



Community and Emergency Services Committee Agenda

Wednesday, May 21, 2025

Tom Davies Square

Councillor Lapierre, Chair

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

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Wellness Coordinator Pilot Project

Presented To:	Community and Emergency Services Committee
Meeting Date:	May 21, 2025
Type:	Managers' Reports
Prepared by:	Paul Kadwell Community Safety
Recommended by:	General Manager of Community Safety

Report Summary

This report provides a recommendation regarding the Wellness Coordinator pilot project which supports the psychological health of paramedics, addressing the steadily increasing incidence and cost of psychological injuries to the organization.

Resolution

THAT the City of Greater Sudbury directs staff to develop a business case for the 2026-2027 budget cycle for a Wellness Coordinator (1 FTE) for Paramedic Services, dedicated to the implementation of mental health programs and support for all Paramedic Services staff, as outlined in the report entitled "Wellness Coordinator Pilot Project" from the General Manager of Community Safety, presented at the Community and Emergency Services Committee meeting on May 21, 2025.

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

This report refers to operational matters and has no direct connection to the Community Energy and Emissions Plan.

Financial Implications

There are no financial implications associated with this report. If this resolution is approved, a business case will be developed for Council's consideration within the 2026/2027 Budget.

Background

Psychological injuries among paramedics are prevalent due to the nature of their work. Studies have shown that paramedics experience high rates of mental health issues such as Post Traumatic Stress Disorder (PTSD), depression, and anxiety. A comprehensive study conducted across Canada in 2016 found that 44.5% of first responders screened positive for symptoms consistent with one or more mental health disorders. This rate is much higher than the general population, which is around 10%.

Factors contributing to these psychological injuries include frequent exposure to traumatic events, organizational stressors like shift work and lack of support, and the cumulative effect of these stressors over time. Addressing these issues requires comprehensive support and effective coping mechanisms to help paramedics manage their mental health.

In 2016, Ontario passed legislation that recognized PTSD as a presumptive diagnosis for first responders. This means that it is automatically assumed to be work-related without the need for the worker to prove the connection between their job and the condition. This allows for faster access to WSIB benefits, resources, and timely treatment.

Since the establishment of that legislation, WSIB costs have continued to escalate year over year (Figure 1). In 2024, the cost was nearly \$1.3 million.



Figure 1. Psychological Lost Time Claim Costs for Paramedic Services from 2020-2024

Paramedic Services across Ontario are expressing ongoing commitment to improve psychological wellness and reduce PTSD risk for our paramedics. They are trialing many initiatives such as:

- Peer Support Programs
- Mental Health Training
- Improved access to professional counseling
- Wellness Programs
- Critical Incident Stress Management
- Mental Health Check-Ins

The effectiveness of psychological wellness programs for paramedics varies, but overall, they have shown positive impacts. With the high volume of psychological injury cases to manage, advanced support required, and rapidly developing programs to evaluate, several services have created dedicated Wellness Coordinators to provide focused support efforts. This is the approach the City of Greater Sudbury has also piloted for the past two years.

Psychological Injury Rates

Over the past five years, the number of reported psychological injuries by Paramedic Services employees has remained relatively stable (Figure 2). While there have been some fluctuations, the average has remained consistent. Staff attribute the peak in Q2 of 2023 to increasing awareness of resources and supports shortly after the Wellness Coordinator was established.



Figure 2. Reported Psychological Injuries by Paramedic Services from 2020-2024.

Since the Wellness Coordinator was established in early 2023, there has been a notable decrease in the percentage of psychological injuries resulting in lost time (Table 1, Figure 3).

Year	% of Injuries with Lost Time
2020	48%
2021	55%
2022	67%
2023	41%
2024	33%

Table 1. Percent of psychological injuries resulting in lost time.

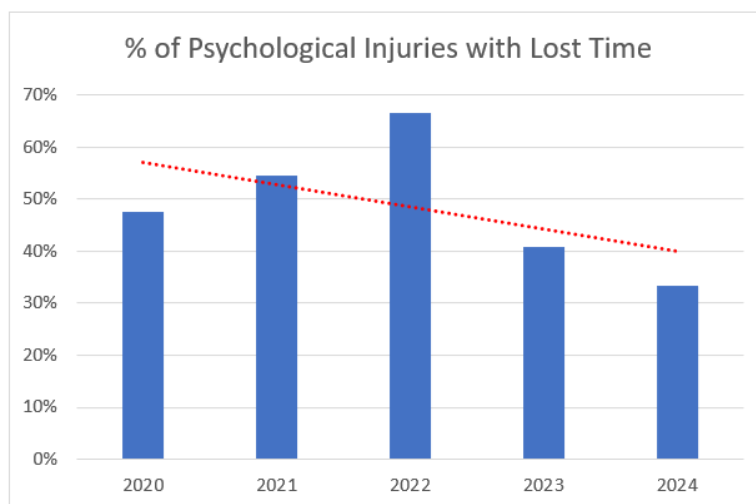


Figure 3. Percent of psychological injuries resulting in lost time.

In addition, there were no psychological injuries resulting in lost time in Q3 or Q4 of 2024 (Figure 4).

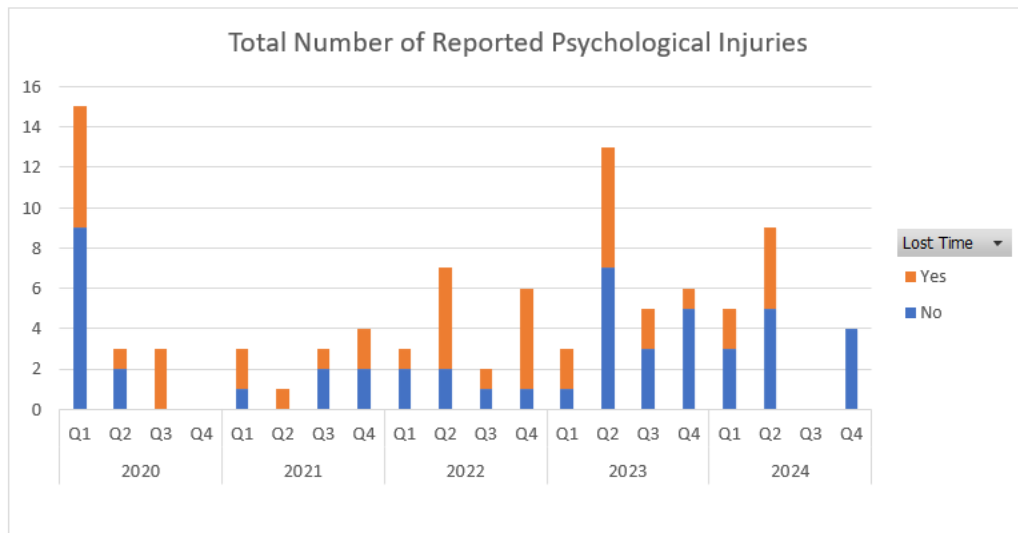


Figure 4. Reported Psychological Injuries by Paramedic Services with and without lost time from 2020-2024.

While it seems contradictory that costs are increasing while claims are decreasing, this is due to the cumulative nature of the claims. Even if the number of new claims is decreasing, the costs associated with past claims can continue to rise over time. This is especially true for long-term injuries where ongoing medical treatment and lost wages can accumulate over several years.

Since 2022, the usage of mental health benefits by the paramedics who are eligible to access them has more than doubled. This increase can also be attributed to the work of the Wellness Coordinator.

Changing the culture of an organization is a complex process that can take years to achieve. These early results are very encouraging.

Current Role of the Wellness Coordinator

In general, the key responsibilities for the Wellness Coordinator are as follows:

1. **Program Development and Implementation:** They design and implement wellness programs tailored to the needs of paramedics. This includes creating initiatives on mental health, physical fitness, mindfulness, and stress management.
2. **Support and Counselling:** The Wellness Coordinator provides support and counseling for paramedics, either directly or by connecting them with the appropriate professionals.
3. **Training and Education:** They conduct training and workshops on topics such as mental health awareness, coping strategies, and resilience building. This helps paramedics recognize and manage stress and other mental health issues.
4. **Advocacy and Policy Development:** The Wellness Coordinator advocates for policies and practices that support the well-being of paramedics. This can involve working with organizational leadership to implement changes that reduce stress and improve working conditions. Additionally, through networking with other wellness professionals and industry experts, they can stay informed about best practices and innovative solutions, and further extend their advocacy efforts.
5. **Monitoring and Evaluation:** They continuously monitor and evaluate the effectiveness of wellness

programs, adjusting as needed to ensure they meet the evolving needs of paramedics.

The Wellness Coordinator also actively monitors high intensity calls. While supervisors can initially check in on paramedics after such calls, it's challenging to track their impact over time as crews and shifts change. The cumulative effect of these calls can contribute to PTSD. The Wellness Coordinator, with a comprehensive view of the system, can intervene earlier, track patterns, assess mental health impacts, and gather feedback to improve support programs and resources.

While the Human Resources Rehabilitation Section is primarily responsible for the direct case management of paramedics who are off work with a psychological injury, the Wellness Coordinator takes an active role in the activities supporting their return to work. This may involve exposure therapy, additional training on coping strategies, and continuous monitoring of the paramedic's mental health to adjust the return-to-work plan if needed. These steps aim to create a supportive environment that facilitates recovery and helps paramedics reintegrate into their roles effectively.

The Wellness Coordinator also oversees the Community Safety Peer Support Team. This involves recruiting new members, ensuring that they are trained and able to provide support when needed. Having a dedicated coordinator helps to maintain the structure and effectiveness of the team, providing reliable and consistent support for those who need it.

In addition to the responsibilities listed above, the Wellness Coordinator is also the primary handler for the facility dog, Neely. Handlers spend a considerable amount of time at stations and on the road spending time with first responders. They are responsible to ensure the dog performs its tasks effectively and safely. Handlers are also responsible for the dog's well-being including feeding, grooming, and health checks. This ensures that the dog remains healthy and able to perform its duties.

Corporate or Department Specific

As the pilot position was being established, consideration was given to whether it should be a corporate resource for the entire organization or a department specific resource. Both approaches have their merits, however it was ultimately decided that the greatest need was within Paramedic Services.

Paramedic Services has a significantly higher proportion of psychological injuries in comparison to the rest of CGS employees (Figure 5). While the percent of psychological injuries ranges from about 4-8% for the entire organization, the range is 13-25% for Paramedic Services.

Year	Total Injuries		Psychological Injuries		% Psychological Injuries	
	PS	CGS	PS	CGS	PS	CGS
2020	95	572	21	46	22%	8%
2021	61	525	11	20	18%	4%
2022	143	729	18	34	13%	5%
2023	109	754	27	38	25%	5%
2024	122	833	18	55	15%	7%

Figure 5. Percent of psychological injuries for Paramedic Services vs the rest of CGS

Several paramedic services that have implemented dedicated Wellness Coordinators are reporting success with regards to claim costs (for example, Alberta Health Services), and many others are now trying to follow a similar model (Niagara, Peel, Waterloo, County of Essex).

The pilot has shown that having a dedicated resource is tremendously valuable. Specifically, having lived experience as a paramedic was ideal for this pilot test. This background provides deep knowledge and

understanding of the mental health issues faced by first responders due to occupational stress and trauma, enabling them to offer a more advanced level of support. This knowledge and experience also allows for a more comprehensive evaluation of the specialized mental health programs that are available for first responders (such as Road to Mental Readiness), recommendations on which would best fit for our service, and serving as a credible trainer/facilitator.

This task is critically important given the rapidly increasing number of available resources. Ensuring thorough evaluations and appropriate selection of mental health programs is essential to provide effective support for first responders. The credibility and expertise of the trainer/facilitator plays a vital role in the successful implementation and acceptance of these programs.

Wherever possible and appropriate, the Wellness Coordinator has provided support for corporate requests as well: delivering presentations on the corporate resources available, promoting corporate initiatives, providing training to employees outside of Paramedic Services when applicable, and assisting with the establishment of the corporate Peer Support Team.

Financial Benefits

The cost to implement a permanent full-time Wellness Coordinator within Paramedic Services will be approximately \$130,000 (including salary and benefits) per year. This position would be eligible for the 50/50 provincial funding in 2026 and future years resulting in a net cost of about \$65,000.

The average cost of one psychological injury with lost time is approximately \$90,000 per year. However, these types of claims often span across several years. In the five years of data that were analyzed for this report, there were several psychological injuries that resulted in lost time claims exceeding \$300,000.

If the Wellness Coordinator can prevent just one of these injuries per year, the position has paid for itself for several years. Moreover, providing wellness supports can also improve employee retention rates, as employees are more likely to stay with an organization that prioritizes their health and wellness. This reduces turnover and the associated costs there as well.

Non-Financial Benefits

There are non-financial benefits to consider as well. Focusing on employee wellness is a strategic approach that can significantly enhance employee engagement. When an organization demonstrates that it values the well-being of its employees, it fosters a sense of appreciation and care. Engaged employees are more likely to be motivated and committed to their work.

Wellness Coordinators play a crucial role in this dynamic. By promoting a positive workplace culture and fostering a supportive and healthy environment, they contribute to the overall well-being of the workforce.

As an employer, we hold the critical responsibility of ensuring the health and safety of our staff, both physically and mentally. It is imperative that we act swiftly to support those who have suffered a psychological injury. Research has shown that employees who are off work more than six months due to a psychological injury are often unlikely to return. This underscores the importance of timely intervention and support to facilitate their recovery and reintegration into the workplace. Our employees came to us in good health, it is our duty to ensure they remain that way.

Conclusion

The demanding nature of paramedic work often leads to a high incidence of psychological injuries. WSIB costs are steadily increasing at an alarming rate. Services across the province are working tirelessly to advocate for their employees and find supports to help them.

One successful option implemented by other services has been the introduction of a dedicated Wellness

Coordinator. This two-year pilot project has already shown promising results, demonstrating the positive impact of this role. Staff recommend making the Wellness Coordinator a permanent position, ensuring continued support for paramedics and helping to mitigate the rising WSIB costs. The return on investment for this position is quite substantial and may even contribute to improved employee engagement, retention and positive workplace culture.

2024 Paramedic Services Land Ambulance Service Review Results

Presented To:	Community and Emergency Services Committee
Meeting Date:	May 21, 2025
Type:	Correspondence for Information Only
Prepared by:	Yvonne Morelli Community Safety
Recommended by:	General Manager of Community Safety

Report Summary

This report provides information regarding our most recent Ambulance Service Review (ASR) conducted by the Ministry of Health's Emergency Health Regulatory and Accountability Branch (MOH EHRAB).

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

This report refers to operational matters and has no direct connection to the Community Energy and Emissions Plan.

Financial Implications

There are no financial implications associated with this report.

Background

On August 27 and 28, 2024, the Ministry of Health's Emergency Health Regulatory and Accountability Branch (MOH EHRAB) Service Review Team conducted a comprehensive review of all aspects of Greater Sudbury Paramedic Services.

As per "The Ambulance Act, R.S.O. 1990, c. A. 19" a person cannot operate an ambulance service without successfully completing an Ambulance Service Review and subsequently receiving a certificate by the Ministry of Health's Emergency Health Regulatory and Accountability Branch (MOH EHRAB). An Ambulance Service Review is conducted by the MOH EHRAB prior to the expiration of an existing certificate to confirm that the provider continues to meet legislated certification standards.

The purpose of the Ambulance Service Review is to ensure Ambulance Services are operated in a manner consistent with the Land Ambulance Certification Standards and in compliance with all relevant legislation. Each Ambulance Service in the Province is required to successfully complete the Ambulance Service Review certification process once every three years in order to obtain and maintain certification to operate the respective ambulance service.

To successfully complete the Ambulance Service Review Certification process, Services are required to

meet the legislative quality requirements in the following areas:

- Administration (this includes response time standards and other legislative requirements)
- Policy and Procedures
- Insurance Coverage
- Quality Assurance
- Employee Qualifications
- Patient Care
- Documentation
- Vehicles
- Patient Care Equipment

Ambulance Service Review Process

The MOHLTC Ambulance Service Review is conducted over the span of several months in the year preceding the expiry of the current Land Ambulance Certification and includes the following:

Pre-Ambulance Service Review

Three months (90 days) in advance of the Ambulance Service Review site visit, the MOH EHRAB conducts a comprehensive review of mandatory information and documents supplied by the Service. This includes background information on call volume, response times, staffing profiles, types and numbers of vehicles and station locations. In addition, several hundred random Patient Care Reports are submitted for off-site review and auditing.

Ambulance Service Review Site Visit

Our Ambulance Service Review site visit occurred on August 27 and 28, 2024. Over these two days MOH EHRAB staff along with a team of peer managers and paramedics from other Paramedic Services within the Province reviewed all aspects of the Paramedic Service including both the administrative and front line service delivery. The review ensures compliance with legislation that governs areas such as emergency vehicle specifications, equipment standards, required policy and procedures, and patient care standards. The Service Review Team reviews human resource files, vehicle and equipment maintenance files, and a large sample of patient care reports. In addition, members of the Service Review Team visit Paramedic Services stations throughout the City to ensure standards and legislations are being met at those locations. While care is still provided at our one-site hospital while on ambulance offload delay, the Service Review Team also visits Health Sciences North (HSN) to review patient care being provided by paramedics.

At the completion of the site visit, the Ambulance Service Review Team Leads deliver an exit interview providing a high level overview of preliminary findings. This is also a time where the Ministry would address any immediate concerns, and as in previous reviews, no time sensitive issues were identified. It is understood there may be additional findings when all files from the team members have been reviewed.

Post Ambulance Service Review

Several months after the site visit, the MOH EHRAB provides a “Draft” Ambulance Service Review Executive Summary Report detailing any findings as a result of the Ambulance Service Review. On December 10, 2024, Greater Sudbury Paramedic Services received their “Draft” Ambulance Service Review Executive

Summary Report which advised of the successful completion of the 2024 Land Ambulance Service Certificate Program. This report provided confirmation that the service had successfully recertified and ensures that the Service will be re-issued another three year operating certificate, the maximum under the standard.

Following receipt of the “draft” report, the Service is required to respond within thirty days providing an action plan that addresses any Ambulance Service Review findings. Once the MOH EHRAB is in receipt of the Service’s response and action plan, an MOH EHRAB inspector will be assigned to complete a follow-up site visit. This is to verify that the Service’s action plan is being implemented in a manner satisfactory to the MOH EHRAB. On February 24, 2025, an MOH EHRAB inspector conducted the follow-up site visit and was satisfied with the Service’s action plan to address the findings in the Draft Ambulance Service Review Executive Summary Report.

At the time of this report, Greater Sudbury Paramedic Services is still awaiting the “Final” Ambulance Service Review Report, but do not anticipate any new information from the draft report.

Ambulance Service Review Findings

The Service was commended for its efforts in the following areas:

1. Preparation for the certification inspection
2. Quality assurance and continuous quality improvement
3. Training
4. Vehicles

Based on the correspondence contained in the “Draft” Ambulance Service Review Executive Summary Report, the MOH EHRAB identified that the following areas require attention so that Sudbury Paramedic Service may make further improvements in delivering quality ambulance service (see **Table 1**).

Table 1

OBSERVATION	AUDIT ACTION	MOH EHRAB FINDING	SERVICE ACTIONS
#1 Patient Care	195 electronic Patient Care Reports (ePCRs) were reviewed for compliance with patient care standards.	98.5% of the electronic Patient Care Reports reviewed demonstrated that the documentation was compliant with the ALS/BLS Patient Care Standards.	Reviewed Patient Care Report completion with all staff at annual fall training sessions. Working with vendor to add additional compliance rules to electronic patient care records.
#2 Securing of Equipment	12 vehicles were inspected for securing of equipment and supplies.	Unrestrained equipment (1 box of gloves) found in the front of one vehicle. One vehicle, the strap to secure equipment was not used.	Platoon Superintendents reviewed equipment securing with staff during daily check ins. EVT's reminded at annual fall training.

#3 Patient Care and Supplies	5 ambulances and 2 Paramedic Response Units were inspected for compliance.	Minor equipment missing on three vehicles, addressed at the time of inspection.	Platoon Superintendents reviewed equipment standards with staff during daily check ins. EVT's reminded at annual fall training.
# 4 Patient Care Devices Preventative Maintenance	39 Patient Care Device files were reviewed.	99% of the patient care and accessory equipment files observed were compliant. One mechanical CPR device was missing an annual maintenance record.	Service has transitioned to new mechanical CPR device for all vehicles. Maintenance for these new devices now all tracked in Operative IQ.
#5 Patient Conveyance Equipment Preventative Maintenance	20 Patient Conveyance equipment maintenance files were reviewed	While scoop stretchers were inspected as part of monthly deep clean of each vehicle, there was no serial number to track which stretcher was inspected.	Numbers added to all scoop stretchers in operative IQ while Service Review team on site.
#6 Vehicles	5 vehicles were inspected.	3 vehicles did not have correct hood decals. Oxygen tanks secured to back of stretcher did not have proper yoke protection.	Compliant decals were added to vehicles. All tanks removed, sourcing options for tank holder/yoke protection.
#7 Documentation	195 ePCRs were reviewed for mandatory information.	97% of the required information was correctly recorded on the ePCRs, as per the Ontario Ambulance Documentation Standards.	Reviewed Patient Care Report completion with all staff at annual fall training sessions.
#8 Documentation	195 ePCRs were reviewed to ensure completion within specified timeframes.	99% of all ePCRs reviewed were completed within legislated timeframes.	Reviewed Patient Care Report completion with all staff at annual fall training sessions.
#9 Documentation	195 ePCRs were reviewed to confirm whether incident reports were completed as required and sent to the MOH within required timeframes.	99% of all ePCRs reviewed had associated Incident Reports when required, and were completed within legislated timeframes.	Reviewed Incident Report completion requirements with all staff at annual fall training sessions.

#10 Response Time Standards	Files and reports related to response time performance were reviewed.	Response time targets for CTAS 1 and CTAS 2 patients were not always met due to challenges with geographical area, hospital offload delays, and call volumes.	Service will continue to strive to meet current RTS targets of having a paramedic on scene for CTAS 1 patients in 8 minutes, 80% of the time, and for CTAS 2 patients within 10 minutes, 85% of the time.
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Conclusion

The result of the Ambulance Service Review was very positive and as such, the City is in a position to continue operating the Paramedic Service. This success is a result of the outstanding work of our Leadership Team, and the work of the Professional Standards, Training, Quality Assurance/Quality Improvement and Logistics Sections, all of which facilitate and support our Paramedics so that they may continue to deliver high quality patient care to the citizens and visitors of the City of Greater Sudbury.

2024 Point in Time (PiT) Count-Homelessness

Presented To:	Community and Emergency Services Committee
Meeting Date:	May 21, 2025
Type:	Correspondence for Information Only
Prepared by:	Gail Spencer Children and Social Services
Recommended by:	General Manager of Community Development

Report Summary

This report provides information regarding the results from the 2024 Point in Time Count Homelessness Enumeration conducted within the City of Greater Sudbury in October 2024.

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

This report refers to Council's Strategic Plan in the area of Quality of Life and Place as it aligns with the Population Health Priorities of Indigenous, Youth, Mental Health, Housing, and Healthy Streets by providing data on persons experiencing homelessness in the City of Greater Sudbury. This report has no relationship to the Community Energy and Emissions Plan.

Financial Implications

There are no financial implications associated with this report.

Background

The City of Greater Sudbury's 2024 Point in Time (PiT) Homelessness Count is part of a Canada-wide count of sheltered and unsheltered individuals on a single night. Under the Federal government's Reaching Home: Canada's Homelessness Strategy program, communities are required to conduct a Point-in-Time Count ("PiT Count") to provide a community-level measure of sheltered and unsheltered homelessness. It also provides a national picture of homelessness.

The PiT Counts are comprised of two componentsⁱ:

1. A PiT Count Enumeration: an estimate of the number of people experiencing homelessness within a determined geographical area on a single night. It also identifies the location where they spent the night: in shelters, transitional housing, or unsheltered locations.

2. A Survey on Homelessness: The survey includes a set of standardized questions that are administered directly to individuals experiencing homelessness. Respondents include those in shelters, transitional housing, health and correctional systems, unsheltered locations, and hidden homeless (e.g. people who are “couch surfing”). The survey collects information on the characteristics and experiences of people experiencing homelessness to help community organizations and all orders of government better understand and serve this population across Canada.

On October 8th, 2024, the City of Greater Sudbury partnered with Indigenous and community service providers to complete a one-night PiT Count enumeration. Between October 8th, 2024, and October 15th, 2024, shelters, transitional housing and outreach staff conducted surveys with people who were staying in an emergency shelter, domestic violence shelter, transitional housing, couch surfing, encampment or on the street. The City of Greater Sudbury also partnered with Health Sciences North and the Sudbury Jail to obtain a count of individuals staying in hospital or jail with no fixed address. Two magnet events were held to connect with priority populations to complete the survey - a breakfast hosted by N'Swakamok Native Friendship Centre and a pizza dinner hosted by the Sudbury Youth Wellness Hub.

A previous PiT Count, using the same methodology, was completed in Greater Sudbury in October 2021. Other homelessness counts using different methodologies were completed in 2018, 2015 and through a series of homelessness studies between 2000 and 2007. Results from these previous reports can be found on the [City's website](#).

Results

On the night of October 8th, 2024, there were 505 individuals experiencing homelessness identified through enumeration and surveys. In comparison to the previous PiT Count conducted on October 19th, 2021, this number increased from 398 to 505 individuals experiencing homelessness, or 107 individuals, an increase of 27%.

Of the 505 individuals,

- 219 people were staying in an encampment
- 121 people were sleeping unsheltered in public spaces (excluding encampments)
- 71 people were staying in an emergency shelter
- 53 people were staying in transitional housing
- 32 people were staying in systems (i.e., hospital or jail)
- 9 were staying in a domestic violence shelter

In comparison to the October 19th, 2021 PiT Count, of those enumerated, 14% were staying in emergency shelter in 2024, a decrease from the results in 2021, when 24% were staying in shelter. The most significant change was an increase in the number of individuals staying unsheltered, from 10% in 2021 to 24% in 2024.

