

2018 Long-Term Care Performance Update

Purpose

The purpose of this Long Term Care Performance Update is to satisfy the requirement under the *Long-Term Care Homes Act, 2007* (the Act) the Committee of Management receives an annual performance report. York Region Council is the Committee of Management for the Region's two long-term care homes.

Background

The Ministry of Health and Long-Term Care¹ funds, licenses and regulates Ontario's Long-Term-Care Homes

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

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

Under the Act, every upper or single tier municipality in southern Ontario must maintain at least one municipal long-term care home. At the time this legislation came into effect, York Region was operating its two long-term care homes, Maple Health Centre and Newmarket Health Centre, with a total of 232 beds.

York Region's long-term care beds account for 7% of the total stock of long-term care beds in the Region. The remainder is operated by private companies (42%) and non-profit or charitable organizations (51%). Municipally-run long-term care homes tend to be in high demand, and the Region's homes are no exception. Municipal homes typically receive tax-levy funding from their Councils in addition to the provincial funding received to support the provision of quality care. More information on funding is provided in the Financial Section.

Council has legislated requirements as the Homes' Committee of Management

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

¹ In 2018, Long-Term Care Homes were under the jurisdiction of the Ministry of Health and Long-Term Care. In 2019, this Ministry was divided into the Ministry of Health and the Ministry of Long-Term Care.

- **Monitoring compliance:** Directors and Officers of a corporation operating a Home and the Committee of Management shall ensure the corporation complies with all requirements under the Act. Council receives annual performance reports to meet this obligation.
- **Receiving residents' feedback:** Long-term care residents have the right to raise concerns or recommend changes in policies and services to a member of the Committee of Management and others on behalf of themselves or others without fear of coercion, discrimination or reprisal. Council meets this obligation by receiving any feedback provided by long-term care residents.
- **Refraining from discouraging reporting:** Members of the Committee of Management are forbidden from doing anything that discourages; is aimed at discouraging; or that has the effect of discouraging a person from making a disclosure to the Ministry, or a Ministry inspector or providing evidence at a proceeding or inquest.
- **Refraining from sitting on Family Councils:** Membership of Family Councils is for residents' families and friends only. The purpose of these councils is to provide a voice for residents and their family members on how the home is operated.

Committee of Management may assume broader accountability in the future

In December 2017, the Act was amended under the former Ontario Government to add Administrative Monetary Penalties and Re-Inspection Fees to strengthen the inspection and enforcement framework. Directors, officers of a corporation and Committee of Management must ensure the corporation complies with the Act. The Region could be subject to a fine of up to \$2,000 for each incident of non-compliance. These changes were scheduled to come into force on January 1, 2019. However, in December 2018, the Ministry announced the changes are delayed with no updates received since then.

York Region's Long-Term Care Homes

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

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

In 2018, the Region's long-term care homes continued to receive provincial funding through Local Health Integration Networks (LHINs). People in need of care in the Region's Homes must apply for admission through the referral, intake and waitlist process managed by the Central LHIN.

York Region’s Homes offer three types of care

1. **Long-stay, long-term care** (192 beds) is available for adults who are not able to live in their own homes, have care needs that cannot be met by community supports, and are deemed eligible for long-term care by the Central LHIN. A portion of the 192 long-stay, long-term care beds are designated for priority populations as follows:
 - Veteran’s Priority Access beds - four beds at Newmarket Health Centre are designated for qualifying veterans. These individuals are a higher priority for placement in these long-term care beds than non-veteran applicants.
 - Reunification Priority Access beds – four beds (two in each Home) are designated for individuals to be reunified with their spouses/partners who are currently residing in the long-term care home, and who meet eligibility requirements.
2. **Short-stay respite care** (six beds) is available for persons who require support and to provide their caregivers with temporary relief from caregiving obligations. Stays can range from two to sixty days.
3. **Convalescent care** (34 beds) is available for individuals leaving hospital who no longer need acute care but do need recovery in a medical environment for a period of up to 90 continuous days. This program reduces pressures on hospitals and emergency rooms by providing individuals with supports needed for a smooth transition to their homes. York Region offers more than 36% of convalescent care beds in the Central LHIN region, more than 23% of all convalescent care beds operated by municipal homes, and 5% of all convalescent care beds available in long-term care homes in Ontario. The type and number of beds available in each Home are shown in Table 1.

