

2020 Long-Term Care Performance Analysis

Purpose

To update Council (the Committee of Management) regarding the Homes' performance and compliance with the *Long-Term Care Homes Act, 2007* (the Act) and its Regulations.

Annual Performance Analysis

The Region maintained high levels of occupancy for long-stay long-term care beds and served 307 residents across the Region's two Homes

Table 1 provides an analysis of the occupancy rates for the long-term stay program at each Home as a percentage of program capacity (i.e. available spaces/beds) and the number of residents served in 2020:

Table 1
2020 Occupancy Rates (%) and Residents Served by Home

Program	Maple Health Centre		Newmarket Health Centre	
	2019	2020	2019	2020
Long-stay long-term care	99.0%	92.4%	98.8%	97.9%
Residents Served	283	140	247	167

Source: Point Click Care Occupancy Report 2020

Each year, Homes are normally required to maintain occupancy targets of 97% for long-stay beds and 90% for interim short-stay beds to receive the full (100%) level of care funding from the Ministry of Long-Term Care (MLTC). Due to the pandemic, on [April 30, 2020](#) the MLTC created a COVID-19 Emergency Measures Funding Policy (COVID-19 Funding Policy) suspending occupancy targets for 2020. Despite this, occupancy rates for long-stay long-term care remain consistent when compared to the previous year notwithstanding periods of time where admissions may have ceased when the Home was in outbreak or when pandemic measures were in place. On [May 12, 2021](#) the MLTC reinstated full occupancy targets for September 1, 2021.

The number of residents served in 2020 (307) is less than in 2019 (530). This is due to suspension of short-stay programs where turnover in residents is typically one week to three months for short-stay and up to 90 days for convalescent care and periods of time where admissions were suspended.

The Region’s Homes remain in demand, validating stakeholder trust in care and services provided

Each person waiting for admission to a long-term care home in Ontario may choose up to five homes and up to three bed types in each home. This means that one person may be represented on multiple waitlists. Table 2 provides an analysis of the wait list data for the Region’s long-term care Homes as of April 2021.

Table 2
Region’s Homes Wait List Data

Type of Bed	Maple Health Centre	Newmarket Health Centre
# of People on the Waitlist for basic accommodation	449	503
Basic Accommodation Ranked Position	11/46 Homes	10/46 Homes
# of People on the Waitlist for private accommodation	315	387
Private Accommodation Ranked Position	11/44 Homes*	7/44 Homes*
Average # of beds available per month	4	5

Source: [HCCSS – Central Wait Times](#) (April 2021)

*not all Homes under the Home and Community Care Support Services (HCCSS) – Central (formerly the Central LHIN) offer private accommodation, but all offer basic accommodation.

The total number of people on the waitlist for long-stay beds (basic and private) at the Region’s Homes was 1654, which represents 755% of our capacity (e.g., 1654/219 available beds). This is a decrease from the previous year as respite and convalescent care beds have been temporarily repurposed to long-stay beds. In 2019 the number of long-stay beds would have been 192 instead of 219.

As of April 2021, the median wait time is 227 days in the HCCSS Central 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 HCCSS Central. Wait time has likely increased due to admissions being suspended during 2020 due to pandemic requirements or when a Home was in outbreak.

Resident 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. In 2020, 78 survey responses were received, in comparison to 67 in 2019

and 64 in 2018. Staff value the input and feedback from residents and families, acting upon any concerns or areas for improvement identified.

Table 3 summarizes key questions and responses from the Residents Quality of Life Survey 2020, which demonstrate continued satisfaction with the care, services and amenities provided within the Homes. The 2020 survey also included additional COVID-19 survey questions which are detailed in Attachment 2.

Table 3
2020 Satisfaction Survey Results: Proportion (%) of favourable responses

Survey Questions	Maple Health Centre		Newmarket Health Centre	
	2019	2020	2019	2020
I am treated with dignity and respect	96.8%	91.4%	100.0%	91.4%
I can express my opinion without fear	93.5%	88.2%*	94.3%	93.9%*
I would recommend this Home to others	96.7%	97.1%👉	100.0%	100.0%👉
Overall Satisfaction	96.7%	100.0%👉	100.0%	100.0%👉

Source: Residents Quality of Life Survey 2020, values represent proportion of favourable responses from residents who provided a response (e.g., excludes blanks or not applicable responses)

* Addressed in Quality Improvement Plan (2020/21). 👉 Means the results have improved or stayed the same since the prior year.

