

Date: January 26, 2026
Time: 6:00 pm
Location: Council Chambers, 3rd Floor, City Hall
66 Charlotte Street, Port Colborne

Pages

1. Call to Order
2. Adoption of the Agenda
3. Disclosures of Interest
4. Approval of the Minutes
 - 4.1 Healthcare Advisory Committee Meeting - January 12, 2026 1
5. Presentations
 - 5.1 Karen MacKenzie, Patient Services Manager - Ontario Health atHome 4
 - 5.2 Dr. Erica van Daalen, Chief of Staff, St. Thomas Elgin General Hospital 25
6. New Business
7. Adjournment

City of Port Colborne
Healthcare Advisory Committee Meeting Minutes

Date: Monday, January 12, 2026
Time: 6:00 pm
Location: Council Chambers, 3rd Floor, City Hall
66 Charlotte Street, Port Colborne

Members Present: C. Tamas
M. Lallouet
T. Triano
S. McDowell
P. McGarry
W. Steele, Mayor
R. Bodner, Councillor
M. Aquilina, Councillor

Staff Present: J. Beaupre, Deputy Clerk
B. Boles, Chief Administrative Officer
G. Bisson, Senior Community Engagement Advisor

1. Call to Order

The meeting was called to order at 6:04 p.m.

2. Adoption of the Agenda

Moved By M. Lallouet
Seconded By P. McGarry

That the Healthcare Advisory Committee Agenda, dated January 12, 2026, be approved.

Carried

3. Disclosures of Interest

There were no disclosures of interest.

4. Approval of the Minutes

4.1 Healthcare Advisory Committee Meeting - November 24, 2025

4.2 Healthcare Advisory Committee Meeting - October 29, 2025

Moved By T. Triano

Seconded By P. McGarry

That the following Healthcare Advisory Committee minutes be approved:

- November 24, 2025
- October 29, 2025

Carried

5. Procedural Business

5.1 Adoption of Meeting Schedule for February, March and April

Moved By C. Tamas

Seconded By M. Lallouet

That the following meeting schedule be set for February, March, and April of 2026, Monday at 6 p.m.:

- February 9
- March 9, March 23
- April 6, April 20

Carried

6. New Business

Geneviève-Renée Bisson, Senior Health Advisor, updated the Committee on future guest speakers, including Karen Mackenzie, Patient Services Manager, Ontario Health at Home, and Dr. Erica Van Daalen, Chief of Staff at St. Thomas Elgin General Hospital, on ED and patient care performance. On February 9 KPMG will be attending for a validation session.

7. Closed Session

Moved By T. Triano

Seconded By P. McGarry

That the Healthcare Advisory Committee now proceed to meet in Closed Session at 6:10 p.m. under the *Municipal Act, 2001*, Subsection 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.

Carried

7.1 Confidential KPMG Focus Group - Healthcare Services Analysis

8. Back to Open Session

Moved By C. Tamas

Seconded By M. Lallouet

That the Healthcare Advisory Committee rise and reconvene from Closed Session at 7:20 p.m. without report.

Carried

9. Adjournment

The Chair adjourned the meeting at 7:20 p.m.

Sydney McDowell, Chair

Jessica Beaupre, Deputy Clerk

Overview of Ontario Health atHome

Exceptional care – wherever you call home

Date: Jan 26/26 | Presenter: Karen Mackenzie

651,850+

Patients served
annually



Every month, care coordinators collectively have **344,560+** active patients on their caseloads.

By The Numbers

- Provide **27,490+** nursing visits, **4,200+** therapy visits and **100,570+** PSW service hours every day
- Transition **28,750+** patients to long-term care homes annually
- Administer **1.2M+** patient visits at nursing clinics annually
- Contract services from **100+** service provider organizations



Helping Patients and Families

We help patients, families and caregivers when they need services, support and guidance to:



Remain safely at home with the support of health and other care professionals



Leave the hospital and recover at home



Find a family doctor or nurse practitioner



Transition to long-term care or supportive housing



Avoid visiting the emergency department, when possible



Find community services that support healthy, independent living



Die with dignity, in the setting of their choice

Home and Community Care Eligibility

To be eligible, you must have:

- A valid Ontario Health Insurance Plan card
- Health care needs that cannot be met on an outpatient basis
- A need for a least one professional or personal support service
- A medical condition that can be treated wherever the patient calls home or at one of our community nursing clinics.





Care coordination

Working together to coordinate patient-centred care and services.

Our care coordinators:

- Are regulated health care professionals
- Visit patients in home, hospital or school
- Evaluate each patient's care needs and develop a customized care plan
- Coordinate services that ensure the most appropriate levels of care, rehabilitation and independence

Home and community care services may include:

- Care coordination
- Nursing
- Personal support
- Physiotherapy, occupational therapy, speech and language therapy
- Social work
- Dietetics



In the Community

Community-based services*:

- Meal delivery services
- Friendly visiting
- Transportation services
- Adult day programs – help patients remain in their home longer
- Links2Care

*Co-payment required for most community-based services

More comprehensive support:

- Supportive housing/assisted living
- Retirement homes
- Short stay respite: In long-term care home/retirement home/community setting
- Long-term care: When all community options have been exhausted and individual requires 24-hour nursing and personal care

In the Community: Community Nursing Clinics

- Over 140 community nursing clinics providing free, high-quality, specialized nursing care
- By appointment only
- Many have extended operating hours



Palliative Care

- **Palliative care team** supports pain and symptom management at home, including support to die at home
- **Direct care**, future planning and connects you with appropriate resources
 - Palliative programs
 - Pain and symptom management
 - Information about respite care, visiting volunteers, wellness programs, hospice day programs and hospice residences
 - Education, counseling and emotional support
 - Bereavement support and community resources



In the hospital

Care coordinators partner with hospital staff to:

- Assess your health care needs
- Arrange for your post-hospital care
- Answer questions and explain choices

Specialized program: Rapid Response Nurses

- Visit patient in the home within 24 hours of discharge
- Help high-risk patients avoid re-admission
- Ensure follow-up appointments are scheduled

When living independently is no longer possible

The care coordinator will:

- Explain other options – such as supportive housing, assisted living and retirement homes
- Discuss long-term care options and help with the application form
- Assist in accessing home and community care services, as well as other community support services to help the patient manage until admission to long-term care is arranged
- Arrange for convalescent care
- Arrange for respite care (short stay)

Long-Term Care

Long-term care can be an appropriate option for people who require 24-hour nursing and personal care.

Ontario's Long-Term Care at a Glance:

- 624 long-term care homes and 80,481 long-term care beds in Ontario
- Licensed and funded by Ministry of Long-Term Care
- Governed by legislated standards and inspected annually



For more information

Our long-term care booklet is complete with information to support our patients and families to understand their options and navigate the placement process. You can find this on our website.

Long-Term Care Homes



Provide a wide range of services for people who can no longer live independently

- Nursing and personal care
- Regular and emergency medical care by the on-call physician
- Treatment and medication administration
- Pastoral services
- Help with activities of daily living
- 24-hour supervision
- Room and board, including laundry services (special diets are also accommodated)
- Social and recreational programs

Applying for Long-Term Care

Ontario Health atHome is your first step

Our care coordinators will:

- Discuss your long-term care options
- Assess your health care needs to determine if you are eligible
- Help with the application process
- If you are deemed ineligible, you have the legal right to appeal

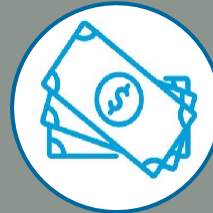


Long-Term Care Home Accommodation Charges



Co-Payment

- Ministry of Long-Term Care pays for the care you receive
- You pay for accommodation



Rates

- Change annually
- Standardized across Ontario



Rate Reduction

- Based on income
- Not available for semi-private or private rooms

Get in touch

We are Here to Help

Anyone can refer another person to Ontario Health atHome.

You can call us about yourself, or on behalf of a family member, friend or neighbour who needs support.

Call us at 310-2222

8:30 a.m. – 8:30 p.m. seven days a week

When you call, a member of our team will begin by asking you a few questions to better understand how we can help you.