Table 1

Program Types by Number of Beds

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

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

Table 2 compares the total number of long-term care beds available among municipal comparators. York Region has the lowest municipal share of long-term care beds among the comparators, operating 6.6% of the 3,503 licensed beds in the Region.

Table 2**Municipal share of long-term care beds to seniors**

Comparator	York	Durham	Halton	Peel	Simcoe	Toronto
# of long-term care beds in operation	3,503	2,782	2,602	4,309	3,003	14,966
# of municipal long-term care beds	232	847	572	703	541	2641
Municipal share of beds	6.6 %	30.4 %	22 %	16.3 %	18 %	17.6 %
# of seniors aged 75+ *	68,040	38,985	36,680	70,600	36,235	202,795
Percentage of Long-term care beds (all types) per seniors	5.1 %	7.1 %	7.1 %	6.1 %	8.3 %	7.4 %

*Source: Statistics Canada Census 2016 data. Accessed at www12.statcan.gc.ca accessed on June 12, 2019

York Region has the lowest supply (5.1%) of total long-term care beds per seniors' age 75 years

As shown in Table 2, 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 to support the objective of increasing access to health and social services. Staff are working to develop a forecast of the required number, type and location of long-term care beds to be shared with the Province.

Annual Progress Update

In 2018, the Region served 532 residents through the three programs offered at the Region's two Homes

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

Table 3**Occupancy Rates by Program**

Program	Maple Health Centre		Newmarket Health Centre	
	2018	2017	2018	2017
Long-stay long-term care	99.0	99.0	99.1	99.1
Short-stay respite care	78.7	55.2	75.3	63.6
Convalescent care	84.4	85.2	88.7	92.6

Occupancy rates in short-stay respite care have increased since 2017 as a result of the collaboration between York Region staff and the Central LHIN, the two Regional Adult Day Programs (offered in both Keswick and Maple), and other Seniors Community Programs. The overall annual count of residents served by our Homes is impacted by the length of stay. As well, the expansion of the Central LHIN's reactivation care centres in 2018 had an impact on the utilization of, and count of residents served by the Region's convalescent care beds. Staff continue to work with stakeholders to increase the use of convalescent care and short-stay respite beds.

Residents entering the Region's Homes continue to have more health issues than in the past

Residents entering long-term care homes are frailer and have more complex care needs with multiple chronic conditions, requiring specialized and more intense care. The average length of stay in the Region's long-stay, long-term care program is 3.7 years based on a five-year period assessment (2014-2018).

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

As of April 30, 2019, the number of people on the waitlist for long-stay beds at the Region's Homes was 1502, which represents 782% of our capacity. This is an increase of 263% from last year. Municipal and non-profit long-term care homes comprise 40.9% of the homes in the province (46% of the beds), but hold 67.6% of the provincial waitlist. For-profit long-term care homes comprise 59.1% of the homes (54% of the beds) but only hold 32.4% of the provincial waitlist.

The most recently reported statistics from July 2019 show a median of 146 days wait time in the Central LHIN for admission to long-term care. Wait times for a bed in the Region's Homes vary according to an individual's acuity, number of beds available in the Home, type of bed requested and the individual's assigned priority for admission by Central LHIN.

As of April 30, 2019, Maple Health Centre had 425 people on the waitlist for a basic bed (two

people per room), with one bed becoming available each month on average. Newmarket Health Centre had 448 people on the waitlist for a basic bed, with one bed becoming available each month on average. The waitlists have increased since June 30, 2018, when Maple Health Centre had 383 people on the waitlist for a basic bed with one bed becoming available each month on average, and Newmarket Health Centre had 373 people on the waitlist for a basic bed with two beds becoming available each month on average.

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 2018, 64 survey responses were received, in comparison to 55 responses in 2017, as a result of efforts to encourage greater participation. Staff value the input and feedback from residents and families, acting upon any concerns or areas for improvement identified. The Homes are initiating changes to the 2019 satisfaction survey to encourage a higher response rate.

