

Janzen, Heather

From: City Council
Subject: FW: Emal - Request to Speak - Tracy Muggli - Expansion of Access to Public Washrooms and Drinking Water - CK 600-33
Attachments: Letter_washroom facility in PH Community-St. Pauls Hospital May 23 2024.pdf

From: Web NoReply <web-noreply@Saskatoon.ca>
Sent: Thursday, May 23, 2024 8:37 AM
To: City Council <City.Council@Saskatoon.ca>
Subject: Emal - Request to Speak - Tracy Muggli - Expansion of Access to Public Washrooms and Drinking Water - CK 600-33

--- Replies to this email will go to tracy.muggli@saskhealthauthority.ca ---

Submitted on Thursday, May 23, 2024 - 08:36

Submitted by user: Anonymous

Submitted values are:

I have read and understand the above statements.: Yes

I do not want my comments placed on a public agenda. They will be shared with members of Council through their online repository.: Yes

I only want my comments shared with the Mayor or my Ward Councillor.: No

Date: Tuesday, May 21, 2024

To: His Worship the Mayor and Members of City Council

Pronouns: She/her/hers

First Name: Tracy

Last Name: Muggli

Phonetic spelling of first and/or last name: Tracy Mugg-lee

Phone Number : [3062205566](tel:3062205566)

Email: tracy.muggli@saskhealthauthority.ca

I live outside of Saskatoon: No

Saskatoon Address and Ward:

Address: 1702-20th St W

Ward: Not Sure

Name of the organization or agency you are representing (if applicable): St. Paul's Hospital

What do you wish to do ?: Request to Speak

If speaking will you be attending in person or remotely: In person

What meeting do you wish to speak/submit comments ? (if known):: City Council May 29th

What agenda item do you wish to comment on ?: "Expansion of Access to Public Washrooms and Drinking Water"

Comments:

See attached regarding endorsement of public washrooms in Pleasant Hill community.

Attachments:

- [Letter_washroom facility in PH Community-St. Pauls Hospital May 23 2024.pdf](#)600.52 KB

Will you be submitting a video to be vetted prior to council meeting?: No



St. Paul's Hospital

May 22, 2024

City of Saskatoon
222 3rd Ave N
Saskatoon SK
S7K 0J5

City of Saskatoon Councillors and Administration,

Please accept this letter as an endorsement to move forward on implementing an appropriately staffed (24/7) public washroom facility, ideally with showers, in the Pleasant Hill community. Since 2018, we have seen consistent growth of those presenting to St. Paul's Hospital Emergency department who are homeless. The chart below captures those who register for Emergency services and are assessed/coded with and ICD (International Classification of Diseases) code Z59.0 (Homelessness). Data for Q4 of this year is not yet coded, thus the months of January/February/March are not yet captured. The 2023/24 fiscal year numbers are trending to be much higher.



**Saskatoon Emergency Department Visits
Homelessness (Z59.0)
Registrations: Apr 01, 2018 to Dec 31, 2023**

TOTAL ED VISITS vs. PATIENTS BY FACILITY & FISCAL YEAR

	Royal University Hospital		Saskatoon City Hospital		St. Paul's Hospital		Total	
	Pts	Visits	Pts	Visits	Pts	Visits	Pts	Visits
2018-19	89	113	5	5	139	191	213	309
2019-20	136	161	54	66	202	310	338	537
2020-21	199	259	46	47	267	455	430	761
2021-22	212	288	56	68	332	608	496	964
2022-23	338	519	93	112	453	817	697	1,448
2023-24	424	643	68	76	484	1,057	800	1,776
Total	1,141	1,983	293	374	1,383	3,438	2,140	5,795

Note: this data does not capture those who come to the Emergency Department wait room to warm up, use a washroom (and often to wash down/wash clothes), or get something to eat. Our Protective Services Officers are currently reporting 15-20 people per night coming in for these purposes.

