



Winter Community Engagement Caring for our Vulnerable & Master Plan Launch

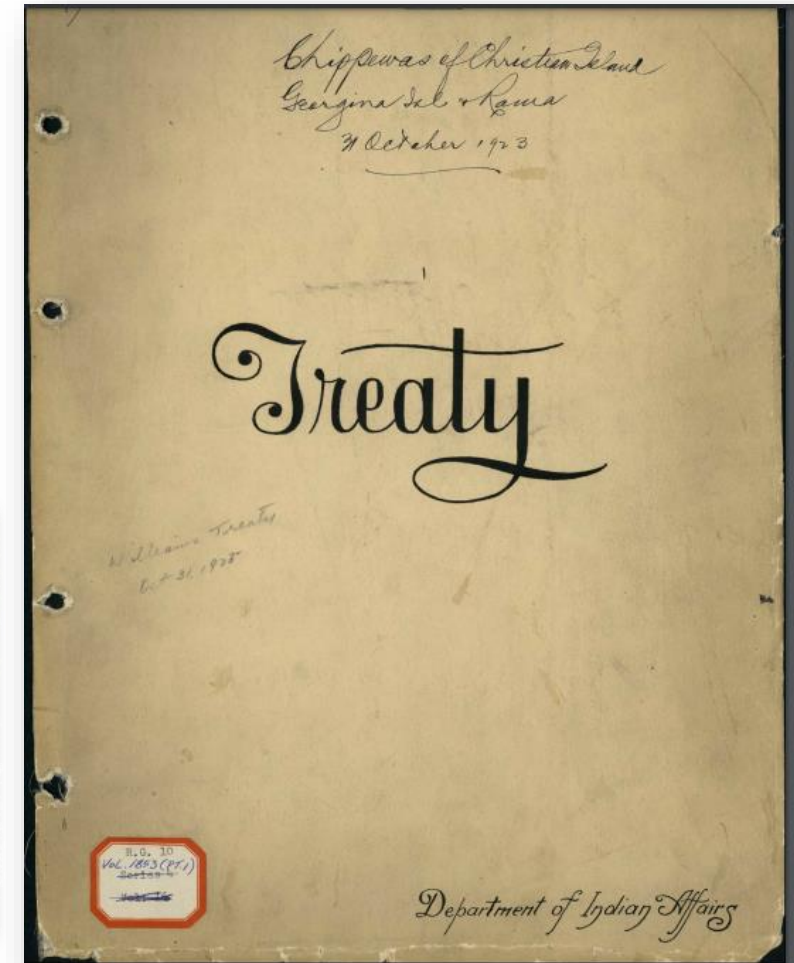
February 4, 2025

Agenda

1. Traditional Land Acknowledgement
2. Elder Abuse, POA, MAiD & Wills – Bram Lebo
3. A Practical Approach to Becoming a POA – Penny Stayropoulos
4. Consent & Capacity Referrals – Beth Archibald
5. HHHS Volunteer Services – Amanda Rowden
6. HHHS Master Plan – Veronica Nelson
7. Connect & Collaborate with HHHS – Lauren Ernst
8. *It's Your Turn!*

Traditional Land Acknowledgement

“We gather on ancestral lands, the traditional territory of the Mississauga Anishinaabe and the traditional unceded territory of the Algonquin Anishinaabe people and in the territory covered by the Williams Treaties which have been inhabited for thousands of years – as territories for hunting, fishing, gathering and growing food. The intent and spirit of the treaties that form the legal basis of Canada bind us to share the land “for as long as the sun shines, the grass grows and the rivers flow.”



Elder Abuse, POA, MAiD & Wills

Bram Lebo, LL.B MBA



Bram Lebo LL.B MBA



Haliburton lawyer specializing in real estate, wills and small business law.

Elder Abuse

- What is elder abuse?
 - Physical, mental or financial harm
 - Taking advantage of someone who can't stand up for themselves
- Example: buying property well below market value
- Prevention includes:
 - Prohibiting financial transactions between staff and residents/patients
 - Keeping an eye on visitors and blocking those who shouldn't be there
 - Being prepared to call a POA or police if suspicions arise

Elder Abuse

- Other examples
 - Powers of attorney: theft of funds, improvident sales of assets
 - Children pushing a parent into LTC (so house can be sold, and they can get the money sooner)
 - Carer marrying his or her client
 - Coercive control
 - Family (or the elderly person themselves) skimping on care to preserve inheritance
- But.... there are also situations that may look abusive but are not.

Elder Abuse

- Every competent person has the right to self-determination.
- Incompetent people have the right to be cared for in their best interests.
- However 'best interests' is partly subjective. Some people value safety over independence; others the reverse.
- Be mindful of respecting wishes, even if they would not be the same as ours, such as:
 - Wanting to remain in a home well beyond the ability to care for it properly
 - Having an excess number of pets and/or pet mess
 - Refusing to enter LTC despite frequent falls and injuries at home
 - Tolerating a lack of self-care, isolation or poor eating habits
- All of these indicate loss of competence, but each person is different. As long as we can express our wishes, consistently, and understand the implications of our wishes, we have the right to refuse care or intervention.
- Legal competence is not black and white; aspects of it can remain even when cognitive decline is present.

Elder Abuse - What to do?

1. Determine (a) the severity and (b) the source.
2. If the person is in immediate danger of physical harm or neglect, call OPP and report what you've seen.
3. If the danger is not immediate, seek advice.