Of the 505 individuals encountered during the PiT Count, 229 individuals consented to participate in the survey. High level data from the survey results included:

- 63% identified as male, 33% as female
- 79% are between the age of 25 to 59 years old
- 71% identify as a single adult
- 38% identified as Indigenous
- 68% had stayed in an emergency shelter within the past year
- 75% were chronically homeless (homeless for over six months in the past year)
- 72% had lived in Sudbury for more than five years, 4% had been in Sudbury for less than six months
- 73% stated they had a substance use issue
- 71% reported a mental health issue

For comparison with the previous PiT Count, in 2021, 81% of survey respondents were single adults; whereas in 2024, 71% of survey respondents were single adults. This assumes there is a higher proportion of families that are experiencing homelessness. The number of chronically homeless survey respondents has increased from 57% in 2021, to 75% in 2024, and a smaller proportion of survey respondents are making use of shelter services; 68% in 2024 as opposed to 75% in 2021. Finally, in 2024, a smaller proportion of survey respondents (73%) reported having a substance use issue than in 2021 (80%).

A comprehensive overview of survey data collected through the Point in Time Count is attached to this report in Appendix A and B; the report is available in English and French.

Key trends highlighted through the 2024 Point in Time Count are the continued overrepresentation of Indigenous peoples experiencing homelessness in Greater Sudbury, exits from provincial systems into homelessness, and the ongoing housing, mental health, and addictions crisis. This further highlights the need for strategies that support Indigenous healing and well-being, strategies to strengthen discharge planning from systems, continued investments in housing of all types across the housing continuum (transitional, supportive and affordable housing), and collaborative efforts to improve health outcomes of the unhoused population.

Limitations

As with all data sources, information collected during nationally coordinated PiT Counts has unique strengths, as well as limitations. It is important to note that a PiT Count enumeration is not intended to:

- be a measure of everyone who experiences homelessness in a community over time. By focusing on a single day, the count will omit some people who cycle in and out of homelessness, providing an estimate of how many people are homeless on a given night.
- be an enumeration, or count, of hidden homelessness (e.g., people who are “couch surfing”). Alternatively, the PiT Count enumeration is a measure of visible homelessness (e.g., sleeping in shelters, on the street, or in other locations that are financially supported through the homeless-serving sector) on the day of the count. The survey conducted through health care and corrections provides unique information on their experiences and service needs of those experiencing hidden homelessness.
- identify how long people will experience homelessness for, nor how individuals found housing or otherwise exited homelessness, and what programs or policies enabled those exitsⁱⁱ.

Next Steps

The results of the City of Greater Sudbury 2024 PiT Count will continue to inform the impact of homelessness in the community and at the national level. The Federal government requires PiT Count Enumerations annually and administration of the survey every three years. The City of Greater Sudbury will continue to gather this valuable information to inform local decisions, and to continue to build a picture of national homelessness. Locally, this data, along with data collected through sources such as the By-Name List and Homelessness Individuals and Families Information System (HIFIS), will continue to inform data-driven decisions by the City of Greater Sudbury regarding collaborative services, systems planning and housing focused solutions as identified in the Roadmap to End Homelessness by 2030.

Key strategies outlined in the Roadmap to End Homelessness that support addressing homelessness in the community, as noted in the 2024 PiT Count results, include:

- Affordable Housing (Action Item 1.1) – aligning investments through the Roadmap to End Homelessness and Housing Supply Strategy to support continued housing growth.
- Strengthen Partnerships with Provincial Systems (Action Item 1.10) – increasing partnerships with systems including health, child welfare, and corrections to prevent existing systems into homelessness.

- Supportive Housing (Action Item 3.1) – increasing investments in supportive housing to support individuals with complex needs.
- Health, Housing, and Homelessness Planning and Strategy Table (Action Item 4.1) – increasing collaboration between the health, housing, and homelessness sectors to achieve health and housing outcomes.
- Indigenous Healing and Well-being (Action Item 4.3) – strengthening partnerships with Indigenous-led organizations to support Indigenous-led solutionsⁱⁱⁱ.

An update report on the implementation of the Roadmap to End Homelessness will be provided in June 2025 to Council, highlighting progress on these initiatives.

Resources Cited

ⁱ Government of Canada: Point-in-Time Counts of Homelessness <https://housing-infrastructure.canada.ca/homelessness-sans-abri/resources-ressources/point-in-time-denombrement-ponctuel-eng.html>

ⁱⁱ Reaching Home: Canada's Homelessness Strategy. Everyone Counts: A Guide to Point-in-Time Counts in Canada, 4th ed. <https://homelessnesslearninghub.ca/wp-content/uploads/2024/04/Guide-to-Point-in-Time-Counts-in-Canada-4th-Edition-2-1.pdf>

ⁱⁱⁱ [City Council Meeting - May 28, 2024 - Roadmap to End Homelessness by 2030](#)

2024 Point-in-Time Homelessness Enumeration

Results Report





2024 Point-in-Time Homelessness Enumeration Results Report

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2024 Point-in-Time Homelessness Enumeration Results Report

Executive Summary

Objectives

Under the Federal government's Reaching Home: Canada's Homelessness Strategy program, communities are required to conduct a Point-in-Time (PiT) Count to provide a community-level measure of sheltered and unsheltered homelessness. It also provides a national picture of homelessness.

The PiT Counts are comprised of two components¹ :

1. **A PiT Count Enumeration:** an estimate of the number of people experiencing homelessness within a determined geographical area on a single night. It also identifies the location where they spent the night: in shelters, transitional housing or unsheltered locations.
2. **A Survey on Homelessness:** The survey includes a set of standardized questions that are administered directly to individuals experiencing homelessness. Respondents include those in shelters, transitional housing, health and correctional systems, unsheltered locations, and hidden homeless (e.g., people who are "couch surfing"). The survey collects information on the characteristics and experiences of people experiencing homelessness to help community organizations and all orders of government better understand and serve this population across Canada.

¹Government of Canada: Point-in-Time Counts of Homelessness <https://housing-infrastructure.canada.ca/homelessness-sans-abri/resources-ressources/point-in-time-denombrement-ponctuel-eng.html>

Background and Methods

The PiT Count is an event where individuals experiencing homelessness in the City of Greater Sudbury are counted and surveyed to determine the picture of homelessness in our community at one specific point in time.

The PiT Count enumeration was conducted on October 8, 2024. The PiT Count survey was conducted from October 8 to October 15, 2024. Both components were conducted throughout Greater Sudbury by trained staff from homelessness-serving agencies in the community. 37 trained staff were involved in this year's count from the following service providers: Centre de santé communautaire du Grand Sudbury, John Howard Society, L'association des jeunes de la rue, N'Swakamok Native Friendship Centre, Canadian Mental Health Association – Sudbury/Manitoulin (CMHA-S/M), Salvation Army Cedar Place, Elizabeth Fry Safe Harbour House, Ontario Aboriginal Housing Services, YWCA Geneva House, Monarch Recovery Services, Sudbury and District Nurse Practitioners Clinic, and City of Greater Sudbury Social Services.

The PiT Count includes two forms of data collection: a count of individuals experiencing homelessness on one night only (October 8, 2024) and a survey of individuals encountered between October 8 and October 15, 2024, who identified as experiencing homelessness the night of October 8. The enumeration was completed using a combination of individuals who identified themselves as experiencing homelessness through screening questions and of observed experiences of homelessness. Observations were used for individuals who could not or declined to answer the short survey questions, but who showed clear signs of being homeless on the night of the enumeration (e.g., if they are sleeping in an unsheltered location and they have their belongings with them)². Those who were asked the screening questions were able to confirm where they would be sleeping on the night of October 8. Individuals participating in the survey were asked screening questions to ensure they met the definition of homelessness before staff proceeded with the survey. To align with the PiT count guidelines provided by the Federal government, questions were focused on the respondents' experience of homelessness for the night of October 8, 2024, only. Surveys were captured through the Homeless Individuals and Families Information System (HIFIS) in real time using computers and tablets. Paper copies of the survey were also provided to surveyors. De-identified data was reported back to the federal government.

²Reaching Home: Canada's Homelessness Strategy. Everyone Counts: A Guide to Point-in-Time Counts in Canada, 4th ed. <https://homelessnesslearninghub.ca/wp-content/uploads/2024/04/Guide-to-Point-in-Time-Counts-in-Canada-4th-Edition-2-1.pdf>



2024 Point-in-Time Homelessness Enumeration Results Report



505

On the night of October 8, 2024, there were a total of **505 persons** identified as experiencing homelessness in a shelter, transitional housing, and unsheltered (e.g., unsheltered in public space, encampment).



67%

From the enumeration count, **67%** of people were identified as staying in an encampment/unsheltered in a public space or unknown, **16%** were staying in an emergency shelter, and **17%** in transitional housing or provincial system (e.g. hospital, corrections facility).



45%

From October 8 to October 15, 2024, 229 people who were homeless on the night of October 8 agreed to participate in a survey, accounting for **45%** of those who were enumerated.

36% of people surveyed stated they were spending the night in a shelter, while **34%** stated they were staying unsheltered/unsure or in an encampment, and **14%** were staying in transitional housing or provincial systems.

Experience in Emergency Shelters

68% of survey respondents stated they had stayed in an emergency shelter within the last year.

Reasons for Homelessness

The main reason respondents stated they lost their housing was due to not having enough income (**43%**). When asked if the housing loss was due to an eviction, **44%** of respondents reported yes.

Re-locating to Sudbury

72% of survey respondents stated they had been in Sudbury for more than five years. **12%** of survey respondents stated they had re-located to Sudbury within 1 to 5 years; **5%** within the last 6 to 12 months; and **7%** within the past 3 to 6 months. **4%** of survey respondents had been in Sudbury for less than 3 months.

Experiences with Child Welfare

41% of survey respondents had their first experience of homelessness before the age of 24. **35%** of respondents stated they had been in foster care or a youth group home. **74%** of these survey respondents felt that Child Protection Services was not helpful when transitioning to independence when leaving foster care or a group home, with **24%** becoming homeless within 30 days of leaving foster care/group home.



2024 Point-in-Time Homelessness Enumeration Results Report



Demographics

- Most survey respondents (**79%**) were adults between the ages of 25 and 59, with **8%** of respondents being youth between the ages of 16 and 24, and **12%** being seniors over the age of 60.
- Self-reports on gender identity characterized **33%** of survey respondents as women, **63%** as men, and **4%** as two-spirit, trans-women, non-binary (genderqueer), or not-listed.
- Regarding sexual orientation, **90%** of respondents self-reported that they identified as heterosexual while **10%** indicated that they identified as bisexual, gay, lesbian, pansexual, two-spirit, or not-listed.
- The number of survey respondents who identified as veterans, with backgrounds involving service in the military or RCMP, was **9**.
- The number of survey respondents who reported they came to Canada as an immigrant, refugee, asylum claimant, or through another process was **19**.
- The number of survey respondents who identified as a racial minority was **24**.

Indigeneity

38% of survey respondents identified as Indigenous (First Nations, Metis, Inuit or North American Indigenous Ancestry), in comparison to the proportion of individuals who identify as Indigenous in the total population of Greater Sudbury (**11.3%**), according to 2021 census data³. With guidance and input from Indigenous partners at the N'Swakamok Native Friendship Centre, the community included a count of Indigeneity of those individuals who were observed to be homeless and did not take part in the survey. It was felt that data from only the survey would not accurately reflect the overrepresentation of Indigenous individuals experiencing homelessness in the community. **33%** of those observed to be homeless were identified as Indigenous.

³Statistics Canada: Focus on Geography Series, 2021 Census of Population <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?lang=E&topic=8&dguid=2021S0503580>

Family Homelessness

Single adults comprise the largest percentage of the homeless population who participated in the survey (**71%**). There were **66** family households experiencing homelessness the night of the PiT Count. These households had one or more dependent child, another adult, a partner, or a pet.

Health Challenges

Concerning health challenges, **73%** of survey respondents reported a substance use issue and **71%** reported a mental health issue. **50%** of respondents reported an illness or medical condition and **46%** reported physical mobility concerns. **36%** of respondents reported a learning, intellectual/developmental or cognitive function concern, and **27%** reported an acquired brain injury. **27%** of respondents reported concerns with their senses, such as seeing or hearing.

Income Sources

Most survey respondents were in receipt of social assistance (**84%**) which includes both Ontario Works and Ontario Disability Support Program benefits. **59%** of individuals receiving social assistance were in receipt of Ontario Works.



2024 Point-in-Time Homelessness Enumeration Results Report

Background and Purpose

The City of Greater Sudbury receives funding from the Reaching Home: Canada's Homelessness Strategy, a federal funding program designed to support communities to support the needs of the most vulnerable Canadians; to improve access to safe, stable and affordable housing. This includes supporting the reduction of chronic homelessness.

Under the Reaching Home funding agreement, communities are required to participate in a coordinated Point-in-Time count, as a measure of reducing chronic homelessness in the community when conducted over subsequent years.

The 2024 enumeration followed requirements set out by the federal government, using a Point-in-Time count method, to count individuals on one night only – which was chosen as October 8 within Greater Sudbury.

There was a survey period that could be extended for up to one month, which was conducted over one week – October 8 to 15 – asking about experiences of homelessness on the night of October 8.

The previous 2021 enumeration followed requirements set out by the federal and provincial governments using a Point-on-Time count method, to count individuals experiencing homelessness on one night only, October 19.

Participants were surveyed from October 19 to 22 and were asked questions about their experience of homelessness on the night of October 19. Prior to that, the City of Greater Sudbury conducted enumerations in 2015 and 2018 in partnership with Laurentian University. These counts were conducted over a month using period-prevalence methodology. The reports outlining the results from previous PiT Counts can be found on the City of Greater Sudbury [website](#).





2024 Point-in-Time Homelessness Enumeration Results Report

Methodology

Planning

A Point-in-Time Count planning committee was formed during the summer of 2024 to prepare for the autumn 2024 PiT Count. Committee members included staff from City of Greater Sudbury Social Services, Homelessness Network, N'Swakamok Native Friendship Centre, and the Canadian Mental Health Association – Sudbury/Manitoulin (CMHA – S/M).

Training

Staff from community partner agencies within the homelessness-serving sector were leveraged to complete surveys with people experiencing homelessness, due to their knowledge and experience working with this population. In total, 37 staff participated in the PiT Count from the following service providers: Centre de santé communautaire du Grand Sudbury, John Howard Society, L'association des jeunes de la rue, N'Swakamok Native Friendship Centre, (CMHA – S/M), Salvation Army Cedar Place, Elizabeth Fry Safe Harbour House, Ontario Aboriginal Housing Services, YWCA Geneva House, Monarch Recovery Services, Sudbury and District Nurse Practitioners Clinic, and City of Greater Sudbury Social Services.

Training for the PiT Count was delivered by the City of Greater Sudbury, in person as a half-day training session, offered on two separate dates. The training included cultural competency, survey resources, videos, a walk-through of the survey questions, a review of naloxone training, and the Homeless Individuals and Families Information System (HIFIS). An Indigenous knowledge keeper provided cultural competency training, with emphasis on respecting the individual. Other support materials for training were provided by the federal government, which included information sheets on safety precautions as well as videos on how to complete the survey questions and how to approach individuals on the street. There were scripts provided to ensure informed consent by participants.

Administration of Survey and Enumeration

The methodology for the PiT Count was consistent with the guidelines outlined by the federal government. The PiT Count includes two forms of data collection: a count of individuals experiencing homelessness on one night only and a survey of these individuals. The Federal Reaching Home guidelines require communities to conduct a count and survey of individuals staying in shelter, transitional housing, and unsheltered (e.g., unsheltered in public space, encampment).

The count of individuals experiencing homelessness (the enumeration) included individuals staying in shelter, transitional housing, unsheltered in public space, encampments, and individuals staying in hospital and jail with no fixed address. The enumeration included unsheltered individuals, in either a public space or encampment, who were observed to be homeless as well as those who were screened in to confirm they were experiencing homelessness. The survey administered to individuals included questions identified by the federal government. Populations included in the survey were individuals staying in shelter, transitional housing, unsheltered in a public space, encampments, and those provisionally accommodated (i.e., couch surfing). Shelters participating in administering surveys included CMHA-S/M Off the Street Shelter, Salvation Army Cedar Place, YWCA Geneva House and Elizabeth Fry Safe Harbour House. Transitional housing units participating in administering the survey included CMHA-S/M Victoria Street Place, Health Sciences North's Lotus Program, the City of Greater Sudbury bridge program and Monarch Recovery Services after care programs.

Individuals in unsheltered locations were surveyed by staff from the Centre de santé communautaire du Grand Sudbury, John Howard Society, L'association des jeunes de la rue, N'Swakamok Native Friendship Centre, Ontario Aboriginal Housing Services, Monarch Recovery Services, Sudbury and District Nurse Practitioners Clinic, and City of Greater Sudbury Social Services. Prior to the PiT Count, the City of Greater Sudbury Social Services team identified key zones within the downtown core and outlying areas where individuals experiencing unsheltered homelessness were likely to be located. On the night of October 8, staff surveying unsheltered individuals congregated at a headquarters location and were provided with tablets to complete surveys in HIFIS, paper copies of the survey, safety materials, and items for participants. Some staff were assigned zones in the downtown core to complete surveys with unsheltered individuals and some staff completed surveys with individuals in outlying unsheltered areas utilizing the Community Outreach Program van. The enumeration was completed with persons living unsheltered on the night of October 8 from 6 to 10 p.m. The surveys were completed beginning on the night of October 8 until October 15.



2024 Point-in-Time Homelessness Enumeration Results Report

Two magnet events were held to connect with priority populations to complete the survey - a breakfast hosted by N'Swakamok Native Friendship Centre and a pizza dinner hosted by the Sudbury Youth Wellness Hub. This helped to collect survey data from individuals who may have been couch surfing or staying outside of the downtown core.

Challenges and Limitations

In order to collect data for individuals experiencing homelessness in hospital and corrections, Health Sciences North provided administrative data for the number of individuals with no fixed address in the emergency department, inpatient services, and withdrawal management services. The Sudbury Jail provided administrative data for the number of individuals to be imminently released from jail within the following 30 days with no fixed address.

Surveys administered were anonymous, with the individual's initials and year of birth recorded to support the identification of duplicate surveys following the event. Participants were able to skip questions or withdraw from the survey at any time if they did not feel comfortable. Upon completion of the survey, participants were offered a \$20 gift card to a variety of locations as an honourarium.



Results

Enumeration Results – “On the night of October 8, 2024, there were 505 individuals experiencing homelessness identified through enumeration and surveys.”

The sleeping arrangements of the 505 participants were:



121

**Unsheltered
(excluding
encampments)**



219

Encampments



53

**Transitional housing
programs**



32

**Systems (health and/
or corrections)**



71

**Emergency
shelters**



9

**Domestic
violence
shelters**



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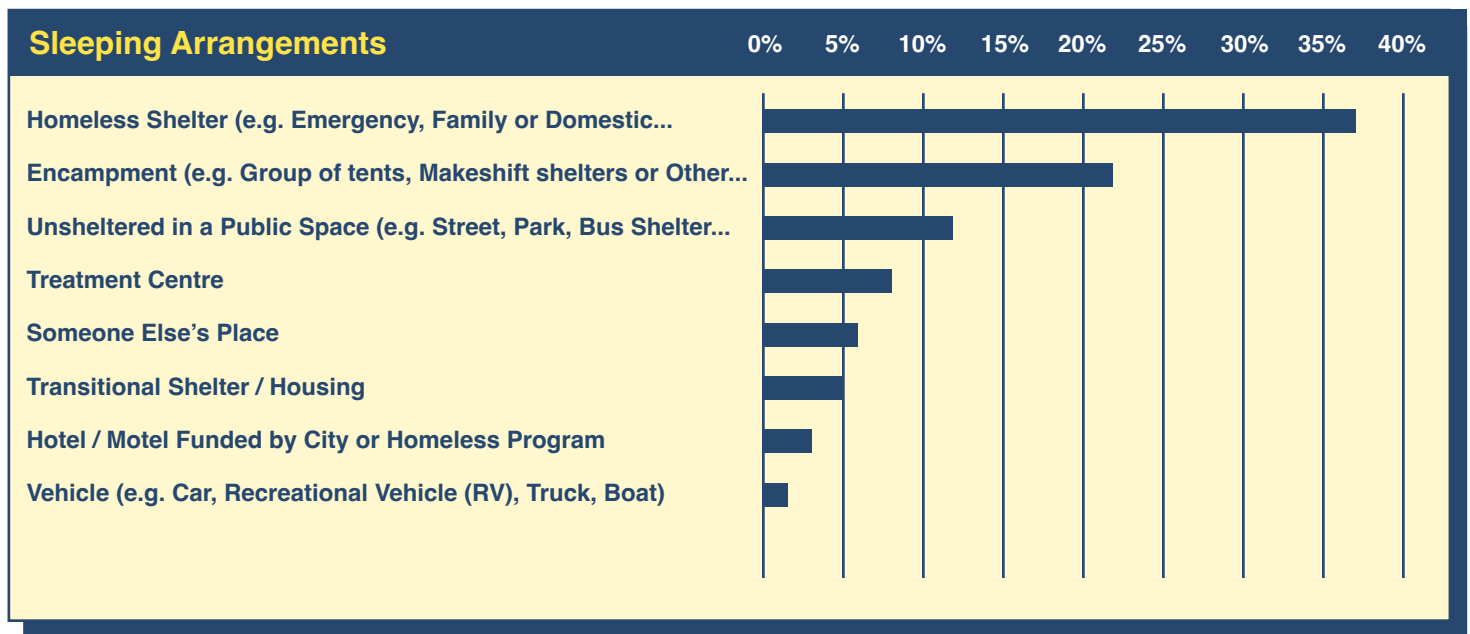
Survey Results

229 surveys were completed with people experiencing homelessness during the PiT Count. Of the 505 individuals encountered during the PiT Count, 229 individuals (**45%**) were screened in, met the definition of homelessness and consented to participate in the survey.

The PiT Count survey was provided by the federal government with the mandatory questions. Individuals were screened out of the survey if they had already completed a survey, had a permanent place to stay, or declined to participate.

Sleeping Arrangements – “Where are you staying tonight?/Where did you stay last night?”

All survey responses were relative to the night of October 8. Over a third of survey respondents were staying in shelter (**36%, n=83**).

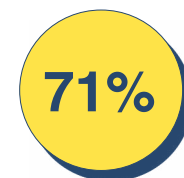


Demographics

Family Composition – “Do you have family members or anyone else who is staying with you tonight?/Did any family members or anyone else stay with you last night?”

The majority of respondents were single adults (**71%, n=162**).

There were **66** family households experiencing homelessness the night of the count.



Single Adults



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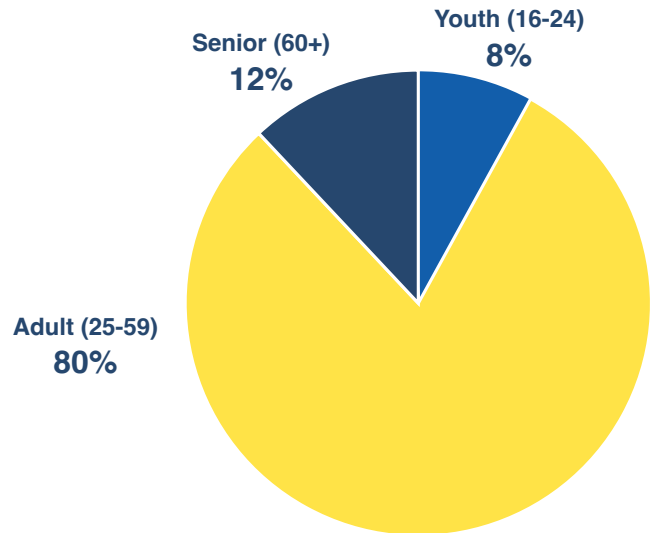


Age

**“How old are you? [OR]
What year were you born?”**

Most survey respondents were adults aged 25-59 (**80%, n=177**).

The youngest survey respondent was 17 years old, and the oldest survey respondent was 69.



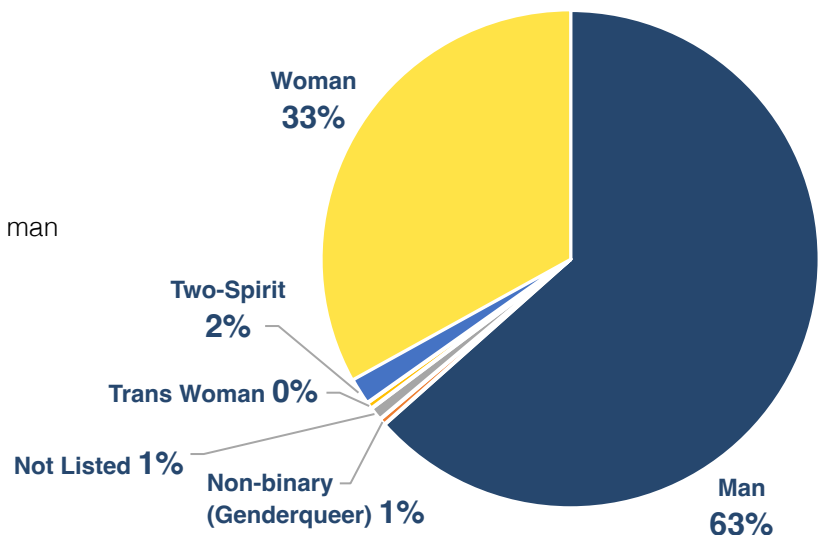
Gender Identity

“What gender do you identify with?”

