

Committee of the Whole Meeting Agenda

Consolidated as of November 1, 2019

**Monday, November 4, 2019 – 1:30 p.m.
Council Chambers, Guelph City Hall, 1 Carden Street**

Please turn off or place on non-audible all electronic devices during the meeting.

Please note that an electronic version of this agenda is available on
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Changes to the original agenda have been highlighted.

Call to Order – Mayor

Disclosure of Pecuniary Interest and General Nature Thereof

Authority to move into Closed Meeting

That the Council of the City of Guelph now hold a meeting that is closed to the public, pursuant to The Municipal Act, to consider:

CS-2019-90

Wellington-Dufferin-Guelph Public Health Amalgamation Planning

Section 239 2(c) and 2(i) of the Municipal Act subject to a proposed or pending acquisition or disposition of land by the municipality or local board and a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization.

Employee Relations and Staffing Update

Section 239 2(b) and (d) personal information about identifiable individuals and employee relations and labour negotiations

Open Meeting - 2:00 p.m.

Mayor in the Chair

Closed Meeting Summary

Staff Recognitions:

1. Ontario Municipal Law Enforcement Long Service Medal: 15 years
Ontario Municipal Management Institute - Certified Municipal Manager Level 1
Kevin Way, By-law Compliance Officer
2. Governor General of Canada's Emergency Medical Services Exemplary
Service Medal for providing 20 years of exemplary paramedic services
Gar FitzGerald, Paramedic, Guelph-Wellington
John Kirkconnell, Retired Paramedic, Guelph-Wellington

Presentation:

1. Integrating Youth Services Network, Guelph and Wellington County
Cyndy Moffat Forsyth, Volunteer, Rotary Club of Guelph

Consent Agenda – Audit Services

Chair – Councillor Allt

The following resolutions have been prepared to facilitate Council's consideration of various matters and are suggested for consideration. If Council wishes to address a specific report in isolation of the Consent Agenda, please identify the item. It will be extracted and dealt with separately as part of the Items for Discussion.

CAO-2019-18 Internal Audit Work Plan – 2020-2022

Recommendation:

That report CAO-2019-18, Internal Audit Work Plan – 2020-2022, dated November 4, 2019 be approved.

CAO-2019-17 Court Services Cash Handling Audit Report

Recommendation:

That report CAO-2019-17, Court Services Cash Handling Audit Report dated November 4, 2019 be received.

Items for Discussion – Audit Services

The following items have been extracted from Consent Agenda and will be considered separately. These items have been extracted either at the request of a member of Council or because they include a presentation and/or delegations.

CS-2019-30 2019 External Audit Plan

Presentation:

Matthew Betik, Partner, KPMG

Recommendation:

That report titled 2019 External Audit Plan dated Monday, November 4, 2019 and numbered CS-2019-30 be received.

Service Area Chair and Staff Announcements

Consent Agenda – Public Services

Chair – Councillor Hofland

The following resolutions have been prepared to facilitate Council's consideration of various matters and are suggested for consideration. If Council wishes to address a specific report in isolation of the Consent Agenda, please identify the item. It will be extracted and dealt with separately as part of the Items for Discussion.

PS-2019-23 Allocation of New Buses

Presentation:

Colleen Clack, Deputy Chief Administrative Officer, Public Services
Robin Gerus, General Manager, Transit Services

Delegation:

Morgan Malinski (presentation & petition)
Justine Kraemer, Transit Advisory Committee

Correspondence:

Steven Petric, Chair/President, Transit Action Alliance of Guelph

Recommendation:

1. That the capital funding for the five buses approved as part of the 2019 budget be amended and funded as follows: \$1.67 million from the Transit Development Charge Reserve Fund, and \$1.046 million from the City Building Reserve Fund.
2. That the allocation of the five buses and the total annual net operating impact of \$1.72 million be referred to the 2020 operating budget for approval on December 3, 2019.

Items for Discussion – Public Services

PS-2019-24

Harm Reduction Housing Update

(extracted from the October 11, 2019 Items for Information as requested by Councillor Bell)

Councillor Bell will speak to this item.

