

## 2019 Long-Term Care Performance Update

### Purpose

The purpose of this Long Term Care Performance Update is to provide Committee of Management with 2019 information and performance details on the Homes' compliance with the *Long-Term Care Homes Act, 2007* (the Act). This update also includes a brief update on operational changes made in 2020, in response to the COVID-19 pandemic.

### Background

#### The Ministry of Health and Ministry of Long-Term Care<sup>1</sup> funds, licenses and regulates Ontario's Long-Term-Care Homes

All long-term care homes are required to comply with the fundamental principle of the Act that states:

“... 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.”

Under the Act, every upper or single tier municipality in southern Ontario must maintain at least one municipal long-term care home. At the time this legislation came into effect, York Region was operating its two long-term care homes, Maple Health Centre and Newmarket Health Centre, with a total of 232 beds. There are 28 long term care homes in York Region in total, with the other 26 being operated by not-for-profit or private companies.

#### Council has legislated requirements as the Homes' Committee of Management

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

- **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 themselves or others without fear of coercion,

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<sup>1</sup> In early 2019, Long-Term Care Homes were under the jurisdiction of the Ministry of Health and Long-Term Care. In June 2019, this Ministry was divided into the Ministry of Health and the Ministry of Long-Term Care.

discrimination or reprisal. Council meets this obligation by receiving any feedback provided by long-term care residents.

- **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:** Membership of Family Councils is for residents' families and friends only. The purpose of these councils is to provide a voice for residents and their family members on how the home is operated.

## **Description of York Region's Long-Term Care Homes**

York Region's Homes are places where residents live, receive 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. Other services include behavioural support programs, medical services, recreational programming, dietary services, laundry services, social work supports, spiritual and religious care, housekeeping, maintenance, finance and administrative services.

Although more than half of long-term care residents are over the age of 85, some residents are younger adults who have experienced brain injury, stroke and other conditions that require constant care.

In 2019, the Region's long-term care homes continued to receive provincial funding through Local Health Integration Networks (LHINs). People in need of care in the Region's Homes must apply for admission through the referral, intake and centralized waitlist process managed by the Central LHIN.

### **York Region's Homes offer three types of care**

1. **Long-stay, long-term care** (192 beds) is available for adults who are not able to live in their own homes, have care needs that cannot be met by community supports, and are deemed eligible for long-term care by the Central LHIN. A portion of the 192 long-stay, long-term care beds are designated for priority populations as follows:
  - Veteran's Priority Access beds - four beds at Newmarket Health Centre are 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 – four beds (two in each Home) are designated for individuals to be reunified with their spouses/partners who are currently residing in the long-term care home, and who meet eligibility requirements.

2. **Short-stay respite care** (six beds) is available for persons who require support and to provide their caregivers with temporary relief from caregiving obligations. Stays can range from two to sixty days.
3. **Convalescent care** (34 beds) is available for individuals leaving hospital who no longer need acute care but do need recovery in a medical environment for a period of up to 90 continuous days. This program reduces pressures on hospitals and emergency rooms by providing individuals with supports needed for a smooth transition to their homes. The type and number of beds available in each Home are shown in Table 1.

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

Type of Bed	Maple Health Centre	Newmarket Health Centre	Total
Long-stay beds	82	110	192
Short-stay respite care beds	3	3	6
Convalescent care beds	15	19	34
<b>Total long-term care beds</b>	<b>100</b>	<b>132</b>	<b>232</b>

**The Region’s number of long-term care beds is low among municipal comparators**

Table 2 compares the total number of long-term care beds available among municipal comparators. York Region has the lowest municipal share of long-term care beds among the comparators, operating 6.2% of the 3,727 licensed beds in the Region.

