



**The Corporation of the County of Northumberland
Community Health Committee
Minutes**

**March 4, 2025, 9:00 a.m.
Council Chambers
555 Courthouse Road, Cobourg, ON K9A 5J6
Hybrid Meeting (In-Person and Virtual)**

Members Present: Chair Olena Hankivsky
Councillor Lucas Cleveland

Members Regrets: Warden Brian Ostrander

Council Members

Present (non-voting): Councillor Robert Crate (*attended virtually*)
Councillor Mandy Martin (*attended virtually*)

1. Notices

1.a Accessible Format

If you require this information in an alternate format, please contact the Accessibility Coordinator at accessibility@northumberland.ca or 1-800-354-7050 ext. 2327.

1.b Meeting Format

This Committee Meeting was held using a hybrid meeting model. The public were invited to attend in Council Chambers, or view the meeting via the live stream, or join online or by phone using Zoom Conference Technology.

2. Call to Order

Chair Olena Hankivsky called the meeting to order at 9:01 a.m.

2.a Territorial Land Acknowledgement

3. Approval of the Agenda

Committee Resolution 2025-03-04-163

Moved by Councillor Lucas Cleveland

Seconded by Chair Olena Hankivsky

"**That** the agenda for the March 4, 2025 Community Health Committee be approved, as amended, to include the following items:

- Staff Report Item 8.g. 'Golden Plough Lodge Fire Update - Verbal'; and
- Closed Session Item 11.a 'Matters pertaining to the security of the property of the municipality and personal matters about an identifiable individual (Golden Plough Lodge Fire)."

Carried

4. Disclosures of Interest

- No disclosures

5. Delegations

N/A

6. Business Arising from Last Meeting

N/A

7. Communications

7.a Correspondence, Township of Kearney 'Opposition to Private For-Profit Blood and Plasma Collection'

Committee Resolution 2025-03-04-164

Moved by Councillor Lucas Cleveland

Seconded by Chair Olena Hankivsky

"**That** the Community Health Committee receive the correspondence from the Township of Kearney regarding 'Opposition to Private For-Profit Blood and Plasma Collection' for information, noting that County Council previously considered correspondence regarding this subject matter at the

February 19, 2025 County Council meeting and subsequently received it for information; and

Further That the Committee recommend that County Council receive this correspondence for information."

Carried

8. Staff Reports

8.a Report 2025-033, Health & Human Services 'Port Hope Walk-in Medical Clinic Update' - Presentation

Glenn Dees, Director Health & Human Services
Alanna Lakoff, Professor of Nursing, Loyalist College

[Deputy Warden Hankivsky relinquished the Chair to Councillor Cleveland at 9:49 a.m.]

Committee Resolution 2025-03-04-165

Moved by Chair Olena Hankivsky

Seconded by Councillor Lucas Cleveland

"That the Community Health Committee, having considered Report 2025-033 'Port Hope Walk-in Clinic Update', recommend that County Council approve utilizing \$125,000 from the 2025 budget to fund the Port Hope Walk-in Clinic; and

Further That the Committee recommend that County Council identify this item for separate discussion at the March 19, 2025 County Council meeting to discuss where funds will be diverted from."

Carried

[Councillor Cleveland relinquished the Chair back to Deputy Warden Hankivsky at 9:53 a.m.]

8.b Report 2025-034, Health & Human Services 'Ministry of Long-Term Care Inspection Update'

Alanna Clark, Administrator Golden Plough Lodge

Committee Resolution 2025-03-04-166

Moved by Councillor Lucas Cleveland

Seconded by Chair Olena Hankivsky

“That the Community Health Committee receive Report 2025-034 ‘Ministry of Long Term Care Inspection Update’ for information; and

Further That the Committee recommend that County Council receive this report for information.”

Carried

8.c Report 2025-035, Northumberland Paramedics 'Response Time Standards - Performance Actuals for 2024'

Susan Brown, Chief Northumberland Paramedics

Committee Resolution 2025-03-04-167

Moved by Councillor Lucas Cleveland

Seconded by Chair Olena Hankivsky

“That the Community Health Committee receive Report 2025-035 ‘Response Time Standards – Performance Actuals for 2024’ for information; and

Further That the Committee recommend that County Council receive this report for information; and

Further That the Committee recommend that County Council identify this item for separate discussion at the March 19, 2025 County Council.”

Carried

8.d Report 2025-036, Northumberland Paramedics 'Northumberland Community Paramedic 2024 Year End Report'

Kim Wilkinson, Deputy Chief Community Paramedicine

Committee Resolution 2025-03-04-168

Moved by Councillor Lucas Cleveland

Seconded by Chair Olena Hankivsky

“That the Community Health Committee receive Report 2025-036 ‘Northumberland Community Paramedic 2024 Year End Report’ for information; and

Further That the Committee recommend that County Council receive this report for information.”

Carried

8.e Report 2025-037, Northumberland Paramedics 'Northumberland Paramedics 2024 Year End Report'

Keith Barrett, Deputy Chief of Operations

Gabriele Mroz, Deputy Chief of Quality Improvement & Professional Standards

Committee Resolution 2025-03-04-169

Moved by Councillor Lucas Cleveland

Seconded by Chair Olena Hankivsky

“That the Community Health Committee receive Report 2025-037 ‘Northumberland Paramedics 2024 Year End Report’ for information; and

Further That the Committee recommend that County Council receive this report for information.”

Carried

8.f Report 2025-038, Northumberland Paramedics 'Replacement of the Automatic Vehicle Locators (AVL) Required'

Keith Barrett, Deputy Chief of Operations

Committee Resolution 2025-03-04-170

Moved by Councillor Lucas Cleveland

Seconded by Chair Olena Hankivsky

“That the Community Health Committee, having considered Report 2025-038 ‘Replacement of the Automatic Vehicle Locators (AVL) Required’, recommend that County Council approve the replacement of the AVL’s within the 2025 budget, and authorize the utilization of the Paramedic Capital Reserve if required for any portion.”

Carried

8.g Health & Human Services 'Golden Plough Lodge Fire Update' - Verbal

Jennifer Moore, CAO

Glenn Dees, Director Health & Human Services

Committee Resolution 2025-03-04-171

Moved by Councillor Lucas Cleveland

Seconded by Chair Olena Hankivsky

"**That** the Community Health Committee receive the verbal update regarding the 'Golden Plough Lodge Fire Update' for information."

Carried

9. Other Matters Considered by Committee

N/A

10. Media Questions

11. Closed Session

Committee Resolution 2025-03-04-172

Moved by Councillor Lucas Cleveland

Seconded by Chair Olena Hankivsky

"**That** this Committee proceed with the next portion of the meeting being closed to the public at 10:40 a.m.; and

Further That the meeting is closed to the public as permitted under the Municipal Act Sections 239. (2.a) and (2.b) in order to address matters pertaining to the security of the property of the municipality and personal matters about an identifiable individual (Golden Plough Lodge Fire), and that Jennifer Moore, Glenn Dees, Alanna Clark, Denise Marshall, Colleen McCabe, Kate Campbell, Susan Brown, Maddison Mather, and Cheryl Sanders remain present."

