

2023 Long-Term Care Performance Analysis

Purpose

This attachment provides Council, as Committee of Management for the Region's two long-term care homes, Newmarket Health Centre and Maple Health Centre (the Homes), with performance data and compliance information associated with the *Fixing Long-Term Care Act, 2021* (the Act) and its Regulation, O. Reg. 246/22.

This attachment has four sections:

1. **Description of Homes:** Provides contextual data on residents, programs and services offered by the Homes, number of long-term care beds and wait times.
2. **Annual Performance Updates:** Provides information on occupancy rates, number of residents served, Resident and Family/Caregiver Experience Survey results, inspection results, publicly reported quality indicators, quality improvement plans and hours of care.
3. **Legislative Compliance:** Summarizes the Homes' compliance history under the Act.
4. **Improvements and Efficiencies:** Includes 2023 costs and revenues, capital improvements at the Homes and work underway to reduce pressure on property tax subsidy (operational efficiencies and revenue augmentation).

1. Description of Homes

Long-term care 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 support their safety and well-being.

People in need of long-term care must apply for admission through Ontario Health atHome. The Ministry has designated Ontario Health atHome as the new placement coordinator for long-term care homes under the Act ([June 28, 2024](#)). Ontario Health atHome will operate as a new subsidiary of Ontario Health, amalgamating the 14 Local Health Integration Networks operating as Home and Community Care support Services. An Ontario Health atHome placement coordinator determines eligibility and placement of a resident into a long-term care home. Neither the Region nor the Homes are responsible for admissions or managing the waitlist.

Most residents at the Homes are older than 85 and have dementia

Table 1 provides contextual data from Canadian Institute for Health Information about the Homes' residents.

Table 1: Contextual Data about Residents at the Homes, 2022/23

Contextual Data	Maple Health Centre	Newmarket Health Centre
Residents older than 85	60.9%	48.1%
Residents younger than 65	4.5%	5.7%
Residents living with dementia	63.1%	58.7%

Source: Your Health System: [Maple Health Centre](#) and [Newmarket Health Centre](#)

York Region's Homes offer long-stay, respite and convalescent care programs

1. Long-stay long-term care is available for adults who cannot live in their own homes due to unmet care needs. Some of these beds are designated for priority populations:
 - Veteran's Priority Access beds 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 are designated for individuals who meet eligibility requirements to be reunified with their spouses/partners who are currently living in the Home
2. Short-stay respite care is available for one week to three months for persons who require support and to provide their caregivers temporary relief from caregiving obligations
3. Convalescent care is intended for persons leaving hospital who no longer need acute care but still require support during their recovery. This program helps facilitate a smooth transition home for up to 90 days and reduces pressures on hospitals and their emergency departments

Table 2 shows the type and number of beds available in each Home.

Table 2: 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 beds	100	132	232

Notes: * Includes four Reunification Priority Access beds. ** Includes four Veteran's Priority Access beds and four Reunification Priority Access beds

York Region operates 5.7% of the 4,041 licensed beds in the Region and continues to experience a shortage of long-term care beds

York Region operates two (6.9%) of 29 long-term care homes in the Region and 232 (5.7%) of 4,041 long-term care beds in the Region. Table 3 shows York Region has one of the lowest municipal shares (4.9%) of long-term care beds per senior, aged 75 and above, among municipal comparators.

Table 3: 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	3,001	2,602	3,888	3,014	15,046
Number of municipal long-term care beds	232	845	572	703	544	2,641
Proportion of Municipal beds	5.7%	28.2%	22.0%	18.1%	18.0%	17.6%
Number of seniors aged 75+	83,025	46,300	44,145	87,215	44,615	216,525
Proportion of long-term care beds (all types) per seniors 75+	4.9%	6.5%	5.9%	4.5%	6.8%	6.9%

Source: [Long-Term Care in Ontario](#) (February 29, 2024) and [Statistics Canada Census 2021 data](#)

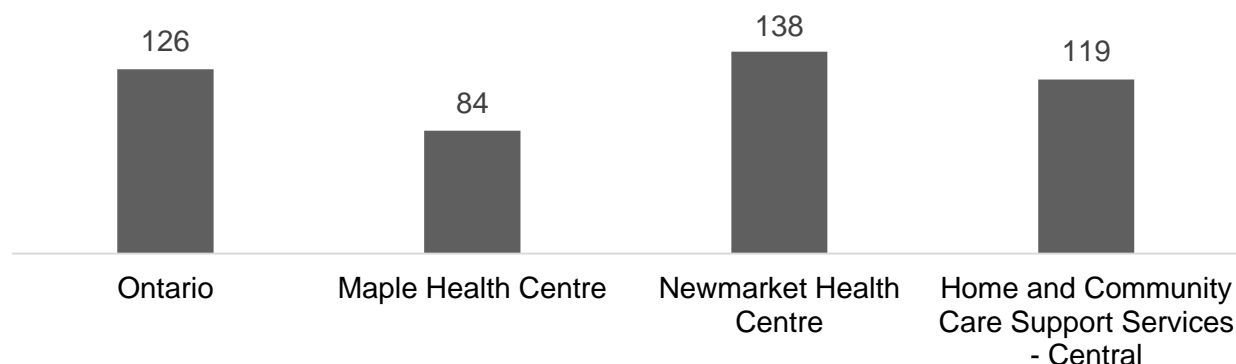
Following provincial commitment to build 58,000 new and upgraded long-term care beds in Ontario, 111 projects with a total of 18,215 new and redeveloped beds are either completed, under construction, or have ministry approval to construct ([June 28, 2024](#)). As of June 2024, out of the 18,215 beds, staff estimate 3,346 new and 354 upgraded beds have been allocated to operators in York Region, less than the projected 14,954 beds needed by 2041 ([November 2020](#)).

