.03	0.65	0.22	0.09	0.24	0.41	0.00	0.17	0.12	0.47	0.19	0.22
— % of time in code red (2014)	0.25	0.39	0.30	0.61	0.63	0.60	0.12	0.40	0.46	0.97	0.69	1.16
— % of time in code red (2015)	1.34	2.33	2.27	1.87	1.09	0.90	-	-	-	-	-	-
2015 code red time (H:M:S)	9:56:23	15:38:2	16:52:1	13:29:1	8:06:47	6:28:21	-	-	-	-	-	-

Source: CACC (August 17<sup>th</sup>, 2015)

### D. SERVICE AND QUALITY IMPACT INDICATORS

#### Definition of Indicator Group

Indicators that measure not only the timely provision of service, but how well that service is being provided by Paramedic Services' staff (How well is the service being performed?).

#### Summary of Results

Note that service type indicators tend to fluctuate around the average over time, particularly when a small number of cases are involved. The percentage of stroke patients taken to stroke facilities was slightly at or below the historical monthly average throughout the quarter. Results for the Return of Spontaneous Circulation (ROSC) indicator continued to fluctuate near the historical monthly average. As any Return of Spontaneous Circulation is deemed positive results are in an acceptable range (variation is normal due to the small number of cases). Heart attack STEMI (ST-Segment Elevation Myocardial Infarction) Protocol compliance, providing care in less than 90 minutes, also fluctuated around the historical monthly average and averaged 69.4 per cent for the quarter (variation is expected for heart attack STEMI due to the numerous variables involved).

#### Performance Report

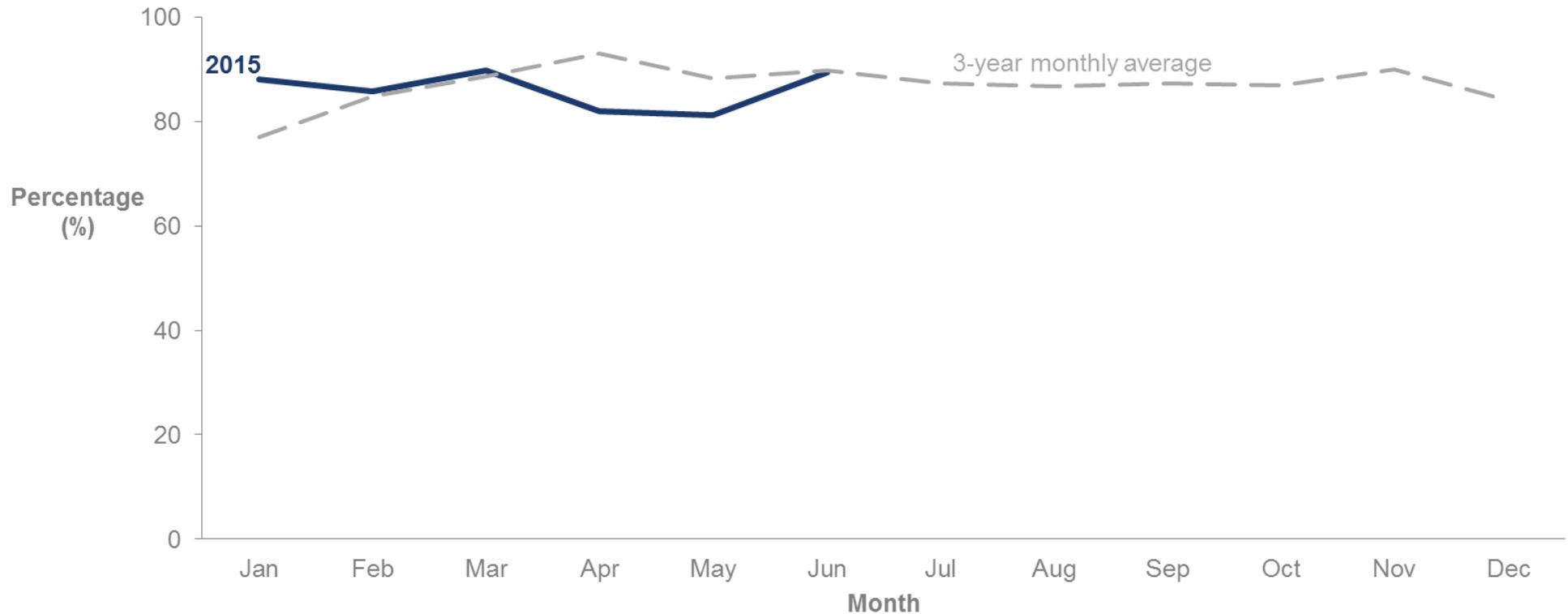
Indicator Name	Indicator Definition	Rolling Quarterly Results		
		Current Q2 (2015)	Previous Q2 (2014)	Current Year-To-Date
Stroke Patient to Stroke Facilities	The percentage of stroke patients taken to Provincial Stroke Facilities. <i>*Note that 'stroke protocol' outlines that only patients with certain symptoms and within certain timelines are transported to a stroke facility. Due to this, a variance under 100% may not necessarily represent a missed target.</i>	84.3%	88.2%	86.2%
Return of Spontaneous Circulation (ROSC)	The percentage of cardiac arrest patients with the return of pulse.	12.5%	18.0%	13.3%
Heart attack (STEMI) Protocol ST-Segment Elevation Myocardial Infarction	The percentage of STEMI patients where care was provided in less than 90 minutes ('STEMI' represents a type of heart attack). <i>*Note that indicator results are shared among Paramedic Services and St. Mary's Hospital. Paramedic Services can only control time from patient contact to arrival at St. Mary's Hospital; the remaining time to the 90 minute target is Hospital dependent.</i>	69.4%	58.3%	62.1%



# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Percentage of stroke patients transported to a stroke facility<sup>†</sup>, by month

Region of Waterloo Paramedic Services, January 1<sup>st</sup>, 2015 to June 30<sup>th</sup>, 2015



<sup>†</sup>Stroke facilities include: Grand River, Brantford General, Hamilton General, Stratford General, and Guelph General.

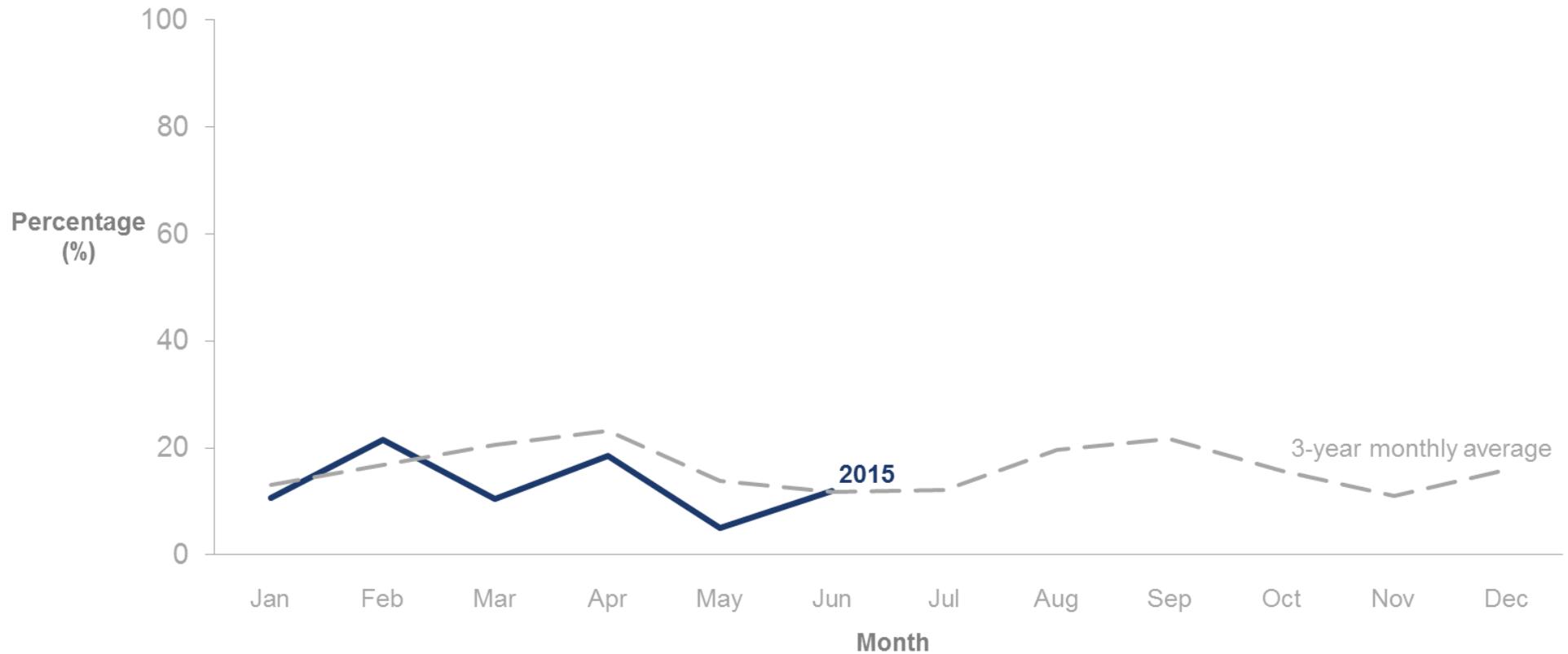
Source: TabletPCR (August 17<sup>th</sup>, 2015)



# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Percentage of cardiac arrest patients with return of spontaneous circulation (ROSC)

by month, Region of Waterloo Paramedic Services, January 1<sup>st</sup>, 2015 to June 30<sup>th</sup>, 2015



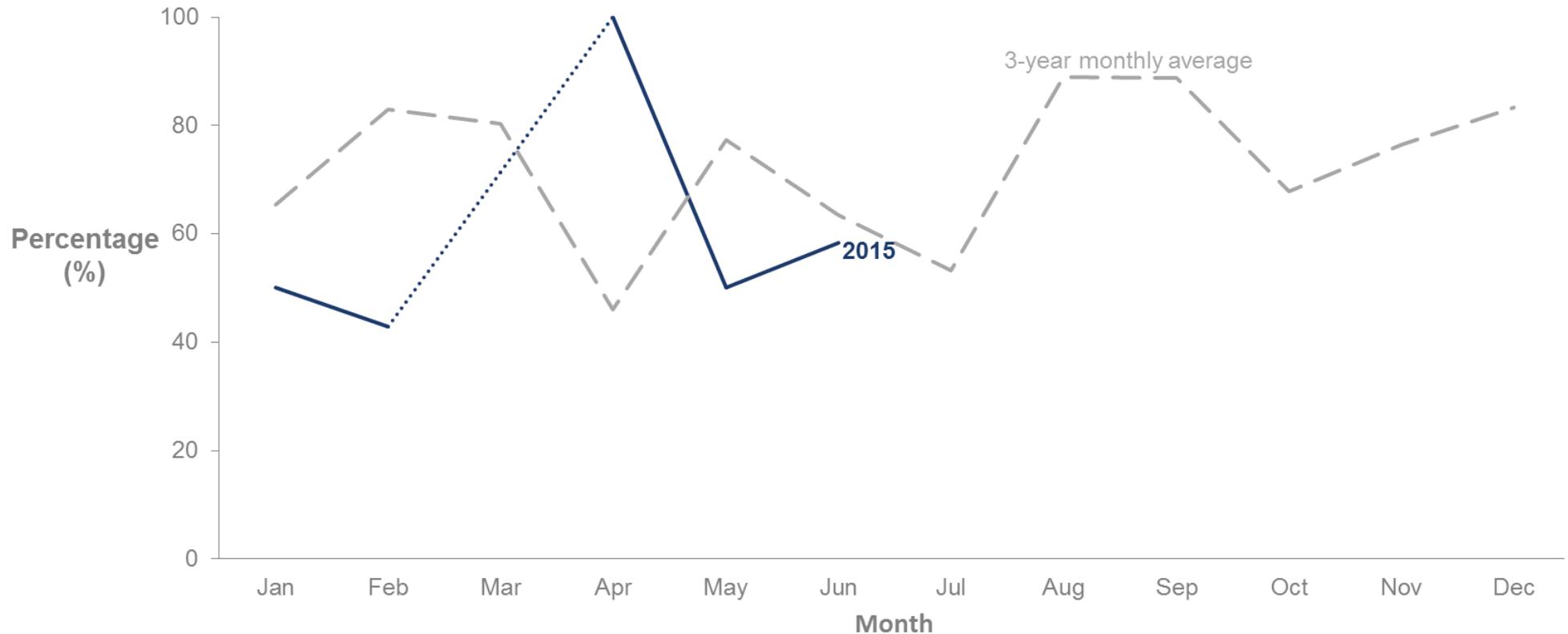
Source: TabletPCR (August 17<sup>th</sup>, 2015)



