



Community and Emergency Services Committee Agenda

Monday, February 10, 2025

Tom Davies Square

Councillor Lapierre, Chair

4:30 p.m. Open Session Council Chamber / Electronic Participation

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1.	Call to Order	
2.	Roll Call	
3.	Declarations of Pecuniary Interest and the General Nature Thereof	
4.	Managers' Reports	
4.1	Automated External Defibrillator (AED) on Transit- Non-Competitive Purchase	4
	This report provides a recommendation for a non-competitive single source purchase of seventy-four (74) Automated External Defibrillators (AED's) as part of the 2024-2027 capital budget program to deploy public access defibrillators on public transit.	
4.2	Advanced Care Paramedic Training for Paramedic Services	7
	This report provides a recommendation regarding strategies to support the Paramedic Services Advanced Care Paramedic (ACP) staffing levels and provides strategic short and long-term recommendations, which includes supporting employee ACP tuition.	
5.	Members' Motions	
5.1	Request for Service Level Increase to GOVA Route #106	
	As presented by Councillor Parent:	
	WHEREAS the GOVA transit route #106 Valley-Dominion does not currently service the Valleyview Drive and Belisle Drive corridors which contain several schools and businesses, including those in the Valley East Industrial Park;	
	AND WHEREAS recruitment and retention challenges are faced by many of the employers in those areas in part as a result of the lack of public transportation;	
	AND WHEREAS the City of Greater Sudbury's Strategic Plan Priority of Economic Capacity and Investment Readiness can be supported through a service level change initiative which can ensure resiliency and competitiveness for small and large scale employers along those corridors;	
	AND WHEREAS a service level change may also significantly increase transit ridership along route #106;	
	THEREFORE BE IT RESOLVED THAT Route #106 be altered, as a pilot project between April 19th, 2025, to November 28th, 2025, to include transit service to the Valleyview and Belisle Drive area pursuant to current route service level frequency;	

AND BE IT FURTHER RESOLVED that this service level increase of \$23,870 will form part of the 2025 year-end position for Transit;

AND BE IT FURTHER RESOLVED that a business case be submitted for the 2026-2027 Budget that analyzes permanent implementation of the service.

6. Correspondence for Information Only

6.1 Pioneer Manor 2024 – 4th Quarter Report

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This report provides information regarding a quarterly update with respect to operational issues, activities, and accomplishments in support of resident safety goals, objectives, and good news stories for Pioneer Manor.

7. Addendum

8. Civic Petitions

9. Question Period

10. Adjournment

Automated External Defibrillator (AED) on Transit- Non-Competitive Purchase

Presented To:	Community and Emergency Services Committee
Meeting Date:	February 10, 2025
Type:	Managers' Reports
Prepared by:	Laura Gilbert Transit
Recommended by:	General Manager of Community Development

Report Summary

This report provides a recommendation for a non-competitive single source purchase of seventy-four (74) Automated External Defibrillators (AED's) as part of the 2024-2027 capital budget program to deploy public access defibrillators on public transit.

Resolution

THAT the City of Greater Sudbury approves a non-competitive single source purchase agreement with AED4Life for the purchase of seventy-four Automated External Defibrillators, and associated equipment, as outlined in the report entitled "Automated External Defibrillator (AED) on Transit- Non-Competitive Purchase" from the General Manager of Community Development, presented at the Community and Emergency Services Committee meeting on February 10th, 2025.

Relationship to the Strategic Plan, Health Impact Assessment and Climate Action Plans

This report describes work recommended to implement the Transit Action Plan and continue efforts to expand ridership through innovative and responsive system improvements, in alignment with the Asset Management and Service Excellence objective, and goal 1.5 "Demonstrate Innovation and Cost-Effective Service Delivery".

Further relationship is noted in the Housing objective, and goal 4.3 "Develop and Promote Solutions to Support Existing Housing Choices" and developing our capacity to be an age friendly community by providing services to keep people in their homes, like community paramedicine programs, and supporting equitable access to transportation.

Finally, this work aligns with the objective to Create a Healthier and more Vibrant Community through goal 5.1 "Advance Population Health Agenda" through the goal to deliver City-led goals from Population Health Call to Action 2018-2028, including implementing the Age-Friendly Strategy and ensuring accessibility, which specifically speaks to Calls to Action of Age Friendly Strategy (access to public spaces and accessible transportation and recreation) and Healthy Streets (increase transit ridership).

Within the Low-Carbon Transportation Strategy Sector of the Community Energy & Emissions Plan, this report aligns with Goal 7, to enhance transit services to enhance transit mode share to 25% by 2050.

Financial Implications

The budget to purchase Automated External Defibrillators is part of the 2024-2027 Capital Budget; within this project, the City of Greater Sudbury has allocated \$336,102 for the procurement of AEDs and associated equipment.

