

2021 and 2022 Long-Term Care Performance Analysis

Purpose

This attachment provides Council, as the Committee of Management for the Region's two long-term care homes (the Homes), with performance data and compliance information with the *Long-Term Care Homes Act, 2007* and O. Reg 79/10 up until March 31, 2022, the *Fixing Long-Term Care Act, 2021* (the [Act](#)) and [O. Reg 264/22](#) as of April 1, 2022, and other provincial government directives and emergency orders.

DESCRIPTION OF YORK REGION'S LONG-TERM CARE HOMES

The Homes are places where residents live, receive assistance with activities of daily living, and have access to 24-hour nursing and personal care and on-site supervision and monitoring to ensure their safety and well-being. Other required programs and services include behavioural support programs, medical services, recreational programming, dietary services, laundry services, social work supports, palliative care, spiritual and religious care, housekeeping, maintenance, finance and administrative services.

Although over 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.

People in need of long-term care must apply for admission through Home and Community Care Support Services (HCCSS). A Home and Community Care Support Services placement coordinator determines eligibility and placement of a resident into a long-term care home. Neither the Region nor the Homes are responsible for managing the waitlist.

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 LTC by the Home and Community Care Support Services placement coordinator. 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 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 temporary relief from caregiving obligations for one week to three months.

- Convalescent care (34 beds) is available for individuals leaving hospital who no longer need acute care but still required the support of a medical environment for a recovery 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
Number of Long-Term Care Beds by Program Type at Region's Homes

Program	Maple Health Centre	Newmarket Health Centre	Total beds
Long-stay beds	82	110	192
Respite care beds	3	3	6
Convalescent care beds	15	19	34
Total long-term care beds	100	132	232

York Region has the lowest municipal share of long-term care beds among municipal comparators, operating 5.7% of the 4,041 licensed long-term care beds in the Region. York Region's overall supply of long-term care beds for seniors aged 75 or older is also low (4.9%) in comparison to other municipal operators.

Table 2 compares the total number of long-term care beds available among municipal comparators.

Table 2
Comparison of Municipal Share of Long-Term Care Beds to Seniors

Comparator	York	Durham	Halton	Peel	Simcoe	Toronto
Number of long-term care beds in operation	4,041	2,842	2,603	3,959	2,832	14,254
Number of municipal long-term care beds	232	845	572	703	534	2,527
% of Municipal beds	5.7	29.7	22.0	17.8	18.9	17.7
Number of seniors aged 75+	83,025	46,300	44,145	87,215	44,615	216,525
% of long-term care beds (all types) per seniors 75+	4.9	6.1	5.9	4.5	6.3	6.6

Source: Home and Community Care Support Services long-term care waitlist data and [Statistics Canada Census 2021 data](#)

YORK REGION'S LONG-TERM CARE HOMES' ANNUAL PERFORMANCE UPDATES

The health needs of residents in our Homes have significantly increased

Residents in our Homes are primarily over the age of 85 (52.2% at Maple Health Centre and 40.5% at Newmarket Health Centre) and most have dementia (74.1% at Maple Health Centre and 59.3% at Newmarket Health Centre). Over the past 25 years, the health needs of residents in our Homes have become more acute and much more complex. In the Region's submission to the [Ontario Long-Term Care COVID-19 Commission](#), data over a span of ten years found that:

- The average value in the Cognitive Performance Scale has increased from 2.61 to 3.63, an increase of 39%. This scale runs from 0 to 6 and a higher score indicates more severe cognitive impairment.
- The average score of the Changes in Health, End-Stage Disease, Signs, and Symptoms (CHESS) Scale has increased from 0.62 to 1.17, an increase of 89%. This scale runs from 0 to 5 and higher scores indicate higher levels of medical complexity and are associated with adverse outcomes, such as mortality, hospitalization, pain, caregiver stress and poor self-rated health.
- The average score of the Activities of Daily Living Long-Form has increased from 15.38 to 20.35, an increase of 32%. This scale runs from 0 to 28 and higher scores indicate more impairment of self-sufficiency in performing activities of daily living, such as mobility in bed, dressing, eating and personal hygiene.

These findings demonstrate that over the years, resident care needs have become more complex, and many aspects of long-term care work have become more challenging. Residents require more hands-on assistance which impacts the work of personal support workers and greater medical complexity can require more nursing involvement, medical supports and dietary needs.