Some reduction in favourable responses in 2020 are attributed to residents growing increasingly frustrated with their freedoms being restricted by the COVID-19 response measures including visitor restrictions, absences not permitted, and many not able to leave their rooms for long periods of time.

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 publicly posted on the Ministry’s website. Table 4 summarizes the number and type of inspections conducted in the Homes in 2020.

Table 4
Number of Inspections for York Region Long-Term Care Homes

Category	Maple Health Centre	Newmarket Health Centre
Complaints inspections	1	1
Critical Incident inspections	2	4
Follow-up inspections (on previous inspection report)	1	2

Source: Public Reporting on LTC Homes. Accessed at <http://publicreporting.ltchomes.net> in June 2020

As described in the [2019 LTC Performance Report \(Attachment 1\)](#), if a home is not compliant with the Act, the Ministry may issue a compliance finding. Table 5 provides a breakdown of the categories of non-compliance findings for York Region long-term Care Homes. In 2020, both the total number of compliance findings and total number of compliance orders issued by the Ministry were similar to the numbers in 2019, reflecting the Homes continued efforts to focus on quality improvement, including more staff education and follow-ups.

Table 5
Compliance Findings for York Region Long-Term Care Homes

Category	Inspection Year 2020	Inspection Year 2019
Written Notice	12	10
Written Notice with Voluntary Plan of Correction	7	7
Written Notice with Compliance Order	2	2
Written Notice with Director Referral	0	0
Work and Activity Order	0	0

Source: Public Reporting on LTC Homes at <http://publicreporting.ltchomes.net> in June 2021

Immediate actions were taken to address non-compliance findings arising from the Ministry inspections conducted in 2020

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 6.

Table 6
Compliance Inspection Results

Finding	Actions taken
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	<ul style="list-style-type: none"> • Provided training to staff on accessing and reviewing care plans
The licensee has failed to ensure that the staff participated in the implementation of the Infection Prevention and Control (IPAC) program	<ul style="list-style-type: none"> • Established Outbreak Management meetings with key stakeholders • Established a process for IPAC Audit compliance (see Attachment 2 for details) • Established a communications protocol for Staff, Residents, Substitute Decision Makers (SDMs) and Families regarding enhanced IPAC practices • Provided formal and on-the-spot IPAC education and training • See Attachment 2 for subsequent actions

Source: Findings detailed on Public Reporting on LTC Homes. Accessed at <http://publicreporting.ltchomes.net> in June 2020

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

Table 7 compares the 2020 inspection results for the Region and neighbouring municipalities. York Region had one of the lowest average number of non-compliance findings per inspection, and only two compliance orders, as did Peel Region and Halton Region.

Table 7
2020 Compliance Inspection Results

Municipality (# Homes, #Beds)	# of Inspections	Total non-compliance findings	Average # of non-compliance findings per inspection
York (2 Homes, 232 beds)	11	21 (includes 2 compliance orders)	1.9
Durham (4 Homes, 845 beds)	16	70 (includes 6 compliance orders)	4.4
Halton (3 Homes, 571 beds)	11	17 (includes 2 compliance orders)	1.5
Peel (5 Homes, 703 beds)	15	35 (includes 2 compliance orders)	2.3
Simcoe (4 Homes, 534 beds)	17	61 (includes 15 compliance orders)	3.6
Toronto (10 Homes, 2,008 beds)	33	96 (includes 3 compliance orders)	2.9

Source: Public Reporting on LTC Homes. Accessed at <http://publicreporting.ltchomes.net> in June 2020

For 2019 to 2020, the Homes continued to improve in several publicly reported performance indicators

Since 2015, the Canadian Institute for Health Information has publicly 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 6 of 9 quality indicators from the previous year

Table 8 shows Maple Health Centre’s results for 2019 to 2020 and the prior two years in comparison with the results for HCCSS Central and all of Ontario. In 2019 to 2020 Maple Health Centre:

- Improved or sustained performance from the previous year for six indicators – falls in the last 30 days, worsened pressure ulcers, potentially inappropriate use of antipsychotics, improved physical functioning, worsened depressive mood and worsened physical functioning
- Performed favourably on four quality indicators compared to HCCSS Central and Ontario – potentially inappropriate use of antipsychotics, restraint use, improved physical functioning, and worsened physical functioning

- Did not perform as well on the remaining five indicators compared to the previous year

The indicators highlighted in Table 8 represent areas where the Home performed better than the HCCSS Central average.