Background

The Transit Action Plan (TAP) was presented to Council on February 12, 2019; in addition to immediate route structure changes implemented in August 2019, resolution CC2019-45 directed staff to conduct the planning required to undertake supporting infrastructure improvements.

The City of Greater Sudbury 2019-2027 Strategic Plan commits to implementing the TAP and to continue efforts to expand ridership through innovative and responsive system improvements. Across a variety of areas of engagement within the TAP, transit system safety was flagged as an opportunity for improvement; further to programs related to Municipal Law Enforcement Officers, on-board and at-hub cameras, Bus Operator Training and policy development, the deployment of AEDs on transit ensures customer, staff and community safety, by way of ensuring the availability of life saving equipment for any event of sudden cardiac medical emergency.

Through the 2024-2025 Budget, the City of Greater Sudbury approved a four (4) year project to deploy AEDs on GOVA conventional and specialized buses. With deployment occurring between 2024 and 2027 capital budget, the total budget program cost is \$336,102.

Capital Program/Project Costs	
Year	Total Funding Amount
2024	\$90,838
2025	\$90,838
2026	\$86,296
2027	\$68,129

Public Access Defibrillators in the Community

The City of Greater Sudbury provides a Public Access Defibrillator (PAD) program at City owned leisure sites. Programs and policies work to ensure that AEDs are immediately available for use by community members in the event of a cardiac medical emergency. The City of Greater Sudbury currently operates almost 200 public access defibrillators across various public sites including workplaces, arenas, baseball fields, schools, and libraries. In 2024, City of Greater Sudbury Paramedic Services responded to 387 medical cardiac arrest emergencies.

The goal of the PAD program for the City of Greater Sudbury is supported by an objective for a healthier community, as reflected in the 2019-2027 City of Greater Sudbury Strategic Plan. Collectively, there is an overarching goal to host a defibrillator in every public and private building, at every facility and event; with increased placement of units, there is a corresponding intent to raise public awareness so residents can more confidently recognize the signs of cardiac arrest and may be more comfortable to respond.

Ridership on GOVA Transit was approximately 6.2 million in 2024, an 18% increase from 2023, which was the highest recorded ridership. GOVA Plus ridership was approximately 114,269 in 2024, which is an 8% increase from 2023. With approximately 20,000 passengers onboard a GOVA vehicle on any given day, the potential for a sudden cardiac event to occur on a vehicle, or at a Hub, is high. Where emergency treatment to an event includes cardiopulmonary resuscitation (CPR) and defibrillation, and survival rates fall by 7-10% for every minute that passes without defibrillation, the presence of an AED on transit increases the rate of survival.

Product Standardization

On November 15, 2023, through resolution FA2023-64, the City of Greater Sudbury approved a single source contract with Zoll Medical Canada Inc., for a five (5) year period, that supports Fire and Paramedic Services with respect to procurement of standardized defibrillators and consumables. In addition to efficiencies related to staff training, improved patient and paramedic safety related to mounting, as well as improvements in inventory logistics and restocking.

A contract between the City of Greater Sudbury and ZOLL Medical Canada Inc. is listed under contract FES24-139; the contract is for a five (5) year period, until August 21, 2029. The agreement allows for standardized product and pricing associated with the provision of defibrillators and associated consumables, such as electrodes, sensors, battery packs, and carrying case(s). The contract is applicable only for products used by Paramedic and Fire Services and does not cover Public Access Defibrillators.

Where Paramedic and Fire Services use ZOLL AEDs, it is recommended that Transit utilize the same product; this standardization supports efficiencies related to cost, staff training and emergency service response. Where ZOLL Medical Canada Inc. is unable to sell directly to transit outside of the existing contract, staff were referred to AED4Life. With pricing of \$1,985.94 per unit that aligns with budget, efficiencies that ensure savings and sustainability for the project, and within the authority of By-Law 2014-1 Section 22(1)(b)(i), staff recommend a non-competitive purchase.

Next Steps

In receipt of support from Council, Transit staff will immediately launch project steps that will see procurement of AEDs for the first phase of deployment onto conventional buses, coupled with necessary staff training, and a comprehensive communication and engagement plan that ensures awareness for the additional units in the community.