The Region maintained high levels of occupancy for long-stay beds and served 551 residents across the Region's two Homes

Table 3 provides an analysis of the occupancy rates at each Home as a percentage of program capacity (available spaces/beds) and the number of residents served in 2021 and 2022:

Table 3
2021 and 2022 Occupancy Rates (%) and Residents Served by Home

Program	Maple Health Centre		Newmarket Health Centre	
	2021	2022	2021	2022
Occupancy Rate (based on available spaces/beds)	91%	97%	95%	95%
Residents Served	116	117	159	159

Source: Point Click Care Occupancy Report 2021 and 2022.

Long-term care homes are normally required to maintain occupancy targets of at least 97% each year for long-stay beds to receive the full (100%) level of care funding from the Ministry of Long-Term Care (the Ministry). As part of its [pandemic response](#), the Ministry put in place an [occupancy funding protection cap](#) so that homes that did not achieve 97% occupancy did not receive less than 90% of their level of care per diem funding on beds subject to occupancy. This protection expired as of September 30, 2022.

Occupancy was reduced because many of the Homes' respite and convalescent care beds were used for pandemic-related isolation purposes when the short-stay programs were suspended in March 2020. However, in [August 2022](#) the Ministry re-opened the short-stay respite and convalescent care programs as part of [Ontario's Plan to Stay Open: Health System Stability and Recovery](#).

The number of residents served in 2021 (275) and 2022 (276) continues to be below pre-pandemic levels ([2019 \(530\)](#) for both Homes) due to the suspension of short-stay programs ([March 2020 – August 2022](#)) and of new admissions during outbreaks.

The Region's Homes remained in demand, demonstrating 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 4 provides an analysis of the wait list data for the Region's Homes as of April 2022.

Table 4
Region’s Homes Wait List Data (April 2022)

Type of Bed	Maple Health Centre	Newmarket Health Centre
Number of People on the Waitlist for basic accommodation	410	514
Number of People on the Waitlist for preferred accommodation	307	416
Average # of beds available per month	1	3

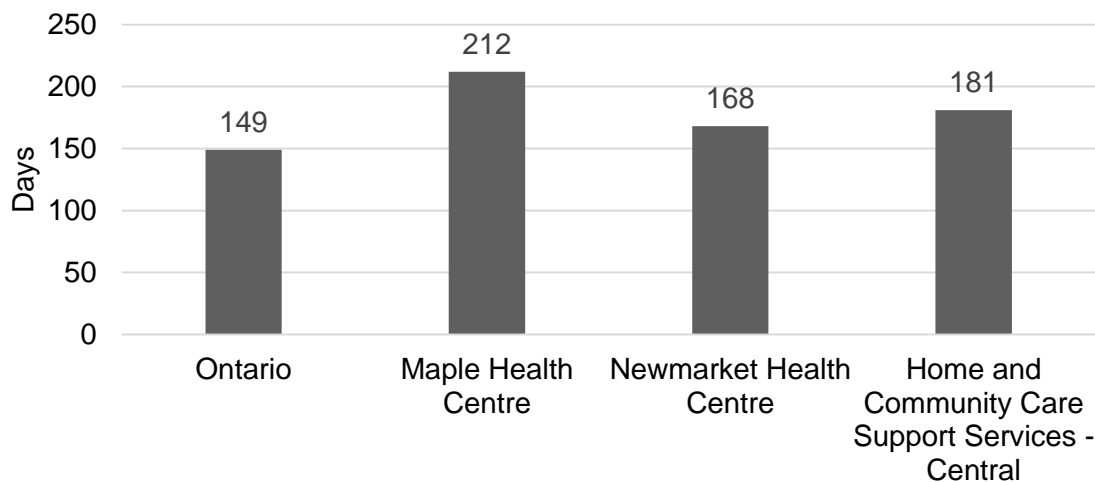
Source: [Home and Community Care Support Services \(HCCSS\) – Central Wait Times](#) (April 2022)

The total number of people on the waitlist for long-stay beds (basic and preferred) at the Region’s Homes was 1,647, which represents 858% of our capacity (192 available beds).

Wait times for a bed in one of the Region’s two Homes are higher than the average for Ontario. Maple Health Centre is higher than the average for Home and Community Care Support Services - Central. Figure 1 shows the median number of days people waited to move into one of the Region’s two Homes in comparison to the Central Region and Ontario.

Figure 1

Average Number of Days People Waited to Move into a Long-Term Care Bed, 2020/21



Source: Health Quality Ontario, Median [Wait Times for Long-Term Care Homes](#) from all prior locations

The reason that wait times of our Homes are so long is because there is not be enough beds to service our aging population municipal homes are often people’s first choice for long-term care ([AdvantAge Ontario](#)).

