Regional Municipality of Waterloo

Community Services Committee

Minutes

Tuesday, October 4, 2016

9:50 a.m.

Regional Council Chamber

150 Frederick Street, Kitchener, Ontario


Absent: B. Vrbanovic

Motion to go into Closed Session

Moved by H. Jowett

Seconded by E. Clarke

That a closed meeting of Planning and Works and Community Services Committees be held on Tuesday, October 4, 2016 at 9:00 a.m. in the Waterloo County Room in accordance with Section 239 of the Municipal Act, 2001, for the purposes of considering the following subject matters:

a) potential litigation and receiving of advice that is subject to solicitor-client privilege related to a legal matter

b) labour relations

c) labour relations

d) labour relations
e) potential litigation and receiving of advice that is subject to solicitor-client privilege related to a legal matter

Carried

**Motion to Reconvene Into Open Session**

Moved by S. Foxton

Seconded by K. Kiefer

That Committee reconvene into Open Session.

Carried

**Declarations of Pecuniary Interest under “The Municipal Conflict of Interest Act”**

None declared

**Delegations**

a) Ed Besenschek, President and Steve Wood, Recording Secretary, CUPE Local 5191 re: **PHE-PSV-16-05, Paramedic Services Master Plan Update**

*D. Craig entered the meeting at 9:56 a.m.*

E. Besenschek appeared before the Committee on behalf of CUPE Local 5191 to provide context on the report as it relates to the front line employees. A copy of his written remarks is appended to the original minutes. He noted that staff were consulted in the development of the Master Plan but that they are disappointed that more emphasis was not placed on the impact that the current situation has on staff. He highlighted concerns that staff are currently shouldering the burden of an understaffed service and stated that high utilization, and frequent code reds, places undue stress on employees and puts the public at risk. E. Besenschek encouraged the Region to support a plan to lower the unit utilization target to thirty percent and to collaborate with staff in future resource decisions.

**PHE-PSV-16-05, Paramedic Services Master Plan Update**

Stephen Van Valkenburg, Chief, Paramedic Services provided an overview of the process for the development of the Master Plan and explained that the goal of the Master Plan is to guide decisions related to Paramedic Services until 2017. He noted that the Region currently meets the Ontario regulations and employs proportionately fewer employees in all levels but will require additional resources in order to respond to projected rapid population growth.
S. Van Valkenburg stated that the key recommendation for the Master Plan is to use a unit utilization target of thirty five percent as the benchmark target for service planning. This will allow the Region to meet its response time performance goals. He highlighted the need to utilize a number of strategies including provincial advocacy in order to respond to the projected increase in call volume.

Marvin Rubinstein, Apexpro Consulting Inc, provided a presentation on the findings and recommendations contained in the Master Plan. A copy of the presentation is appended to the original minutes. He explained that over the last ten years there has been a fifty percent increase in the number of Paramedic calls. In response to this growth resources have been added incrementally as recommended by the 2007 Master Plan and collaborative relationships with partners such as the local hospitals and fire departments have been established. In spite of these responses, M. Rubinstein noted that response times are increasing and the current unit utilization rate is over forty-one percent.

M. Rubinstein informed the Committee that the Master Plan is forecasting unprecedented growth in paramedic calls due to population growth and a rapidly aging population. The Master Plan is designed to serve as an objective way to make future decisions. He provided an overview of the proposed recommendations including the unit utilization target of thirty five percent, the addition of in-vehicle software, more discriminating triage software for dispatching, an increase in paramedic staff, and exploring community paramedicine options to reduce the number of ambulance transports.

Chair G. Lorentz informed the Committee that if the Master Plan is approved by Council, specific recommendations will come back in the form of budget issue papers to the Budget Committee for inclusion in the 2017 budget.

In response to a question from the Committee, M. Rubinstein stated that the off load delay times used in the Master Plan do not reflect the recent reduction in times resulting from the introduction of a specific off load nurse at Cambridge Memorial Hospital. He noted that this alone will not have a significant impact on the unit utilization rate and reminded the Committee that numbers will fluctuate year over year and that the timing for resource increases recommended by the Master Plan can be altered based on updated figures.