# Region of Waterloo \* Paramedic Services PERFORMANCE MEASUREMENT

## Percentage of heart attack patients where care was provided in less than 90 minutes (STEMI protocol)

by month, Waterloo Region, October 1<sup>st</sup>, 2011 to June 30<sup>th</sup>, 2015



\*\*Note that in June 2013 and March 2015, there were 0 STEMI cases recorded. The dashed line does not represent an adherence percentage for the month.

Source: St. Mary's Hospital (August 12<sup>th</sup>, 2015)

## E. GLOSSARY

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**ADRS:** Ambulance Dispatch Reporting System

**CACC:** Central Ambulance Communications Centre

**Cardiac Arrest:** A sudden, sometimes temporary, cessation of the heart's functioning.<sup>i</sup>

**Chute Time:** The time it takes an ambulance to depart once notified of a call (Outlined in Paramedic Services Policy #4.3).<sup>ii</sup>

**Code 1 (Deferrable):** A routine call that may be delayed without detriment to the patient (e.g. a non-scheduled transfer; a minor injury).<sup>iii</sup>

**Code 2 (Scheduled):** A call which must be done at a specific time, for example because of special treatment or diagnostic facility requirement (e.g. inter-hospital transfers or a scheduled meet with an air ambulance).<sup>iv</sup>

**Code 3 (Prompt):** A call that should be performed without delay (e.g. serious injury or illness).<sup>v</sup>

**Code 4 (Urgent):** A call that must be performed immediately where the patients 'life or limb' may be at risk (e.g. Vital Signs Absent patient or unconscious head injury).<sup>vi</sup>

**Code Red:** When the Region of Waterloo Paramedic Services is at a level where no ambulances are available to respond to the next emergency call and no out of town services are immediately available to assist.<sup>vii</sup>

**Code Yellow:** When the Region of Waterloo Paramedic Services is at minimum coverage of three vehicles or less.<sup>viii</sup>

**CTAS Level:** The 'Canadian Triage & Acuity Scale' is used to assign a level of acuity to a patient. Acuity refers to the gravity of the situation – the potential for death and/or irreversible illness. CTAS is a tool that more accurately defines the patient's need for care. Assignment of the CTAS level is to be based upon not only the presenting complaint identified on the initial assessment made by the paramedic, but also on their examination findings, and response to treatment.<sup>ix</sup>

**Defibrillator:** An electronic device that applies an electric shock to restore the rhythm of a fibrillating heart.<sup>x</sup>

**Dispatch Priority Code:** The priority code number that is assigned to the call by the dispatcher. It identifies the priority under which the ambulance responds to the call location (e.g. an urgent response would be entered as Code 4).<sup>xi</sup>