Carried

12. Motion to Rise and Results from Closed Session

Committee Resolution 2025-03-04-173

Moved by Councillor Lucas Cleveland

Seconded by Chair Olena Hankivsky

"**That** this Committee rise from Closed Session at 10:52 a.m.; and

Further That the confidential resolution moved in Closed Session regarding matters pertaining to the security of the property of the municipality and personal matters about an identifiable individual (Golden Plough Lodge Fire), is hereby

referred to the Open Session of the Community Health Committee, which refers it to County Council for adoption."

Carried

13. Next Meeting - Monday, April 1, 2025 at 9:00 a.m.

14. Adjournment

- The meeting adjourned at 10:53 a.m.

Port Hope Walk-in Clinic, Expanding Access to Primary Care



March 4, 2025

**LOYALIST
COLLEGE**

EMR Data Analysis August 2024-January 2025

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Port Hope Walk-in Clinic – Beginnings

- The Ontario Medical Association estimates that 2.5 million people are without a family doctor (UNATTACHED), with the expectation that this number will double in the next two years.
- Locally, it is estimated that over 8,000 Northumberland residents – including 4,000 in West Northumberland alone - do not have a primary care provider, and this number could rise to more than 20,000 by 2026.
- This pilot project was approved by County Council following a motion by County Deputy Warden and Mayor of Port Hope Olena Hankivsky.
- The initiative was originally conceived by Deputy Warden Hankivsky, who has led physician recruitment efforts for the clinic's activation alongside Port Hope Councillor Les Andrews, who has spearheaded fundraising efforts.

Port Hope Walk-in Clinic – A Collaborative Model

- Northumberland County provides office setup, IT infrastructure, logistics, communications, and administration support.
- The Community Health Centres of Northumberland County contribute significant experience and expertise in primary care service delivery, assisting with clinic nursing services, patient information technology and implementation support during the pilot.



Northumberland County. (2024, August 14). *County announces opening of Port Hope Medical Walk-In Clinic, expanding access to primary care*. Retrieved February 8, 2025, from <https://www.northumberland.ca/en/news/county-announces-opening-of-port-hope-medical-walk-in-clinic-expanding-access-to-primary-care.aspx>

Port Hope Walk-in Clinic – Services Provided

- To improve access to health care services for Northumberland residents who do not currently have a family doctor or nurse practitioner
- Located at 99 Toronto Road on the 2nd floor
- Planned schedule: Wednesdays and Fridays from 3:00 p.m. to 7:00 p.m., and Saturdays and Sundays from 11:00 a.m. to 5:00 p.m.
- Residents with a family doctor are encouraged to book an appointment with their physician's office to address health concerns, to maintain continuity of care
- Opening day Saturday, August 17, 2025

Can a patient visit the clinic if they have a family doctor?

- The goal of Port Hope Medical Walk-in Clinic service is to respond primarily to the health care needs of residents in Northumberland who do not currently have access to primary care.
- Patients enrolled with a family doctor or Nurse Practitioner should always seek treatment with their provider first to maintain continuity of care.
- There are no financial penalties applied to family doctors whose patients visit a walk-in clinic on **weekends and holidays**.
- Patients without a health card can still see a doctor; however, a fee is required.



Six-Month Impact Assessment: Key Findings and Insights

De-identified EMR data
analysis by Loyalist College
third year nursing students
PART 1

Nursing Student Collaboration

Through community collaboration with Northumberland County & Loyalist College Centers for Healthy Communities, this research aims to examine the impact of the first 6 months of a 1-year pilot walk-in clinic

How has introducing a pilot walk-in clinic improved access and quality of care for the community, especially for unattached patients?

What are the estimated potential cost savings associated with redirecting patient care from emergency department visits to the walk-in clinic?





This data analysis aligns with NURS 3006 Course Learning Outcomes:

- Demonstrating understanding of the principles of data collection (e.g., use of EMRs and survey design).
- Analyze data using descriptive statistics and interpret statistical results to inform cost-related outcomes (Part 1)
- Interpret qualitative data through thematic analysis to interpret patient survey data and derive meaningful insights (Part 2)

Patients Rostered between August 2024 - January 2025

Patient Enrollment Status	# of Patients
Attached	46%
Unattached	54%
No OHIP # provided	22 patients
Total Patient Visits	> 600

Walk-in Clinic Availability

Month	Clinic Dates
August 2024	17, 23, 25, 28, 31 Total=5 days
September 2024	8, 11, 14, 15, 18, 25, 28 Total=7 days
October 2024	6, 9, 12, 16, 23, 26 Total=6 days
November 2024	2, 6, 10, 15, 20, 23, 24, 27 Total=8 days
December 2024	4, 7, 8, 11, 15, 18, 21, 22, 27 Total=9 days
January 2025 <i>(up to the 6-month mark Jan 15)</i>	4, 8, 11, 12, 15, 18, 22, 25, 29 Total=9 days