Table 4 summarizes key questions from the 2018 survey and their results, which demonstrate continued satisfaction with the care, services and amenities provided within the Homes.

Table 4

2018 Satisfaction Survey Results

Survey Questions	Per cent of favourable responses			
	Maple Health Centre 2018	Newmarket Health Centre 2018	York Region Long-Term Care	
			2018	2017
I am treated with dignity and respect	100.0%	100.0%	100.0%	99.5%
I can express my opinion without fear	95.2%	100.0%	97.8%	99.6%
I would recommend this Home to others	94.1%	100.0%	97.6%	100.0%
Overall Satisfaction	83.3%	100.0%	93.0%	94.4%

2018 Initiatives and Key Achievements

In 2018, implementation of the revitalization plan in both Homes began. The purpose of the plan is to enhance the care provided to residents and improve operations through focusing on a commitment to quality improvement and creating a healthy, supportive workplace and a culture of safety.

Several components of the model of care were transformed, including introducing new technologies, restructuring nursing leadership, and aligning the registered and non-registered staffing resources with resident care needs and to reflect the full scope of professional practice. Key initiatives and results are presented in Table 5.

Table 5

Actions and Results

Action	Results
Implemented enhanced dementia care for residents	<p>Added a Behaviour Support Resource Nurse at both Homes to effectively care for residents with dementia</p> <p>Incorporated Montessori™ Methods to engage residents with dementia in sensory experiences such as arts, music and other activities to reduce their anxiety</p>
Improve clinical care and other supports to strengthen care across a diverse range of needs	<p>Residents receive improved care by enhancements to nursing schedules to increase capacity to care for those with complex care needs, to better align staff resourcing with resident care needs and through improved communication by introducing weekly communication rounds</p> <p>Implemented a new process to honour residents who have passed. Code Dove is a formal staff procession to respectfully send off the resident from the Home upon their passing</p> <p>Residents will have improved opportunities for Advance Care planning, as a result of the Homes' participation in a national research study by the University of Waterloo and Canadian Frailty Network - Better tArgeting, Better outcomes for frail Elderly (BABEL) patients. Learnings from the study will inform improvements to how the Homes discuss medical care and end of life decisions with residents and their substitute decision makers, leading to residents receiving care better aligned with their wishes</p>
Improve opportunities for communicating and	Enhanced content and format of our long-term care newsletter (for residents, families and staff) and increased frequency of

Action	Results
<p>collaborating with residents, families and staff, to strengthen trust, engagement and transparency</p>	<p>distribution (paper and electronic versions)</p> <p>Improved communication with staff using a monthly Director's Bulletin with news about our Homes, progress updates on the revitalization plan and other quality improvement initiatives, sharing areas where challenges, opportunities and successes exist</p> <p>Introduced "Our Voice" communication, which shares resident and family feedback and our responses. Constructive feedback about challenges or missed opportunities is shared with staff to better respond to the needs of our clients going forward, and favourable feedback is shared with staff to celebrate excellence</p> <p>Renewed focus on residents' councils and family councils resulting in more open lines of communication with our clients</p> <p>Implemented staff-focused "communication cafés", job shadow experiences and other in-person events that strengthened the communication, morale and trust in our Homes, leading to improvements in our workplace culture</p>
<p>Introduce iPads for table side meal selection</p>	<p>Improved overall dining experience for residents by making it easier for residents to understand meal options, as well as choose and communicate their choice to staff</p> <p>Improved staff efficiency and reduced error due to real-time ordering, saving the Homes \$20,000 per year</p>
<p>Improve resident assessment and data collection processes</p>	<p>Collected more accurate and complete assessment data to help provide clinical care, and to better align Ministry funding with complexity of resident care needs</p>
<p>Develop in-house expertise to strengthen a resident-centred, solution-focused, multidisciplinary approach to care</p>	<p>Expanded the leadership team's accountability and shared responsibility to contribute to holistic and comprehensive resident-centred care.</p>

Resources and strategies are in place to mitigate residents' responsive and/or unpredictable behaviours

Caring for residents with increasingly complex needs and behaviours is one of the greatest challenges in long-term care. The Ontario Health Coalition released a new report titled "[Situation Critical](#)" which shed light on a range of issues in Ontario's long-term care homes including understaffing, underfunding, increasing acuity, rising levels of dementia, and growing wait times.

