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2010 LONG-TERM CARE HOMES REPORT

The Community and Health Services Committee recommends the adoption of the recommendation contained in the following report dated September 28, 2011, from the Commissioner of Community and Health Services.

1. RECOMMENDATION

It is recommended that:

1. The members of Regional Council be appointed to serve as the Committee of Management for The Regional Municipality of York's Long-Term Care homes in accordance with the *Long-Term Care Homes Act, 2007*.

2. PURPOSE

Consistent with the requirements of the *Long-Term Care Homes Act, 2007*, this report has been prepared to provide information to Council as the governing body for The Regional Municipality of York's Long-Term Care homes.

3. BACKGROUND

Under the *Long-Term Care Homes Act, 2007* (the Act), which came into force July 1, 2010, the Council of a municipality establishing and maintaining a municipal home must appoint a Committee of Management to oversee the management of the home. Although this provision is not well suited to the operations and governance of a municipally operated home, the legislation covers all manner of long-term care including for profit – charitable operations and needs to be adhered to.

The role of the Committee of Management is to provide governance oversight of the management of the homes. As such, the Committee of Management is broadly responsible for ensuring that the homes:

- Are in compliance with applicable legislation.
- Meet the requirements of the funding from the Central Local Health Integration Network (Central LHIN).
- Maintain appropriate service standards for the residents.

In its role, the Committee of Management is also responsible for the oversight of finance and audit for the homes and for their general operations.

In accordance with the Act, where the licensee of the home is a corporation, as is the case with the Region, it is an offence for the director or officer of the corporation not to meet the standard of care or fail to ensure that the home meets its statutory obligations. In addition, while members of the Committee of Management could be exposed to personal civil liability in carrying out Committee duties, the members of the Committee are protected under the Region's insurance coverage.

In order to assist the Committee of Management to meet its statutory obligations, staff will bring forward regular reports, through Community and Health Services Committee, to the Committee of Management regarding the operation of the long-term care homes, in order to assure the Committee that its obligations have been discharged in accordance with the Act.

The Region operates two Long-Term Care (LTC) homes, providing support and services to 232 residents. Both homes are currently accredited by Accreditation Canada.

The Maple Health Centre is located in the City of Vaughan at 10424 Keele Street. It was opened in 1997. It has 100 beds, consisting of 85 Long-Term Care beds and 15 Convalescent Care Program beds.

The Newmarket Health Centre is located in the Town of Newmarket at 194 Eagle Street. It underwent major capital renovations in 2002. It has 132 beds, consisting of 113 Long-Term Care beds and 19 Convalescent Care Program beds.

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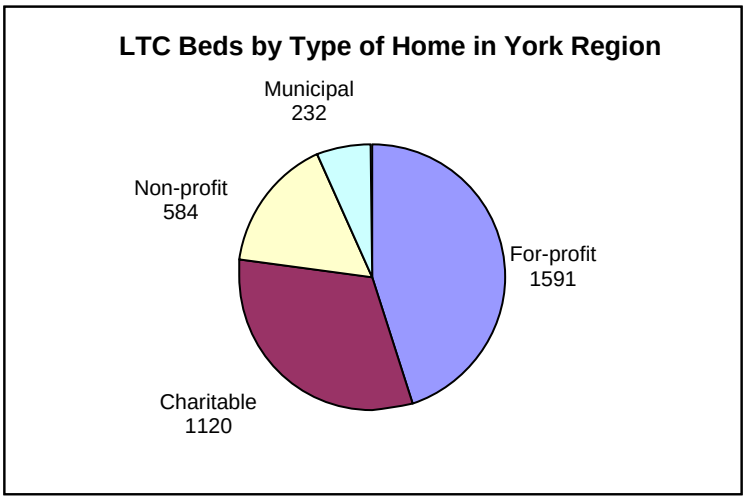
4. ANALYSIS AND OPTIONS

York Region operates approximately 6.9% of the total number of LTC beds in the Region