Delegation:

Adrienne Crowder, Manager, Wellington Guelph Drug Strategy (presentation)

Service Area Chair and Staff Announcements

Consent Agenda – Corporate Services

Chair – Councillor MacKinnon

The following resolutions have been prepared to facilitate Council's consideration of various matters and are suggested for consideration. If Council wishes to address a specific report in isolation of the Consent Agenda, please identify the item. It will be extracted and dealt with separately as part of the Items for Discussion.

CS-2019-26

2019 Second Tri-annual Capital Variance Report

Recommendation:

That the report CS-2019-26, titled 2019 Second Tri-annual Capital Variance Report and dated November 4, 2019, be received.

Items for Discussion – Corporate Services

The following items have been extracted from Consent Agenda and will be considered separately. These items have been extracted either at the request of a member of Council or because they include a presentation and/or delegations.

CAO-2019-19

Transparency and Removal of Barriers Related to Non-Council-appointed Working Groups

Delegation:

Lin Grist

Recommendation:

1. That the terms of reference, agendas and meeting minutes for all non-Council-appointed working groups be shared on project webpages; that the names of organizations represented by participants on working groups be listed in meeting agendas and minutes; and that participants—whether representing an organization or participating as a private citizen—be given the choice as to whether they wish their name included on publicly posted agendas and minutes.

2. That the definition of 'committee' in section one of the Procedural By-law (2018)-20352 be amended in accordance with report CAO-2019-19, dated November 4, 2019.

CS-2019-78

Guelph General Hospital Capital Funding Request

Presentation:

Gavin Webb, Guelph General Hospital Vice-President, Finance and Chief Information Officer

Melissa Skinner, Vice-President, Patient Services and Chief Nursing Executive

Delegation:

Samir Patel

Liz Hewitt

Ian Digby

Susan Honeyman

Correspondence:

Ian Digby

April and Jenn Yochim

Mary Cameron

Angela Brnjas

Susan Watson

Alex Ferguson

Recommendation:

That the request for capital funding from the Guelph General Hospital be referred to the 2020 Tax Supported Budget deliberations set for Tuesday December 3, 2019.

Service Area Chair and Staff Announcements

Adjournment



Support for Bus Service in Hanlon Creek Business Park

NOVEMBER 4, 2019

Who is Represented by This Delegation?

16 local businesses employing more than 500 employees in the Cooper Drive and Hanlon Creek Boulevard area support the extension of bus service to the area.

- ▶ Ontario One Call
- ▶ Woodlawn Furniture
- ▶ Woodhaven Furniture
- ▶ The Zone Training
- ▶ Jam School
- ▶ Mirexus
- ▶ Defy Sports Performance & Physiotherapy
- ▶ Escarpment Laboratories
- ▶ RLB LLP
- ▶ Cooper Construction/CPM Facility Management
- ▶ BSG
- ▶ PiVAL International Inc.
- ▶ Hantover Canada
- ▶ Good Leaf Farms
- ▶ Ranlab Properties
- ▶ Cooperators

Current Challenges

Top 3 challenges faced by local businesses as a result of lack of public transit to the area include:

1. Recruitment & retention
2. Impeded growth
3. Health and safety



Ridership Potential

- ▶ 28% of employees currently use the bus
- ▶ 82% of employees stated they would use bus service if it were extended to the area
 - ▶ 1-5 times per week = 49%
 - ▶ 6-10 times per week = 33%
 - ▶ 11-15 times per week = 11%
 - ▶ Remaining respondents selected 'Other' or 'Prefer not to answer'



Health & Safety Risk



Health & Safety Risk



Summary

- Current conditions are treacherous
- Expansion is coming
 - More trucks
 - More heavy equipment
 - More traffic
 - More people
- Tragedy is more likely than not!
- Vote to prevent the injury (or worse) of your constituents



Petition

To the councilors and mayor of the City of Guelph:

WHEREAS

We the undersigned petition the City of Guelph as follows:

To extend bus service across the Laird Road overpass by 2020, the extended bus service to include service to Cooper Drive and Hanlon Creek Boulevard. In addition, we sign this petition to construct sidewalks on both streets to ensure the safety of our employees and customers.