About 44% of the Region's long-term care residents have cognitive impairment including dementia and may exhibit responsive behaviours which may include aggression towards other residents and staff.

Staff in the Homes are provided with ongoing education and training in areas such as management of responsive behaviours, gentle persuasive approach (a person-centered, compassionate technique to perceive the world from the resident with dementia's point of view), best practices in dementia care and mental health awareness. The Homes are equipped with in-house and external supports such as our Medical Director and Attending Physicians, Behavioural Support resources, Social Work expertise, Psychogeriatric Resource Consultants, Consulting Pharmacy and other community health partners. The Homes also use High Intensity Needs Funds from the Ministry to provide short-term one-to-one care and supervision for residents who are at risk of harming themselves or others as a result of responsive and/or unpredictable behaviors.

The Homes are subject to compliance inspections by the Ministry

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

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

- Written Notice - Communication to the Licensee by an inspector identifying an area of non-compliance with specific detail on the section of the Legislation or Regulations this pertains to
- Voluntary Plan of Correction - The inspector makes a written request for the Licensee to prepare a written plan of correction for achieving compliance to be implemented voluntarily. The licensee/Home is not required to submit the plan to the Ministry. There is no required compliance date set out in the inspection report
- Compliance Order - The inspector or Director orders a Licensee to do anything, or refrain from doing anything, to achieve compliance with a legislated requirement; or prepare, submit and implement a plan for achieving compliance with a legislated requirement

- Director Referral - The inspector issues a written notification to the Licensee and refers the matter to the Director for further action
- Work and Activity Order - The inspector or Director orders a Licensee to allow employees of the Ministry, or agents or contractors acting under authority of the Ministry, to perform any work or activity at the long-term care home that is necessary, in the opinion of the person making the order, to achieve compliance with a legislated requirement

Table 7 provides a breakdown of the categories of compliance findings for York Region Long-Term Care Homes.

Table 7

Compliance Findings for York Region Long-Term Care Homes

Category	Inspection Year 2018	Inspection Year 2017
Written Notice	27	27
Written Notice with Voluntary Plan of Correction	16	12
Written Notice with Compliance Order	3	6
Written Notice with Director Referral	0	0
Work and Activity Order	0	0

Immediate actions were taken to address non-compliance findings arising from three Ministry inspections conducted in 2018

The Ministry issued two compliance orders for Maple Health Centre and one for Newmarket Health Centre, as shown in Table 8 below. Staff developed and implemented action plans to remedy the concerns identified in each compliance order as shown in Table 8.

Table 8

Compliance Inspection Results

Order	Action taken
One Instance in Newmarket Health Centre, related to current year observations – Duty to protect the	Implemented a new procedure to assess a resident's capacity to consent to the specified

Order	Action taken
residents from abuse or neglect, as a result of resident-to-resident incidents related to responsive behaviours	behavior
Maple Health Centre – related to a practice instituted seven years prior – Ensuring not to charge for goods and services that the Home is required to provide to a resident using funding allocated for the Homes	Provided residents who require specified devices with these items free of charge, and retroactively reimbursing residents/families who had been charged for this equipment
Newmarket Health Centre – related to current year observations – Ensuring staff are educated on the Homes’ Skin and Wound Care policy, specifically related to Skin and Wound assessments	Proceeding with Homes’ plan, already in progress, to implement enhanced tools, protocols, resources and staff training for Skin and Wound assessments

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

Table 9 compares the 2018 inspection results for the Region and neighbouring municipalities.