**Table 2**  
**Comparison of municipal share of long-term care beds to seniors - 2019**

Comparator	York	Durham	Halton	Peel	Simcoe	Toronto
# of long-term care beds in operation	3,727	2,782	2,602	4,085	3,003	15,094
# of municipal long-term care beds	232	847	572	703	541	2008
Municipal share of beds	6.2 %	30.4 %	22 %	17.2 %	18 %	13.3%

Comparator	York	Durham	Halton	Peel	Simcoe	Toronto
# of seniors aged 75+ *	68,040	38,985	36,680	70,600	36,235	202,795
Percentage of Long-term care beds (all types) per seniors	5.5 %	7.1 %	7.1 %	5.8 %	8.3 %	7.4 %

\*Source: Statistics Canada Census 2016 data. Accessed at [www12.statcan.gc.ca](http://www12.statcan.gc.ca) accessed on June 7, 2020

## York Region has the lowest supply (5.5%) of total long-term care beds per seniors' age 75 years in Ontario

As shown in Table 2, York Region's total supply of long-term care beds by seniors age 75 or older is lower than any of our municipal comparators. Advocating for more long-term care beds in York Region is identified as key activity in the corporate 2019-2023 Strategic Plan to support the objective of increasing access to health and social services. A report forecasting the number, type and location of long-term care beds required in York Region is planned for Council in November 2020.

## Annual Progress Update

### In 2019, the Region served 530 residents through the three programs offered at the Region's two Homes

The occupancy rate for each program is shown as a percentage of program capacity (i.e. available spaces/beds) in Table 3.

**Table 3**  
**Occupancy Rates (%) by Program**

Program	Maple Health Centre		Newmarket Health Centre	
	2018	2019	2018	2019
Long-stay long-term care	99.0	<b>99.0</b>	99.1	<b>98.8</b>
Short-stay respite care	78.7	<b>59.0</b>	75.3	<b>66.0</b>
Convalescent care	84.4	<b>82.7</b>	88.7	<b>83.2</b>

Occupancy rates for long-stay long-term care and convalescent care remained fairly consistent in 2019 in comparison to 2018. Occupancy rates in short-stay respite care decreased since 2018 due to several cancellations from caregivers (e.g. changes to personal circumstances) at Maple Health Centre, and fewer applications for respite care at Newmarket Health Centre. Requests for respite

care are made by families and the Homes have no control over the number of applications in a given year. The decrease in revenue from respite care had minimal impact on overall revenue to the Home.

## **The Region's Homes remain in high demand, validating stakeholder trust in the care and services provided**

As of April 30, 2020,

- Maple Health Centre had 473 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 492 people on the waitlist for a basic bed, with three beds becoming available each month on average
- The total number of people on the waitlist for long-stay beds (basic and private) at the Region's Homes was 1,675, which represents 872% of our capacity. This is an increase from the previous year, when the number of the people on the waitlist on April 30, 2019 was 1,502

The most recently reported statistics from July 2020 show a median wait time of 149 days in the Central LHIN for admission to long-term care. Wait times for a bed in the Region's Homes vary according to an individual's acuity, number of beds available in the Home, type of bed requested and the individual's assigned priority for admission by Central LHIN.

## **Satisfaction survey results highlight strengths and opportunities for improvement**

Achieving a high level of satisfaction among residents and families is a priority for York Region's Homes. Satisfaction surveys are conducted annually and results are used to guide continuous quality improvement. Staff value the input and feedback from residents and families, acting upon any concerns or areas for improvement identified. Feedback from the 2018 survey indicated that residents wanted more choice in services and amenities offered in the Homes, including more choices of care, daily routines, and activities. This became an area of focus for 2019, and both Homes implemented new initiatives and programs designed to enhance resident choice, including:

- Maple Health Centre purchased Montessori program supplies and trained all recreation staff on Montessori Methods in Dementia Care; strengthened partnerships with four community churches; and implemented monthly Catholic communion and/or Blessings provided by volunteers
- Newmarket Health Centre developed a "Celebration of Life" program and created a streamlined system for family and resident communications
- With a customer service focus in mind, both Homes introduced temperature checks at meals to ensure pleasurable dining; and provided language sheets to all front-line staff, which are

also posted throughout the Homes, to promote a consistent person-centered approach to service delivery in the dining rooms

Notably, last year’s survey results showed an improvement in the choice of services and amenities offered in the Homes between 2018 and 2019; Maple Health Centre improved from 59% in 2018 to 82% in 2019, and Newmarket Health Centre improved from 79% in 2018 to 91% in 2019. While there is clearly more room for improvement, both Homes are trending in the right direction.