Resources Cited

Greater Sudbury Transit Action Plan- Better Routes. Better Schedules. Better Service
February 12, 2019

<https://pub-greatersudbury.escribemeetings.com/filestream.ashx?documentid=3959>

Public Access Defibrillation Program Expansion at City Owned Leisure Sites
August 10, 2022

[Public Access Defibrillation Program Expansion at City Owned Leisure Sites \(escribemeetings.com\)](https://pub-greatersudbury.escribemeetings.com/Meeting.aspx?Id=0d638fe4-8692-4f09-a3ea-c1865b892962&lang=English&Agenda=Agenda&Item=23&Tab=attachments)

Standardization of Paramedic Services Cardiac Monitor Defibrillators
November 15, 2023

<https://pub-greatersudbury.escribemeetings.com/Meeting.aspx?Id=0d638fe4-8692-4f09-a3ea-c1865b892962&lang=English&Agenda=Agenda&Item=23&Tab=attachments>

Advanced Care Paramedic Training for Paramedic Services

Presented To: Community and
Emergency Services
Committee

Meeting Date: February 10, 2025

Type: Managers' Reports

Prepared by: Melissa Roney
Community Safety

Recommended by: General Manager of
Community Safety

Report Summary

This report provides a recommendation regarding strategies to support the Paramedic Services Advanced Care Paramedic (ACP) staffing levels and provides strategic short and long-term recommendations, which includes supporting employee ACP tuition.

Resolution

THAT the City of Greater Sudbury directs staff to develop a business case for the 2026-2027 budget cycle to approve an annual allocation of \$90,000 to establish an annual tuition reimbursement program to support up to six paramedics to enroll in an approved ACP training program;

AND THAT the program guidelines be developed by Paramedic Services to ensure accountability and equitable access to this training as outlined in the report entitled "Advanced Care Paramedic Training for Paramedic Services", from the General Manager of Community Safety, presented at the Community and Emergency Services Committee meeting on February 10, 2025.

Relationship to the Strategic Plan, Health Impact Assessment and Climate Action Plans

This report refers to operational matters with no relationship to the Strategic Plan, Health Impact Assessment and Climate Action Plans.

Financial Implications

There are currently no financial implications associated with this report.

Background

Greater Sudbury is heavily invested in continuing to provide the highest level of prehospital care to the residents of Greater Sudbury. The ACP level of care allows our service to provide enhanced pre-hospital clinical interventions through an expanded scope of practice which can significantly improve survival rates and reduce complications during emergencies. Advanced Care Paramedics provide a higher level of care than Primary Care Paramedics (PCP), ensuring continuity of advanced care from the field to the hospital. In

addition, many of Greater Sudbury Paramedic Services specialty services and teams such as the Paramedic Training Section, Community Paramedicine, and Tactical Paramedicine depend on the ACP scope of practice. Without an adequate ACP staffing level, the sustainability of these projects is also at risk. ACPs also contribute to the professional development of their teams by mentoring PCPs and supporting continuous quality improvement within the service. Currently, we have 52 ACP positions with 2 ACP vacancies with an anticipated ACP work force shortage of 10% ACPs annually. In order to maintain adequate emergency coverage and service delivery, we need to continue to fill ACP vacancies annually of at least six per year.

The City of Greater Sudbury Paramedic Services has a longstanding history of collaboration with Cambrian College in delivering the Advanced Care Paramedic (ACP) program. This partnership has focused on enhancing the skills and qualifications of paramedics through a tailored training program aligned with the service’s staffing needs. Employees attended training full time while working full time, and over time, employees have also attended ACP training programs at other colleges who offer a program delivery model which is compressed to minimize their on-campus commitment and still is completed in one (1) year, in line with the other colleges.

Greater Sudbury Paramedic Services had previously offered tuition support of up to \$10,000 for eligible employees who have completed their ACP training commencing in 2002. The service ceased this level of funding in 2020 as we had sufficient ACPs on staff at the time. Since then, we have used the CGS tuition reimbursement program to support ACP training of up to \$1,750 per person per year. Table 1 outlines the approved budget and training reimbursements for various paramedic training and professional development programs we have provided over the past five (5) years. With a current operating budget of only \$10,000 the service has insufficient funding to cover the approximate \$15,000 per person in ACP program tuition costs.

	2019	2020	2021	2022	2023	2024
Training Reimbursement	\$18,634	\$14,521	\$6,549	\$3,710	\$8,387	\$12,837
Annual Operating Training Budget	\$3,060	\$3,060	\$3,060	\$3,060	\$10,000	\$10,000

Table 1

Investing in training employees to the ACP level directly reduces a significant barrier to professional development by alleviating the financial burden of education. Many paramedics may hesitate to pursue ACP certification due to the high cost of tuition and associated expenses, despite their interest in advancing their careers. By covering or subsidizing these costs, the service removes this barrier, empowering employees to focus on their studies and skill development. This not only enhances individual career satisfaction but also builds a more capable and committed workforce, benefiting the service and the community through improved patient care.

The Ontario Learn and Stay grant, which currently covers tuition for PCP training, does not currently cover ACP training. The Ontario Association of Paramedic Chiefs is advocating for ACP training to be included. This expansion would further reduce the cost burden and would support paramedics seeking to advance their skills. Advocacy efforts are actively underway at the ministry level, with various stakeholders and partners emphasizing the importance of this initiative to remove financial barriers, enhance career progression opportunities, and address the increasing demand for ACPs across Ontario.

