
APPROVED MINUTES
Welland Hospital Task Force Committee
Wednesday May 1, 2024
2:00 p.m.
City Hall – Community Room

Present: April Jeffs (**AJ**), Nancy Garner (**NG**), Cathy Connor (**CC**), Nancy Dmytrow Bilboe (**NB**), Lee Ramage (**LR**), Sue Hotte (**SH**).

Absent with Regrets: Frank Campion (**MC**), Tara Stephens, City Clerk (**TS**).

Also Present: Colton Ambrosio, Legislative Services Clerk II (**CA**).

1. **Meeting called to order by AJ at 2:09 p.m.**

2. **LAND ACKNOWLEDGEMENT**

- AJ read the land acknowledgement.

3. **DISCUSSION ITEMS**

3.1 Approval of Minutes from April 17, 2024.
(Mover: NB / Seconder: CC)

CARRIED

3.2 Review the information provided by members and offer input.

- **AJ:** We've had some time to review, is there anything that we should highlight to review and speak about? If anyone wants to start, we can get that going now.
- **LR:** In my document, the maps are important because they show people what the distance actually looks like and how far the hospitals are from each other. My biggest concern is that the offloading of ambulances is going to be a huge issue with only two acute care facilities. There will be no ambulances for the rest of the Region, especially the southern part of Niagara.
- **CC:** Where is the main dispatch?
- **LR:** It's in Niagara Falls out of the police station. My daughter is a dispatcher. They answer calls and if it's for police they keep it or they send it off to the other departments. There has been talk about having their own dispatch rather than in one place.

-
- **NB:** I would like to see an increase in the number of ambulances that we have.
 - **LR:** Unfortunately, there is a lack of staff. There is only one hospital that I know that has solved this problem and it's Juravinsky in Hamilton. Ambulances aren't hung up here like they are everywhere else. If you build a new hospital, you can figure out a way to offload ambulances.
 - **NG:** I know that the push for this is not in the plans for the new hospital.
 - **LR:** Offloading is such a big issue because you need beds to get patients out of, but it's affecting everyone else because there won't be ambulances. Dispatch will ask if the patient requires admission to the hospital, if there are any risks, they will go to acute care, not the emergency room in Welland.
 - **NB:** Welland is going to be filled with people who need to be admitted or need serious care. How will they get to the acute care hospital? Ambulances? Who will take them? There needs to be a backup, and there needs to be transportation. Welland is in the centre of the Niagara Region, build a new hospital and retrofit the old one for a LTC centre. Niagara College is starting a new RN program. I had a dentist appointment recently and the dental assistant told me her sister was in nursing, but she switched because the thought is that the Welland hospital will only be doing care for seniors. Now that we have this new program, we need to start promoting it and funding a new hospital so that these new nurses have a place close by to do their clinical.
 - **LR:** It was mentioned before about nurses from other countries and the language barriers/different education than what is learned here. I'm not saying all of them aren't fully qualified, but a good portion of them are not. Having worked with them as RNs, and then aids or RPNs in LTC. They do not have the education that an RN has.
 - **NB:** Their English is terrible for one thing. Lots of individuals from the Philippines. When I graduated and I was working, we had many students from the UK, and the islands. Today's training that we did is not even close. They don't get the clinical experience that we did back in the day. There is no staff, it's just terrible.
 - **CC:** There needs to be some sort of program that is required for those coming from other countries, even if they have nursing. They need to go for at least a one-year refresher program. It needs to be Canadian based, and

what we learn in our universities. These workers come through the hospital and then they learn on job training. They shouldn't just get it. Then you have young people who do not want to work shift work. We want these people from other countries, but I think the universities need to open their schools to these programs so doctors, nurses, lab techs and everybody can get recertified within our country. They should have to pass some sort of language test. We don't understand what they're talking about most of the time. I've heard nurses tell me that they're frustrated because these new nurses from other countries are going into ICU and they don't understand how to do the meds, the units we use, etc.

- **LR:** I don't think 1 year is enough for that. This is especially needed in LTC.
- **NG:** Sounds like we're adding another ministry to our list, the Ministry of Colleges, and Universities. Adding a program for internationally trained RPNs, RNs, etc. Welcomed in acute care to do their clinical there but someone should be watching them so they can learn how to perform care properly.
- **SH:** They do have a proposal (Brock and Niagara) to use shared teaching but there's no acute beds.
- **NB:** Nursing is a hands-on job. Medicine is hands on. I want to add one more issue to the problem, the College of Nurses of Ontario. I retired, and after three years I could not get my licence back unless I went to school, or did 400 hours etc. I was in my late 60s, I wasn't going to do that. There was a whole bunch of us that wanted to get our licence back to help during covid, but the College is impossible, once you leave, getting your licence back is like cutting through massive amounts of red tape. This has been an ongoing issue for 20+ years, it's not new.
- **CC:** We also have a problem with private health care. The labs went private many years ago, which is when we started getting life labs, etc. It has been a mess ever since.
- **LR:** How has it been a mess?
- **CC:** Concerns were raised in relation to lab technologists who are not certified. There is no lab testing in the Niagara Region, which raises concerns with the accuracy of the tests due to the travel time to transport the blood. Concerns raised related to private care and taking over responsibilities of the health system. Some good news is microbiology is

returning to Niagara. It would be preferable if everything was available in-house.