Powers of Attorney

- Gives 'signing authority' to another person, usually a spouse or adult child.
- Two kinds: (a) property & financial and (b) health care
- Can be for a fixed period, as needed, or ongoing. Expires on death.
- Everyone should have one
- Requires competency to enact but not necessarily full competency
- When the person is not competent and does not have a POA, other options may be used but don't always work:
 - Court application
 - Involvement of provincial office of the Public Guardian and Trustee – they will act only if there's no alternative
 - Lawyer's letter
 - Family members

Health Care POA

- Provides guidance for care when the patient or resident can no longer speak for themselves
- Delegates the Attorney as the 'voice' of the patient or resident. The POA can sometimes be helpful in explaining the patient or resident's wishes and values, to help determine care plans. Lawyers should advise their clients to discuss their expectations with their POA so that the POA knows how to advocate.
- Should deal with end-of-life questions e.g. DNR, heroic measures, etc.
- Can be for a fixed period, as needed, or ongoing. Expires on death.
- Currently cannot authorize MAiD in advance
- Look out for conflicts if there is more than one POA named – family members may not agree on treatment decisions. Legal authority resides with the POA(s)

MAiD – Advance Directives

- Government looking at legalizing advance directives to permit people to get MAiD after they lose competency.
- While many Canadians would want this option, it is highly problematic:
 - People may change their minds but not have the resources or time to change the directive
 - Some people are not unhappy with dementia and disability; we should not assume an acceptable quality of life
 - Leaves the decision as to when it's the right time to others: the POA, medical professionals, courts.... Do we want them making decisions to end lives based on written directives that can be altered or forged and when the person can no longer speak for themselves?
 - Risks of using MAiD for administrative, emotional, or financial reasons, both by institutions and also by families.
 - Risks a society in which those who don't choose MAiD are seen as selfish or wasting resources; and risks people choosing MAiD because governments are failing to provide adequate health care and elder care – we're already seeing this.
- Current requirement is that the person be competent both at the time of initial request and at the time MAiD is provided.

Wills

- Take effect from the moment of death
- Important tool for minimizing taxes and facilitating the transfer of assets to beneficiaries
- Usually does *not* contain funeral or burial instructions. Family should be asked.
- If no will:
 - Often not an issue, especially with small estates
 - Ontario has default rules for who inherits if there is no will
 - Can apply to a Court for instructions and/or to name a Trustee
 - If no family or friends available to act, can apply to the provincial office of the Public Guardian and Trustee – only permitted if no other option.

Acronyms

MAiD = Medical Assistance in Dying

DNR = Do Not Resuscitate

LTC = Long-term Care

POA = Power of Attorney



*Bram Lebo, Lawyer
Thank you!*

[Haliburton lawyer specializing in real estate, wills and estates, and corporate law - Lebo Law](#)



A Practical Approach to Becoming a POA

Penny Stayropoulos, CFA



TREEGROVE
Investment Management Inc.



A Practical Approach to Becoming Power of Attorney for Health and Property

Penny Stayropoulos CFA CIM
TEP CFP FMA

The Power of Experience Across Financial Planning and investment management

ABOUT PENNY

Penny Stayropoulos CFA CIM TEP CFP FMA is a seasoned investment management professional. She has wide-ranging experience as a professional money manager and wealth advisor. She is registered with the Ontario Securities Commission as Portfolio Manager at Treegrove Investment Management Inc and is the President and Founder of PB Total Wealth Advisory and Consulting Corporation serving high net worth families, individuals, and business owners.

With over two decades in the financial services and money management sector, Penny has the experience, expertise, and credentials needed to address today's financial environment. She holds the Chartered Financial Analyst (CFA) designation, Certified Investment Management (CIM) designation, Trust and Estate Practitioners (TEP) designation, Certified Financial Planner (CFP) designation, and Financial Management Advisor (FMA) designation. Penny is a member of the Toronto CFA Society, STEP Canada, Financial Planners Standards Council, and Angel Investors of Ontario.

Penny's depth of experience in investment management and total wealth planning leverages her extensive background in advising clients on how best to establish and integrate investment portfolios into an overall lifetime plan that also includes tax, retirement, succession, and estate planning.



What to consider



CHOOSING

When we have the option to choose, who would best suit the role?

EXPECTED DUTIES

It's not just the end game, but how the ongoing journey affects the final destination.

PREPARING

Not just about the legal documents to be in place, what does who you appoint need to know?

WHY NOT JUST MAKE THEM JOINT?

The ease of adding someone jointly can often come with misconceptions the CRA may question.

WORKING TOGETHER

Understanding who is involved personally and professionally to feel confident about how everyone fits into the plan.

Becoming A Power of Attorney for Health and Property IS A Valued RESPONSIBILITY

CONSIDER CHOOSING

- Someone trustworthy and dependable
- Available and close to home
- Willing to fulfill the duties
- Good communication skills
- Appoint different people for Property and Health

PREPARING FOR THE ROLE

- Define scope of authority
- When POA becomes effective (immediately, upon incapacity, for a duration if out of country)
- Include safeguards against abuse of power

WORKING TOGETHER

- Maintain open communication between yourself and Power of Attorneys
- Respect wishes of the person who chose you
- Understand boundaries of each role
- Collaborate on decisions that impact health and finances

EXPECTED DUTIES OF POA HEALTH

Decisions related to:

- Healthcare, medical treatments, equipment
- Housing, meals, clothing
- Hygiene
- Safety
- Communicates medical wishes, pain relief plan and life support measures

EXPECTED DUTIES OF POA PROPERTY

Decisions related to:

- Financial affairs, impacts on health care
- Bank accounts, paying bills
- Managing investments
- Handling assets like real property
- Anything related to managing property and finances, except making or changing Will

Why not just make them joint?



AUTOMATIC PROBATE AVOIDANCE

CRA may still consider the account solely owned by the parent and if intention not clearly documented.

CONTROL OVER FUNDS

Full control over the account is no longer just with one signer, there is equal access to the account that could lead to unexpected withdrawals or financial decisions.

CONSIDER TAX CONSEQUENCES

Unintended tax consequences can arise if interest or income is earned on the account. This includes any capital gains realized if withdrawals are made.

PROTECTION FROM CREDITORS

Accounts become vulnerable to creditor claims if the child faces financial difficulties.

It's important to consult with tax and legal professionals before making decisions about account ownership.

When is a bare trust formed?



CRA CONSIDERS A BARE TRUST WHEN THE FOLLOWING CONDITIONS ARE MET

1. When adult child holds legal title but does not have beneficial ownership
2. The parent retains full control and beneficial ownership of the asset
3. The adult child (trustee) has no significant powers or responsibilities over the asset
4. The adult child can only act on the parent's (beneficiary's) instructions regarding the asset
5. The adult child's only function is to hold legal title to the property

It's important to consult with tax and legal professionals before making decisions about account ownership.

