



Office of the Commissioner
Community and Health Services

Memorandum

To: Committee of the Whole

From: Katherine Chislett
Commissioner, Community and Health Services

Date: August 9, 2018

Re: **2017 Long-Term Care Performance Report**

Council serves as the Homes' Committee of Management

This memo provides Council with the 2017 Long-Term Care Performance Report (Attachment 1) for York Region's two municipal Long-Term Care Homes: Newmarket Health Centre (132 residents) and Maple Health Centre (100 residents). In [October 2011](#), Council approved its role as the Homes' Committee of Management as required by the Long Term Care Homes Act (section 132). The Committee of Management has several responsibilities (described in Attachment 1), which include monitoring the Homes' compliance with legislation. This memo and its attachment assist the Committee of Management to meet this requirement.

The Homes offer three types of care and are in high demand

The Homes combined offer three types of care: long-stay, long-term care (198 beds, four of which are designated for qualifying veterans); convalescent care (34 beds); and short-stay respite care (six beds). As of June 30, 2018, there were 383 people on Maple Health Centre's waitlist for a basic bed (two people per room), with one bed becoming available each month on average, and 373 people were on Newmarket Health Centre's waitlist for a basic bed, with two beds becoming available each month on average.

A quality assurance strategy is being developed to support consistent compliance with legislation

All long-term care homes are inspected at least annually by the Ministry of Health and Long-Term Care (the Ministry) for compliance with legislation. The Region's two Homes were inspected a total of five times in 2017 and received 45 non-compliance findings -

an average of nine findings per inspection. This falls within the range seen across comparator municipal long-term care homes. Most (39) findings were for minor issues, while six findings were compliance orders that required follow-up inspections. Attachment 1 provides details about the compliance orders and actions taken to address them.

The Homes have improved in some quality indicators

Long-Term Care Homes provide data to the Canadian Institute for Health Information on nine indicators for residents' safety, appropriateness and effectiveness of care and improved health status. In 2016 to 2017, Maple and Newmarket Health Centres performed favourably compared to the Central Local Health Integration Network and provincial averages on three of the nine publicly reported indicators. The Homes did have areas of lower comparative performance, and have submitted Quality Improvement Plans to the Ministry to outline steps for improving the Homes' performance in these areas.

Residents' and families' satisfaction levels remain high

The 2017 results of the annual Satisfaction Survey conducted with residents and their families showed continued satisfaction with the Homes' care, services and amenities. One hundred per cent of the 55 respondents would "recommend this Home to others".

Both Homes achieved three year accreditation in 2017

The accreditation review from the Commission on Accreditation of Rehabilitation Facilities (CARF) International stated "On balance, the Regional Municipality of York is a highly functional, efficient, and effective organization and substantially conforms to the CARF International standards. The multifaceted organization has many strengths that have positioned it for great success in the future."

Staff continue to focus on quality improvement initiatives

York Region's Homes remain highly sought after for residents and families seeking long-term care services. Several improvements were achieved in 2017 that will continue to be built upon in 2018. Staff will maintain focus on strategies to improve outcomes for residents and enhance the effectiveness in the delivery of care and services.

Katherine Chislett
Commissioner, Community and Health
Services Department

KC/cm

Attachment (1)

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2017 Long-Term Care Performance Report

The Municipal Long-Term Care Home Model of Care

Municipalities operate almost one of every five long-term care homes in the province and are home to almost one in four Ontarians receiving long-term care. Operating as part of an integrated system of municipal services within the community, municipal homes tailor services to meet local needs, and are often people's first choice for long-term care, having high satisfaction rates and quality outcomes.

Municipal Homes are partners in caring for seniors today, and are engaged in the planning and dialogue to consider demand and capacity for the future.

Long-term care homes are residents' homes

The Region's delivery of long-term care services is guided by the Fundamental Principle of the *Long-Term Care Homes Act, 2007* which states in part:

“... a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.”

Council serves as the Homes' Committee of Management

Under the *Long-Term Care Homes Act, 2007* (the Act) and *Ontario Regulation 79/10*, every upper or single tier municipality in southern Ontario must maintain at least one municipal home. At the time this legislation came into effect, York Region was operating two Homes: Newmarket Health Centre (132 residents) and Maple Health Centre (100 residents)

In [October 2011](#), Regional Council approved its role as the Homes' Committee of Management, as required by the Act (section 132). Under the Act, the Committee of Management has several responsibilities:

- **Monitoring compliance:** Directors and Officers of a corporation operating a Home and the Committee of Management shall ensure the corporation complies with all requirements under the Act. Council receives annual performance reports to meet this obligation.
- **Receiving residents' feedback:** Long-term care residents have the right to raise concerns or recommend changes in policies and services to a member of the Committee of Management and others on behalf of himself or herself or others without fear of coercion, discrimination or reprisal. Council meets this obligation by receiving any feedback provided by long-term care residents, and following up as appropriate.