Table 9

2018 Compliance Inspection Results

Municipality (# Homes, #Beds)	# of Inspections	Total non-compliance findings	Average # of non-compliance findings per inspection	# of Compliance Orders
York (2 Homes, 232 beds)	3	46	15	3
Durham (4 Homes, 847 beds)	11	57	5	11
Halton (3 Homes, 572 beds)	6	39	7	2
Peel (5 Homes, 703 beds)	14	57	4	6

Municipality (# Homes, #Beds)	# of Inspections	Total non-compliance findings	Average # of non-compliance findings per inspection	# of Compliance Orders
Simcoe (4 Homes, 541 beds)	11	37	3	1
Toronto (10 Homes, 2,641 beds)	27	116	4	9

For 2017-2018, the Homes continued to improve in several indicators

Since 2015, the Canadian Institute for Health Information has publically reported nine quality indicators from the long-term care sector at the facility level, with a focus on safety, appropriateness and effectiveness of care, and improved health status.

Table 10 shows Maple Health Centre's results for 2017-2018 and the prior three years in comparison with the 2017-18 results for Central LHIN and all of Ontario. In 2017-18, Maple Health Centre:

- Performed favourably on three quality indicators compared to Central LHIN and Ontario - potentially inappropriate use of antipsychotics, restraint use and improved physical functioning
- Improved or sustained performance from the previous year for three indicators - restraint use, experiencing pain and experiencing worsened pain
- Did not perform as well on the remaining six indicators compared to the previous year.

Table 10

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

Indicator	2017-18	2016-17	2015-16	2014-15	Central LHIN 2017-18	Ontario 2017-18
Falls in the last 30 days	17.4 %	15.4 %	13.8 %	11.1 %	14.6 %	16.4 %
Worsened Pressure Ulcers	2.6 %	2.3 %	2.3 %	3.6 %	2.3 %	2.7 %

Indicator	2017-18	2016-17	2015-16	2014-15	Central LHIN 2017-18	Ontario 2017-18
Potentially inappropriate use of antipsychotics	15.4 %	11.6 %	18.5 %	35.9 %	19.6 %	19.6 %
Restraint use	↕ 0.0 %	1.9 %	1.4 %	6.4 %	2.7 %	4.5 %
Experiencing pain	↕ 4.0 %	5.5 %	3.7 %	5.2 %	3. %	5.3 %
Experiencing worsened pain	↕ 14.1 %	16.3 %	15 %	18.5 %	7.9 %	9.9 %
Improved physical functioning	31.3 %	34.3 %	42 %	41 %	26.7 %	29.6 %
Worsened depressive mood	36.2 %	25.9 %	17.3 %	14.7 %	19.7 %	23.4 %
Worsened physical functioning	38.7 %	37.1 %	34.7 %	40.4 %	33.3 %	34.5 %

Source: [Canadian Institute for Health Information](#), accessed June 2019.

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

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

Table 11 shows Newmarket Health Centre's results for 2017-18 in comparison to its prior three years and the 2017-18 results for Central LHIN and all of Ontario. As shown in Table 10, Newmarket Health Centre:

- Performed favourably on three quality indicators compared to the Central LHIN and Ontario (Potentially inappropriate use of antipsychotics, restraint use and improved physical functioning)
- Had improved or sustained performance from the previous year on four indicators - falls in the last 30 days, potentially inappropriate use of antipsychotics, restraint use and improved physical functioning.
- Did not perform as well on the remaining five indicators compared to the previous year

Table 11

Publicly Reported Performance Indicators, Newmarket Health Centre

Indicator	2017-18	2016-17	2015-16	2014-15	Central LHIN 2017-18	Ontario 2017-18
Falls in the last 30 days	↕ 18.9 %	23.8 %	21.2 %	15.8 %	14.6 %	16.4 %
Worsened Pressure	4.7 %	2.3 %	4.6 %	2.2 %	2.3 %	2.7 %
Potentially inappropriate use of antipsychotics	↕ 16.7 %	17.1 %	21.6 %	25.5 %	19.6 %	19.6 %
Restraint use	↕ 0 %	0 %	1 %	1.4 %	2.7 %	4.5 %
Experiencing pain	4.9 %	1.4 %	3 %	3.9 %	3.3 %	5.3 %
Experiencing worsened pain	14.0 %	11.6 %	14 %	14.2 %	7.9 %	9.9 %
Improved physical functioning	↕ 28.9 %	25.1 %	28.1 %	29.5 %	26.7 %	29.6 %
Worsened depressive mood	36.0 %	25.1 %	22 %	20.4 %	19.7 %	23.4 %
Worsened physical functioning	39.9 %	36.5 %	41.2 %	42.8 %	33.3 %	34.5 %

Source: [Canadian Institute for Health Information](#), accessed June 2019.