The Homes remained in demand, demonstrating stakeholder trust in care and services provided to long-term care residents

As of February 29, 2024, 776 people were waiting for a place at [Maple Health Centre](#) and 981 people were waiting for a place at [Newmarket Health Centre](#). Wait times for the Homes are long because municipal homes are often people’s first choice for long-term care ([May 2024](#)). More than 44,000 people were on the waitlist to access a long-term care bed in Ontario as of December 2023 ([March 15, 2024](#)).

Figure 1 shows the median number of days people waited to move into one of the Region’s two Homes (Maple Health Centre is 84 days and at Newmarket Health Centre is 138 days) in comparison to all long-term care homes supported by Home and Community Care Support Services – Central (119 days) and Ontario (126 days).

Figure 1: Median Number of Days People Waited to Move into a Long-Term Care Bed, 2022/23



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

2. Annual Performance Updates

The Region maintained high levels of occupancy for long-stay beds and served 394 residents across the Homes

Long-term care homes must maintain occupancy targets of at least 97% each year for long-stay beds to receive full (100%) level of care funding from the Ministry of Long-Term Care (the Ministry). Long-term care homes receive 100% level of care funding from the Ministry for short-stay beds (respite and convalescent care) regardless of occupancy levels.

Table 4 provides an analysis of occupancy rates and residents served in 2023 at each Home as a proportion of program capacity (available spaces/beds).

Table 4: 2023 Occupancy Rates (%) and Residents Served by Home

Program	Maple Health Centre		Newmarket Health Centre	
	Occupancy Rate	Residents Served	Occupancy Rate	Residents Served
Long-stay beds	100.00%	98	100.00%	146
Respite care beds	22.37%	14	60.64%	32
Convalescent care beds	55.29%	50	47.14%	45
Overall / Total	N/A	162	N/A	232

Source: Point Click Care Occupancy Report 2023.

Note: Number of residents served exceeds number of beds shown in Table 2 because of resident turnover. Occupancy rates for convalescent beds were low because it took some time for hospitals to return to pre-pandemic level surgery levels.

The number of residents served in 2023 (394) is slowly returning to pre-pandemic levels for both Homes ([530 residents served in 2019](#)) as beds for short-stay programs return to regular operation.

Resident satisfaction survey results highlight strengths

Providing long-term care services is one of 15 core services in the [2023-2027 Corporate Strategic Plan](#) and maintaining resident satisfaction is a performance measure objective for Community and Health Services.

An annual resident and family/caregiver experience survey is required under the Act ([Section 43](#)) and results are used to guide continuous quality improvement. In 2023, 82 survey responses were received. In 2023, 99% of residents rated the Homes as good or better (compared to 94% in 2022). Table 5 summarizes key questions and responses from the Resident Experience Survey 2023.

Table 5: 2023 Satisfaction Survey Results: Proportion (%) of favourable responses

Survey Questions	Maple Health Centre		Newmarket Health Centre	
	2022	2023	2022	2023
I am treated with respect	97%	100%👉	100%	100%👉
I can express my opinion without fear	100%	95%	91%	96%
I would recommend this Home to others	95%	100%👉	100%	98%👉

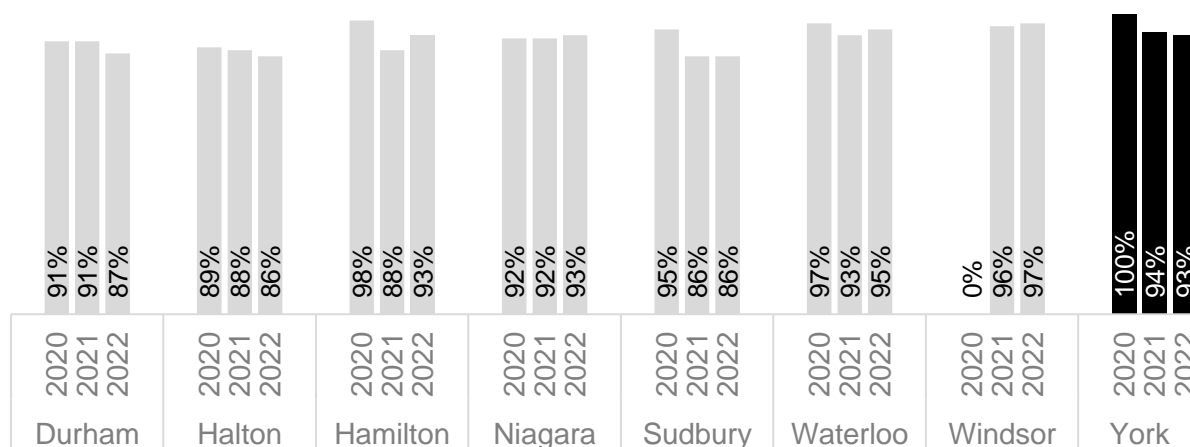
Source: Homes' Resident Experience Survey 2023.

