

The Corporation of the Town of Tillsonburg Community Health Care Advisory Committee Meeting AGENDA



Wednesday, October 30, 2024

12:00 PM

Electronic Meeting

1. **Call to Order**

2. **Closed Session**

Proposed Resolution #

Moved By: _____

Seconded By: _____

THAT the Community Health Care Committee move into Closed Session to consider the following:

2.4.1 Health Care Professional Recruitment Coordinator Update

239 (2) (i) 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

2.1 Adoption of Agenda

2.2 Disclosures of Pecuniary Interest

2.3 Reports

2.3.1 Health Care Professional Recruitment Coordinator Update, Town Staff-24-006

3. **Adoption of Agenda**

Proposed Resolution #

Moved By: _____

Seconded By: _____

THAT the Agenda as prepared for the Health Care Advisory Committee meeting of Thursday, October 10, 2024, be adopted.

4. Disclosures of Pecuniary Interest and the General Nature Thereof

5. Adoption of Minutes of Previous Meeting

Proposed Resolution #

Moved By: _____

Seconded By: _____

THAT the minutes of the Community Health Care Advisory Committee of September 3, 2024, be approved.

6. General Business and Reports

6.1 Nurse Practitioner - TDMH Update

6.2 COMPASS Proposal - T. Martins

6.3 Temporary Clinic - T. Martins

Moved By: _____

Seconded By: _____

THAT the Community Health Care Committee recommends to Council:

a. THAT the remainder of funds in the Physician Recruitment Reserve for 2024 in the amount of \$60,000, subject to no additional physicians being eligible for funding in 2024, be used towards supporting the opening of a temporary walk- in clinic; and

b. THAT \$140,000 be requested as part of the 2025 budget deliberations to fund the remainder of the temporary walk-in clinic.

6.4 Oxford County Family Medicine Program - T. Martins

6.5 Resolution Re: Healthcare Sector Wage Gaps - T. Martins

6.6 Update to Tillsonburg Post - N. Facca

7. Resolutions from Closed Session

8. Information Items

8.1 Oxford Ontario Health Team Strategy Update - T. Martins

9. Next Meeting

10. Adjournment

Proposed Resolution #

Moved By: _____

Seconded By: _____

THAT the Health Care Advisory Committee meeting of Thursday, October 10, 2024 be adjourned at _____ p.m.

The Corporation of the Town of Tillsonburg

Community Health Care Advisory Committee Meeting

MINUTES



Tuesday, September 3, 2024
12:00 PM
Electronic Meeting

ATTENDANCE: Mayor Deb Gilvesy
Deputy Mayor Dave Beres
Councillor Kelly Spencer
Nadia Facca
Teresa Martins
Pauline Markus, NP
Zach Buchner, Chamber of Commerce Representative

Regrets: Mike Bastow
Dr. John Andrew
Dr. Clay Inculet
Dr. Will Cheng
Dr. Mohammed Abdalla

Staff: Laura Pickersgill, Executive Assistant

Regrets: Kyle Pratt, Chief Administrative Officer

1. Call to Order

The meeting was called to order at 12:01 p.m.

2. Welcome New Members

The new members were welcomed to the Committee.

3. Adoption of Agenda

Resolution # 1**Moved By:** Mayor Gilvesy**Seconded By:** Councillor Spencer

THAT the Agenda as prepared for the Health Care Advisory Committee meeting of Tuesday, September 3, 2024, be adopted, as amended with the addition of item 6.5.

Carried**4. Disclosures of Pecuniary Interest and the General Nature Thereof**

No disclosures of pecuniary interest were declared.

5. Adoption of Minutes of Previous Meeting**Resolution # 2****Moved By:** Mayor Gilvesy**Seconded By:** Councillor Spencer

THAT the minutes of the Community Health Care Advisory Committee of June 18, 2024, be approved.

Carried**6. General Business and Reports****6.1 Roulstons Pharmacy Clinic Space - Laura P**

The Committee by consensus agreed that it would be beneficial for the Town to advertise this available space on our website and social media channels.

Staff to confirm if this opportunity comes with administrative staff or if the practitioners are required to hire their own administrative staff.

6.2 AMO Delegations Debrief - Ministry of Health and Ontario Medical Association

Deputy Mayor Beres and Councillor Spencer provided a summary of the delegation meetings with the Ministry of Health and Ontario Medical Association at the AMO conference.

The Committee passed the following resolution. As part of this, it was suggested that staff reach out to Tourism Oxford to obtain a list of

attractions they offer in and around the Town. Nadia will provide a list of popular swag items for health care professionals recruitment. Nadia will confirm with Dr. Incullet if there are any more anticipated hires in 2024 for physicians to determine approximately how much unused funding may be available to purchase promotional materials.

It was suggested that promotional packages be put together about the Town for the health care recruiter.

T. Rowland provided an update on available space in her associated FHO.

Members offered to assist with going to recruitment fairs for health care professionals should it be required.

Resolution # 3

Moved By: Nadia Facca

Seconded By: Pauline Markus

THAT the Community Health Care Committee recommends to Council that the shifting of unused funds from the Physician Recruitment budget line be used for the purpose of purchase promotional materials for the purposes of attracting health care professionals to the Town of Tillsonburg.

Carried

6.3 Health Care Recruiter Update - Nadia F

N. Facca provided an update on the work done to-date from the Health Care Recruitment Coordinator.

N. Facca and K. Pratt to discuss further details regarding this position.

6.4 Committee Membership Discussion - Nadia F

The Committee by consensus agreed that Mike Bastow is no longer needed to be a member on the Committee.

Laura will consult with the Chamber about the addition of a second voting member.

6.5 Oxford OHT Strategic Update

T. Martins provided an update on the strategic priority session items through Oxford Ontario Health Team in regards to Tillsonburg.

7. Information Items

These items were reviewed for informational purposes.

7.1 Primary Care Resource

This item was shared for information.

7.2 Huntsville Signing Bonus Article

This item was shared for information.

7.3 Article - OHIP pays family doctors just \$37.95 a visit. No wonder so many are quitting

This item was shared for information.

7.4 Article - 'Arms Races' to attract doctors are straining Ontario municipalities

This item was shared for information.

8. Next Meeting

December 3, 2024 12:00 p.m.

9. Adjournment

Resolution # 4

Moved By: Nadia Facca

Seconded By: Pauline Markus

THAT the Community Health Care Advisory Committee meeting of Tuesday, September 3, 2024 be adjourned at 1:05 p.m.

Carried



Working together to build a stronger, healthier community for all

Community Health Care Committee

Town of Tillsonburg

October 30, 2024

Teresa Martins (she/her)
Executive Director

2024 STRATEGIC 2027 DIRECTION



Priorities

1. Create and Sustain Integrated, Comprehensive Team-Based Primary Care Across Oxford

2. Strengthen and Expand our OHT Partnership

In 2024/2025, we will:

- Establish a clinic for citizens without primary care
- Plan for expanded, funded team-based primary care in Tillsonburg
- Develop and execute a work plan to implement the palliative model of care for adults in the community
- Co-design an integrated, community-based addictions and mental health service program
- Advance the Primary Care Network to inform and champion OHT decisions and initiatives
- Improve Board-to-Board communication and engagement
- Facilitate Diversity, Equity, Inclusion and Cultural training for all partnership providers
- Increase and diversify community member representation within OHT leadership, planning, and decision-making

Enablers

The necessary components that will help us reach our goals and support our shared purpose:



Digital Technology



Privacy Protection



Data Insights



Healthcare Workforce

- The retirement and relocation of multiple Tillsonburg primary care physicians has left many residents without access to primary care
- Lead to broad impacts across our local health care system including, but not limited to:
 - Increasing Emergency Department visits
 - Increasing 911 calls,
 - Increasing Alternative Level of Care rates
- As such the Oxford OHT’s immediate objective is to work collaboratively with the Family Physicians of Tillsonburg to establish a clinic for unattached patients
- The clinic is one component of a larger strategy to increase the capacity of primary care in Tillsonburg

Larger Strategy

- Partners are working together to co-design a three-pronged plan to increase the capacity of primary care
- Establish a system of robust team-based care that will benefit all Family Physicians in the community, draw and retain new physicians to the area, and serve as the example to spread and scale across Oxford.