Being an Advanced Care Paramedic service significantly enhances our ability to attract and retain top talent, particularly during a time of heightened health human resources (HHR) pressures. Offering ACP-level development opportunities demonstrates our commitment to professional growth and career advancement, making our service more appealing to both new recruits and experienced paramedics seeking to enhance their skills. Additionally, fostering a workplace that values advanced clinical practice boosts job satisfaction, promotes loyalty, and reduces turnover. This proactive investment in workforce development not only strengthens our recruitment efforts, but also ensures we remain competitive and capable of meeting the growing healthcare demands of our community.

In a report to Committee in December 2024, *Advanced Care Paramedic Training Project*, staff committed to returning to Committee with options for addressing the ACP training challenges and with recommendations to support the development and potential implementation of sustainable solutions for maintaining our ACP staffing levels.

The delivery and shortage of ACP program options remain a critical challenge within the education sector in the north, directly impacting the ability of paramedic services to address workforce needs. While the responsibility for program availability lies with educational institutions, our paramedic service recognizes the need to advocate for and support solutions that align with our staffing requirements.

Our paramedic service has proactively engaged with key stakeholders, including colleges, Workforce Planning, an organization funded by the Ministry of Labour, Immigration, Training and Skills Development, and Ontario Health which oversees the Northern Ontario Human Health Resources Secretariat, to discuss training options and funding opportunities for ACP education.

College Updates

College Boreal's Dean of Health Sciences reports they are seeking to collaborate with Confederation College to offer an ACP program here in Sudbury to be offered under Continuing Education, with a potential bilingual version starting in September 2025. Confederation has Ministry of Health (MOH) preliminary support, pending submission of accreditation documents, and market study. Confederation has already taken steps with the accreditation body to add a new site. Greater Sudbury Paramedic Services is being asked for support to subsidize 6 enrollments for the program with similar requests being made to surrounding paramedic services.

Georgian College's Dean of Health Sciences reports they offer a compressed fully accredited ACP program with a planned September 2025 intake at their Barrie campus. Georgian offers a program with no minimum intake from Greater Sudbury Paramedic Services. ACP graduates complete the compressed program while working and graduate in one year to write the ACP provincial exam, in line with other colleges.

Cambrian College's Dean of Health Sciences reports there are no plans to reinstate the ACP program currently and it is still being reviewed internally.

Following discussions with all key stakeholders, two potential options have emerged. Below are challenges and opportunities for both proposed options which inform a recommendation and next steps.

Option 1: Support a college to assist in ACP program reinstatement or initiation

Opportunities

- **Leverage Existing Expertise:** Colleges have established structures, accreditations, and faculty with experience in paramedic education.
- **Lower Financial Burden:** Reduced direct costs for our service, with funding focused on support rather than program development.
- **Broader Recruitment Pool:** Programs attract a diverse group of students, potentially increasing the overall ACP workforce in the region.
- **Flexibility:** Allows our service to focus resources on operational priorities rather than education administration.
- **Funding:** Assess the opportunity to submit a funding request to Ontario Health under the Northern Ontario Human Health Resources Secretariat for costs associated with supporting a college's ACP program accreditation, curriculum development, and tuition costs.

Challenges

- **Limited Control:** Curriculum and training may not fully align with our specific operational needs.
- **Dependence on External Partner:** Success relies on the college's ability to deliver a high-quality program annually with sustained accreditation.
- **Accessibility for Staff:** Program needs to be available in both official languages. Current PCPs may face logistical or financial barriers to attending college programs.
- **Program Uncertainty:** Restarting or initiating a program may involve delays or unexpected hurdles and may depend on a limited enrollment each year to continue.

Long-Term Considerations

- Collaboration with a college may enhance regional partnerships and elevate the broader paramedic profession.
- College programs provide a steady pipeline of ACPs, benefiting multiple services.

Option 2: Develop an accredited and Ministry of Health approved ACP training program within Paramedic Services

Opportunities

- **Tailored Curriculum:** Ability to customize training to meet the specific needs of our service and community.
- **Operational Alignment:** Ensures alignment with organizational protocols, equipment, and cultural values.
- **Increased Accessibility:** Reduces barriers for current PCPs within the service to upskill. Training could be offered to external applicants who have a desire for such training.
- **Retention Benefits:** Creates a sense of investment and loyalty among staff who receive training, assisting with both recruitment and retention of paramedics.
- **Funding:** The opportunity to submit a funding request to Ontario Health under the Northern Ontario Human Health Resources Secretariat for financial support of program start up exists.

Challenges

- **Significant Start-Up Costs:** High initial investment required for program development, facilities, equipment, and staffing.
- **Accreditation Requirements:** Time-consuming and complex process to achieve provincial accreditation.
- **Sustainability:** Ongoing costs for maintaining program quality and compliance with changing standards.