278 Signatures were received.



Friday, November 1st, 2019

Re: Allocation of New Buses - PS-2019-23

Overall, we're pleased that Guelph Transit has decided to allocate the new buses toward areas that have rising demand as opposed to allocating all them toward only the community bus route.

We are especially in support of the plan to partly stabilize the 99 Mainline with an additional bus during peak University of Guelph times, however, we would have preferred Option #1, which would benefit transit riders the most throughout the day. As indicated in the report, these options will not fully stabilize the 99 Mainline, but would alleviate schedule issues during the most congested periods of time.

We recommend that fully stabilizing Route 99 Mainline should be a top priority for Guelph Transit. As the anchor route for the system, it must become more reliable and predictable for all riders. We recommend that the city and Guelph Transit utilize all tools available to them such as implementing transit priority measures, adding additional frequency during peak times, and reviewing the bus stop spacing to eliminate bottlenecks. As this is a high frequency and ridership route, it is of great importance that this route is stabilized as it is key to achieving a more frequent, affordable, and accessible transit system.

The two spare buses are very important within our transit operation and we are in total agreement with Spare Bus Ratio option being presented in the report.

We are also pleased with the expansion into the Hanlon Creek Business Park with Route 19. While this is ahead of Guelph Transit's schedule, we believe it is important that access be provided to all areas of our city. We encourage Guelph Transit to consider ways to better connect this route to the perimeter route and other routes to the north.

We agree in principle with the new community route adjustments and the addition of another bus. Re-branding the route as a regular route is a step in the right direction to gaining additional ridership and visibility. The current proposed times do extend access to more days of the week, however, it does not provided enough frequency or service

hours to draw a substantial increase in ridership. Expanding the weekday service hours to a 12 hour day, from 7 am to 7 pm, would make the route more attractive and accessible to more riders as would an increase in the frequency. The design of the route is complex and not easily accessible to everyone. We believe this route must be looked at in the broader Transit Strategic Plan for more efficient and affordable route design options.

As we look ahead toward the Guelph Transit Strategic Plan, we want Council and Guelph Transit to recognize that these proposed changes may need to be adjusted or even scrapped in favor of better route planning. As mentioned on Page 22 of the Transit Business Service Review, our city will need to determine the goal of our transit system through a comprehensive route review and ridership demand analysis to identify future network structure options, with routes and service frequencies. According to Guelph Transit's work plan, this will occur in 2020.

Over the last few years, we have seen many Transit Routes that have been tinkered and tweaked so much, that it's more reflective of a fear of losing the status quo than actually taking the bold step to make the system more frequent and easier to use.

Instead of focusing on individual routes, what can drastically alter the discourse of public transit in Guelph is talking about trade-offs. Good transit planning is always about understanding and accepting that there are trade-offs. With limited resources, there are only so many people and only so many places can be served effectively and efficiently by public transit. But, before discussing which route goes where, what we first should be focusing on is how much of the limited resources do we want dedicated to doing one thing over another.

With that in mind, here are some major transit trades-offs:

Coverage Services vs. Ridership Services

- *Coverage service* is designed to provide a basic level of service to as many neighbourhoods as possible.
- *Ridership (Utilization) service* is designed to attract a large number of riders.

Transfer Based Network vs. Direct (Single Seat) Network

- *Transfer based networks* are able to move people to and from places more efficiently, but require transfers to do so, which can be inconvenient depending on distance travelled and route frequency.
- *Direct (Single Seat) networks* are able to move people to and from places without having to get on and off different vehicles.

Route Length vs. Route Frequency

- *Longer routes* can serve more people along the line, but require more resources to remain frequent. Double the route length, double the number of vehicles required to keep the frequency the same.

- *Shorter routes* are more frequent and are not as prone to delays, but will require transfers to go longer distances.

Peak Service vs. All Day Service

- *Peak service* can handle large influxes of riders at the same time. But vehicles cannot be used throughout the day in other places.
- *All day service* is more consistent and easier to understand, but vehicles may have capacity issues at peak times.