Episodic Care

Offering in-person appointments at a clinic or at home, depending on needs of patient

Expansion of NPLC

Offering attachment to holistic, birth to death, team based primary care provision

Expanding Team-Based Care to Community

Offering team-based care services to local primary care physicians

Status: submitted an unsolicited proposal; currently working with our funders to refine the proposal as we await any available funding

Establishing a temporary clinic for unattached patients Page 11 of 44

Short-term Aim:

Optimize existing system resources and pull together the funds and health human resources required to establish a temporary clinic

Temporary Clinic will support Tillsonburg and surrounding area residents who do not currently have a family physician or nurse practitioner

The clinic model, services available through the clinic, days and hours available, are under development in collaboration with the partners

Collaboration in Action

- Partners have come together to make significant contributions to the temporary clinic
- There were at least another two organizations who offered their existing space

Secured to-date:

- Nurse Practitioner role has been offered by Thames Valley FHT to serve the clinic for up to 12 months
- Clinic space, computers, medical supplies/equipment have been made available through Tillsonburg District Memorial Hospital and Ingersoll Nurse-Led Practitioner Clinic
- Equates to approximately \$201,000 reallocation of existing resources

Still required:

- funding to hire a Registered Practical Nurse and Administrative Support positions to run the clinic and support the NP
- Funds for Electronic Medical Record (EMR) licenses; office supplies; contingency funds
- Equates to approximately \$207,000

Next steps

Oxford OHT has submitted the remaining budgetary needs for the temporary clinic to our funders in addition to the larger proposal

Currently waiting for any available funds and advocate

Continue to refine the larger strategy and build out a temporary clinic model as best as possible with the information we have

Appendix: Oxford OHT Members



Town of Ingersoll Health Strategy Status Report

F I N A L

July 29th, 2024

Michael L. Barrett and Associates Inc.

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Town of Ingersoll Health Strategy Status Report

OVERVIEW

The healthcare system is a vital part of any strong, vibrant community. Municipalities are important partners in the healthcare system, both directly in the provision/funding of health services like long-term care, public health and EMS, and indirectly through supports for activities like physician recruitment, physician office support and advocacy.

Many of the direct health services provided by municipalities are connected to upper-tier municipalities, while the role of lower-tier municipalities in the health care system can often be unclear.

Municipalities can be asked to support health services in their community in an effort to ensure the local healthcare system remains strong, stable and sustainable. However, these requests for support can sometimes be above and beyond the current mandate and responsibilities of the municipality.

To ensure the Town of Ingersoll is strategic in its approach to the health system, the Town has embarked on the development of a Health Strategy for the Town. The Town is looking to create a strategy which will outline direction and actions which can be undertaken to support the success of health service agencies in the Ingersoll community, and ensure the people of Ingersoll are served by a strong, sustainable health care system.

The Town is fully aware that the health system does not start and stop at the municipal boundary, and will be taking steps to ensure that the development of this strategy is undertaken in a collaborative manner with municipal and health partners across Oxford County and surrounding region.

METHODOLOGY

The development of the Health Strategy has been divided into two phases. The first phase is the creation of this Status Report for Town Council. With input from the Town Chief Administrative Officer (CAO), Town staff, and other local health service and agency leaders, the report will document the various health services operating in Ingersoll, what they are providing, what may be changing in delivery and service levels, and what may be missing.

The second phase will take the data and information collected, and provide recommendations for the Town to consider on how best to connect and respond to the health system, and clearly

define the role that the municipality should play in supporting the health agencies within the Town, and ultimately ensure that the health system is strong and sustainable.

To ensure that current information was solicited from health agencies operating in the Town of Ingersoll, key stakeholders were interviewed. A listing of stakeholder interviews can be found in Appendix 7. This listing shows that there is a variety of health service agencies providing service in Ingersoll, ranging from home/community care to acute care in hospital.

The Status Report will also provide an overview of the local and provincial issues impacting health services in Ingersoll.

PROVINCIAL ISSUES

The media often reports that there is a crisis in the Ontario health care system. There is no question that there are significant challenges facing the Ontario health care system today, some of which will be described below. However, it is important to note that even with these challenges, these reports do not always align with the positive experience individuals report after accessing care and interacting with the health service providers in their community.

One of the largest challenges facing the health care system today is the shortage of health human resources. These shortages exist across all areas of the health care system, and include such roles as nurses, physicians, personal support workers (PSWs), and medical laboratory technologists.

2.3 million Ontarians are currently without a family physician, and the Ontario College of Family Physicians has estimated that this number will grow to over 4 million Ontarians by 2026¹. The most recent data also shows 1.7 million Ontarians have a family doctor aged 65 or older who is poised to retire. Adding to this challenge is a clear trend in medical students not choosing family medicine².

Challenges also exist in the supply of nurses across the province. In its March 2023 report, the Financial Accountability Office of Ontario (FAO) reported that even with government measures to increase the supply of nurses and PSWs, the FAO projects a shortfall of 33,000 nurses and PSWs in the province by 2027/28.

In a Registered Nurses of Ontario (RNAO) survey completed in 2021, it was also clear that many nurses are choosing to leave the profession. 69% of respondents stated that they planned to leave their positions within five years, and 42% of those surveyed planned to leave the profession either by retiring or by seeking employment in another field.³

¹ Ontario College of Family Physicians, March 5, 2024

² Ontario College of Family Physicians

³ RNAO Nursing in Crisis, May 2022

The report also stated nurses under the age of 30 reported the greatest intention to leave their position within the next 5 years. 44.9% of nurses age 21-25 responded that they plan to leave their position within the next 12 months, which is higher than the 41.3% of nurses at the typical retirement age of age 60+ who intend to leave.

With younger nurses stating that they intend to leave the profession, it will become difficult to maintain and replenish the overall supply of nurses across the province. To assist in addressing this pressure, the provincial government has embarked on numerous measures to assist in the supply of nursing, including the recruitment of internationally educated nurses (IENs).

Anecdotally, it seems that the nursing shortage is not impacting Ingersoll as significantly as in other areas of the province, particularly in more rural and northern communities. However, nursing and physician recruitment and retention challenges do continue to exist in Ingersoll, and will most likely continue for several years. Both the Alexandra Hospital, Ingersoll and Secord Trails Care Community long-term care home continue to use agency nurses, although to a much smaller extent than in previous years. So, it will be important for the the Town of Ingersoll to investigate opportunities to support the location of young health professionals, including nurses and physicians, in the Town.

ONTARIO HEALTH TEAM (OHT)

The responsibility for planning the Ontario health care system has evolved over the last four decades with different provincial agencies and organizations assuming control of this function. All of these provincial agencies and organizations have had some semblance of local input and control through local governance and advisory functions.