Long-Term Considerations

- Greater control in overall program content, quality, and delivery with no reliance on a minimum number of applicants, and courses can be run at the services discretion to satisfy staffing levels.
- Potential to establish the service as a regional leader in ACP training and some cost recovery through training external applicants..

Comparative Summary

Criteria	Internal Program	College Partnership
Cost	High initial and ongoing costs	Lower direct costs
Control	High control over curriculum	Limited control
Implementation Speed	Slower due to accreditation	Potentially faster if college is prepared
Staff Accessibility	High accessibility for internal staff	May involve barriers for staff
Regional Impact	Focused on service needs	Broader regional benefit

Recommendations

Given the analysis, a hybrid approach is recommended:

Short-Term: Collaborate with a college to restart or initiate a compressed delivery model ACP program with a planned September 2025 intake, leveraging their expertise and infrastructure while meeting immediate workforce needs. In addition, in the absence of tuition support from either Ontario Health HHR Secretariat or the Ontario Learn & Stay grant, develop a business case for the 2026-2027 budget for \$90,000 in funding to support six (6) ACP candidates to take the training through an approved college program.

Long-Term: Return to City Council should training needs not meet service staffing levels or Northeastern Ontario colleges discontinue delivering the ACP program and seek direction for staff to develop a business case to continue exploratory work for an internal ACP training program, focusing on feasibility, cost analysis, and strategic partnerships. Engage stakeholders, including frontline paramedics, educators, and community representatives, to ensure alignment with organizational and community needs. This long-term approach ensures ACP needs are met while building capacity for future self-reliance.

Pioneer Manor 2024 – 4th Quarter Report

Presented To:	Community and Emergency Services Committee
Meeting Date:	February 10, 2025
Type:	Correspondence for Information Only
Prepared by:	Aaron Archibald Community Development
Recommended by:	General Manager of Community Development

Report Summary

This report provides information regarding a quarterly update with respect to operational issues, activities, and accomplishments in support of resident safety goals, objectives, and good news stories for Pioneer Manor.

Relationship to the Strategic Plan, Health Impact Assessment and Climate Action Plans

This information report supports Council's Strategic Plan in the areas of Asset Management and Service Excellence and more specifically in Creating a Healthier Community through alignment of the Population Health Priorities of Families, Holistic Health, and the Age Friendly Strategy.

Financial Implications

There are no financial implications associated with this report.

Background

This report provides a status update on various topics, such as good news stories, operational activities, accomplishments, updates for the 4th quarter of 2024. Pioneer Manor is committed to providing a safe, healthy, and respectful environment for residents, families, visitors, and employees. The Home strives towards finding a balance between resident safety and that their quality of life is not being adversely affected by the current safety measures.

Good News Stories

Capital Bed Redevelopment - Beam Signing

On October 8, 2024, Mayor and Council joined residents, families, visitors, consultants, contractors, and staff in signing the final steel beam to be placed in the new building. This ceremony marked a significant milestone in the construction project to showcase this significant project and informed the community about the accomplishments achieved so far.



Project SEARCH

The official signing day for the Project SEARCH interns was held on October 3, 2024. The event was well attended with the support of the intern's families, friends, Rainbow District School Board staff, March of Dimes staff, and Pioneer Manor staff.



Reflection Room

A new reflection room (formerly the parlor room) opened in the Tulip Home Area. Open to residents and their families, this room is designed to provide a safe and welcoming environment for those seeking a peaceful space for personal reflection, spiritual practice, or a moment of rest. It is dedicated to fostering an atmosphere of calm and support for all who visit.



Diwali – Festival of Lights Celebrations

Sukhbeer Kaur, Life Enrichment Worker, along with a community member, celebrated Diwali on November 6, 2024, with residents and staff. She explained the importance of Diwali celebrations in her culture, made Diwali decorations, played games, shared stories and videos, and performed traditional dances from her region.



Remembrance Day

On November 7, 2024, members of Branch 76 Royal Canadian Legion, including a Colour Party, led residents in a Remembrance Day service to honour and recognize all individuals (including First Nations, Inuit, and Metis people) who served our country as well as individuals who continue to fight for peace. The service is a smaller version of the one that is provided each year at the cenotaph.



Wahnapitae First Nation – Mini Pow Wow

To celebrate the Winter Solstice, members from the Wahnapitae First Nations held a mini-Pow Wow at Pioneer Manor on December 11, 2024. The event included Smudging, Pow Wow Drums, Dancers along with an Elder who shared teachings.



The Pioneers - Christmas Concert

Musical voices filled the Pioneer Manor Winter Park on December 18, 2024, as the Home's resident choir, The Pioneers, shared their singing talents with residents, families, and staff at the annual Christmas concert. The choir is directed by Life Enrichment Workers and volunteers.