Visits per Open Day

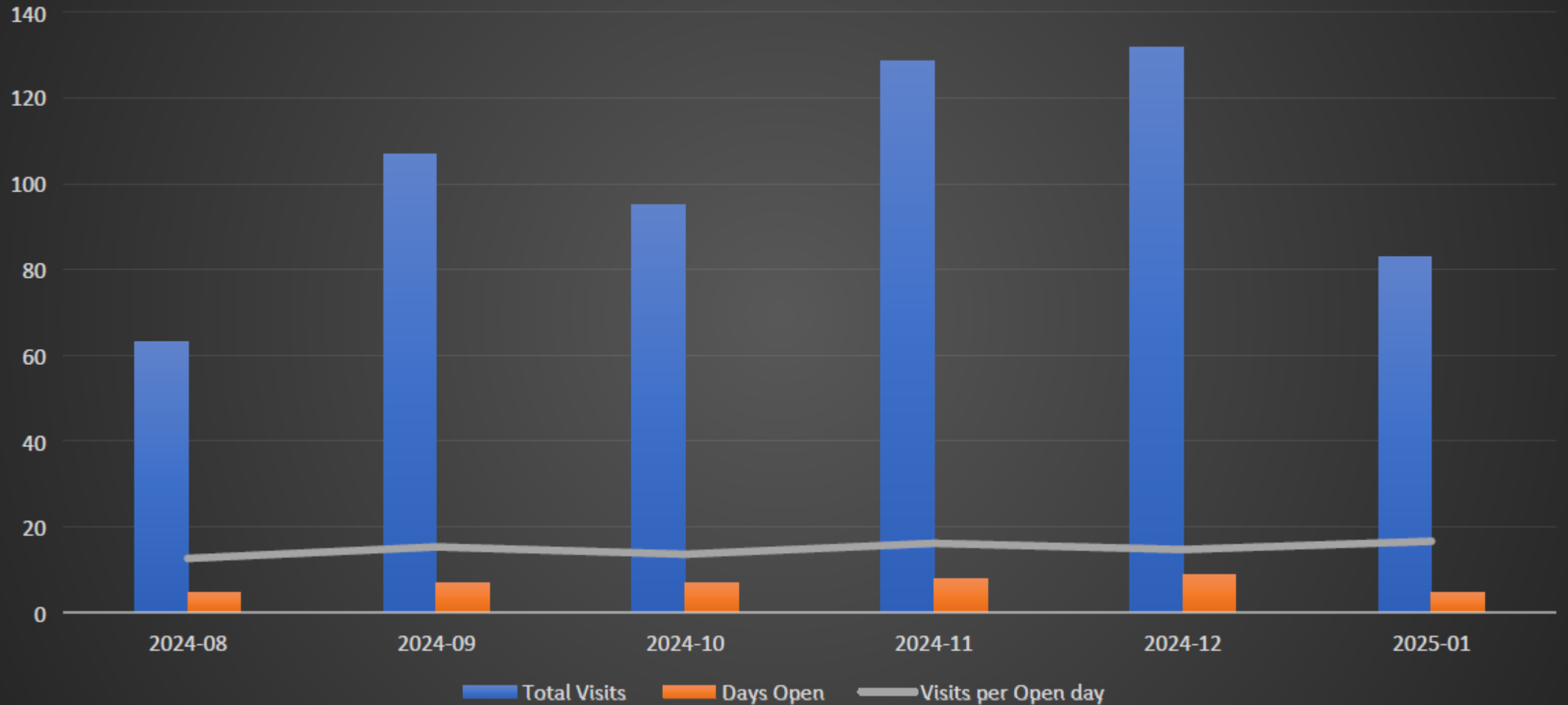
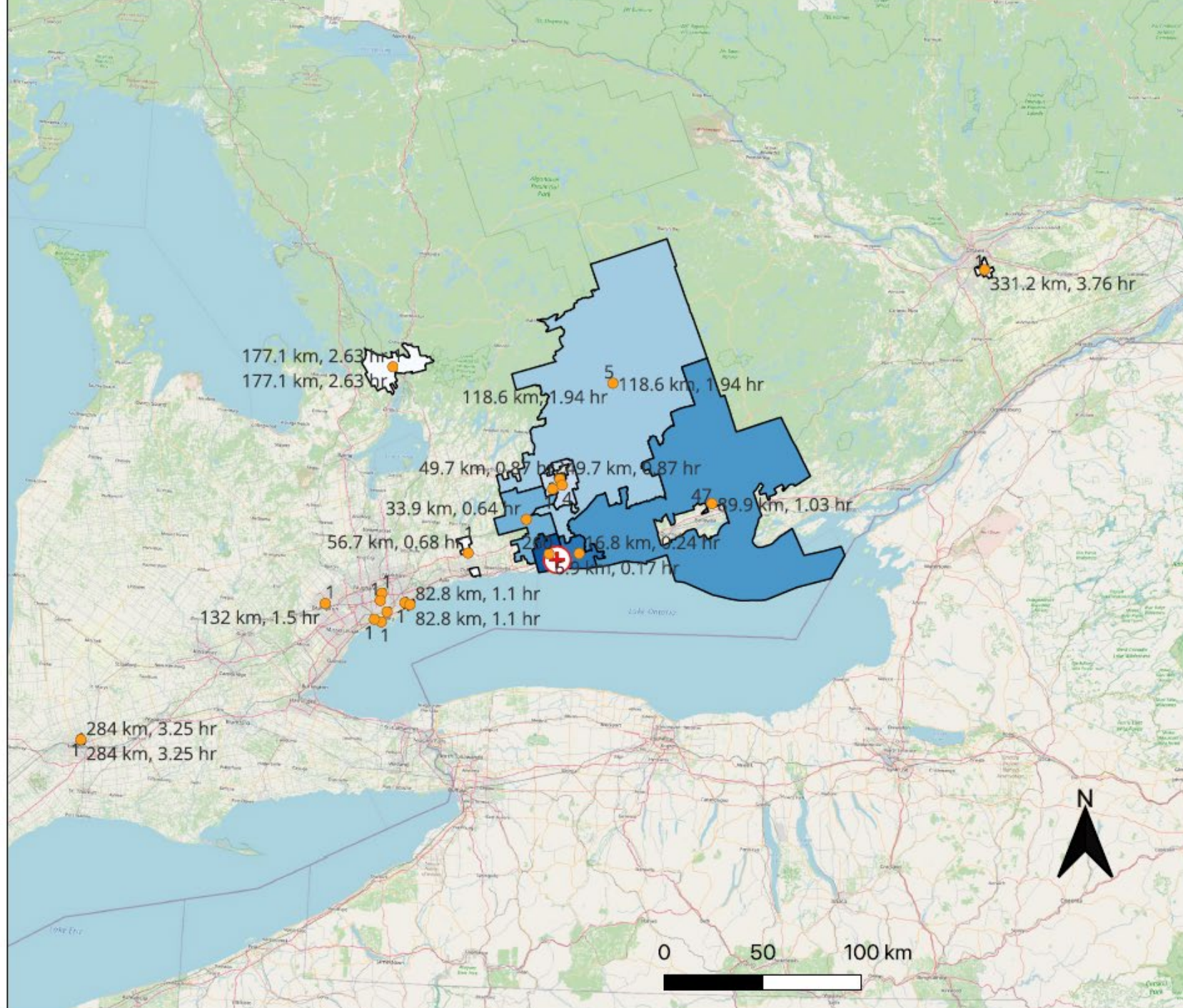
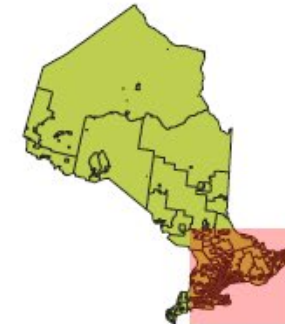


Chart representing the number of patients per month, the number of open days and the number of patients per open day. The trendline shows a steady number of visits per open day in the past six months.

Map 1: Patient Origins in Relation to
the Clinic

Author: Andre Avila Pinto

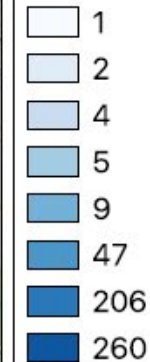
Coordinate System: NAD83 UTM
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Datum: NAD83
Units: Meters
Date: February 4, 2025