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

Indicator	Desired Trend	2018-19	2019-20	HCCSS Central Average 2019-20	Ontario Average 2019-20	Home Performed Better than HCCSS Central Average 2019-20
Falls in the last 30 days	▼	19.9%	16.8%	14.1%	16.5%	No
Worsened Pressure Ulcers	▼	2.7%	2.7%	2.1%	2.5%	No
Potentially inappropriate use of antipsychotics	▼	17.1%	10.4%	17.7%	18.3%	Yes
Restraint use	▼	0.0%	0.3%	2.2%	3.3%	Yes
Experiencing pain	▼	5.0%	6.7%	2.7%	5.0%	No
Experiencing worsened pain	▼	10.1%	12.0%	6.9%	9.5%	No
Improved physical functioning	▲	18.2%	25.3%	23.7%	28.6%	Yes
Worsened depressive mood	▼	22.7%	21.8%	18.1%	22.4%	No
Worsened physical functioning	▼	41.8%	31.1%	34.0%	34.5%	Yes

Source: [Canadian Institute for Health Information](#), accessed June 2021

Legend: Highlighted performance indicators means the Home is moving in the direction of the desired trend or performed better than the HCCSS Central average.

Newmarket Health Centre improved or sustained performance on 6 of 9 quality indicators from the previous year

Table 9 shows Newmarket Health Centre's results for 2019 to 2020 and the prior two years in comparison with the results for HCCSS Central and all of Ontario. In 2019 to 2020, Newmarket Health Centre:

- Had improved or sustained performance from the previous year on six indicators – falls in the last 30 days, worsened pressure ulcers, restraint use, experiencing pain, experiencing worsened pain and improved physical functioning
- Performed favourably on three quality indicators compared to the HCCSS Central and Ontario – restraint use, experiencing pain and improved physical functioning
- Did not perform as well on the remaining six indicators compared to the previous year

The indicators highlighted in Table 9 represent areas where the Home performed better than the HCCSS Central average.

Table 9
Publicly Reported Performance Indicators, Newmarket Health Centre

Indicator	Desired Trend	2018-19	2019-20	HCCSS Central Average 2019-20	Ontario Average 2019-20	Home Performed Better than HCCSS Central Average 2019-20
Falls in the last 30 days	▼	20.9%	17.7%	14.1%	16.5%	No
Worsened Pressure Ulcers	▼	1.7%	2.5%	2.1%	2.5%	No
Potentially inappropriate use of antipsychotics	▼	18.0%	26.8%	17.7%	18.3%	No
Restraint use	▼	0.4%	0.0%	2.2%	3.3%	Yes
Experiencing pain	▼	6.2%	2.0%	2.7%	5.0%	Yes
Experiencing worsened pain	▼	13.4%	8.1%	6.9%	9.5%	No
Improved physical functioning	▲	22.3%	35.8%	23.7%	28.6%	Yes
Worsened depressive mood	▼	17.4%	24.4%	18.1%	22.4%	No
Worsened physical functioning	▼	38.6%	39.9%	34.0%	34.5%	No

Source: [Canadian Institute for Health Information](https://www.cihi.ca/en), accessed June 2021

Legend: Highlighted performance indicators means the Home is moving in the direction of the desired trend or performed better than the HCCSS Central average.

The Quality Improvement Plans discussed below 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,

both Homes are 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 and take actions where possible to support a resident's improved physical functioning.

Additional indicators recommended by the Long-Term Care Commission

The LTC [Commission's Final Report](#) (details included in the next section) recommends that:

“...long-term care homes should monitor and report publicly on additional indicators to provide important information to residents, families and the general public. These additional indicators – the nature and collection of which should be standardized across the long-term care sector – should include family and staff experience, Medical Director engagement, staffing indicators such as direct care staffing mix, and direct care staff-to-resident ratios (Recommendation 67)”

While the Province has yet to formally respond to the LTC Commission's Final Report, the Homes will begin to track and measure additional performance indicators as recommended by the Commission and/or required by the MLTC.