Notes: Favourable responses include those who responded positively (strongly agree or agree) out of four possible choices (disagree or strongly disagree being the remaining choices). Proportions exclude those who did not select a response. 👉 Means results have improved or stayed the same.

Minor variation in favourable responses is primarily due to small sample size. In 2023, survey methodology changed to incorporate telephone calls for substitute decision makers to boost response rate.

Figure 2 shows resident/family satisfaction with the Homes compared to other municipal homes who report to Municipal Benchmarking Network Canada.

Figure 2: Long-Term Care Resident/Family Satisfaction



Source: Municipal Benchmarking Network Canada, Long-Term Care, 2022.

Notes: MBNC data is a year behind as it relies on municipal submissions to the MLTC (e.g., the annual report). 2023 data won't be available till October/November 2024. There is no standardized annual resident and family/caregiver experience survey, meaning that values may not be directly comparable.

The Homes are subject to compliance inspections by the Ministry and experienced more inspections and compliance findings in 2023

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. Inspection reports are publicly posted on the Ministry's [website](#). Non-compliance findings range from remedied non-compliance (lowest level) to licence suspension and the appointment of a supervisor (highest level) depending on the scope, severity and compliance history of the Home ([MLTC Regulatory Compliance Update](#)). Table 6 shows inspections and compliance findings in 2023 compared with 2022.

Table 6: Inspections and Non-compliance Findings for York Region's Homes

Category	Maple Health Centre		Newmarket Health Centre	
	2022	2023	2022	2023
Inspections	1	3	1	4
Non-compliance Finding: Written Notifications	4	14	6	14

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

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

Compliance findings issued by the Ministry increased in 2023, reflecting an increase in inspectors and inspections and changes to legislation ([February 23, 2023](#)).

There were no compliance orders and/or administrative monetary penalties issued to either Home between April 1, 2021 and March 31, 2024.

Inspections at Maple Health Centre in 2023 identified non-compliances (Written Notifications) in the following areas: Infection Prevention and Control, Prevention of Abuse and Neglect, Reports of Investigation, Licensees who Report Investigations under s. 23 (2) of Act, Transferring and Positioning Techniques, Medication Management System, Communication and Response System, Integration of Assessments (Care), Policy to Promote Zero Tolerance, Authorization for Admission to a Home and Written Notice if Licensee Withholds Approval.

Inspections at Newmarket Health Centre in 2023 found non-compliances (Written Notifications) in the following areas: Plan of Care, Reports re Critical Incidents, Police Notification, Staff Records, Duty to Protect, Reporting Certain Matters to Director, Residents' Bill of Rights, Skin and Wound Care, Transferring and Positioning Techniques, Responsive Behaviours and Zero Tolerance.

The Homes also undergo internal mock inspections to prepare for inspections and mitigate the severity of non-compliance findings.

For 2022/23, Maple Health Centre improved or sustained performance on four of nine publicly reported quality indicators from 2021/22

Since 2015, Canadian Institute for Health Information has publicly reported nine quality indicators for long-term care homes, with a focus on safety, appropriateness and effectiveness of care, and improved health status.

Table 7 shows Maple Health Centre’s results for 2021/22 and 2022/23 compared to the average of long-term care homes within geographical boundaries of Ontario Health atHome Central and Ontario in 2022/23.

Table 7: Publicly Reported Performance Indicators, Maple Health Centre

Indicator	2021/22	2022/23	Desired Trend	Ontario Health atHome Central, 2022/23	Ontario, 2022/23	Performed better than Ontario Health atHome Central, 2022/23?
Falls in the last 30 days	11.6%	15.1%	↓	14.1%	16.5%	No
Worsened Pressure Ulcers	1.3%	1.1% ↻	↓	1.9%	2.4%	Yes
Potentially inappropriate use of antipsychotics	7.9%	20.0%	↓	20.8%	21.2%	Yes
Restraint use	0.0%	0.0% ↻	↓	1.4%	2.1%	Yes
Experiencing pain	7.0%	7.3%	↓	2.5%	4.4%	No
Experiencing worsened pain	7.8%	9.2%	↓	6.7%	8.6%	No
Improved physical functioning	20.1%	31.6% ↻	↑	24.6%	28.2%	Yes
Worsened depressive mood	24.8%	23.7% ↻	↓	15.2%	20.8%	No
Worsened physical functioning	28.2%	30.8%	↓	33.5%	34.4%	Yes

Source: [Canadian Institute for Health Information](#).