In 2019, 67 survey responses were received, in comparison to 64 responses in 2018. Table 4 summarizes key questions from the 2019 survey and their results, which demonstrate continued satisfaction with the care, services and amenities provided within the Homes.

**Table 4**  
**2019 Satisfaction Survey Results**

Survey Questions	Per cent of favourable responses	
	Maple Health Centre	Newmarket Health Centre
I am treated with dignity and respect	96.8%	100.0%
I can express my opinion without fear	93.5%	94.3%
I would recommend this Home to others	96.7%	100.0%
Overall Satisfaction	96.7%	100.0%

While the majority of survey responses were favourable, there are some resident concerns and the Homes continue to make every effort to address them, follow up with family members whenever necessary, and take appropriate action for every concern brought forward. Based on the results of the 2019 survey, both Homes are taking actions to ensure that residents ‘can express their opinions without fear’. For example, the Homes have taken the following measures to address resident feedback:

- Enhanced customer service education for staff with a focus on sensitivity training; all long-term care staff are required to take additional education on resident neglect and abuse, which includes methods of listening and dealing with resident concerns
- Improved the resident complaint process to ensure all complaints are tracked and reviewed by the Homes’ administrators
- Communicated the resident bill of rights to residents and families during the admission process
- Management teams discussed survey results at Resident Council meetings and actions taken to address resident feedback

## 2019 Initiatives and Key Achievements

In 2019, the Homes focused on enhancements to recreational and emotional supports as well as introducing new measures to support nursing staff. Key initiatives and results are presented in Table 5.

**Table 5**  
**Actions and Results**

Action	Results
<b>Emotional, Social and Recreational Supports</b>	
Code Dove Program	<ul style="list-style-type: none"> <li>• Provided staff, family and friends the chance to offer final goodbyes when a resident passes away. The resident is covered with a handmade quilt and family and friends line the hallways to give parting messages as the resident leaves the Home</li> </ul>
IPads for Recreation Programs	<ul style="list-style-type: none"> <li>• Provided residents with easy access to technology and enhanced recreational programming for residents in isolation. Virtual activities include crosswords, Sudoku, adult coloring, Solitaire, YouTube videos for Travelogue, and Facetime</li> </ul>
Take Your Kids to Work Program	<ul style="list-style-type: none"> <li>• Provided high school students as they plan and navigate their career path with on-the-job education and orientation on various opportunities in working with older adults and seniors. Students learned about the care and support of older adults and job shadowed nursing, recreation, dietary, and administration staff</li> </ul>
<b>Resident and Clinical Care</b>	
Montessori Approach	<ul style="list-style-type: none"> <li>• Introduced the Montessori care approach that focuses on re-discovering and supporting the person behind the dementia by re-introducing activities with meaning into a resident's life, based on their needs, interests, skills and abilities (e.g. glamour stations and infant nurseries) to engage them in purposeful engagement</li> <li>• Montessori methods have helped to reduce and prevent challenging behaviours associated with dementia, boredom and loneliness through activities that embrace roles, routines, and improve self-esteem</li> </ul>
<b>Nursing Supports</b>	

<b>Action</b>	<b>Results</b>
Increased staffing hours for personal support workers and an enhanced the charge nurse staffing model	<ul style="list-style-type: none"> <li>Enhanced continuity of care for residents, communications between all nursing staff, and more efficient follow up care</li> </ul>
Streamlined documentation in Point Click Care and a Review of Plan Of Care Documentation	<ul style="list-style-type: none"> <li>Merged the care plan library for both Homes allowing for more consistent care planning, documentation and data assessments</li> </ul>
New Skin and Wound App	<ul style="list-style-type: none"> <li>The App is integrated into the Homes' documentation system allowing nursing staff to use an iPhone to take an image of a resident's wound and upload it to Point Click Care enabling improved monitoring of wound progression and treatment</li> </ul>

### **The Homes are subject to compliance inspections by the Ministry of Long-Term Care**

Under the Act, the Ministry may conduct compliance inspections of long-term-care homes at any time without alerting the homes in advance. There are four types of inspections: annual comprehensive inspections, complaint inspections, critical-incident inspections and follow-up inspections. Inspection reports are publically posted on the Ministry's website. Table 6 summarizes the number and type of inspections conducted in the Homes in 2019.