We have a guideline and signage (since construction began in November, 2023) stating the public is not permitted to come into hospital unless they need service or are visiting a loved one. Clearly, we have not been able to maintain this position, given the circumstances in the community and the need to provide dignified bathroom access.

As a result, allowing exceptions has led to many issues: increased numbers of people using washrooms for drug use (we are investigating the use of washroom flame sensor/alarms), conflict between staff and homeless folks when they are asked to leave, critical incidents and code whites, more violent

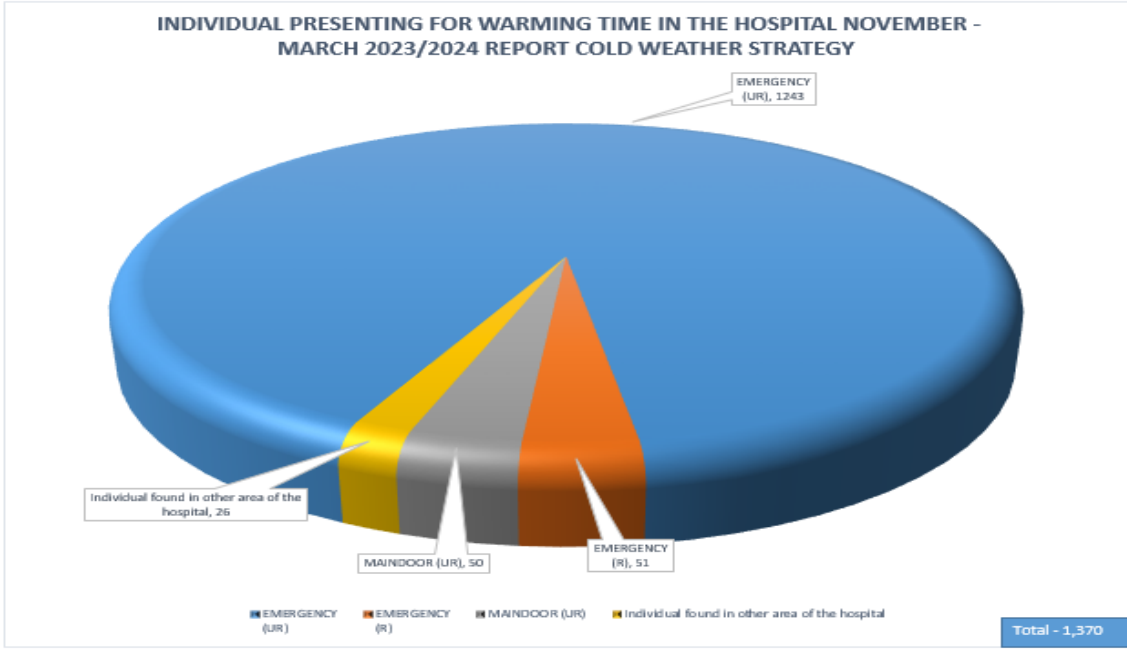
episodes resulting WCB claims for injured staff, increase in delivery of critical incident debriefing for staff, and lack of space for incoming people who require emergency services.

We continue to have staff followed, harassed and sometimes robbed or threatened when they walk to hospital or back to their vehicle before and after shifts. Many who are homeless also hang around the ER entry doors and parking lot of the hospital throughout the day and night, approaching staff and sometimes threatening them. The desperation of those homeless and using substances has created an unsafe work environment that we must mitigate daily.

We also have a high number of ‘staxi’ wheelchairs that are stolen and are seen in the community at encampments and various other places. Homeless people are using them for transportation. We have them air tagged and retrieve them when it is safe to do so, but overall, do not approach people who are homeless or intoxicated to try to retrieve them. They are an approximate cost of \$2,000 each and patients in the hospital rely on them to get to and fro within our facility. In the last 18 months, we invested \$75,000 to purchase more.