The Committee discussed controlling the public demand for paramedics in terms of public education. M. Rubinstein stated that there are anecdotal examples of community paramedicine serving to offset some of the demand for service. However, he noted that there is currently no staff person available to research possible initiatives and that the Master Plan recommends that this position be created to develop possible solutions specific to Waterloo Region.
In response to a question from the Committee, S. Van Valkenburg stated that for the provincial government to change technology is a very complex process that they seem reluctant to undertake.

The Committee requested that staff provide information quantifying the benefits that implementing the Niagara dispatch model, and installing mobile data terminals, would have on the overall cost and unit utilization rate.

Moved by K. Seiling
Seconded by S. Strickland

That the Region of Waterloo adopt, in principle, the Paramedic Services Master Plan report by APEXPRO Consulting, as described in PHE-PSV-16-05, dated October 4, 2016, subject to regular review of population growth, service demand and annual budget approval.

That the Region of Waterloo adopt the 35% Unit Utilization (UU) target, as outlined in the report, as a Unit Utilization of 35% will support the achievement of the current Council-determined Response Time Performance Plan. (See PHE PSV-16-07).

That the operational resourcing for the 2017 implementation of the Master Plan at the 35% UU be referred to the 2017 budget approval process, and;

That the preliminary 2017-2026 Paramedic Services Capital Program be drafted to include the facility, equipment and vehicle capital requirements set out in the Paramedic Services Master Plan in accordance with a 35% Unit Utilization ratio.

That the Region of Waterloo, in order to achieve service optimization, write to the Minister of Health, attaching the Paramedic Services Master Plan and report PHE-PSV-16-05, to request the following:

a) That Ministry of Health and Long Term Care, Emergency Health Services Branch (MOHLTC EHSB) implement a more discriminating incident triage software such as Advanced Medical Priority Dispatch System (AMPDS), in order to triage closer to incident priority thus providing greater flexibility in managing the deployment of resources particularly in periods when the service’s capacity is stressed; and

b) That the Ministry of Health and Long Term Care (MOHLTC EHSB) provide Mobile (in-vehicle) data terminals with software interface to the Central Ambulance Communications Centre (CACC) Computer-Aided Dispatch (CAD), which automatically transmits caller location to the closest available ambulance
thereby reducing response times by 60 to 90 seconds, and provide funding to implement;

c) That the MOHLTC EHSB support and participate in efforts to consolidate 911 Police, Fire and Ambulance communications with the Region of Waterloo to attain a more rapid and coordinated public safety response to emergencies; and
d) That the MOHLTC provide ongoing funding for offsetting offload delay in the Region of Waterloo, and that funding should be increased to match on-going increases in demand for Paramedics Services calls and hospital Emergency room department pressures which result in offload delay; and

e) That the MOHLTC EHSB explore funding for a Community Paramedicine program in conjunction with community healthcare partners to assist in diverting patients to optimal care pathways rather than local Emergency room departments, as a way to potentially increase outpatient care and decrease ambulance transports.

And That the Master Plan include specific initiatives and targets to reduce calls for service for an ambulance when a ambulance is not medically required.

Carried

Consent Agenda Items

Request to Remove Items From Consent Agenda

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

Motion to Approve Items or Receive for Information

Moved by S. Foxton

Seconded by K. Kiefer

That the following items be approved:


- That the Regional Municipality of Waterloo endorse, and submit to the Federal Government, the Region’s response to the Proposed National Housing Strategy, as outlined in report CSD-HOU-16-18, dated October 4, 2016,
And that the Regional Municipality of Waterloo forward a copy of this report to the Federal and Provincial Ministers responsible for housing and homelessness, local Members of Parliament and Members of Provincial Parliament, the Federation of Canadian Municipalities (FCM), the Association of Municipalities of Ontario (AMO) and the Ontario Municipal Social Services Association (OMSSA).

- That the Regional Municipality of Waterloo approve the addition of 1.0 temporary full time equivalent staff to support the Community Wellness Initiative for a 15 month period, to be funded as described in Report CAO-SPL-16-01, dated October 4, 2016;

And That the 2016 Operating Budget for the Office of the Chief Administrator be increased by $15,300 gross and $0 net.