- **Refraining from discouraging reporting:** Members of the Committee of Management are forbidden from doing anything that discourages; is aimed at discouraging; or that has the effect of discouraging a person from making a disclosure to the Ministry, or a Ministry inspector or providing evidence at a proceeding or inquest.
- **Refraining from sitting on Family Councils:** Members of the Committee of the Management may not belong to the Homes' Family Councils. Family Councils are composed of residents' families and friends. Their purpose is to establish and facilitate positive communication channels with staff to help maintain or improve the residents' quality of life.

Increased Accountability on Committee of Management

In December 2017, the Act was amended to establish a more stringent compliance framework with enhanced enforcement tools and additional requirements in providing long-term care services. These amendments will come into force January 1, 2019. As a result of these amendments, the Ministry may:

- Make operational or policy directives for the quality of care and treatment of residents in Long-Term Care homes
- Impose administrative monetary penalties for licensees (municipality that maintains a municipal home) for not complying with the Act and,
- Expand its ability to return/withhold funding from licensees.

Directors and officers of a corporation must ensure the corporation complies with all requirements of the Act. This obligation also applies to every member of the Committee of Management. Failure to comply with this obligation is an offence for which Committee of Management members, and directors and officers of a not-for-profit corporation, such as the Region, could be subject to a fine of not more than \$2,000 each, effective January 1, 2019.

York Region Long-Term Care Services

The Region's Homes are places where residents can live and receive frequent assistance with activities of daily living, have access to 24-hour nursing and personal care, and have on-site supervision and monitoring to ensure their safety and well-being. The Homes operate 232 beds and offer three types of care:

- Long-stay, long-term care (188 beds). This type of care is available for adults of age 18 or older who are not able to live in their own homes, and who have been assessed as eligible for long-term care admission by the Central Local Health Integration Network (CLHIN). Long-term care residents have care needs that cannot be safely met in the community through publicly funded community-based

services and other care-giving support. Several of the 188 long-stay, long-term care beds are designated for priority populations:

- Veteran’s Priority Access beds (four) are long-term care beds at Newmarket Health Centre designated for qualifying veterans. These individuals are a higher priority for placement in these long-term care beds than non-veteran applicants.
- Reunification Priority Access beds (two) are designated for people eligible for and waiting for long-term care and who are spouses or partners of current residents in the home. These individuals are on a category 1 (crisis) list and have high priority to admission.
- Short-stay respite care (six beds) is available for persons who do not need long-stay care but require temporary support to provide their caregivers with relief from their caregiving obligations. Clients in the program generally return to their residences within 60 days after admission to the program.
- Convalescent care (34 beds) is available for individuals leaving the hospital who no longer need acute care but cannot yet manage at home. This program is an important component of the health care system that reduces system pressure (on hospitals, emergency rooms, and long-term care) by providing the short-term / temporary convalescent care and supports in a residential setting that are needed to ensure a smooth transition to the clients’ eventual return to their home.

York Region is an important provider in the provincial Convalescent Care Program. The Region offers 34 convalescent care beds representing more than 36 per cent of the convalescent care beds in the CLHIN region, more than 23 per cent of all convalescent care beds operated by municipal Homes, and almost five per cent of all convalescent care beds available in long-term care homes in Ontario.

The type and number of beds available in each Home is shown in Table 1 below.

**Table 1
Program Capacity by Number of Beds**

Program	Maple Health Centre	Newmarket Health Centre	Total
Long-stay long-term care*	82	106	188
Short-stay respite care	3	3	6
Convalescent care	15	19	34
Veterans’ priority access	-	4	4
Total	100	132	232

*Includes 2 beds in each home designated in early 2018 as priority access beds for reunification of spouses.

The number of long-term care beds in York Region is low among municipal comparators

Table 2 compares the total number of long-term care beds available per population 75 years of age and over with our municipal comparators. There are 28 long-term care homes in York Region operating 3,661 licensed beds. The Region operates 232 or 6.3 per cent of them, which is the lowest municipal share of long-term care beds among the municipal comparators.