Notes: Highlighted performance indicators means the Home performed better than the average of other long-term care homes in Ontario Health atHome Central. ↻ means the Home is moving in the direction of the desired trend.

In 2022 to 2023 Maple Health Centre:

- **Improved or sustained performance from previous year for four indicators:** Worsened pressure ulcers, restraint use, improved physical functioning and worsened physical functioning
- **Performed favourably on five quality indicators compared to Home and Community Care Support Services Central and Ontario:** Worsened pressure ulcers, potentially inappropriate use of antipsychotics, restraint use, improved physical functioning and worsened physical functioning

Maple Health Centre will continue to monitor these trends quarterly, provide updates to the Continuous Quality Improvement Committee and identify areas for improvement. Maple Health Centre has identified an action plan to improve performance relating to the falls indicator in their 2023/24 Quality Improvement Plan.

For 2022/23, Newmarket Health Centre improved or sustained performance on seven of nine publicly reported quality indicators from the previous year

Table 8 shows Newmarket Health Centre’s results for 2021/22 and 2022/23 compared to the average of long-term care homes within geographical boundaries of Ontario Health atHome Central and Ontario in 2022/23.

Table 8: Publicly Reported Performance Indicators, Newmarket Health Centre

Indicator	2021/22	2022/23	Desired Trend	Ontario Health atHome Central, 2022/23	Ontario, 2022/23	Performed better than Ontario Health atHome Central, 2022/23?
Falls in the last 30 days	15.7%	8.4% 📉	↓	14.1%	16.5%	Yes
Worsened Pressure Ulcers	1.8%	1.7% 📉	↓	1.9%	2.4%	Yes
Potentially inappropriate use of antipsychotics	29.5%	18.1% 📉	↓	20.8%	21.2%	Yes
Restraint use	0.1%	0.6%	↓	1.4%	2.1%	Yes
Experiencing pain	5.0%	0.4% 📉	↓	2.5%	4.4%	Yes
Experiencing worsened pain	7.8%	5.5% 📉	↓	6.7%	8.6%	Yes
Improved physical functioning	26.9%	30.4% 📈	↑	24.6%	28.2%	Yes

Indicator	2021/22	2022/23	Desired Trend	Ontario Health atHome Central, 2022/23	Ontario, 2022/23	Performed better than Ontario Health atHome Central, 2022/23?
Worsened depressive mood	18.5%	31.0%	↓	15.2%	20.8%	No
Worsened physical functioning	48.3%	34.4% 👉	↓	33.5%	34.4%	No

Source: [Canadian Institute for Health Information](#)

Notes: Highlighted performance indicators mean the Home performed better than the average of other long-term care homes in Ontario Health atHome Central. 👉 means the Home is moving in the direction of the desired trend.

In 2022/23, Newmarket Health Centre:

- **Improved or sustained performance from previous year on seven indicators:** Falls in the last 30 days, worsened pressure ulcers, potentially inappropriate use of antipsychotics, experiencing pain, experiencing worsened pain, improved physical functioning and worsened physical functioning
- **Performed favourably on seven 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, experiencing pain, experiencing worsened pain, and improved physical functioning

Newmarket Health Centre will continue to monitor these trends quarterly, provide updates to the Continuous Quality Improvement Committee and identify areas for improvement.

The Homes continued with Quality Improvement Plans focused on safe and effective care

A Quality Improvement Plan is a public 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. Each year, the Homes submit Quality Improvement Plans to Ontario Health in compliance with their Long-Term Care Service Accountability Agreement with Ontario Health.

Table 9 shows Maple Health Centre's performance against its 2023/24 quality improvement plan.

Table 9: 2023/24 Quality Improvement Plan, Maple Health Centre

Planned Change Idea	Measure / Indicator	Performance at start	Performance Target	Performance at end
Review residents with a high risk of falls and implement intervention strategies	Percentage of residents who have fallen	15.20%	15.00%	16.40%
Update resident care plans with new falls and injury prevention interventions				
Focus on reducing development of urinary tract infections	Percentage of residents with one or more infections	13.60%	12.50%	14.50%
Reduce incidents of respiratory and lung infections				

Though Maple Health Centre implemented all their change ideas, performance on these indicators worsened:

- Percentage of residents who have fallen increased, primarily due to residents with variations in mobility. The address this, 2024's quality improvement plans include enhanced fall prevention programs, increased staff training and upgraded monitoring systems.
- Percentage of residents with one or more infections increased primarily due to urinary tract infections. The Home has put in place a more robust protocol to identify and appropriately treat confirmed urinary tract infections and avoid overuse of antibiotics following evidence-based practices.

Maple Health Centre's 2024/25 Quality Improvement Plan to Ontario Health continues to focus on reducing the percentage of resident falls, rate of infections and the use of antipsychotic medication without psychosis.

Table 10 shows Newmarket Health Centre's performance against their 2023/24 quality improvement plan.