Community Resources Available to You

Find accurate, up-to-date information about health services in your community by visiting thehealthline.ca



Health and community **services** in your region



Easy search – by topic, geography, keyword



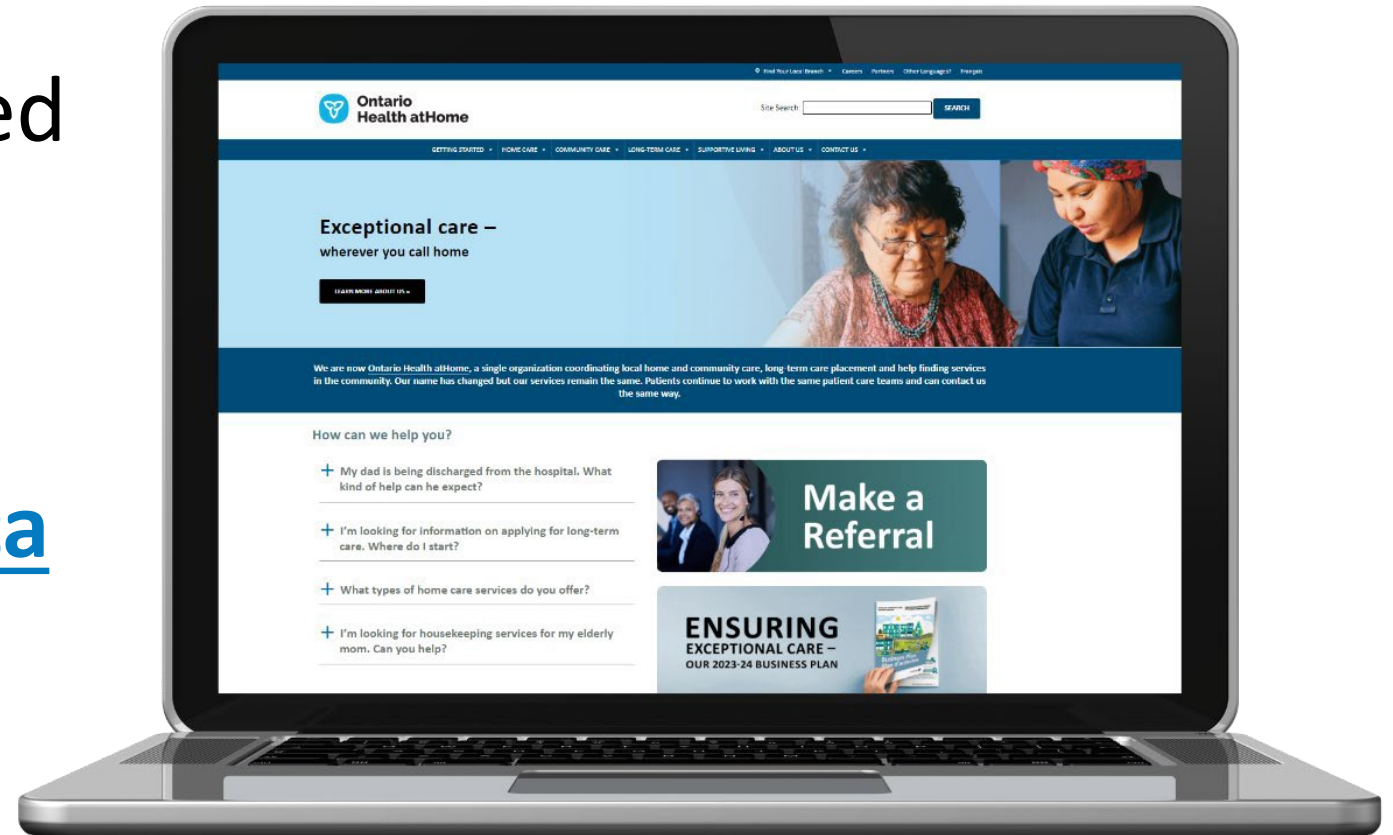
Information on **news and events**



Provincial database of over 50,000 services

Resources Available to You

Find everything you need to know about getting started with Ontario Health atHome at ontariohealthathome.ca





MISSION

Helping everyone to be healthier at home through connected, accessible, patient-centred care.

VISION

Exceptional care – wherever you call home.

VALUES

Collaboration. Respect.
Integrity. Excellence.

Thank you for your feedback!

ontariohealthathome.ca

310-2222

PORT COLBORNE CARE "CLOSE TO HOME"

Erica van Daalen HBsc, MD CCFP (EM), FCFP, GPO
Staff Emergency Physician
Adjunct Professor, UWO
Chief of Staff, STEGH

OUR LANDSCAPE AT STEGH

STEGH & Emergency Services

P4R Metrics

STEGH's culture : recruitment & retention

Final tips & takeaways



E. VAN DAALEN

17Y ER MEDICINE (STEGH & HFO)

12Y HOSPITALIST

4Y GP ONCOLOGIST

4Y ER CHIEF

1Y CHIEF OF STAFF

STEGH serves

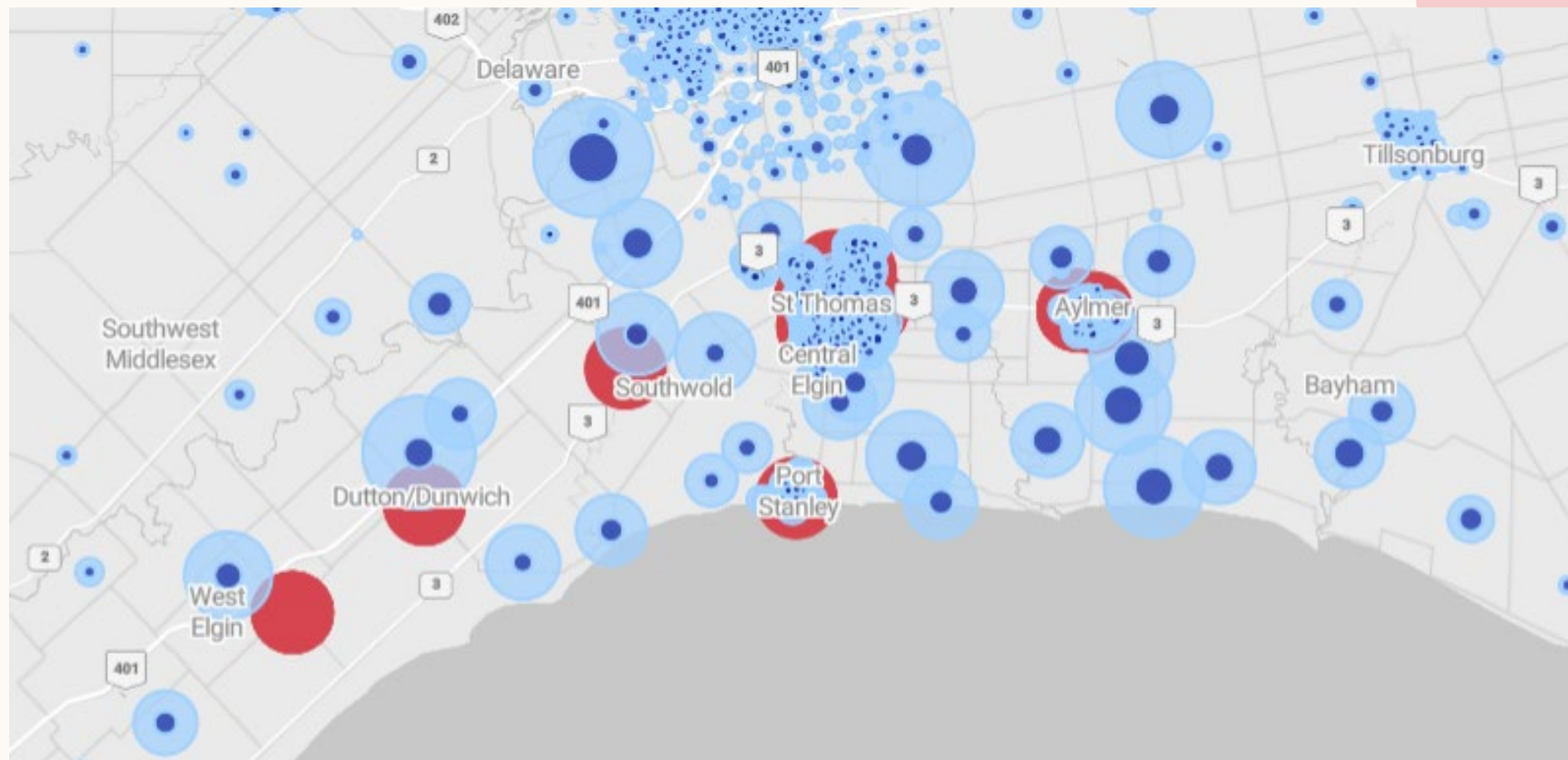
St Thomas (43,000+) within Elgin County (94,752+)