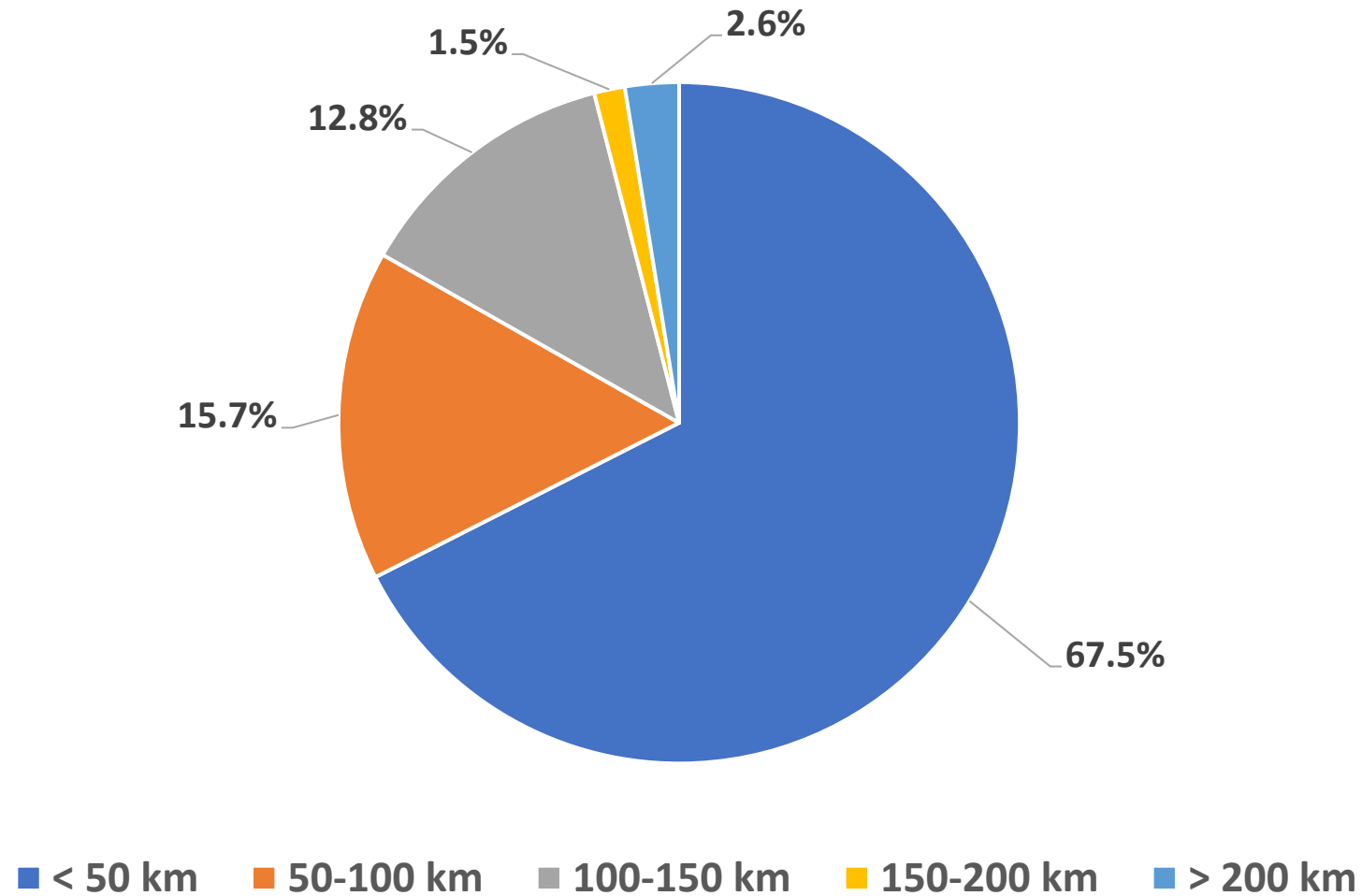
Legend

⊕ Walk-in Clinic

Patients/Postal Code



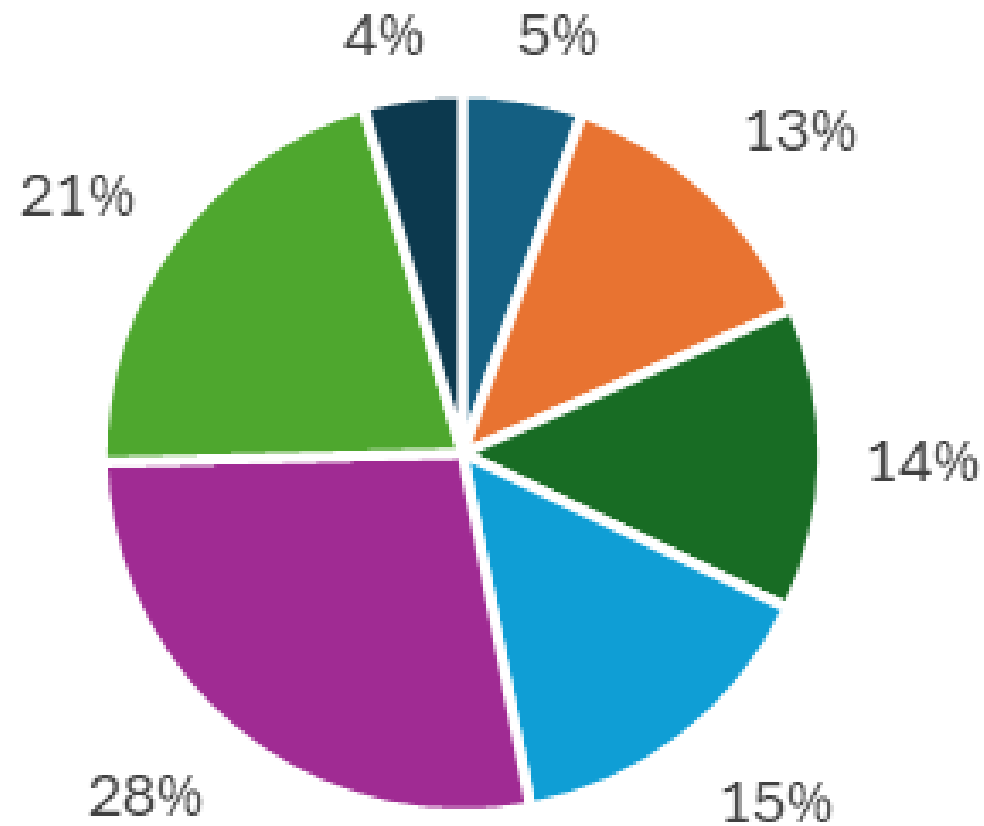
Attached Patients Distance of Primary Care Provider Address From Port Hope Walk-in Clinic



Attached Patients (46% of Rostered Patients) Home Postal Code in Comparison to Distance from Their Reported Primary Care Provider (PCP) Postal Code