The majority of survey respondents identified as a man (**63%, n=144**).

33% of survey respondents identified as a woman (**n=75**).

4% of respondents identified as two-spirit, non-binary (genderqueer), a trans woman, or gender not listed.





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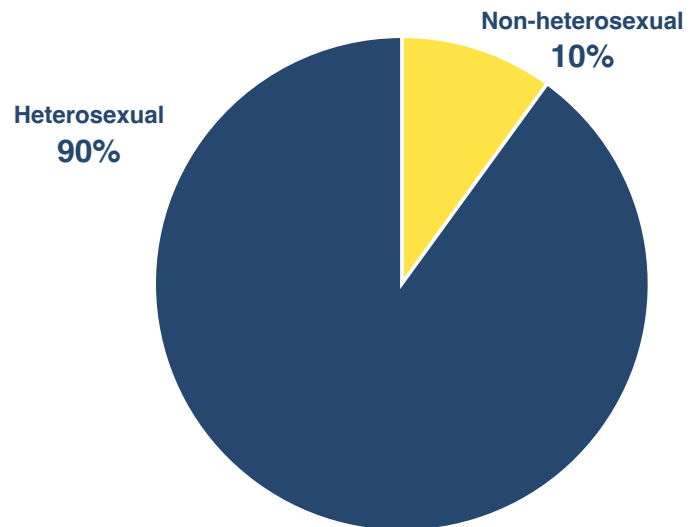


Sexual Orientation

“How do you describe your sexual orientation, for example straight, gay, lesbian?”

90% of respondents described their sexual orientation as straight/heterosexual (**n=198**).

10% of respondents described themselves as either bisexual (**4%**), gay (**1%**), lesbian (**2%**), pansexual (**0%**), two-spirit (**2%**) or not listed (**1%**).

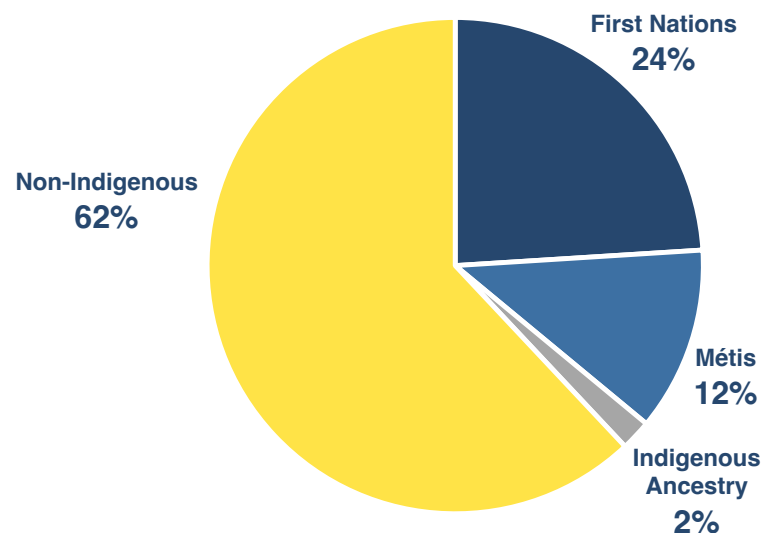


Indigeneity

“Do you identify as First Nations (with or without status), Métis, or Inuit?”

38% of survey respondents identified as Indigenous (**n=83**).

The largest population of individuals who identified as Indigenous identified as First Nations (**24%**, **n=53**).





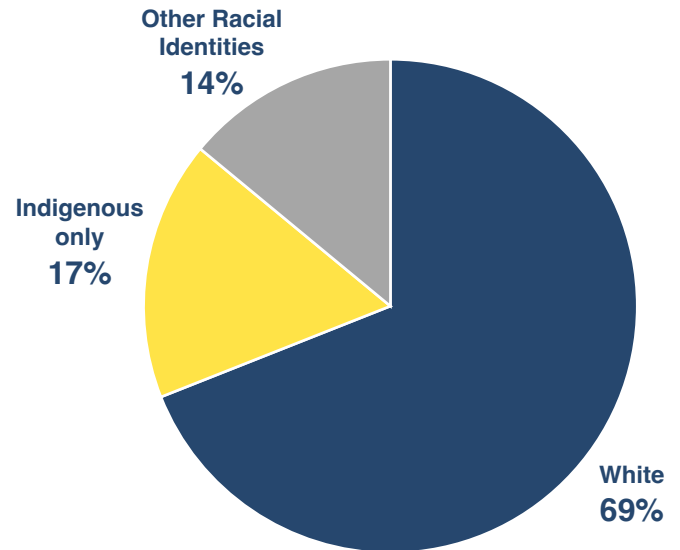
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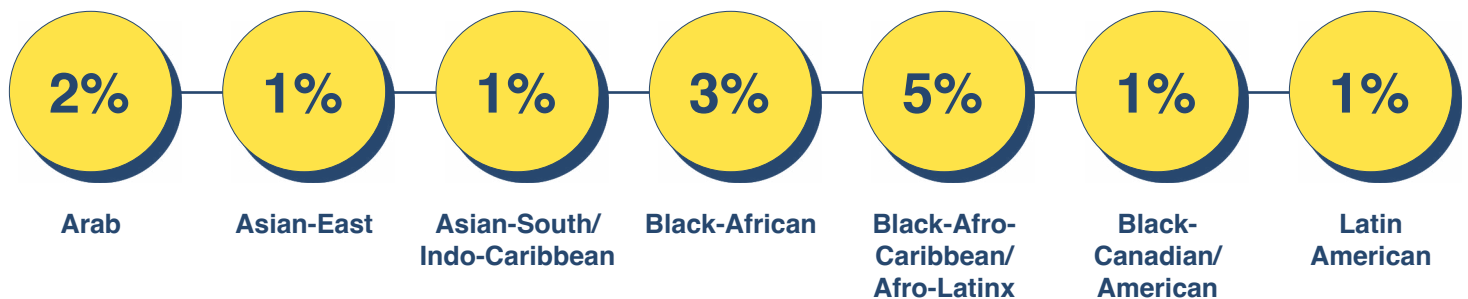
Racial Identity

“In addition to your response in the question above, do you identify with any of the racial identities listed below?”

69% of respondents identified as White (n=122), while 17% of respondents identified as Indigenous only (n=30).



Other Racial Identities identified included:



Veteran Status

“Have you ever served in the Canadian Military or RCMP?”

9 respondents indicated they had served in either the Canadian Military or RCMP (4%).



Respondents



Immigration Status

“Did you come to Canada as an immigrant, refugee, asylum claimant (i.e., applied for refugee status after coming to Canada), or through another process?”

19 respondents indicated they had come to Canada as either an immigrant, a refugee, an asylum claimant, or through another process (9%).

These respondents have been in Canada for between 60 days and 60 years.



Respondents



2024 Point-in-Time Homelessness Enumeration Results Report



Income Source

“What are your sources of income?”

84% of respondents were in receipt of some form of social assistance (**n=174**).

50% of respondents were collecting Ontario Works (**n=103**).

84%

Social Assistance

50%

Ontario Works

Income Source

0% 10% 20% 30% 40% 50% 60%

Welfare/ Social assistance (OW)	84%
Disability benefit (ODSP)	33%
Child and family tax benefits	5%
Seniors benefits (e.g. CPP / OAS / GIS)	5%
GST / HST refund	5%
Informal income sources (e.g. bottle returns, panhandling, sex work)	5%
Full-time employment	5%
Other money from a service agency	5%
Money from family / friends	5%
Part-time employment	5%
WSIB	5%
Casual employment (e.g. contract work)	5%
Employment insurance	5%



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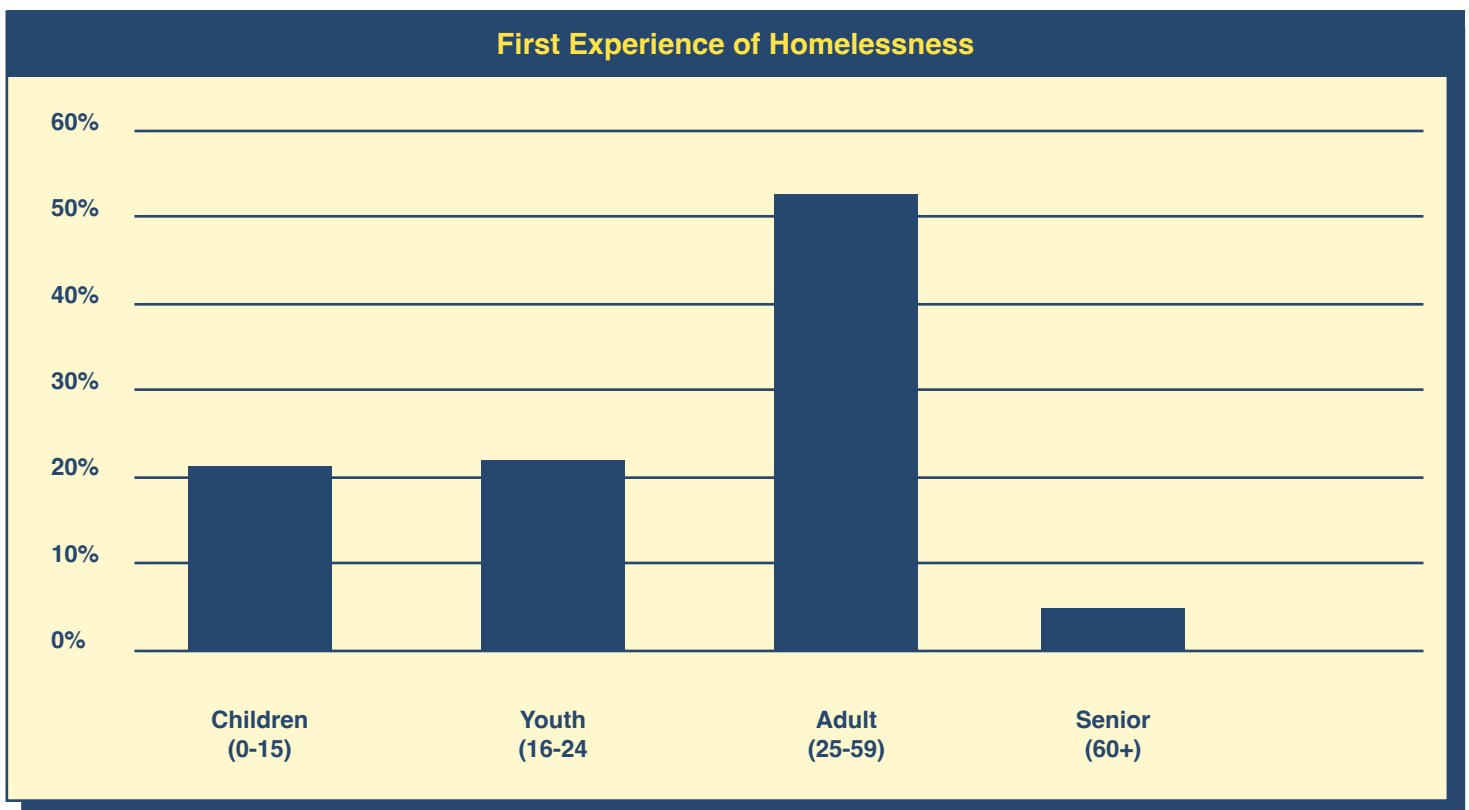
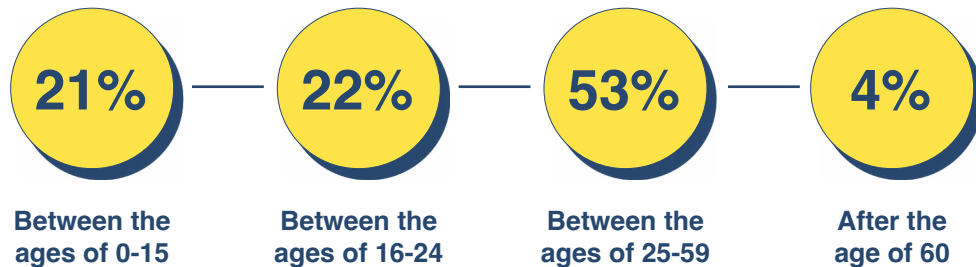
Experiences of Homelessness



First Experience of Homelessness

“How old were you the first time you experienced homelessness?”

43% of respondents had experienced homelessness before the age of 25 (**n=93**). **21%** of respondents were a child between the ages of 0 and 15 years when they first experienced homelessness (**n=45**), **22%** of respondents were a youth aged 16 to 24 years (**n=48**), and **53%** were an adult between the ages of 25 and 59 (**n=113**). The youngest experience of homelessness was 2 years of age, and the oldest was 68.





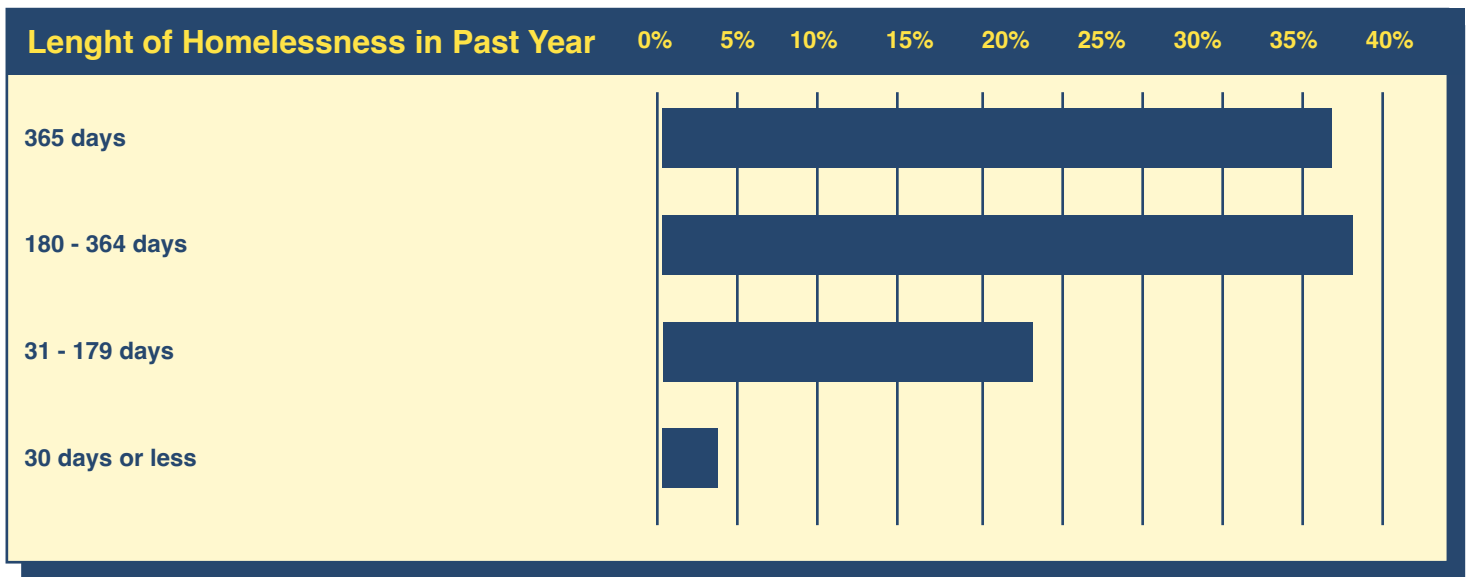
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Length of Homelessness in the Past Year

“In total, for how much time have you experienced homelessness over the PAST YEAR (the last 12 months)?”

The greatest number of survey respondents had been homeless between six months to a year (**38%, n=83**), followed closely by the whole year (**37%, n=80**).

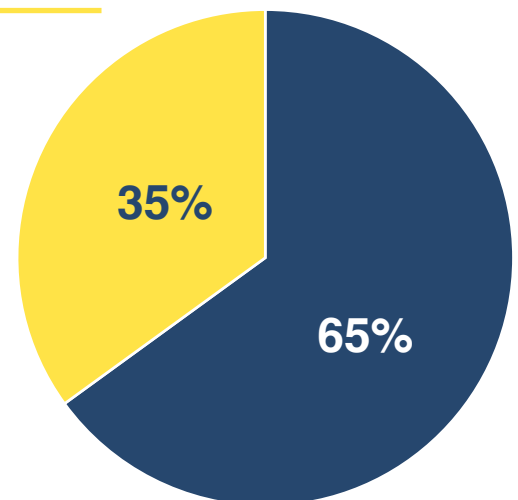


Length of Homelessness in Past Three Years

“In total, for how much time have you experienced homelessness over the PAST 3 YEARS?”

65% of respondents had been homeless for about half or more (**n=137**) and **35%** for less than half (**n=75**) of the three-year period.

■ About Half or More ■ Less than Half





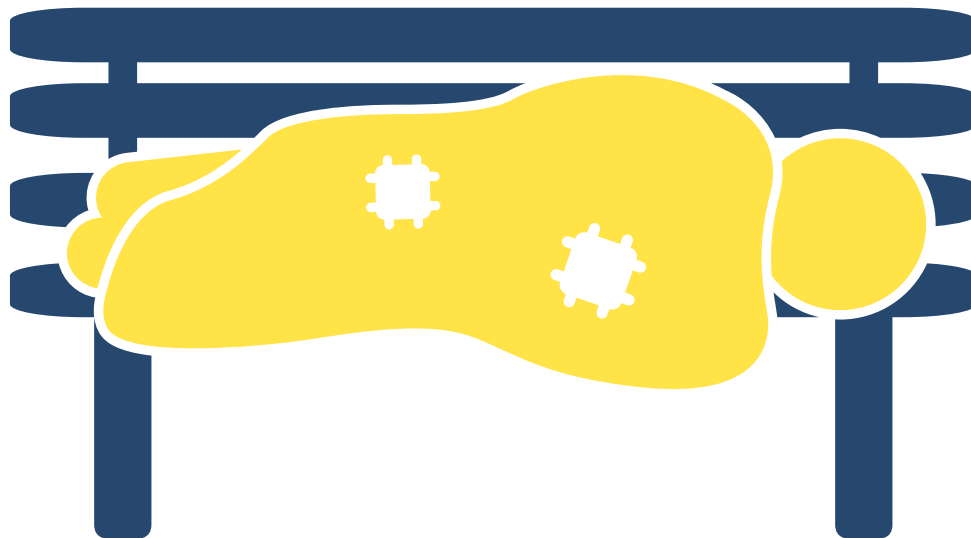
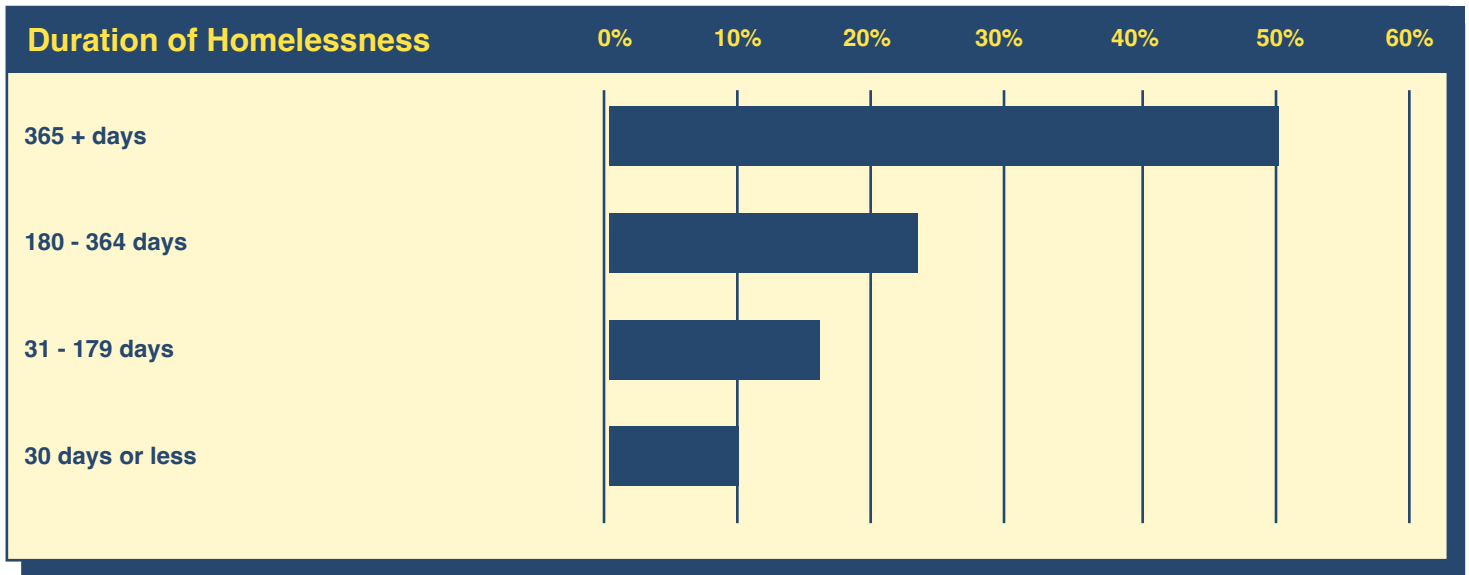
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Duration of Homelessness

“How long ago did that happen (that you lost your housing most recently)?”

50% of respondents had been homeless for a year or more (**n=91**). Only **10%** of respondents had been homeless for 30 days or less (**n=19**).





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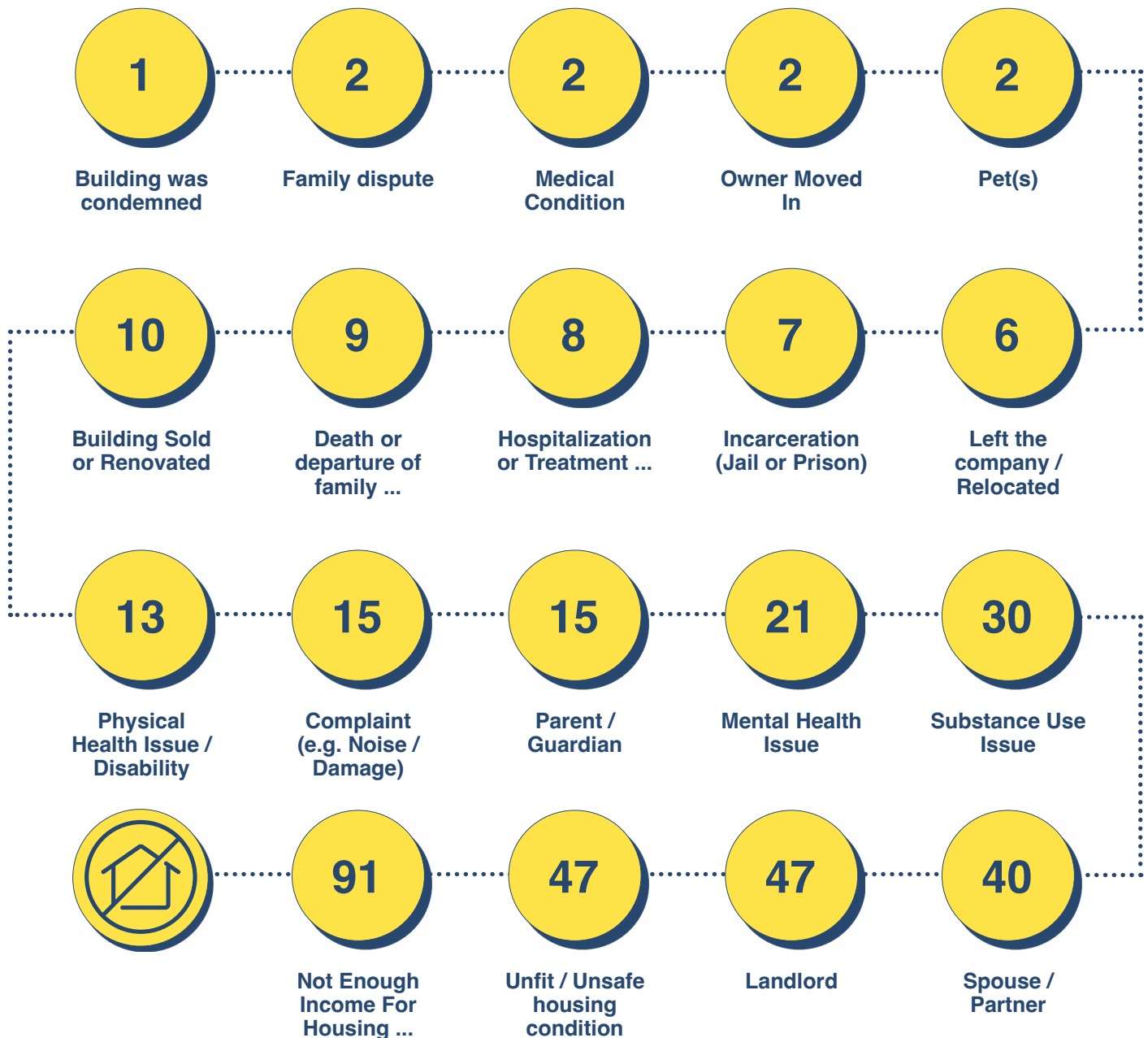


Reason Housing Lost

“What happened that caused you to lose your housing most recently?”

The top five reasons respondents gave for losing their housing were not enough income (**n=91**), unfit/ unsafe housing (**n=47**), conflict with a landlord (**n=47**), conflict with spouse/partner (**n=40**), or substance use issue (**n=30**).

Number of respondents below.