London (+17% of our ER presentations)

Recent growth – Amazon distribution center and PowerCo (VW) factory







Postal codes of patients who visited the STEGH Emergency Department (ED) between 2020–2025, grouped by their attachment status:

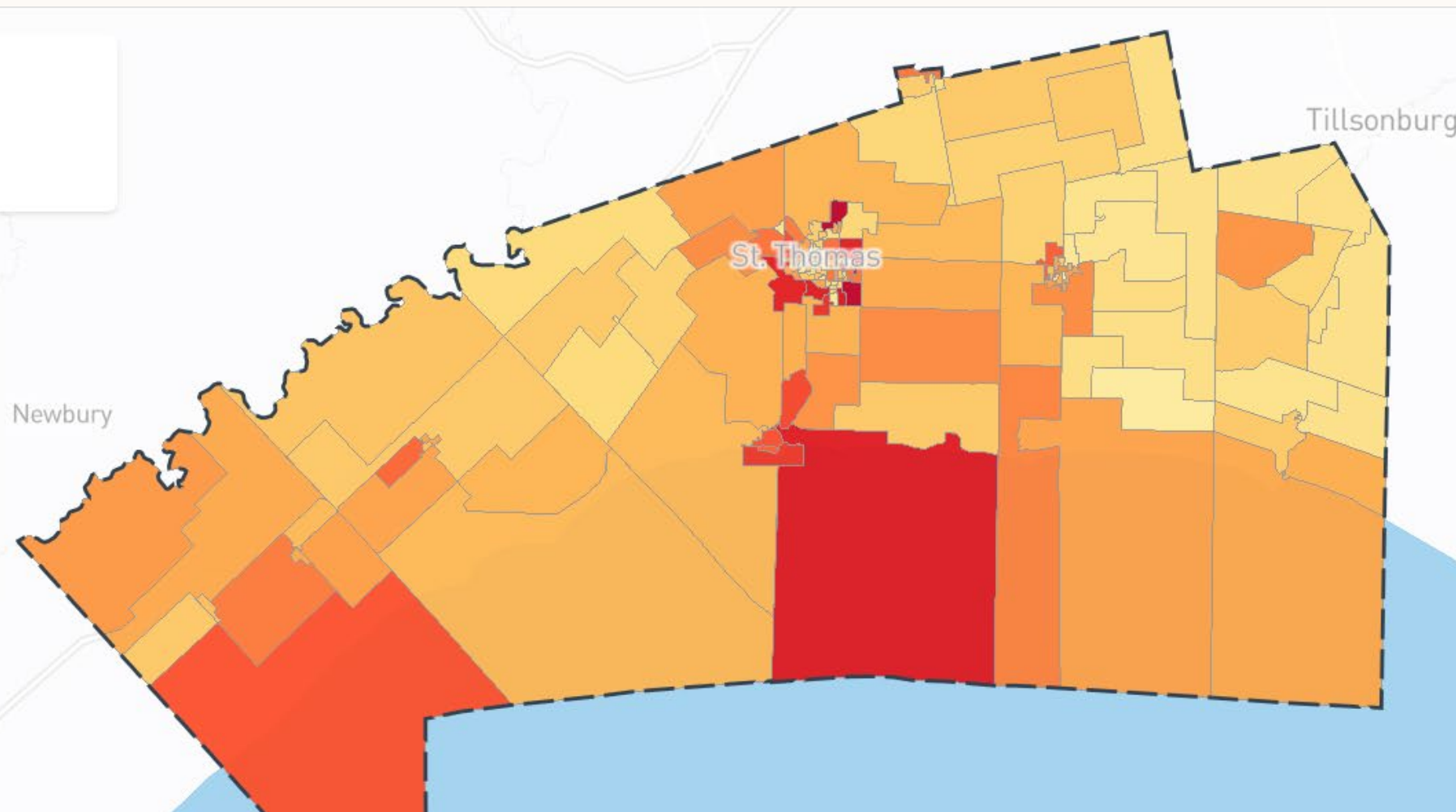
- Unattached patients
- Primary care locations

Population
26,170

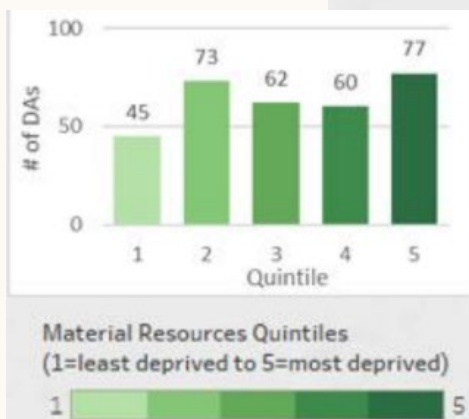
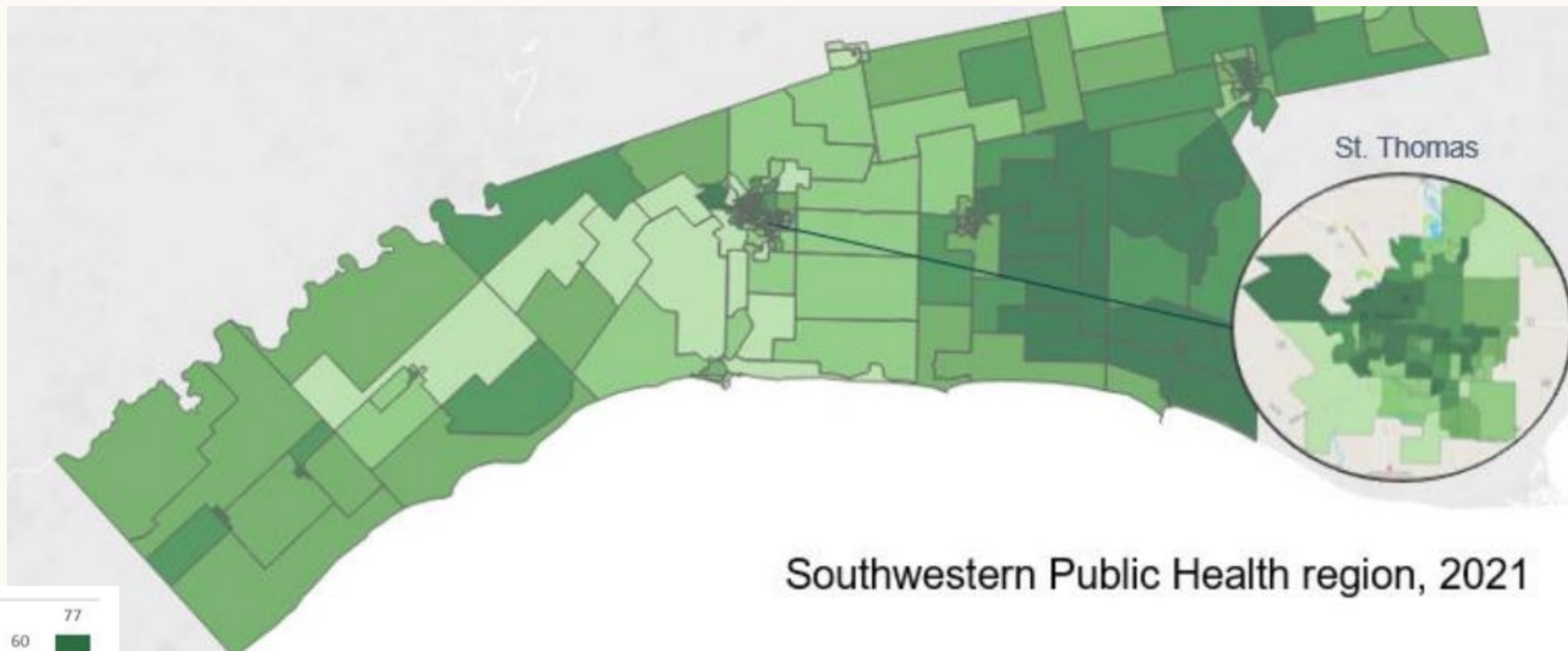
Individual Age