**Table 6  
Number of Inspections for York Region Long-Term Care Homes**

<b>Category</b>	<b>Maple Health Centre 2019</b>	<b>Newmarket Health Centre 2019</b>
Complaints inspections	2	3
Critical Incident inspections	2	2
Follow-up inspections (on previous inspection report)	2	1

If a home is not compliant with the Act, the Ministry may issue one or more of the following compliance findings, based on their seriousness:

- Written Notice - Communication to the Licensee by an inspector identifying an area of non-compliance with specific detail on the section of the Legislation or Regulations this pertains to



- Voluntary Plan of Correction - The inspector makes a written request for the Licensee to prepare a written plan of correction for achieving compliance to be implemented voluntarily. The licensee/Home is not required to submit the plan to the Ministry. There is no required compliance date set out in the inspection report
- Compliance Order - The inspector or Director orders a Licensee to do anything, or refrain from doing anything, to achieve compliance with a legislated requirement; or prepare, submit and implement a plan for achieving compliance with a legislated requirement
- Director Referral - The inspector issues a written notification to the Licensee and refers the matter to the Director for further action
- Work and Activity Order - The inspector or Director orders a Licensee to allow employees of the Ministry, or agents or contractors acting under authority of the Ministry, to perform any work or activity at the long-term care home that is necessary, in the opinion of the person making the order, to achieve compliance with a legislated requirement

Table 7 provides a breakdown of the categories of non-compliance findings for York Region Long-Term Care Homes. In 2019, both the total number of non-compliance findings and total number of compliance orders issued by the Ministry were lower compared to the previous year. This is attributed to the Homes continued efforts to focus on continuous quality improvement, including more staff education and follow-ups.

**Table 7**  
**Compliance Findings for York Region Long-Term Care Homes**

Category	Inspection Year 2018	Inspection Year 2019
Written Notice	27	10
Written Notice with Voluntary Plan of Correction	16	7
Written Notice with Compliance Order	3	2
Written Notice with Director Referral	0	0
Work and Activity Order	0	0

### **Immediate actions were taken to address non-compliance findings arising from the Ministry inspections conducted in 2019**

The Ministry issued two compliance orders for Maple Health Centre and none for Newmarket Health Centre. Staff developed and implemented action plans to remedy the concerns identified in each compliance order as shown in Table 8.

**Table 8**  
**Compliance Inspection Results**

<b>Order</b>	<b>Actions taken</b>
<p>The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.</p>	<ul style="list-style-type: none"> <li>• Provided education to all front-line direct care staff (Personal Support Workers, Registered Staff, Recreation Staff) on one-to-one monitoring and care, and all areas of activities of daily living</li> <li>• Added one-to-one monitoring and care to staff orientation materials</li> <li>• Made staff education records available to inspectors as requested</li> </ul>
<p>The licensee failed to ensure that residents were protected from abuse by anyone and free from neglect by the licensee or staff in the home (resident to resident abuse)</p>	<ul style="list-style-type: none"> <li>• Implemented the following interventions to protect the resident from physical abuse from other residents:               <ul style="list-style-type: none"> <li>○ Attached alarms to resident’s wheelchair and bed</li> <li>○ Provided education to resident on how to use alarms as a safety measure</li> <li>○ Installed wander guards to resident’s room</li> </ul> </li> <li>• Provided further staff training on the Homes’ Zero tolerance policy on abuse and neglect, so that all staff were made aware of how to mitigate situations which may lead to physical abuse among residents</li> <li>• Provided direct care staff and recreation staff (e.g. registered staff, personal support workers and recreationists) re-education on alternative care approaches to prevent incidents of resident to resident abuse and the requirement to report such events to the nurse in charge</li> <li>• Maintain records of staff education as per the Homes’ policy (e.g. topic covered, staff attendance, date, and education provider)</li> </ul>

**The Region’s Homes had a low number of compliance orders relative to municipal comparators**

Table 9 compares the 2019 inspection results for the Region and neighbouring municipalities. York Region had the lowest average number of non-compliance findings per inspection, and only two compliance orders, as did Peel Region.