Key Take Aways

- Being a POA means acting in the best interest of the person who chose you
- Implementing strategies can promote effective communication between POA for Health and Property, ensuring best possible care
- It's important to respect the wishes and values of the person who chose you
- Understanding the CRA's perspective on joint accounts by consulting tax and legal professionals will eliminate unnecessary consequences
- If there is uncertainty about what constitutes a bare trust, seek legal counsel



POA Health



POA Property

Continue the conversation with
Penny



Brochure

Call : 647-220-4727

For Planning Matters:

Email: penny@pbttotalwealth.com

For Investment Matters:

Email: penny@treegrove.ca





Penny Stayropoulos
Thank you!

www.Treegrove.ca



Consent & Capacity

How You Can Be Informed & Prepared

About Me

- ▶ Graduated 1991 from University of Western Ontario with Bachelor of Science in Nursing
- ▶ Moved to Haliburton County in 1994
- ▶ Worked in a variety of settings: critical care, emergency, medical, orthopedic, primary care, community, long-term care and for the past 8 years – palliative care with HHHS, I continue in this role
- ▶ In 2024, completed the necessary steps to become a Designated Capacity Assessor in the province of Ontario and started independent practice in evenings and on weekends

Consent

Health Care Consent Act 1996

Is provided by
a CAPABLE
Person

Is treatment
related

Is Informed

Is voluntary

What is Capacity?

- ▶ The ability to understand necessary information related to the decision (health or property)

AND

- ▶ The ability to appreciate the possible outcomes or consequences of making or not making a decision.

Health Care Consent Act 1996
Substitute Decisions Act 1992

About Capacity – What to Understand

- ▶ Can decline slowly over time with certain conditions
 - ▶ including-Dementias, neurodegenerative disorders
- ▶ Can have sudden decline in or loss of capacity
 - ▶ Medical emergencies, accidents
- ▶ Can fluctuate
 - ▶ With illness, time of day, some mental health conditions
- ▶ Can have capacity to make a decision in one area, but not in another

What Capacity is NOT

- ▶ It is NOT - making decisions that most people would agree with
- ▶ It is NOT - choosing the option with the least risk involved
- ▶ It is NOT – intelligence
- ▶ It is NOT – functional ability to complete certain tasks
- ▶ It is NOT – lost automatically with certain diagnosis
- ▶ It is NOT - constant or unchanging
- ▶ It is NOT – all or nothing

Assumption of Capacity

- ▶ In Ontario, there is an assumption of capacity for both financial or personal care decisions

UNLESS

There is sufficient evidence or reasonable grounds to support a finding of incapacity related to the decision at hand.

Why is Capacity Important

Key Values

RESPECT FOR AUTONOMY

Right to Self-
Determination

Dignity

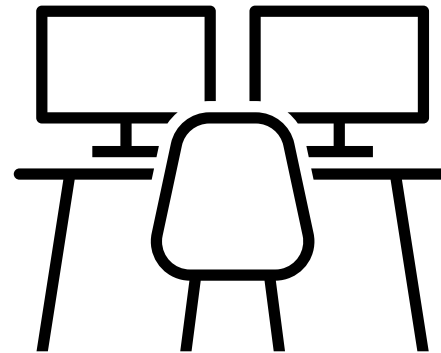
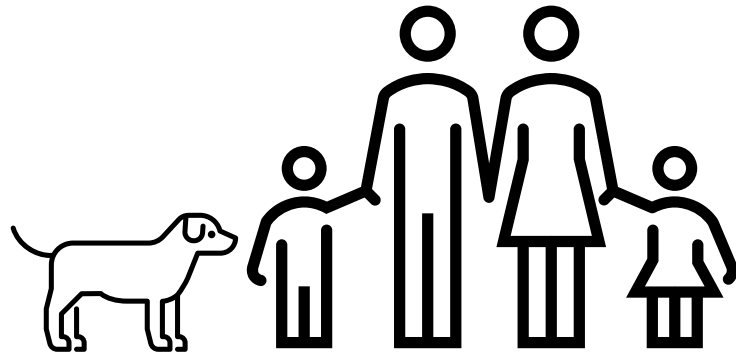
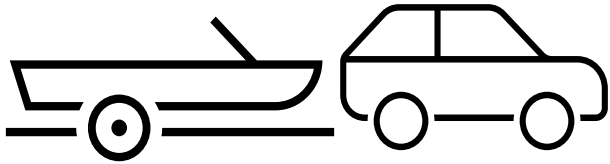
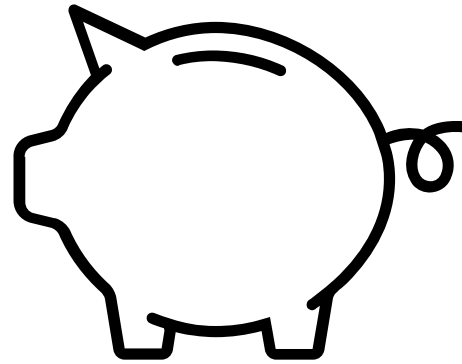
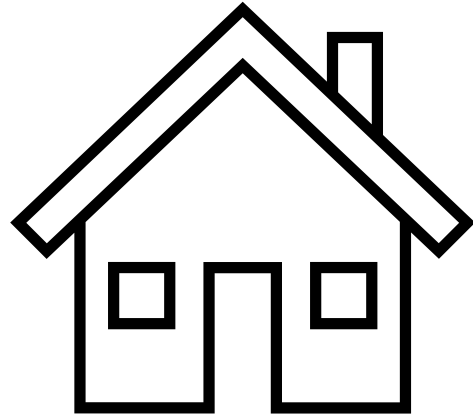
Right to
Assume Risk

Free of
Coercion or
Threat

Why is Capacity Important in Decision-Making?

- ▶ Complicated information to issue at hand and understand choices
- ▶ Various potential outcomes, depending on decision made
- ▶ Potential risks with making or not making a decision
- ▶ Follow-through with a decision (ie consistently take prescribed medication, paying monthly bill)

Planning Ahead (a short story)



Types of Decision-Making

Health Care Consent Act/Mental Health Act

- ▶ Personal Care
 - ▶ Admission to a Care Facility
 - ▶ Treatment Plan
 - ▶ Personal Assistance Services

Capacity assessed by
Health Care Team

Types of Decision-Making

Substitute Decisions Act

- ▶ Assigning Power of Attorney for personal Care or Financial
- ▶ Property (Financial)
- ▶ Personal Care
 - ▶ Health care
 - ▶ Nutrition
 - ▶ Shelter
 - ▶ Clothing
 - ▶ Hygiene
 - ▶ Safety