Each of these trade-offs form the major choices as to how resources are allocated across a transit system. They are mutually exclusive, but not mutually incompatible. For example, it's possible to have a transit network with 60% ridership service and 40% coverage service, with a mix of transfer-based, high-frequency, all day service routes and peak-hour only, direct service routes. But the parameters of this system must first be clearly defined and then must be adhered to.

While we are supportive of the business cases and forecasts for increasing the frequency on Route 8 and Route 20 and adding service to cover the Hanlon Creek Business Park with Route 19, we feel it is important that we establish the principles and identify the pillars to shaping the future transit network first by having the conversation on trade-offs before the some of these recommendations are fully implemented.

Thank you.

Steven Petric

Chair/President

Transit Action Alliance of Guelph

taaguelph@gmail.com




Harm Reduction Housing Project

Guelph City Council, Nov 4, 2019

Proposed Harm Reduction Housing Project

- 10 modular housing units - affordable and sustainable for people living on social service housing allowances
- One unit will be an on-site office
- Units will serve clients currently on the By-Name List and be overseen by the Co-ordinated Access process
- Project qualifies for CMHC Co-Investment fund – 15% grant, 85% low interest loan
- Units meet or exceed regulations for accessibility and energy efficiency
- Low repair costs and maintenance costs

Progress in 6 Key Areas since August, 2019

- 
- 2 sites have been identified
 - Discussions with 3 potential proponents have occurred
 - Private funding sources have been identified and are being explored
 - Modular homes that meet Ontario Building Code requirements have been located
 - Per unit costs have been reduced
 - Amazing community support from professionals offering expertise pro bono, service providers offering support, private donors, volunteers

Operating Costs – What we know to date

Annualized Incoming \$

Annualized Revenue from Rental Income (9 rental units and 1 service unit):

Min = \$42,120 (\$390/mo.*)

Max = \$53,676 (\$497/mo.*)

* Min is based on OW monthly housing allotment and max on ODSP housing allotment

Possibility of rental supplements from County of Wellington

Annualized Outgoing Costs

Annualized projected costs of \$24,000 (\$200/mo. per unit) and includes:

- Heat
- Hydro
- Water
- Taxes

Leaving \$18,120-29,676 for

- Site Maintenance
- Repairs
- Financing costs

Business Plan – What we know to date

Costs

Start Up Costs:

Unit Costs:

- \$50,000/unit (internal, external container costs)
x 10 = \$500,000

Site costs:

- Permits, Developer charges, etc. = \$100,00

Land costs:

- City land – lease
- Private purchase = \$500,000

Total Anticipated Cost:

- City provides land = \$600,000 + lease costs
- Private land purchase = \$1,100,000

Potential Revenue Sources

CMHC

Private Donors

City of Guelph

Other Funding Sources

- GCF – community donations
- Private Foundations

Total contribution from each source varies on source of land, ability of proponent to leverage equity, etc.

Maximum request to City of Guelph currently estimated at \$600,000.



#1 - Request to Guelph City Council

We request that City Council direct City of Guelph Staff to investigate the 2 identified sites, reporting back on their suitability (re. environmental issues, zoning processes, etc.) for Harm Reduction Housing



#2 – Request to Guelph City Council

We request that City Council consider adding funds to the affordable housing reserve in the next budget cycle so that social and affordable housing projects can access up to \$600,000 of municipal funding.

Mayor Guthrie, Members of Council and City Staff,

Thank you for the opportunity to speak about funding for the Guelph General Hospital renovation. You received a very compelling delegation from the Hospital about the need for a redesigned and improved facility. I want to speak briefly about the human impact of our current situation and what this renovation means to our patients and to hospital staff.

I have worked at GGH as an Emergency Physician for over 17 years. In this time our hospital has experienced a dramatic change in what we do and how we do it. The Guelph population has grown dramatically over this time, and we've seen a demographic shift so that our patients are now older, more complex and often more ill. Add to this new technologies and procedures and our Emergency is now doing much more work for more people.

We are proud of our standing as the 7th best hospital in Ontario for ED patient flow, but it has been very challenging to maintain our service in a small physical space. We use every square foot of our facility for some purpose which means we must regularly move patients around and innovate on the spot to get what we need done.