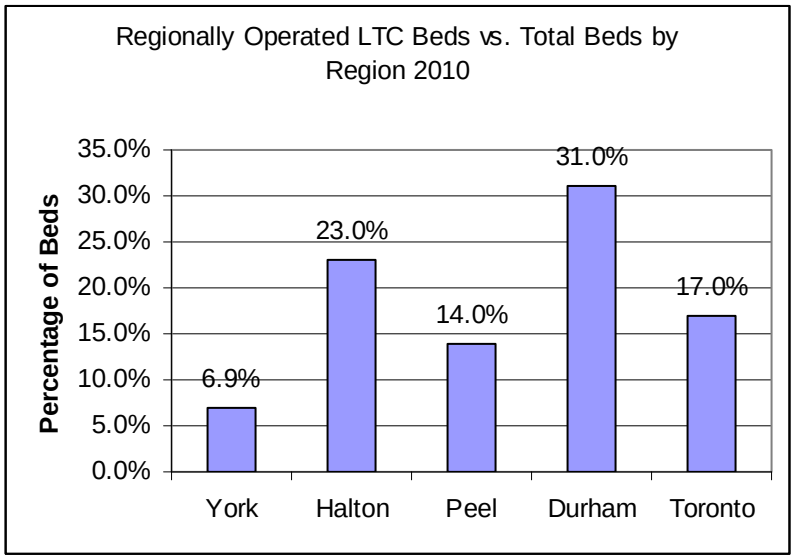
Chart 1 shows the number of LTC beds by sector operated in York Region. 232 beds of the total of 3,527 LTC beds in the Region are operated by York Region.

Chart 1



York Region has the lowest percent of municipal operated LTC beds compared to the total LTC beds in the Region, and compared to the neighboring Greater Toronto Area communities as shown in Chart 2.

Chart 2



Region	# of beds
York	232
Halton	555
Peel	561
Durham	847
Toronto	2,641

Source: 2010 Capital Business Plan Long-Term Care Services

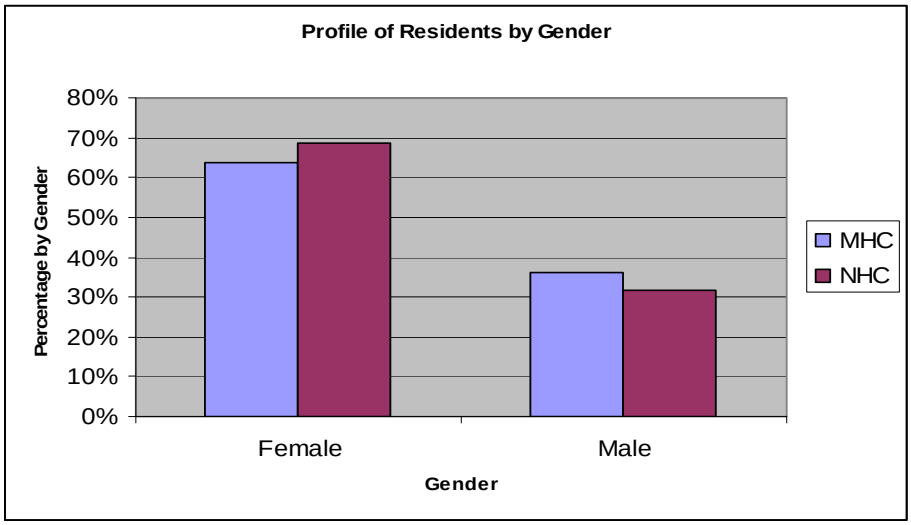
Resident demographics are considered when planning resident activities and programs

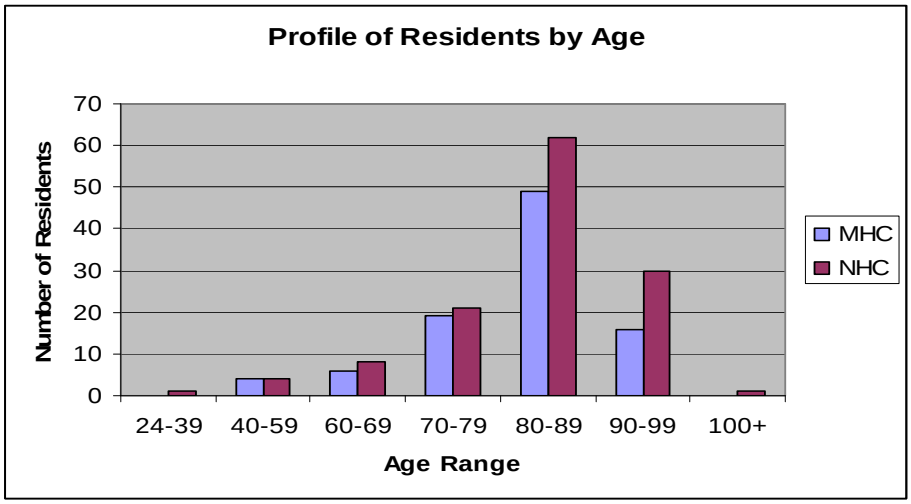
As indicated in Chart 3, both homes have more female residents than male residents. The majority of residents in both homes are 80 to 89 years of age, with Newmarket Health Centre having significantly more residents 90 to 100+ years of age. The residents of