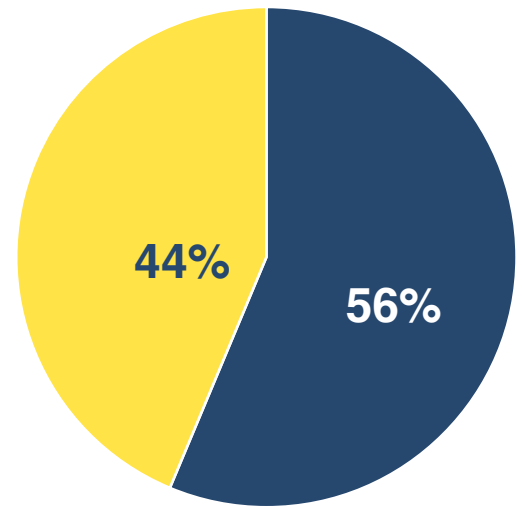
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Housing Loss related to Eviction

“Was your most recent housing loss related to an eviction?”

44% of respondents indicated that their most recent housing loss was related to eviction.



■ No ■ Yes



Length of Time in Sudbury

Survey respondents were asked “How long have you been in Sudbury?”

72% responded they had been in Sudbury for 5 years or more (**n=159**), **28%** (**n=63**) had re-located to Sudbury within the past five years, **12%** of survey respondents stated they had re-located to Sudbury within 1-5 years; **5%** within the past 6 to 12 months; and **7%** within the past 3 to 6 months, **4%** of survey respondents had been in Sudbury for less than 3 months.

When asked “Where did you live before you came here?”, survey respondents had relocated to Sudbury from the following locations:

Countries	Provinces/Territories	Cities		
Mexico Nigeria	Alberta British Columbia Manitoba Ontario	Barrie Burlington Calgary Dawson Creek Edmonton Elliot Lake Espanola Hamilton London Manitouwadge	Massey Midland Moose Factory Niagara Falls North Bay Pembroke Sagamok Anishnawbek Sault Ste. Marie Scarborough	Sheguiandah Sturgeon Falls Thunder Bay Toronto Trenton Vancouver Winnipeg



2024 Point-in-Time Homelessness Enumeration Results Report



Experiences with Child Welfare

Survey respondents were asked “As a child or youth, were you ever in foster care or in a youth group home?”.

35% of respondents answered yes (n=80).

Survey respondents were then asked, “Approximately how long after leaving foster care/group home did you become homeless?”.

47% of respondents reported becoming homeless within one year of leaving foster care/group home (n=21), with 24% becoming homeless within 30 days (n=11).

Survey respondents were also asked “Did you feel that Child Protection Services was helpful in transitioning you to independence after leaving foster care/group home?”.

74% (n=49) felt that Child Protection Services were not helpful when transitioning to independence.



Health Concerns

“Have you been experiencing difficulties related to any of the following:”

- Illness or Medical Condition (e.g. Diabetes, tuberculosis (TB) or human immunodeficiency virus (HIV))
- Physical Mobility (e.g. spinal cord injury, arthritis, or limited movement or dexterity)
- Learning, Intellectual/Developmental, or Cognitive Function (e.g. fetal alcohol spectrum disorder (FASD), autism, attention deficit hyperactivity disorder (ADHD), dyslexia or dementia)
- Acquired Brain Injury (e.g. due to an accident, violence, overdose, stroke, or brain tumour)
- Mental Health [diagnosed/undiagnosed] (e.g. depression, post-traumatic stress disorder (PTSD), bipolar, or schizophrenia)
- Substance Use (e.g. alcohol or opiates)
- Senses, such as seeing or hearing (e.g. blindness or deafness)

Health Concerns

0% 10% 20% 30% 40% 50% 60% 70% 80%

71% Substance Use (n=163)

71% Mental Health (n=157)

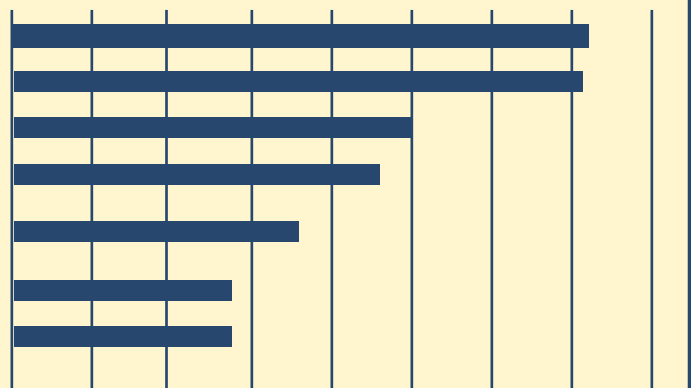
50% Illness or Medical Condition (n=111)

46% Physical Mobility (n=102)

36% Learning, Intellectual / Development, or Cognitive Functioning (n=81)

27% Acquired Brain Injury (n=60)

27% Senses, such as seeing or hearing (n=60).





2024 Point-in-Time Homelessness Enumeration Results Report

Conclusion and Next Steps

The results of the City of Greater Sudbury 2024 PiT Count will continue to raise awareness about the extent of homelessness in the community. This data, along with data collected through sources such as the By-Name List and Homelessness Individuals and Families information System (HIFIS), will continue to inform data-driven decisions by the City of Greater Sudbury regarding collaborative services, systems planning and housing focused solutions as identified in the Roadmap to End Homelessness by 2030.

As with all data sources, information collected during nationally coordinated PiT Counts has unique strengths, as well as limitations. It is important to note that a PiT Count enumeration is not intended to:

- be a measure of everyone who experiences homelessness in a community over time. By focusing on a single day, the count will not include some people who cycle in and out of homelessness. What it will do is provide an estimate of how many people are homeless on a given night.
- be an enumeration or count of hidden homelessness (e.g., people who are couch surfing). The PiT Count enumeration is instead an approach to measure visible homelessness (e.g., sleeping in shelters, on the street, or in other locations that are financially supported through the homeless-serving sector) on the day of the count. However, the scope of the survey includes those who are experiencing hidden homelessness in order to provide some unique information on their experiences and service needs.
- identify how long people will experience homelessness for, nor how individuals found housing or otherwise exited homelessness, and what programs or policies enabled those exits⁴.

The federal government requires PiT Count enumerations annually and administration of the survey every three years. The City of Greater Sudbury will continue to gather this valuable information to inform local decisions, and to continue to build a picture of national homelessness.

⁴Reaching Home: Canada's Homelessness Strategy. Everyone Counts: A Guide to Point-in-Time Counts in Canada, 4th ed.
<https://homelessnesslearninghub.ca/wp-content/uploads/2024/04/Guide-to-Point-in-Time-Counts-in-Canada-4th-Edition-2-1.pdf>



Dénombrement ponctuel des personnes en situation d'itinérance de 2024

Rapport des résultats





Dénombrement ponctuel des personnes en situation d'itinérance de 2024

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Résumé

Objectifs

Vers un chez soi : La stratégie canadienne de lutte contre l'itinérance du gouvernement fédéral exige que les communautés effectuent un dénombrement ponctuel afin de procurer une mesure à l'échelle communautaire des personnes en situation d'itinérance dans les refuges et dans les lieux extérieurs. Ces dénombrements contribuent également à dresser un tableau pancanadien de l'itinérance.

Les dénombrements ponctuels comportent deux parties : ¹

1. **Énumération du dénombrement ponctuel** : Une énumération du dénombrement ponctuel est une estimation du nombre de personnes en situation d'itinérance dans une zone géographique déterminée au cours d'une seule nuit. Elle précise également l'endroit où elles ont passé la nuit : dans des refuges, des logements de transition ou des lieux extérieurs.
2. **Sondage sur l'itinérance** : Le sondage sur l'itinérance comprend une série de questions normalisées qui sont posées directement aux personnes en situation d'itinérance. Les personnes interrogées comprennent les personnes qui se trouvent dans des refuges, des logements de transition, des établissements de santé et correctionnels et des lieux extérieurs, ainsi que les personnes en situation d'itinérance cachée (p. ex., les personnes qui dorment d'un sofa à l'autre). Le sondage recueille des renseignements sur les caractéristiques et les expériences des personnes touchées par l'itinérance afin d'aider les organismes communautaires et tous les ordres de gouvernement à mieux comprendre et servir les personnes en situation d'itinérance au Canada.

¹ Gouvernement du Canada : Dénombrements ponctuels des personnes en situation d'itinérance <https://logement-infrastructure.canada.ca/homelessness-sans-abri/ressources-ressources/point-in-time-denombrement-ponctuel-fra.html>

Contexte et méthodes

Le dénombrement ponctuel est une activité dans le cadre de laquelle la Ville du Grand Sudbury compte et sonde les personnes en situation d'itinérance afin de dresser un tableau de l'itinérance dans notre communauté à un moment donné dans le temps. L'énumération du dénombrement ponctuel a eu lieu le 8 octobre 2024. Le sondage sur l'itinérance a été mené du 8 au 15 octobre 2024. Les deux parties du dénombrement ont été menées à bien dans le Grand Sudbury par des employés qualifiés au service d'organismes desservant les personnes en situation d'itinérance dans la communauté. Trente-sept employés qualifiés ont pris part au dénombrement de cette année, représentant les fournisseurs de services suivants : le Centre de santé communautaire du Grand Sudbury, la Société John Howard, l'Association des jeunes de la rue, le N'Swakamok Native Friendship Centre, l'Association canadienne pour la santé mentale – Sudbury/Manitoulin (ACSM-S/M), la Place Cedar de l'Armée du Salut, la Maison de refuge de la Société Elizabeth Fry, Ontario Aboriginal Housing Services, la Maison Geneva du YWCA, les Services de rétablissement Monarch, la Sudbury and District Nurse Practitioners Clinic et les Services sociaux de la Ville du Grand Sudbury.

Le dénombrement ponctuel comprend deux formes de collecte de données : une énumération des personnes en situation d'itinérance au cours d'une seule nuit (le 8 octobre 2024) et un sondage mené du 8 au 15 octobre 2024 auprès des personnes rencontrées qui se sont identifiées en situation d'itinérance la nuit du 8 octobre. L'énumération comprenait un mélange de personnes qui se sont identifiées en situation d'itinérance en réponse à des questions de sélection et de personnes ayant été observées en situation d'itinérance. L'on a eu recours aux observations pour les personnes qui n'étaient pas en mesure ou qui ont refusé de répondre au sondage court, mais qui présentaient des signes évidents d'itinérance la nuit de l'énumération (p. ex., elles dormaient à l'extérieur et elles avaient toutes leurs possessions avec elles).² Les personnes auxquelles les questions de sélection ont été posées ont pu confirmer l'endroit où elles dormiraient la nuit du 8 octobre. Les personnes ayant pris part au sondage ont d'abord répondu à des questions de sélection pour garantir qu'elles répondent à la définition de personne en situation d'itinérance, puis le personnel leur a administré le sondage. Pour respecter les lignes directrices du dénombrement ponctuel fournies par le gouvernement fédéral, les questions se concentraient uniquement sur l'expérience de l'itinérance des répondants la nuit du 8 octobre 2024. Les réponses au sondage ont été saisies en temps réel dans le Système d'information sur les personnes et les familles sans abri (SISA) au moyen d'ordinateurs et de tablettes. Des copies papier du sondage ont également été procurées aux administrateurs du sondage. Des données dépersonnalisées seront fournies dans un rapport destiné au gouvernement fédéral.

² Vers un chez soi : La stratégie canadienne de lutte contre l'itinérance. Tout le monde compte : Un guide sur les dénombrements ponctuels au Canada, 4e édition <https://plateformeapprentissageitinérance.ca/wp-content/uploads/2024/04/Guide-sur-les-denombrements-ponctuels-au-Canada-4e-edition-3.pdf>



Dénombrement ponctuel des personnes en situation d'itinérance de 2024

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Résultats



505

La nuit du 8 octobre 2024, un total de **505 personnes** se sont identifiées comme étant en situation d'itinérance dans un refuge, un logement de transition ou un lieu extérieur (p. ex., un espace public, un campement).



67 %

Parmi les personnes dénombrées, **67 %** se sont identifiées comme habitant dans un campement, dans un espace public extérieur ou dans un lieu non connu, 16 % ont indiqué qu'elles séjournèrent dans un refuge d'urgence et 17 % dans un logement de transition ou un établissement public (p. ex., un hôpital, un établissement correctionnel).



45 %

Du 8 au 15 octobre 2024, 229 personnes qui étaient en situation d'itinérance la nuit du 8 octobre ont accepté de participer à un sondage, ce qui représente **45 %** des personnes dénombrées.

Parmi les personnes sondées, **36 %** ont indiqué qu'elles passeraient la nuit dans un refuge, **34 %** ont répondu qu'elles la passeraient à l'extérieur ou dans un campement ou qu'elles étaient incertaines de l'endroit où elles resteraient et **14 %** ont indiqué qu'elles demeureraient dans un logement de transition ou un établissement public.

Expérience des refuges d'urgence

68 % des répondants au sondage ont affirmé qu'ils ont eu recours à un refuge d'urgence au cours de la dernière année.

Raisons de l'itinérance

La raison principale que les répondants ont procurée pour avoir perdu leur logement, c'est un revenu insuffisant (**43 %**). Lorsqu'on leur a demandé si la perte de leur logement était due à une expulsion, **44 %** des répondants ont répondu « oui ».

Déménagement à Sudbury

72 % des répondants au sondage ont indiqué qu'ils habitaient à Sudbury depuis plus de cinq ans. **12 %** des répondants ont affirmé qu'ils ont déménagé à Sudbury dans les 1 à 5 dernières années, **5 %** durant les 6 à 12 derniers mois et **7 %** durant les 3 à 6 derniers mois. **4 %** des répondants habitaient à Sudbury depuis moins de six mois.

Expériences avec les services de protection de l'enfance

41 % des répondants au sondage ont vécu une première expérience de l'itinérance avant l'âge de 24 ans. **35 %** des répondants ont indiqué qu'ils vivaient à l'époque dans une famille d'accueil ou un foyer de groupe pour les jeunes. **74 %** de ces répondants ont trouvé que les services de protection de l'enfance ne les ont pas aidés à faire la transition entre la famille d'accueil ou le foyer de groupe et la vie autonome. En fait, **24 %** se sont retrouvés en situation d'itinérance dans les 30 jours suivant leur départ de la famille d'accueil ou du foyer de groupe.



Dénombrement ponctuel des personnes en situation d'itinérance de 2024

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Données démographiques

- La majorité des répondants au sondage (**79 %**) étaient des adultes de 25 à 59 ans, **8 %** des répondants étaient des jeunes de 16 à 24 ans et **12 %** étaient des personnes âgées de 60 ans ou plus.
- Selon les dires des répondants sur l'identité de genre, **33 %** des répondants sont des femmes, **63 %** sont des hommes et **4 %** sont des personnes bispirituelles, des femmes transgenre, des personnes non binaires (de genre queer) ou des personnes de genre non énuméré.
- Pour ce qui est de l'orientation sexuelle, **90 %** des répondants se sont identifiés comme étant hétérosexuels et **10 %** se sont identifiés comme étant bisexuels, gais, lesbiennes, pansexuels, bispirituels ou d'orientation non énumérée.
- **9** répondants au sondage ont indiqué qu'ils étaient des vétérans, ayant servi dans les Forces armées canadiennes ou la Gendarmerie royale du Canada (GRC)..
- **19** répondants au sondage ont affirmé qu'ils sont arrivés au Canada en tant qu'immigrants, réfugiés ou demandeurs d'asile ou par un autre processus.
- **24** répondants au sondage ont indiqué qu'ils étaient membres d'une minorité raciale.

Identité autochtone

38 % des répondants au sondage se sont identifiés d'Autochtones (Premières Nations, Métis, Inuits ou d'ascendance autochtone de l'Amérique du Nord), comparativement à **11,3 %** de la population totale du Grand Sudbury qui s'est identifiée d'Autochtone dans le cadre du Recensement de 2021.³ Avec l'aide et les conseils de ses partenaires autochtones au N'Swakamok Native Friendship Centre, la communauté a inclus dans le dénombrement les personnes autochtones ayant été observées en situation d'itinérance qui n'ont pas pris part au sondage. L'on a estimé que les données recueillies au moyen du sondage uniquement ne refléteraient pas très bien la surreprésentation de personnes autochtones en situation d'itinérance dans la communauté. **33 %** des personnes ayant été observées en situation d'itinérance ont été identifiés d'Autochtones.

³ Statistique Canada : Série « Perspective géographique », Recensement de la population de 2021. <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?Lang=F&topic=8&dguid=2021S0503580>

Familles en situation d'itinérance

Les adultes célibataires représentent le pourcentage le plus élevé de la population en situation d'itinérance ayant participé au sondage (**71 %**). Soixante-six ménages familiaux se trouvaient en situation d'itinérance la nuit du dénombrement ponctuel. Ces ménages comptaient un enfant à charge ou plus, un autre adulte, un partenaire ou un animal de compagnie.

Problèmes de santé

Pour ce qui est des problèmes de santé, **73 %** des répondants au sondage ont rapporté un problème de consommation de substances et **71 %** ont signalé un problème de santé mentale. **50 %** des répondants ont indiqué avoir une maladie ou une condition médicale et **46 %** ont signalé des difficultés avec leur mobilité physique. **36 %** des répondants ont signalé des difficultés liées à la fonction d'apprentissage, à la fonction intellectuelle / développementale ou à la fonction cognitive et **27 %** ont indiqué qu'ils souffraient d'une lésion cérébrale acquise. **27 %** des répondants ont signalé des préoccupations concernant leurs sens, comme la vue ou l'ouïe.

Sources de revenus

La majorité des répondants au sondage recevaient une aide sociale (**84 %**), y compris des prestations du programme Ontario au travail et du Programme ontarien de soutien aux personnes handicapées (POSPH). **59 %** des personnes recevant une aide sociale recevaient des prestations du programme Ontario au travail.



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Contexte et but

La Ville du Grand Sudbury reçoit des fonds de Vers un chez soi : La stratégie canadienne de lutte contre l'itinérance, un programme de financement fédéral visant à appuyer les communautés dans leurs efforts à répondre aux besoins des Canadiens les plus vulnérables et à améliorer leur accès à des logements sécuritaires, stables et abordables. Ce soutien comprend une aide à la réduction de l'itinérance chronique. En vertu de l'entente de financement de Vers un chez soi, les communautés sont tenues de participer à un dénombrement ponctuel coordonné qui procurera, s'il est effectué pendant plusieurs années, une mesure pour réduire l'itinérance chronique dans la communauté.

Le dénombrement de 2024 a respecté les exigences établies par le gouvernement fédéral, faisant appel à une approche de dénombrement ponctuel pour compter les personnes au cours d'une seule nuit (le Grand Sudbury a choisi le 8 octobre pour ce dénombrement). Un sondage a été administré pendant une semaine (du 8 au 15 octobre), bien que la période aurait pu être prolongée jusqu'à un mois. Ce sondage questionnait les répondants sur leur expérience de l'itinérance au cours de la nuit du 8 octobre.

Le dénombrement précédent, effectué en 2021, a respecté les exigences établies par les gouvernements fédéral et provincial, faisant appel à une approche de dénombrement ponctuel pour compter les personnes en situation d'itinérance au cours d'une seule nuit, soit le 19 octobre. Les participants ont été sondés du 19 au 22 octobre et les questions concernaient leur expérience de l'itinérance au cours de la nuit du 19 octobre. Avant cela, la Ville du Grand Sudbury a effectué un dénombrement en 2015 et un autre en 2018 en partenariat avec l'Université Laurentienne.

Ces dénombrements ont duré un mois, mesurant la prévalence au cours d'une période donnée. Les rapports sur les résultats des dénombrements ponctuels précédents sont disponibles dans le [site Web](#) de la Ville du Grand Sudbury.





Dénombrement ponctuel des personnes en situation d'itinérance de 2024

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Méthodologie

Planification

Nous avons mis sur pied un Comité de planification du dénombrement ponctuel à l'été 2024 afin de nous préparer en vue du dénombrement ponctuel de l'automne 2024. Parmi les membres du comité figuraient des représentants des Services sociaux de la Ville du Grand Sudbury, du Réseau des sans-abri, du N'Swakamok Native Friendship Centre et de l'Association canadienne pour la santé mentale – Sudbury/Manitoulin (ACSM-S/M).

Formation

Nous avons mobilisé des employés d'organismes communautaires partenaires du secteur des services aux personnes en situation d'itinérance dans le but d'administrer le sondage aux personnes en situation d'itinérance en raison de leurs connaissances et de leur expérience à travailler avec cette population. En tout, 37 employés ont participé au dénombrement ponctuel, représentant les fournisseurs de services suivants : le Centre de santé communautaire du Grand Sudbury, la Société John Howard, l'Association des jeunes de la rue, le N'Swakamok Native Friendship Centre, l'ACSM-S/M, la Place Cedar de l'Armée du Salut, la Maison de refuge de la Société Elizabeth Fry, Ontario Aboriginal Housing Services, la Maison Genevra du YWCA, les Services de rétablissement Monarch, la Sudbury and District Nurse Practitioners Clinic et les Services sociaux de la Ville du Grand Sudbury.

La Ville du Grand Sudbury a offert la formation relative au dénombrement ponctuel dans le cadre d'une séance de formation d'une demi-journée, en présentiel, à deux dates différentes. La formation comprenait une formation en compétence culturelle, des ressources de sondage, des vidéos, une revue des questions de sondage, une revue de la formation sur la naloxone et des renseignements sur le Système d'information sur les personnes et les familles sans abri (SISA). Un gardien du savoir autochtone a livré la formation en compétence culturelle, mettant l'accent sur le respect de la personne. Le gouvernement fédéral nous a procuré d'autre matériel de soutien à la formation, y compris des fiches d'information sur la sécurité, ainsi que des vidéos sur la manière de répondre aux questions du sondage et d'aborder les personnes dans la rue. Des scripts ont été fournis pour obtenir un consentement éclairé de la part des participants.

Administration du sondage et dénombrement

La méthodologie du dénombrement ponctuel respectait les lignes directrices établies par le gouvernement fédéral. Le dénombrement ponctuel comportait deux formes de collecte de données : une énumération des personnes en situation d'itinérance au cours d'une seule nuit et un sondage mené auprès de ces personnes. Les lignes directrices du programme fédéral Vers un chez soi exigent que les communautés effectuent un dénombrement des personnes dans les refuges, les logements de transition et les lieux extérieurs (p. ex., un espace public, un campement).

Le dénombrement des personnes en situation d'itinérance (l'énumération) comprenait les personnes dans les refuges, les logements de transition, les espaces publics extérieurs et les campements, ainsi que les personnes à l'hôpital et en prison n'ayant aucune adresse fixe. L'énumération comprenait les personnes sans abri (dans un espace public ou un campement) ayant été observées en situation d'itinérance, ainsi que les personnes ayant confirmé leur situation d'itinérance en réponse à des questions de sélection. Le sondage administré aux personnes comprenait des questions prévues par le gouvernement fédéral. Les populations comprises dans le sondage comprenaient les personnes dans les refuges, les logements de transition, les espaces publics extérieurs et les campements, de même que les personnes logées temporairement (p. ex., les personnes qui dorment d'un sofa à l'autre). Les refuges ayant participé à l'administration du sondage comprenaient : l'Abri d'urgence hors rue de l'ACSM-S/M, la Place Cedar de l'Armée du Salut, la Maison Genevra du YWCA et la Maison de refuge de la Société Elizabeth Fry. Les logements de transition ayant participé à l'administration du sondage comprenaient : la Place de la rue Victoria de l'ACSM-S/M, le programme Lotus d'Horizon Santé-Nord, le Programme de logements transitoires de la Ville du Grand Sudbury et les Programmes de soins de suivi et de résidence des Services de rétablissement Monarch.

Les personnes dans les lieux extérieurs ont été sondées par des employés du Centre de santé communautaire du Grand Sudbury, de la Société John Howard, de l'Association des jeunes de la rue, du N'Swakamok Native Friendship Centre, d'Ontario Aboriginal Housing Services, des Services de rétablissement Monarch, de la Sudbury and District Nurse Practitioners Clinic et des Services sociaux de la Ville du Grand Sudbury. Avant le dénombrement ponctuel, les Services sociaux de la Ville du Grand Sudbury ont identifié les secteurs clés dans le centre-ville et dans les régions périphériques où se trouveraient probablement les personnes en situation d'itinérance dans un lieu extérieur. Au cours de la nuit du 8 octobre, les employés sondant les personnes dans les lieux extérieurs se sont rassemblés à leur quartier général où ils ont reçu des tablettes pour remplir le sondage dans le SISA, des copies papier du sondage, du matériel de sécurité et des articles pour les participants. Certains employés ont été affectés aux secteurs dans le centre-ville pour administrer le sondage aux personnes dans les lieux extérieurs et d'autres employés ont été transportés au moyen de la fourgonnette des Services d'approche communautaire jusque dans les régions périphériques afin d'administrer le sondage aux personnes se trouvant dans ces lieux extérieurs.



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Le groupe a mené à bien ce dénombrement des personnes vivant dans un lieu extérieur de 18 h à 22 h la nuit du 8 octobre. Les sondages ont été administrés à partir de la nuit du 8 octobre jusqu'au 15 octobre.

Nous avons tenu deux activités d'attraction afin d'entrer en contact avec les populations prioritaires dans le but de leur administrer le sondage : Un petit-déjeuner tenu par le N'Swakamok Native Friendship Centre et une soirée pizza tenue par le Carrefour bien-être pour les jeunes de Sudbury. Ces activités nous ont aidés à recueillir des données auprès des personnes qui dormaient d'un sofa à l'autre ou demeuraient à l'extérieur des limites du centre-ville.

Pour nous aider à recueillir des données sur les personnes en situation d'itinérance se trouvant à l'hôpital ou dans un établissement correctionnel, l'hôpital Horizon Santé-Nord nous a procuré des données administratives sur le nombre de personnes sans adresse fixe qui se sont présentées à la salle d'urgence, ayant été hospitalisées ou participant à ses services de gestion du sevrage, tandis que la Prison de Sudbury nous a procuré des données administratives sur le nombre de personnes sans adresse fixe devant être libérées dans les trente prochains jours.