The Homes developed Quality Improvement Plans focused on service excellence and safe and effective care

A [Quality Improvement Plan](#) (QIP) is a set of commitments, aligned with system and provincial priorities a health care organization makes to its residents, staff and community to improve quality through focused actions and targets. For 2020 to 2021, the Homes submitted a QIP to the Ministry to address the following two themes:

1. Service Excellence

- Improve resident response to “I can express my opinion without fear” to 90% (see table 3) by continuing to implement initiatives that ensure a safe environment with opportunities for residents and family members to engage in open dialogue with staff at all levels

2. Safe and Effective Care

- Identify residents with a progressive, life-limiting illness, who would benefit from palliative care and care plan interventions in place
- All residents with identified worsened pain have a systemic formal assessment and pain strategies implemented
- Upon admission, quarterly, and at any significant change, all residents who are at risk of developing pressure ulcers will have resident specific interventions, to reduce the risk of developing pressure ulcers, on their care plan

- Continue to decrease the use of antipsychotic medications through the implementation of systematic screening upon admission, non-pharmacological interventions, and effective monitoring of residents with dementia in collaboration with external partners (Psychogeriatric Resource Consultants, Ontario Shores, LOFT, Behavioural Supports Ontario)
- Reduce the number of falls by implementing falls and injury prevention strategies for residents identified at high risk for falls and updating care plans as required

In 2020 both Homes and Psychogeriatric Resource Consultant Program successfully received three-year Accreditation

In 2017, the Region's two Homes and Seniors Community Programs received a three-year accreditation from CARF International (Commission on Accreditation of Rehabilitation Facilities). The accreditation indicates the Region's Homes and Seniors Community Programs meet internationally accepted standards and are committed to achieving quality outcomes for residents and clients. The Region has the only accredited Psychogeriatric Resource Consultant Program in Ontario.

In October 2020, CARF conducted a virtual bridge process called Continued Accreditation during Pandemic (CAP), to enable organizations to maintain their accreditation status in the absence of an on-site survey. In November 2020, the Region's two Homes and the Psychogeriatric Resource Consultant Program received a three-year continuance of their accreditation status (2020 to 2023). This is the longest period of accreditation that CARF awards to long-term care Homes.

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

Table 10 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 3,721 licensed beds in the Region.

Table 10
Comparison of municipal share of long-term care beds to seniors – 2020

Comparator	York	Durham	Halton	Peel	Simcoe	Toronto
# of long-term care beds in operation	3,721*	2,842	2,592	9,922	2,778	14,984
# of municipal long-term care beds	232	845	571	703	534	2,008
Percentage of Municipal beds	6.2	29.7	22	17.9	19.2	13.4
# of seniors aged 75+ *	68,050	38,970	36,675	70,605	36,240	202,800
Percentage of long-term care beds (all types) per seniors 75+	5.5	7.3	7.1	5.6	7.7	7.4

Source: Statistics Canada Census 2016 data. Accessed at <https://www.statcan.gc.ca/eng/start> on June 11, 2021 and HCCSS waitlist data

* Number of beds for 2020 based on 28 Homes in York Region (April 2021)

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

As shown in Table 10, York Region's 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. A [November 2020](#) report (Forecast for Long Term Care and Seniors' Housing Implications), identified the need to increase the supply of long-term care beds in York Region to 15,000 by 2041. The [Corporate Strategic Plan – Year 2 Progress Report](#) for 2020 outlines that there were 10 advocacy related activities performed in 2020 to increase the supply of long-term care beds throughout the Region.

LONG-TERM CARE REFORM

During 2020, the COVID-19 pandemic highlighted and exacerbated longstanding issues in the sector that have and continue to impact the all long-term care homes in Ontario. Some reform was already underway with the [Long Term Care Homes Public Inquiry Report](#), but most notably an independent long-term care commission was appointed in July 2020 and the government launched a historic staffing plan in December 2020.