York Region has the second lowest supply (5.4 per cent) of total long-term care beds (municipal, non-profit and private operators) per seniors age 75 years and older among municipal comparators, with the City of Toronto having a lower percentage of 3.9 per cent.

Table 2
Percentage of Long-Term Care Beds to Seniors by Region

Comparator	York	Durham	Halton	Peel	Simcoe	Toronto
# of long-term care beds in operation	3,661	2,782	2,602	4,169	3,003	14,966
# of municipal long-term care beds	232	847	572	703	541	2641
Municipal share of beds	6.3%	30.5%	22%	16.9%	18%	17.7%
# of seniors aged 75+ *	68,040	38,985	36,680	70,600	36,235	380,175
Percentage of Long-term care beds (all types) by seniors 75+	5.4%	7.1%	7.1%	5.9%	8.3%	3.9%

*Source: Statistics Canada Census 2016 data. Accessed at www12.statcan.gc.ca on August 8, 2018

Accessing Long Term Care is managed by the Central Local Health and Integration Network

People in need of care in the Region’s Homes must apply for it through the referral, intake and waitlist process managed by the CLHIN, Home and Community Care Division (formerly Community Care Access Centre). This is a standardized process used by all Local Health Integration Networks to help people access long-term care services.

The Region's Homes are in high demand

Municipal homes are in high demand across the province. While municipal long-term care homes comprised 16.6 per cent of the homes in the province, they held a 27.2 per cent share of the "1st choice" long-term care waitlist as of December 2017. This demonstrates stakeholder trust in the quality care and services provided by municipal long-term care homes.

There are 46 long-term care homes within the CLHIN region operated by municipalities, non-profits, and private sector companies, with a total of 7,247 Long-Term Care Beds. The CLHIN region includes parts of north Toronto and Simcoe in addition to York Region. As at December 2017, the waitlist demand for all 46 long-term care homes in the CLHIN region represented 289 per cent of total capacity. At the same date, the combined waitlist demand for the Region's two municipal Homes represented 1,205 applications, or 519 per cent of the combined long-term care bed capacity in the Homes, well above the average of for the CLHIN region.

The most recently reported wait time statistics for Ontario show a median of 133.0 days wait time for admission to long-term care. Wait times for a bed in the Region's Homes can vary according to a number of factors, including if the person is in hospital or living at home, the person's assigned priority category, and the type of bed required. As of June 30, 2018, Maple Health Centre had 383 people on the waitlist for a basic bed (two people per room), with one bed becoming available each month on average. Newmarket Health Centre had 373 people on the waitlist for a basic bed, with two beds becoming available each month on average.

613 people received care in 2017

In 2017, York Region provided care and services through the long-stay beds, short-stay respite program, and convalescent care program to 613 residents at the two Homes. The occupancy rate for each program is shown as a percentage of program capacity in Table 3.

Table 3

2017 Occupancy Rates by Program

Program	Maple Health Centre	Newmarket Health Centre
Long-stay long-term care	99.0%	99.1%
Short-stay respite care	55.2%	63.6%
Convalescent care	85.2%	92.6%

Occupancy rates in Short-stay respite care and Convalescent care are low. Staff are working with the CLHIN, the two Regional Adult Day Programs (offered in both the

Keswick and Maple), and with other Seniors Community Programs (Psychogeriatric Resource Consultants, integrated Psychogeriatric Outreach Program) to improve the use of short-stay and convalescent care program beds.

York Region ranked third highest in the percentage of long-term care residents older than 85, and second highest for percentage of long-term care residents younger than 65. The incidence of residents with dementia and residents with congestive heart failure is generally lower than that of neighboring municipalities.

Table 4 displays the resident profile for the Region’s Homes in comparison with those of neighboring municipal long-term care homes.

Table 4
Long-Term Care Resident Profiles, 2016-2017

Resident Comparator	York	Simcoe	Halton	Toronto	Peel	Durham
Older than 85	48.1%	48.0%	54.2%	46.5%	44.0%	54.2%
66 to 84 years	45.0%	46.8%	41.0%	42.8%	50.5%	40.3%
Younger than 65	6.9%	5.2%	4.8%	10.7%	5.5%	5.5%
Female	70.2%	60.9%	69.7%	62.3%	69.5%	67.4%
Dementia	44.6%	67.2%	59.9%	62.4%	65.8%	67.2%
Congestive Heart Failure	9.8%	15.0%	14.1%	10.4%	8.8%	9.0%

Source: [Canadian Institute for Health Information, "Your Health System" portal](#), 2016-2017, accessed July 2018

Recreational Programming has been expanded to better support younger residents

With such a wide range of ages and abilities in the Homes, it can be challenging to provide residents with customized recreational programming that appeals to their individual interests and abilities. Staff are committed to providing the appropriate care, services and programming to meet the needs of all residents. For example, while much programming has been developed for older residents, staff recently undertook efforts to develop programs to stimulate the interest and engagement of residents under the age of 65. For example, staff recently arranged to bring in volunteers with knowledge of technology and gaming to spend time with a younger resident who enjoys spending time on these hobbies.