The following organizations have assumed the responsibility for health system planning and coordination for the geography covering the Town of Ingersoll over the last 50 years:

- District Health Councils (1974-2005)
 - Local Agency - Thames Valley District Health Council (TVDHC) covering an area of London-Middlesex, Oxford and Elgin;
- Local Health Integration Networks (LHINs) (2006-2021)
 - Local Agency - South West Local LHIN covering an area of London-Middlesex, Oxford, Elgin, Perth, Huron, Grey and Bruce;
- Ontario Health Teams (OHTs) (2020-present)
 - Local Organization - Oxford OHT covers Oxford County

All of these agencies and organizations have had different levels of responsibility and accountability, and all have had some interaction with their municipal partners through the years. However, the relationship with municipalities has not always clearly defined, and interaction varied considerably between different municipalities around the province.

In 2019, the Ontario Government passed the *Connecting Care Act, 2019*, which provided the legislation to create “Ontario Health”, a new provincial agency which oversees the planning and delivery of the provincial health care system. With its creation, Ontario Health took on the responsibilities of many former health agencies including Cancer Care Ontario, eHealth Ontario, Health Quality Ontario, Health Shared Services Ontario, HealthForceOntario Marketing and Recruitment Agency, and eventually the LHINs.

As part of the *Connecting Care Act* legislation, the province also set the path in motion to create “Ontario Health Teams (OHTs)”. Ontario Health Teams (OHTs) are the most current iteration of a local health planning organization.

There are 58 OHTs across the province, and the entire province is now part of an OHT. OHTs were introduced as a better way for connecting a fragmented system. The goal of the OHT is to ensure that Ontarians can benefit from better coordinated, more integrated care. Under OHTs, health care providers (including hospitals, doctors, and home and community care providers) are to work as one coordinated team – no matter where they provide care.

OHTs do not provide care, as direct care will be continued to be delivered by existing health service providers like long-term care homes, hospitals and home care agencies. However, OHTs are intended to bring health service providers together to improve transitions between sectors (ie. a senior being discharged from hospital to home or long-term care), improve digital health and virtual care, strengthen access to data and analytics, and create better partnerships with patients, families and caregivers.

Each OHT is funded by Ontario Health to support its operations, with 3-year funding confirmed for all OHTs. For the Oxford OHT, this funding supports a team of 6 staff that has been hired to guide and mobilize partners to better coordinate health care across Oxford.

The Oxford OHT has a number of partners, including:

- Alexandra Hospital, Ingersoll
- Alzheimer Society, Southwest Partners
- CarePartners
- CBI Health
- Cheshire Independent Living Services
- CMHA Thames Valley Addiction and Mental Health Services
- Dale Brain Injury Services
- Indwell
- Ingersoll Nurse Practitioner-Led Clinic
- Ingersoll Services for Seniors
- Ontario Health atHome
- Oxford County Community Health Centre
- Oxford County Paramedic Services

- Oxford County - Human Services & Woodingford Lodge
- PeopleCare
- PHSS
- SE Health
- Southwestern Public Health
- Thames Valley Family Health Team (FHT)
- Tillsonburg and District Multi-Service Centre (MSC)
- Tillsonburg District Memorial Hospital
- VON Oxford
- Wellkin
- Woodstock Hospital

The development of OHTs is currently being guided by a November 2022 provincial document called “Ontario Health Teams – The Path Forward”, however the pace of OHT development has varied between OHTs across the province. In Oxford, the OHT is in a formative stage which will prove to be beneficial for the Town of Ingersoll as it develops its Health Strategy. By staying engaged with the OHT, Ingersoll (or any other municipality in Oxford) can ensure that its input and advice is considered by the OHT as it matures.

Although the future structure and functions of the OHT are evolving and still to be confirmed, some of the key developments for OHTs in the shorter term could be the assumption of responsibilities for home care and primary care, both key factors in terms of health system performance and patient satisfaction. There are several “lead” OHTs across the province that have already begun this work.

In the longer term, OHTs could also assume funding responsibilities for health service providers (hospitals, long-term care, home care, mental health & addictions, etc.) where the population of the community receives care. In simpler terms, this change would mean that all operational funding for hospitals, home care, long-term care, etc. would flow through the OHT at some point in the future.

The governance of OHTs is evolving and has been a point of discussion for many years across the province. Most OHTs are currently governed by a leadership council composed of health service provider administrative leaders. In some instances, OHT leadership councils include health service provider board members, community patient members, and physician leaders.

In Oxford, the OHT has a “Leadership and Strategy Council” composed of executive staff members from each participating organization, community patient members from the OHT’s Patient Engagement Action Team, and a Primary Care Physician Lead. The Oxford OHT is currently co-chaired by Randy Peltz from the Oxford County Community Health Centre, and Kathryn Leatherland from the Tillsonburg and District Multi-Service Centre (MSC). These co-chairs rotate on a regular basis, and are selected by members of the Leadership and Strategy Council.

As OHTs mature, they will most likely incorporate, and the composition of their governance structures will become important to ensure proper local input. It will be important for municipalities to stay connected with their respective OHTs to ensure they have a voice in health planning in their community. A municipal connection to the OHT is also important to ensure health system partners are informed about municipal activity including growth/changes in population and industrial development, and any future development plans which would increase/change the demand for health services.

NURSE PRACTITIONER-LED CLINIC (NPLC)

Ingersoll is in a very fortunate position to be home to one of the 26 Nurse Practitioner-Led Clinics (NPLCs) in the Province of Ontario.

NPLCs are primary health care organizations that provide comprehensive, accessible, person centred and co-ordinated primary care services to people of all ages. NPLCs are composed of multi-disciplinary teams that address acute and chronic physical conditions, mental health, addiction and social issues. In addition to NPs, the staffing composition of NPLCs do differ across the province, but they can include a consulting physician, along with Registered Practical Nurses, counsellors, dieticians, physiotherapists, kinesiologists and system navigators. NPLCs are salary-based models of care and do not bill OHIP.

NPLCs provide a rather unique operation where a nurse practitioner (NP) assumes the role of the most responsible provider (MRP) for the patient in their roster. In most primary care settings, the MRP is a physician. The Ingersoll NPLC maintains a consulting physician to use in rare circumstances where a licensed physician is required due to legislative barriers.

The Ingersoll NPLC currently has 4 NPs who are each mandated to have a minimum roster of 800 patients, meaning that over 3,200 people from the Ingersoll and area community are receiving the full continuum of primary care through the NPLC. The NPLC also provides a wide variety of additional services including counselling, footcare, mental health and addictions counselling, chronic disease and self management support, a Trans clinic, smoking cessation, and chronic pain management (a full listing of services can be found in Appendix 3).

In addition, the NPLC office provides space to other health system partners including the Canadian Mental Health Association (CMHA) of Thames Valley, Southwestern Public Health, Children's Aid Society of Oxford County, Oxford County Community Health Centre (CHC), Oxford Human Services, and the Ontario Provincial Police (OPP).

In the past, the Ingersoll NPLC has submitted both unsolicited and solicited requests for expansion of its operation to the Ministry of Health and Ontario Health. Although none of

these requests have been approved, there is a significant opportunity for the Town, and the larger Oxford County community, to increase the capacity of the NPLC.

As noted earlier in the report, the number of Ontarians without access to a primary care provider has increased significantly in the last few years, and will continue to increase into the future. As the need for primary care access continues to increase, it presents an opportunity for the NPLC to demonstrate to the government that expansion of their services would be beneficial to Ingersoll and Oxford County.

In the current environment, expansion of any health service operation can often be limited by the shortage of health professionals. However, according to the NPLC Executive Director, NPs find a NPLC a desirable place to work, as the NPs enjoy the role and function where they are the most responsible provider – in other words, the NPs like when they have responsibility for their own patients, and are not an “added service” to a physician’s roster of patients.