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 outlined 91 recommendations to improve resident care and safety in the

long-term care sector. On [July 30, 2020](#) The Minister of Long-Term Care released a Government's Progress Report on four key themes: awareness, prevention, deterrence, and detection. Actions taken by Homes in 2020 to address the inquiry recommendations and provincial direction include:

- Staff attended training on strengthening medication safety, prevention of resident abuse, neglect, and reporting obligations, as well as medication administration and incident management
- Placed posters throughout the Homes to raise awareness among staff, volunteers and visitors about their reporting obligations when they have reasonable grounds to suspect improper or incompetent treatment or care, or the abuse or neglect of residents
- Reviewed policies on reporting a resident death against guidance from the Office of the Chief Coroner on death reporting and the investigation process for long-term care homes

It is anticipated that more recommendations will require action in 2021 and beyond as the province's progress report outlines numerous recommendations that are still in progress.

Ontario's long-term care staffing plan will require restructuring of the Homes' staffing models

The devastating impact of the COVID-19 pandemic on the long-term care sector shone a light on the complexity of the staffing challenges in the sector. In response to this, the government issued a [staffing plan](#) to address urgent staff shortages and long-standing and systemic staffing issues.

The staffing plan focuses on six areas of action between 2021 to 2022 and 2024 to 2025: 1) increasing staffing levels; 2) Disrupting, accelerating, and increasing education and training pathways; 3) Supporting ongoing staff development; 4) Improving working conditions; 5) Providing effective and accountable leadership; and 6) Measuring success.

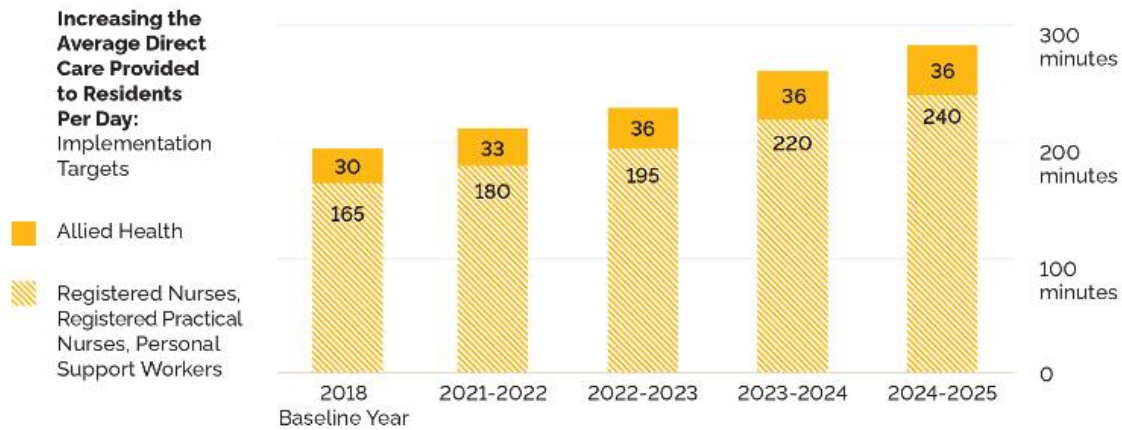
The province is making investments into long-term care staffing in two ways:

- Increasing the average time of direct care provided to residents per day by nurses (RNs and RPNs) and personal support workers (PSWs) to 4 hours/day (240 minutes) by 2024 to 2025; and
- Expanding resident access to allied health staff (e.g., physiotherapists, occupational therapists, and social workers – those funded through the personal support services envelop) to 36 minutes/day by 2024 to 2025.

This will require hiring more than 27,000 registered nurses, registered practical nurses and personal support workers across the province. Figure 1 outlines the implementation targets for all long-term care homes on Ontario.

Figure 1

Ontario’s Long-Term Care Staffing Plan: Hours of Care Targets (2021-2025)



Source: [Ontario’s long-term care staffing plan](#)

To prepare for the changes required to implement the provincial staffing plan, in 2021, the Homes’ initiated a review of the organizational structure, staffing model and schedules to identify opportunities to create a more stable workforce, improve working conditions for staff, and address precarious employment in the Region’s Homes and improve quality of life for residents. It is anticipated that changes to the Home’s staffing and scheduling models will need to be made to address staffing challenges and sustain changes made in the Homes to increase staffing resources to mitigate and prevent COVID-19 outbreaks and deliver quality resident care. More timely allocation of provincial resources and expediting the provincial staffing plan will be crucial.