Les réponses au sondage sont anonymes; nous avons uniquement noté les initiales et la date de naissance des personnes sondées en vue d'identifier les doublons. Les participants ont pu refuser de répondre à certaines questions ou encore de mettre fin au sondage à n'importe quel moment s'ils ne se sentaient pas à l'aise. Au terme du sondage, les participants ont reçu une carte-cadeau de 20 \$ à utiliser à des endroits divers à titre de rétribution.



Résultats

Résultats de l'énumération – Au cours de la nuit du 8 octobre 2024, 505 personnes en situation d'itinérance ont été identifiées par l'entremise de l'énumération et du sondage.

Voici les dispositions pour dormir qu'avaient prises les 505 participants :



121

Lieux extérieurs
(à l'exclusion des
campements)



219

Campements



53

Logements
de transition



32

Établissements
(de santé et
correctionnels)



71

Refuges
d'urgence



9

Refuges pour
victimes de
violence
conjugale



Dénombrement ponctuel des personnes en situation d'itinérance de 2024

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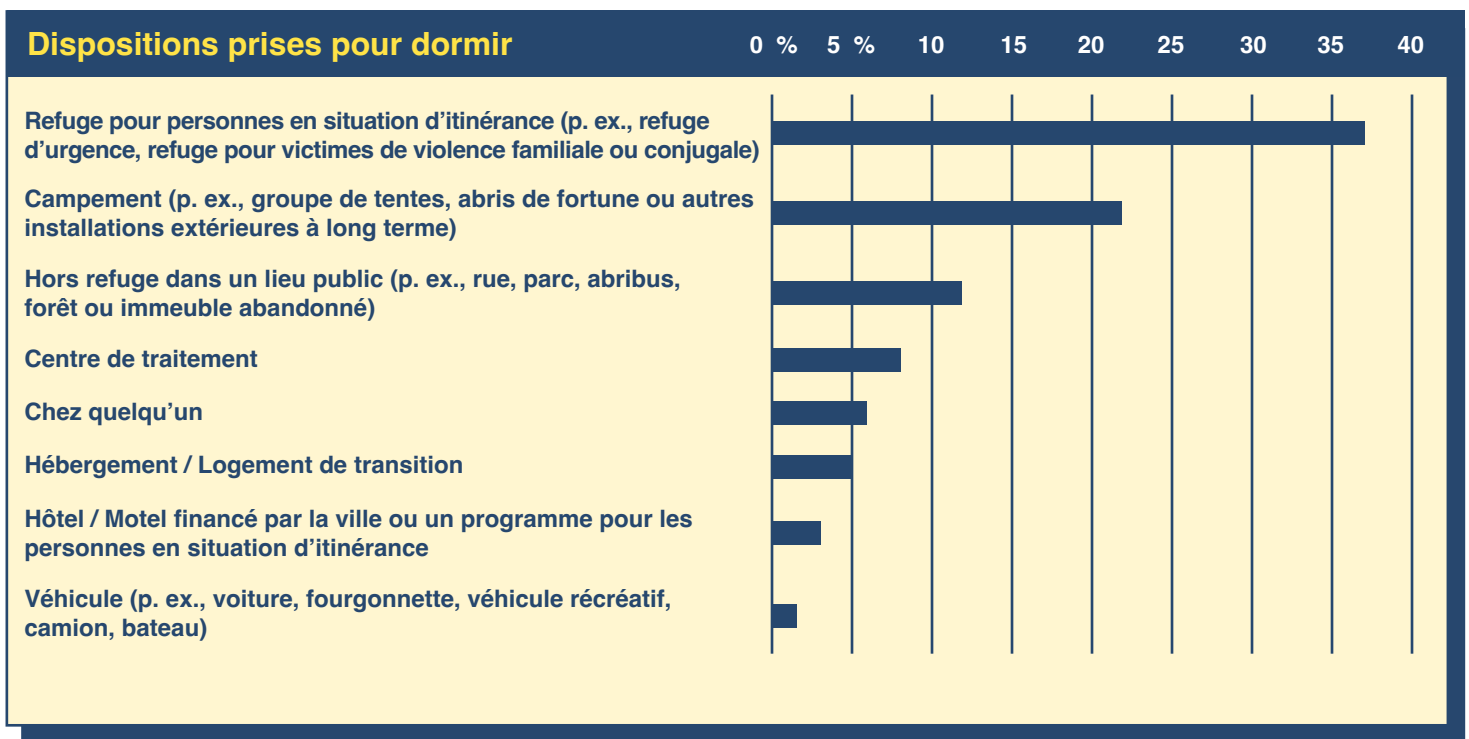
Résultats du sondage

229 personnes en situation d'itinérance au cours de la nuit du dénombrement ponctuel ont répondu au sondage. Des 505 personnes rencontrées la nuit du dénombrement ponctuel, 229 personnes (**45 %**) ont confirmé leur situation d'itinérance en réponse à des questions de sélection, remplissant la définition de personne en situation d'itinérance, et ont consenti à participer au sondage.

Le gouvernement fédéral nous a procuré le sondage du dénombrement ponctuel, lequel comportait des questions obligatoires. Les personnes ont été rejetées du sondage si elles avaient déjà répondu à celui-ci, si elles disposaient d'un endroit permanent où loger ou si elles refusaient d'y participer.

Dispositions prises pour dormir : « Où passerez-vous la nuit? / Où avez-vous passé la nuit dernière? »

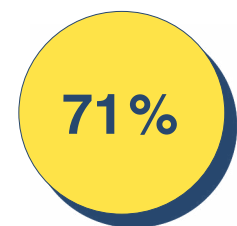
Toutes les réponses au sondage se rapportaient à la nuit du 8 octobre. Plus d'un tiers des répondants au sondage ont passé la nuit dans un refuge (**36 %, n=83**).



Données démographiques

Composition des familles : « Est-ce que vous passerez la nuit avec des membres de votre famille ou quelqu'un d'autre? / Avez-vous passé la nuit dernière avec des membres de votre famille ou quelqu'un d'autre? »

La majorité des répondants étaient des adultes célibataires (**71 %, n=162**). Nous avons recensé 66 ménages familiaux en situation d'itinérance au cours de la nuit du dénombrement.



**Adultes
célibataires**



Dénombrement ponctuel des personnes en situation d'itinérance de 2024

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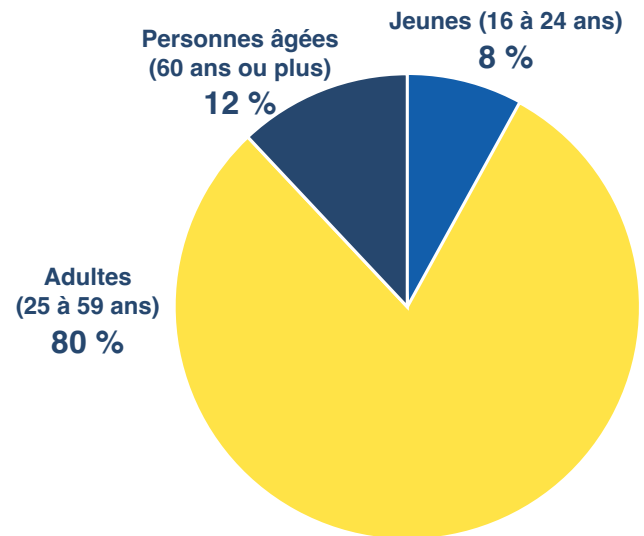


Âge :

« Quel âge avez-vous [OU] en quelle année êtes-vous né? »

La majorité des répondants au sondage étaient des adultes de 25 à 59 ans (**80 %, n=177**).

Le plus jeune répondant au sondage était âgé de 17 ans et le plus vieux répondant avait 69 ans.



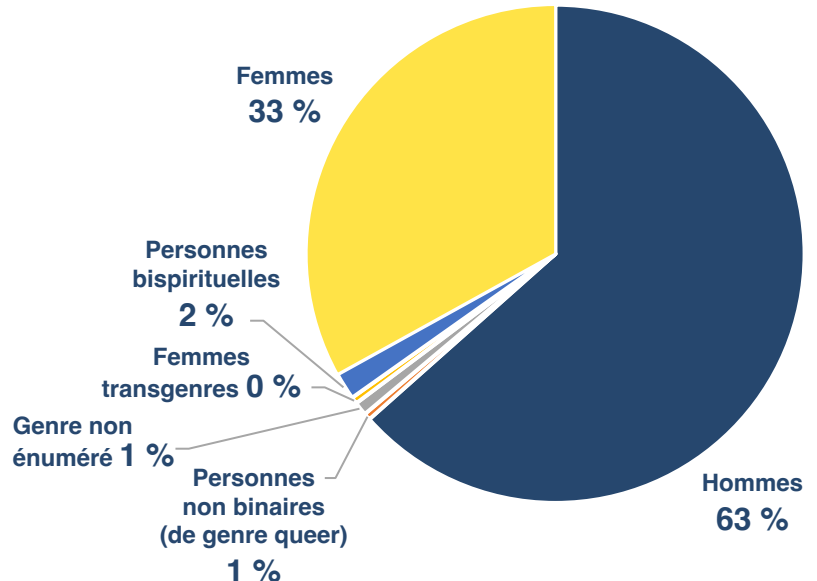
Identité de genre :

« À quel genre vous identifiez-vous? »

La majorité des répondants au sondage se sont identifiés comme étant des hommes (**63 %, n=144**).

33 % des répondants au sondage se sont identifiés comme étant des femmes (**n=75**).

4 % des répondants se sont identifiés de bispiruel, non binaire (de genre queer), de femme transgenre ou de genre non énuméré.





Dénombrement ponctuel des personnes en situation d'itinérance de 2024

Rapport des résultats

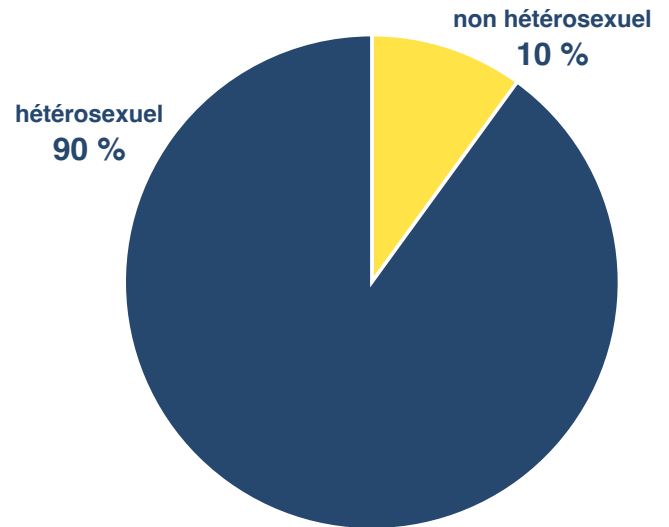


Orientation sexuelle :

« Comment décrivez-vous votre orientation sexuelle, par exemple : hétérosexuel, gai, lesbienne? »

90 % des répondants ont décrit leur orientation sexuelle comme étant hétérosexuelle (**n=198**).

10 % des répondants se sont décrits de bisexuel (**4 %**), de gai (**1 %**), de lesbienne (**2 %**), de pansexuel (**0 %**), de bispirituel (**2 %**) ou de non énuméré (**1 %**).

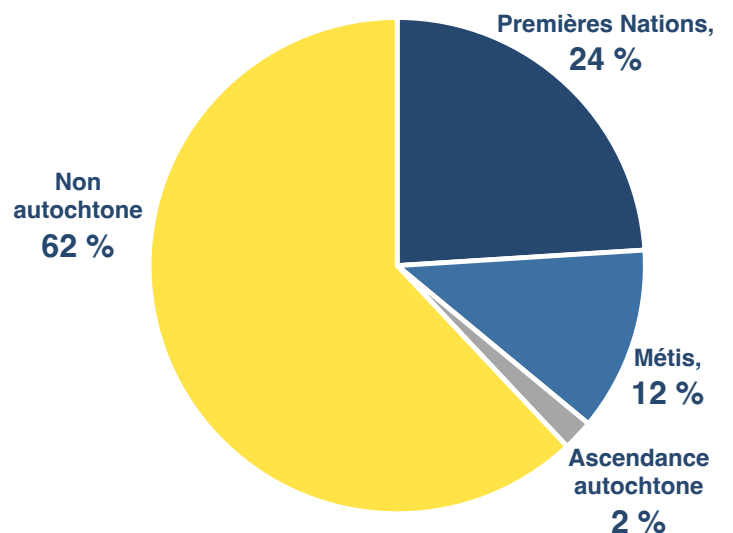


Identité autochtone :

« Vous identifiez-vous comme membre des Premières Nations (avec ou sans statut), Métis ou Inuit? »

38 % des répondants au sondage s'identifient comme Autochtone (**n=83**).

La plus grande tranche de la population des personnes qui s'identifient d'Autochtones s'identifient comme membre des Premières Nations (**24 %**, **n=53**).





Dénombrement ponctuel des personnes en situation d'itinérance de 2024

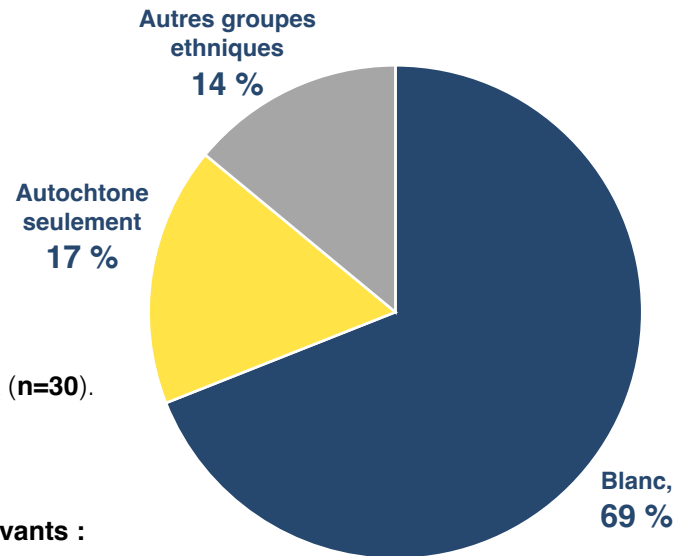
Rapport des résultats



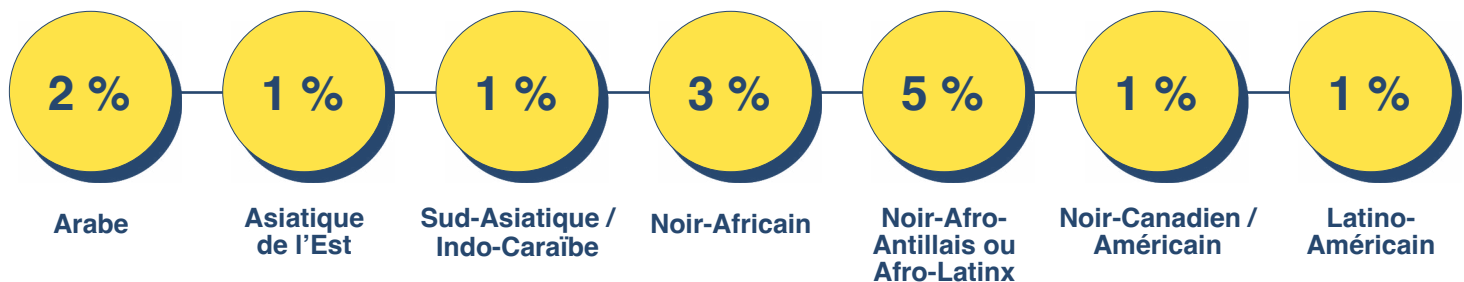
Identité raciale :

« En plus de votre réponse fournie à la question précédente, vous identifiez-vous à l'un des groupes ethniques énumérés ci-dessous? »

69 % de répondants se sont identifiés comme Blanc (n=122), tandis que 17 % se sont identifiés comme Autochtone seulement (n=30).



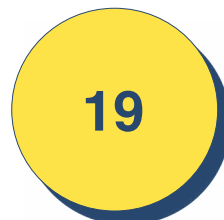
Parmi les autres groupes ethniques identifiés, notons les suivants :



Statut de vétéran :

« Avez-vous déjà servi dans les Forces armées canadiennes ou la GRC? »

9 répondants ont indiqué qu'ils ont servi soit dans les Forces armées canadiennes, soit dans la Gendarmerie royale canadienne (GRC) (4 %).



répondants



Statut d'immigration :

« Êtes-vous arrivé au Canada en tant qu'immigrant, réfugié, demandeur d'asile (p. ex., une personne qui demande le statut de réfugié après son arrivée au Canada) ou par un autre processus? »

19 répondants ont indiqué qu'ils sont arrivés au Canada en tant qu'immigrant, réfugié, demandeur d'asile ou par un autre processus (9 %). Ces répondants sont au Canada depuis 60 jours à 60 ans.



répondants



Dénombrement ponctuel des personnes en situation d'itinérance de 2024

Rapport des résultats



Sources de revenus :

« Quelles sont vos sources de revenus? »

84 % des répondants au sondage recevaient une forme ou une autre d'aide sociale (**n=174**).

50 % des répondants recevaient des prestations du programme Ontario au travail (**n=103**).

84%

Aide sociale

50%

Programme Ontario
au travail

Sources de revenus

0 % 10 20 30 40 50 60

Bien-être social / Aide sociale (Ontario au travail)

Prestation d'invalidité (POSPH)

Prestations pour familles et enfants

Prestations aux aînés (p. ex., RPC, SV, SRG)

Remboursement de TPS/TVH

Sources de revenus informelles
(p. ex., retour de bouteilles, mendicité, travail du sexe)

Emploi à temps plein

Somme d'argent d'un organisme de services

Dons d'argent par la famille / les amis

Emploi à temps partiel

Commission de la sécurité professionnelle et de l'assurance
contre les accidents du travail

Emploi occasionnel (p. ex., travail contractuel)

Assurance-emploi



Dénombrement ponctuel des personnes en situation d'itinérance de 2024

Rapport des résultats

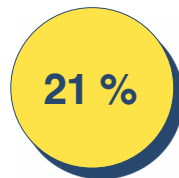
Expériences de l'itinérance



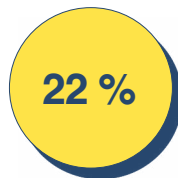
Première expérience de l'itinérance :

« Quel âge aviez-vous lorsque vous vous êtes retrouvé en situation d'itinérance la première fois? »

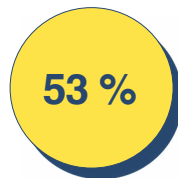
43 % des répondants se sont retrouvés en situation d'itinérance avant l'âge de 25 ans (**n=93**). **21 %** des répondants étaient âgés de 15 ans ou moins lorsqu'ils se sont retrouvés en situation d'itinérance la première fois (**n=45**), **22 %** des répondants étaient âgés de 16 à 24 ans (**n=48**) et **53 %** étaient âgés de 25 à 59 ans (**n=113**). Le plus jeune âge auquel un répondant s'est retrouvé en situation d'itinérance était à 2 ans et le plus vieil âge était à 68 ans.



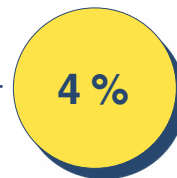
15 ans ou
moins



Âgés de
16 à 24 ans

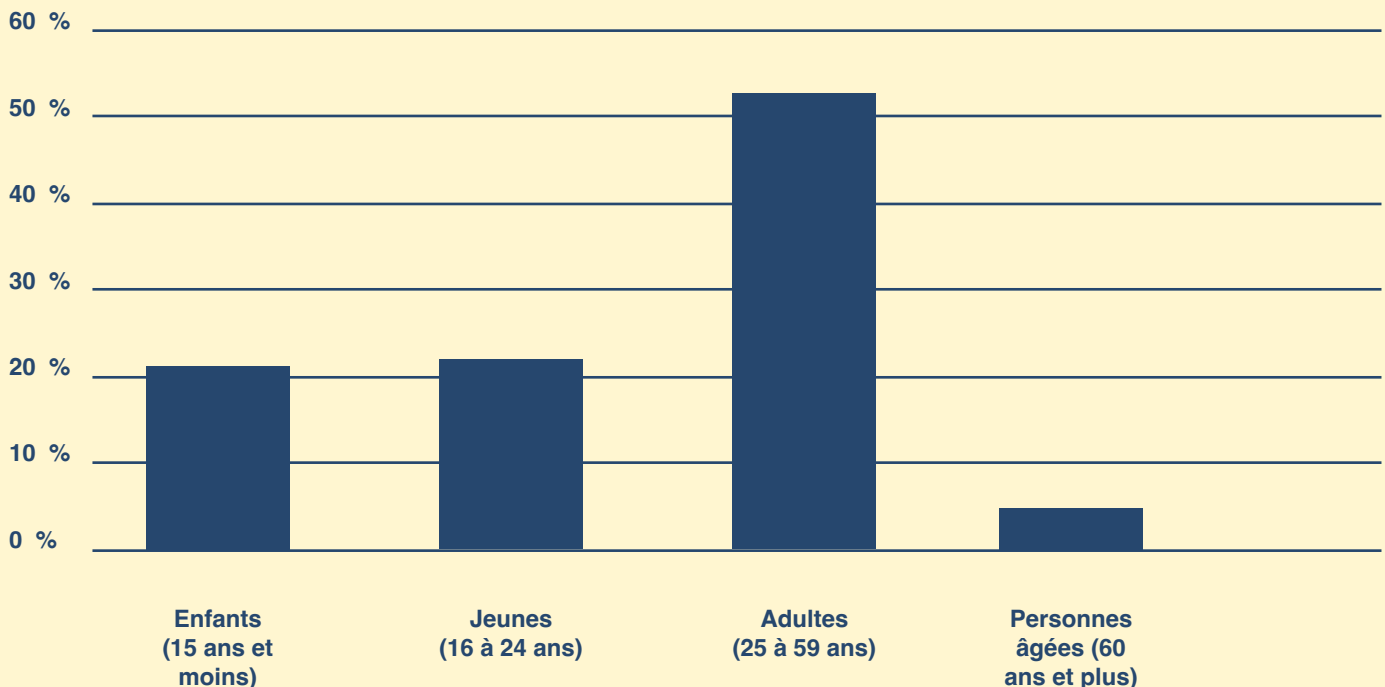


Âgés de
25 à 59 ans



Après âgé de
60 ans

Première expérience de l'itinérance





Dénombrement ponctuel des personnes en situation d'itinérance de 2024

Rapport des résultats



1 Durée de l'itinérance au cours de la dernière année :

« En tout, pendant combien de temps avez-vous été en situation d'itinérance au cours de la DERNIÈRE ANNÉE (les 12 derniers mois)? »

Le plus grand nombre de répondants au sondage ont été en situation d'itinérance pendant six mois à un an (**38 %, n=83**), suivi de près par ceux qui ont été en situation d'itinérance toute l'année (**37 %, n=80**).

Durée de l'itinérance au cours de la dernière année

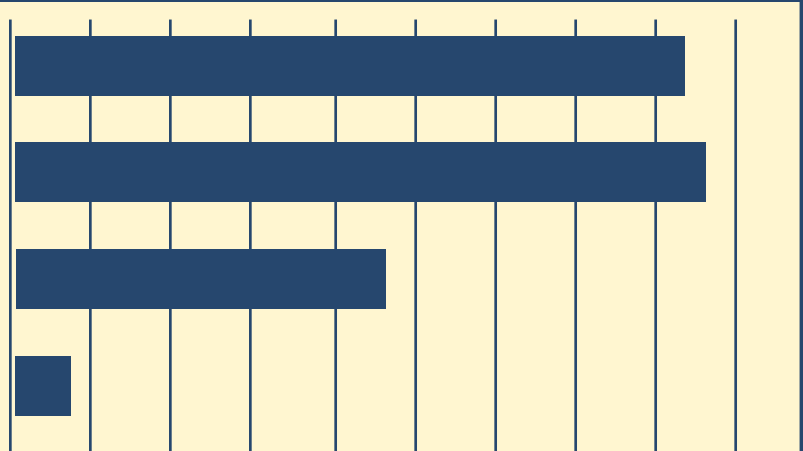
0 % 5 % 10 % 15 % 20 % 25 % 30 % 35 % 40 %

365 jours

De 180 à 364 jours

De 31 à 179 jours

30 jours ou moins

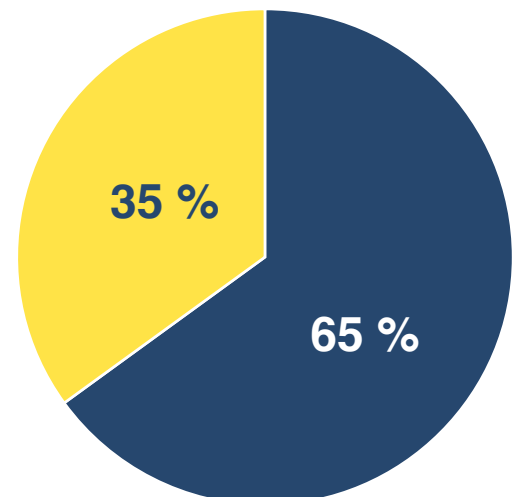


3 Durée de l'itinérance au cours des trois dernières années :

« En tout, pendant combien de temps avez-vous été en situation d'itinérance au cours des TROIS DERNIÈRES ANNÉES? »

65 % des répondants ont été en situation d'itinérance pendant la moitié ou plus de la période de trois ans (**n=137**) et **35 %** pendant moins de la moitié de la période de trois ans (**n=75**).