LONG-TERM CARE

Long-term care homes (LTCH) are publicly funded and operated by three different types of operators - municipalities, not-for-profit organizations, and private organizations. LTCHs are licensed and regulated by the Ministry of Long-Term Care.

The Town of Ingersoll has 2 long-term care homes (LTCH) within its boundaries. Woodingford Lodge Ingersoll is a municipal home operated by the County of Oxford with a total of 34 beds. Secord Trails Care Community is private home operated by Sienna Senior Living and has a total of 80 beds. A full listing of LTCHs in the County of Oxford can be found in Appendix 1. The appendix also shows the number of people on the wait list for each LTCH in Oxford County.

The province has specific laws and regulations for admission to LTCHs that are designed to ensure fairness and equity in the system, and to best serve the needs of people with greater care needs. Access to a LTCH bed must be coordinated through “Ontario Health atHome” (formerly Home and Community Care Support Services, formerly the South West LHIN, and formerly the South West Community Care Access Centre – CCAC).

It is clear that there is substantial demand for LTCH beds in both the Town of Ingersoll and County of Oxford. In addition, a large number of LTCH beds in Oxford are classified as “C”-beds, which means they do not meet the ministry’s current design standards for long-term care homes, and the licenses for these beds are set to expire in 2025. All beds at the 3 sites of Woodingford Lodge are classified as A-Beds.

The provincial government has embarked on a plan to create 30,000 net new beds by 2028, and 28,000 upgraded LTCH beds. The Ministry of Long-Term Care announced an increase in capital

funding for the development of new LTCH beds in 2022 to address recent increases in construction costs and long-term borrowing costs.

In recent discussions with the Oxford County Director of Long-Term Care, he stated that the County has submitted a proposal to add an additional net new 160 beds in Ingersoll, which would bring the total number of beds operated by the County in Ingersoll to 194. The County is currently awaiting a response from the ministry on its submission.

Although the County has made a submission to the province for additional beds, the escalating costs of construction may prohibit these beds from being developed. The costs of construction have risen considerably since the ministry funding announcement in 2022 for LTCH redevelopment, making it very challenging for any long-term care operator, including the County of Oxford, to proceed with the construction of a new LTCH.

The costs of LTCH construction are now higher than the amount of capital funding provided by the province. So, without a sufficient construction funding subsidy, the cost of LTCH construction by the County is likely not feasible without putting additional pressure on the tax base in Oxford County. This funding constraint also impacts the not-for-profit and private providers, and will create a challenging environment for the creation of new LTCH beds, and is worrisome as the “C” bed licences are up for renewal in 2025.

It should be noted that a recent increase in the per-diem operational funding provided by the Ministry of Long-Term Care to LTCH operators has been well received by operators.

Sienna Senior Living operates Secord Trails Community LTCH, and will be an important part of any discussion on the development of new LTCH beds in the Town. Although private LTCH operators can often be hesitant to convey future plans publicly, making it challenging to properly plan for the future LTCH needs of the community, leadership from both Secord Trails and Sienna Senior Living were open and helpful in the creation of this status report.

When asked about future development plans, Sienna leadership communicated that the redevelopment of their older LTCHs is a “very active file” for them, and that Sienna has an “important role to play” in getting these homes redeveloped for their residents. However, they too are confronted with the challenges in the construction subsidy formula, and have indicated that they are on the doorstep of government advocating for changes to government policy on the subsidy.

It is important to note that the construction of an additional 160 LTCH beds by the County, or any additional beds by Sienna, would provide a tremendous opportunity for the Town and County. These new beds would not only help to address the demand for LTCH beds in Ingersoll, but they would also provide an opportunity for the Town to investigate the creation of a new community hub. New LTCH beds could be constructed with additional space allowing for the co-location of other health and social services agencies.

In addition to LTCH beds, there are also other LTCH services that are important for the Town of Ingersoll. The County of Oxford received one-time funding from the province in 2023/24 to operate an “Adult Day” program, which provides support and services for people living in the community with dementia and behaviours. This program has been very successful providing care for participants, and providing respite and support for caregivers. The program currently has 68 participants. Funding was recently approved for the 2024/25 fiscal year, however, ongoing continuity and sustainability of the program can be challenging with annualized funding that requires approval each year.

It should also be noted that there are currently no “Behavioural Support Transitional Unit (BSTU)” beds in the County of Oxford. BSTUs house residents who could be at risk to themselves or others due to their responsive behaviours. People living with responsive behaviours are often poorly managed in another location, and can often end up in hospital for an extended stay.

Many counties outside of Oxford have BSTUs, and the Town should be encouraged to advocate for the creation of these beds in Oxford. The creation of a BSTU with proper supports can both free up hospital beds for others who may need them, and also identify the triggers that cause the person’s behaviours and help to reduce them.

HOSPITALS

The County of Oxford has 3 hospitals – Alexandra Hospital, Ingersoll, Tillsonburg District Memorial Hospital, and Woodstock Hospital. Appendix 2 provides an overview of programs and services offered at each of the three Oxford County hospitals.

The Ingersoll and Tillsonburg Hospitals currently function with a joint Board of Directors between the two hospitals, together with a shared President/CEO and leadership team. Each hospital also has its own Foundation for fundraising. The Ingersoll and Tillsonburg hospitals are in the process of completing a formal integration process to become one corporation. The integration of the hospitals will require the approval of the Ministry of Health.

The Ingersoll and Tillsonburg hospitals are also completing a long term (long range) clinical services planning exercise. This process will help to identify the programs and services that should be provided at each hospital moving into the future.

To help inform the clinical services planning work, and to provide an update to the communities on the integration process, the hospitals held a joint Community Information and Engagement event on May 13th, 2023 in Mount Elgin. The engagement session provided an opportunity to update the communities, and also provide an opportunity for ideas and feedback from the public on the clinical services planning work.

The timing of the Ingersoll and Tillsonburg hospitals' clinical services planning exercise will be aligned nicely with the Town's work on its Health Strategy, and it is hoped that input and advice from the Town's Health Strategy can be captured in the hospitals' clinical services planning work. The hospital has taken steps to reach out to its communities and partners for feedback and advice, and the Town should be proactive to take advantage of these opportunities to ensure its input is received by the hospital.

Alexandra Hospital, Ingersoll also rents office and clinic space to the majority of physicians working in the Town of Ingersoll. The rent is provided to the physicians at a rate which would be considered below market value with the assumption that the physicians are assisting the hospital in the provision of hospital-based care.

There are two physician groups (Alexandra Medical Centre and Alexandra Family Physicians) that have offices on the second floor of the hospital. These physicians provide primary care (family practice) from these offices, together with after-hours clinics, and some of these physicians also provide emergency department and hospitalist coverage for Alexandra Hospital.

As the recommendations for the Town's Health Strategy are developed, and the hospitals' clinical services planning work is completed, there will be opportunities to explore how best to support office space for physicians working in Ingersoll, and most importantly, ensuring strong physician coverage for the hospital and its emergency department into the future. The issue of clinic and office space for physicians will be explored further in this report.

The clinical services recommendations could also include recommendations for new or different services in Ingersoll. Although no decisions have been made by the hospital, new services could include diagnostic imaging equipment like a computerized tomography (CT) scanner. A CT is a key modality for physicians as a patient is assessed, and the introduction of a CT at the hospital would ensure that patients in Ingersoll did not have to be transferred to a neighbouring hospital to access this service.