Resident satisfaction survey results highlight strengths and opportunities for improvement

The Homes are one of the 15 core services in the [2023-2027 Corporate Strategic Plan](#) and maintaining resident satisfaction is a performance measure under the “support safe communities” objective for Community and Health Services.

Annual resident satisfaction surveys are required under the Act ([Section 43](#)) and results are used to guide continuous quality improvement. In 2021, 74 survey responses were received, and in 2022, 55 survey responses were received. Although the sample size is small, it is representative because the survey deployment plan objectively optimizes involvement of residents and their substitute decision makers including preferred languages, paper and electronic format availability, protected anonymity and unbiased support to complete surveys. The homes will focus on increasing the sample size in 2023 and going forward.

Staff value the input and feedback from residents and families, and act upon any concerns or areas for improvement identified. Table 5 summarizes key questions and responses from the Residents Quality of Life Survey 2021 and 2022, which demonstrate continued satisfaction with the care, services and amenities provided within the Homes.

Table 5

2021 and 2022 Satisfaction Survey Results: Proportion (%) of favourable responses

Survey Questions	Maple Health Centre		Newmarket Health Centre	
	2021	2022	2021	2022
I am treated with dignity and respect	100%	97%	96%	100%👉
I can express my opinion without fear	100%	100%👉	94%	91%
I would recommend this Home to others	100%	97%	94%	92%
Overall Satisfaction	100%	97%	94%	96%👉

Source: Home’s Residents Quality of Life Survey 2021 and 2022.

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

Minor variation in favourable responses is primarily due to small sample size and highlight the impact pandemic response measures had on residents and their loved ones. Overall, resident satisfaction remains high (above 90%) and stable.

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

Under the Act, the Ministry may conduct reactive, follow-up and proactive inspections of long-term-care homes at any time without alerting the Homes in advance. Table 6 shows the inspection types, compliance tools and their purpose under the Act.

Table 6
Compliance and enforcement tools under the Act

Inspection Type	Compliance Tool	Purpose
Reactive inspections are done in response to complaints or critical incidents and generally focus on the substance of the complaint or incident – follow up inspections ensure that any compliance orders have been addressed	New: Remedied Non-Compliance	For low-risk instances of non-compliance. This tool is used by an inspector when a home can demonstrate they have remedied the non-compliance during an inspection.
	Written Notifications	To address issues of non-compliance.
	Compliance Orders	For a significant impact or risk to a single resident’s health, safety or quality of life, or moderate impact or risk to multiple residents.
	Administrative Monetary Penalties (AMPs) – A financial penalty (in dollars)	AMPs are automatically issued when a compliance order was issued for a similar issue within the past three years (even if it was complied with) or a home remains non-compliant with compliance order after the expected compliance date.
Proactive inspections are broad-based inspections that can be conducted at any time without providing advance notice to the home, to ensure ongoing compliance with the Act and Regulation	Issuing compliance tools during a proactive inspection may occur but it is not the focus of the inspection	A proactive inspection takes just over seven days to complete and focuses on the required programs and services.

Inspection reports are publicly posted on the Ministry’s [website](#). Table 7 summarizes the number and type of inspections conducted in the Homes in 2021 and 2022. Neither Home underwent a proactive inspection in 2022.

Table 7
Number of Inspections for York Region’s Long-Term Care Homes

Category	Maple Health Centre		Newmarket Health Centre	
	2021	2022	2021	2022
Complaints Inspection	0	1	0	1
Critical Incident	2	0	0	0
Other inspection (not in response to a critical incident or complaint)	1	0	1	0

Source: [Public Reporting on LTC Homes](#)

Inspections at the Maple Health Centre found non-compliances with infection, prevention and control measures (surveillance testing results and donning and doffing gloves), observing a lack of respect for resident’s dignity, failure to document interventions in a resident’s care plan, failure to document the indoor temperature of the Home and failure to forward written complaints to the Ministry.

Inspections at the Newmarket Health Centre found non-compliances with infection, prevention and control measures (surveillance testing results, proper use of personal protective equipment) and delayed reporting in some cases of alleged, suspected or witnessed incidents of abuse of a resident.

If a home is not compliant with the Act, the Ministry may issue a compliance finding. Table 8 summarizes the non-compliance findings issued for the Region’s Homes in 2021 and 2022. The total number of compliance findings issued by the Ministry were similar and neither Home received a compliance order in either 2021 or 2022, reflecting the Homes continued efforts to focus on quality improvement, including more staff education and follow-ups.