■ environ la moitié ou plus ■ moins de la moitié





Dénombrement ponctuel des personnes en situation d'itinérance de 2024

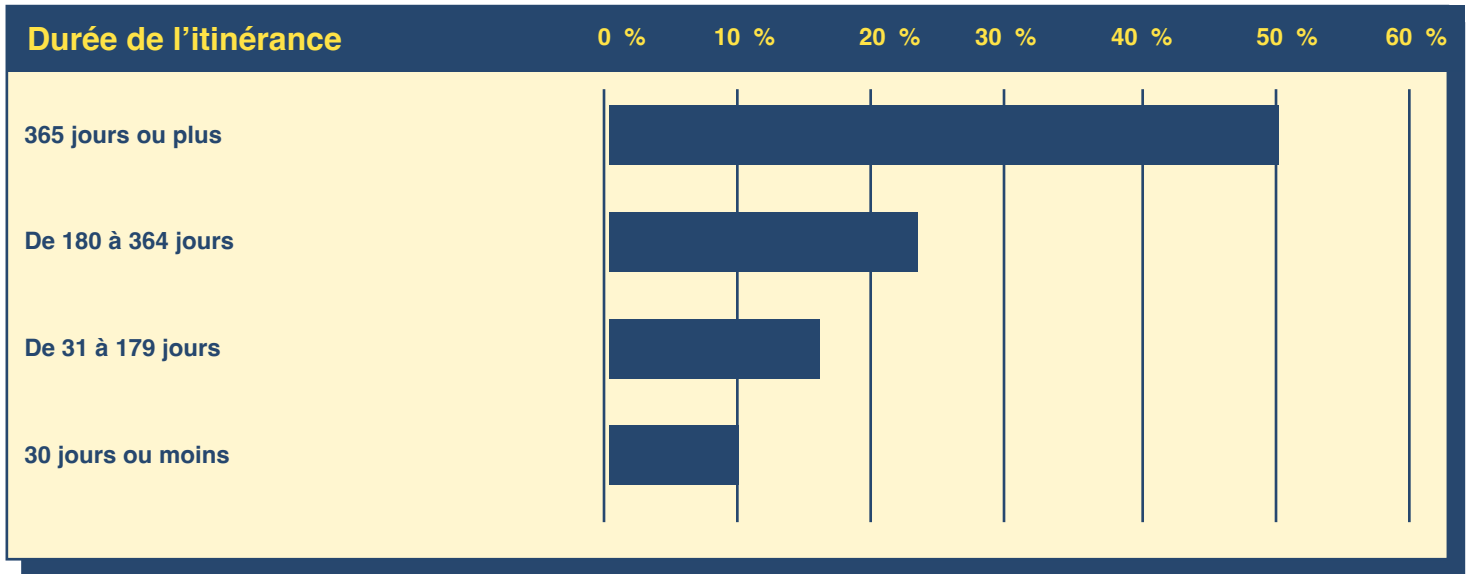
Rapport des résultats



Durée de l'itinérance :

« À quand remonte cet événement (votre perte de logement la plus récente)? »

50 % des répondants étaient en situation d'itinérance depuis un an ou plus (n=91). Seulement 10 % des répondants étaient en situation d'itinérance depuis 30 jours ou moins (n=19).





Dénombrement ponctuel des personnes en situation d'itinérance de 2024

Rapport des résultats

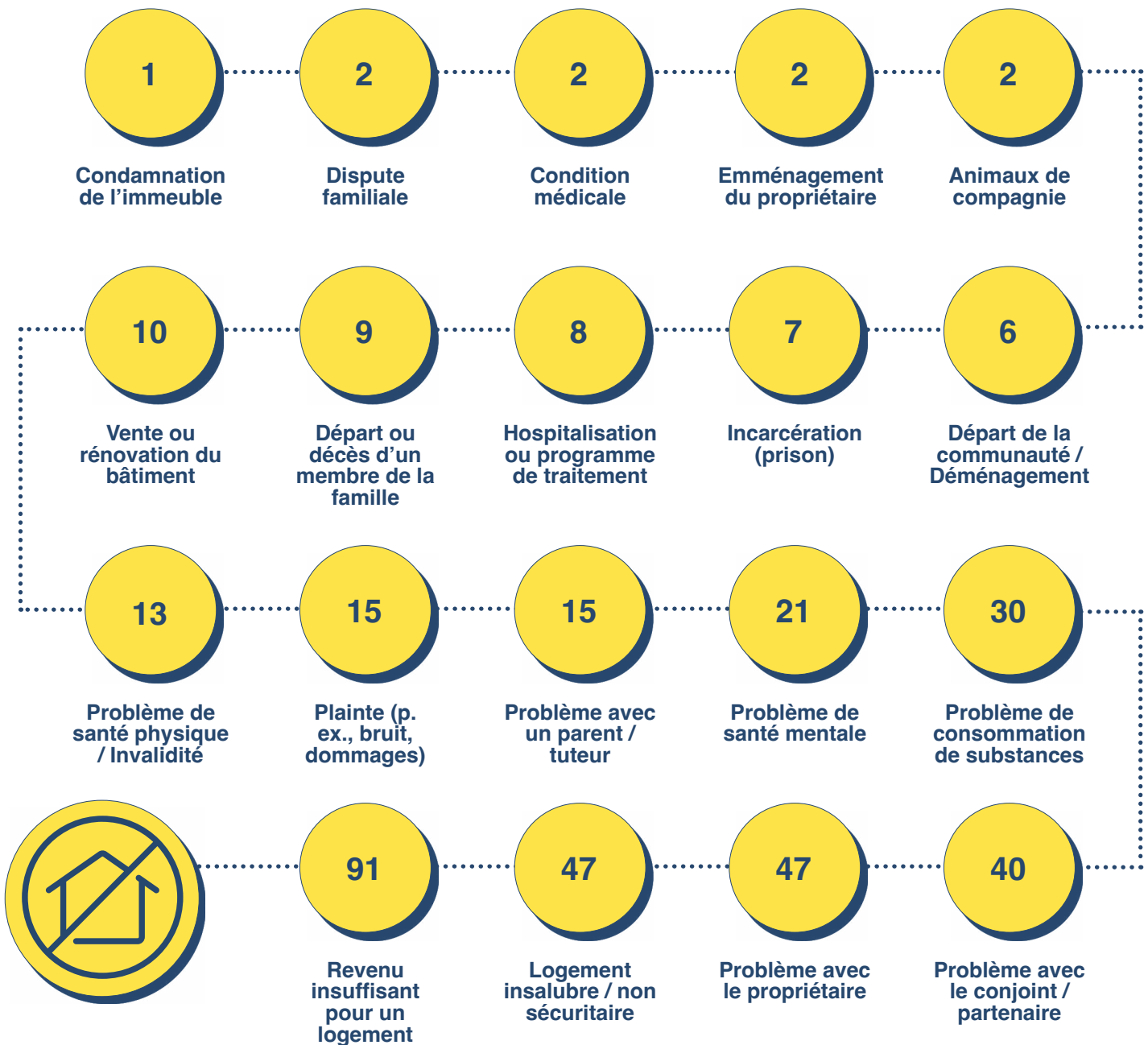


Raison de la perte de logement :

« Qu'est-ce qui a causé la perte de votre plus récent logement? »

Les cinq principales raisons que les répondants nous ont procurées pour avoir perdu leur logement comprennent : un revenu insuffisant (**n=91**), un logement insalubre / non sécuritaire (**n=47**), un conflit avec le propriétaire (**n=47**), un conflit avec le conjoint / partenaire (**n=40**) et un problème de consommation de substances (**n=30**).

Nombre de répondants ci-dessous





Dénombrement ponctuel des personnes en situation d'itinérance de 2024

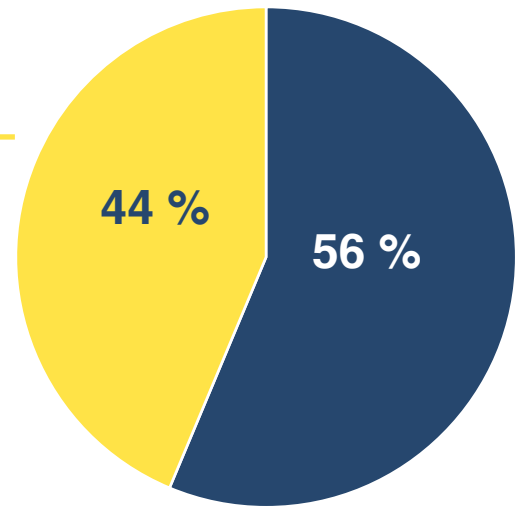
Rapport des résultats



Perte de logement due à une expulsion :

« Est-ce que la perte de votre plus récent logement est due à une expulsion? »

44 % des répondants ont indiqué que la perte de leur plus récent logement était due à une expulsion.



■ non ■ oui



Durée du séjour à Sudbury

L'on a demandé aux répondants du sondage : « Depuis combien de temps êtes-vous à Sudbury? »

72 % des répondants ont indiqué qu'ils sont à Sudbury depuis 5 ans ou plus (**n=159**) et **28 % (n=63)** ont déménagé à Sudbury au cours des 5 dernières années. **Douze %** des répondants ont affirmé qu'ils ont déménagé à Sudbury dans les 1 à 5 dernières années, **5 %** durant les 6 à 12 derniers mois et **7 %** durant les 3 à 6 derniers mois. **4 %** des répondants habitaient à Sudbury depuis moins de six mois.

Lorsqu'on leur a demandé « Où habitiez-vous avant de déménager ici? », les répondants au sondage ont dit qu'ils ont déménagé à Sudbury à partir des endroits suivants :

Pays	Provinces / Territoires	Villes		
Mexico Nigéria	Alberta Colombie-Britannique Manitoba Ontario	Barrie Burlington Calgary Dawson Creek Edmonton Elliot Lake Espanola Hamilton London Manitouwadge	Massey Midland Moose Factory Niagara Falls North Bay Pembroke Sagamok Anishnawbek Sault Ste. Marie Scarborough	Sheguiandah Sturgeon Falls Thunder Bay Toronto Trenton Vancouver Winnipeg



Dénombrement ponctuel des personnes en situation d'itinérance de 2024

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Expériences avec les services de protection de l'enfance

L'on a posé la question suivante aux répondants au sondage : « Lors de votre enfance ou votre adolescence, avez-vous déjà été en famille d'accueil ou dans un foyer de groupe pour les jeunes? »

35 % des répondants ont répondu « oui » (**n=80**).

L'on a demandé aux répondants « Environ combien de temps après avoir quitté la famille d'accueil ou le foyer de groupe vous êtes-vous retrouvé en situation d'itinérance? »

47 % des répondants ont indiqué qu'ils se sont retrouvés en situation d'itinérance dans l'année suivant leur départ de la famille d'accueil ou du foyer de groupe (**n=21**) et **24 %** se sont retrouvés en situation d'itinérance dans les 30 jours (**n=11**).

L'on a aussi demandé aux répondants : « Croyez-vous que les services de protection de l'enfance vous ont aidé à faire la transition entre votre famille d'accueil ou votre foyer de groupe et la vie autonome? »

74 % de ces répondants (**n=49**) ont trouvé que les services de protection de l'enfance ne les ont pas aidés à faire la transition vers la vie autonome.



Problèmes de santé

L'on a demandé aux répondants : « Avez-vous rencontré des difficultés liées à l'un des éléments suivants :

- maladie ou condition médicale (p. ex., diabète, tuberculose (TB) ou virus de l'immunodéficience humaine (VIH));
- mobilité physique (p. ex., lésion de la moelle épinière, arthrite ou limitation des mouvements ou de la dextérité);
- fonction d'apprentissage, intellectuelle/développementale ou cognitive (p. ex., trouble du spectre de l'alcoolisation foétale (TSAF), autisme, trouble déficitaire de l'attention avec hyperactivité (TDAH), dyslexie ou démence);
- lésion cérébrale acquise (p. ex., liée à un accident, à la violence, à une surdose, à un accident cérébral ou à une tumeur au cerveau);
- santé mentale [diagnostiqué/non diagnostiqué] (p. ex., dépression, syndrome de stress post-traumatique (SSPT), trouble bipolaire ou schizophrénie);
- consommation de substances (p. ex., alcool ou opiacés);
- sens, tels que la vue ou l'ouïe (p. ex., cécité ou surdité)? »

Problèmes de santé

0 % 10 20 30 40 50 60 70 80

71 % Un problème de consommation de substances (**n=163**)

71 % Un problème de santé mentale (**n=157**)

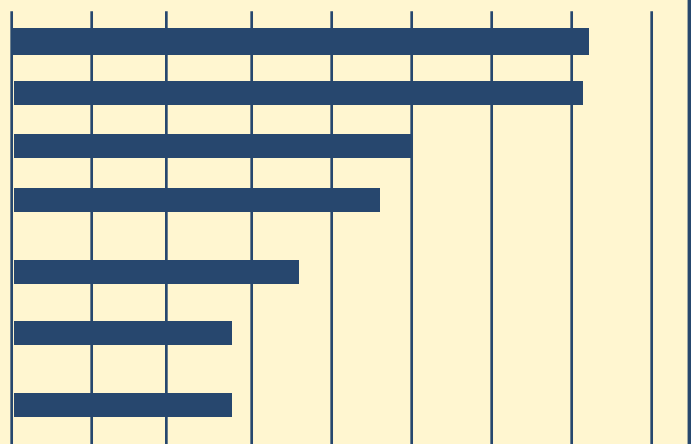
50 % Une maladie ou une condition médicale (**n=111**)

46 % Des difficultés avec leur mobilité physique (**n=102**)

36 % Des difficultés liées à la fonction d'apprentissage, à la fonction intellectuelle / développementale ou à la fonction cognitive (**n=81**)

27 % Une lésion cérébrale acquise (**n=60**)

27 % Des préoccupations concernant leurs sens, comme la vue ou l'ouïe (**n=60**).





Dénombrement ponctuel des personnes en situation d'itinérance de 2024

Rapport des résultats

Conclusion et prochaines étapes

Les résultats du dénombrement ponctuel de 2024 de la Ville du Grand Sudbury continueront d'accroître la sensibilisation à la gravité de la situation d'itinérance dans la communauté. Ces données, en conjonction avec les données recueillies auprès de sources comme la liste de priorité par nom et le Système d'information sur les personnes et les familles sans abri (SISA), continueront d'aider la Ville du Grand Sudbury à prendre des décisions éclairées en vue de la prestation de services collaboratifs, de la planification des systèmes et de l'établissement de solutions en matière de logement, tels que prévus par la Plan pour mettre fin à l'itinérance d'ici 2030.

Comme toutes les sources de données, les renseignements recueillis dans le cadre des dénombrements ponctuels coordonnés à l'échelle pancanadienne présentent des atouts et des limites uniques. Il est important de noter qu'une énumération du dénombrement ponctuel ne se veut pas :

- une mesure de toutes les personnes en situation d'itinérance au sein d'une communauté au fil du temps. En se concentrant sur une seule journée, le dénombrement n'inclut pas certaines personnes qui sont en situation d'itinérance par intermittence. L'énumération permet d'estimer le nombre de personnes en situation d'itinérance au cours d'une nuit donnée.
- une énumération des personnes en situation d'itinérance cachée (p. ex., les personnes qui dorment d'un sofa à l'autre). L'énumération du dénombrement ponctuel est plutôt une approche visant à mesurer l'itinérance visible (p. ex., les personnes qui dorment dans des refuges, dans la rue ou dans d'autres lieux soutenus financièrement par le secteur des services aux personnes en situation d'itinérance) le jour du dénombrement. Cependant, le champ d'application du sondage comprend les personnes en situation d'itinérance cachée afin de fournir des renseignements uniques sur leurs expériences et leurs besoins en matière de services.
- une façon de déterminer la durée de la situation d'itinérance, ni la manière dont les personnes ont trouvé un logement ou sont sorties de l'itinérance, ni les programmes ou les politiques qui ont permis à ces personnes de sortir de l'itinérance.⁴

Le gouvernement fédéral exige des dénombrements ponctuels tous les ans et l'administration d'un sondage tous les trois ans. La Ville du Grand Sudbury continuera de recueillir ces précieux renseignements afin d'informer les décisions locales et de continuer à dresser un portrait de la situation à l'échelle du pays.

⁴Vers un chez soi : La stratégie canadienne de lutte contre l'itinérance. Tout le monde compte : Un guide sur les dénombrements ponctuels au Canada, 4e édition. <https://homelessnesslearninghub.ca/wp-content/uploads/2024/04/Guide-to-Point-in-Time-Counts-in-Canada-4th-Edition-2-1.pdf>



Community Paramedicine Projects Update – May 2025

Presented To:	Community and Emergency Services Committee
Meeting Date:	May 21, 2025
Type:	Correspondence for Information Only
Prepared by:	Melissa Roney Community Safety
Recommended by:	General Manager of Community Safety

Report Summary

This report provides information regarding the Community Paramedicine programs delivered by Greater Sudbury Paramedic Services.

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

The City of Greater Sudbury's Community Paramedic programs, support Council's strategic initiative to create a healthier community through integrated community programming to meet the needs of vulnerable populations and reduce emergency responses and hospital admissions.

This report refers to operational matters and has no direct connection to the Community Energy and Emissions Plan.

Financial Implications

There are no financial implications associated with this report.

Background

Community Paramedicine (CP) models are continually evolving across the province, and our local CP program is no exception. Our CPs, along with leadership, work closely with local service providers to build trust and foster relationships. This community engagement allows us to develop the CP program with a deeper understanding of the unique needs of the population we serve, enabling us to tailor our services accordingly.

CPs continue to fill critical gaps in access to care and establish important linkages with vulnerable populations. CP will also continue to build and sustain partnerships with others in the health system to improve care for the City's diverse community. CPs are seen as capacity enhancers and support many in need of help with more than just the ambulance service concerns, but those of the entire community.

CP programs include wellness clinics in low-income housing, visits to shelters, home visits, follow-up care and services for monitoring patients with complex needs, especially frail seniors living in isolation and

individuals who are disconnected from the health system. CP models are intentionally implemented to support local needs and provincial priorities.

CP remains crucial to Ontario Health's (OH) service delivery. Efforts to enhance system capacity and address pressures are ongoing. The Ministry of Long-Term Care (MLTC) and Ministry of Health (MOH) continue to invest in CP programs across the province. Despite the agility of CP programs, current legislation for paramedic services has gaps, necessitating guidance to ensure patient safety. Collaborative efforts with the College of Physicians and Surgeons (CPSO) include developing medical delegation models, standardizing patient referral systems, and creating a minimum data set to help with reporting burdens.

Collaborations

The Care Transition Community Paramedic (CTCP) program was our first 7 day/12-hour CP program. The CTCP initiative began our partnership with Health Sciences North (HSN) outpatient pulmonary rehabilitation clinic, cardiac rehab, and the diabetes education program. In 2023-2024 the collaborative initiative was dusted off, updated and now CPs can easily send a referral to these programs without a Physician signature.

CPs are also directing referrals to St. Joseph's Complex Continuing Care (SJCCC). CPs refer patients who meet program criteria directly from the community to Complex Continuing Care, a bedded rehabilitation program whose mandate to support citizens to live healthy longer at home closely aligning with CP goals. Offering short-term bedded rehabilitation for individuals with risk factors prior to a catastrophic event, such as a fall and fractured hip, helps promote an upstream preventative approach to care. This strategy strengthens and supports frail individuals, keeping them out of hospital longer, and potentially reducing the number of Alternate Level of Care (ALC) patients admitted to HSN.

Northeastern Specialized Geriatric Centre (NESGC)

NESGC is an integral partner with our Community Paramedicine Program. From the inception of the Community Paramedicine Long Term Care program in May 2021, NESGC has partnered with Paramedic Services. The physician group, headed by Dr. Jo-Anne Clarke, continues to operate as Medical Oversight Physicians for the > 65 years old CP enrolled patient population. The expertise provided by the NESGC group of physicians has been instrumental for the education and growth of the CPs. Through Dr. Clarke, the CP group has been given needed professional development. The CP group has been provided tools and knowledge to assess, treat, and recognize geriatric syndromes that are not part of routine paramedic education needed in an episodic 911 environment but is essential in the routine practice for continuing care provided by CPs. CPs can extend the reach of this professional group, and collaborations are continuing and growing in number. CPs can directly refer patients to this specialist group for patients without a family physician, after following a specific medical directive.

Primary Care Integrated Geriatric Team

The Primary Care Integrated Geriatric Team (PCIGT) consists of several different healthcare professionals. Teamwork is foundational to success and delivery of care needed for every patient. Frequently CP is not the most appropriate team member for the overall continuation of patient care. However, CP excels at the acute onset, urgent follow-up, and support given to other team members. These needs will present at the point of patient intake, occasionally before the whole team is ready or available to act. On nights and weekends specifically, CP can extend the reach of collaborating health care groups.

PCIGT is a new initiative, with the first patient rostered February 12, 2025, and 12 active patients. Currently the CP role will most benefit patient profiles at the initial visit level for:

- Patients are currently not tied to any other community support or partner agencies. CP can provide interim support while referrals are made and accepted by the more appropriate partner agencies.
- Patients who are known or suspected to have higher acuity, particularly anticipated or actual unmanaged chronic or acute disease/illness.
- Patients without a caregiver, or whose primary caregiver has significant fatigue or are at risk of burnout. CPs would support, while the rest of the PCIGT team focuses on addressing immediate needs and arranging in-home support, a task that can be particularly challenging.
- The patient has a known or suspected pattern of refusing care, mistrust, or there is pre-existing CP involvement. Occasionally the uniform and the skills associated with always walking into the unknown are beneficial to get a foot in the door.

CP Research - Abstract Submission to Canadian Geriatrics Society

Community Paramedicine leadership has teamed up with NESGC to highlight our collaboration as a prime example of exceptional care, which other communities and healthcare agencies might consider replicating. Preliminary efforts to draft an abstract began in late 2024, and it has been accepted for presentation at the Canadian Geriatrics Society's 2025 Annual Scientific Meeting, scheduled for May 29-31. The abstract is titled *"A Community Paramedicine and Specialized Geriatric Services Partnership: Lessons Learned from Implementation of an Innovative Model of Care"*.

Skilled community paramedics with specialized geriatrics training are backed by the geriatrics team as needed, including an on-call physician, access to SGS team members and joint visits. The goal is to:

- Describe key enablers of implementation and sustainability.
- Outline impact for patients, geriatrics and CP systems.

Provincial Community Paramedicine Northern Mini Expo

The Mini Expo is to be held June 3, 2025, in Sault Ste. Marie running concurrently with the Northern Ontario Service Delivery Association (NOSDA) Annual General Meeting. Geography, as well as fiscal limitations, often create barriers and an ability for northwest and northeastern regional healthcare partners to meet 'in-person.' The program implementation team optimized timing of the NOSDA meeting, enabling leadership from the DSSABs and integral healthcare partners to network face to face, with the goal of continued and increased collaboration.

Julie Ward, Commander - Community Paramedicine, City of Greater Sudbury, as well as Jim Greenaway, Commander - Community Safety & Planning, Superior North Emergency Medical Service are the lead members of the project implementation team for the Mini Expo alongside Katie Haywood, Lead, Chronic Disease & Community Paramedicine, System Strategy, Planning, Design, and Implementation OH East and Martha Hunter, Lead, System Strategy, Planning, Design & Implementation OH West.

The purpose of the mini expo includes:

- Building relationships to address system pressures together to improve capacity access and flow.
- To create collaborative partnerships to improve equitable safe access to care, patient experience, and clinical outcomes.
- Forum for CP provincial engagement and implementation of provincial action plan.

Expo participants will ideally include representation from the following sectors:

- Primary care (Physicians, Nurse Practitioners, Family Health Teams)
- Acute care (Emergency Department, Discharge Teams, Specialists)
- Mental Health and Addictions
- Palliative Care
- Ontario Health at Home
- Community Support Services
- Ontario Health Teams
- Health Equity and Priority Populations Lead
- Patient/Caregiver/Family
- Other as appropriate to agenda and regional priorities

Community Paramedicine for Long Term Care (CPLTC) Program

Since 2021, all land ambulance services in the Province of Ontario have been operating CP-LTC programs. These fully funded CP programs are a \$426 million investment over six years made by the MLTC as an innovative solution to support seniors living in the community but on the Long-Term Care (LTC) Home waitlist. In 2020, Greater Sudbury Paramedic Services was granted the maximum funding of \$6.5 million dollars over three years, with an extension of \$2 million in annual funding until the end of the 2025-2026 fiscal year. The success of CPLTC provincially, demonstrated by *“Community Paramedicine for Long-Term Care Program Evaluation September 2023 - Ontario Ministry of Long-Term Care”* we remain highly optimistic regarding permanent ongoing funding.

Health Promotion and Vulnerable Persons Initiatives

Community Housing Wellness Clinics

The goals of Wellness Clinics are to help keep low-income older adults healthy at home and reduce avoidable 911 calls.

CPs visit older adults in the common areas of geared-to-income multi-unit housing to address their unmet health needs. They use evidence-based assessments to evaluate health risks among these older adults. The program aims to maintain and expand health promotion, education, injury prevention, and the recognition, prevention, and management of chronic diseases. CPs also assist with referrals for services and navigating the health system. Currently, CPs conduct wellness clinics monthly in eleven different buildings throughout the city, focusing on seniors housing or residences with a large senior population. In 2024, CP held 152 clinics serving 1364 unique clients.