Most days there are patients on stretchers in the hallway. This can be distressing to a young child or an elderly person who has come for a health condition. They are exposed to everything going on around them and can't get the privacy they deserve.

Our mental health and addictions space is almost always at capacity or over capacity, despite a significant investment from all partners to make this service effective and efficient. This means our patients have limited or no privacy and there is a constant jostling to find a place to interview the next person. This has a tremendous impact on someone presenting with a mental health issue who needs a sense of safety and stability.

The proposed renovation will have a huge impact on how we do our work. There will be more space – and better space – in the Emergency which will improve privacy, infection control, new innovations in how we flow patients, and allow overall better care. The expansion of Mental Health and Addictions Services will increase privacy, safety and dignity and give a better chance for healing. New equipment and technologies will allow us to work better and with higher quality results. These are important upgrades that will have a huge impact on how GGH functions going forward.

I wish to recognize the Hospital Staff and Administration who have worked so hard to meet our patients' needs while maintaining high quality care, keeping wait times short and get everyone through the tests and treatments they need. Every day it feels like we accomplish a bit of a miracle to manage our patient's complex needs and maintain dignity as best we can. We are a great team and it is a fantastic place to work.

Mayor Guthrie and Members of Council and City Staff, I urge you to support the Hospital's request and to advocate wherever possible for the Province to move this project forward.

Thank you,

Dr. Ian Digby, Emergency Physician, Guelph General Hospital

From: April Yochim

Subject: Desperate need for funding for the Guelph General SCN

Mayor Cam,

I write this as I sit here in Guelph's Special Care Unit, holding my tiny, beautiful brave two week old son who arrived 8 weeks early at 4lbs and 10oz. I saw your tweet on funding for the Guelph general and asking council for 4.5 million for renovation to the hospital including renovations to the SCN and nothing has ever hit home with me more than this news article that I read while I literally watch the nurses perform magic here in this tiny space with outdated equipment. Our journey of our unexpected hospital tours of Guelph then McMaster, then Grade River and then back to Guelph started in September. We arrive back in the Guelph SCN yesterday after two transfers for our little guy. Upon walking into the SCN my wife and I were apprehensive after coming from such facilities as Grand River and McMaster. It was clear that the SCN facility was in much need of some TLC - right from the equipment that keeps these beautiful babies thriving to simply a place for families to take a break and have a bite to eat, a important thing that often gets skipped at these times. Please know that I am in know way saying that the care at the SNC is sub - par ... in fact it is quite the opposite, seeing the nurses work their magic with less than is an impressive site. I am writing because this is such an important renovation to make happen and I want/need people/councillors to hear the stories of NICU/SCN parents and families because I assure you that if they do there would be no doubt in their minds that this funding is imperative and so so needed. If there is another suggestion that you may have to get these stories heard I would love to hear it. Thank you for supporting this much needed funding!

With thanks,

April and Jenn Yochim

Please accept these written comments in support of the Guelph General Hospital Capital Funding Request, item CS-2019-78 on November 4, 2019 Committee of the Whole Agenda:

I am an ER doc at Guelph General Hospital. I have been practicing emergency medicine for 18 years, and have been at GGH since 2007. While I am proud of the care that we provide in the ER at GGH, I am scared that our department is nearing a tipping point. The overcrowding and lack of space have an impact on the care I am able to provide every single day. I might paint a picture with a few vignettes - while these aren't actual patients, they are a composite of patients I see all the time in my day to day work in the ER.

Anne

Anne is a lovely 86 year old woman who had a fall in the bathroom. She slipped and hit her head, resulting in a nasty goose egg and a cut that needs suturing. She is frail, but manages at home, and is the caregiver for her husband who has parkinson's disease. She arrives at midnight by ambulance and spends the night in the ER getting investigations done. She, unfortunately, is placed in a hallway bed right across from the main nursing station, and as a result, is exposed to the hustle and bustle of a busy ER, where the lights are never turned off and there is the constant chatter of nurses and doctors. Thankfully, her CT scan doesn't show any bleeding around the brain, and her cut is easily repaired. By morning time however, she is a different person - more confused and off balance. She isn't safe to be discharged home in this state and needs to be admitted to the hospital.