Quality Improvement Plan

As part of our commitment to enhancing medication safety and improving workflow efficiencies, Pioneer Manor successfully transitioned to the EMAR medication administration system from the OneMAR system. The rollout began on November 6, 2024, and spanned a period of two months. This new system streamlines medication administration processes, reduces the potential for errors, and provides staff with a more user-friendly interface for documenting care. To ensure a smooth transition, we implemented several key strategies, including comprehensive staff training to familiarize team members with the system, on-site support during the initial rollout phase, and on-call assistance during off-hours to address any challenges. Additionally, a designated staff member acted as a liaison between frontline users and the EMAR team, ensuring any issues were identified and promptly resolved.

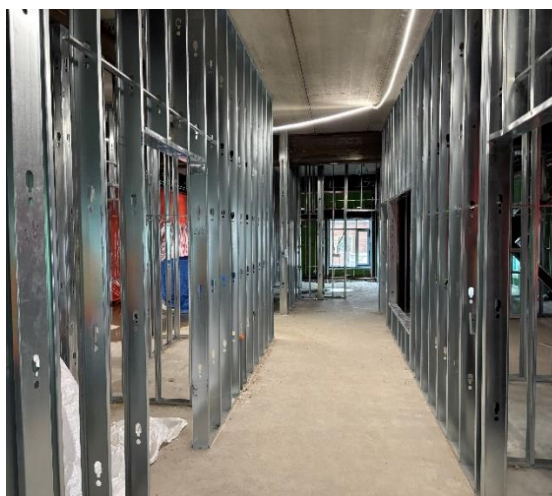
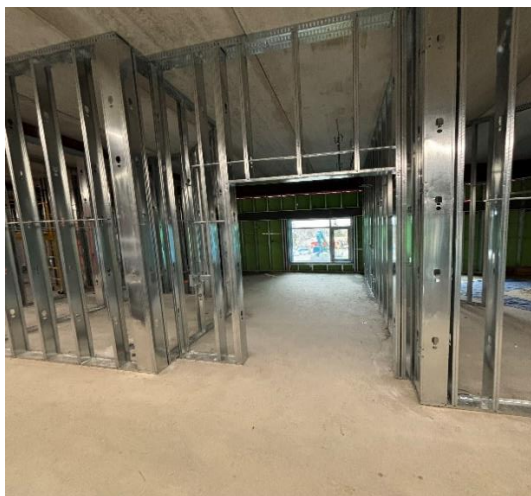
The transition has already shown promising outcomes, with staff reporting greater ease in tracking medications and improved accuracy in documentation. The system's real-time alerts have also contributed to enhanced resident care by preventing medication errors. The successful rollout highlighted collaborative efforts of staff members as demonstrated by team leadership shown by key staff members, who exceeded expectations in supporting their peers and resolving challenges. Moving forward, staff will continue to monitor the system's performance and gather feedback to optimize its continued use. Staff are commended for their dedication to improving care processes and ensuring the best outcomes for our residents.

November 25, 2024, marked the start of the winter/spring menu as reviewed and approved by the Resident Food Committee and by Resident Council. The Nutrition and Food Services section continues to improve the overall nutrient profile and quality of foods, while meeting best practice standards required for all textures and/or individual therapeutic requirements. The new menu offers a variety of cultural foods, including beef and lamb Greek gyro, Greek chicken salad, dahl soup and a local favourite – porketta.

Capital Bed Redevelopment

As of November 30, 2024, the project is 40% completed and remains on schedule. The building's structural steel framework is complete, with all floors fully erected and concrete poured. The building envelope and the roof is completely watertight, providing enclosure for winter construction. Interior framing work has commenced on the lower floors while the work of installing new electrical primary feed cable in an enclosed concrete trench has been completed and backfilled to grade along the rear access road.

Renovation work inside the existing home is well underway; the existing bistro and kitchen entrance (from bistro side) has been sealed off for the completion of demolition. This work forms part of the broader plan to integrate the new wing with the existing facility, with structural reinforcements to be completed in several areas. Change orders to date are within contingency and are tracking to remain under budget, barring any unforeseen circumstances.



Inspections

2020 to 2023 Ministry of Long-Term Care Inspection Analysis

All Long-Term Care homes across Ontario are inspected, with or without notice, by various Ministries and Agencies, in response to critical incidents or to discuss complaints/concerns. Additional scrutiny also ensures compliance with various directives and/or bylaws and work is being conducted in accordance with legislation and regulations.

During the fourth quarter of 2024, the following number of inspections occurred at Pioneer Manor. The Home has addressed all identified areas.