According to the Alzheimer Society of Ontario, in 2016 an estimated 564,000 Canadians were living with dementia with about 25,000 new cases diagnosed every year

Although the Homes had a lower number of residents with dementia for 2016-2017 compared to other municipalities, the number of Canadians with dementia is rising sharply, and it is reasonable to expect numbers to increase in the Homes over time. According to the Alzheimer Society of Ontario, in 2016 an estimated 564,000 Canadians were living with dementia - plus about 25,000 new cases diagnosed every year. That number is expected to rise to 937,000 by 2031, a 66 per cent increase.

The Region's Homes are equipped to meet the diverse needs of residents with dementia, having a total of four resident home areas with a focus on dementia care (the other five home areas offer standard long-term care services). There is a strong team of internal expertise which includes the following:

- Behavioural Support Ontario-funded nurses, who are part of the Region's long term care staff, provide dedicated onsite expertise and education to effectively support staff, residents and families with managing responsive behaviours
- Access to psycho-geriatric resource consultants, who provide consultative support to staff in long-term care homes/centres and community agencies in York Region who serve clients with mental illness, dementias and other geriatric issues
- A skilled Medical Director and a team of attending physicians who aid with treatment, strategies and referrals.

Staff also engage with a spectrum of community partners such as Baycrest, the Alzheimer Society and Ontario Shores to provide the best care, treatment and supports possible.

The Region continues to improve and enhance the quality of care, services, accommodations and amenities provided for residents with dementia

Improvements made in 2017 include creation of a Responsive Behaviours Working Group to develop and implement strategies for managing residents' behaviours often associated with dementia. Other improvements include:

- Changes were made to enhance the clinical care provided
- Recreation programs were expanded
- Emergency preparedness and planning was strengthened
- Several facility improvements were made

Celebrating Successes in 2017

York Region continues to improve and enhance the quality of care, services, accommodations and amenities provided for the residents of the Homes.

Enhancing residents' lives

- Expanded the very popular Pet Therapy Program
- Made capital improvements to the homes, including: enclosure of sunrooms at Maple Health Centre to create new, bright, welcoming spaces for the enjoyment of residents and families, improvements to the Café at Maple Health Centre, and planning for the modernization of tub rooms to spa-themed spaces in both Homes
- Held a fashion for Valentine's Day show with featuring staff, residents and family members as the models and other events and activities to engage residents, families and staff in a welcoming, inclusive environment

Improvements to clinical care and other supports

- Added Clinical Resource Nurse roles to support a continuous learning environment for staff
- Added a dedicated Emergency Planning staff resource to the Long-Term Care Services Team
- Improved infection control practices and strategies for the health and wellness of residents, resulting in fewer and shorter periods of outbreak
- Created an interdisciplinary Responsive Behaviors Working Group to develop and implement proactive strategies to improve the quality of life for residents living with dementia and exhibiting responsive behaviours

Demonstrating commitment, dignity and respect

- Long-Term Care's Dietary Services received the York Region Commissioner's Award of Vision Excellence
- Supported staff through internal growth and development opportunities
- Reaffirmed engagement with the Staff Advisory Committee to encourage dialogue and communication
- Introduced Dignity Blankets and a formal staff procession to respectfully acknowledge the passing of residents in their Home at end of life

York Region Long-Term Care - System Collaboration and Partnerships

York Region is an active member of AdvantAge Ontario (formerly the Ontario Association of Non-Profit Homes and Services for Seniors). For 100 years, AdvantAge Ontario has been influential in advocating government policies for senior care, dynamic in building strong community relationships, and rigorous in business practices and accountability. Working collaboratively with AdvantAge Ontario, the Region is involved with many sector networks and working groups, strengthening presence in local and provincial forums, and keeping current with sector best practices and leading edge innovations to emerging issues and opportunities.

York Region is also the home of the President of the Ontario Association of Residents' Councils at the Newmarket Health Centre. York Region is a member of this association and through the association with the President, staff gain first-hand insight on the association's work, focus and priorities.