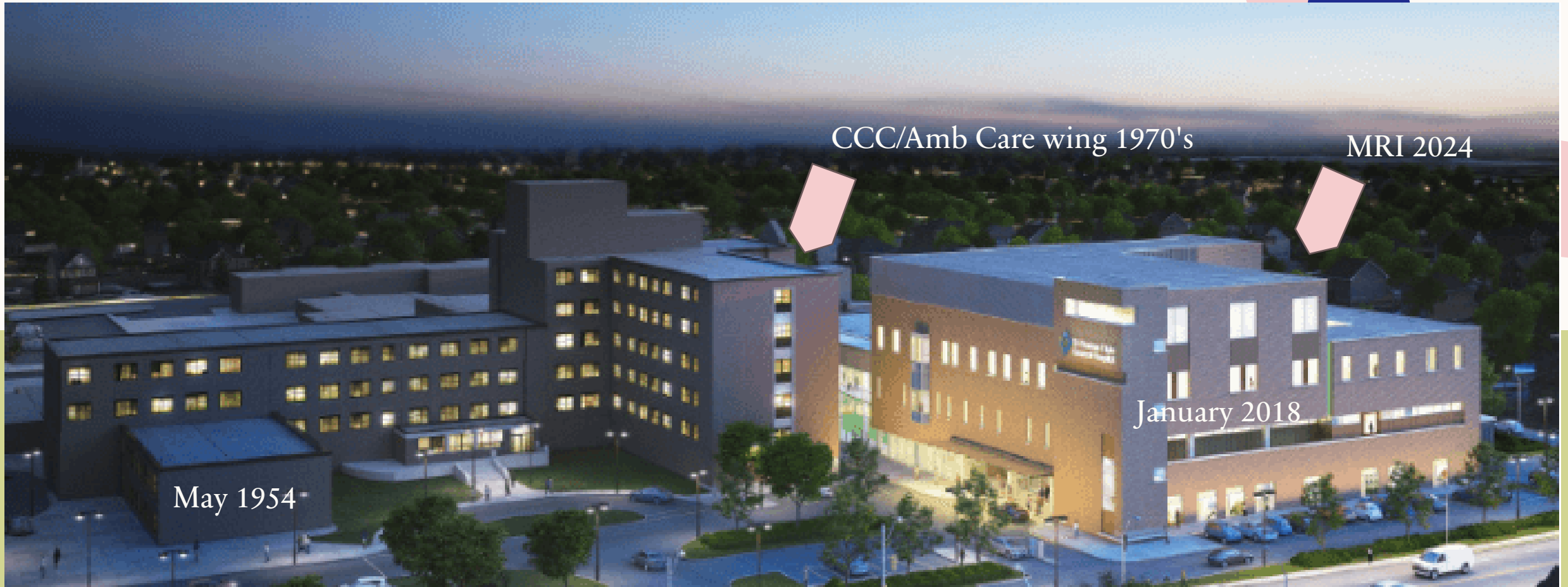
60 - 80+

Clear



Material Deprivation





2025 –Submitted a ministry proposal for a new hospital

Our Teams



Staff - 983



Physicians - 230

(including dentists and midwives)



Volunteers - 81

Inpatient Beds



Beds - 179

85 Acute Care

34 Continuing Care

15 Mental Health

14 Intensive Care

8 Integrated Stroke Care

7 General Rehab

6 Pediatrics

6 Labour & Delivery

4 Neonatal Intensive Care

Patient Services

- Emergency Care
- Medical Care
- Surgical Services
- Intensive Care
- Maternal and Child Care
- Complex Continuing Care
- Rehabilitation
- Chemotherapy and Cancer Care
- Palliative Care
- Mental Health
- Diagnostic Imaging
- Laboratory Services
- Ambulatory Clinics
- Integrated Stroke Unit

Statistics



**Births
716**



**Diagnostic Imaging
79,759 exams**



**Surgery
8,470 procedures**



**Emergency visits
54,735**



**Average length of stay
4.3 days**



**Laboratory
1,885,880 tests**



**Ambulatory/
Outpatient Clinics
17,506 visits**



**Chemotherapy
treatment visits
2,186**



**Mental Health
Outpatient Clinics
13,220 visits**



P4R: PAY FOR RESULTS PROGRAM

Ontario program including 71 high volume hospitals

- 6 Metrics with the goal of reducing wait times
- \$100 Million in funding
- 60 million is to all 71 sites
- 40 million is incentivized based on 6 metrics
 - PIA
 - LOS non-admitted acute & non-acute
 - LOS admitted
 - Ambulance offload
 - Time to in Pt bed

STEGH: P4R

2025: 90th percentiles as measured for *Pay for Performance* metrics:

Physician Initial Assessment (PIA): 3.2 hours (16th place)

Ambulance Offload Time (AOT): 21 minutes (10th place) (720 arrivals / month)

Time to Inpatient Bed: 1.6 hours. (1st place)

Length of Stay (LOS) – Admitted: 8.1 hours (1st place)

Length of Stay – Non-Admitted (High Acuity): 5.9 hours (4th place)

Length of Stay – Non-admitted (Low acuity): 3.5h (2nd place)



Highlights

- Overall Performance Ranked 2nd of 75 Hospitals
- 4 of the 6 performance indicators in the top 5;
- 1 indicators within STEGH stretch targets

Ambulance Off load

(Target Provincial & STEGH ≤ 30 minutes)

- Top ranked facility – Erie Shores reporting 11 minutes vs STEGH at 21 minutes

Physician Initial Assessment

(Target Provincial ≤ 4 hrs; STEGH stretch target ≤ 2 hrs)

- Top ranked facility – Southlake Regional Health Centre reporting 1.3hrs vs STEGH at 3.2hrs

Non Admitted Low Acuity Visits

(Target Provincial ≤ 4 hrs; STEGH stretch target ≤ 3 hrs)

- Top ranked facility – Mackenzie Health Richmond Hill reporting 3.6 vs STEGH at 3.6

Non Admitted High Acuity Visits

(Target Provincial ≤ 8 hrs; STEGH target ≤ 5.1 hrs)

- Top ranked facility – Scarborough – Centenary reporting 5.3hrs vs STEGH at 5.9hrs

Time to Inpatient Bed

(Target Provincial ≤ 2 hrs; STEGH target < 1 hr)

- STEGH top ranked facility at 1.6hrs

Admitted Length of Stay

(Target Provincial & STEGH ≤ 8 hrs)

- STEGH top ranked facility at 8.2 hours

Performance Report

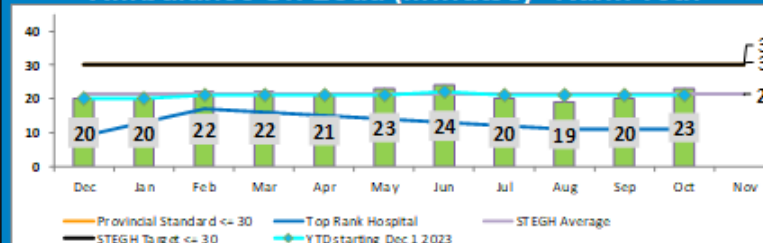
Dec 01, 2024 to Nov 30, 2025

Rankings and Year to date data -
from Access to Care ER P4R Ranking Report
Green/Red Bars - STEGH monthly data
All Measures are 90th Percentile

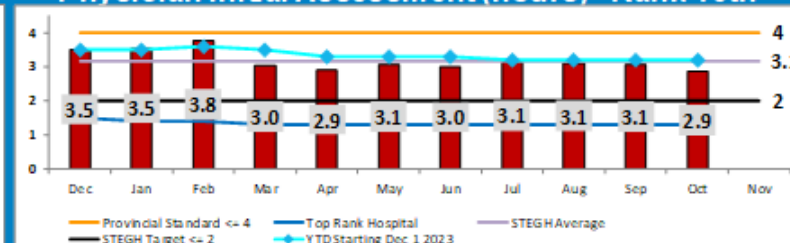


Ranking 2 of 75 Hospitals

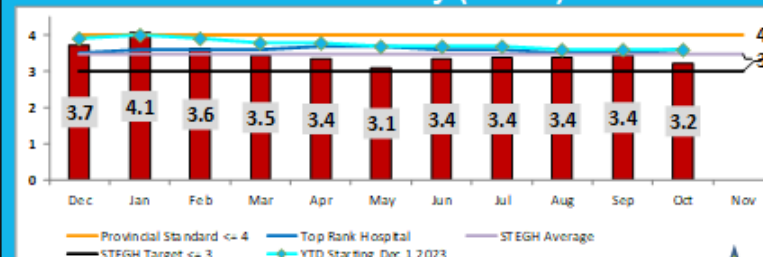
Ambulance Off Load (minutes) - Rank 10th