# Region of Waterloo \* Paramedic Services

## PERFORMANCE MEASUREMENT

**Emergency Calls:** Based on dispatch priority only. Emergency calls are categorized as Code 4 (Urgent).

**Indicator:** A defined part of a program/team/system that is deemed important to measure and provide “specific information on the state or condition of”, as it contributes to the efficient and effective achievement of an outcome.<sup>xii</sup>

**Offload Delay:** Offload delay measures the offload of patients at local hospitals, which can impact the resources required and availability to respond to calls.<sup>xiii</sup>

**Patient Transport(s):** The total number of patients carried in the ambulance during a given call.<sup>xiv</sup>

**Performance Measurement:** A method to monitor, observe and describe program implementation. It portrays information to tell that outputs are being delivered as planned, and gives an idea of whether outcomes are occurring. It provides information to be used for evaluation.<sup>xv</sup>

**Response Time:** Response time means the time measured from the time a notice is received to the earlier of either the arrival on-scene of a person equipped to provide any type of defibrillation to sudden cardiac arrest patients or the arrival on-scene of the ambulance crew.<sup>xvi</sup>

**Return of Spontaneous Circulation:** Signs of the return of spontaneous circulation (ROSC) include breathing (more than an occasional gasp), coughing, or movement. For healthcare personnel, signs of ROSC also may include evidence of a palpable pulse or a measurable blood pressure.<sup>xvii</sup>

**Return Priority Code:** The priority code number that is assigned to the call by the ambulance crew. It identifies the priority under which the patient is transported (e.g. a prompt return to a medical facility would be entered as a Code 3).<sup>xviii</sup>

**Rolling Quarterly Results:** Reviewing the previous three months data as a snapshot of the indicator’s performance over a period of time.

**STEMI:** A STEMI (ST-Segment Elevation Myocardial Infarction) is a specific type of myocardial infarction (MI), or in other words a type of heart attack, which demonstrates characteristic ECG (electrocardiogram; a tool to measure electrical activity of the heart) changes including marked elevation in the ST-segment in the cardiac cycle.<sup>xix</sup>

**STEMI Facilities:** A hospital that houses onsite Percutaneous Coronary Intervention (PCI) facilities with an experienced interventional team.<sup>xx</sup>



# Region of Waterloo \* Paramedic Services

## PERFORMANCE MEASUREMENT

**Stroke Facilities:** Stroke facilities are based on a collaborative model of 11 regional stroke networks. Each regional network is comprised of a Regional Stroke Centre (RSC), District Stroke Centres (DSCs) and community hospitals. The regional stroke networks are collaborative partnerships of care providers that span the care continuum from prevention to community re-engagement. The goal is to coordinate equitable access and improve outcomes for stroke survivors.<sup>xxi</sup>

**TabletPCR:** An internal tool used to track information and data relevant to calls and patient care reporting.

**Unit Hour Utilization:** Percentage of staffed vehicles utilized during any given hour of the day.<sup>xxii</sup> Note that when UHU exceeds a value of 40 per cent, it becomes difficult to ensure an ambulance will be available for the next call in a reasonable time.

**Warning System(s):** Depending on the priority of the call, Warning Systems represent emergency lights and/or sirens that may be activated.



# Region of Waterloo \* Paramedic Services

## PERFORMANCE MEASUREMENT

### F. Contact Information

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Fax: 519-650-3855

#### **Stephen VanValkenburg, Director/Chief, Paramedic Services**

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Accessible formats of this document are available upon request. Please call the Coordinator, Health Communications at 519-575-4400 ext. 2244, (TTY 519-575-4608) to request an accessible format.