In the second half of 2018, Newmarket Health Centre will become the location for the Association's administrative offices.

Residents' and families' satisfaction levels remain high

York Region Long-Term Care performs annual satisfaction surveys to evaluate the residents' and families' satisfaction with the Homes and the services provided. The surveys are comprehensive in nature and results showed continued client satisfaction with the care, services and amenities provided within the Homes. Satisfaction surveys were offered to residents in both Homes who were cognitively able to complete them or to their substitute-decision makers, as well as to residents' families. In 2017, 55 survey responses were received from residents, substitute decision-makers and family members of residents. While this is a reasonable response rate, staff continue to work on ways to improve survey participation as a valuable source of feedback. Key indicator questions from the 2017 survey and their results are summarized in Table 5.

Table 5
2017 Satisfaction Survey Results

2017 Satisfaction Survey Questions	Percentage of survey responses indicating favourable ("Always" or "Usually") responses	
	Maple Health Centre	Newmarket Health Centre
I am treated with dignity and respect	100%	89%
Ensure that I can express my opinion without fear	98%	94%
I would recommend this Home to others	100%	100%
Resident/Family Positive Overall Satisfaction	93%	97%

Staff value the input and feedback from residents and families and act upon any concerns or areas for improvement identified. The Homes are committed to improving and enhancing care and services to meet and even exceed resident and family expectations.

The Homes achieved three year accreditation

After a comprehensive onsite review, the Regional Municipality of York achieved three year accreditation from the Commission on Accreditation of Rehabilitation Facilities International, effective May 2, 2017 for the following programs and services:

- Adult Day Services
- Case Management
- Person-Centred Long-Term Care Community

Accreditation is an indication of the organization's dedication and commitment to improving the quality of lives of the persons served. Three years is the maximum accreditation period, reflecting that services, personnel and documentation clearly indicate an established pattern of conformance to accreditation standards.

The accreditation process highlighted several key areas of strength within the Long-Term Care Homes, including:

- "York Region has developed a solid and expanding infrastructure to handle the needs and demands of a growing diverse population of seniors. The staff members appeared to be compassionate, caring individuals with above normal longevity who treat the residents and clients like family members"
- "Both Long-Term Care Homes have a strong structure of support from the team of physicians, with oversight from the medical director"
- "The buildings and grounds are clean and well maintained, with special mention of the immaculate kitchen and food services"
- "Staff and residents talked about the focus on resident preferences and wishes, reflecting a truly person-centred program, and positive engagement of Residents' Council at Newmarket Health Centre"
- "Extensive education, training and resources developed with a specific focus on clients with behaviours related to dementia, mental health and other psychogeriatric-related diagnoses"

Areas of improvement identified through accreditation included recommended enhancements to quality assurance processes and health and safety inspection

protocols. These areas have been, and continue to be, enhanced through staff focus on continuous quality improvement.

The Homes are subject to compliance inspections

All Long-Term Care Homes in the province of Ontario are held to extremely high standards of care to protect the health, safety and well-being of their residents. Guided by the *Long-Term Care Homes Act, 2007, Ontario Regulation 79/10* and other key legislation, York Region works closely with the Ministry of Health and Long-Term Care (the Ministry), the CLHIN and other regulatory and oversight entities to provide quality care and services and to identify and address any areas of non-compliance.

The Ministry's Compliance Inspection Branch operates the Long-Term Care Home Inspection Program. York Region welcomes the insights and learnings that come from the quality inspection program, and collaborates with the compliance inspectors to identify and resolve any areas of non-compliance. The Ministry conducts several types of inspections:

- Annual mandatory Resident Quality Inspections
- Complaint Inspections
- Critical Incident Inspections
- Follow-up Inspections
- Other inspections

In 2017 the Ministry completed 1,904 compliance inspections province-wide. During its inspections, the Ministry may identify non-compliance findings based on the degree of seriousness of the issue. Compliance Orders are issued for serious concerns, while written notification or voluntary plans of correct are issued for less serious issues.

In 2017, York Region's Homes had five compliance inspections. A summary of inspection results, and a comparison of neighboring municipalities, is presented in Table 6.