Capacity assessed by
Designated Capacity
Assessor

Incapacity – what you might see

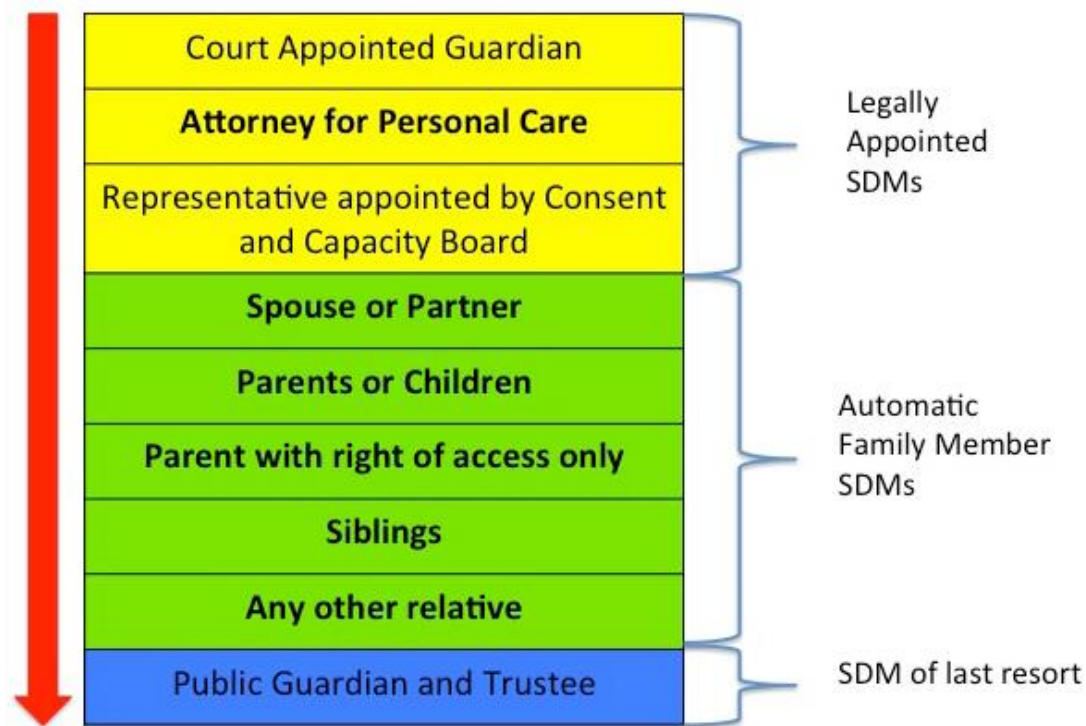
- ▶ Sometimes, it can be very clear that the individual does not have the capacity to make a decision – sometimes it is less so
- ▶ You might see the following changes (these do not constitute “incapacity” but may be part of a larger picture):
 - ▶ Forgetfulness: not paying bills, not taking medications, not attending to personal care tasks like self-care or laundry, leaving appliances on
 - ▶ Behavioural changes: examples- new suspicion/refusal of help, significantly different spending habits
 - ▶ Increased vulnerability: falling for scams, giving items or money away

Incapacity – Personal Care Decisions

What Can Be Done?

- ▶ Many Personal Care Decisions are covered by Health Care Consent Act (HCCA) or Mental Health Act (MHA)
- ▶ Whether there is a POA document or not, HCCA outlines a hierarchy of substitute decision makers for health care
- ▶ The Health Care Professional determines if the individual has capacity to make a decision at the time of the decision.
- ▶ If deemed incapable, the substitute decision maker will be contacted and provided with information needed for decision.

Hierarchy of Substitute Decision Makers (HCCA)



Ontario Health Care Consent Act, 1996

Incapacity – Personal Care Decisions NOT covered by HCCA or MHA

- ▶ Decisions regarding health care, shelter, safety and assistance with routine activities of living such as: hygiene, washing, dressing, grooming, eating, drinking, elimination, ambulating and positions – usually outside of a health care facility setting

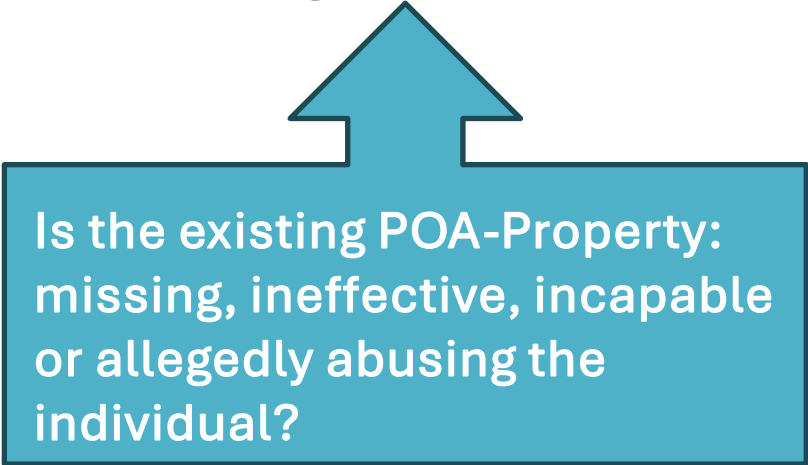
What Can Be Done? Consider First:

- ▶ If possible, complete Power of Attorney for Personal Care, if has not already been done
- ▶ Arrange for appropriate support services, informal and formal
- ▶ Supportive aides, equipment, supplies for activities of daily living
- ▶ Safety equipment such as monitoring, alarms, reminders

Incapacity – Financial/Property

What Can Be Done? Consider First:

- ▶ If a Power of Attorney-Property has not been completed, and is still an option, encourage individual to do so as soon as possible.
 - ▶ May need a written opinion of capacity to support the validity of the POA document
- ▶ Review if existing Power of Attorney is appropriate. If not, consider contacting Guardianship Investigations
- ▶ Automate bill payments
- ▶ Trusteeship
- ▶ Rent re-direct
- ▶ Bank POA



Is the existing POA-Property:
missing, ineffective, incapable
or allegedly abusing the
individual?

BUT – What if those measures are not possible or the individual refuses??

If the individual is at risk for harm, either personally or financially, as a result of possible incapacity:

- ▶ A Capacity Assessment by a Designated Capacity Assessor may be required.
- ▶ This is a very invasive process with potentially significant outcomes, so should be the option of last resort

Capacity Assessments **FAQs**

What is it?