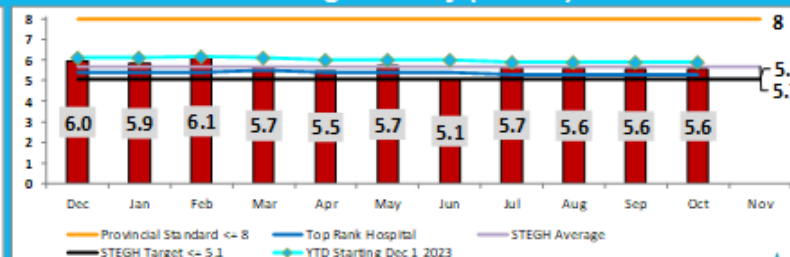
Physician Initial Assessment (hours) - Rank 16th



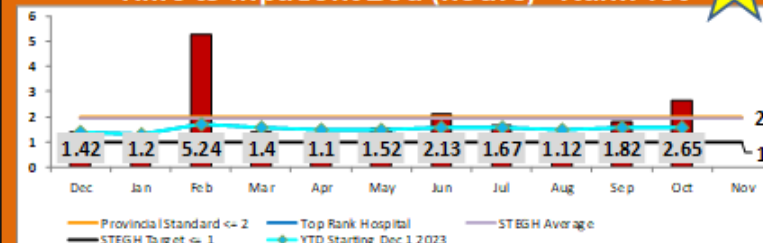
Non-Admitted Low Acuity (hours) - Rank 2nd



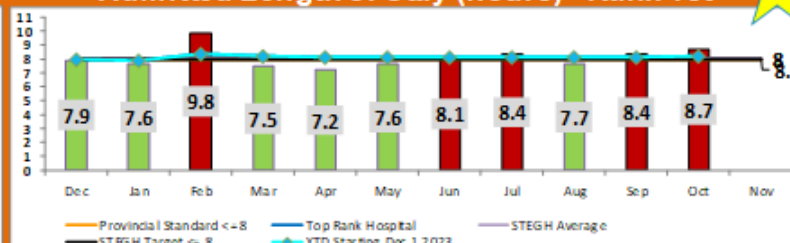
Non-Admitted High Acuity (hours) - Rank 4th

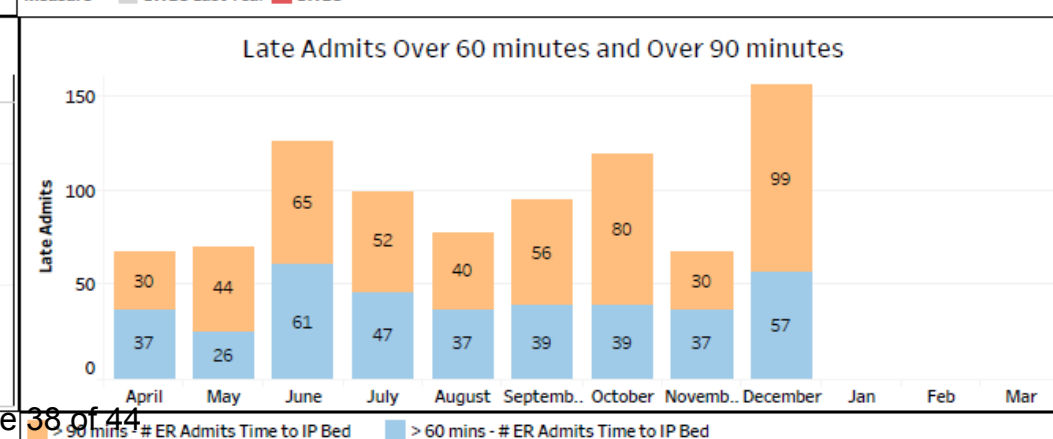
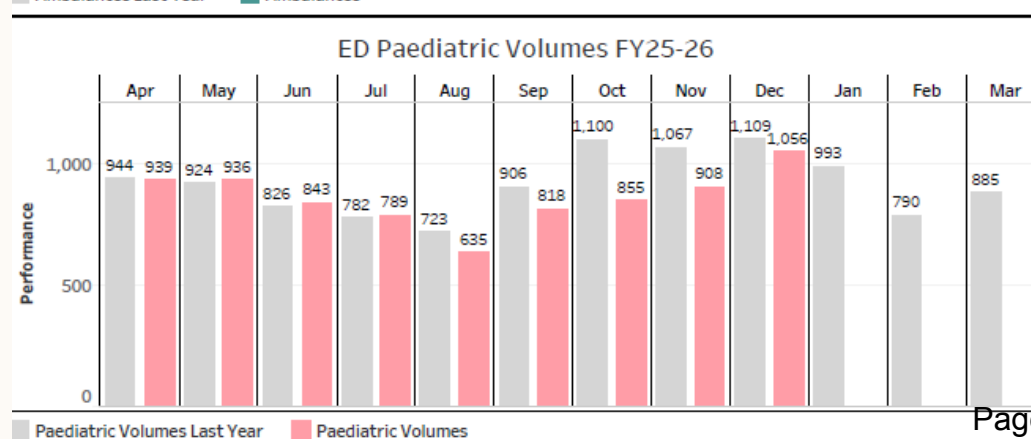
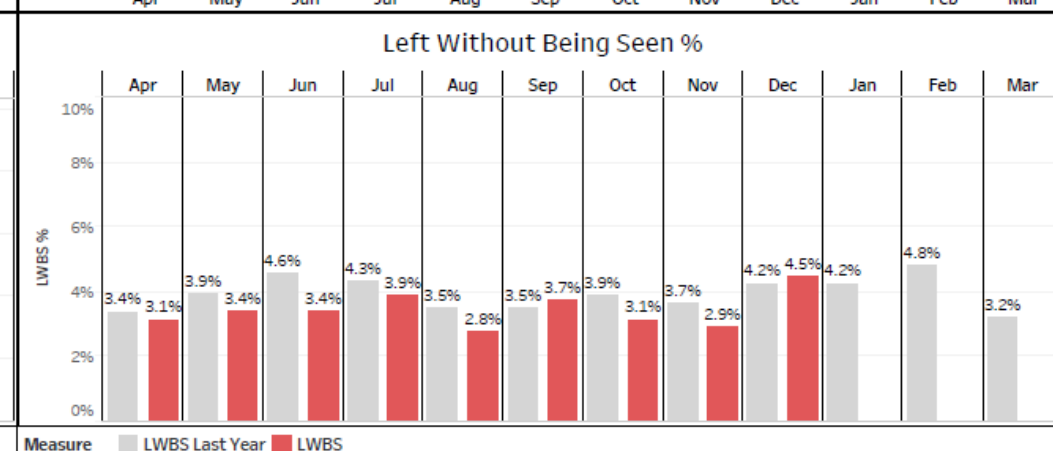
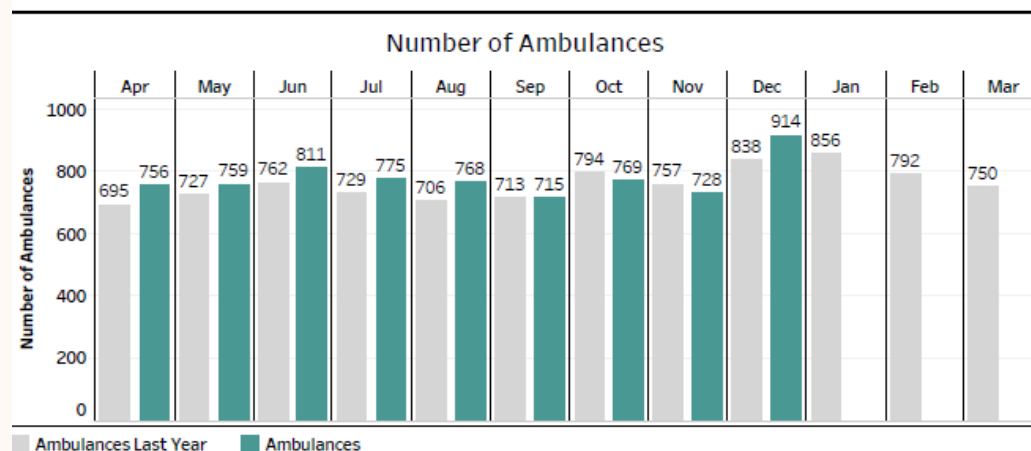
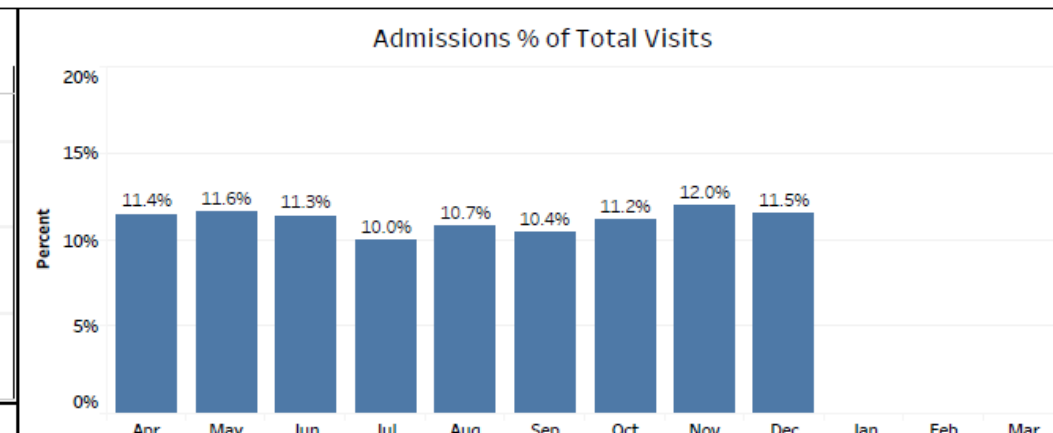
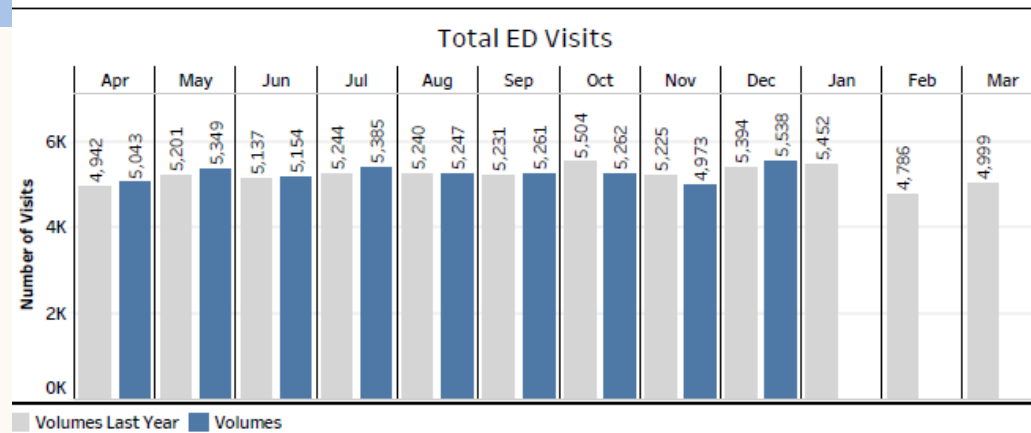