And that the following items be received for information:

- PHE-PSV-16-06, Paramedic Services Performance Measurement Report – January to June 2016 (mid-year) (Information)
- CSD-SEN-16-06, Creation of the Sunnyside Home Joint Resident, Family and Volunteer Advisory Committee

Carried

Regular Agenda Resumes

Reports – Public Health

PHE-HLV-16-07, The FRESH-IT Research Project: An Analysis of Waterloo Region Retail Food Environments in Municipally-Funded Recreation Centres

Dr. Liana Nolan, Commissioner and Medical Officer of Health, noted that the FRESH-IT project is a collaboration with the area municipalities and introduced Ellen Gregg, Public Health Nutritionist, to provide further information. E. Gregg stated that Waterloo Region is one of four sites, nationally, participating in this research project that is aimed at learning more about retail food environments. She explained that this portion of the project is focusing on food and beverages sold in municipally owned venues. She invited the Committee members to attend a forum on October 20, 2016 to hear more about the findings of the research.

Received for information.

Community Services

CSD-HOU-16-14, Housing Stability System Evolution Newsletter

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Marie Morrison, Manager, Housing Stability, provided a presentation on the Housing Stability System Evolution Newsletter and the Renters’ Toolkit. A copy of the presentation is appended to the original minutes. She noted that the newsletter provides an update on the STEP Home (Supports to End Persistent Homelessness) and the redesigned Community Homelessness Prevention Initiative Supportive Housing Program. A copy of the newsletter is appended to the original minutes.

M. Morrison informed the Committee that a Renter’s Toolkit is now available on the Region’s website. This is designed as a single resource for finding rental housing and is tailored to the Region. She provided a demonstration of the website.

The Committee thanked M. Morrison and staff for the presentation and the work on the website.

Information/Correspondence

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

Other Business

D. Jaworsky thanked Regional staff for partnering with City of Waterloo staff on a forum to encourage the repurposing of student housing into affordable housing. He noted that the forum was held on September 30, 2016 and was well attended. He also pointed out that a former student housing site on Erb Street has recently been approved for supportive housing.

Next Meeting – November 1, 2016

Adjourn

Moved by J. Nowak

Seconded by K. Redman

That the meeting adjourn at 11:26 a.m.

Carried

Committee Chair, G. Lorentz

Committee Clerk, T. Brubacher
Good morning, Chair Lorentz and members of the Community Services Committee. My name is Ed Besenschek, President of CUPE Local 5191. With me today is Steve Wood, Recording Secretary of CUPE Local 5191. We bring greetings from our membership, a local of over 200 members - the Paramedics and Logistics and Support staff of the Region of Waterloo.

Our goal this morning is to provide you with some context for the Paramedic Services reports presented today. We feel that while the Chief of Paramedics can give you an understanding of the numbers and quantitative measurements, we must illustrate for you what these numbers actually mean to us. In short, we wish to provide you with a human component.

We are here as a stakeholder to collaborate with you, as you make serious decisions that have serious consequences for our membership and for the public at large. We must admit, though we were consulted for the APEXPRO report, we were disappointed there was not more mention made of the effects on our members caused by the current staffing situation.
We will be following the proceedings related to the Master Plan and its associated issues very closely, and we look forward to dialogue on any issues that might require clarity. Aside from our immediate and vigorous support of significant staffing increases, we will reserve judgement on many areas of the master plan until we’ve had some time to review it thoroughly. We also understand that, at times, our field of expertise can be intimidating and sometime confusing with its terms and jargon, but it’s our responsibility to ensure that, as elected officers of the CUPE 5191 executive, that our membership has a clear voice in any business related to our careers, our health and wellness, and anything that might prevent us from providing excellence in patient care.

We all agree that excellence in patient care holds the highest priority in any discussion involving the Region of Waterloo Paramedic Services. But it’s also an agreed-upon principle that one must take care of the caregiver. The only way we can continue helping those in need is by ensuring that the front-line service providers of paramedicine no longer have to shoulder the burden of an understaffed service.