- ▶ A VOLUNTARY legal assessment conducted under the Substitute Decisions Act to determine if there is enough evidence to override an assumption of capacity to make decisions in the specific area of concern

Who may be in need of a Capacity Assessment?

- ▶ There are four populations that may require a capacity assessment: The Elderly, Neurological Disorders, Psychiatric disability, Intellectual disability.

Capacity Assessments **FAQs** (continued)

Who conducts the assessment?

- ▶ Capacity assessments must be done by Designated Capacity Assessors. They are Regulated Health Professionals that have completed training and met the standards of the Capacity Assessment Office and may include:
 - ▶ physicians,
 - ▶ registered nurses,
 - ▶ psychologists,
 - ▶ occupational therapists, or
 - ▶ social workers

Capacity Assessments **FAQs** (continued)

Is the Capacity Assessment covered under OHIP?

- ▶ No, it is not covered. Average costs may vary depending on the amount of time to complete all of the investigation, review, interview and documentation.

Who pays for the Assessment?

- ▶ The person requesting the assessment is responsible to pay for the assessment.

What happens if I can't afford to pay the cost of the assessment?

- ▶ Contact The Capacity Assessment Office to see if you are eligible and to apply for financial assistance. The assessment will not begin until this application is approved

Capacity Assessments **FAQs** (continued)

Who can ask for the assessment?

- ▶ Anyone can ask for the capacity assessment, even the individual themselves

How do I find a Capacity Assessor?

- ▶ The Capacity Assessment Office (CAO) maintains a list of Designated Capacity Assessors that serve specific populations and regions. This can be obtained on-line or by calling the CAO.

Capacity Assessments **FAQs** (continued)

What happens when a capacity assessment is completed?

- ▶ A finding of **capable** of making decisions in the area being assessed - there will be no change in what they are able to do for themselves;
- ▶ A finding of **incapable** of making decisions in the area being assessed - the individual can no longer make decisions for themselves in that area. A guardian will be notified and assume responsibility, depending under which section of the Substitute Decisions Act the assessment was completed
- ▶ individual assessed will be notified of finding in writing.

Capacity Assessments **FAQs** (continued)

What happens if the individual refuses to be assessed?

- ▶ In almost all cases, the assessment is entirely voluntary and the individual has the right to refuse to be assessed. If they refuse, the requestor will be notified and responsible to pay for work done to that point.
- ▶ There are **exceptions** under the Substitute Decisions Act if the assessment has been ordered by a judge when the assessment may not be voluntary.

Capacity Assessments **FAQs** (continued)

What happens if the requestor disagrees with the finding?

- ▶ The requestor can ask another Designated Capacity Assessor to conduct an assessment, or can ask the same Designated Capacity Assessor to do a reassessment. Fees will apply.

What happens if the individual being assessed disagrees with the finding?

- ▶ The individual being assessed may apply to the Consent and Capacity Board within a 6-month period to have the finding reviewed.

Short Forms or Acronyms

HCCA – Health Care Consent Act

SDA – Substitute Decisions Act

MHA – Mental Health Act

POA – Power of Attorney

ADL – Activities of Daily Living

HHHS – Haliburton Highlands Health Services

CAO – Capacity Assessment Office

References and Resources

- ▶ Substitute Decisions Act 1992:
<https://www.ontario.ca/laws/statute/92s30>
- ▶ Health Care Consent Act 1996:
<https://www.ontario.ca/laws/statute/96h02>
- ▶ The Capacity Office Questions and Answers:
https://www.publications.gov.on.ca/store/20170501121/Free_Download_Files/300631.pdf
- ▶ Power of Attorney Information:
<http://www.ontario.ca/page/make-power-attorney>

For More Information

Capacity Assessment Office Ontario

1-800-366-0335

CAO@ontario.ca

Beth Archibald BScN RN

Designated Capacity Assessor

705-408-2986

barchibaldRN@outlook.com



HHHS Volunteer Services

Amanda Rowden, Manager Community Support Services

Strategic Directions

Nurture a supportive culture that allows our volunteers to thrive.

- Ensure our volunteers feel respected and recognized for their valuable work by initiating volunteer moments on social media and appreciation events.

Be recognized as a great place to work by enhancing our engagement and retention strategies.

- Pursue innovative systems to streamline our processes and create more efficient workflows.



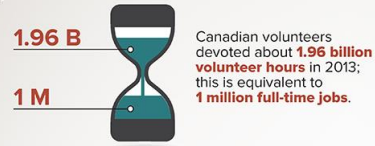
Things are changing

THE FACES OF VOLUNTEERS IN CANADA

WWW.STATCAN.GC.CA

VOLUNTEERING RATE AND HOURS FOR CANADIANS AGED 15 AND OVER

FACTS:



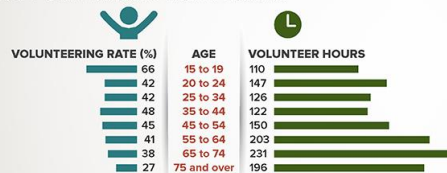
Number of volunteers
12,716,000



Volunteering rate



OLDER CANADIANS VOLUNTEER LESS OFTEN, BUT CONTRIBUTE MORE HOURS

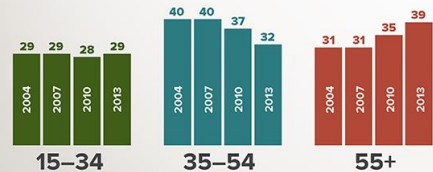


GENDER DIFFERENCE



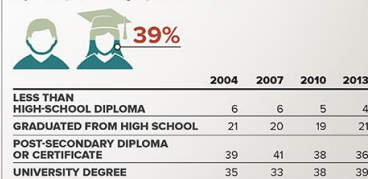
VOLUNTEERS ARE INCREASINGLY OLDER

In 2013, **39%** of volunteer hours were contributed by those **aged 55 and over**, compared with **31%** in 2004.



VOLUNTEERS ARE INCREASINGLY MORE EDUCATED

From 2004 to 2013, the proportion of volunteers, aged from 25 to 64, with **university degrees** rose by four percentage points to **39%**.



- ✓ Post-COVID the face of volunteers changed and now includes **virtual volunteering**
- ✓ Volunteers want **options** on how to spend their time
- ✓ Volunteers seek a **simple process** to give back to the community and HHHS
- ✓ Collaborated with 5 other organizations & existing volunteers to **modernize** our program.
- ✓ Leveraged existing **technology** to simplify processes.