Time to Inpatient Bed (hours) - Rank 1st



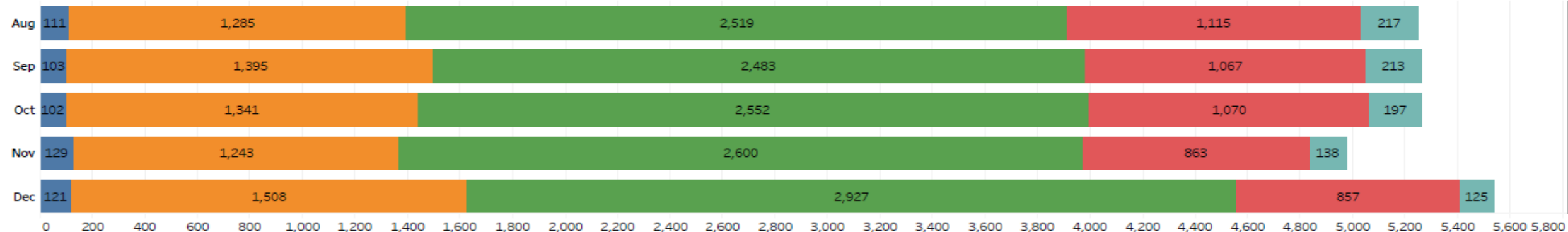
Admitted Length of Stay (hours) - Rank 1st





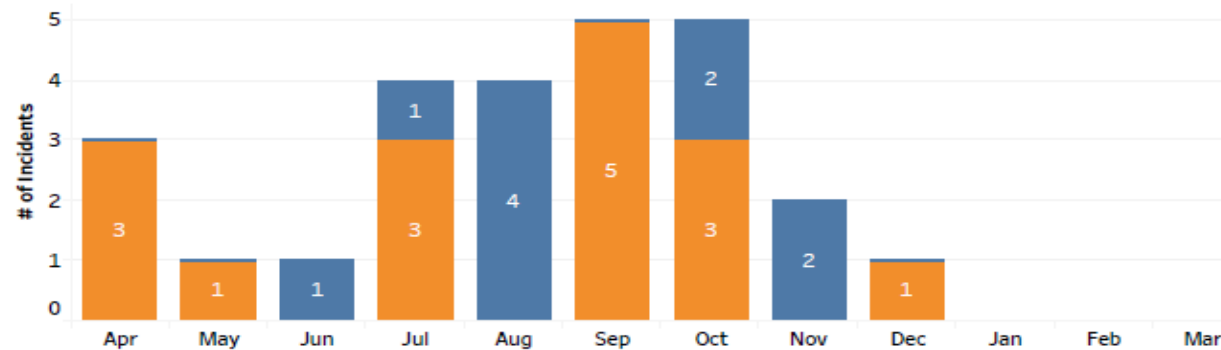
Visits by CTAS

Month..