Ministry / Agency	Inspections	Outcome
Ministry of Long-Term Care	2	November compliance visit - Four written notifications issued. Documentation, Lifts and Transfers, Continence Care, Bowel Management and Administration of Drugs. December compliance visit - No non-compliance found.
Mandatory Critical Incident System	14	Five submissions have been founded and substantiated.
Ministry of Labour, Immigration, Training and Skills Development	2	Harassment complaint against a resident that the staff felt was not investigated, and complaint of mice activity.
Public Health (IPAC)	9	No areas of non-compliance noted.
Public Health (Institutional Food Safety Compliance)	13	Seven violations resolved.

2020 to 2023 Ministry of Long-Term Care Inspection Analysis

Effective April 11, 2022, the *Fixing Long-Term Care Act, 2021* (FLTCA) and *Ontario Regulation 246/22* replaced the previous *Long-Term Care Homes Act, 2007* (LTCHA) and *Ontario Regulation 79/10* as the governing legislation for long-term care in Ontario. If an inspector or the Director under the act finds non-compliance, they consider the scope and severity of the non-compliance, and the compliance history (up to three years) of the Home to determine the appropriate compliance actions to take under the new FLTCA. Outlined below is Pioneer Manor's non-compliance history from 2021 to 2024. See *Appendix 1* below for potential outcome when the Home is found to be non-compliant with the act or regulations.

Compliance Action	2021	2022	2023	2024
Remedied Non-Compliance	N/A	2	0	0
Written Notification	12	7	10	14
Voluntary Plan of Correction	10	1	N/A	N/A
Compliance Order	0	0	2	1
Administrative Monetary Penalties	N/A	N/A	0	0
Order Requiring Management	N/A	N/A	0	0
Increased Fines for Offences	N/A	N/A	0	0
Investigations	N/A	N/A	0	0
License Suspension and Supervision	N/A	N/A	0	0
Total Areas of Non-Compliance	22	10	12	15

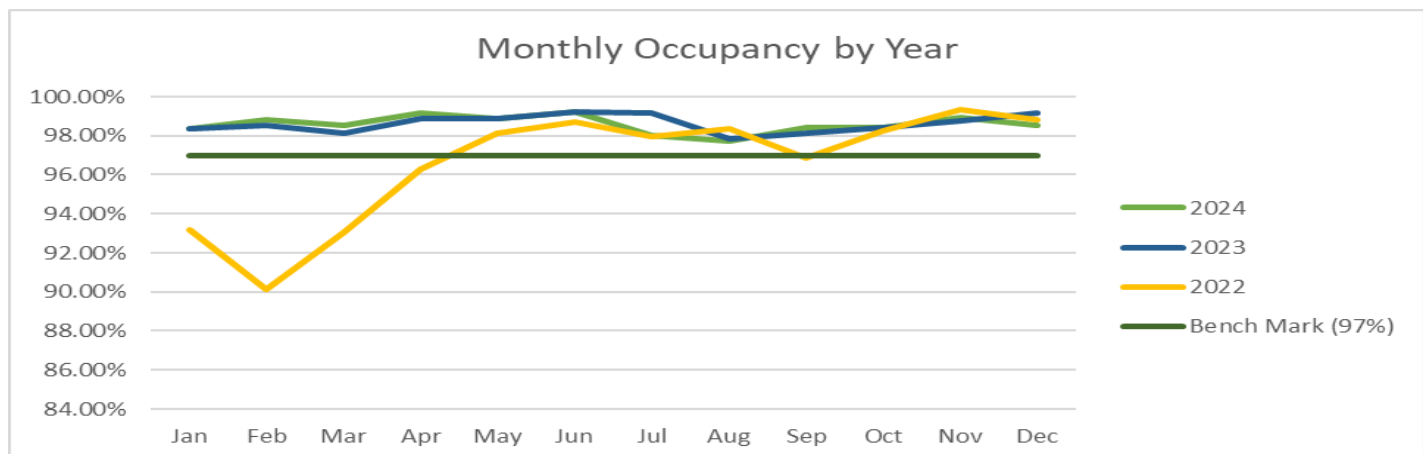
Written Complaints

During the fourth quarter of 2024, the following number of complaints were received by the Home, investigations and responses provided as per the *FLTCA, 2021* and *Ontario Regulation 246/22*.

Council	Received	Outcome
Resident / Family Members	0	
Resident Council	7	Four complaints resolved. Three concerns awaiting responses.
Family Council	0	

Key Performance Indicators

2024 Long-Term Care Home Availability					
Facility Name	Beds	# On Waitlist - Basic Bed	# On Waitlist - Private Beds	Total # Waiting	
Pioneer Manor	433	446 Total 205 (first choice only)	251 Total 69 (first choice only)	615 Total 274 (first choice only)	
Sudbury/Manitoulin	1555	999 (first choice only)	291 (first choice only)	1290 (first choice only)	
Resident Stats		2021	2022	2023	2024 (Jan. - Dec.)
Admissions		136	165	139	126
Discharges		4	6	3	4
Deaths		126	154	135	124
Internal Transfers		132	126	100	73
Occupancy Rate		98.80%	96.63%	98.62%	98.56%