Source: Data from the 2013 General Social Survey on Giving, Volunteering and Participating

Volunteer Metrics



2024/25	Q1	Q2	Q3
Active Volunteers	185	205	204
Volunteers on Hold	0	0	5
Volunteers in Progress	6	4	7
Net New Volunteers	25	8	5
Total Volunteer Hours	3,562	3,534	3,406



*Volunteers do not necessarily have
the time; they just have the heart.*

Elizabeth Andrew



Path Forward



Completed Dec 2024

Conduct an organizational needs assessment.
Review volunteer role descriptions.
Begin recruitment efforts through targeted outreach.

Spring 2025

Review and launch orientation and training programs.
Create volunteer management infrastructure.
Begin tracking volunteer data.

Fall 2025

Focus on retention strategies.
Build leadership opportunities for volunteers.
Begin evaluating program success and adjusting strategies.

Ongoing

Continue recruiting and training new volunteers.
Regularly assess and improve satisfaction and engagement.
Use feedback to refine roles, processes, and engagement strategies.

Online Application



Volunteer Application

Please complete the form below to apply for a position with us. If you do not hear from anyone within 72 hours please contact 705-457-1392 ex 2927. Please note we do require a clear criminal reference check and possibly a vulnerable sector prior to your start. Looking to learn more about Volunteering opportunities at HHHS? Please visit <https://www.hhhs.ca/volunteers> for more information

Full Name

First Name

Middle Name

Last Name

Current Address

Current Address

First Name

Middle Name

Last Name

<https://www.hhhs.ca/volunteers/volunteer-application-form>



Fall 2024 Appreciation Event

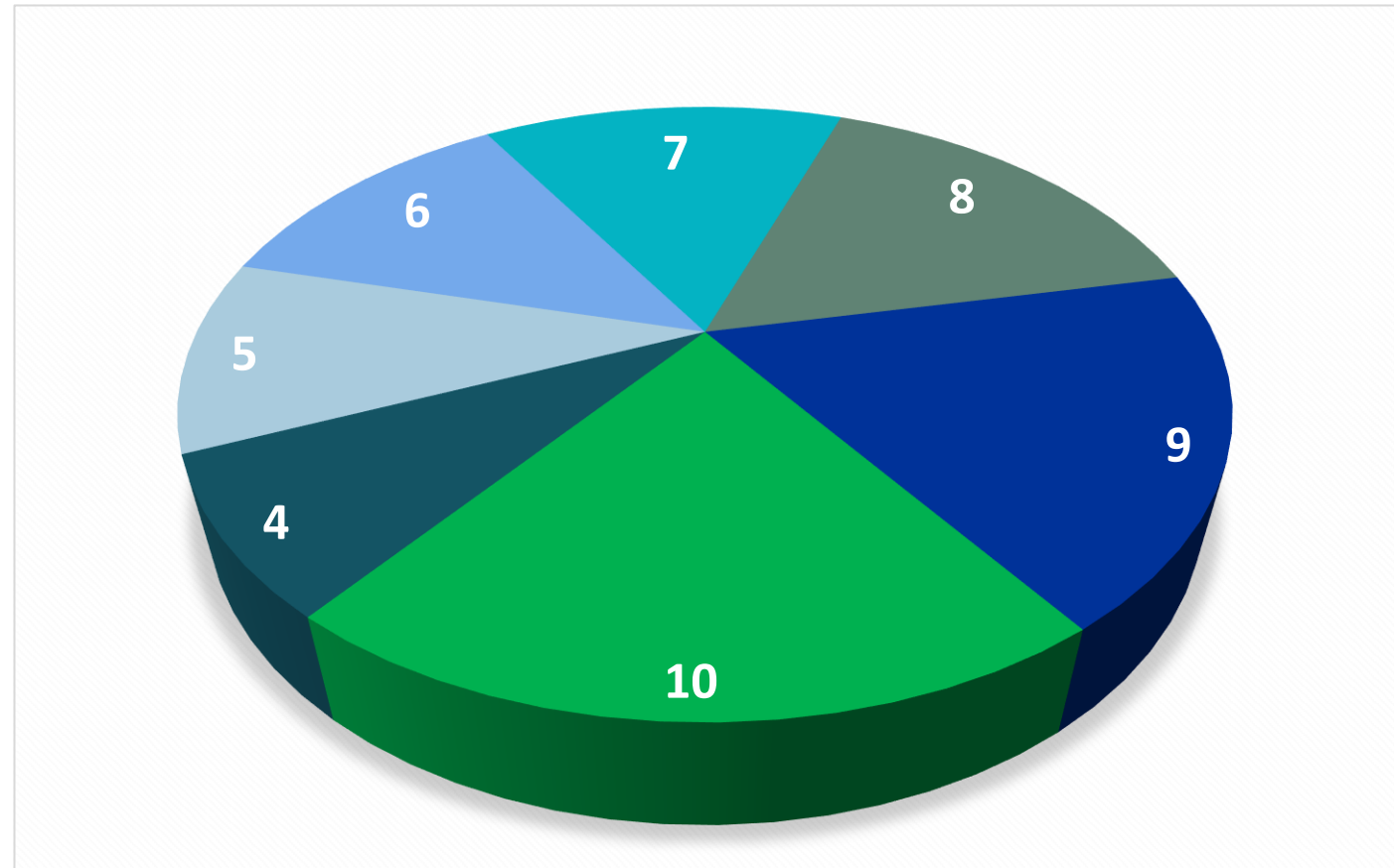


Feedback

On a scale of 1 to 10, how would you rate your experience as a HHHS Volunteer?



- 10 - 40%
- 9 - 20%
- 8 - 24%
- 7 - 6%
- 6 - 1%
- 5 - 5%
- 4 - 4%



1 = Poor Experience, 10 = Great Experience

Making your experience as a HHHS Volunteer better!



“Make the intake process simpler.”

“A simpler intake process.

The biggest reason people do not volunteer”



- ✓ Application updated through co-design.
- ✓ Intake process and workflows streamlined.
- ✓ Easy access to a physician for lab requisitions for those who are unattached.
- ✓ Online application form.
- ✓ Removed formal interview process.

“Better way to track volunteer hours.”

“More specific requests for helping, like with scheduled activities or specific residents that would like a friendly visit.”