Table 8
Compliance Findings for York Region’s Homes

Category	Maple Health Centre		Newmarket Health Centre	
	2021	2022	2021	2022
Written Notice	8	4	2	6

Source: [Public Reporting on LTC Homes](#). The number of written notices in 2021 includes any voluntary plans of correction (which are no longer a compliance tool under the Act in 2022).

The number of compliance findings exceeds the number of inspections as multiple compliance findings can be issued during any inspection.

The Region’s Homes had similar compliance inspection results relative to comparable municipal operators

York Region had similar compliance inspection results relative to other municipal operators. Table 9 compares the 2021 and 2022 inspection results for the Region and neighbouring municipalities.

**Table 9
2021 and 2022 Compliance Inspection Results**

Municipality (Number of Homes and Beds)	Number of Inspections		Total number of non-compliance findings		Average number of non-compliance findings per inspection	
	2021	2022	2021	2022	2021	2022
York (2 homes, 232 beds)	4	2	10	10	2.5	5
Durham (4 homes, 845 beds)	11	10	40	57	3.6	5.7
Halton (3 homes, 572 beds)	8	8	35	24	4.4	3
Peel (5 homes, 703 beds)	12	9	31	11	2.6	1.2
Simcoe (4 homes, 534 beds)	16	12	142	77	8.9	6.4
Toronto (10 homes, 2,527 beds)	31	26	98	80	3.2	3.1

Source: [Public Reporting on LTC Homes](#)

For 2021 to 2022, the Homes improved or sustained performance on six of nine publicly reported quality indicators from the previous year

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.

Table 10 shows Maple Health Centre’s results for 2020-21 and 2021-22 compared to Home and Community Care Support Services (HCCSS) Central and all of Ontario.

Table 10
Publicly Reported Performance Indicators, Maple Health Centre

Indicator	Desired Trend	2020-21	2021-22	HCCSS Central Average 2021-22	Ontario Average 2021-22	Home Performed Better than HCCSS Central Average 2021-22
Falls in the last 30 days	▼	16.8%	11.6%	13.7%	16.2%	Yes
Worsened Pressure Ulcers	▼	2.3%	1.3%	2.1%	2.4%	Yes
Potentially inappropriate use of antipsychotics	▼	10.7%	7.9%	20.9%	21.1%	Yes
Restraint use	▼	0.1%	0.0%	1.2%	2.5%	Yes
Experiencing pain	▼	5.9%	7.0%	2.4%	4.7%	No
Experiencing worsened pain	▼	10.6%	7.8%	6.4%	8.9%	No
Improved physical functioning	▲	22.5%	20.1%	24.8%	28.7%	No
Worsened depressive mood	▼	22.3%	24.8%	16.0%	21.3%	No
Worsened physical functioning	▼	32.9%	28.2%	34.1%	34.6%	Yes

Source: [Canadian Institute for Health Information](https://www.cihi.ca/en). Highlighted performance indicators mean the Home is moving in the direction of the desired trend and/or performed better than the Home and Community Care Support Services Central average.

In 2021-22 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, restraint use, experiencing worsened pain and worsened physical functioning
- Performed favourably on five quality indicators compared to Home and Community Care Support Services Central and Ontario – falls in the last 30 days, worsened pressure ulcers, potentially inappropriate use of antipsychotics, restraint use, and worsened physical functioning
- Did not perform as well on the remaining three indicators compared to the previous year. Maple Health Centre will continue to monitor these trends on a quarterly basis, provide updates to the Continuous Quality Improvement Committee and identify areas for improvement.

Table 11 shows Newmarket Health Centre's results for 2020-21 and 2021-22 compared to 2019-20, Home and Community Care Support Services (HCCSS) Central and all of Ontario.

Table 11
Publicly Reported Performance Indicators, Newmarket Health Centre

Indicator	Desired Trend	2020-21	2021-22	HCCSS Central Average 2021-22	Ontario Average 2021-22	Home Performed Better than HCCSS Central Average 2021-22
Falls in the last 30 days	▼	17.1%	15.7%	13.7%	16.2%	No
Worsened Pressure Ulcers	▼	2.3%	1.8%	2.1%	2.4%	Yes
Potentially inappropriate use of antipsychotics	▼	26.3%	29.5%	20.9%	21.1%	No
Restraint use	▼	0.1%	0.1%	1.2%	2.5%	Yes
Experiencing pain	▼	2.8%	5.0%	2.4%	4.7%	No
Experiencing worsened pain	▼	10.6%	7.8%	6.4%	8.9%	No
Improved physical functioning	▲	41%	26.9%	24.8%	28.7%	Yes
Worsened depressive mood	▼	23.9%	18.5%	16.0%	21.3%	No
Worsened physical functioning	▼	52.4%	48.3%	34.1%	34.6%	No

Source: [Canadian Institute for Health Information](#). Highlighted performance indicators mean the Home is moving in the direction of the desired trend and/or performed better than the Home and Community Care Support Services Central average.