**Table 9**  
**2019 Compliance Inspection Results**

<b>Municipality (# Homes, #Beds)</b>	<b># of Inspections</b>	<b>Total non-compliance findings</b>	<b>Average # of non-compliance findings per inspection</b>
York (2 Homes, 232 beds)	12	19 (includes 2 compliance orders)	1.5
Durham (4 Homes, 847 beds)	19	100 (includes 8 compliance orders)	5.2
Halton (3 Homes, 572 beds)	15	79 (includes 6 compliance orders)	5.2
Peel (5 Homes, 703 beds)	18	43 (includes 2 compliance orders)	2.3
Simcoe (4 Homes, 541 beds)	7	115 (includes 10 compliance orders)	6.7
Toronto (10 Homes, 2,641 beds)	59	208 (includes 15 compliance orders)	3.5

**For 2018-2019, the Homes continued to improve in several publically reported performance indicators**

Since 2015, the Canadian Institute for Health Information has publically reported 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.

**Maple Health Centre improved or sustained performance on 4 of 9 quality indicators from the previous year**

Table 10 shows Maple Health Centre’s Performance Indicator results for 2018-2019 and the prior three years; and the 2018-19 average results for Central LHIN and Ontario. Compared to the previous year’s performance, in 2019 Maple Health Centre:

- Improved or sustained performance from the previous year for four [4] indicators - restraint use, experiencing worsened pain, improved physical functioning, worsened depressive mood
- Did not perform as well on the remaining five [5] indicators (falls in the last 30 days, worsened pressure ulcers, potentially inappropriate use of antipsychotics, experiencing pain, and worsened physical functioning) compared to the previous year.

The Quality Improvement Plans included in the next section of this report are developed to address the indicators where the results are unfavorable or where there are opportunities for improvement. While the indicator focused on “worsened physical functioning” is not included as a formal Quality Improvement Plan; Maple Health Centre is developing a Restorative Care Program that includes an interdisciplinary team (e.g. physiotherapist, occupational therapist, and medical director) which will review residents’ functional ability on a monthly basis.

Indicators highlighted in the table represent areas where the Home performed better than the Central LHIN average. In 2018 to 2019, of the nine indicators, Maple Health Centre performed better on three quality indicators compared to Central LHIN and Ontario (potentially inappropriate use of antipsychotics, restraint use and improved physical functioning).

**Table 10**  
**Long-Term Care Publicly Reported Performance Indicators, Maple Health Centre**

Indicator	2015-16	2016-17	2017-18	2018-19	Central LHIN 2018-19	Ontario 2018-19
Falls in the last 30 days	13.8 %	15.4 %	17.4 %	19.9%	13.9%	16.6%
Worsened Pressure Ulcers	2.3 %	2.3 %	2.6 %	2.7%	2.2%	2.6%
Potentially inappropriate use of antipsychotics	18.5 %	11.6 %	15.4 %	17.1%	18.7%	19.0%
Restraint use	1.4 %	1.9 %	0.0 %	👍0.0%	2.5%	5.2%
Experiencing pain	3.7 %	5.5 %	4.0 %	5.0%	2.9%	3.9%
Experiencing worsened pain	15 %	16.3 %	14.1 %	👍10.1%	7.5%	9.7%
Improved physical functioning	41 %	42 %	34.3 %	👍18.2%	24.6%	29.1%
Worsened depressive mood	14.7 %	17.3 %	25.9 %	👍22.7%	18.3%	22.8%

Indicator	2015-16	2016-17	2017-18	2018-19	Central LHIN 2018-19	Ontario 2018-19
Worsened physical functioning	40.4 %	34.7 %	37.1 %	41.8%	33.6%	34.4%

**Source:** [Canadian Institute for Health Information](#), accessed June 2020.

**Legend:** Highlighted performance indicators means the Home is performing better than the Central LHIN average.

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

### **Newmarket Health Centre improved or sustained performance on five of nine quality indicators from the previous year**

Table 12 shows Newmarket Health Centre’s Performance Indicator results for 2018-19 and the prior three years; and the 2018-19 average results for Central LHIN and Ontario. Compared to the previous year’s performance, in 2019 Newmarket Health Centre:

- Had improved or sustained performance from the previous year on five [5] indicators – worsened pressure, experiencing worsened pain, improved physical functioning, worsened depressive mood and worsened physical functioning.
- Did not perform as well on the remaining four [4] indicators (falls in the last 30 days, potentially inappropriate use of antipsychotics, restraint use, and experiencing pain) compared to the previous year.