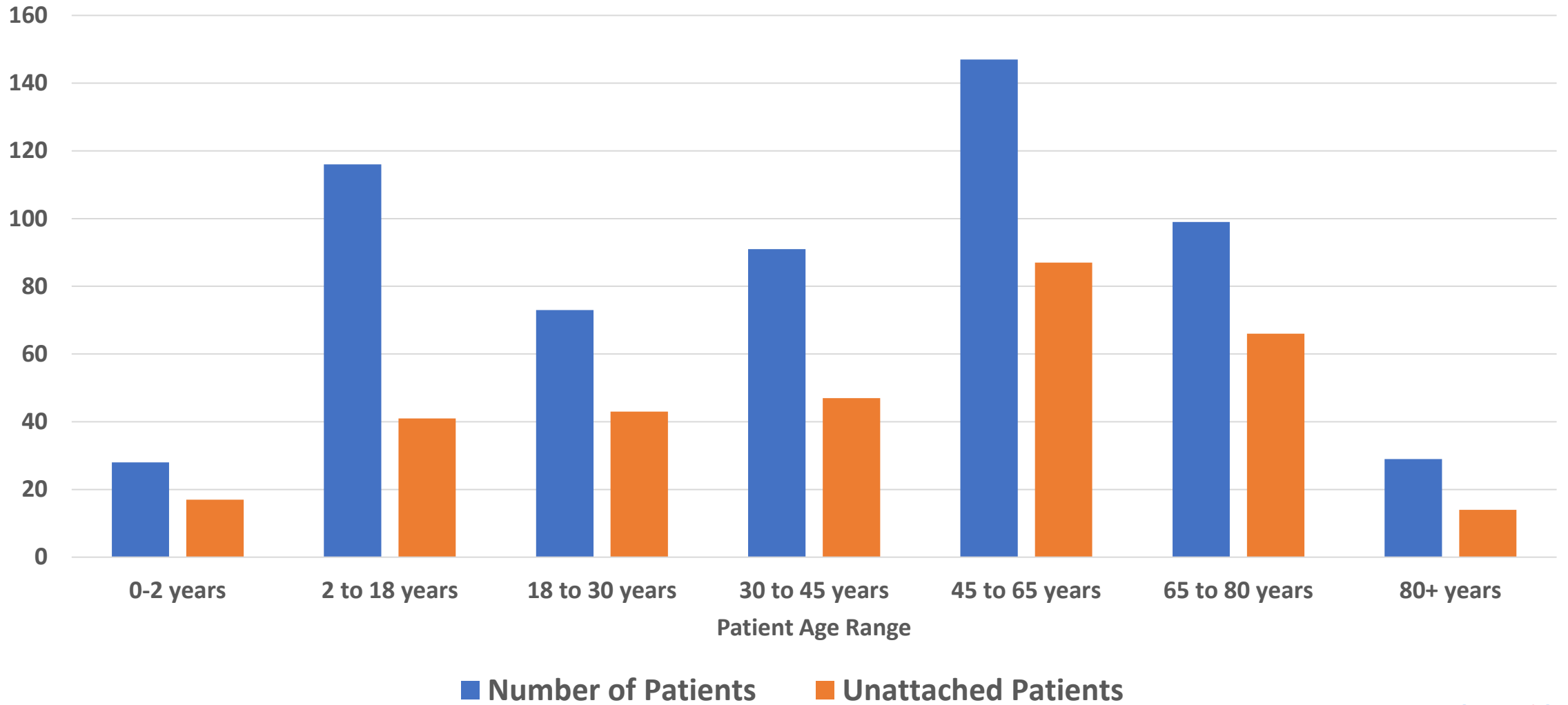
Home Postal Code	% of attached patients	Postal Code of PCP > 30 min drive from home postal code
L1A, K9A	85%	49%
K0K, LOA	12%	100%
Other	3%	78%

Unattached Patients by Age Range

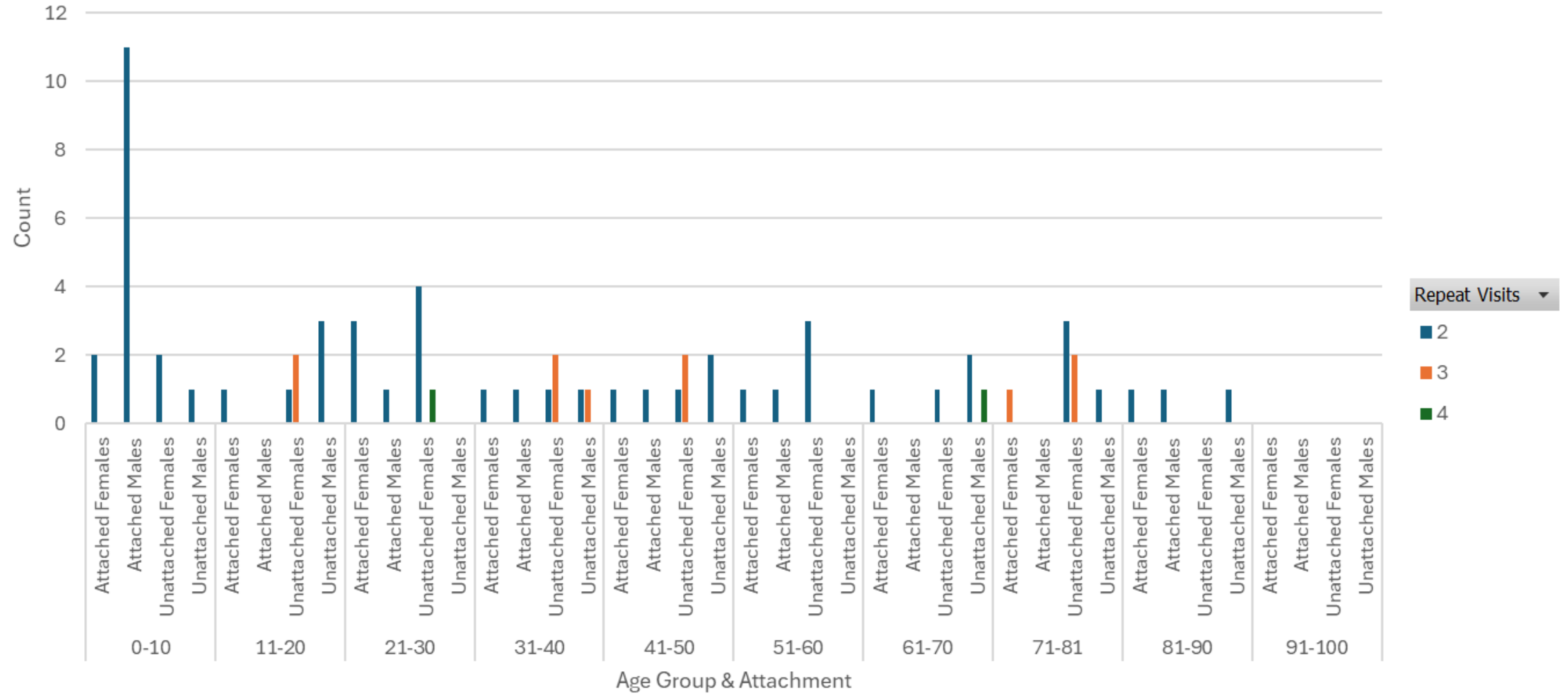


■ 0 to 2 years ■ 2 to 18 years ■ 18 to 30 years ■ 30 to 45 years
■ 45 to 65 years ■ 65 to 80 years ■ 80+ years