So what does it look like to be under-serviced? Code Red and Yellow Periods, while on a brief temporary decline, are a good illustration. These periods of high demand will only increase unless something is done, and we are of the firm belief that even one code red is too many. Imagine yourself responsible for the care of multiple patients at a motor vehicle collision, and being told there are no available ambulances to back you up. Code Red means a feeling of helplessness. Imagine you are dispatched
to a call in north Waterloo and as the only vehicle available in the Region, you’re coming from south Cambridge. Code Red means distance, and distance means time. And lengthy response times mean a fallen senior citizen waiting on the floor for that much longer, or heaven forbid a patient in dire need of a life-saving medication has that much less chance at survival. Just this past Saturday night our crews worked in a code red period with emergency calls waiting. People on the phone with an emergency, and there was nobody to send. Our intent is not to exaggerate or cause alarm. Our intent is to give you real-life illustrations of situations we see on a regular basis.

To be sure, codes red and yellow are the extreme examples. On a more regular basis the high Unit Utilization we currently shoulder puts undue stress on our paramedics: sagging morale, missed meal breaks, limited time to complete absolutely vital paperwork, and limited time to clear your head after a particularly tough call. And we must not forget our Logistics and Support staff. High unit utilization means less time to perform crucial vehicle checks, deep cleans, and vehicle turnovers at shift change. All of these are results of the current 41% unit utilization we experience in the Region of Waterloo.

But let’s not lose focus of the real cost: a failure to keep up with the demands of our paramedic services means a failure to keep up with the demands of our rapidly growing and aging population. They deserve the best care, regardless of how tired we are, how limited our resources, where we’re coming from in the Region, or how stressful our last call. So the only way to remedy this, in our opinion, is the addition of resources. And fast. The APEXPRO report supports this. We need a catch-up infusion for 2017,
and significant increases for the years following. It has been said that we are managing. We would counter that if this is managing, it’s only just barely, and it won’t be for very much longer.

It’s not all negative, though. This could be an exciting time for Paramedics Services in this Region. With the correct resourcing, we can augment the pride we already feel serving our region by providing the excellence in patient care our residents deserve, all without mortgaging the physical and mental health of our members.

As mentioned, we need time to examine the nuances of an obviously ambitious master plan, and we can’t tell you we agree with everything today. Ultimately CUPE Local 5191 supports a plan to lower the unit utilization to 30%, allowing us to better weather the inevitable call volume increases, as call volume projections historically tend to be conservative. But much like we are experts in paramedicine, we recognize you are experts in the administration of an ever-growing major municipality, complete with financial demands from every area of your services. So we leave it with you to decide. Moving forward, however, we hope those decisions will involve us at as many levels as possible.

We look forward to reaching out to each of you on a personal level, and we look forward to keeping you informed about what's going on street-level in the Region of Waterloo. None of us in this room can be everywhere at once, so let’s foster a relationship of trust, communication, and collaboration. Let’s follow “Excellence in Patient Care” closely with excellence in the support and care of Regional Paramedics.
and Logistics and Support staff. We look forward to working together to make this happen.

Thank you.

Ed Besenschek,
President,
CUPE Local 5191
PARAMEDIC SERVICES MASTER PLAN (2017-2027)  
SUMMARY OF FINDINGS & RECOMMENDATIONS 

COMMUNITY SERVICES COMMITTEE MEETING – OCTOBER 4, 2016 

APEXPRO CONSULTING INC.
CONTENTS

1. Past Accomplishments
2. Current Challenge
3. Emerging Future Trend
4. Service Planning Going Forward
5. Balancing Service Level and Costs
6. Optimization Strategies
7. Near-Term EMS Resourcing Requirements
8. Service Targets Going Forward
PAST ACCOMPLISHMENTS

• Commenced direct delivery of EMS on December 3, 2000
• Adapted the Service to operate as a central deployment model from Maplegrove Road
• In 2007, adopted a 25-year EMS Master Plan to serve as a going forward planning framework
• Managed EMS performance well for the past 10 years despite a 50% increase in demand
• Added EMS resources as recommended by the original (2007) EMS Master Plan
• Introduced performance enabling technologies
• Established collaborative relationships with stakeholders, which are ongoing
• EXCELLENCE IN PATIENT CARE is the Services’ focus with emphasis on consistency and quality
• Recently commended for service quality by MOHLTC
• Operates a relatively lean and cost-efficient Service relative to peers with
  - Proportionately fewer paramedics (20% fewer on average)
  - Proportionately fewer Operations Supervisors (30% to 40% fewer)
  - Proportionately fewer personnel in most supporting functions
  - Proportionately fewer in-service hours (25% fewer on average)
CURRENT CHALLENGE

The added resources over the past 2 years have not been sufficient to keep up with the rapid surge in EMS demand, and service performance has fallen behind.