**Table 6
Compliance Inspection Results**

Municipality (# Homes, #Beds)	# of Inspections	Total non-compliance findings	Average # of non-compliance findings per inspection	# of Compliance Orders
York (2 Homes, 232 beds)	5	45	9	6
Durham (4 Homes, 847 beds)	9	37	4	2
Halton (3 Homes, 572 beds)	3	13	4	0
Peel (5 Homes, 703 beds)	11	111	10	8
Simcoe (4 Homes, 541 beds)	8	62	10	5
Toronto (10 Homes, 2,641 beds)	30	209	7	8

A total of six compliance orders were issued: one for Maple Health Centre and five for Newmarket Health Centre. The nature of the orders involved identified instances of non-compliance in the areas of:

- Two Instances - Duty to protect the residents from abuse or neglect, as a result of resident-to-resident incidents related to responsive behaviours
- Two Instances - Following and updating residents' plans of care
- One Instance - Ensuring a resident's assistive device equipment was maintained in a good state of repair
- One Instance - Ensuring that staff use safe transferring and positioning devices or techniques when assisting residents

Immediate actions were taken to address non-compliance findings

Upon receipt of each compliance order, staff developed and implemented action plans to remedy the concerns identified. These plans included the following:

- Bringing in external resources to educate staff on managing responsive behaviours and strengthening the Homes' Responsive Behaviours Program

- Developing and implementing improved plans and resources for protecting residents from incidents with other residents with responsive behaviours
- Developing a quality improvement process to ensure that all resident care plans are reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary
- Developing and implementing a quality improvement process to ensure that residents' equipment is well maintained
- Adding training on safe wheelchair transport to orientation sessions for new staff and implemented personal care audits to ensure residents' equipment meets their needs

A quality assurance strategy is being developed to support consistent compliance with legislation

In addition to developing and implementing action plans to address the inspection findings, staff are developing a comprehensive quality assurance strategy to sustain and strengthen performance, and improve the ability to proactively identify and act on opportunities for improvement in both quality and compliance.

For 2016-2017, the Homes showed improvement in several indicators

Since 2015, the Canadian Institute for Health Information has expanded the transparency of its reporting by including nine quality indicators from the Long-Term Care sector at the facility level, with a focus on safety, appropriateness and effectiveness of care, and improved health status.

Table 7 shows Maple Health Centre's results for 2016-17 in comparison to its prior three years and the 2016-17 results for CLHIN and all of Ontario. As shown in Table 7, in 2016-17 Maple Health Centre:

- Performed favourably compared to the CLHIN and Ontario on the following indicators:
 - Potentially inappropriate use of antipsychotics
 - Restraint use
 - Improved physical functioning
- Showed improved or sustained performance from the previous year for two of the nine indicators (worsened pressure ulcers and potentially inappropriate use of antipsychotics) and lower comparative performance on the remaining seven indicators.

Table 7

Long-Term Care Publicly Reported Performance Indicators, Maple Health Centre

Indicator	2016-17	2015-16	2014-15	2013-14	Central LHIN 2016-17	Ontario 2016-17
Falls in the last 30 days	15.4%	13.8%	11.1%	8.4%	14.1%	15.8%
Worsened Pressure Ulcers	👍 2.3%	2.3%	3.6%	1.4%	2.0%	2.7%
Potentially inappropriate use of antipsychotics	👍 11.6%	18.5%	35.9%	30.2%	19.3%	20.4%
Restraint use	1.9%	1.4%	6.4%	7.6%	2.7%	5.1%
Experiencing pain	5.5%	3.7%	5.2%	14.2%	3.3%	5.6%
Experiencing worsened pain	16.3%	15%	18.5%	13%	7.5%	10.0%
Improved physical functioning	34.3%	42%	41%	40.1%	26.6%	30.0%
Worsened depressive mood	25.9%	17.3%	14.7%	18.1%	19.2%	23.5%
Worsened physical functioning	37.1%	34.7%	40.4%	37.7%	33.0%	34.7%

Source: [Canadian Institute for Health Information](#), accessed July 2018.

Legend: Highlighted performance indicators means the Home(s) are performing better than the CLHIN average.

👍 Means the results have improved or stayed the same since the prior year.

Table 8 shows Newmarket Health Centre's results for 2016-17 in comparison to its prior three years and the 2016-17 results for CLHIN and all of Ontario. As shown in Table 8, Newmarket Health Centre:

- Performed favourably compared to the CLHIN and Ontario on the following indicators:
 - Potentially inappropriate use of antipsychotics
 - Restraint use
 - Experiencing pain
- Showed improved or sustained performance from the prior year for six indicators (worsened pressure ulcers, potentially inappropriate use of antipsychotics, restraint use, experiencing pain, experiencing worsened pain and worsened physical functioning) and comparative performance for the remaining three indicators.