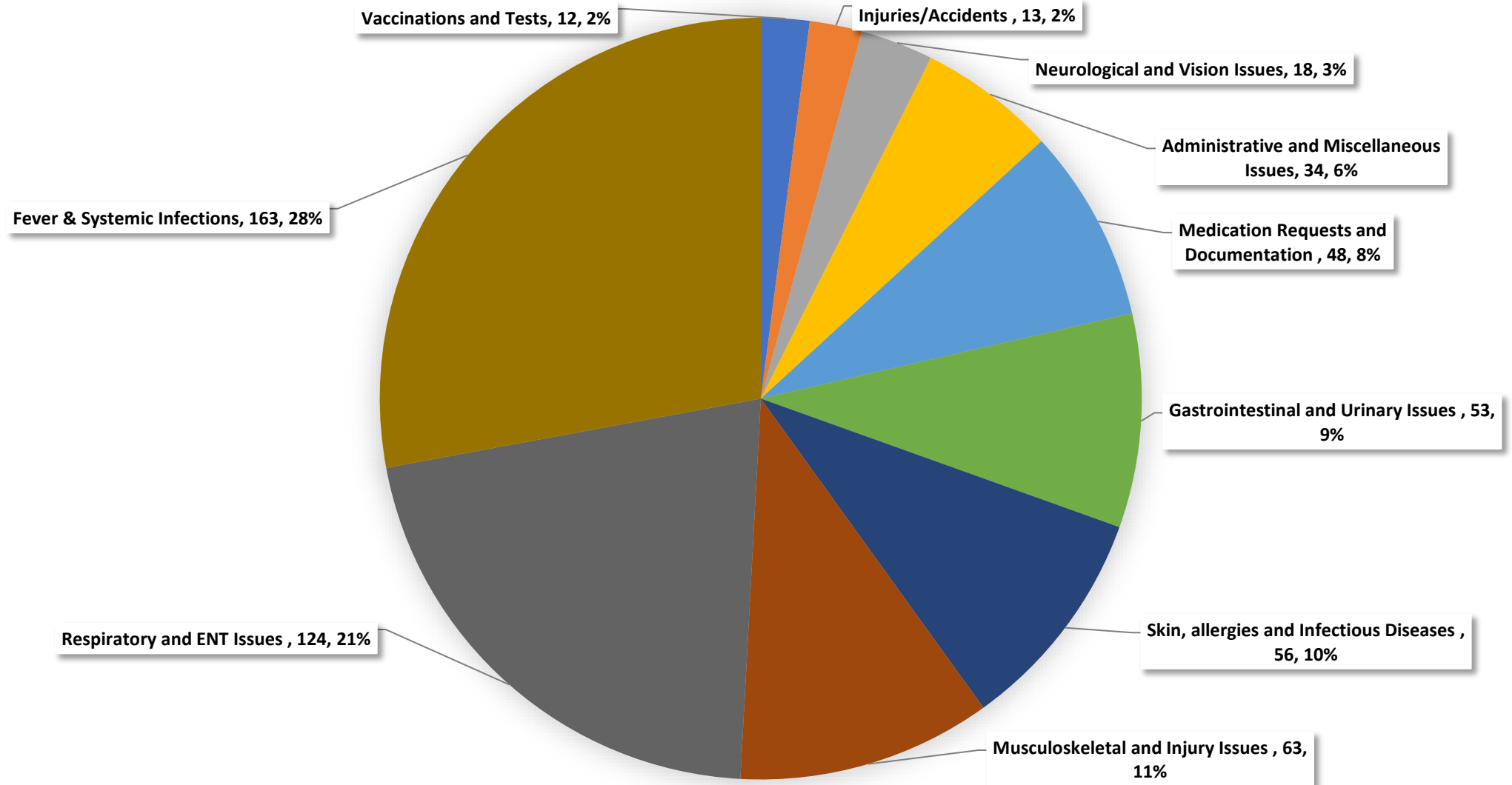
Number of Patients VS Unattached Patients by Age Range



Trend of Repeat Visits by Age Groups



Reasons for Seeking Treatment at Port Hope Walk-in Clinic





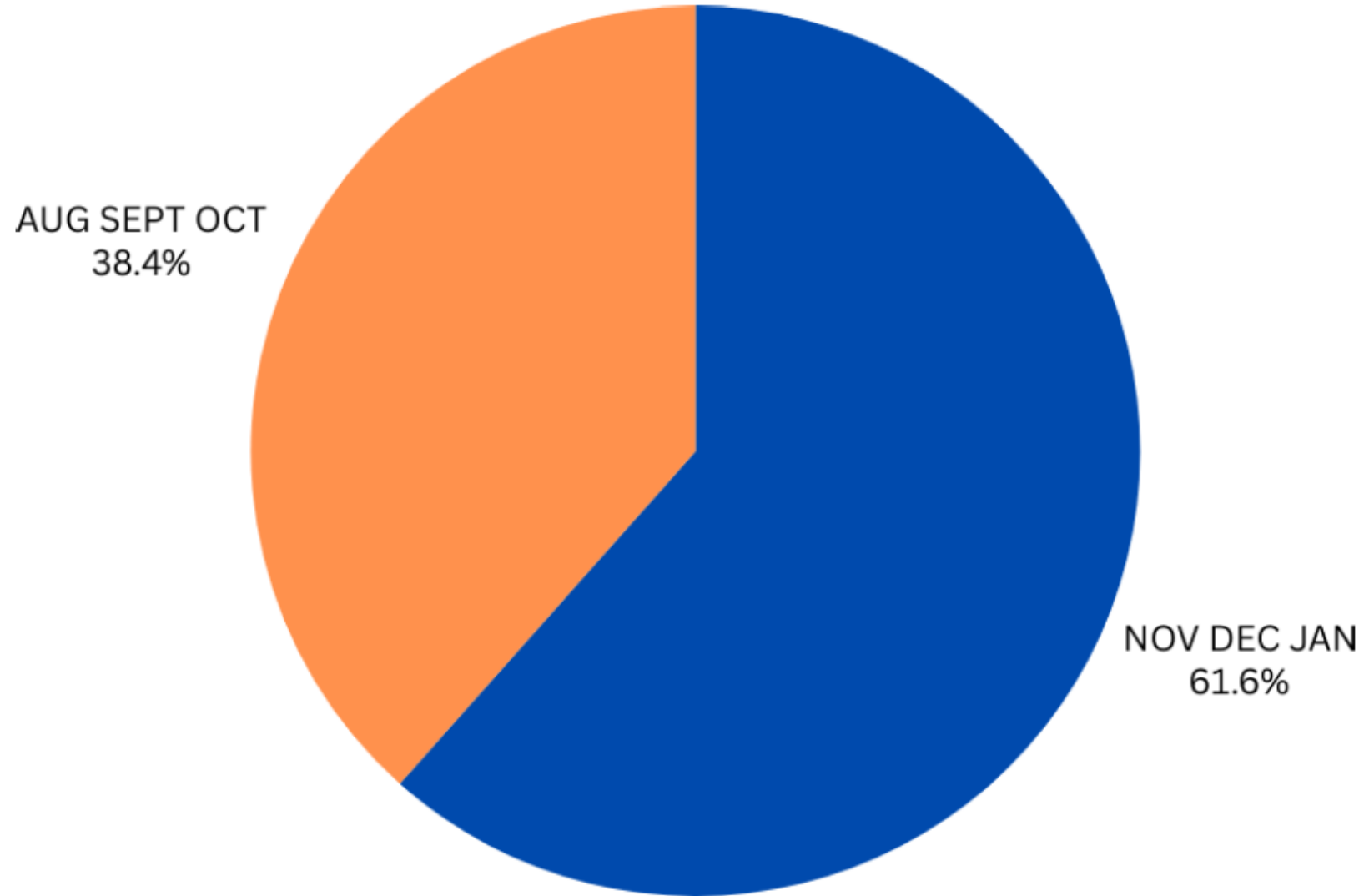
- Fever without rash
- Rash without fever
- Abdominal pain
- Mild vomiting/diarrhea
- Wheezing or shortness of breath
- Sinus infections
- Moderate flu-like symptoms
- Cold Symptoms
- Sore throat
- Ear pain
- Eye injury
- Sprains, strains
- Small cuts without continuous bleeding
- Minor burns
- Painful urination
- Dehydration