Anne is a victim of hallway medicine. Geriatric patients are very prone to developing delirium - a temporary confusion or agitated state - that can be triggered by medical illness or disturbances to the sleep routine. We doctors and nurses know this, and would have much preferred to have Anne in one of the quiet areas in the ER, where the lights are dimmed at night and where it is much quieter. Unfortunately, those beds were full with people who needed a monitor - like people who may have had a heart attack, or who are unwell with serious infections. While we abhor hallway medicine, we'd rather have Anne in the ER hallway than in the waiting room. In fact - our main department - where we care for the sickest patients was built with 21 beds. We have 'made do' and have found creative ways to squeeze more and more patients into a fixed space - creating up to 9 hallway spaces and putting 3 reclining chairs into a room that was built for one stretcher. Our 21 bed ER swells to accommodate up to 33 patients on busy days. Unfortunately, however, 9 of those patients are in the hall. Dignity is compromised and privacy is not ideal. Being a patient in the ER often means you are having one of the worst days of your life. Having to spend it in a hospital gown, in a busy hallway strips patients of their dignity. As a doctor, I often need to ask very personal questions - about your drug and alcohol use, about your sexual history, about whether you are safe at home. Can I trust your answers when our conversation takes place in a hallway? Can I properly examine you when you are in a hallway? We all know the answer to these questions is no, but again - better to see you in the hallway than to have you in the waiting room. Our population is growing and we are really feeling the strain. We desperately need more space to see patients in an environment that allows for privacy and dignity.

Keith

Keith has schizophrenia and is troubled by voices that are telling him that people are trying to kill him. He was brought in by police and he is agitated and angry and swearing and fighting. He believes that the police and doctors and nurses are all out to get him and he is terrified. He believes he is fighting for his life. It takes a team of nurses, security guards and doctors to safely administer medication to sedate him in order to protect him from harming himself or others. This is a mental health crisis. Thankfully he is in a secure room in the mental health area of the ER. After a flurry of activity with Keith yelling and fighting, there is calm as he sleeps, and his schizophrenia is brought under better control. He is in the mental health area of the ER, where patients are assessed, but what he needs is an in-patient mental health bed where he can be treated over the course of several days. Unfortunately, these beds are currently all full, so Keith spends 19 hours in the ER waiting for an inpatient bed to become available to him. Keith's ER stretcher is one of 3 officially designated for mental health patients. He was in that bed for 19 hours. We all knew within minutes of meeting him that Keith needed to be admitted. Had there been more capacity for our mental health patients, Keith could have quickly transitioned to an inpatient bed, and that ER stretcher, rather than occupying one patient for 19 hours, could have had over a dozen patients cycle through it to be efficiently and privately assessed for mental health and substance abuse issues.

We all know that mental health and substance abuse issues are more and more of an issue every day. We have added 3 hallway chairs to our 3 bed mental health assessment area. It is woefully under-sized for the volume of patients that we see, and our mental health and substance abuse patients very frequently occupy stretchers in the medical part of the ER. Unlike a patient with strep throat, mental health and substance abuse patients take a lot of time to assess and treat. In the ER, however, the more quickly we can get a mental health patient out of an ER bed - either to be admitted or to be discharged with outpatient supports, the more quickly we can then fill it again to see the next patient. When the system lacks capacity, things can grind to a halt. A mental health expansion is so desperately needed to support members of our community who are so vulnerable and in need of support.

Kate, Jonah and Barb

We were so busy focussing on Keith in his agitated and violent state that we didn't notice three other people. Kate, who was in the hall outside of Keith's room is 16 and is suffering from depression as she struggles with issues at school. Just down the hall - outside of the ER mental health area, but in plain sight of it - are two hallway stretchers. Barb is 65 and is having her abdominal pain sorted out. Jonah at 17 is a U of G student who just left home for the first time and is sick with a stomach flu. These people were all exposed to a frightening scene with Keith in the throws of a mental health crisis and the resulting response from hospital doctors, nurses and security to contain the situation. Kate, Barb and Jonah - as a result of their position in the hallway - also see every EMS stretcher that rolls through the door. When one checks into

the ER, one should not have to witness CPR in progress as EMS fly in through the ambulance bay. None of these things are 'normal' - however, hallway medicine and inadequate mental health space have very much made the scenes I describe above a part of everyday life in our ER.