- Response time has increased to about 10 minutes in 2015, up from 9:29 in 2013 (measured at the 80th percentile)
- Unit utilization (UU) has increased to over 41% in 2015, up from 37% in 2013
- Hospital offload delay has increased to 6,873 hours in 2015, up from 3,463 hours in 2013
- Extensive periods daily in Code Yellow (3 or fewer ambulances) and in Code Red (no ambulances)
EMERGING FUTURE TREND

• The current challenge is just the beginning of a trend. We are forecasting unprecedented growth in EMS demand due to an aging population.

• Seniors are 13% of the Region’s population and generate 43% of EMS responses. In 10 years they will be over 17%, and in 15 years they will be 19% – and will add considerably to EMS demand.

• EMS demand is forecast to increase by 60% over the next 10 years, and by 90% in 15 years.

• The rapid escalation in EMS demand due to an aging population is not unique to Waterloo. This trend is affecting all Paramedic Services, posing significant challenges province-wide.
SERVICE PLANNING GOING FORWARD

• By undertaking this Master Plan update Waterloo Region has taken a proactive approach to service planning going forward that will ensure the Region’s ongoing capability to provide residents with quality Paramedic Services, in a timely and efficient manner.

• This updated Master Plan will serve as an objective basis for Council’s decision-making over the next 10 years (2017-2027), so as to ensure appropriate goals and resourcing of staff and equipment going forward, and for balancing service levels and costs.

• The Master Plan contains long-term forecasts of:
  - Future ambulance requirements
  - Facility infrastructure requirements
  - Future staffing requirements (paramedics and all other Region of Waterloo support functions)
  - Future costs (both capital and operating)
BALANCING SERVICE LEVEL AND COSTS

- Forecasts are for three service level scenarios, represented by unit utilization (UU), a key performance indicator that is tied directly to response time.

- The three service level scenarios are: current UU of 41%; and more favourable UU of 35% and 30%.

- UU of 35% is the recommended service level arising from the analysis, and is the basis for our recommendations going forward.
Significant attention was given to researching best practices and leading edge ideas. Below are a number of the potential optimization strategies that we are recommending:

- Lobby MOHLTC for more discriminating incident triage software such as Advanced Medical Priority Dispatch System (AMPDS) which, according to users (including Toronto and Niagara), consistently triages closer to incident priority; thus providing greater flexibility in managing the deployment of resources (particularly in periods when the service’s capacity is stressed).

- Lobby MOHLTC for advanced in-vehicle software such as HeadStart, an interface introduced in Niagara that automatically transmits caller location to the closest available ambulance. HeadStart reliably reduces response times by 60-90 seconds. We estimate that it would cost Waterloo a minimum of $3 to $5 million a year in additional resourcing to attain similar outcomes.

- Continue planning efforts to consolidate 911, police, fire and EMS communications; this, in order to attain a more rapid and coordinated public safety response to emergencies. Based on research and North American leading practices, consolidating emergency communications services will not reduce costs at the outset; albeit, cost savings will materialize over time.
Hospital offload delay is a major pressure impacting paramedic services across Ontario. In Waterloo Region, it equals the operating capacity of two 12-hour ambulances, and an estimated $1.4 million a year in ambulance spending. Collaborative efforts with local hospitals have successfully contained offload delay growth. Without these efforts, today’s offload delay would be much worse. It is recommended that current collaborative efforts be continued.

Community Paramedicine (wellness clinics, home visits, patient referrals, etc) is potentially a way in which paramedic services may help to improve outpatient care and reduce ambulance transports. Still at an early stage, the reported benefits are at best anecdotal. We recommend that Public Health should recruit a “Research Analyst” to flesh out a Waterloo strategy.