As per the clinic's website –
these reasons for seeking
treatment are relevant

Total Patients Receiving a Referral or Prescription

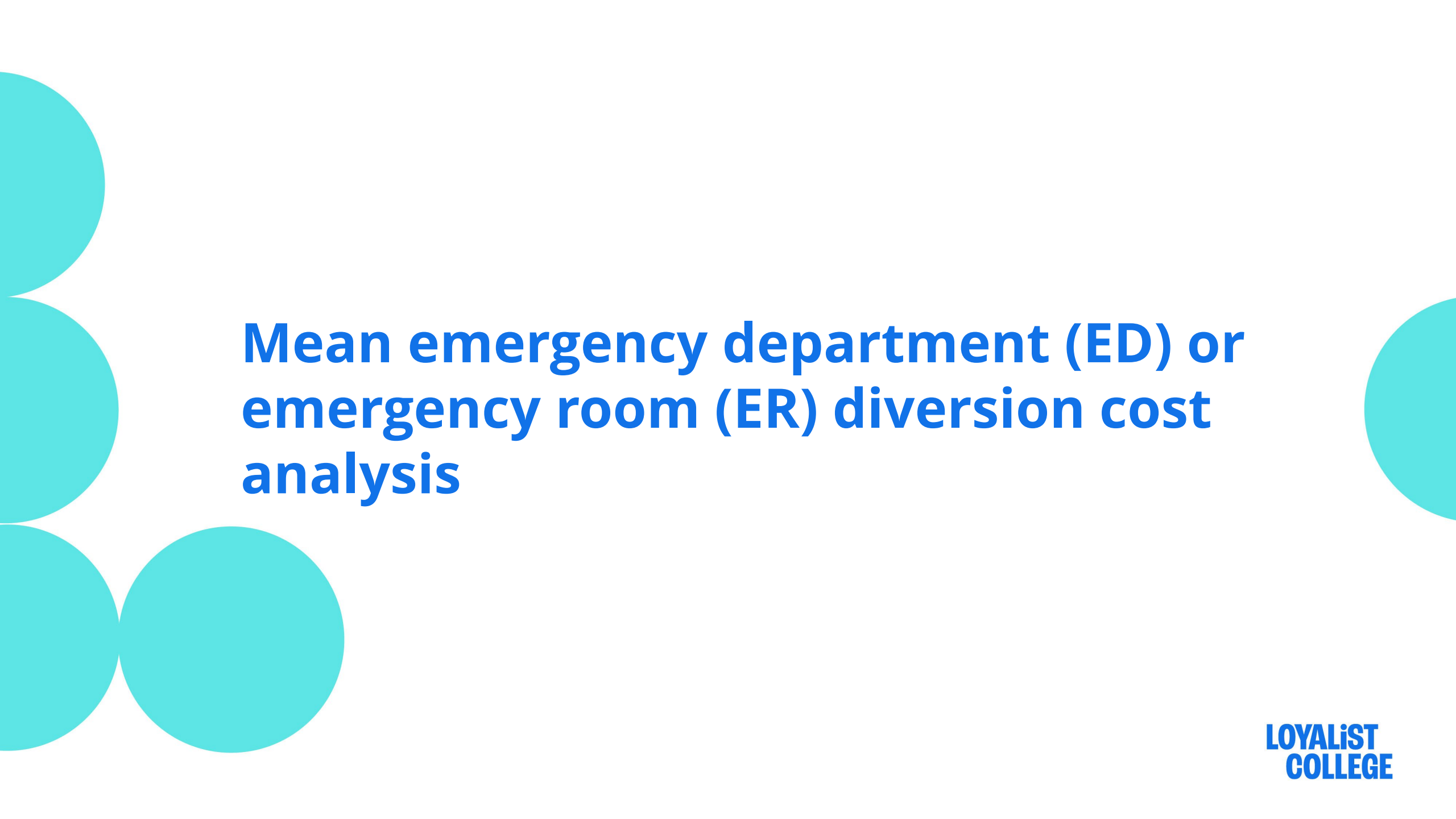
Months	Prescription	Referrals
August 2024	31	3
September 2024	55	0
October 2024	45	3
November 2024	72	12
December 2024	89	6
January 2025 <i>(up to the 6-month mark Jan 15)</i>	49	3
TOTAL	341	27

Prescription Comparison Between Fall and Winter



Frequency of Prescriptions for each Reason for Visit

Reason for Visit	Zero Prescriptions	One Prescription	Two Prescriptions	Three Prescriptions
Paperwork/Forms	21	3	2	0
Respiratory Symptoms	48	105	14	0
Genitourinary Symptoms	6	12	2	0
Prescriptions	1	30	1	1
Diagnostics	33	11	1	0
Gastrointestinal Symptoms	16	7	1	0
Pain, Injury	31	29	5	1
Integumentary Symptoms	20	28	5	0
Referral Request	10	1	0	0
Ears, Eyes, Throat, Mouth	35	43	2	0
General Symptoms	14	6	1	0
Vaccinations	4	3	0	0
Unknown/Other	26	23	2	0
Cardiac Symptoms	1	1	0	0
Mental Health	0	1	0	0
Total	266	303	36	2



Mean emergency department (ED) or emergency room (ER) diversion cost analysis

The Port Hope medical walk-in clinic is filling a significant resource gap and improving access to healthcare!

“While up to one in five emergency department patients treated and discharged in Ontario could have been treated in a doctor’s office or clinic, we found that there have been insufficient efforts to try to divert or transfer [lower acuity] patients to more appropriate care facilities.
(Office of the Auditor General of Ontario, 2023, p. 6).”

Estimate 1

The direct cost per ED visit increased from \$96 in 2005–2006 to \$158 in 2018–2019, reflecting an average annual growth rate of 4%. However, when considering additional hospital services such as diagnostic imaging, housekeeping, and administration, the total hospital cost of an ED visit reached \$304 in 2018–2019.

Canadian Institute for Health Information. (2020). Hospital spending: Focus on the emergency department. Ottawa, ON CIHI. <https://www.cihi.ca/sites/default/files/document/hospital-spending-highlights-2020-en.pdf>

Estimate 1 continued

New Value=Initial Value×(1+Growth Rate)