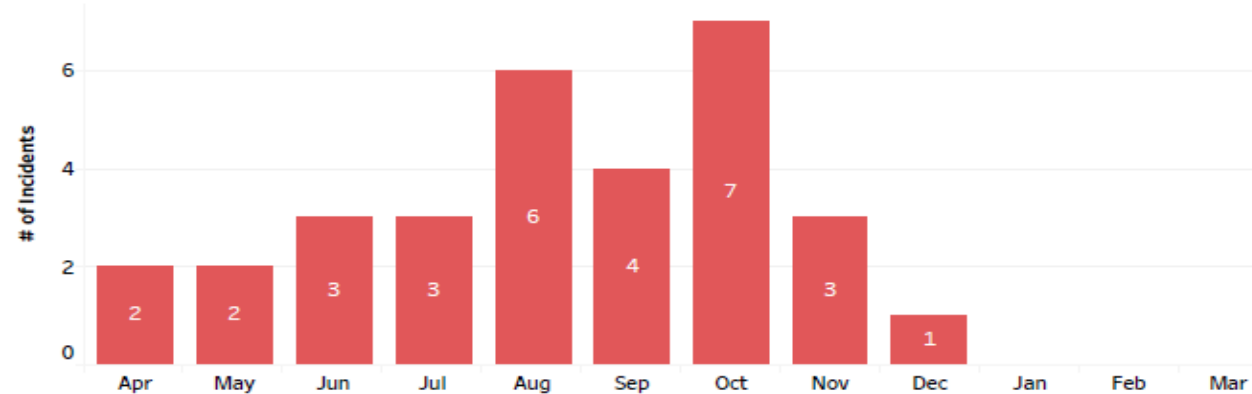
CTAS CTAS 1 CTAS 2 CTAS 3 CTAS 4 CTAS 5

Number of Workplace Violence Incidents -Verbal/Physical

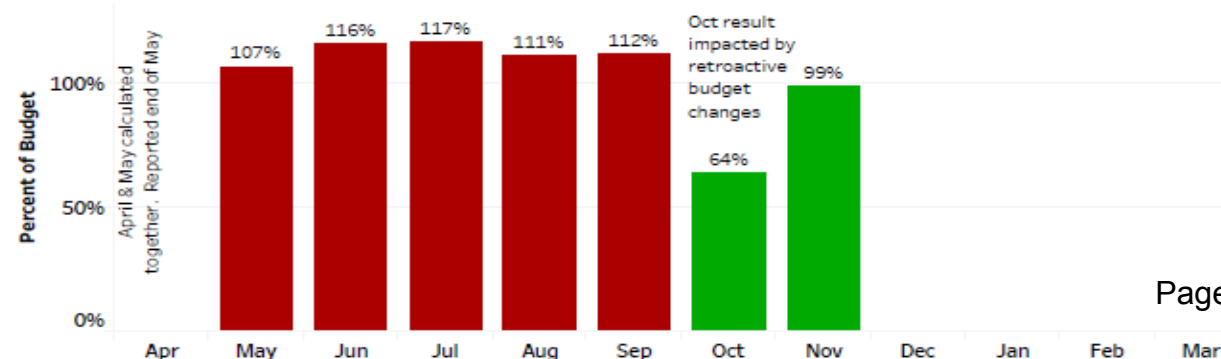


Measure Physical Verbal

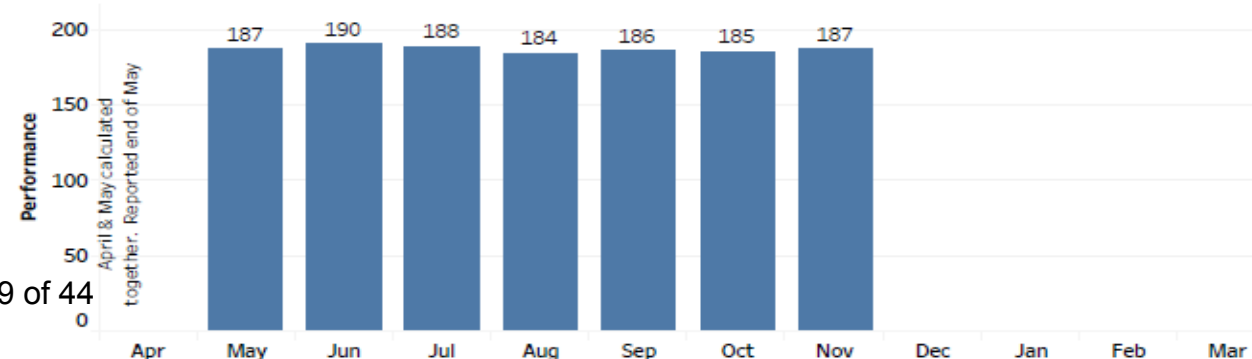
Employee Incidents



Maintain Expenses to no more than 100% of Budget

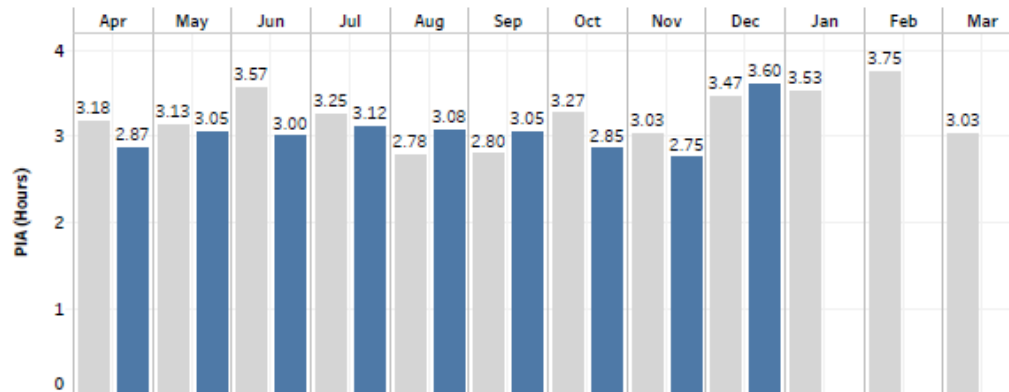


Average Cost per ED Visit

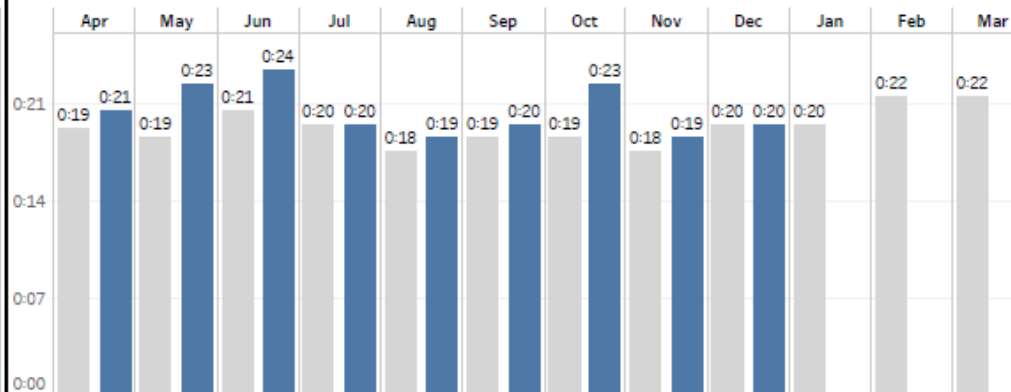


F2025-2026 P4R Results

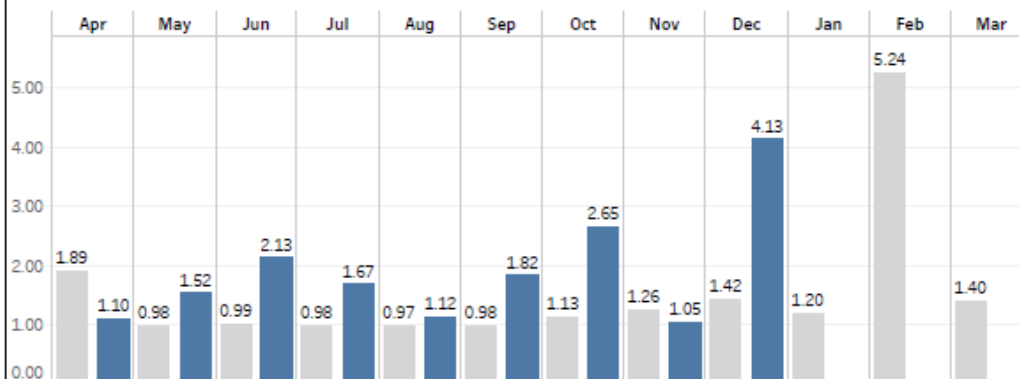
Physician Initial Assessment - 90th Percentile