Table 10: 2022/23 Quality Improvement Plan, Newmarket Health Centre

Planned Change Idea	Measure / Indicator	Performance at start	Performance Target	Performance at end
Review medication schedule for residents on off-label antipsychotic medication monthly	Percentage of residents who were given antipsychotic medication without a relevant diagnosis	28.53%	24.50%	11.50%
Review use of anti-psychotic medication for all newly admitted residents				
Improve surveillance of infections among residents	Percentage of residents with one or more infections	4.50%	4.40%	5.30%
All staff will receive pain management education				

Ontario Health recognized York Region’s Newmarket Health Centre for achieving significant year-over-year reductions in antipsychotic medication use. Staff were invited to share their strategies and practices with other long-term care homes across Ontario.

Though Newmarket Health Centre implemented all their change ideas, the percentage of residents with one or more infections increased. This may be attributable to the additional education and enhanced surveillance processes. Overall, Newmarket Health Centre 's infection rate remains favourable compared to peers.

Newmarket Health Centre submitted a Quality Improvement Plan to Ontario Health for 2024/25, focusing on reducing the rate of emergency department visits, percentage of resident falls and percentage of residents with worsened pressure ulcers.

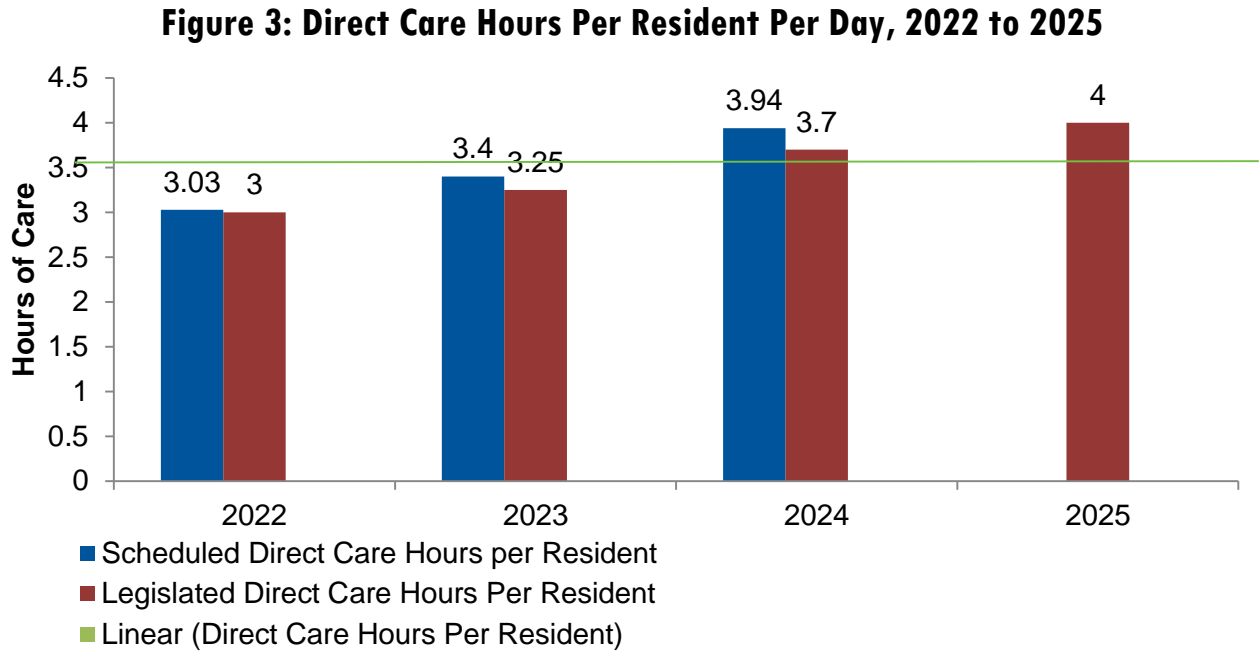
The Homes’ Continuous Quality Improvement Report 2023/24 continues to demonstrate the Homes’ commitment to quality improvement

A requirement in the *Fixing Long-Term Care Act, 2021* ([Section 42](#)) is continuous quality improvement. O. Reg. 246/22 ([Section 168](#)) requires long-term care homes to prepare and publish on their websites an annual report on their continuous quality improvement initiatives (required by June 30 each year). In 2023, the Homes published a [Long-Term Care Continuous Quality Improvement Report 2023](#) on their [website](#).

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

The *Fixing Long-Term Care Act, 2021* established provincial system targets for hours of direct care for residents from a) personal support workers and nurses and b) allied health care

professionals such as physiotherapists, social workers, dieticians, assistant director of care, nurse managers and infection prevention and control leads. Figure 3 shows requirements in the Act ([Section 8](#)) for direct hours of care compared to scheduled direct hours of care at the Homes from 2022 to 2025:



Note: Direct hours of care per resident per day is for nurses and personal support workers (excludes direct hours of care per resident per day by allied health care professionals)

Provincial investments to increase long-term care staffing levels and meet provincial system targets for hours of direct care are insufficient and York Region property taxes supplement the shortfall (May 2024). Table 11 shows from 2022 to 2024, an additional 47.2 full-time equivalent staff positions were added at the Homes to help achieve the legislated provincial system targets.