- **LR:** You're also losing quality of care with this private care. If we had better care here, we would be able to get better physicians and nurses. Quality goes down because of the cost.
- **AJ:** I noticed a lot of us didn't or briefly commented on the francophone minister. Colton, what were you looking for here?
- **CA:** We're looking to have everyone understand the importance of the French community here in Welland. We have a large French population, and including the Ministry of Francophone Affairs is another department that can help us with our goals. Having this ministry become involved shows the commitment we have to our French community as well.
- **SH:** We can promote this as a bilingual hospital, and that a certain number of doctors or staff are to be French speaking. We have a large French population and can probably get additional funding. This would be a good argument to get more acute care beds in Welland.
- **LR:** From 2020 stats in Welland, 92.2% speak English, 6.9% speak French. Speaking both English and French is 0.6%.
- **NG:** Sylvia Jones was supposed to be here in Niagara not too long ago for the primary care expansion in Port Colborne, but her office cancelled.
- **LR:** The Centre's of Excellence that they're giving Welland are things nobody wants.
- **AJ:** These MPPs are not familiar with Niagara, and we need to get them here so they can see the distance between these hospitals (St. Catharines and the new South Niagara) and the municipalities within Niagara.
- **LR:** How many farm accidents have occurred in Wainfleet? Niagara EMS won't typically transfer you to Dunnville, but if you beg enough, they might.
- **AJ:** I thought the manufacturing is a good selling point. With farming, it's like one farmer now for thousands and thousands of acres. The manufacturing should be a big selling point, and this government is pushing manufacturing. Minister Fideli was here and thrilled for what is coming in the area.
- **SH:** With business, manufacturers have to get behind this, we need to get their support. We need a full service hospital with acute care, a full service emergency, surgeries, etc. NHS never approached the cities to get their

data. They said they looked up how many approvals went out to build a house, but they never talked to the departments. How in the heck did they get even half accurate information. And when did they do it? The strategic plan was approved last year, so that means they had all that data, and what was that data? The town should be doing an information investigation to see where they got the information.

- **NB:** Think about Dain City. They're putting all new houses and money into the bridge, but everywhere you look there are houses, condos going up. These big builders/contractors should start saying that we need these hospitals. They should help kick in money for the development of a new hospital.
- **LR:** They have burn units that are supported by fire departments. I think the manufacturing industry would do the same thing. If there are accidents that happen at work, we want our employees to be safe.
- **SH:** NHS is going to come cap and hand for donations. Many people bought houses here because there was a full-service hospital. When you're looking at all these new houses, they want full-service hospitals in their area.
- **CC:** We should look at getting an answer as to whether we are in a good location for a new hospital.
- **LR:** Yes, it is a good location because Welland is central to the Region.
- **NB:** I think the location is fine. We have lots of space here and easy access to get to.
- **SH:** At first, there was talk about three potential builds: 1) A new LTC facility, 2) a new Welland hospital, 3) an administration building. They are planning on moving administration out of St. Catharines. Are they going to combine two? What's going to be the order? Are they going to do admin building first? All the ideas come back to what are you doing here? The ideas that are thrown out are with all these private labs, etc. They want everyone's input and then will make their modifications.
- **LR:** There is a big difference in care given by hospitals that are government run or privately run. In private, LTC doesn't even need an RN, they just need an RPN. This is a step down for seniors, we deserve more. There is one LTC in St. Catharines that have 80 beds and it is government funded. People think private is better but there are fewer professional staff.

Many times, there is one person on for all the beds. The care difference is unbelievable from government/hospital run compared to private.

- **NB:** I did a stint at Bella LTC (Chippawa Creek at Bella in Niagara Falls). The poor RPN that was there oversaw a million patients. An RPN is supposed to have all these other duties, but they were regulated because they had to spend time on the computer for two hours. That is such a waste of time to me, that is not providing care.
- **LR:** Private care can get away with not doing what they should be doing and there are very little repercussions for them. When it's government run, you have to do certain things that you can't get away with like you can in private.
- **NB:** When they expanded the RN program, they changed the RPN program to two years. The RPNs are doing what the RNs are doing. RNs are being trained to focus more on the admin work. The RPN program is much more advanced now than it used to be because they're cheaper.
- **SH:** The plan is that there will be a new LTC facility with additional beds (138 or whatever the number is). What is interesting is the Ministry gave the licence in 2021, so on the Ministry of LTC website, it has the lists of all the renewals of LTC licenses. For NHS it has it, but in parenthesis it says awaiting draft proposal. I couldn't find it anywhere a couple weeks ago. Then it came out that they were looking at having someone else build it. Who knows when there is going to be a build and when they're going to close the old hospital. They need to take care of the current building and maintain that ECU until the new build. Relationships with the indigenous community could be a way to help as well. Letting surrounding indigenous communities know that they can have a feeling of safeness at our new hospital for their cultures. Out west, they're looking at indigenous medicine, etc.
- **NB:** South Niagara will be doing some sort of circle for the indigenous community. I was invited to go to the NHS inaugural Indigenous Health Science plan on the 17th of May. It is being held in their cafeteria in St. Catharines. There will be collaboration with indigenous leaders in the community.

4. **ADJOURNMENT**

(Mover: LR / Seconder: NG) 3:14 p.m.

CARRIED