We are a top performer among emergency departments in Ontario - ranking 7th out of 73 departments, and I am confident that we provide stellar medical care. This is thanks to the amazing people that I have the honour of working with, and our amazing ability to squeeze more and more patients into a finite space. None of us is proud of the fact that we care for patients in hallways. We want our patients to have dignity and privacy. However, we are coping using every trick and efficiency we can squeeze out of the system. As I said at the beginning - we are nearing a tipping point where our coping mechanisms are becoming overwhelmed. We urgently need an expansion to our emergency department and mental health area to cope with the needs of the citizens of this growing community. Please, do whatever you can, so that I can provide care to anybody who walks through the doors of my ER in a space that allows dignity, respect and privacy, because Anne, Keith, Kate, Jonah and Barb could just as easily be you, your spouse, your child or your parent.

Dr. Mary Cameron
ER Physician
Guelph General Hospital

From: Angela Brnjas

Subject: Guelph General Hospital Capital Funding Request

Please accept these written comments in support of the Guelph General Hospital Capital Funding Request, item CS-2019-78 on the November 4, 2019 Committee of the Whole Agenda.

I'd like you to take a moment to ask you to remember something you anticipated, something you were excited about, something you had waited for, dreamed about and planned for. Now imagine that event went completely different than you expected.

On July 24, 2018 my son Malachi was born. In all our preparations the main thing we said was that as long as our baby was healthy that was all that mattered. So, when he wasn't healthy, we were in shock. Moments after his birth he was plucked off my chest taken across the room where a swarm of pediatricians, nurses and midwives cared for him before whisking him out of the room. It was hours before I saw him again. I sent my husband to follow him, and I stayed to be stitched up and cared for myself, all the while not knowing what was wrong with my son, and if he was going to be okay. I sat in my hospital bed and cried. I didn't even know what he looked like.

Thankfully we had an amazing team of midwives and nurses who quickly came and gave me updates, including some pictures they snapped of him in his incubator.

It turns out Malachi was born with an infection and a severe case of jaundice. He required 5 days of IV antibiotics and 2 rounds of photo-therapy. He was cared for in the Special Care Nursery at Guelph General Hospital. The care Malachi received was incredible, and the nurses were wonderful to me. However, since I was healthy, I was discharged after 24 hours. Luckily for me there was an empty bed in the Mother's ward room. Unfortunately that room is for mothers only, and my husband wasn't able to stay with us at the hospital. Every night when he had to leave it felt like our family was being torn apart.

In order to be with my son I had to sacrifice comfort and my own recovery. I sat with him and held him in a hard chair all day long. I had none of the comforts of home. There was no couch to put my feet up on, no kitchen to prepare healthy meals for myself, and no place to have visitors and show off my beautiful new baby. The worst thing though, was the lack of privacy. The only thing separating us and the other families in the SCN were thin curtains. You could hear everything that was happening. I remember one evening all I wanted to do was have my husband hold me while I cried, with no one else around listening. There wasn't a place for us to do that. And there should be. Our new family was formed the day Malachi was born, but we weren't able to truly be a family until we came home from the hospital.

Please support vulnerable newborns and their families by supporting the redevelopment of the Special Care Nursery.

Thank you,

Angela Brnjas

From: Susan Watson

Subject: Impact of LTC bed/PSW shortage on hospital healthcare

Mayor Guthrie and Members of Council:

In your deliberations around financial support for the Guelph General Hospital, I would like you to be mindful of one of the key root causes of the current stress on hospital health care - the lack of long-term-care beds and a looming shortage of personal support workers.

This is yet another example of problems at the Provincial level being downloaded onto municipalities.