Table 11: Full Time Equivalent Positions Added at the Homes

Approved Full-Time Equivalent Positions	2022	2023	2024
Total Full-Time Equivalent Positions Approved	10.8	24.8	11.6
Nurses	2.8	0.8	2.0
Direct Care Roles			
Personal Support Workers	8.0	13.2	9.6
Allied Health Professionals		3.8	
Other Roles		7.0	

3. Legislative Compliance

Transformative change continues to shape the regulatory landscape of the Homes

The *Fixing Long-Term Care Act, 2021* and its regulation changed the operations of care and services at the Homes. Since April 11, 2022, the Ministry has consulted on regulatory changes five times ([February 3, 2023](#), [September 29, 2023](#), [December 1, 2023](#), [February 9, 2024](#) and [May 1, 2024](#)), and made regulatory changes three times ([April 11, 2023](#), [October 11, 2023](#) and [May 1, 2024 and July 1, 2024](#)). To safeguard the Homes against non-compliance findings, revisions to policies, processes and procedures are constantly ongoing.

The federal government reiterated its commitment to introduce a Safe Long-Term Care Act and support of new national long-term care standards to help guarantee safe, reliable, and high-quality care, and improve infection prevention and control practices (Federal Budget, 2024 and October 2023).

Tables 12, 13 and 14 show a high-level summary of regulatory changes and actions taken to work towards compliance.

Table 12: Summary of Regulatory Changes and Compliance Actions ([April 11, 2022](#))

Area	Summary of Regulatory Change	Actions Taken
Emergency Planning and Preparedness	New requirements for emergency plans , evacuation requirements, consultation, training and an annual attestation requirement	<ul style="list-style-type: none"> All required plans, consultation, testing and staff training requirements met Plans posted on Homes' website and annual attestations complete
Resident Safety, well-being, and quality of care	New requirements for hours of care provided to residents Policy and operational requirements for caregivers, visitors, infection prevention and control standard , integrating palliative care and changes to menu planning	<ul style="list-style-type: none"> Additional direct care staff hired to support hours of care Support of an infection prevention and control practitioner at each Home Posted revised Residents' Bill of Rights in the Homes and on the Homes' website Revised visitor policy, infection prevention and control policy manual, palliative care policy and menu planning practices
Staffing	Changes to the medical director role and enhanced screening measures	<ul style="list-style-type: none"> Changes to the role of Medical Director in effect

Area	Summary of Regulatory Change	Actions Taken
		<ul style="list-style-type: none"> Implemented enhanced screening measures for staff and committee of management
Accountability, enforcement transparency and quality improvement	New administrative monetary penalties, quality improvement initiative, added whistle-blower protections and further information about complaints	<ul style="list-style-type: none"> Posted quality improvement report on Homes' website Revised whistle-blowing policy, complaints policy and resident information package

Table 13: Summary of Regulatory Changes and Compliance Actions (April 11, 2023)

Area	Summary of Regulatory Change	Actions Taken
Staffing	Changes to staffing qualifications	<ul style="list-style-type: none"> Revisions to staff qualifications, minimum hours and job descriptions underway
Medication Management and Drug Administration	Permitting all registered health care practitioners to practice to their full scope, facilitating personal support workers administering medication and embedding a Minster's Directive into the Regulations	<ul style="list-style-type: none"> No action needed because only Registered Nursing Staff administer medication to residents at the Homes Revised management of hypoglycemia policy
The Resident Experience	Changes to post-fall assessments	<ul style="list-style-type: none"> Post fall management policy in place

Table 14: Summary of Regulatory Changes and Compliance Actions ([October 11, 2023](#))

Area	Summary of Regulatory Change	Actions Taken
Extension of transitional staffing qualifications	A targeted extension until July 1, 2025 , of transitional staffing qualifications flexibility provision for personal support workers and staff providing personal supports	<ul style="list-style-type: none"> No action required because only Personal Support Workers provide personal supports to residents at the Homes

Regulatory changes in Tables 12, 13 and 14 have enhanced emergency preparedness, strengthened infection prevention and control, and increased hours of care, leading to improved resident satisfaction with care and services.

4. Improvements and Efficiencies

The Region continues to subsidize the Homes' operations with property taxes

In 2023 property tax accounted for 35.2% of the Homes' operating costs (\$18.6 million). The Homes' operating costs and funding sources for 2023 are presented in Table 15.