The Quality Improvement Plans included in the next section of this report are developed to address the indicators where the results are unfavorable or where there are opportunities for improvement. The indicator focused on “restraint use” is not a formal Quality Improvement Plan, however the Homes continue to maintain the policy that restraints are used only as a last resort measure(e.g. resident who may be at a significant risk of harm to themselves or to others).

Indicators highlighted in the table represent areas where the Home performed better than the Central LHIN average. As shown in Table 11, of the nine indicators, Newmarket Health Centre performed favourably on five quality indicators compared to the Central LHIN and Ontario (worsened pressure, potentially inappropriate use of antipsychotics, restraint use, improved physical functioning and worsened depressive mood).

**Table 11**  
**Publicly Reported Performance Indicators, Newmarket Health Centre**

Indicator	2015-16	2016-17	2017-18	2018-19	Central LHIN 2018-19	Ontario 2018-18
Falls in the last 30 days	21.2 %	23.8 %	18.9 %	20.9%	13.9%	16.6%
Worsened Pressure Ulcers	4.6 %	2.3 %	4.7 %	👍 1.7%	2.2%	2.6%
Potentially inappropriate use of antipsychotics	21.6 %	17.1 %	16.7 %	18.0%	18.7%	19.0%
Restraint use	1 %	0 %	0 %	0.4%	2.5%	5.2%
Experiencing pain	3 %	1.4 %	4.9 %	6.2%	2.9%	3.9%
Experiencing worsened pain	14 %	11.6 %	14.0 %	👍 13.4%	7.5%	9.7%
Improved physical functioning	28.1 %	25.1 %	28.9 %	👍 22.3%	24.6%	29.1%
Worsened depressive mood	22 %	25.1 %	36.0 %	👍 17.4%	18.3%	22.8%
Worsened physical functioning	41.2 %	36.5 %	39.9 %	👍 38.6%	33.6%	34.4%

**Source:** [Canadian Institute for Health Information](#), accessed June 2020.

**Legend:** Highlighted performance indicators means the Home is performing better than the Central LHIN average.

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

### **The Homes developed Quality Improvement Plans for improving outcomes**

A Quality Improvement Plan is a set of commitments, aligned with system and provincial priorities that a health care organization makes to its residents, staff and community to improve quality

through focused actions and targets. For 2019-2020, the Homes submitted a Quality Improvement Plan to the Ministry to address the following themes:

### **1. Safe and Effective Care**

- Improve pain management through systemic assessment and implementation of pain management strategies in collaboration with the interdisciplinary team, and conduct a regular audit to ensure effectiveness of strategies
- Reduce the number of falls through falls and injury prevention strategies for residents identified at high risk for falls, updating care plans as required, and implementation of falls or injury prevention strategies in collaboration with the interdisciplinary team
- Improve continence care through formal bladder and bowel assessments, in collaboration with interdisciplinary teams, to identify who would benefit from scheduled toileting plans. Conduct systematic audits of assessments and interventions
- Improve worsening pressure ulcers by implementing specific interventions upon admission, quarterly, or for any significant change, for residents at risk of developing pressure ulcers, and will be reviewed monthly to revise and/or implement new strategies and interventions to reduce risk of and/or address pressure ulcers
- Continue to decrease the use of antipsychotic medications through the implementation of systematic screening upon admission, non-pharmacological interventions and effective monitoring of those residents with dementia in collaboration with external partners (Psychogeriatric Resource Consultants, Ontario Shores, LOFT, Behavioural Supports Ontario)

### **2. Service Excellence**

- Improve resident satisfaction by addressing resident and/or family member concerns in a timely manner and continuing to provide opportunities for residents and family members to engage in open dialogue with all personnel at all levels, in a safe environment

### **3. Timely and Efficient Transitions**

- Reduce the number of avoidable visits to emergency departments through supplemental clinical supports provided by the Nurse-Led Outreach Team

## **Homes implemented actions in response to recommendations of the Long-Term Care Homes Public Inquiry Report**

On July 31, 2019, the Honourable Eileen E. Gillese released the [Long Term Care Homes Public Inquiry Report](#) which outlines recommendations to improve resident care and safety in the long-term care sector.