The introduction of new diagnostic imaging equipment is expensive, and community partners, including the Town, would be looked upon for financial support. The hospital would also seek financial support from local industries and business, as well as from the provincial government, for any new or enhanced services. And it should be stressed that funding for new services would be in addition to any current fundraising campaigns such as the new campaign to raise funds for "One-Chart", part of the hospital's electronic health record.

Ingersoll residents have the benefit of being close to a wide variety of hospital care. In addition to the larger teaching hospitals in London, Tillsonburg District Memorial Hospital and the Woodstock Hospital also play an integral role to Ingersoll residents through the provision of secondary hospital care.

Although all hospitals in the Province of Ontario are publicly funded, and operate under the same legislation and policies, there are differences in how each hospital interacts with its physicians and respective communities. Some of these differences will be explored as the Health Strategy recommendations are developed, however, it will be helpful to review some of the opportunities which the Woodstock Hospital has pursued.

In addition to its core hospital services, the Woodstock Hospital has developed ancillary services to support the hospital. The hospital has constructed and owns a medical services building adjacent to the hospital, and rents office space in the building to specialists who practice in the hospital, providing a close and convenient location. Space is also rented to a home oxygen program and regional support associates. No General Practitioners (GPs) are located in this building. It should be noted that other than staff physician positions, there are no physician clinic offices in the Woodstock hospital.

Woodstock Hospital has recently purchased another building close to the hospital which currently houses four GPs, and is being renovated to accommodate another four offices.

In addition, the Woodstock Hospital is embarking on the development of a new Mental Health Wellness Centre in the City of Woodstock. The centre is to be developed off-site from the hospital, and will be undertaken in partnership with the Oxford OHT, along with other health system and municipal partners. The Centre is intended to serve people requiring mental health and addiction services, and is to support all of Oxford County.

Finally, from a relationship perspective, interaction between the leadership of the Alexandra Hospital, Ingersoll and the Town of Ingersoll is currently ad-hoc, predominately through the Primary Care Recruitment and Retention Advisory Committee. There are opportunities to create more regular, structured interaction between Hospital and Town leadership to ensure each organization remains informed of each other's business. Opportunities for connection between the Town and Hospital will be explored in the second phase of the Health Strategy work when recommendations are developed.

PHYSICIANS

Physicians are a key and necessary component of a robust, high performing health care system. In Ingersoll, physicians are integral to the ongoing operation of the Alexandra Hospital and the overall health system in the community.

There are 11 core General Practitioner (GP) physicians practicing within the Town of Ingersoll⁴. Each of these physicians are part of a Patient Enrolment Model (PEM) which means that the physicians have a billing model where they roster patients (as opposed to a "fee-for-service"

⁴ Ontario Health, August 2023

model). There are also other physicians who provide care in Ingersoll that are not part of a PEM.

As noted previously, the core physicians in Ingersoll are part of two different practice groups - the “Alexandra Family Physicians” and the “Alexandra Medical Centre”. It is not entirely clear why there are two separate groups, but it appears that it may be the result of a historical separation that has continued to the present. Both groups have their offices inside the Alexandra Hospital, with one physician having an office in the community. The physician with the office in the community has recently retired, and although this physician attempted to recruit a replacement for several years before his retirement, he was not successful.

In addition to their primary care responsibilities, some of these physicians also act as hospitalists (physicians caring for inpatients inside the hospital) within the Alexandra Hospital, and some provide physician coverage in the Alexandra emergency department. One of the physicians also acts as the Chief of the hospital emergency department.

In discussions with the physicians, it became clear that additional space is required if new physicians are to be added to either practice. It was communicated that the physicians actually have to “take turns” being in office as there is not enough clinic and office space in the hospital to accommodate all of them working at one time.

The lack of available space has actually led a “stalemate” in the recruitment process, as the physician groups cannot ask another physician to join them in the existing hospital space as there is not enough room to accommodate a new physician.

Options for additional space do exist. Additional space could be secured either outside the hospital in the community, or through renovation and construction inside the hospital. It was noted that there have been many discussions over the years about creating new space to accommodate the growth/expansion of the two practices, but there has been no action to advance this discussion beyond the planning phase. The recommendations in the health strategy will have to include an assessment of physician office/clinic expansion to address the stalemate.

One other issue for attracting and retaining physicians is access to up-to-date and modern equipment. Presently, the Alexandra Hospital does not have a Computed Topography (CT) machine. For new grads, there is an expectation of access to equipment like a CT. Although a patient can access a CT by travelling to a neighbouring hospital (typically Tillsonburg), it requires a trip with an ambulance, non-urgent transportation provider, or private vehicle. This trip delays care and diminishes the patient experience.

The physician population in Oxford is aging. 38% of rostered patients in Oxford County have a GP who is over the age of 60. In the Ontario Health West region (Southwestern Ontario), 23%

of rostered patients have a GPs who is over age 60, and across Ontario, the number is 27%⁵. These numbers highlight a significant risk for physician retirement, and subsequently, physician coverage moving into the future. And beyond the retirement risk, physicians have many opportunities for employment in other parts of the healthcare system, making them very mobile, creating a risk for future physician coverage in Ingersoll.

It should also be note that some of the primary care physicians in Oxford are part of the Thames Valley Family Health Team (FHT). The majority of the physicians in the FHT are located in Woodstock, and none of the core Ingersoll physicians are part of the FHT. In the FHT environment, patients have access to additional services beyond their primary care physician including nurse practitioners, social workers, dieticians, and counsellors.

Recruitment of new physicians into a community is very competitive, requires a plan, and takes the commitment of many different people and organizations. Physician recruitment first requires the active engagement and involvement of the existing complement of local physicians. Typically, physicians who are interested in coming to a new community want to speak with a local physician to confirm income, practice culture, professional satisfaction, spousal interest, recreational activities for both parents and children, schools, and many other factors.

However, the local physicians need assistance from an administrative person to assist with many of the areas noted above. Many municipalities across the province have invested resources/people to assist in the recruitment process. In Oxford, the City of Woodstock has a part-time physician recruiter, and the Town of Tillsonburg has just recently agreed to hire a new part-time physician recruiter. The Town of Ingersoll had been approached to partner with Tillsonburg in its physician recruitment initiative, but Ingersoll determined that it would first create this Health Strategy to ensure it was strategic in its support of the local health system before committing resources.

The key is that Ingersoll must continue to remain attractive to physicians, and the development of a robust physician recruitment and retention plan is necessary. Recruitment and retention of physicians is not a “point-in-time” event – it needs to be an ongoing initiative that requires the support of all community partners, including the Town of Ingersoll.

As the Health Strategy is developed, recommendations will be provided on physician recruitment and retention. These recommendations should include the proposal for the municipalities in Oxford to work together in their physician recruitment efforts, with the possible creation of an Oxford County physician recruitment plan.

⁵ Ontario Health, August 2023

MENTAL HEALTH & ADDICTIONS

Mental health and addictions (MH&A) care is provided in a number of settings in the Town of Ingersoll including the hospital emergency department, family practice offices, the Nurse Practitioner-Led Clinic (NPLC), and Canadian Mental Health Association (CMHA) offices.

The Alexandra hospital does not provide inpatient mental health care. Patients requiring inpatient mental health care would typically be transferred to the sole Oxford County Schedule 1 facility at the Woodstock hospital. A Schedule 1 facility can admit people involuntarily, without their consent.

CMHA Thames Valley (CMHATV) is one of the principal providers of community-based mental health and addiction services. CMHATV is an amalgamation of former CMHA organizations in Elgin, Oxford and Middlesex-London, as well as the former Addiction Services Thames Valley (ADSTV). CMHATV has also provided services in Huron County for many years in the Exeter and Goderich communities.