Table 15: 2023 Costs and Revenues

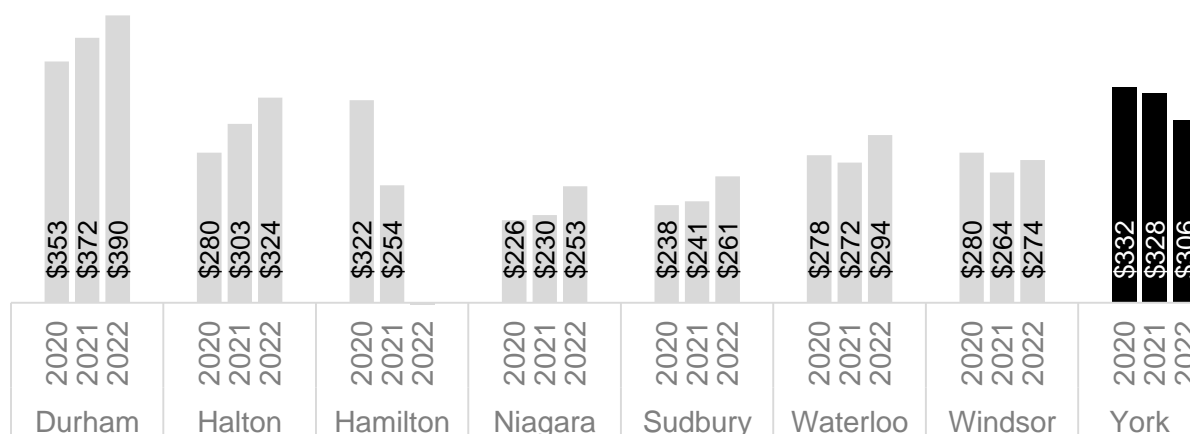
Costs	\$ (million)	% of total
Long-term care operating costs	\$43.8	82.9%
Allocated corporate support costs*	\$6.1	11.6%
Sub-Total	\$49.9	94.5%
COVID-19 operating and allocated support costs	\$2.9	5.5%
Gross Operating Costs	\$52.8	100.0%
Revenues	\$ (million)	% of total
Fees and Services**	\$5.4	10.4%
Provincial Subsidy	\$21.0	39.8%
York Region Property Tax Subsidy	\$18.7	35.4%
Sub-Total	\$45.1	85.4%
COVID-19 Provincial Subsidy***	\$7.7	14.6%
Total Revenues	\$52.8	100.0%

Notes: *Allocated corporate support costs include administrative and departmental resources, such as finance, allocated to the long-term care budget. **Fees and services include resident contributions and other sources of revenues, such as donations. *** Primary source of Provincial Subsidy is the COVID-19 Prevention and Containment funding. This ended on March 31, 2023.

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

In 2022, the direct cost for York Region to operate a long-term care bed was \$306, a reduction of \$22 per long-term care bed day from \$328 in 2021. This reduction was due to excluding COVID-19 costs and a decrease in the number of bed days. Figure 4 shows York Region's operating costs per bed day compared to other municipal homes who report to Municipal Benchmarking Network Canada.

Figure 4: Direct Costs (Case Mix Index Adjusted) per Long-Term Care Bed Day



Source: Municipal Benchmarking Network Canada, Long-Term Care, 2022.

Note: Information from Hamilton was not available at the time of publication

The long-term care facility operating cost is per long-stay bed (192 beds for York Region) and excludes the cost of convalescent care (34 beds) or respite beds (six beds) so does not reflect the full cost of all beds within the Region’s Homes.

The Region can charge resident fees for accommodation according to rates set by the province ([Spring 2024](#)). The rates are fixed, regardless of the resident’s ability to contribute to the cost of their care. The monthly rate for a basic bed is \$2,036.40 and the rate for a private bed is \$2,909.36. The Region cannot add to or amend these rates

Capital improvements to resident and staff spaces promote infection prevention and control practices and support an ongoing infrastructure renewal program

To improve resident and staff spaces and promote infection prevention and control practices, the following capital improvements took place in 2023:

- Replaced washroom countertops and plumbing fixtures in resident room washrooms to support infection prevention and control practices, enhance energy efficiencies and create a clean, fresh look
- Replaced the Nurse Call System to improve resident-staff communications and better integrate with existing network infrastructure (such as the resident wandering system, wireless phone system and fire alarm system)
- Cleaned and replaced components of the Homes’ Heating, Ventilation, and Air Conditioning system as part of an ongoing infrastructure renewal program and to promote infection prevention and control
- Expanded and improved the Homes’ Wi-Fi to facilitate ease of recording point of care assessments and bedside resident assessments

- Painted rooms and replaced flooring in resident areas to modernize the look and home-like feel for residents

New funding to support implementation of legislated and regulatory requirements, standards and services is often short-term, insufficient, and inflexible

Recognizing new legislation, regulatory requirements and standards needs support, the province introduced new funding and programs. Table 16 summarizes how the Homes used additional short-term targeted provincial funding available to them in 2023/24.