In 2019, the following improvements were made in our Homes:

- Long-Term Care management attended an Advantage Ontario workshop on reporting obligations to the Ministry of Long-Term Care and College of Nurses, and shared training materials with the Directors of Care and supervisory staff
- Required the medical director and attending physicians to complete mandatory training within a specified time period (e.g. completion of the Ontario Long-Term Care Clinicians' Medical Director Course) effective January 1, 2020
- Covered costs of training, staff salaries and backfill shifts as necessary to ensure management and registered staff can regularly attend training
- Implemented process improvements and strategies, using best-practices and sector guidance, to enhance hiring and screening processes to include robust reference checking, background checks and close supervision during probationary periods
- Revised the job description for Directors of Care to include the responsibility to conduct unannounced spot checks on after-hour shifts (includes frequency, recordkeeping, and expectation that spot checks are counted within standard work hours)
- Reviewed practices for maintaining staff discipline history to ensure they remain on file and are easily accessible for management

Staff continue to review the report's recommendations against the Home's practices. In 2020, the staff education plan includes comprehensive and ongoing training related to prevention of resident abuse and neglect and reporting obligations, as well as training on medical administration and the identification and reporting of medication incidents.

### **The Homes were impacted by the COVID-19 pandemic**

The Homes were proactively preparing for the impacts of the COVID-19 pandemic since late December 2019 and into January 2020. This included the implementation of a pandemic response structure to plan and implement operational changes, increased staffing, enhanced infection prevention and control measures, procurement of personal protective equipment, and new policies and procedures to protect the safety and well-being of residents and staff.

Council has been provided with regular updates on the Homes' response to the pandemic in [April 2020 \(Attachment\)](#); [May 2020](#); [June 2020](#), [July 2020](#) and [September 2020](#) The following are examples of the measures that were implemented by both homes.

- Active screening of staff and essential visitors entering the Homes
- Suspended volunteers, non-essential visitors, private caregivers and companions to enter the Homes
- Limited staff to working for only one employer
- Implemented bi-weekly testing of staff for COVID-19
- Paused all group recreational activities and communal dining



- Provided residents with one-to-one activities and using technology to connect with families
- Provided residents with virtual consultations with attending physicians and limiting only essential visits in person
- Procured and provided staff with appropriate personal protective equipment and training
- Enhanced cleaning and disinfection processes in all home areas and increased Infection Prevention and Control Audits
- Created isolation units in preparation for outbreak
- Redeployed staff from across the department to assist the Homes
- As the province began easing up restrictions, implemented the Ministry of Long-Term Care’s policy to permit outdoor and indoor visits for residents, and resident outings to resume with required precautions in place

The Homes have not experienced a case of COVID-19 in a resident to date and continue to meet regularly review the measures that have been taken in order to protect residents and staff.

## Financial Considerations

The Homes’ 2019 full operating costs and revenues for all bed types are presented in Table 12.

**Table 12**  
**2019 Costs and Revenues**

<b>Costs and Revenues</b>	<b>\$ (million)</b>	<b>% of total</b>
Long-term care operating costs	33.1	87.8%
Allocated corporate support costs*	4.6	12.2%
<b>Gross Operating Costs</b>	<b>37.7</b>	<b>100%</b>
<u>Fees and Services**</u>	<u>5.3</u>	<u>14.1%</u>
<u>Provincial Subsidy</u>	<u>14.8</u>	<u>39.2%</u>
<u>York Region Net Tax Levy</u>	<u>17.6</u>	<u>46.7%</u>
<b>Total Revenues</b>	<b>37.7</b>	<b>100.0%</b>

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

\*\*Fees and services includes resident contributions and other sources of revenues (e.g., donations)

\*\*\*Net Tax Levy represents 46.7% of gross operating costs

## **Provincial funding is impacted by residents' health status and complexity of care required**

The Case Mix Index, an overall assessment of “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 impacts 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.