CMHATV provides a wide variety of mental health and addictions services to the people of Ingersoll and Oxford County. Some of the services provided by CMHA include crisis services and intervention, case management, concurrent disorders case management, justice and court diversion, peer support services, substance use and opioid addiction programs, urgent needs case management, mental health engagement and response team (MHEART), Ontario Structured Psychotherapy Program (OSP), and supportive independent housing. A complete list of services can be found in Appendix 6.

CMHA has offices in Woodstock and Tillsonburg, but has no formal administrative offices in Ingersoll. CMHA does however, provide service in office space located at the Nurse Practitioner-Led Clinic on King Street.

OXFORD COUNTY COMMUNITY HEALTH CENTRE (CHC)

The Ministry of Health and Long-Term Care approved a CHC for the City of Woodstock in 2005, and after a few years of planning, the Woodstock and Area CHC opened its doors for service in 2010. The CHC was renamed as the Oxford County CHC in 2017 to better reflect its reach and mission.

The Oxford County CHC is a not-for-profit charitable organization funded primarily by Ontario Health, serving communities across Oxford County. The mission of the Oxford County CHC is to serve marginalized individuals, meaning those individuals facing health & social complexities in everyday life, with limited income and resources, and without a physician or nurse practitioner.

The core service of the Oxford County CHC is primary care with a number of other wrap-around health and social services including physiotherapy, housing stability services, Rapid Access

Addiction Medicine (RAAM) Clinic, Youth Outreach & Housing Support Program, Southwestern Public Health Seniors Dental Care Program, Mobile Health Outreach Bus, Transitional Living Programs in Woodstock & Tillsonburg, Community Dental Clinic in partnership with Schulich School of Medicine & Dentistry, and Oxford Sexual Assault Services. A full listing of services can be found in Appendix 4.

And more recently, the CHC has been funded for “First Five”, a paediatric outreach program intended to serve paediatric patients who currently do not have a primary care provider. The program is funded for between 300-500 patients, with 40 patients presently registered with the program as it ramps up. CHC staff have reached out to an Ingersoll physician who is retiring to determine if any patients can be transferred to the new program.

Although the CHC serves all of Oxford County, and has physical space in both Woodstock and Tillsonburg, it no longer has office space in Ingersoll. The CHC did rent space from the Ingersoll NPLC, but in 2020, the CHC recognized that there may be some duplication of service between the NPLC and the CHC, and the CHC no longer uses the offices in the NPLC. The CHC’s mobile health outreach bus visits Ingersoll approximately once every 2 weeks to care for marginalized populations in Town.

It is important to note that although the CHC does not have office space in Ingersoll, residents from Ingersoll can access service from the CHC in Woodstock, and they will provide transportation to residents requiring care in Woodstock if required. The CHC also provides more specialized services for the marginalized population, and the complexity of CHC patients is typically higher than other primary care providers. Should another primary care provider in Ingersoll need additional supports to care for a more complex patient, the CHC has the ability and willingness to assist in these cases.

The Oxford County CHC reported that they have served a total of 541 people with an Ingersoll address over the CHC’s 14 year history, and presently have 63 rostered primary care clients with an Ingersoll address.

HOME & COMMUNITY CARE

The responsibility for providing home care and community-based care across the province has evolved considerably over the last 2 decades. Home care and community-based care has undergone significant transformation since the early days of home care being provided locally by community organizations like VON and local public health units.

Home care was first coordinated provincially through the Community Care Access Centres (CCACs), with most operating at the county/upper-tier level. The number of CCACs was then reduced to 14 across the province in 2006 to align with the boundaries of the Local Health Integration Networks (LHINs) which were just being created.

In 2017, the CCACs were formally merged with the LHINs, and LHINs assumed responsibility for all services previously provided by the CCACs. As the LHIN system was dismantled in 2021, home and community care services evolved into another organization called Home and Community Care Support Services (HCCSS), where the province was divided into 14 regions. Ingersoll was part of HCCSS South West.

The structure of home care services in the province continues to evolve today with the *Convenient Care at Home Act, 2023* which was proclaimed into force on June 28, 2024. Under the Act, the 14 home and community care support service organizations have been amalgamated into a single new service organization named “Ontario Health atHome”. Ontario Health atHome will continue to support the coordination of home care services across the province, and support Ontario Health Teams (OHTs) as they gradually take on responsibility for home care.

Although there has been an ongoing evolution of the home care system in the province, patients are obviously most concerned with how home care services are delivered to them.

Ontario Health atHome staff perform a wide variety of functions in support of home and community care, along with long-term care. Ontario Health atHome assesses patient care needs, and then works with contracted service providers to deliver in-home and community-based services to the population of Ontario. Ontario Health atHome also provides access and referrals to other community support services, and as noted previously, manages Ontario’s long-term care home placement process. A full listing of these services can be found in Appendix 5.

Ontario Health atHome helps patients, their families and caregivers receive services, support and guidance to:

- Remain safely at home with the support of health and other care professionals;
- Return home from hospital and recover at home;
- Find a family doctor or nurse practitioner;
- Find community services that support healthy, independent living;
- Transition to long-term care or supportive housing;
- Die with dignity in the setting of their choice.

Ontario Health atHome staff work across the region, including staff who work inside each of the three Oxford County hospitals where they assist in the discharge of patients to home and into the community.

In Oxford, Ontario Health atHome contracts with five service provider organizations (SPOs) to deliver home and community care to Oxford residents, including CarePartners, SE Health, CBI, Paramed, and TVCC. SPOs are the employers of the staff who provide the hands-on care in such areas as nursing, physiotherapy and personal support services. On average, Ontario

Health atHome has indicated that there are approximately 330 new admissions for home care in Oxford County each month. These admissions include the complete variety of services provided by Ontario Health atHome. A full listing/volume of services provided by the SPOs can be found in Appendix X.

HEALTH SERVICE AGENCY RELATIONSHIP WITH THE TOWN OF INGERSOLL

In the stakeholder interviews, all health agency leaders were supportive of a closer relationship with the municipality, and stated that a strong municipal/health relationship is beneficial to the residents of Ingersoll. Many stakeholders stated that they wanted the Town to assist them in achieving a vision of a more connected and supportive health care system.

However, it has to be noted that although health agencies support a closer relationship, they could not always articulate what the relationship needs to look like.

The principal areas of focus for both the Town and health agencies are different, making it more challenging for both to “carve-out” time to build a relationship. In other words, with the Town focused on areas such as roads, sewers, and recreation, and health agencies focused on clinical care and support for patients, there is no regular area of “overlap” for the Town and health agencies to interact. So, the development and maintenance of a relationship will take time and effort, and some suggestions for strengthened relationships will be explored as the Health Strategy recommendations are developed.

One common area for municipal support identified by health service agencies was advocacy. Most stakeholders stated that they could use the Town’s support as they interact and advocate with the provincial government. As health agencies seek changes in policy or additional funding, they agreed that partnership and advocacy from the Town would be very beneficial in helping them to advance their goals. Again, recommendations will be identified in the Health Strategy to advance the role of advocacy. It should be noted that the Town has already begun to advance this role by requesting delegation at the upcoming AMO conference to advocate for improvements to the health care system in Ingersoll and Oxford County.

Stakeholders also suggested that advocacy by the Town could include the production and circulation of promotional videos, showing that the Town is a great place to live and work for health professionals.

Some health agency stakeholders also asked if the Town could provide incentives for health service agencies to ensure the majority of their spending goes toward the health services they provide, and reducing their operational expenses. Specifically, the question was asked if the Town could provide a break on municipal taxes for office space, and if development charges could be waived for construction on the development of new LTCH beds.