From November to March, we tracked folks coming into the hospital to warm up. We provided mitts, toques, socks and hotshots to hundreds of people. We used a stick tally sheet to track numbers of folks presenting for warming up. This is under-reported as Protective services officers were often unable to take the time to track due to pace of the work. There were at least 1,370 presentations to the hospital for this reason.

This winter, we were lucky to have SHA funding for Sawēyihotān presence in our Emergency Room 10pm-4am daily. This is set to end on May 31. The program was very helpful in mitigating circumstances of homeless people in the ER waiting room, but their presence also drew people in to our facility to see them, thus augmenting the issue of a crowded wait room and utilization of hospital bathrooms.



Since 2021 we have increased our baseline of Protective Services Officers (PSO) at the hospital from 3/shift to 6/shift. We continue to need a higher baseline of PSOs. We also have regular contact and support from SPS Community Mobilization Unit, for which we are grateful.

For further context, in fiscal 22/23, St. Paul’s Hospital provided service to 2983 substance use related matters and 3548 overdose presentations, with the highest number of visits deriving from those in the Pleasant Hill community, followed by neighbouring communities and the downtown.

- 23/24 fiscal year data (Q4 not yet available),for SPH ER substance use presentations are trending to be 11.3% higher than last year.
- Overdose presentations are trending to be 11.1% higher for 23/24 fiscal year.

22/23 SPH Emergency Department substance use presentations below:

SPH ED																
Visits by Substance Use - Some Patients have multiple Codes per Visit. The Category/Code for 'Other Stimulants' includes Crystal Meth	Alcohol		Cannabinoids		Cocaine		Hallucinogens		Multiple Drug Use		Opioids		Other Stimulants, Incl Caffeine		Sedative or Hypnotics	
	Pt's	Visits	Pt's	Visits	Pt's	Visits	Pt's	Visits	Pt's	Visits	Pt's	Visits	Pt's	Visits	Pt's	Visits
Intoxication	457	797	74	76	12	12	3	3	-	-	19	19	277	437	4	4
Harmful Use	265	400	1	1	46	50	4	4	-	-	86	93	-	-	4	4
Withdrawal	286	490	-	-	4	5	-	-	-	-	72	86	-	-	-	-
Unspecified Mental & Behavioural D/O	73	79	-	-	10	10	-	-	167	193	18	19	7	7	4	4
Dependence Syndrome	91	122	-	-	2	2	-	-	-	-	13	13	-	-	1	1
Other Mental & Behavioural D/O	-	-	-	-	1	1	-	-	52	53	-	-	4	4	-	-
Psychotic D/O	3	3	-	-	1	1	1	1	-	-	2	2	-	-	-	-
Residual & Late-Onset Psychotic D/O	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	853	1,880	75	77	72	81	8	8	208	246	189	231	286	447	13	13

Our Hospital is attempting to do what we can to provide service to those most vulnerable members of our community, however, we have exceeded our capacity to do that on many occasions and require community support.

We continue to be actively engaged with the Pleasant Hill Community Association, participating in the bi-annual back alley clean-up and other community-building events. We participate and host SASU (Saskatoon Alliance on Substance Use--former Crystal meth working group of the Safe Community Action Alliance), where we attempt to solve what we can collectively with community partners. We participate in the Saskatoon Poverty Reduction Partnership, the City of Saskatoon Cold Weather Strategy as a reporting partner, and other ad hoc community safety discussions. We support the Sanctum program by way of facility ownership and we also deliver healing arts programming to several community-based organizations. Our Mission Office regularly supports folks who need additional help as do staff from the SHA First Nations and Metis Health department.

We are all doing what we can, but it is clear more needs to be done. We believe the presence of an appropriately staffed washroom (and shower) facility would not only provide the dignity that people should receive, it will ease the pressures we are experiencing at St. Paul’s Hospital and help to recover the capacity needed to deliver safe acute emergency care.

Happy to answer any questions.

Sincerely,



Tracy Muggli
Executive Director, St. Paul’s Hospital