## Notes

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- <sup>i</sup> “Definition of cardiac arrest in English”. *Oxford Dictionaries*. Oxford University Press, 2013. Web. 13 August 2013.
- <sup>ii</sup> Region of Waterloo. Public Health. Emergency Medical Services. Emergency Medical Services (EMS) Master Plan. Report PH-07-061. File Code P 05-01. Waterloo: Region of Waterloo, December 4, 2007. Web. 14 August 2013.
- <sup>iii</sup> Government of Ontario, Ministry of Health and Long-Term Care, Ambulance Call Report Completion Manual (Ontario: Government of Ontario, 2003) 9.
- <sup>iv</sup> Government of Ontario, Ministry of Health and Long-Term Care, Ambulance Call Report Completion Manual (Ontario: Government of Ontario, 2003) 9.
- <sup>v</sup> Government of Ontario, Ministry of Health and Long-Term Care, Ambulance Call Report Completion Manual (Ontario: Government of Ontario, 2003) 9.
- <sup>vi</sup> Government of Ontario, Ministry of Health and Long-Term Care, Ambulance Call Report Completion Manual (Ontario: Government of Ontario, 2003) 9.
- <sup>vii</sup> Region of Waterloo. Public Health. Emergency Medical Services. 2011 EMS System Performance. Report PH-12-017. File Code P 05-80. Waterloo: Region of Waterloo, May 8, 2010. Web. 14 August 2013.
- <sup>viii</sup> Region of Waterloo. Public Health. Emergency Medical Services. 2011 EMS System Performance. Report PH-12-017. File Code P 05-80. Waterloo: Region of Waterloo, May 8, 2010. Web. 14 August 2013.
- <sup>ix</sup> Government of Ontario, Ministry of Health and Long-Term Care, Ambulance Call Report Completion Manual (Ontario: Government of Ontario, 2003) 17.
- <sup>x</sup> “Defibrillator”. *Merriam-Webster*. Merriam Webster, Incorporated, 2013. Web. 13 August 2013.
- <sup>xi</sup> Government of Ontario, Ministry of Health and Long-Term Care, Ambulance Call Report Completion Manual (Ontario: Government of Ontario, 2003) 9.

- <sup>xii</sup> “Definition of indicator in English”. *Oxford Dictionaries*. Oxford University Press, 2013. Web. 14 August 2013.
- <sup>xiii</sup> “What is Service?”. *OMBI Ontario Municipal CAO’s Benchmarking Initiative*. Ontario Municipal CAO’s Benchmarking Initiative, 2012. Web. 13 August 2013.
- <sup>xiv</sup> Government of Ontario, Ministry of Health and Long-Term Care, Ambulance Call Report Completion Manual (Ontario: Government of Ontario, 2003) 11.
- <sup>xv</sup> Schacter, Mark. Kronick, Murray. “Results-Based Management 101”. *Performance and Planning Exchange*. Performance and Planning Exchange, 2010-2011. Web. 14 August 2013.
- <sup>xvi</sup> “Ambulance Act”. *ServiceOntario e-Laws*. Government of Ontario, 2013. Web. 14 August 2013.
- <sup>xvii</sup> “Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports”. *American Heart Association*. American Heart Association, Inc., 2013. Web. 13 August 2013.
- <sup>xviii</sup> Government of Ontario, Ministry of Health and Long-Term Care, Ambulance Call Report Completion Manual (Ontario: Government of Ontario, 2003) 10.
- <sup>xix</sup> “Cardiac Care STEMI Program Frequently Asked Questions”. *Toronto EMS News & Video*. Toronto Emergency Medical Services, 1998-2013. Web. 13 August 2013.
- <sup>xx</sup> “CCN Documents Optimizing Access to Primary PCI for ST Elevation Myocardial Infarction”. *Cardiac Care Network*. Cardiac Care Network of Ontario, 2013. Web. 14 August 2013.
- <sup>xxi</sup> “The Ontario Stroke System (OSS)”. *Ontario Stroke Network Advancing the Ontario Stroke System*. Ontario Stroke Network, 2010. Web. 13 August 2013.
- <sup>xxii</sup> Region of Waterloo. Public Health. Emergency Medical Services. Emergency Medical Services (EMS) Master Plan. Report PH-07-061. File Code P 05-01. Waterloo: Region of Waterloo, December 4, 2007. Web. 14 August 2013.