Members of the Ingersoll District Chamber of Commerce took time to meet and discuss their perspective on the health system in the Town of Ingersoll. This discussion highlighted the importance of a strong, sustainable health care system for the residents, businesses and industry living and operating in the Town. The Chamber members were supportive of the Town's efforts to be strategic in its support of the health system, and offered to survey their membership for feedback if it would be helpful to gain additional perspective. The Chamber also supported the idea of advocacy by the Town if it would help to strengthen and enhance the health system, and offered to work side-by-side with the Town in these advocacy efforts.

SUMMARY

This Status Report has provided an overview of the various health services operating in Ingersoll, what they are providing, what may be changing in their delivery and service levels, and what may be missing. It has also provided an overview of provincial and local issues impacting the health system in the Town of Ingersoll, along with the relationships that currently exist between the Town and the health agencies.

With input from the Town Chief Administrative Officer (CAO), Town staff, and other local health service agency leaders, the report has also begun to identify opportunities where the Town could better support these agencies in pursuit of a strong and sustainable health system for Ingersoll residents.

Should the Town wish to proceed with full development of the Health Strategy, additional work will be undertaken to create recommendations for consideration by the Town. This second phase will take the data and information collected, and provide recommendations for the Town to consider on how best to connect and respond to the health system, and clearly define the role that the municipality should play in supporting the health agencies within the Town, and ultimately ensure that the health system in Ingersoll is strong and sustainable.

APPENDICES

Appendix 1 - Long-Term Care Homes in Oxford County

There are currently eight long-term care homes in Oxford County, which include five for-profit homes and three municipal homes:

	Long-Term Care Home	Community	Number of Beds	Number on Wait List*	Municipal	For-Profit
1	Caessant Care Nursing Home	Woodstock	163	152		✓
2	Maple Manor Nursing Home	Tillsonburg	107	105		✓
3	Maples Home for Seniors	Tavistock	43	109		✓
4	peopleCare	Tavistock	100**	118		✓
5	Secord Trails Care Community	Ingersoll	80	115		✓
6	Woodingford Lodge	Ingersoll	34	322	✓	
7	Woodingford Lodge	Tillsonburg	34	278	✓	
8	Woodingford Lodge	Woodstock	160	491	✓	
	Total Beds		721		228	493

* Wait list numbers are calculated by the Ministry of Long-Term Care based on data provided by Ontario Health (as of February 29, 2024)

** Expanding to 128 beds

Additional note: 160 new long-term care beds have also been awarded to peopleCare by the Ministry of Long-Term Care for development in the Town of Tillsonburg.

Appendix 2a - Hospitals in Oxford County

Alexandra Hospital, Ingersoll

There are 3 hospitals in Oxford County - Alexandra Hospital, Ingersoll, Tillsonburg District Memorial Hospital, and Woodstock Hospital.

Alexandra Hospital, Ingersoll Revenue* (including Ontario Health funding) - \$24,994,489 Expenses* - \$27,112,822 Deficiency of revenue over expenses – (\$2,118,333) *Audited Financial Statements 2023/24)			
Beds	Clinical Programs	Clinical Support Programs	Numbers
<ul style="list-style-type: none"> • 21 medical • 5 complex continuing care • Capacity for 2-4 overflow beds 	<ul style="list-style-type: none"> • Combined Care Clinic • Ambulatory Care Clinic • Oxford County Cardiac Rehabilitation • Palliative Care • Specialized Care Clinic • Diabetes Education Centre 	<ul style="list-style-type: none"> • X-Ray • Ultrasound • Stress Testing • Electrocardiogram • Core Lab (0700-2300, on call overnight) 	Emergency Dept visits 15,553
			Ambulatory Care visits 7,725
			Team members 220
<i>Ambulatory Care services include Gastroenterology, Gynecology, Pain Management, Respiratory, Surgical/Wound Clinic, Arthritis Society, Public Health, Diabetes Education and Foot Care.</i>			

Appendix 2b - Hospitals in Oxford County

Tillsonburg District Memorial Hospital

Tillsonburg District Memorial Hospital			
Revenue* (including Ontario Health funding) - \$47,249,340			
Expenses* - \$50,247,049			
Deficiency of revenue over expenses – (\$2,997,709)			
*Audited Financial Statements 2023/24)			
Beds	Clinical Programs	Clinical Support Programs	Numbers
<ul style="list-style-type: none"> • 34 medical/surgical • 6 intensive coronary care unit (ICCU) beds • 10 complex continuing care 	<ul style="list-style-type: none"> • Complex Continuing Care • Ambulatory Care • Dialysis • Intensive Coronary Care Clinic • Medical/Surgical • Surgical • Rehabilitation Services • Diabetes Education Program 	<ul style="list-style-type: none"> • CT • General X-Ray • Bone Densitometry • Mammography & Ontario Breast Screening Program (OBSP) • Ultrasound • Lab (24/7) 	Emergency Dept visits 20,660
			Ambulatory Care visits 13,609
			Surgeries 1,226
			Team members 380
<p><i>Ambulatory Care services include Gynecology, Obstetrical, Pain Management, Surgical, Public Health and Internal Medicine</i></p> <p><i>Surgical services include the Operating Rooms, the Post-Anesthetic Care Unit, Day Surgery, Minor Surgical Clinic, Pre-admission Clinic and the Endoscopy Unit. General Surgery, Dental Surgery and Endoscopy services are provided by a team of nurses, surgeons and anesthetists</i></p>			

Appendix 2c - Hospitals in Oxford County

Woodstock Hospital

Woodstock Hospital			
Revenue* (including Ontario Health funding) - \$181,543,349			
Expenses* - \$177,272,786			
Excess of revenue over expenses - \$4,270,563			
*Audited Financial Statements 2023/24)			
Beds	Clinical Programs	Clinical Support Programs	Numbers
<ul style="list-style-type: none"> 178 inpatient beds 	<ul style="list-style-type: none"> Ambulatory Care Cardio Respiratory Care Diabetes Education Program Emergency Dept Occupational Therapy Physiotherapy Rehabilitation Clinic Mental Health (Schedule 1 psychiatric facility) Maternal Child (900 births) Surgical Services Chemotherapy Dialysis Recreation Therapy 	<ul style="list-style-type: none"> MRI CT X-Ray Bone Mineral Density Mammography & Ontario Breast Screening Program (OBSP) Ultrasound Core Lab (24/7) 	Emergency Dept visits 46,000
			Births 1,105
			Surgeries 8,584
			Lab Tests 960,000
			Team members 900
<p><i>Ambulatory services include Orthopedic, Urology, general Medical/Surgical, Ophthalmology, Gynecology, pain control, and Transfusion services.</i></p> <p><i>Surgical services include 24-hr access to both elective and emergency surgeries, including General Surgery, Gynecology, Obstetrics, Ophthalmology (cataract), Urology, ENT (ears, nose, throat) and Orthopedic surgeries for adults and pediatrics. Outpatient Clinic performs same-day cataract surgery and endoscopic carpal tunnel procedures.</i></p>			

Appendix 3 - Ingersoll Nurse Practitioner-Led Clinic (NPLC)

Ingersoll is home to one of 26 NPLCs in the Province of Ontario. Established in 2012, the NPLC is a team-based primary care organization which provides the full continuum of primary care from birth to death.