Current Clinic locations include:

- 1920 Paris Street
- 1960 Paris Street
- 211 Caswell Drive
- 160 Leslie Street
- 12 Elgin Street
- 340 McLeod Street
- 1052 Belfry Avenue
- 36/38 Coulson, Capreol
- 3553 Montpellier, Chelmsford

Proposed future clinic locations:

- 1699 St Jean Street, Val Caron
- 1310 Sparks Street, New Sudbury

Vulnerable Population Shelter Clinics

Along with collaborating agencies, CP identified a gap in primary care and wound care for citizens in marginalized and unhoused/underhoused circumstances. The focus of this time is to meet the citizens who use these key community organizations for support where they are, and to provide assessments, treatment, and referrals. Most of the CP work with this vulnerable population includes assessment of minor/moderate ailments, burns, wounds, infections, and chronic disease as well as initial and follow up care for wounds and infections and connecting people to health and social services that they could not otherwise easily access without this support. As a result, CP has collaborated with the following allied agencies to provide wellness clinics at the following locations:

- Samaritan Centre
- Safe Harbour House shelter, operated by the Elizabeth Fry society, to provide weekly dedicated CP on-site care.
- The Ontario Aboriginal HIV and AIDS Strategy (OAHAS) is a weekly clinic that occurs either at the drop in on Elm Street or mobile outreach, utilizing OAHAS' modified van.
- 261 Sudbury Cedar Place Women and Family Shelter
- In February of 2025, the Go Give Project reached out to CP regarding the potential of a wellness clinic at 24 Energy Court warming shelter. We did start this initiative, however as the colder months were mostly behind us, we look forward to a continued partnership with Go Give when they resume operations in the fall/winter.

This care approach has thrived largely because of the collaboration between CP, the staff and volunteers of the Ontario Aboriginal HIV/AIDS Strategy (OAHAS), and the shelters. Reaching this population can be particularly challenging due to their unpredictable movements throughout the downtown core, unmet basic needs, and frequent issues with addictions and substance misuse. By partnering with outreach workers and establishing a regular weekly schedule for the three shelters, staff can monitor patrons who need a visit or track them down to ensure they are at the shelter at the designated time for assessment.

While the volume of individuals may be less impressive when compared to our other programs, the impact certainly is not. For example, the poisoned drug supply (laced with Xylazine) is leading to more frequent complex wounds that can lead to sepsis and death. The CP is able to provide earlier assessment and intervention and facilitate access to antibiotics and wound care for someone who is ED-resistant or hard for home care to find.

Rapid Mobilization Table (RMT)

Community Mobilization Sudbury (CMS) is a community partnership representing over 30 organizations from diverse sectors. Community Paramedicine has been a member of CMS for almost ten years. The group comes together around a common need and desire to build multi-sectoral and collaborative mechanisms for responding to situations of acutely elevated risk.

The CMS threshold of acutely elevated risk refers to:

- A situation affecting an individual, family, group, or place where there is a high probability of imminent and significant harm to self or others (i.e., offending or being victimized, experiencing an acute

physical or mental health crisis, loss of housing).

- Circumstances require the support of multiple service providers and have accumulated to the point where a crisis is imminent if appropriate support is not put in place.

Representatives from CMS partner agencies meet twice each week at the Rapid Mobilization Table (RMT). The RMT is a focused, disciplined discussion where participants collaboratively identify situations involving those who are at elevated risk of harm.

High Intensity Supports at Home (HISH)

In September of 2023, the High Intensity Supports at Home (HISH) Community Paramedicine pilot at CGS received permanent base funding from Ontario Health. The Community Paramedicine HISH program works in collaboration with Ontario Health @ Home (OH@H), Behavioral Supports Ontario (BSO), the Alzheimer's Society, the NESGC to provide wrap around care on a short-term basis for frail older adults with complex medical, behavioral and/or social needs awaiting an urgent/crisis-level placement priority.

This past fiscal year, Health Sciences North was able to meet and exceed a provincial target of 10% reduction in ALC beds by March 31, 2024. The HISH program and CP involvement plays a pivotal role in keeping this number low, transitioning patients from home to LTC Home without adding to hospital ALC numbers. The collaboration between our High Intensity CPs continues to collaborate and build the strength of this interdisciplinary team.

Care Transitions Community Paramedic (CTCP) Program

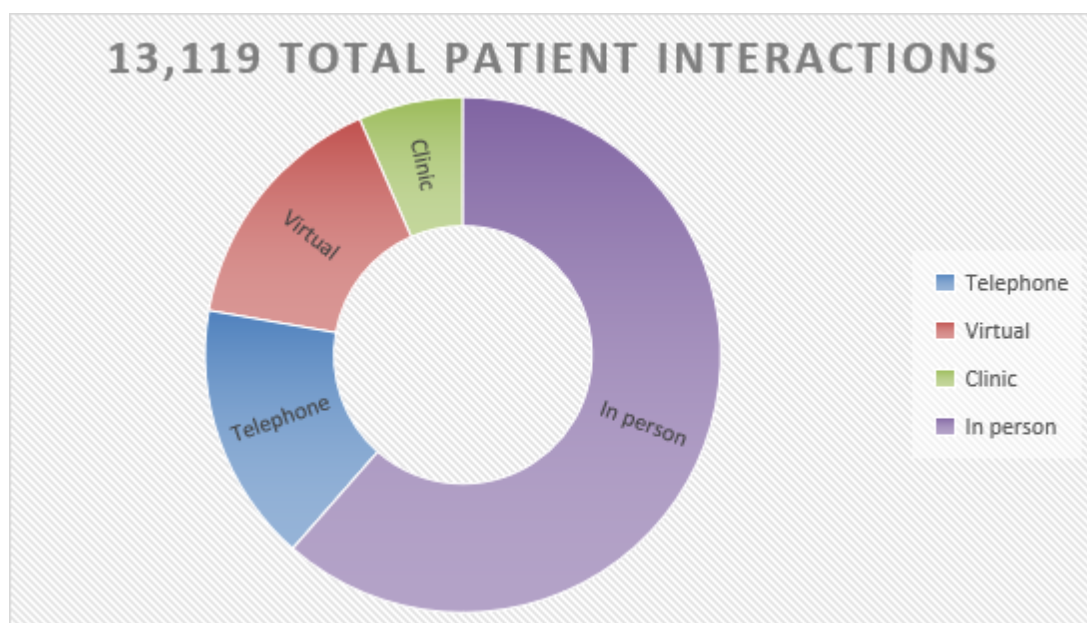
The Care Transitions Community Paramedicine Program CPs provide home visits and interventions under medical oversight to patients with complex chronic disease to assist them in transitioning from acute care to community and/or self-supported in-home care. The program's primary goal is to decrease Emergency Department visits and readmissions to hospital for patients with chronic disease namely congestive heart failure, chronic obstructive pulmonary disease, and diabetes, who are at elevated risk of repeated admission to hospital.

The program focuses on chronic disease education and self-management. The CTCP program offers a combination of same-day visits for episodic management and patient education/monitoring to reduce frequency and severity of exacerbations of their chronic illness. Patients are discharged once self-management goals are achieved. This enables the program to enroll new individuals into the service who have had recent hospital admissions.

2024 Operation Report (April 1, 2024 - March 31, 2025)

We continue to receive steady referrals for various CP programs, thanks to unsolicited positive feedback from community partners and patient family members, as well as operational changes by OH@H. As the patient count increases, reaching our capacity limit seems more likely every day. Consequently, we have adjusted our referral and discharge process, designating several patients as "On Demand." These patients, who are lower in acuity, can manage with minimal services or have strong family support, will contact us when they need assistance or guidance, rather than CPs pre-booking the next visit. Additionally, we are actively working to address ongoing paramedic staffing challenges.

Program	Unique Individuals
Long Term Care Program	1,407
Care Transitions Program	201
High Intensity Program	88
Health Promotion Program	140
All Programs Total	1,836



Conclusion

Community Paramedicine is an evolving healthcare model. Provincial and program-specific data analysis shows that the CGS Community Paramedicine Program effectively helps individuals stay safe and healthy at home. This initiative supports the sustainability of our healthcare system, which is working to address the challenges of an ageing population. The agility of the CP program will continue to bridge gaps, evolve, and provide equitable, safe, timely, and professional assistance to our community members. Provincially there is ongoing work which has been championed by Ontario Health. Efforts continue to integrate CPs into the broader health care system by assisting with development of supportive collaborative partnerships. The provincial Community Paramedicine Framework is evolving to include CP specific educational and professional competencies, consistent tools for referrals, delegation of medical acts, and discharge processes.

Resources Cited

- Community Paramedicine for Long-Term Care Program Evaluation September 2023
- Ontario Ministry of Long-Term Care

Greater Sudbury Fire Services - Camp Molly 2025

Presented To:	Community and Emergency Services Committee
Meeting Date:	May 21, 2025
Type:	Correspondence for Information Only
Prepared by:	Jesse Oshell Community Safety
Recommended by:	General Manager of Community Safety

Report Summary

This report provides information regarding the Greater Sudbury Fire Services' second Camp Molly and background on the Camp Molly program.

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

This report refers to operational matters and has no direct connection to the Community Energy and Emissions Plan.

Financial Implications

There are no financial implications associated with this report.

Purpose

Greater Sudbury Fire Services (GSFS) will be holding its second Camp Molly from September 18 to September 21, 2025. Camp Molly is a free four-day educational program that provides young women between the ages of 15 to 18 the opportunity to experience key firefighting and emergency response skills.

Background

Camp Molly pays tribute to the first female firefighter on record in North America, Molly Williams. Molly Williams was a slave in 1818 when she became the first female firefighter with Oceanus Engine Co. 11, in Lower Manhattan, after the male firefighters became sick with influenza, Molly answered the call to duty and was recognized for her strength and resiliency. Her incredible story has been memorialized into the children's novel, "Molly, By Golly!" and over 200 years later, Molly Williams continues to be known as a trailblazer in the field of firefighting. Camp Molly aims to carry on her legacy by inspiring other firewomen. Camp Molly's message to participant; be prepared to be challenged, be prepared to be empowered and be prepared to change the way you see yourself.

Since its inception, the goal at Camp Molly remains the same, to show young females that a career in the fire services is a viable and rewarding option.

This year, in addition to Sudbury, Camp Molly will be hosted in Sioux Lookout, Wasaga Beach, Caledon, Markham, Durham, Clarence – Rockland, Vaughn and Lake Country. Participants in Sudbury's Camp Molly will obtain hands on experience related to fire and emergency services. They will rotate through a series of activities based on Firefighter Level 1 training, such as Fire Investigation and Fire Dynamics, Medical Scenarios, Auto Extrication, Firefighter Survival and Forcible Entry, and more. A total of 35 campers will be divided into seven groups of five campers and will be led and trained by a GSFS female Captains from both the Career and Volunteer Sections.

To qualify for Camp Molly, interested participants must submit an application explaining why they would like to attend and must meet all of the following minimum qualifications:

- be a girl or woman-identifying student between the ages of 15 and 18
- live in Greater Sudbury
- be in good physical condition and have a positive attitude
- be able to provide their own transportation to and from the Fire Grounds
- possess a valid provincial health card prior to August 14, 2023
- complete the online application form before the application deadline
- be committed to attend all Camp Molly activities and required dates

Camp Molly utilizes a structured framework using volunteers and donations necessary to run Camp Molly at no cost to the City of Greater Sudbury. Camp Molly and the scenarios and evolutions involved will be set up and run by GSFS staff and volunteers arranged by Fire Administration and Camp Molly. All employees and firefighters who participate in Camp Molly do so at no cost to the City. Our only commitment will be the use of the City facilities (LEL Fire Training Grounds), surplus equipment, and limited management involvement to assist with organization and promotion of the event.

Further information about Camp Molly can be found by visiting cammolly.ca

Pioneer Manor 2025 – 1st Quarter Report

Presented To:	Community and Emergency Services Committee
Meeting Date:	May 21, 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 1st quarter of 2025. 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

Bocce Tournament

The competitive spirit of both residents and Life Enrichment staff was on full display at the annual winter Bocce tournament held during the first week of February. The tape measure made several appearances throughout the four-day event, as residents playfully chirped at and cheered each other on. Some teams even had their own cheering sections. Congratulations to the Ball Knockers for being the 2025 champions!

Casino Night

As the saying goes, "What happens in Vegas, stays in Vegas!" The human slot machines were in full swing at the Casino Night held in Winter Park on March 4, 2025. The event was filled with laughter, winnings, and fun Vegas-themed photos. One of our married couples even celebrated their milestone 72nd anniversary during the festivities.



St. Patrick's Day

The luck of the Irish was alive and well at Pioneer Manor on March 17, 2025. The day featured an afternoon filled with Irish tunes, followed by a pub evening with green beer to cap off the celebrations.



San Giuseppe's Day

On March 19, 2025, several of our Italian residents, along with their family members, celebrated San Giuseppe (Italian Father's Day). Residents had the opportunity to reminisce with old friends and forge new connections over espresso and freshly made zeppoles.



Window Refurbishing

As part of our commitment to improving energy efficiency, the Home's front-facing windows have been upgraded through refurbishment and resealing. This included the removal of old caulking, filling air gaps, and resealing the exterior windows. Similar upgrades for the Home's rear-facing windows are currently in the procurement process and should be completed in the next month.

Resident Care Staffing Update

To ensure Pioneer Manor meets the Ministry of Long-Term Care's (MLTC) four-hour service level for direct care to residents and aligns staffing with the needs of bed redevelopment, a review of the resident care staffing plan was conducted for each home area. The review of the six-hour part-time lines created in 2024 revealed the capacity to transition to a new model, creating permanent full-time positions. Subsequently, eight permanent PSW positions and one PSW Behavioural Supports Ontario (BSO) position have been established to better achieve the service level target and provide consistent care. Additionally, six permanent PSW float positions will be created to support the anticipated needs for bed redevelopment.

Classification	Number of positions	Shift	Area
Personal Support Worker	2	Day	<ul style="list-style-type: none">• Lodge 2• York/Ramsey
Personal Support Worker	9	Afternoon	<ul style="list-style-type: none">• Lodge 1• Tulip• Trillium• Ramsey/Scenic• Park Place• Lilac/Mallard• 3 Float positions
Personal Support Worker	3	Nights	<ul style="list-style-type: none">• 3 Float positions
Personal Support Worker	1	Afternoon (14:00 to 22:00)	<ul style="list-style-type: none">• BSO
RPN	1	TBD	<ul style="list-style-type: none">• Wound Care

Housekeeping Staffing Update

The Ministry of Long-Term Care has allocated increased funding for facility maintenance services, demonstrating a continued commitment to providing a clean and safe environment. This additional funding will support the housekeeping and laundry sections, enabling extended floor hours and enhanced cleaning measures across the Home. Specific areas receiving increased hours include Tulip/Trillium, Pine/Poplar, Cedar/Cranberry, Killarney/Lilac/Mallard, and York/Ramsey/Scenic. Efforts will focus on polishing floors throughout the Home and intensifying balcony cleaning, ensuring residents and their families can enjoy well-maintained outdoor spaces.

Lost and Found

Started March 3, 2025, and continuing every Monday thereafter, a dedicated staff is available at Winter Park from 9:00 a.m. to 12:00 p.m. to assist families and residents with completing necessary forms, addressing questions about lost and found or labeling, and searching for lost items. Additionally, a phone number and email address have been set up to handle inquiries or concerns outside of the Monday hours.

Families and residents are encouraged to label all personal belongings, including watches, dentures, eyeglasses, shoes, and hearing aids, to prevent loss. Should an item go missing, they are advised to report it as soon as possible using a lost item report, providing detailed information to aid in its recovery.

Quality Improvement Plan

The complete Quality Improvement Plan, including the narrative, progress report, and the 2025-26 workplan, is being finalized for submission to Ontario Health. These documents will be translated and uploaded to the Pioneer Manor website. (See Attachment 1 – QIP)

Infection Control

The Infection Control team has appointed 15 infection control champions from the resident care and life enrichment staff. These champions will play a crucial role in auditing staff compliance with infection control practices, such as handwashing, and providing real-time education.

Food Services

Food Services is committed to fostering collaboration to enhance food quality and create a more enjoyable dining experience for our residents. In February, Pioneer Manor established a Food Services Subcommittee, bringing together representatives from various sections, residents, and family members. So far, two meetings have been held, with excellent attendance and positive feedback.

On February 14th, coffee availability was expanded, ensuring residents can enjoy it 24/7. Pioneer Manor continues to engage with residents to tailor the menu to their preferences, balancing both needs and wants. The Food Committee meets on the first and second Thursday of each month, providing residents with an opportunity to share input on menu selections.

Additionally, Food Services and Life Enrichment have joined forces to enhance food safety and quality. All Life Enrichment Workers are now certified in Basic Food Handling and are actively collaborating with Food Services to offer interactive baking programs for residents.

Adding a Second Nurse Practitioner (NP)

The Hiring More Nurse Practitioners for Long-Term Care (HMNP) program is being utilized to support the addition of a second Nurse Practitioner (NP). The NP program is fully funded by the MLTC. Recruitment efforts are currently underway to secure a second qualified NP, a highly skilled primary care professional with the authority to diagnose conditions, order and interpret diagnostic tests, and prescribe medications and treatments.

In the Long-Term Care setting, the NP operates under the guidance of the Medical Director, ensuring adherence to established procedures and protocols for medical services. Their role is instrumental in facilitating timely interventions for residents, ultimately reducing avoidable hospitalizations and enhancing overall care quality.

Capital Bed Redevelopment

As of March 31, 2025, the project is approximately 50% complete and remains on schedule. Change orders to date are within contingency and are tracking to remain under budget, barring any unforeseen circumstances. The building's structural steel framework has been fully constructed, with all floors erected and concrete poured. Progress on the new wing has been substantial, with framing completed across all floors. Plumbing and electrical rough-ins are finished on several levels, and drywall, taping, and flooring work are either underway or finalized on multiple floors. Additionally, HVAC equipment was recently lifted to the roof and preliminarily installed. Overall, the project continues to advance smoothly.

Renovation work within the existing home is progressing smoothly. The bistro and kitchen entrance (on the bistro side) have been sealed off to facilitate demolition. This renovation is a key element of the broader strategy to seamlessly integrate the new wing with the existing facility, which includes the completion of structural reinforcements in several areas. The occupancy plans for transitioning patients are also well underway.



Inspections

2020 to 2025 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 first quarter of 2025, 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	1	During the February compliance visit, two written notifications were issued. The areas of non-compliance were related to transferring and positioning techniques, as well as the administration of drugs.
Ministry of Labour, Immigration, Training and Skills Development	2	Two inspections were conducted in response to the same complaint of harassment from a visitor towards staff. The inspector made an initial visit and then a follow-up visit to verify documentation.
Public Health (IPAC)	1	No areas of non-compliance noted.
Public Health (Institutional Food Safety Compliance)	15	Five violations, three were resolved and two are work orders in process. Remaining ten are resolved.

2020 to 2025 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 2025. 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	2025
Remedied Non-Compliance	N/A	2	0	0	0
Written Notification	12	7	10	14	2
Voluntary Plan of Correction	10	1	N/A	N/A	0
Compliance Order	0	0	2	1	0
Administrative Monetary Penalties	N/A	N/A	0	0	0
Order Requiring Management	N/A	N/A	0	0	0
Increased Fines for Offences	N/A	N/A	0	0	0
Investigations	N/A	N/A	0	0	0
License Suspension and Supervision	N/A	N/A	0	0	0
Total Areas of Non-Compliance	22	10	12	15	2

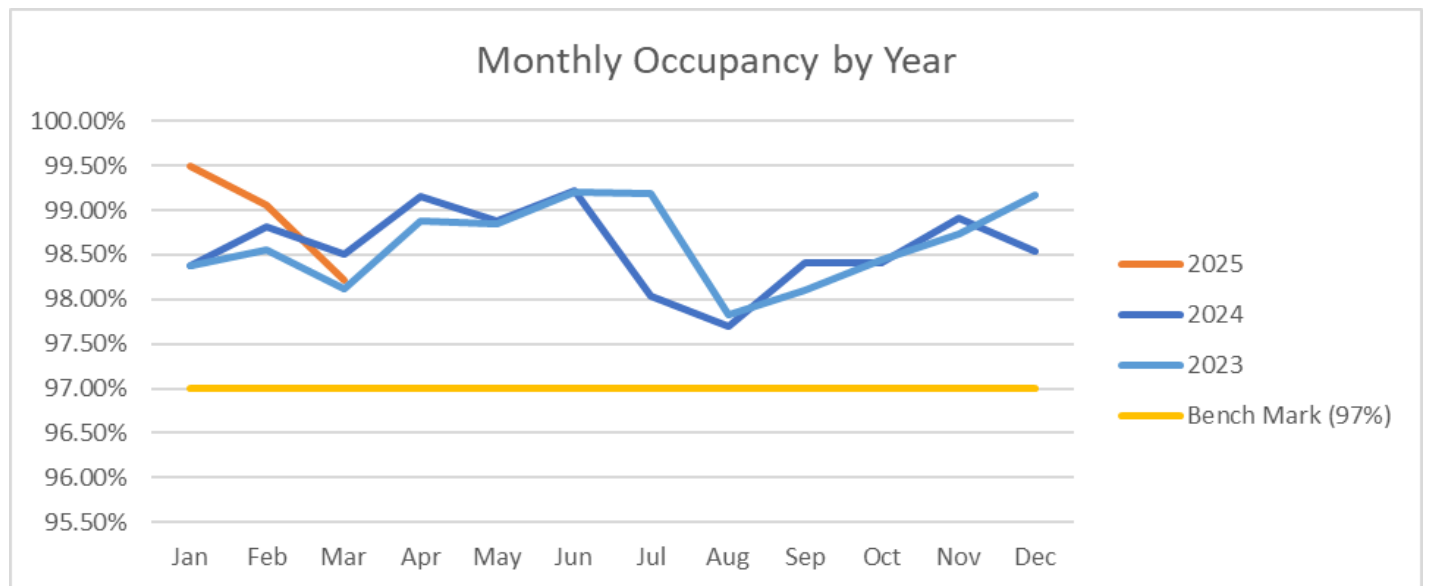
Written Complaints

During the first quarter of 2025, 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	2	One request for a specific vaccine, and one request regarding mice and staffing. Both resolved.
Resident Council	7	Responses to six concerns will be reviewed for approval at the April meeting. One resolved.
Family Council	3	We are currently monitoring the progress of work, as it relies on updates from external contractors. Furthermore, one information request has been addressed, while another has been successfully resolved.

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)	
Resident Stats		2021	2022	2023	2024	2025
Admissions		136	165	139	126	32
Discharges		4	6	3	4	0
Deaths		126	154	135	124	28
Internal Transfers		132	126	100	73	27
Occupancy Rate		98.80%	96.63%	98.62%	98.56%	98.76%



Infection Prevention and Control (IPAC)

Outbreaks – First Quarter 2025

Type of Outbreak	Declared	Declared Over	Duration (Days)	Number Impacted	
				Home Area(s)	Residents
Human Coronavirus	January 16	January 25	8	Cedar	4
Rhinovirus	January 29	February 15	16	York Ramsey Ramsey Scenic	7
Human Coronavirus	February 3	February 19	15	Pine	6

Rhinovirus	February 11	February 22	11	Lilac Mallard	4
Human Coronavirus	February 17	February 18	10	Tulip	5
Influenza A	March 5	March 17	11	Lilac Mallard	8

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.

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 2, 2025



OVERVIEW

Pioneer Manor is a 433 bed municipal Home owned and operated by the City of Greater Sudbury.

The Home's Vision is to be recognized as a leading provider of long-term care services in the province of Ontario. Its Mission is to provide long-term care incorporating high standards of leadership, innovative approaches, research and development in collaboration with our community partners. Working as a team, residents, staff, essential caregivers, families, volunteers and students offer residents dignity, respect, and care that promotes their comfort and quality of life.

Core Values include, first, the residents. We also value the staff, residents' families and friends, community partners, service providers and local educational organizations. We value the Residents' and Family Councils, the development and implementation of best practices and quality improvement for excellence in resident care, the use of technology to improve and enhance care, the residents' rights as defined in the Fixing Long-Term Care Act (2021), and finally diversity, equity, and inclusion for all residents, staff, volunteers and we value their unique contributions to life here.

The Home first established a Quality Council in 2016 to position quality at the forefront. It was re-energized in 2022 after a brief pause relating to the COVID pandemic and we are now proud to say we have representation from both Residents' and Family Councils. The Quality Council's role is to oversee broad quality initiatives, as well as, the work of various other committees charged with managing the quality of care and services in the Home including Resident Safety, Pain & Palliative Care, Skin & Wound Care, Infection Prevention & Control, and Restraint Minimization/Falls Management.

The Home also administers an annual survey to residents and families to formally assess their overall satisfaction with our services, care delivery and overall customer service. We have also produced and administered a short staff survey the past two years to measure staff engagement and satisfaction.

ACCESS AND FLOW

Last year, we added a Nurse Practitioner (NP) to our team. We are currently recruiting a second NP. With the NP and at least one physician on site 5 days/week, we are able to provide timely assessment and intervention to manage residents' health conditions, often without the requirement to transfer out to hospital.

When more sophisticated assessment is required, as in assessment for a fracture after a fall, we continue to work successfully with Health Sciences North's Emergency Department Outreach Service (EDOS) to arrange for transfer to hospital, bypassing the usual ER department wait, to receive the needed attention in a timely manner.

We have also begun utilizing Non-Ambulance Non-Urgent Stretcher Transport available through the City of Greater Sudbury to facilitate resident access to scheduled medical appointments that cannot otherwise be completed via accessible public transit.

The Manor has recently reinstated on-site dental hygiene services, in addition to on-site optometry which has been in place for some time.

The success of our Home depends on collaboration with services such as these, as well as, Behaviour Supports Ontario, Health Force Ontario, Sudbury & District Health Unit, and all our contracted service providers.

EQUITY AND INDIGENOUS HEALTH

Diversity, Inclusion, and Equity (DEI) education was initiated for staff in 2023. By 2024, all staff had received training. We are now offering it as part of the onboarding education to ensure new staff are familiarized with these concepts.

Our DEI Committee is also now in place.

Additionally, our Nutrition Services department has begun recognizing various holidays or special days by providing culturally appropriate foods e.g. for events such as Chinese New Year, Dwali, National Day of Truth & Recognition.

Moving forward, training of staff in 2025 will begin in relation to Building a Collaborative and Resilient Workplace. This includes appreciating the benefits of diversity in relation to creativity and innovation, problem solving, improved decision-making, and expanded market outreach. The plan is to train a total of 45 staff by year end and continue to run the program annually to increase those numbers.