Waterloo Region is served by 3 ERU serving as EMS first responders primarily in the rural areas. The annual cost to operate 3 RERU is about $1.1 million (50% more than a 12-hour ambulance) and they reduce ambulance use by a small fraction. In consideration of these factors, and the rapidly escalating service demand, the short term priority should be to staff more ambulances.
• Canadian Paramedic Association, provincial bodies and educational institutions are investigating the “scope of practice” for paramedics. This work may result in a narrowing of the gap between PCP and ACP, and by extension impact existing service delivery models. We recommend that the Region should temporarily defer recruitment of additional ACP until the research is complete.

• Fire Departments in Waterloo Region assist with medical calls. According to several Fire Chiefs the present volume of medical calls is not overly taxing; however, the anticipated rapid escalation in EMS call volumes could pose an issue to some Fire departments. We again recommend that the Region’s near-term priority should be on staffing additional ambulances.

Clearly, a number of these optimization strategies are beyond the Region’s direct control. Regardless, it is our opinion that they should be pursued by way of provincial lobbying and/or business cases for change, and the information in this Master Plan can be used to such ends.
NEAR-TERM EMS RESOURCING REQUIREMENTS

Notwithstanding future success that may arise from optimization, additional EMS resources are still needed to address the declining service performance over the past two years (i.e., “catch up”).

1. Increase peak staffing to 25 ambulances (up from the current 21). This will add 4 additional 12-hour ambulance shifts. Also increase shift readiness reserves by 1 additional ambulance.

2. To staff the 4 additional ambulance shifts, increase full-time paramedics to 134 FTE (up from the current 118), and increase part-time paramedics to 43.2 FTE (up from 39.2).

3. Increase the number of Operations Supervisors to a minimum of 10 FTE (up from current 7 FTE)

4. Increase the number of Fleet Technicians to 11 FTE (up from the current 7 FTE).

5. Construct Breslau station (Station #11) which is already approved by Regional Council.

6. Construct a new headquarters and fleet centre (Station #12) to augment Maplegrove.

7. In concert with the new headquarters and fleet centre:
   
   a) Recruit an “Operations Manager” to manage the design and service realignment from central deployment model to divisional deployment centering about two fleet centres.

   b) Recruit an additional Logistics Supervisor to oversee the logistics functions at the second fleet centre (up from the current 1 FTE).
8. Increase the number of Supervisor vehicles to 8 (up from the current 6), this to accommodate the recommended increase in shift supervision, and the new Operations Manager position.

9. Augment the “Professional Standards” function with the following new positions:
   a) “Professional Standards Officer”
   b) “Training Coordinator”
   c) “Community Liaison Officer” to coordinate PAD, community education and engagement
   d) “Performance & Data Analyst” to support the Services’ performance-based transition.

10. Incorporate operating budget allowances to cover the cost of escalating professional support requirements from other Regional departments:
    a) 1 additional FTE (Research Analyst) in the Public Health Department, to flesh out a Waterloo “Community Paramedicine” strategy.
    b) 1.5 additional FTE in Corporate HR, to support near-term increases in paramedic staffing.
    c) 1 additional FTE in Fleet Management, to manage Paramedic Services fleet expansion.
SERVICE TARGETS GOING FORWARD

• The Region’s Response Time Performance Plan (RTPP) is an important component of this Plan.

• Council’s approved response time targets are reasonable compared to EMS peers. Performance has fallen behind due to insufficient EMS resourcing to meet demand.

• By adding “catch up” EMS resources at a recommended service level of 35% UU, response times will improve. On this basis, we recommend that Waterloo Region should maintain the present response time targets going forward to 2017 and 2018.

• Both response time and unit utilization should be monitored regularly on a going forward basis, to ensure that the Service continues to meet the growing EMS demand.

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** PERFORMANCE IN 2015 **

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** Sudden Cardiac Arrest (SCA) performance statistic excludes fire department assists **
Emergency Shelter Framework Consultation Continues

ON-LINE SURVEY NOW POSTED TO OCT 21ST

INDIVIDUAL AND GROUP STAKEHOLDER MEETINGS OVER OCTOBER
Catalogue & Virtual Tours

Kaljas Homes: https://youtu.be/EDXrs4VDuWU