Ingersoll Nurse Practitioner-Led Clinic			
Patients	Services	Budget	Staff
3,200 + patients	Same services offered by other primary care settings, as well as: <ul style="list-style-type: none"> • footcare; • mental health and addictions counselling; • chronic disease and self management support; • Oxford County Trans Clinic • smoking cessation; • “Craving Change” program; • “Early Words” program; • chronic Pain 	\$1,738,945 (funded solely by Ontario Health) <ul style="list-style-type: none"> • All staff compensated with a base salary, with no billing to OHIP 	<ul style="list-style-type: none"> • 4 Nurse Practitioners (includes clinical director) • 2 Registered Practical Nurses (RPNs) • 2 Social Workers • 3 Reception • 1 Quality Improvement & Info Management • 1 Executive Director

Appendix 4 - Oxford County Community Health Centre (CHC)

There are 101 CHCs across Ontario, and each CHC offers services and programs tailored to their respective needs. The Oxford County CHC serves marginalized individuals, meaning those facing health & social complexities in everyday life, with limited income and resources, and without a physician or nurse practitioner.

Oxford County Community Health Centre (CHC)			
Patients	Services	Budget	Staff
<p>2,711</p> <p>The CHC has served 541 people with an Ingersoll address over the CHC's 14 year history, and presently has 63 rostered primary care clients with an Ingersoll address.</p>	<p>Primary care services for marginalized populations with other wrap-around health and social services including:</p> <ul style="list-style-type: none"> • Physiotherapy • Housing Stability Services • Rapid Access Addiction Medicine (RAAM) Clinic • Youth Outreach & Housing Support Program • Southwestern Public Health Seniors Dental Care Program • Mobile Health Outreach Bus • Transitional Living Program - Woodstock & Tillsonburg • Community Dental Clinic in partnership with Schulich School of Medicine & Dentistry • Oxford Sexual Assault Services • Note: a Community Outreach Worker / System Navigator & Housing Community Case Manager works out of the NPLC office each Tuesday 	<p>\$4,768,000 (funded by Ontario Health)</p> <ul style="list-style-type: none"> • All staff compensated with a base salary, with no billing to OHIP • Additional funding of \$75,000 through the Ministry of Community and Social Services (MCSS), and \$1,170,000 from other community funding sources 	<ul style="list-style-type: none"> • 3.2 physicians • 5.2 Nurse Practitioners • 4 RNs • 1 Registered Practical Nurses (RPNs) • 4.3 Social Workers • 1.4 Registered Dietician • 2 Physiotherapists • 3.2 Community Outreach workers • 4.9 Reception • 1 Diabetes Education Staff • 1 Health Services/Clinical Director • 1 Office Manager • 1 Executive Director

Appendix 5 - Home and Community Care (Ontario Health atHome)

Ontario Health atHome is responsible for the provision of home and community care services across the province, including Oxford County. There are also other community support service (CSS) agencies who provide home and community care in Oxford as well. The majority of health services delivered by Ontario Health atHome are contracted out to Service Provider Organizations (SPOs).

Ontario Health atHome Services Provided in Oxford County (2023/24)*			
Service	Patients	Visits	Services waitlisted (as of May 31, 2024)
Personal Support Services	1,930	195,567	37
eHomecare	51	6,871	
Nutrition	336	1,156	
Occupational Therapy	2,312	9,303	7
Physiotherapy	1,752	10,745	<5
Respiratory Therapy	41	72	
Shift Nursing	29	39,774	
Social Work	671	3,194	
Speech	257	1,432	
Visiting Nursing	3,342	89,059	13
Total	5,462	357,173	59

*provided by HCCSS, South West

Ontario Health atHome Service Provider Organizations (SPOs) providing care in Oxford County	
Visiting Nursing	<ul style="list-style-type: none"> • Care Partners • SE Health
Shift Nursing	<ul style="list-style-type: none"> • CarePartners
Personal Support Services	<ul style="list-style-type: none"> • CarePartners • Paramed
Nutrition	<ul style="list-style-type: none"> • CBI
Occupational Therapy & Physiotherapy	<ul style="list-style-type: none"> • CBI • TVCC
Speech Language Pathology	<ul style="list-style-type: none"> • CBI
Social Work	<ul style="list-style-type: none"> • CBI

Appendix 6 - Canadian Mental Health Association (CMHA) Thames Valley

Individuals Served in Oxford County	Services Offered in Oxford	Numbers
<ul style="list-style-type: none"> • 2,886 unique individuals served • 25,009 service provider interactions • 729 service provider group interactions 	<ul style="list-style-type: none"> • Behaviour Addictions • Case Management • Community Education & Training • Concurrent Disorders Case Management • Crisis Services & Intervention • DBT (Dialectical Behavior Therapy) • Drug Treatment Court • Justice & Court Diversion • Mental Health & Addiction Walk In Support 	<p>CMHA Staff with Primary workplace in Oxford (both Woodstock & Tillsonburg) 42</p>
<ul style="list-style-type: none"> • 226 callers to “Reach Out” Crisis Line in 2023/24 (note – numbers may be under-represented as many crisis callers do not identify their location) 	<ul style="list-style-type: none"> • Mental Health Engagement & Response Team (MHEART) • Oxford County Walk In Counselling • Ontario Structured Psychotherapy Program (OSP) • Peer Support Services, Drop-in Centre & Outreach • Peer Support Transitional Discharge from Hospital • Perinatal Mental Health Program • Seniors Outreach & Recovery (SOAR) • Shower Facilities • Substance Use & Opioid Addiction Programs • Supportive Independent Housing • Urgent Needs Case Management 	<p>Number of all Staff working out of Oxford 62</p>

Appendix 7 - List of Stakeholder Interviews

	Name	Organization	Title	Date
1	Perry Lang	Woodstock Hospital	President & CEO	April 11, 2024
2	Stephanie Nevins	Ingersoll Nurse Practitioner-Led Clinic	Executive Director	April 11, 2024
3	Mark Dager	Oxford County	Director, Long-Term Care/Woodingford Lodge	April 11, 2024
4	Teresa Martins	Oxford Ontario Health Team (OHT)	Executive Project Lead	April 12, 2024
5	Daryl Nancekivell	Home and Community Care Support Services	Vice President, Patient Services, South West	April 17, 2024
6	Nadia Facca	Alexandra Hospital Ingersoll & Tillsonburg District Memorial Hospital	President & CEO	April 22, 2024
7	Pam Tobin / Lori Hassall	Canadian Mental Health Association (CMHA) Thames Valley	CEO / Vice President, Services & Supports	April 24, 2024
8	Melanie Everets-Rodrigues	Ingersoll Physician Recruitment Committee	Chair	April 25, 2024
9	Mike McMahon	Thames Valley Family Health Team	Executive Director	April 29, 2024
10	Dr. Elizabeth Allen	Alexandra Medical Centre	Physician	April 30, 2024
11	Robin Schultz	Alexandra Hospital Foundation	Executive Director	May 1, 2024
12	Jane Tillman	Ontario Health, Health Workforce	Advisor	May 3 & 9, 2024
13	Randy Peltz Zach Hollingham	Oxford County Community Health Centre (CHC)	Executive Director / Director, Clinic & Client Services	June 3, 2024
14	Annette Sprentall	Secord Trails Community Care	Executive Director	May 29, 2024
15	Jennifer Anderson	Sienna Senior Living	Executive Vice President	June 4, 2024

16	Quinn Pow Adam Fennell James Langford Allan Simm Kim Overton	Ingersoll Chamber of Commerce	President Past President 2 nd Vice President Director Coordinator	June 26, 2024
17	Dr. Amy Blake Dr. Jill Matsuo Dr. Joel Wohlgemut	Alexandra Family Physicians	Physicians	June 26, 2024