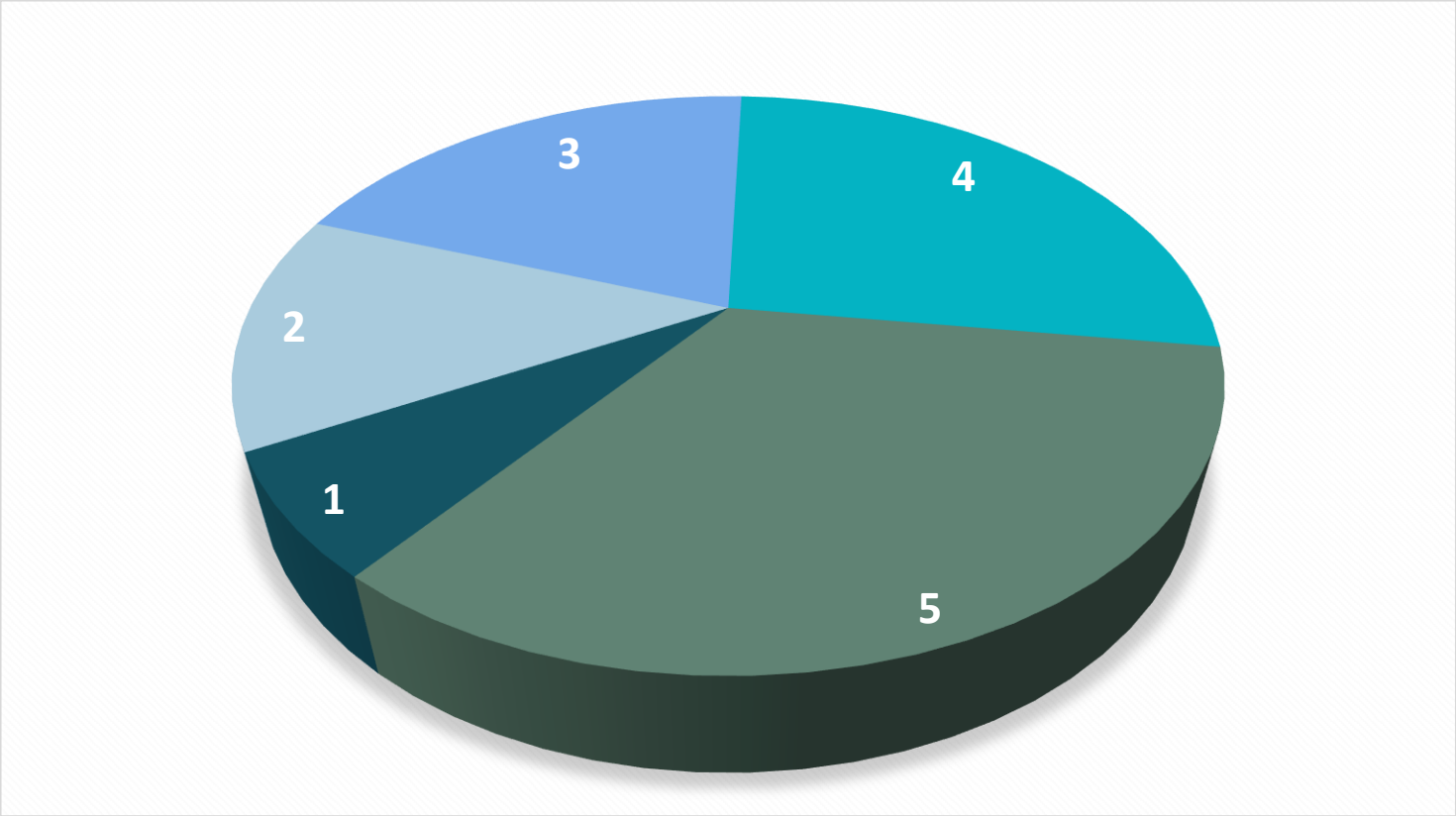


- ✓ Implemented volunteers onto AlayaCare to enable simpler volunteer hour reporting.
- ✓ This technology also promotes further engagement by offering additional visits / opportunities in the system.

How much of a difference do you feel you make as a volunteer?



- 5 - 39%
- 4 - 39%
- 3 - 15%
- 2 - 3%
- 1 - 3%



1 = No difference, 5 = Great difference

Consider Volunteering

HHHS Needs you!

Long-term care
Hospice
Community programs
Volunteer Drivers
Social Recreation
Diners Club

Visit our website at:

<https://www.hhhs.ca/volunteers> for
more information on how you can
get involved.



Volunteers are the glue that hold the community together.

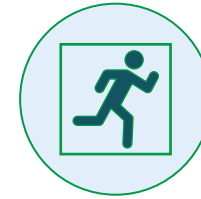
Next Steps



Revising The
Volunteer
Package



Developing An
Orientation
Program



Refreshing The
Onboarding
Process



Retention &
Recruitment,
Including Exit
Interviews



<https://www.hhhs.ca/volunteers/volunteer-application-form>



*Amanda Rowden, Manager Community
Support Services*

Thank you!

[Volunteering at HHHS](#)



Master Planning The Future of Care at Haliburton Highlands Health Services





The population in HHHS' catchment area is expected to **increase by 22%** in the next 20 years



The 80+ population is expected to **grow by 59%** in the next decade



This demographic shift brings opportunities to improve access to primary care, emergency services, and long-term care across the County of Haliburton

Source: Ministry of Finance data as required by Ministry of Health



HHHS is undertaking a comprehensive planning initiative with all levels of government and Ontario Health to address the current and future healthcare needs in the County of Haliburton and surrounding region.

This Master Planning effort represents a unique and much-needed opportunity in the history of HHHS to **rethink and revitalize our healthcare infrastructure.**



What is a Master Plan?

- Mandated by Ontario's Ministry of Health, **Hospital Master Planning** is a process that assesses the adequacy and functionality of facilities, ensuring spaces meet the needs of our community both today and tomorrow. This involves planning for mid-term (five to 10 years) and long-term (15, 20, and 30 years) needs.
- **Long-Term Care Master Planning** defines the high-level priorities, specific goals and early vision for the future.



Bringing Care Closer to Home



New & Expanded Services

Expand access to the Urgent Care Clinic, add a new unattached Primary Care Clinic, introduce new specialty clinics such as Internal Medicine and Gynecology Clinics and bring MRI services to the community.