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

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

The Homes developed Quality Improvement Plans for improving performance

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 2018-2019, the Homes submitted a Quality Improvement Plan to the Ministry to address the following themes:

1. Service Excellence

- Continue to maintain and enhance positive relationships with residents and family members by implementing open dialogue strategies and opportunities for providing timely feedback

2. Safe and Effective Care

- Improve pain management through systemic assessment and implementation of pain management strategies in collaboration with the interdisciplinary team, and conduct a regular audit to ensure effectiveness of strategies
- Improve continence care through formal bladder and bowel assessments, in collaboration with interdisciplinary teams, to identify who would benefit from scheduled toileting plans. Conduct systematic audits of assessments and interventions
- Improve falls prevention programs and mitigation strategies by coordinating interdisciplinary team meetings after every fall and completing timely update/documentation of resident's 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 those residents with dementia in collaboration with the Behavioural Support Resource Nurse
- Reduce worsening of pressure ulcers through proactive assessment, evaluation and intervention

Staff welcome 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 provides recommendations for the long-term care sector to improve resident care and safety. In particular, staff support the following recommendations:

- The Ministry support homes in achieving compliance by identifying, recognizing and sharing best practices
- A call for new funding to support expanded training for staff

- A need for adequate funding for additional frontline staff, as well as support for health human resources so the long-term care sector can attract and retain staff

Staff continue to review the report's recommendations and evaluating them against our own practices. As of August 2019, several improvements have been made in our Homes:

Prevention and Awareness

- Reinforced education regarding nurses reporting requirements to manager if they see anything unusual activity or signs of impairment in staff
- Reminded nurses of the College of Nurses of Ontario standard of practice for reporting
- Implemented "Just Culture" in the Region's Homes (when an error is made, it is reviewed from the perspective of fixing flaws in processes and systems, rather than taking a punitive approach)
- Introduced a standard Charge Nurse Model at both Homes to strengthen accountability, critical thinking and autonomous decision-making
- In general, avoid the use of external agency nurses as a means of avoiding risk

Deterrence and Detection

- Nursing staff perform daily counts of narcotics at beginning and end of each shift to identify discrepancies to be addressed immediately. Monthly audits of narcotics are also done
- Pharmacy performs monthly audits of narcotics
- Pharmacy (with the nursing management) conducts monthly destruction of narcotics
- Large glass windows were installed in the Medication and Treatment room doors of Maple Health Centre

Financial Considerations

The Homes' 2018 full operating costs and revenues for all bed types are presented in Table 12.

Table 12
2018 Costs and Revenues

Costs and Revenues	\$ (million)	% of total
Long-term care operating costs	32.4	89.3%
Allocated corporate support costs*	3.9	10.7%
Gross Operating Costs	36.3	100%
<u>Fees and Services**</u>	<u>5.3</u>	<u>14.6%</u>
<u>Provincial Subsidy</u>	<u>14.6</u>	<u>40.2%</u>
<u>York Region Net Tax Levy</u>	<u>16.4</u>	<u>45.2%</u>
Revenues	36.3	100.0%

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

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

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

The Case Mix Index, an overall assessment of "resident acuity level", is a complex measure which reflects the severity of a residents' health status and complexity of care required. Positive or negative movement to a Home's Case Mix Index impacts the provincial funding provided; an increased Case Mix Index can lead to increased funding, and a lowered Case Mix Index can lead to decreased funding.

An increase in acuity means residents require more complex interventions, and therefore additional staff and other resources are needed. The Ministry measures acuity and adjusts funding annually for all long-term care to maintain the necessary care and service levels. In 2017, the Homes' combined unadjusted case mix index was 102.41; this increased to 103.2 in 2018. A data quality review was initiated in 2018 to improve resident assessment and data collection protocols, thereby, improving the accuracy and completeness of assessed resident acuity data.