Table 16: Supplementary Short-Term Provincial Funding in 2023/24

Provincial Funding or Programs in 2023/24	Purpose of Funding or Program	Implementation at York Region
Local Priorities Fund (2023/24)	Supports specialized staffing, equipment and services to support specialized needs of existing and new long-term care residents, prevent unnecessary hospitalizations, and enable better transitions from hospitals to long-term care homes	Approximately \$73,000 to support specialized bariatric needs of existing and new long-term care residents
Infection Prevention and Control Personnel, Training and Education and Lead, Year Three (2023/24)	Supports long-term care homes to retain and hire Infection Prevention and Control personnel (including certification) and provide Infection Prevention and Control training and education	Approximately \$300,000 to support costs of an Infection Prevention and Control Practitioner at each Home and Infection Prevention and Control staff education and training
Medication Safety Technology Program, Year Three (2023/24)	Provides supplementary funding over a three-year period to strengthen safety and security of medication management systems	Approximately \$206,000 (2021-2024) to upgrade electronic health record system and narcotic vaults
Long-Term Care Staffing Increases, Year Three (2023/24)	<p>Increases system-level average of direct care provided by:</p> <ul style="list-style-type: none"> • Registered nurses, registered practical nurses and personal support workers to four hours per resident, per day by March 31, 2025 • Allied health professionals to 36 minutes per resident, per day by March 31, 2023, and 	Approximately \$3.4 million to support system-level average of hours of care

Provincial Funding or Programs in 2023/24	Purpose of Funding or Program	Implementation at York Region
	sustaining this level of care thereafter	
Supporting Professional Growth Fund, Year Three (2023/24)	Supplements ongoing education and training costs of staff working in long-term care homes (January 2024)	Approximately \$31,000 to train staff on the Gentle Persuasive Approach, an innovative dementia care education curriculum based on a person-centred care approach
Resident Health and Well-Being Program, Year Two (2023-24)	Improves residents' access to social support services from Registered Social Workers, Social Service Workers and other Allied Health Professionals (January 2024)	Approximately \$20,000 to support residents with access to a Registered Social Worker at each Home
Communication at End-Of-Life Education Fund (through Centre for Learning, Research and Innovation in Long-Term Care)	Enhances team members' competencies in providing both palliative care and end-of-life care to residents and their families	Approximately \$32,000 for staff to attend All-In-Palliative Care training to support care and services that integrate a palliative care philosophy in the Homes
Preceptor Resource and Education Program Long-Term Care (through Centred for Learning, Research and Innovation in Long-Term Care)	Provides long-term care homes with online education and mentoring to equip them with the necessary skills to support positive and successful clinical placements and build capacity for student mentorship	Approximately \$116,800 to support clinical student placements in the Homes

The Ministry “currently has over 40 funding initiatives to support homes to address specific issues”, making the “funding system complex and administratively burdensome, with different requirements for each initiative” and leaving many operating pressures unfunded ([Auditor General, 2023](#)).

Supplementary provincial funding is a positive step to meet increased medical care needs of long-term care residents and improve working conditions for staff, but these programs are often short-term (two to three years), insufficient (not fully funded) and inflexible (short application deadlines). Lack of permanent funding leaves the Homes unable to fund permanent solutions or hire permanent staff. In May 2024, Council advocated to the province to a) establish a sustainable and equitable multi-year funding formula that covers the total cost of operating municipal long-term care homes (including shortfalls met by property taxes) and includes a comprehensive assessment of an individual’s ability to contribute to the cost of their care, and b) provide municipal

governments with an option in whether to participate in establishing and maintaining any long-term care home.

Implementing operational efficiencies and augmenting revenue sources continue to mitigate growing pressure on property tax subsidy

In 2024, staff began to explore ways to augment revenues:

- **Lease vacant space and offices at Newmarket Health Centre:** The Homes are working with internal and external partners interested in leasing vacant office space at the Newmarket Health Centre
- **Leverage fundraising opportunities:** York Region does not currently conduct formal fundraising campaigns for its Homes; however, other municipalities (such as Simcoe County) and not-for-profit operators have successfully used fundraising to support investments at their Homes. Staff will begin researching this revenue source in 2025
- **Explore new provincial funding:** As new supplementary funding is announced (such as the Local Priorities Fund and Hiring More Nurse Practitioners for Long-Term Care initiative), staff review for opportunities to optimize provincial funding

The Homes continue to implement changes to achieve efficiencies and potentially reduce property tax subsidy:

- **Optimizing the staffing schedules:** The Homes are implementing an optimized staffing scheduling model for resident care. The new schedule will increase full-time permanent positions in alignment with the Ontario Long Term Care Commission [recommendations](#), meet new direct hours of care targets under the Act and stabilize the Homes' workforce, mitigating the effect of critical staffing shortages in the long-term care sector. This model includes relief shifts to reduce reliance on agency staff and overtime. Successful in other long-term care homes, it could save over \$1 million annually between the Homes. The pilot will start in late 2024, with a two-year evaluation to validate estimated savings and identify permanent resources for sustaining the model
- **Streamlining processes and enhancing decision-making:** Consolidation of the management structure of the Homes under one Administrator and two Associate Administrators aims to improve decision-making, service quality, resource allocation, collaboration and coordination between the Homes and support succession planning
- **Implement energy conservation initiatives:** The Homes are working with corporate partners to enhance energy and resource conservation wherever possible, as a means of generating operational savings (resident washroom renovations)
- **Leveraging Corporate Services for capital delivery and building maintenance:** The Homes are improving capital delivery and building maintenance management by strengthening partnerships with the Property Services Branch. Collaboration will enable the Homes to leverage corporate resources and building maintenance support

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