Independent Long-Term Care Commission’s findings recommend significant transformation of the long-term care sector

A separate report to Council (Implications of the Ontario Long-Term Care COVID-19 Commission’s Final Report Recommendations, October 14, 2021) provides more details on the Region’s analysis and response to the commissions’ final report.

FUNDING CONSIDERATIONS

In 2020, the Region’s long-term care homes continued to receive provincial funding through Home and Community Care Support Services (HCCSS) formerly the Local Health Integration Networks (LHINs) as well as one-time (in-year) Provincial pandemic funding.

Provincial funding received is impacted by residents’ health status and complexity of care required

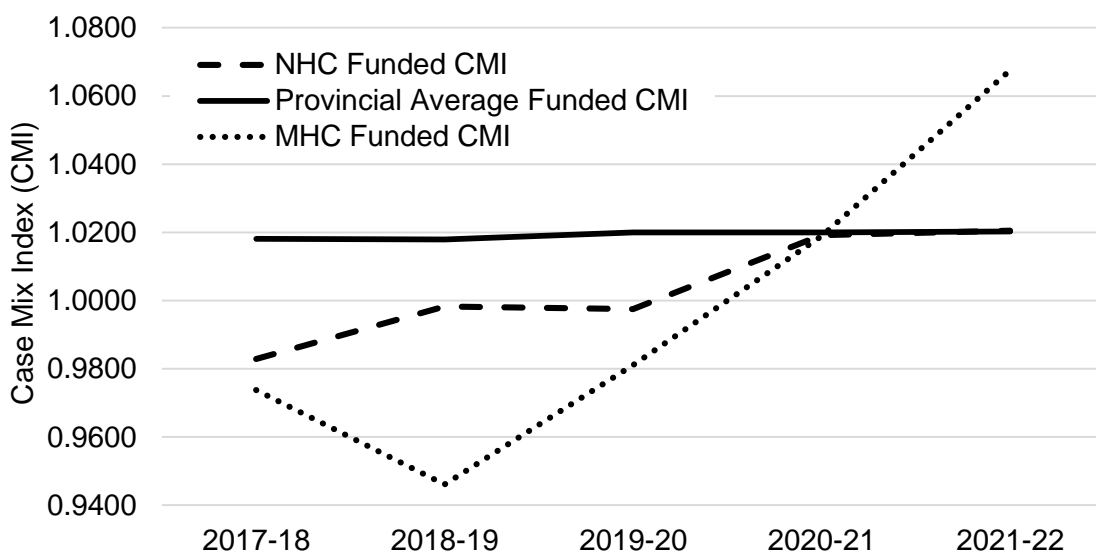
Long-term care residents continue to have increasingly complex care needs across the province. While there are many indicators for this, most of a Home’s funding is tied to the Funded Case Mix Index (CMI). The Case Mix Index, an overall assessment of “resident acuity level”, is a measure

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 lower CMI 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 homes to maintain the necessary care and service levels.

Figure 2

CMI as a Measurement of Resident Acuity 2017/18 – 2021/22



Source: Case Mix Index Master Reports 2017/18 to 2021/22 on www.ltchomes.net

As shown in Figure 2, both Homes' level of resident acuity and complexity continues to rise, providing for the increased funded Case Mix Index in both Homes, and increasing the Region's overall share of the announced level of care funding across the long-term care sector.

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.

The Ministry of Long-Term Care has deferred the annual Resident Co-payment increase since [July 21, 2020](http://www.ltchomes.net). The loss of revenue for Homes arising from the planned increase related to preferred accommodation premium will be covered by the Ministry. In [May 26, 2021](http://www.ltchomes.net) this deferral was extended until January 1, 2022.

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 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 the Region’s 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 14
Operating Costs (Case Mix Index Adjusted) per Long-Stay Bed Day

Comparator	York 2019	Durham 2019	Halton 2019	Peel 2019	Simcoe 2019	Toronto 2019	2019 MBN- Canada Average
# Homes	2	4	3	5	4	10	n/a
Total # of Beds	232	845	571	703	534	2,008	n/a
Facility operating cost per bed day*	\$287	\$323	\$257	n/a	n/a	\$242	\$260

*Source: 2019 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 2019 because the 2020 Municipal Benchmarking Report is not available at the time of this report.

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