Residents pay for a portion of their care

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

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

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

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

Table 13

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

Comparator	York 2018	York 2017	Durham 2017	Simcoe 2017	Halton 2017	Toronto 2017	Peel 2017	2017 MBN- Canada Average
# Homes	2	2	4	4	3	10	5	n/a
Total # of Beds	232	232	847	546	572	2641	703	n/a
# Long-Stay Beds	192	192	846	533	571	2575	703	n/a
# Convalescent care Beds*	34	34	0	5	0	66	0	n/a
# Respite care Beds*	6	6	2	8	1	17	0	n/a

Comparator	York 2018	York 2017	Durham 2017	Simcoe 2017	Halton 2017	Toronto 2017	Peel 2017	2017 MBN- Canada Average
Facility operating cost per bed day***	278.36	272.09	313.95	n/a	260.96	221.58	n/a	250.16

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

** The City of Toronto has a total of 2,641 beds: 2,542 long-term care long-stay beds, 66 convalescent care beds, 17 short-stay/respite beds and 16 behavioural support beds.

***Source: 2017 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. As a result of a data quality review undertaken in 2018-19, York Region has restated this indicator value reported to MBNC retroactively from 2014 to 2017.

Note: Comparators presented are for year 2017 because the 2018 Municipal Benchmarking Report is not available at the time of this report.

Convalescent care beds cost more to operate

Convalescent care beds cost more to operate than regular long-stay care beds due to the intensive rehabilitation and therapeutic supports required for convalescent care residents. Unlike long-term care residents, convalescent care clients do not pay a resident co-payment amount to the long-term care home. Although the Ministry provides supplemental funding for the convalescent care program, many municipalities choose not to offer this program because actual costs exceed the funding provided by the Ministry. York Region recognizes the need for this service as it is only offered by three other homes within the Central LHIN. The improved outcomes and recovery experienced by people who receive convalescent care and supports in a residential home-like environment fulfill an important role in the local health system.

The Homes must comply with legislated financial reporting obligations

Throughout the year, York Region's Homes are required to submit various mandatory financial, and non-financial reports to the Ministry, Central LHIN and other external oversight entities. The Annual Report and Reconciliation is an audited financial report summarizing the Home's operating costs for the fiscal year and it is submitted to the Ministry in the fall of the following year. The outcome of the province's review of this report is typically communicated to each Home within two years of submission. One outcome from this review is to determine if provincial funding has been fully spent, or if the province will recover unspent funds. The results of this annual review are presented in Table 14.

Table 14

Results of Review of Annual Report and Reconciliation

Operating Year	Recovery of Provincial Funds*
2018	\$26,562
2017	\$37,500
2016	\$0
2015	\$27,238
2014	\$52,470

* Estimated recovery amounts are provided for 2017 and 2018, pending the provincial review. Actual recovery amounts already processed through the provincial review are provided for 2014, 2015 and 2016.

Financial recoveries are primarily the result of in-year funding announcements, timing differences and reporting challenges with tracking of expenditures within designated funding categories. Staff continue to enhance processes and reporting capabilities to minimize such recoveries.

Conclusion

In 2018, the Region's Homes continued to make long-term care, convalescent care and respite care available to York Region residents in all nine local municipalities and to other Ontarians, as determined by the Central LHIN. The past year was notable for the measured review of the Homes' performance levels, quality assurance, risk assessments, strategy and systems and moving quickly to revitalize a number of key areas to provide residents with safe, consistent, high-quality, resident-centred care. Staff continue to focus on quality improvement initiatives to enhance resident care through best practices and innovation.

The aging demographic, together with the increasing acuity and complex care needs of residents applying for admission to the Region's Home, is resulting in increased demand for specialized services.

The Region increased its advocacy activities for creating additional long-term care beds, and is continuing to develop a capacity needs assessment and forecast for long-term care in York Region to better inform our advocacy and decision making. Staff continue to work with provincial organizations to influence provincial directions regarding system-level funding, policy, legislation and regulatory changes.