Table 8
Long-Term Care Publicly Reported Performance Indicators, Newmarket Health Centre

Indicator	2016-17	2015-16	2014-15	2013-14	Central LHIN 2016-17	Ontario 2016-17
Falls in the last 30 days	23.8%	21.2%	15.8%	12.6%	14.1%	15.8%
Worsened Pressure Ulcers	👍2.3%	4.6%	2.2%	2.2%	2.0%	2.7%
Potentially inappropriate use of antipsychotics	👍17.1%	21.6%	25.5%	18.2%	19.3%	20.4%
Restraint use	👍0%	1%	1.4%	2.1%	2.7%	5.1%
Experiencing pain	👍1.4%	3%	3.9%	6.1%	3.3%	5.6%
Experiencing worsened pain	👍11.6%	14%	14.2%	13.7%	7.5%	10.0%
Improved physical functioning	25.1%	28.1%	29.5%	32.1%	26.6%	30.0%
Worsened depressive mood	25.1%	22%	20.4%	19.8%	19.2%	23.5%
Worsened physical functioning	👍36.5%	41.2%	42.8%	42.3%	33.0%	34.7%

Source: [Canadian Institute for Health Information](#), accessed July 2018.

Legend: Highlighted performance indicators means the Home(s) are performing better than the CLHIN average.

👍 Means the results have improved or stayed the same since the prior year.

The Homes developed Quality Improvement Plans to improve performance

To address the areas for improvement identified by the publicly reported indicators, the Homes developed and submitted a Quality Improvement Plan to the Ministry for 2017-2018 that highlighted quality improvement initiatives in the following areas:

- Pain management – When pain is identified, registered nursing staff will complete a formal pain assessment and liaise with interdisciplinary staff to plan and implement pain management strategies. Audits will be conducted to assess their effectiveness
- Falls prevention – Conduct interdisciplinary meetings after every fall, update the resident’s care plan to implement preventative measures and improve communication and collaboration between staff to prevent falls

- Contenance care – Registered nursing staff complete bladder and bowel assessments and consult with interdisciplinary team to identify which residents would benefit from scheduled toileting plans. Regular audits will be conducted to ensure assessments are completed and effectiveness of interventions
- Medication administration and improved diagnoses – Ensure that any newly admitted resident on antipsychotic medications have a relevant diagnosis for such use, and monitor effectiveness, presence of symptoms and side effects
- Skin and wound care – Assess all residents at Admission for risk of developing pressure ulcers and implement preventative interventions
- Overall client satisfaction – Continue to work to maintain positive relationships with residents and family members, educate staff in upholding the Resident Bill of rights, and implement initiatives that enhance opportunities for residents to provide feedback

Completion and submission of Quality Improvements Plans is an annual requirement of all Long-Term Care Homes.

Financial Considerations

The amount of provincial funding varies annually

The Province provided \$13.3 million for the Region's long-term care services in 2017. The increase from \$13.1 million provided in 2016 was partially due to several Level of Care funding increases:

- A 2 per cent increase to the Nursing and Personal Care per diem, effective April 1, 2017
- A 2 per cent increase to the Programs and Support Services per diem, effective April 1, 2017
- An 8 per cent increase to the Raw Food per diem, effective July 1, 2017
- A 1.6 per cent increase to the Other Accommodation per diem, effective July 1, 2017

Provincial Funding is affected by the severity of residents' health status and the complexity of care required

The Case Mix Index, or "resident acuity level", is a complex measure which reflects the severity of a residents' health status and complexity of care required. Positive or negative movement to a Home's Case Mix Index impact the provincial funding provided: an increased Case Mix Index can lead to increased funding, and a lowered Case Mix Index can lead to decreased funding. In 2016, the Homes' resident acuity level was 99.49; this decreased to 98.21 in 2017.

Concerned that this decrease did not appear to reflect the actual level of care needs of residents, staff undertook a data quality review of the accuracy and completeness of resident assessment data collection and submission processes in 2017. The review found that there was a need to implement practices and protocols to improve the quality of our resident assessment data. Changes made so far have already made significant and sustained improvements to our processes and data quality.

The Ministry's process and timeline for analyzing resident care assessment data for funding purposes can take up to two years. It is anticipated that the positive results of the data quality review will yield funding increases to the Homes from the Ministry in the coming years.

Convalescent care beds cost approximately 46 per cent more to operate than regular long-stay care beds due to the intensive rehabilitation and therapeutic supports required for convalescent care residents

Although the Ministry provides supplemental funding for the Convalescent Care Program, because actual costs are so much higher than what the Ministry provides, many municipalities choose not to offer this program. York Region recognizes the need for this service as it is only offered by three other homes within the CLHIN. The significant improved outcomes and recovery experienced by people who receive convalescent care and supports in a residential home-like environment fulfilling an important role in the local health system.