We have also trained 15 Rainbow Champions and wish to train at least another 15 in 2025.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Annual Resident/Family Satisfaction Surveys help guide our efforts moving forward. We continue to work on improving the care conference experience for our residents and their families.

Participation at Residents' Council and Resident Food Committee remains noteworthy.

A new wander alert system was intalled which provides for improved safety of residents, while still allowing freedom of movement within the Home, for those who require additional supervision.

A new reflection space was also created and opened to allow for quiet time, prayer, or celebration by residents and families.

On an exciting note, 4 existing Home Areas are currently being redeveloped to meet current standards and specifications. A new tower is slated to open and be occupied in 2026.

PROVIDER EXPERIENCE

Recruitment and retention of staff has steadily improved and remains a priority issue. Our most recent staff survey indicated a 13% improvement over last year in our communication and information sharing. Work on staff satisfaction continues.

Training of staff remains a priority. We introduced a new Nurse Educator position to assist staff in receiving the information and training they request and require to do their jobs successfully.

We also converted our Medication Administration system to one that integrates with the clinical software currently used for care planning, assessment, documentation, etc. This integration assists members of the care team to see the resident's progress in a more complete way through one entry point.

An exit survey was also initiated in late 2024 to receive anonymous feedback from staff who decide to leave the organization. We look forward to receiving the feedback to better address staff engagement and job satisfaction.

With our new training to be rolled out, the objectives are to enhance communication, foster respect, enhance collaboration, and boost leadership engagement. This includes recognizing barriers to communication such as power imbalances, cultural differences, and generational differences. How individuals communicate and prefer to receive information varies based on historical events and social norms that have influenced their values, work ethics, and styles e.g. Baby Boomers prefer efficiency in whatever form it takes, whereas, Gen Zs prefer social media, texts, and other electronic means of information sharing.

SAFETY

Resident and staff safety are always paramount.

Education of staff in Gentle Persuasive Approaches continues, as does training on lifts and transfers. We now have 38 staff lift champions representing various departments and shifts so that just-in-time education can occur as required. We also now have 15 Infection Control staff champions representing RNs, RPNs, PSWs, Life Enrichment, and Housekeeping staff.

Additionally, new infection control PPE were purchased that are more comfortable for staff to wear and provide superior protection over previous equipment.

Recently, we began converting our fall alarms to wireless sensors to prevent staff and resident trip/fall injuries.

PALLIATIVE CARE

CADD infusion pumps were introduced last year to enhance the management of pain and symptoms for our residents at end of life.

We are also continuing to educate our staff on palliation and end-of-life care e.g. 9 Registered nursing staff have received LEAP training, 7 RNs PCDM, and 24 PSW PACE.

We currently have 11 palliative care champions in the building including NP, RNs, RPNs, and PSWs.

POPULATION HEALTH MANAGEMENT

Our team, through BSO members and our Social Worker, helps connect residents with external resources to assist them to live the best lives possible.

Where eligible, residents are connected with Developmental Services Ontario, for example, to provide for accompaniment on outings or funding to purchase items such as personal computers. We have also connected with the Canadian Institute for the Blind and Canadian Mental Health Association to speak with residents or provide education to staff to better meet the residents' needs.

CONTACT INFORMATION/DESIGNATED LEAD

Maria Casas

Resident Care Coordinator

Quality Council Lead

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on
March 31, 2025

Aaron Archibald, Board Chair / Licensee or delegate

Aaron Archibald, Administrator /Executive Director

Maria Casas, Quality Committee Chair or delegate

Other leadership as appropriate

Equity | Equitable | **Optional Indicator**

Indicator #4	Last Year		This Year		
	79.00	20	100.00	26.58%	100
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Pioneer Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☒ Not Implemented

Plans currently underway to provide this education in-person, through an arrangement with College Boreal.

Process measure

- % staff who receive training.

Target for process measure

- Attendance records

Lessons Learned

This education was not pursued, but rather education to the remainder of our staff provided through our on-line educational platform. Between 2024 and 2025, 100% of staff received the training.

Change Idea #2 ☒ Implemented ☐ Not Implemented

A Diversity, Equity, and Inclusion Committee is in process of being established in the Home. The mandate will be to advise and provide recommendations to the Home on incorporating diversity, equity, and inclusivity in service provision utilizing available research, best practices, as well as, lived experience of members of the larger Pioneer Manor community.

Process measure

- Committee will be established with terms of reference.

Target for process measure

- Committee will meet at least quarterly in 2024/25.

Lessons Learned

Committee is established and meeting quarterly. Membership includes staff, and a family council representative. Unable to recruit a resident representative at this time. Once committee more established, will look at external stakeholder involvement.

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Include an abbreviated educational session on DEI through our on-line platform for all new hires to complete.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Now part of orientation.

Comment

Improved. Target met.

Experience | Patient-centred | **Custom Indicator**

Indicator #3	Last Year		This Year		
	74.00	80	85.00	--	NA
Percentage of residents who are satisfied that staff listen to them (Pioneer Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Continue with the roll out of the Triple A Response system.

Process measure

- The majority of our staff will receive training.

Target for process measure

- At least half of our staff will receive in-person training on this process.

Lessons Learned

47 % staff received Triple A education in 2024-25. In 2025, this education has been made mandatory for all staff going forward. Exercises using the AAA technique practiced at regular staff meetings q 1 - 2 months.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Encourage residents to both attend and participate in their care conferences.

Process measure

- More residents will participate in their admission and annual conference.

Target for process measure

- Residents with a CPS score of 3 or lower will be invited to participate in their care conference. Over the course of 2024, we will determine the proportion of those invited who actually choose to participate.

Lessons Learned

Residents with a CPS score of 3 or lower were targeted in 2024 and about 55% of our residents met this criteria. Results indicate 8% of residents who had a care conference attended their own conference. Will reinforce this with RN facilitators and separate out Resident from Family/ SDM attendance on Conference documentation template, as well as, add space for explanation as to why Resident did not attend. If they did, allow space to separate out specific Resident feedback, from family input. Include, also, the question: Was Resident invited?

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Clinical managers e.g. nursing, rehabilitation, nutrition and allied health will round to the Home Areas at least weekly.

Process measure

- Managers will receive feedback/concerns directly and resolve these before they become complaints.

Target for process measure

- Will be reflected in the results of our Resident Satisfaction Survey in 2024.

Lessons Learned

All managers have made themselves more visible with the goal of receiving feedback in real time and preventing concerns from becoming complaints.

Comment

Exceeded our target. 14.8% improvement over last year.

Indicator #5	Last Year		This Year		
	30.00	50	34.00	--	NA
Proportion of staff who feel information and communication processes are efficient and effective, especially in relation to performance, quality of services, and results. (Pioneer Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Continue to update the Quality Board monthly to highlight performance in a variety of key areas and provide an overview of improvement activities underway in the Home. The Board also lists the staff, resident, and family member representatives.

Process measure

- Departmental meeting minutes will demonstrate that this data has been shared and discussed. More staff will volunteer to sit on and participate in the various committees within the Home.

Target for process measure

- The results of this question in our next survey will demonstrate an improvement in communication about our operation and performance.

Lessons Learned

Board updated q 1 to 2 months, based on new data availability.

Location of board may change in future with redevelopment to ensure it remains in a highly visible location.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Director will meet with staff throughout the year.

Process measure

- Meeting minutes will reflect the above.

Target for process measure

- These will occur at least quarterly.

Lessons Learned

Occurring.

Change Idea #3 ☒ Implemented ☐ Not Implemented

All staff now have assigned email addresses. Several still need assistance to logon and access their mail.

Process measure

- Fewer concerns will be brought forward and staff will respond to email messages as appropriate.

Target for process measure

- Messaging will be received in a more timely manner.

Lessons Learned

All staff have an assigned email account. Many are still not accessing it.

Change Idea #4 ☒ **Implemented** ☐ **Not Implemented**

A Quality Update newsletter will be created and circulated to staff, and residents/visitors.

Process measure

- Quarterly preparation and distribution of the bulletin.

Target for process measure

- Update provided at least quarterly.

Lessons Learned

Completed quarterly, posted on Quality Board, and distributed via email.

Comment

13% improvement over last year.

The Checking the Pulse survey repeated in early 2025 to measure any change in staff response.

Comments/trends will guide our plans moving forward.

Safety | Safe | Custom Indicator

Indicator #1	Last Year		This Year		
	78.00	70	95.00	--	NA
Number of documented occupational musculoskeletal injuries to Pioneer Manor staff (Pioneer Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Continue developing the Wellness Committee.

Process measure

- Committee kick-off will be well attended.

Target for process measure

- Feedback from staff.

Lessons Learned

Committee is now in place

Change Idea #2 ☒ Implemented ☐ Not Implemented

Minimal Lift Committee will continue the work it began in 2023. There are 38 staff champions and training of all staff took place in the fall of 2023.

Process measure

- Attendance records for education.

Target for process measure

- 100% of staff will receive part 2 of the training in 2024.

Lessons Learned

We now have 43 staff champions in various departments working various shifts.

In 2024, 49% of targeted staff received minimal lift training part 2. Videos and Surge learning modules will be used to address the remaining 51% who require part 2.

Additionally, the champs will do scheduled audits of staff performing lifts/transfer to provide just-in-time correction where needed.

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Staff with repeated injuries are seen by our Health & Safety Facilitator to review body mechanics. Others are seen on return to work by either Facilitator or Disability Management Officer and WSIB.

Process measure

- All staff with musculoskeletal injuries receive follow up education/review as required.

Target for process measure

- 100% of staff with injuries

Lessons Learned

There were some gaps in this process due to vacancies in the Disability & Claims department, and resulting lack of communication with Health & Safety Facilitator. Process is now back on track with the Facilitator reviewing policy/practice, body mechanics, OT hours/fatigue with the employee.

Change Idea #4 ☒ **Implemented** ☐ **Not Implemented**

Staff with injuries resulting from resident responsive behaviours will receive specialized follow up.

Process measure

- Proportion of staff who have received GPA.

Target for process measure

- About 40% of our staff have received this training so far. The target is for this proportion to increase significantly over the course of the year.

Lessons Learned

These staff continue to be prioritized for Gentle Persuasive Approach training, if they have not already received it. When supervisors are completing Occ Incident Reports for such injuries, they will ensure the resident is referred to BSO if not already on their caseload.

Change Idea #5 ☒ Implemented ☐ Not Implemented

As some injuries resulted from trips/falls over fall alarm sensor cords, we began switching to wireless sensors in the home.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The majority of bed/chair fall sensors have now been switched to the wireless.

Comment

Worsened by 21.79% over last year, however, noted our pre-COVID numbers were even higher i.e. 2018-167, 2019-158, 2020-118. With COVID, extra staff were deployed from other City departments to complement staff and, perhaps, this reduced staff workload and strain.

Indicator #6

Staff turnover rate for all permanent staff, all classifications.
Sum of resignations and retirements in the year over the average headcount for that period. (Pioneer Manor)

Last Year		This Year		
12.12	10	12.02	--	NA
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Pay increases were realized for CUPE staff, which accounts for a large proportion of our workforce. Negotiations for ONA, which represents RNs, are scheduled to occur shortly.

Process measure

- Our pay rates will remain higher than those of other LTC Homes and comparable to that of our large regional hospital.

Target for process measure

- Salary data shared among the local LTC Homes.

Lessons Learned

ONA negotiations have been delayed due to lack of union representation on site.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Explore the option of an anonymous exit survey for those staff who leave.

Process measure

- Exercise will be undertaken over the next several months.

Target for process measure

- Process to be completed by year end.

Lessons Learned

Survey initiated in September 2024. It is sent to eligible staff upon departure i.e. those who were not terminated and those with > 3 months seniority. So far, only 1 returned. Will require more responses in order to evaluate feedback.

Change Idea #3 ☐ Implemented ☒ Not Implemented

Explore a survey for those staff who voluntarily left but later returned.

Process measure

- Explore this option over the next several months.

Target for process measure

- Complete this exercise by year end.

Lessons Learned

After further discussion, the Quality Committee decided not to pursue this option.

Change Idea #4 ☒ Implemented ☐ Not Implemented

Review the comments made on our most recent Staff Survey.

Process measure

- Review with the Quality Committee.

Target for process measure

- Identify corrective actions by year end.

Lessons Learned

Completed. Most of the recommendations were addressed in other Indicators within the 2024-25 Workplan.

Change Idea #5 ☒ Implemented ☐ Not Implemented

Supervised Practice Experience Program (SPEP).

Process measure

- Proportion of nurses who participate in the SPEP at Pioneer Manor who then choose to apply and work for us.

Target for process measure

- We will use 2024 to determine what our baseline is.

Lessons Learned

Of 5 placements in 2024, all chose to stay on after completion.

Change Idea #6 ☒ **Implemented** ☐ **Not Implemented**

Community Commitment Program for Nurses (CCPN)

Process measure

- The proportion of nurses who accept employment through the CCPN who later choose to stay on after the initial commitment period.

Target for process measure

- We will use 2024 and beyond to determine our baseline.

Lessons Learned

10 placements took place. 3 individuals left before completing the placement. One stayed, and the remaining 6 have not yet completed their 2 year commitment period.

Change Idea #7 ☒ **Implemented** ☐ **Not Implemented**

Rehabilitation Professionals Incentive Grant Program

Process measure

- Proportion of staff recruited through this program who then choose to stay beyond the 3 year grant period.

Target for process measure

- Baseline to be established over the next year or so.

Lessons Learned

None of the Rehab staff in this program hit the 3 year mark in 2024.
One new hire has signed on for this program in 2024.

Comment

While target not met, 0.8% improvement was still achieved.

Safety | Safe | Optional Indicator

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Pioneer Manor)	31.20	30	30.55	2.08%	30

Change Idea #1 ☒ Implemented ☐ Not Implemented

Continue with our existing interventions including training of staff in Gentle Persuasive Approaches to ensure that behaviours are managed without the use of medication, where appropriate.

Process measure

- Proportion of staff who have GPA training will increase.

Target for process measure

- 40% of staff trained

Lessons Learned

Previous calculations included some inactive staff.

New review indicates 40.4% staff have received GPA and courses continue to be offered monthly.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Continue review of residents on antipsychotic medications with the Quarterly Medication Review, through members of our Behaviour Supports Ontario (BSO) team such that use of medications is justified.

Process measure

- Prescribing trends will be analyzed in comparison to those of other LTC Homes.

Target for process measure

- Review at least quarterly, with medications reduced or discontinued where appropriate.

Lessons Learned

This process continues, with medications discontinued or reduced when appropriate.

NP participates in review.

We have knowledgeable physicians on staff and access to a geriatric psychiatrist.

Comment

Improved. Target almost met.

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	100.00	100.00	Aim is to maintain 100% of all staff at all levels going forward.	

Change Ideas

Change Idea #1 DEI education added to mandatory staff orientation going forward.

Methods	Process measures	Target for process measure	Comments
Education added to online platform.	Newly hired staff must complete all mandatory on line education at time of hire, before commencing their new position.	Assigned consistently.	Total LTCH Beds: 433

Change Idea #2 Diversity Equity and Inclusion Committee is now in place but continuing to develop. As it's role is established, this may facilitate further understanding among staff within the Home.

Methods	Process measures	Target for process measure	Comments
Committee includes a variety of staff members. Recruiting of family and resident representatives continues to be a challenge.	Full and consistent membership will be established.	The work of this Committee will be communicated broadly within the organization.	

Change Idea #3 Establishment of Rainbow Champions.

Methods	Process measures	Target for process measure	Comments
15 Rainbow Champion staff were trained in 2025. Plan to train another 15 in 2025.	Education records.	30 Rainbow Champs will be in place by year end.	

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Proportion of staff who feel information and communication processes are efficient and effective, especially in relation to the Home's performance, quality of services, and results.	C	% / Staff	Other / Once/year	34.00	35.00	Previous performance was 30%. We have improved and wish to maintain that improvement.	

Change Ideas

Change Idea #1 Continue to maintain and update the Quality Board to highlight performance and improvements made in a variety of key areas.

Methods	Process measures	Target for process measure	Comments
Staff encouraged to view the Board.	Departmental meeting minutes will demonstrate that staff are reminded and encouraged to view the Board regularly.	Results of survey next year will reflect an improvement in this area.	

Change Idea #2 Director will continue to meet with staff throughout the year

Methods	Process measures	Target for process measure	Comments
Director will attend existing departmental meetings or hold stand-alone to meet with staff from various departments on various shifts to share information and receive feedback.	Meeting minutes will reflect this is occurring.	Meetings will occur at least quarterly.	

Change Idea #3 A Quality Update newsletter will continue to be produced and circulated to all staff, as well as, made available to staff and visitors.

Methods	Process measures	Target for process measure	Comments
A short bulletin highlighting improvements made and others underway will be prepared and shared.	Quarterly prepared, distributed, and posted.	Created quarterly.	

Change Idea #4 Find novel ways to communicate and send information to staff, as some staff still struggling to access email.

Methods	Process measures	Target for process measure	Comments
Explore options such as Pointclickcare Secure Conversations.	Options will be presented to Quality Council for review.	Decision re: need for alternate methods will be made by year end.	

Change Idea #5 Respond to feedback from Staff Survey.

Methods	Process measures	Target for process measure	Comments
Review comments provided through the survey, where available, to identify trends and additional change ideas not yet considered.	Survey responses to be reviewed.	Responses reviewed by June with decision as to what further strategies will be addressed.	

Change Idea #6 Leadership training i.e. Building a Collaborative and Resilient Workplace program has been designed for the leaders at Pioneer Manor, with the goal of equipping staff with practical skills to improve communication, collaboration, and other skills.

Methods	Process measures	Target for process measure	Comments
15 staff in 3 cohorts will be trained in 2025. Program will run annually to eventually reach all staff.	Training records.	45 staff will complete course by December 2025.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Proportion of residents who are satisfied that staff listen to them.	C	% / All inpatients	In house data collection / One year via survey taken at end of calendar year	85.00	85.00	Significant improvement made over last year and previous target exceeded. Wish to maintain current performance.	

Change Ideas

Change Idea #1 Continue to provide education to both new and existing staff on the Triple A response.

Methods	Process measures	Target for process measure	Comments
Included in mandatory orientation for all new hires and in mandatory annual staff education, through our online education platform.	All staff must complete orientation training before commencing their new role. Existing staff must complete all assigned annual training.	100% of staff will complete this as assigned.	Continue to practice the Triple A process at regular staff meetings in all departments throughout the year.

Change Idea #2 Continue work on improving the Care Conference process and, specifically, encouraging residents to attend and participate in their own scheduled conference.

Methods	Process measures	Target for process measure	Comments
All Residents will be invited, reminded, and encouraged to attend. Documentation tool for Care Conferences modified to specifically ask if the resident was invited and, if not, why not. Dedicated space also separated out for resident input (separated from family input). Additionally, residents will be asked if they wish for their family/SDM to also attend their conference.	Documentation will demonstrate that residents have been invited and also asked about their preference for family participation. The Care Conference template will show increased resident participation.	All will have been invited and encouraged to attend, with the exception of those whose cognitive status prevents them from understanding the invitation.	

Change Idea #3 Managers will continue to round to the Home Areas at least weekly, with emphasis on clinical managers e.g. nursing, rehabilitation, allied, health, nutrition.

Methods	Process measures	Target for process measure	Comments
While rounding, residents will become increasingly comfortable and familiar with managers and be more apt to share concerns as they arise.	Managers will receive feedback directly and resolve issues before they become complaints.	Will be reflected in the results of the 2025 Resident Satisfaction Survey.	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	30.55	30.00	Knowing that data may be deceiving due to how it is captured in the RAI MDS, we believe large improvements are not realistic. We have demonstrated improvement over previous years and wish to maintain that.	

Change Ideas

Change Idea #1 Continue to offer training to staff in Gentle Persuasive Approaches (GPA) to ensure that behaviours manageable without the use of medication are managed in this way.

Methods	Process measures	Target for process measure	Comments
GPA offered in house and staff assigned to attend. We also have one additional GPA coach in-house to facilitate this.	Proportion of staff who have received this training will increase from 40.4%.	50% staff trained in GPA with retraining q 4 - 5 years.	

Change Idea #2 Continue with system whereby all residents on antipsychotic medications are reviewed at the Quarterly Medication Review by pharmacy, nursing, and physician, as well as, members of the Behaviour Supports Ontario (BSO) team.

Methods	Process measures	Target for process measure	Comments
As described above.	Prescribing trends will continue to be analyzed in comparison to those of other LTC Homes where data available.	All antipsychotic medications reviewed at least quarterly with medications reduced or discontinued where appropriate.	

Change Idea #3 Modifications to Point-of-Care documentation made to better capture behaviours of those residents receiving psychotropic medications.

Methods	Process measures	Target for process measure	Comments
Specific questions added for each shift to capture i.e. hallucinations, delusions.	RAI will more accurately identify residents who qualify for these medications.	This indicator will decrease.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of documented occupational musculoskeletal injuries to Pioneer Manor staff.	C	Number / Staff	Other / calendar year	95.00	95.00	In review of past data, noted that numbers ranged from 118 to 167 annually pre-COVID. Recent results reflect an improvement over those years and that, during COVID, incidents went down when extra staff were deployed to the home and likely provided some relief to staff.	

Change Ideas

Change Idea #1 Health & Safety Facilitator notified of employees with repeated injuries and meets to review with them circumstances/factors playing a role in injury including body mechanics, policy, OT hours/fatigue.

Methods	Process measures	Target for process measure	Comments
Claims & Rehabilitation Staff will inform Facilitator of such employees	Staff with repeated occupational musculoskeletal injuries.	Number of staff with repeated MSK incidents will decrease.	

Change Idea #2 Health & Safety Team distributes a monthly bulletin to staff. Topics relating to prevention of musculoskeletal injuries are featured regularly.

Methods	Process measures	Target for process measure	Comments
Bulletin received and distributed to all staff.	Staff have access to information.	H&S Team maintains records of bulletins created and distributed.	

Change Idea #3 For injuries resulting from resident action, Supervisor completing Occupational Incident Report will be asked to ensure the resident is referred to the BSO Team if not already on their caseload.

Methods	Process measures	Target for process measure	Comments
Referral made at time of incident.	Residents at risk of harming themselves or others will be assessed by the Behaviour Supports Ontario team.	Residents with responsive behaviours will see a decrease in their agitation scale following intervention.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Staff turnover rate for all permanent staff, all classifications i.e. sum of all resignations versus all hires.	C	Number / Staff	Other / 2025	12.09	10.00	Target is based on improving our performance over last year and the year prior. Breakdown is 777 employees in 2024 with 95 exits.	

Change Ideas

Change Idea #1 ONA contract to be reviewed this year, likely resulting in pay increases that will continue to attract high quality Registered Nurses.

Methods	Process measures	Target for process measure	Comments
Remain competitive in relation to salary in LTC within the City of Greater Sudbury.	Our pay rates will remain better than those of other LTC Homes and comparable to that of our large regional hospital.	Compare against salary data among local LTC Homes.	

Change Idea #2 Continue with the use of the voluntary exit survey for staff who leave.

Methods	Process measures	Target for process measure	Comments
Continue to work with Human Resources to ensure staff exiting are offered the opportunity to complete an anonymous survey to provide data that may help explain voluntary exits.	Surveys will be received with aggregate data made available to our LTC Home.	To receive reports on a quarterly basis.	This was initiated in fall of 2024 but only 1 survey was received so far.

Change Idea #3 Address comments received through exit surveys and our in-house Staff Survey.

Methods	Process measures	Target for process measure	Comments
Identify common themes that may assist in identifying what keeps employees engaged and what may discourage them and make worklife less satisfying.	Review with the Quality Committee.	Identify actions to address themes and begin to implement before year end.	

Change Idea #4 Continue use of the Supervised Practice Experience Program (SPEP) to attract nurses.

Methods	Process measures	Target for process measure	Comments
Through the College of Nurses of Ontario, we give nurses returning to practice the opportunity to complete a placement with us in order to qualify for registration. The hope is that candidates accessing this program will be incentivized to later apply for work with us.	Proportion of nurses who participate in the SPEP at Pioneer Manor who then choose to apply for work here.	100% of staff will choose to stay on, as was the case in 2024.	

Change Idea #5 Community Commitment Program for Nurses (CCPN)

Methods	Process measures	Target for process measure	Comments
Through Healthforce Ontario, we offer nurses who have not worked recently or are new graduates, a \$25,000 bonus if they accept employment with us and commit to 2 years full time. In addition to the bonus, there is a \$10,000 top-up and \$10,000 northern relocation grant.	Proportion of nurses who accept employment through the CCPN who choose to stay on after the initial commitment period.	80% of candidates who use this program will remain after the 2 year period. In 2024, 10 placements took place. 3 individuals left before completing the placement, 1 stayed, and the remaining 6 are still in their initial commitment period.	

Change Idea #6 Continue to access the Rehabilitation Progressionals Incentive Grant Program.

Methods	Process measures	Target for process measure	Comments
Through this program for northern communities, we attract full time professionals such as Occupational Therapists, Physiotherapists. The grant provides applicants up to \$5000 each year for up to 3 years if they accept an offer of full time employment.	Proportion of staff recruited through tis program who then choose to stay beyond the initial 3 year grant period.	100% will stay on. We have 3 rehabilitation staff in this program, but none of them have hit the 3 year mark yet.	

Change Idea #7 Building a Collaborative and Resilient Workplace Training may assist in modifying the culture by enhancing communication, cultivating respect and professionalism, navigating cultural and generational differences, preventing burnout, fostering resilience, and enhancing leadership engagement and visibility.

Methods	Process measures	Target for process measure	Comments
Staff training, at all levels.	Attendance records will provide documentation that required education has been completed.	All staff will be provided the opportunity to receive this training over the next few years.	