Expanded Long-Term Care

Increase long-term care capacity to add an additional 68 new beds, bringing the total to a minimum of 160 long-term care beds in one location.



Expanded Acute Care Capacity

Nearly double the number of inpatient hospital beds with a mix of chronic continuing care and rehab beds, so patients can receive the right treatment and care to recover close to home.



Enhanced Emergency Department

Expand the size of the Emergency Department with dedicated staff spaces, procedure rooms to eliminate hallway medicine, and purpose-built airborne isolation rooms to manage the cold and flu season.



Help Shape the Future of Healthcare in our Community!

We are hosting a **Future of Care Forum** Town Hall series at our Minden site auditorium and virtually, where the community is invited to learn more about these plans and ask their important questions.

FORUM #1

What's on the Go at HHHS

February 19, 2025
6 pm to 7:30 pm

FORUM #2

The Future of Long-Term Care

March 5, 2025
6 pm to 8 pm

FORUM #3

The Future of Acute Care

March 26, 2025
6 pm to 8 pm



Learn more and RSVP at www.hhhs.ca/Master-Planning
or scan the QR code



HHHS Communications Plan

Lauren Ernst, Communications & Employee Experience Lead

Where are we going, Lauren?

1. Introduction & Overview

2. Your feedback in **action**

- *Website before and after walkthrough*
- *Social Media presence*
- *Where you can find us*

3. What's Next?

HHHS Website Tour (Before)



Search our website 705-457-1392

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Make a Donation

Donate to the Haliburton Highlands Health Services Foundation. Click here to find out how.



News & Events

Keep up-to-date with current news and events from Haliburton Highlands Health Services.



Careers

Join our team of health care workers. Browse through the current positions available.



Send Best Wishes

Send a patient or resident a personal message of well wishes by email. Learn more here.

HHHS Website Tour (After!)



Search our website 705-457-5292

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Make a Donation

Donate to the Haliburton Highlands Health Services Foundation. Click here to find out how.



Careers

Join our team of health care workers. Browse through the current positions available.



Book a Medical Ride

Need a ride? Book a safe and reliable trip with us today!



Master Planning

Join us in building a legacy for our Community.



News & Events

Keep up-to-date with current news and events from Haliburton Highlands Health Services.



Send Best Wishes

Send a patient or resident a personal message of well wishes by email. Learn more here.



Feedback

Whether you are a resident, visitor, volunteer, patient, or resident, feedback from our community makes HHHS stronger.

HHHS Website Tour (After!)



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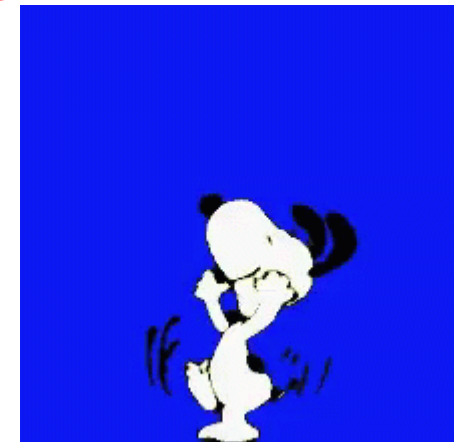
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Master Planning

Join us in building a legacy for our Community.



HHHS Website Tour



- ✓ Easy to find
- ✓ Proper Naming convention
- ✓ Searchability
- ✓ Stay Connected

Master Planning

93 views

Haliburton Highlands Health Services (HHHS) is undertaking a comprehensive planning initiative with all levels of government and Ontario Health to address the current and future healthcare needs of Haliburton County and the surrounding region.

To build momentum, foster transparency, and engage the local community, HHHS plans to keep residents informed of this Master Planning initiative and its progress through local media, community events, and regular updates. The following engagement plan details the key phases of work to invite key internal and external stakeholders, including the broader Haliburton County community, in the Master Planning process.

Have Questions?

We Thrive on Your Feedback

2282 views

Whether you are a resident, visitor, volunteer, patient, or resident, feedback from our community makes HHHS stronger. Sharing your positive experience with us, or an area of opportunity for HHHS to improve, HHHS is committed to responding to you consistent with the HHHS Mission, Vision, and Values.

Your Feedback Matters

Have feedback to share?
Please connect with us via the online form below, by email (quality@hhhs.ca) or by phone (705-457-1392 ext 2263).

Contact Form

Full Name *

Lauren Ernst

Email Address *

lernst@hhhs.ca

ative in building a legacy for our Community.
communications and Employee Experience Lead any time at lernst@hhhs.ca

ating 2024 and Welcoming 2025 at HHHS

rtners,
oment to reflect on the past year—my first full year as CEO of Haliburton Highlands Health Services
and transformative year for HHHS, made possible by our dedicated team members, supportive partners,
s was the introduction of CT Scan and Mammography services. After close collaboration with the Ministry
these essential diagnostic tools to HHHS, enhancing our ability to provide timely and accurate diagnoses
mplishing Accreditation with Commendation by Accreditation Canada. This recognition acknowledges the
sistently delivers and reflects our ongoing commitment to supporting the health and wellbeing of our
have been possible without the unwavering dedication of our staff and the trust of our patients.



HHHS Website Tour

HHHS Communication Sign Up

* Required

1. Please Enter your email address you want to Subscribe/Unsubscribe *

Enter your answer

2. Name *

Enter your answer

3. Publications you are interested in from HHHS? *

All HHHS Communications

Master Plan Updates Only

Submit

by the Ministry of Health and Long-Term Care.

All Rights Reserved. Privacy.



HHHS Gets Social – Follow Us!



@ Haliburton
Highlands
Health Services



@HHHSCares



hhhs.ca

What's Next?

1. Recording & Slide Deck will be shared

Will be posted to our website, and shared via social medial channels

2. Master Planning, master planning, MASTER PLANNING!

Updates shared on our channels, ways to get involved will be shared.

3. Your feedback matters and is used

Reach out to me directly to share your thoughts on what more we can be doing.

4. Share what you love from HHHS on *your* channels

Thankful Thursday, updates, news, announcement



*Lauren Ernst,
Communications & Employee Experience Lead
Thank you!*

<https://www.hhhs.ca/news>





Thank you!
Veronica Nelson, President & CEO



Compassion – Accountability – Integrity – Respect