Operating Costs are funded by the province, Region and residents

The Homes' 2017 operating costs and revenues are shown presented in Table 9.

Table 9
2017 Costs and Revenues

Costs and Revenues	\$ (million)	% of total
Long-term care operating costs	29.5	86.5%
Allocated corporate support costs*	4.6	13.5%
Gross operating costs	34.1	100.0%
Less revenues	18.8	55.1%
Residents' contribution - \$5.5M		
Provincial Subsidy - \$13.3M		
Net Tax Levy**	15.3	44.9%

*Allocated corporate support costs include administrative and departmental resources (e.g., Finance) allocated to the long-term care budget.

**Net Tax Levy represents 44.9 per cent of gross operating costs.

York Region cannot achieve economies of scale in operating costs comparable to municipal comparators because of the smaller number of homes and beds

Table 10 illustrates York Region’s operating costs per bed day compared to other municipal homes in the Greater Toronto Area. Of the municipalities reported, York Region has the second highest cost per bed day; however, it also has the fewest municipal long-term care beds. As a result, the Homes cannot achieve the operating economies of scale in areas such as supports, management and other infrastructure and overhead costs as other municipalities with more homes and beds.

**Table 10
Operating Costs (Case Mix Index Adjusted) per Bed Day**

Comparator	York 2017	York 2016	Durham 2016	Simcoe 2016	Halton 2016	Toronto 2016	Peel 2016	2016 MBN- Canada Average
# Homes	2	2	4	4	3	10	5	n/a
# Beds	232	232	847	541	572	2641	703	n/a
# Convalescent care Beds*	34	34	0	5	0	66	0	n/a
Facility operating cost per bed day** (LTCR305)	289.41	267.04	302.87	n/a	256.82	222.15	n/a	247.04

*Source: Ministry of Health and Long-Term Care, as of April 20, 2018.

**Source: 2016 Municipal Benchmarking Network Canada. Peel Region and Simcoe County did not provide data. (Note: 2017 data will be published November 1, 2018)

*** This value is lower than previously reported. Upon review, the 2016 submission was overstated. It is now corrected.

Despite this, staff continually look for opportunities to reduce operating costs, while maintaining quality of care. For example, production and support services provide at both Homes are managed centrally to reduce administrative costs.

Economies of scale may be achievable by increasing the Region’s number of long-term care beds

Many redeveloping long-term care homes target a minimum total capacity of 160 beds to achieve economies of scale. (Maple Health Centre has 100 beds; Newmarket Health Centre has 132 beds.) It is generally accepted in the sector that the most cost efficient resident home area size, without sacrificing quality of resident care, is 32 beds. The average home area size at Maple is 25 beds, and Newmarket is 26 beds. Current design practices for long-term care homes gain further efficiencies by reducing distances travelled by staff in performing their routines, reducing the footprint of non-resident focused spaces, and optimizing the proximity of centralized services. Due to the age and design of the York Region Homes, such efficiencies are not available.

On [April 19, 2018](#), Council was informed that the Province had released its first call for applications to create new long-term care beds. The Region did not apply for new long-term care beds at the time due to a number of factors, including the current capacity of the two existing homes, land and construction costs, human resources, insufficient provincial funding, and the very short time to submit an application (just over two weeks). At that time, the Province intended to create 5,000 new long-term care beds across the Province over the next five years. The new provincial government has announced its intention to add 15,000 new long-term care beds in the next five years. It is not known when the next call for applications will be released.

In 2018, staff will begin preliminary development of options for the future of the Region's two long term care homes.

Conclusion

The Region's Homes make long-term care, convalescent care and respite care available to York Region residents in all nine local municipalities, and to other Ontarians, as determined by the CLHIN. The CLHIN is responsible for determining who moves into long-term care homes.

Unique benefits of the municipal long-term care model include:

- The availability of high-quality long-term care closer to home
- Innovative and integrated care for seniors with other municipal programs
- Good jobs that help to support the local economy
- The opportunity to give seniors a voice in shaping services in their communities and in the province

Staff continue to focus on quality improvement initiatives to enhance the effectiveness of the delivery of care and services. Through an ongoing review and examination of processes, systems and tools, and by embedding continuous quality improvement into all areas of work, the benefits of effective evidence-based practices leading to excellence in care, York Region's long-term care homes will continue to meet the needs of residents and families.