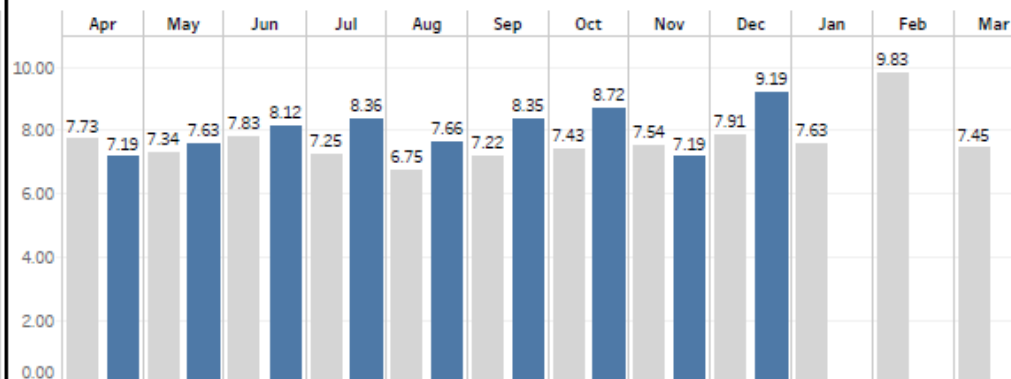
Ambulance Offload Time



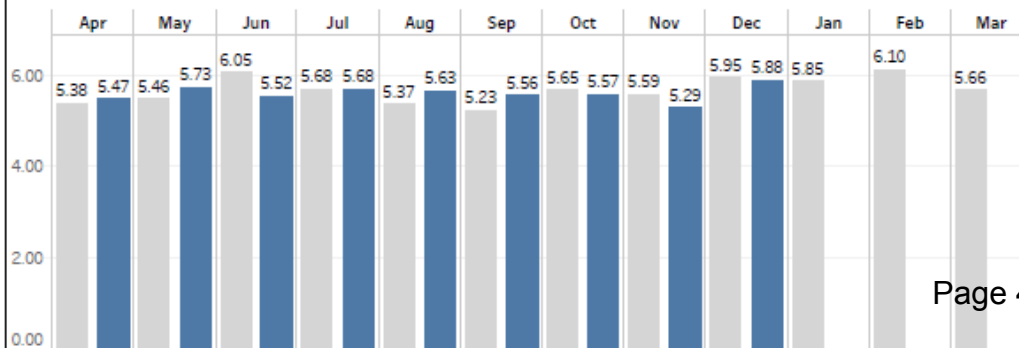
Time to Inpatient Bed



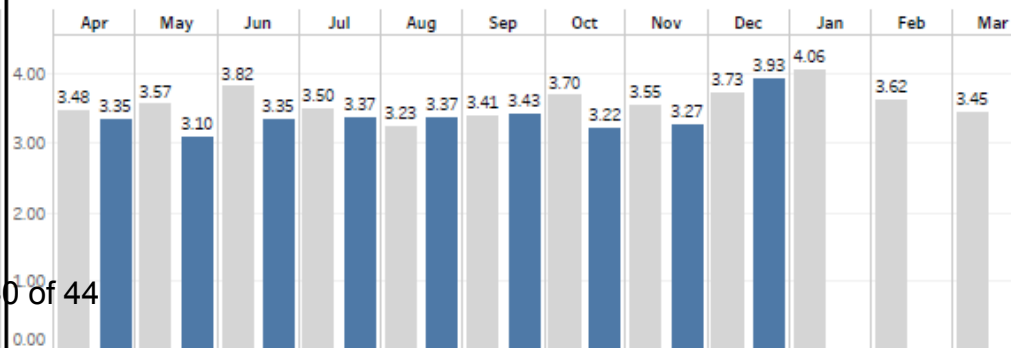
LOS Admitted



LOS Non Admit High Acuity



LOS Non Admit Low Acuity



17 YEARS IN THE MAKING

BRINGING CARE CLOSER TO HOME

Recognition that the ER is the barometer of the facility

ER cannot function unless there is discharges from the floor

No boarding in the ER

Discharges only happen through:

Completed Diagnostics

In-house MD teams

- hospitalist & IM

F/U care coordinated

What does co-ordinated care look like?

- in house OH@H

- specific d/c specialty clinics

- paramedicine supports

- d/c pharmacist consults

- OHT co-ordination

- knowing our community (Indigenous navigator , Lo German speaking practitioners)



RECRUITMENT & RETENTION

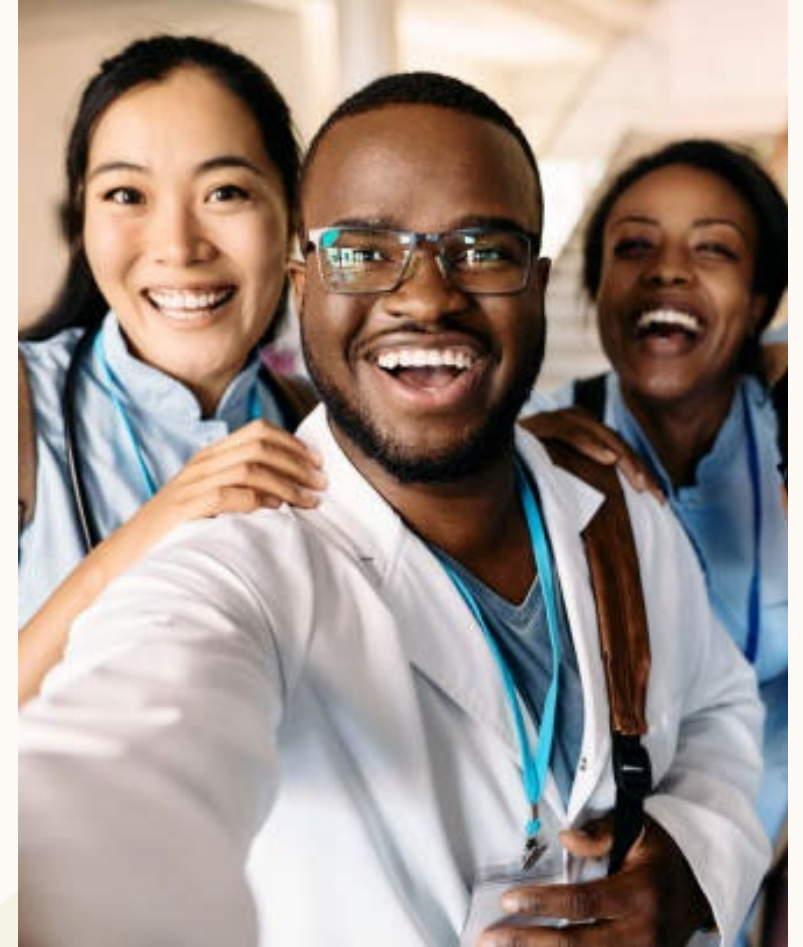
Teaching

Learn where/who/how you want to work

What is the “Standard of Care”

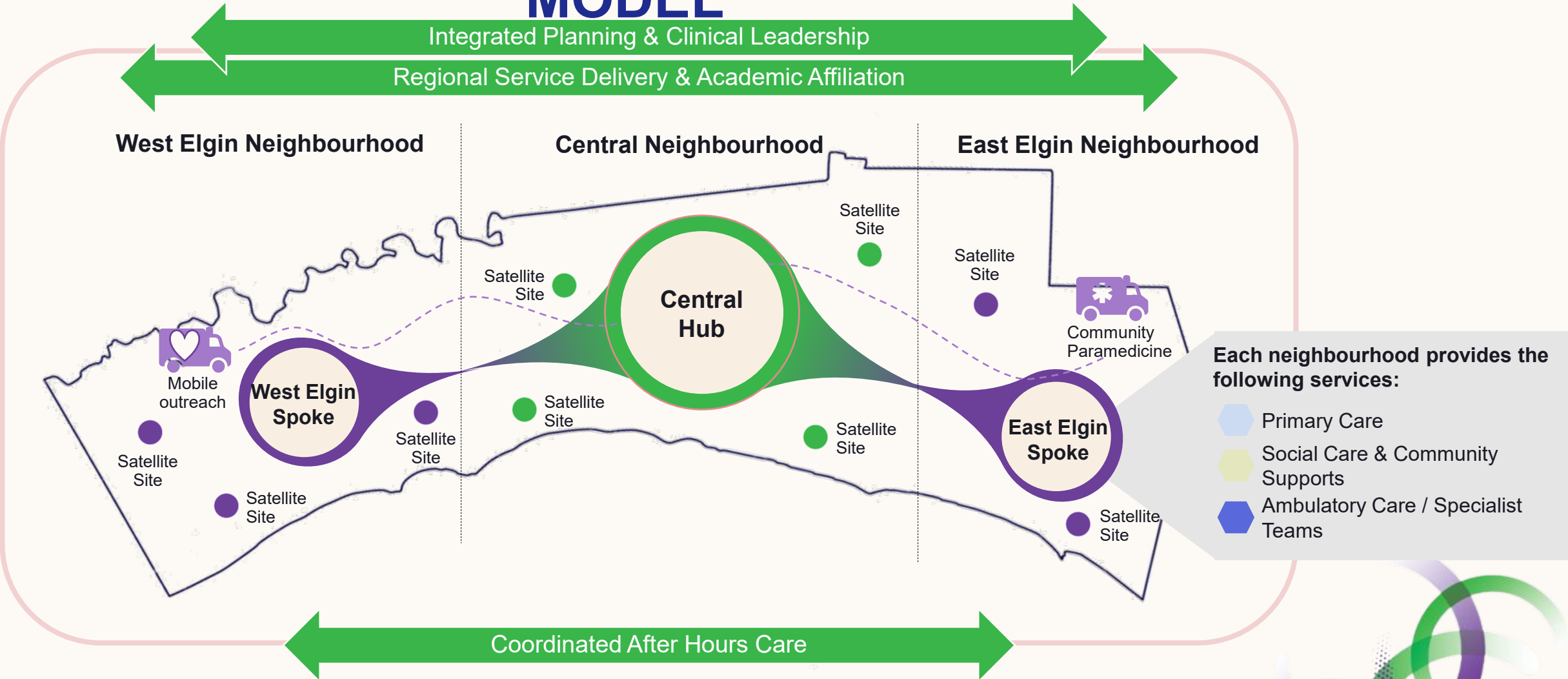
Diagnostics, Specialist support, d/c clinics

Committed MD's are not just “**plug and play**”



ELGIN NEIGHBOURHOOD HEALTH HOME

MODEL





THANK YOU

Erica.vandaalen@stegh.on.ca