An increase in acuity means residents require more complex interventions, and therefore additional staff and other resources are needed. The Ministry measures acuity and adjusts funding annually for all long-term care to maintain the necessary care and service levels. In 2018, the Homes' combined unadjusted case mix index was 103.2; this increased to 106.3 in 2019.

## **Residents pay for a portion of their care**

Residents pay a portion of their accommodation based on rates set by the Ministry. Residents who cannot afford the fee for basic accommodation can apply for a provincial subsidy. Residents also pay for any medications or other services not covered by their private insurance plans or the provincial health insurance and drug benefit programs.

## **York Region's Homes cannot achieve economies of scale in operating costs because of the small number of homes and beds**

Table 13 illustrates York Region's operating costs per bed day compared to other municipal homes in the Greater Toronto Area. The long-term care facility operating cost per long-stay bed day (LTCR305) includes only the Homes' 192 long-stay beds only, not the convalescent care or respite beds. Therefore this cost does not reflect the full cost of all beds within our Homes.

Although York Region's cost per bed day trends higher on the spectrum of the reporting municipalities, the Region also operates the fewest municipal long-term care beds. As a result, the Homes are challenged in achieving 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. Despite this, staff continue to identify and investigate opportunities for efficiencies and reduction of net municipal costs by streamlining operations wherever possible without compromising high quality resident care and safety standards.

**Table 13**  
**Operating Costs (Case Mix Index Adjusted) per Long-Stay Bed Day**

Comparator	York 2019	York 2018	Durham 2018	Simcoe 2018	Halton 2018	Toronto 2018	Peel 2018	2018 MBN- Canada Average
# Homes	2	2	4	4	3	10	5	n/a
Total # of Beds	232	232	847	546	572	2641	703	n/a
# Long-Stay Beds	192	192	846	533	571	2575	703	n/a
# Convalescent care Beds	34	34	0	5	0	66	0	n/a
# Respite care Beds	6	6	2	8	1	17	0	n/a
Facility operating cost per bed day*	\$289	\$284	\$316	n/a	\$252	\$228	n/a	\$252

\*Source: 2018 Municipal Benchmarking Network Canada. Peel Region and Simcoe County did not provide data. Per indicator definition, this measure is based on Long-Stay Long-Term Care beds only.

Note: Comparators presented are for year 2018 because the 2019 Municipal Benchmarking Report is not available at the time of this report.

## Convalescent care beds cost more to operate

Convalescent care beds cost more to operate than regular long-stay care beds due to the intensive rehabilitation and therapeutic supports required by convalescent care residents. Unlike long-term care residents, convalescent care clients do not pay a co-payment amount to the long-term care home. Although the Ministry provides supplemental funding for the convalescent care program, many municipalities choose not to offer this program because actual costs exceed the funding provided by the Ministry.

## Moving Forward

In 2019, the Region's Homes continued to 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 Central LHIN. The past year was notable for improved quality performance indicators, strong satisfaction survey results, and improvements to nursing staffing models to

provide residents with safe, consistent, high-quality, resident-centred care. The Homes continue to focus on staff education and supports to provide care based on best practices and innovation.

The global pandemic continues to change how care is delivered at the Region's Homes as described earlier in this report. With admissions being paused, the waitlist for each home has increased, and additional resources have been needed to respond adequately to protect the safety and wellbeing of residents and staff and continue providing high quality care.

For 2020, the Homes primary focus has been on preventing COVID-19 while continuing to provide the best care possible. It is expected that this will continue to be the focus until a COVID-19 vaccine that is effective in the geriatric population is found. Additionally, staff will continue to participate in discussions and work with sector partners to provide input into the Independent Long-Term Care Commission tasked with investigating and providing the Ministry with guidance on how to better protect long-term care home residents and staff from any future outbreaks. The final report of the commission is expected by April 2021 and staff will be providing a submission outlining the Region's experiences and offer recommendations for improvement.