In 2021-22, 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 worsened pain, worsened depressive mood and worsened physical functioning
- Performed favourably on three quality indicators compared to the Home and Community Care Support Services Central and Ontario – worsened pressure ulcers, restraint use and improved physical functioning
- Did not perform as well on the remaining three indicators compared to the previous year. Newmarket Health Centre will continue to monitor these trends on a quarterly basis,

provide updates to the Continuous Quality Improvement Committee and identify areas for improvement. The Homes have also identified an action plan to improve the use of antipsychotics without a relevant diagnosis in their 2022/2023 Quality Improvement Plan.

The Homes continued with Quality Improvement Plans focused on safe and effective care and released an interim continuous quality improvement report

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 2021/2022, Health Quality Canada paused the requirement for a Quality Improvement Plan to allow long-term care homes to focus on their pandemic response. For 2022/2023, the submission of a Quality Improvement Plan was optional for long-term care homes. Maple Health Centre and Newmarket Health Centre each submitted a Quality Improvement Plan to the Ministry under the theme of safe and effective care:

- Maple Health Centre's Quality Improvement Plan includes:
 - Focusing on reducing the development of urinary tract infections in the Home
 - Improving the tracking and documentation related to most common types of infections in long-term care such as lung infections, gastrointestinal infections, skin and soft tissue infections and antibiotic resistant organisms
 - Reducing incidents of lung infections through early identification of residents with dysphasia, ensuring appropriate referrals are made, effective strategies implemented, and eligible residents are offered immunization for pneumonia
- Newmarket Health Centre's Quality Improvement Plan includes:
 - Continuing 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
- The Quality Improvement Plans at both Homes include ensuring that all residents with identified worsened pain consistently receive a formal pain assessment and appropriate pain management strategies are implemented

A new requirement in the Act ([Section 42](#)) is continuous quality improvement. The regulatory requirements ([Section 168](#)) require homes to prepare an annual report on their continuous quality improvement initiatives. In 2022, the Homes published their first [Long-Term Care Continuous Quality Improvement Mid-Year Report 2022-2023](#) on their [website](#).

With Provincial and Regional support, the Region's Homes are on track to meet the legislated hours of care system targets

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. In

2022, the Act established system targets for direct care from personal support workers and nurses and from allied health care professionals such as physiotherapists, social workers, dieticians, assistant director of care, nurse managers and infection, prevention and control leads:

Table 12
Legislated Provincial Targets for Hours of Care per Resident per Day

Hours of Care	March 31, 2022	March 31, 2023	March 31, 2024	March 31, 2025
Direct Care – Personal Support Workers, Nurses (Section 8)	3 hours	3 hours, 15 minutes	3 hours, 42 minutes	4 hours
Direct Care – Allied Health Care Professionals (Section 9)	33 minutes	36 minutes	36 minutes	36 minutes

Source: *Fixing Long-Term Care Act, 2021*

As of March 31, 2022:

- Maple Health Centre reported 3 hours and 25 minutes of direct care from personal support workers or nurses and 51 minutes of direct care from allied health care professionals per resident per day
- Newmarket Health Centre reported 3 hours and 23 minutes of direct care from personal support workers or nurses and 45 minutes of direct care from allied health care professionals per resident per day

Despite investments from the Province to [increase long-term care staffing levels](#) and meet the legislated requirement for hours of care, Provincial funding is insufficient to meet these requirements. Region funding also makes up for insufficient provincial funding for other new requirements in the Act, such enhanced Infection Presentation and Control Measures and increased Ministry inspection.

The Homes continue to make capital improvements to align with regulatory changes and meet infection, prevention and control standards

In 2021, Newmarket Health Centre initiated a project to establish a natural gas generator that would provide full back-up to all essential services like the one at Maple Health Centre.

In 2022, with [support](#) from the Investing in Canada Infrastructure Program (ICIP) Grant, both Homes replaced their public washroom toilets and faucets with touchless fixtures and upgraded seating in activity rooms and common spaces to align with Infection, Prevention and Control (IPAC) standards. Newmarket Health Centre also began a project to replace all the roof-top heating, ventilation and air conditioning units to support efficient climate control and improve filtration and disinfection technology in the Home.