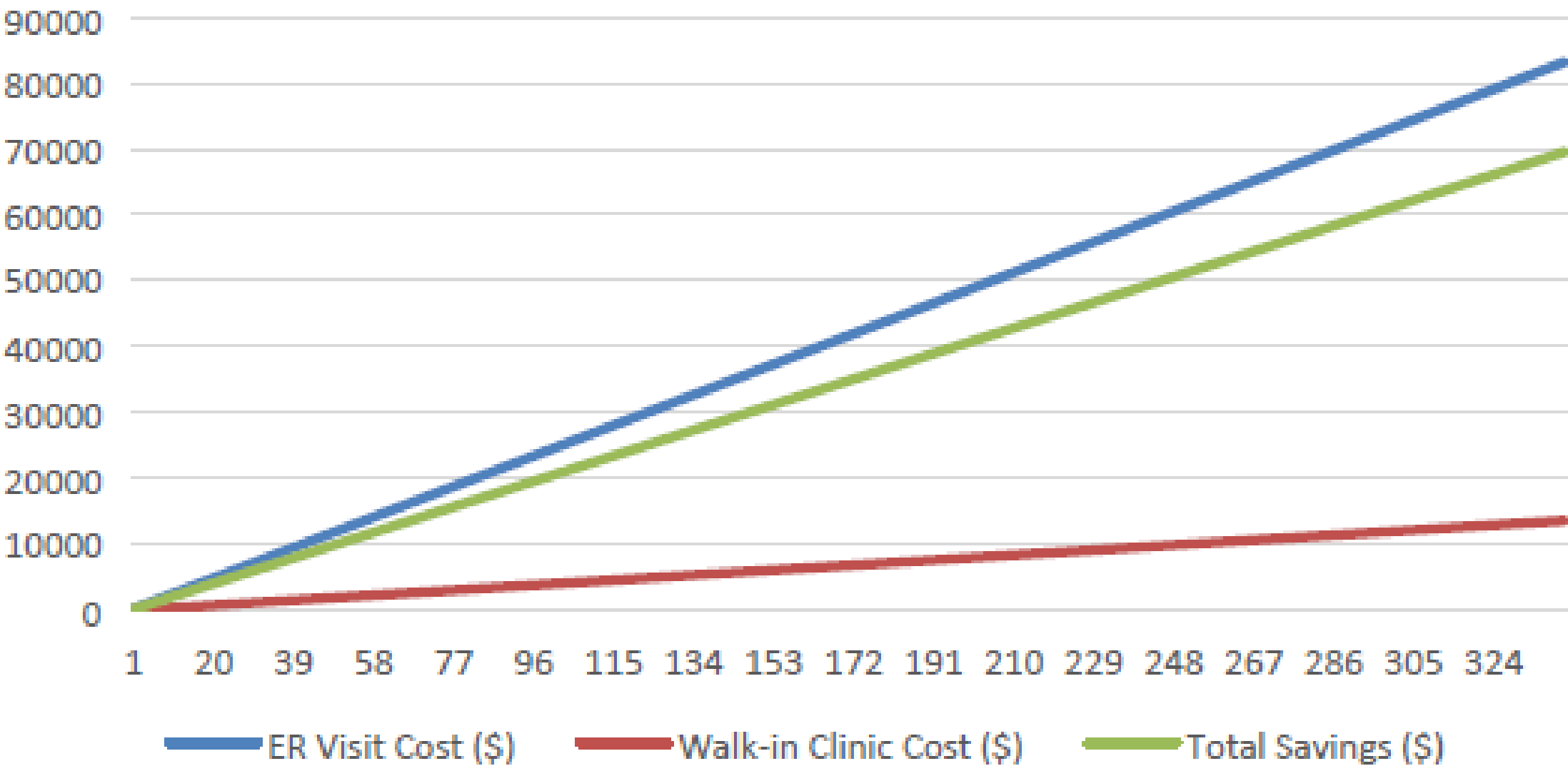
- 2018–2019: \$158
- 2019–2020: \$164.32
- 2020–2021: \$171.30
- 2021–2022: \$177.74
- 2022–2023: \$184.61
- 2023–2024: \$191.92
- 2024–2025: \$199.68


Using the total \$199.68 as estimated: 341 (prescriptions) + 27 (referrals) = 368 (total needs from walk in clinic) x \$199.68 = **\$73,482.24** predicted savings from number of prescriptions and referral patients received from Port Hope Medical Walk-in Clinic rather than going to the ED

Estimate 2

- Port Hope clinic visit fee of \$40 (\$39 plus \$1 administration fee) to estimate the potential six-month cost-savings accrued when patients visited the walk-in clinic instead of seeking care at an ED
 - Port Hope walk-in clinic EMR data shows 341 encounters resulted in a prescription, and 317 unique patients received a prescription. The cost figures were based on the following sources:
 - The ED visit cost of \$244 was calculated as an average from:
 - \$323 per visit: Alliance for Healthier Communities (2022)
 - \$165 per visit: Ontario Auditor General (2023)
 - Average: $(323 + 165) / 2 = \$244$ per ED visit
 - Lastly, the total cost-savings from January 17 to August 17, 2024, for patients visiting the Port Hope walk-in clinic instead of an ED for care was calculated at an estimated \$69,564.
- ### Recommendations

Estimate 2 continued





**The mean of these two
estimations for cost
savings was \$71,523
(SD=\$2,771)**



**Research supporting
the gap in healthcare
that the Port Hope
medical walk-in clinic
is addressing**

Literature Connecting – Example 1

Funding to open similar walk-in clinics like the Port Hope medical walk-in clinic, has proven successful in keeping patients out of the ER for non-urgent complaints with timely care being provided. Rahman et al., (2023) study explores the association between patient-reported timely access to their usual primary care physician or clinic and their use of walk-in clinics. Of the 60,935 responses from people with a primary care physician, 16,166 (weighted 28.6%) reported visiting a walk-in clinic in the past year.

Rahman, B., Costa, A., Gayowsky, A., Rahim, A., Kiran, T., Ivers, N., Price, D., Jones, A., & Lapointe-Shaw, L. (2023). The association between patients' timely access to their usual primary care physician and use of walk-in clinics in Ontario, Canada: a cross-sectional study. *CMAJ Open*, 11(5), E847–E858. <https://doi.org/10.9778/cmajo.20220231>

Literature Connecting – Example 2

A substantial proportion of ED visits could be managed at a significantly lower cost by walk-in clinics. The Office of the Auditor General of Ontario (2023) states that in Ontario, one in five emergency visits could be handled in a clinic setting at an estimated cost of \$56 per visit compared to \$165 in EDs. Lower acuity cases, such as sore throats and colds, accounted for 23% (1.29 million) of emergency visits in 2022/23. To maximize these benefits, healthcare policies should focus on increasing public awareness of walk-in clinic services, enhancing clinic accessibility, and integrating walk-in clinics into broader healthcare planning.

Office of the Auditor General of Ontario. (2023, December). Value-for-money audit: Emergency departments. Retrieved on January 31, 2025, from https://www.auditor.on.ca/en/content/annualreports/arreports/en23/AR_emergencydepts_en23.pdf



Actionable Recommendations for Sustainability and Serving the Northumberland Community

Recommendation 1 & 2

- Optimize clinic staffing to expand the number of dates available
 - Consider expanding clinic availability by offering additional dates to better meet community needs
- Prepare for seasonal high volumes
 - Anticipate increased patient visits during peak periods, such as flu season or viral outbreaks

Recommendation 3

- Improve patient accessibility, enhance quality of care, and support workforce development through a collaborative team-based approach.
- Key Strategies:
 - Extend clinic hours or coverage by incorporating nurse practitioners (NPs) to the extent viable
 - Engage Loyalist Nursing Students and Occupational Therapy Assistants (OTAs)

College of Nurses of Ontario. (2023). Practice standards.

https://cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/41038_strdrnec.pdf

Key Takeaways

- **Reducing Pressure on Emergency Services:**

- The Port Hope medical walk-in clinic has alleviated demand on the local emergency department by providing timely care and appropriate referrals for unattached patients (those without a primary care provider).

- **Seasonal Demand & Improved Community Support:**

- The clinic plays a critical role during the **high-demand fall and winter months**, particularly in addressing surges related to respiratory illnesses and seasonal injuries.

- **Common Reasons for Visits & Prescription Trends:**

- Respiratory issues are the leading cause of patient visits, accounting for the highest number of prescriptions.
- Pain and injury concerns are the second most common.

- **Demonstrated Need for Non-Urgent Care – The Clinic Fulfills A Primary Care Gap:**

- Clinic data underscores a strong and ongoing need for accessible non-urgent medical care within the community, ensuring patients can receive timely treatment while reducing strain on emergency services.