A key report was just released on October 30th by the Financial Accountability Office of Ontario:

<https://toronto.ctvnews.ca/mobile/it-will-get-worse-ontario-faces-long-term-health-care-crunch-1.4662243?cache=yes?ot=AjaxLayout>

Hallway health care 'will get worse'

Weltman's report notes that the wait time for a long-term care bed is a "significant contributor" to hallway health care in Ontario -- patients waiting for a long-term care bed often occupy a hospital bed, which leads to a backlog in the emergency room.

The FAO warns that as the waitlist continues to grow for a long-term care bed, the effects on hallway health care could be drastic.

"In the absence of other health sector changes, the problem of hallway health care will get worse over the next two years," the report states.

Another very serious issue is the looming shortage of Personal Support Workers.

Christine Elliot was on the hot seat around this issue:

<https://www.cbc.ca/news/canada/ottawa/health-homecare-queens-park-question-period-1.5342562>

An Ottawa woman has been stranded in hospital for almost 2 years because of a lack of PSWs:

<https://www.cbc.ca/news/canada/ottawa/health-hospital-personal-support-workers-home-care-1.5338136>

While the requested \$4.5 million for the hospital may be needed and justified, it will be a drop in the bucket if these larger problems are not solved by the Province.

Sincerely,
Susan Watson

From: Alex Ferguson
Subject: GGH Funding Request

Please accept these written comments in support of the Guelph General Hospital Capital Funding Request, item CS-2019-78 on the November 4, 2019 Committee of the Whole Agenda.

My Name is Dr. Alex Ferguson and I am the Chef of the Emergency Department at Guelph General Hospital. While many of you have come to see our ER recently, and know first hand the challenges we face, I hope to highlight for you the most critical issue that we face and how you, as our local government can help us. I'm sure you have reviewed the information provided to you by the Foundation and realize that our ED is efficient and recognized as a top 10 performer in the province in wait times, and that we contribute to an overall safe and efficient hospital. I am sure that we provide stellar care and are constantly striving to do better for our patients.

Perhaps what you don't realize is that we do all of this in spite of our physical size. Our #1 source of frustration is the size of our emergency room. We operate in a physical space designed for THOUSANDS of patients less than we are seeing now. And this is only going to get worse as our volumes climb and our patients become more complex and our population ages (which is a significant trend we see each year). These factors are all contributing to a space which is overwhelmed. The size of our ED poses risk to our patients. It makes some infectious control practices exceptionally difficult, contributes to delirium in our most vulnerable seniors, makes privacy more difficult to ensure for everyone, makes it difficult or impossible to unload ambulances as they arrive, and makes us normalize "hallway medicine" in order to provide care.

Our staff, the nurses, doctors, social workers, mental health workers and other staff, are the most amazing and committed group of people that I have ever had the privilege to work with. We have accomplished so much in the space that we have. but we have reached the most we can do in this space. While we wish to continue to provide the right care to the right patient and the right time, we fear that we will fall behind in our ability to do so because of the space we have. We need a larger and updated ED to assist with the care we provide and the increasing volumes that we are facing. This renovation will help us decrease our reliance on hallway beds in the ER and aid us in providing more dignified and private care. It will help us give seniors, kids and mental health crisis patients safer and more private places to be seen and treated. This renovation will also help us manage and prevent the physician burnout to which the size of our ED is a major contributing factor.

I hope that you will hear the representatives, read our testimonials, and reflect on the time you have been in our ED. If you have not seen, or would like to see again the struggles we face that are directly attributable to our physical space, please don't hesitate to reach out and arrange a tour of our emergency department. We desperately need more and better space to treat our patients. We represent the

safety net for our whole community and we provide efficient, effective, compassionate and amazing care to the increasing number of people who need emergency treatment. In order to continue this trend and meet the increasing demands placed upon the ED, we need to adapt, expand, and improve our physical space in order to give the amazing people who work in the ED what they need to provide the citizens of Guelph and surrounding areas the ED experience that they deserve.

Thank you for your time,
Sincerely
Alex

Alex Ferguson MD CCFP-EM
Emergency Physician
Chief of the Emergency Department
Guelph General Hospital