Infection Prevention and Control (IPAC)

Outbreaks – Fourth Quarter 2024

Type of Outbreak	Declared	Declared Over	Duration (Days)	Number Impacted	
				Home Area(s)	Residents
COVID 19	October 1	October 10	9	Cedar	4
COVID 19	October 10	October 19	9	York Ramsey	5
Rhinovirus	October 7	October 25	18	York Ramsey	8
Human Coronavirus	October 5	October 17	12	Ramsey Scenic	7
COVID 19	October 10	October 24	14	Lodge 2	8
COVID 19	October 12	October 20	8	Lilac Mallard	3
COVID 19	October 12	October 20	8	Poplar	4
COVID 19	November 25	December 14	19	Tulip	10
COVID 19	November 22	December 18	25	Trillium	10
COVID 19	November 21	December 2	11	Park Place	6
RSV	November 26	December 7	11	York Ramsey	6
Rhinovirus	November 28	December 15	17	Pine	5
COVID 19	November 30	December 10	10	Pine	6
COVID 19	November 27	December 6	9	York Ramsey	5
COVID 19	December 4	December 16	12	Cranberry	5

2024 Summary of Infection Prevention and Control (IPAC)

During 2024 Pioneer Manor worked collaboratively with our community partner [Public Health Sudbury & Districts (PHSD)] on a total of 24 respiratory outbreaks. These outbreaks amounted to a total of 261 days during which Pioneer Manor was in a declared outbreak by PHSD.

Outbreaks are declared by the Medical Officer of Health for Sudbury & Districts when Provincially set thresholds are met based on best practice guidelines and recommendations of Public Health Ontario. To mitigate the spread of illness (respiratory or enteric) amongst the resident and staff populations, Pioneer Manor staff work to ensure that the health and safety of our Residents remains our highest priority.

Appendix 1

The Ministry's inspection program focuses on ensuring that licensees comply with the FLTCA and protecting and promoting the quality of care and quality of life for residents. This is achieved by performing unannounced inspections and enforcement measures as required and ensuring that actions taken by the government are transparent. The new proactive inspections program adds to the current program and allows the Ministry inspector to proactively visit each LTC home every year, all the while continuing reactive inspections to promptly address complaints and critical incidents.

The FLTCA includes new and strengthened compliance and enforcement tools to improve resident care and safety. These tools will be used as part of the Ministry of Long-Term Care's (the ministry's) inspection program, which aims to hold licensees to account for the care they provide.

Compliance and Enforcement Tools under the FLTCA

1. Remedied Non-compliance (RN)
 - Provides a way for an inspector to address very low-risk instances of non-compliance during an inspection without having to take further compliance action.
 - Can only be used when a licensee is able to demonstrate they have remedied the non-compliance during an inspection and the inspector is satisfied that the non-compliance caused no harm and created no risk of harm to a resident.
2. Written Notifications (WN)
 - Used to communicate a finding of non-compliance.
 - Unlike the (former) LTCHA, the FLTCA does not allow the inspector to issue a voluntary plan of correction as a possible compliance action.
3. Compliance Orders (CO)
 - Requires a licensee to do anything or refrain from doing anything to achieve compliance with the FLTCA. In addition, must prepare, submit, and implement a written plan for achieving compliance.
 - 2 new aspects of CO that may direct licensee to take a certain action, such as, arrange for specific staff to receive training or allow the ministry/agents/contractors to perform any work or activity at the LTC home at the licensee's expense.
4. Administrative Monetary Penalties (AMP)
 - Intended to encourage compliance and increase accountability for repeated non-compliance through non-punitive monetary penalties.
 - Must be issued if the licensee has not complied with a CO made under the FLTCA; or has not complied with a requirement under the FLTCA and it results in a CO being issued and the licensee has received at least one other compliance order for non-compliance with the same requirement within a three-year period.
5. Order Requiring Management
 - Licensee to retain a temporary manager to assist in managing the LTC home (entire operations or specific issues related to the operations i.e., IPAC, financial or clinical operations). In circumstances present in a LTC home that are harmful to the health, safety, or welfare of residents; or if there is an emergency, for example, an outbreak of disease or a pandemic.
6. Increased Fines for Offences
 - Maximum fines upon conviction of an offence under the FLTCA have doubled. If convicted, fines can be issued in the amount of:
 - \$200,000 for an individual's 1st offence and up to \$400,000 for subsequent offence.
 - \$500,000 for a corporation's 1st offence and \$1,000,000 for subsequent offence.
7. Investigations
 - Expanding capacity to investigate and lay charges for offences when appropriate.
8. License Suspension and Supervision
 - May suspend a licensee and appoint a LTCH Supervisor to take over the operations of the home.