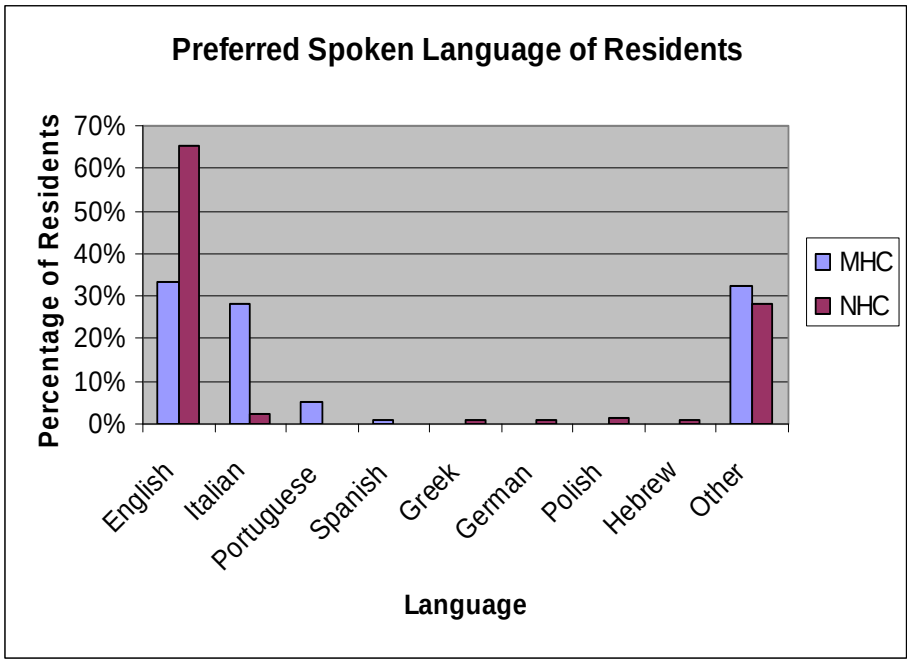
Newmarket Health Centre are primarily English speaking, while the residents at Maple Health Centre are primarily English or Italian speaking.

The resident activities and programs at each home are planned with resident demographics in mind. Many programs are similar at the homes, but cultural diversities are recognized. For example the menus at Maple Health Centre are similar to those at the Newmarket Health Centre; however the Maple Health Centre has more Italian menu items in recognition of its residents.

Chart 3







Resident Acuity Rates for York Region's Long-Term Care homes are declining

Resident acuity levels were traditionally reported via the Case Mix Index. Each resident was assessed annually based on their needs and given a score that outlines their level of care, demographics, health status, dementia care, continence, and other factors. All scores were then compiled to determine a Case Mix Index score for the home. This final score determined the level of provincial funding issued.

All LTC homes in Ontario have transitioned to a new Resident Assessment Instrument Minimum Data Set resident classification system over the last 2 years. This has resulted in a lower CMI average for most homes. A Case Mix Index score of 100 is considered to be an average acuity standard that all residents are measured against. Case Mix Index scores less or more than 100 will result in a corresponding reduction or increase in provincial funding.

The Case Mix Index for Newmarket Health Centre and Maple Health Centre is indicated in Table 1. The resulting decrease in the Case Mix Index for both homes resulted in a decrease of funding of approximately $165,000 for 2011.

Table 1
Case Mix Index 2009 - 2011
York Region

Case Mix Index	Newmarket Health Centre	Maple Health Centre
2009	105.96	106.67
2010	102.99	103.68
2011	100.52	99.85

For 2010 the average Case Mix Index for other municipalities is indicated in Table 2. The Case Mix Index average for all municipal homes is 98.72. This is lower that the average Case Mix Index for York Region homes of 103.29, indicating York Region homes provide services to residents with higher acuity levels.

Table 2
Case Mix Index 2010 Comparison

Municipality	Case Mix Index
Durham	99.48
Halton	100.70
Hamilton	101.29
London	83.56
Niagara	101.94
Ottawa	93.61
Sudbury	95.53
Thunder Bay	97.36
Toronto	103.40
Waterloo	96.57
Windsor	92.88
York Region	103.29
Average of Municipal Homes	**98.72**

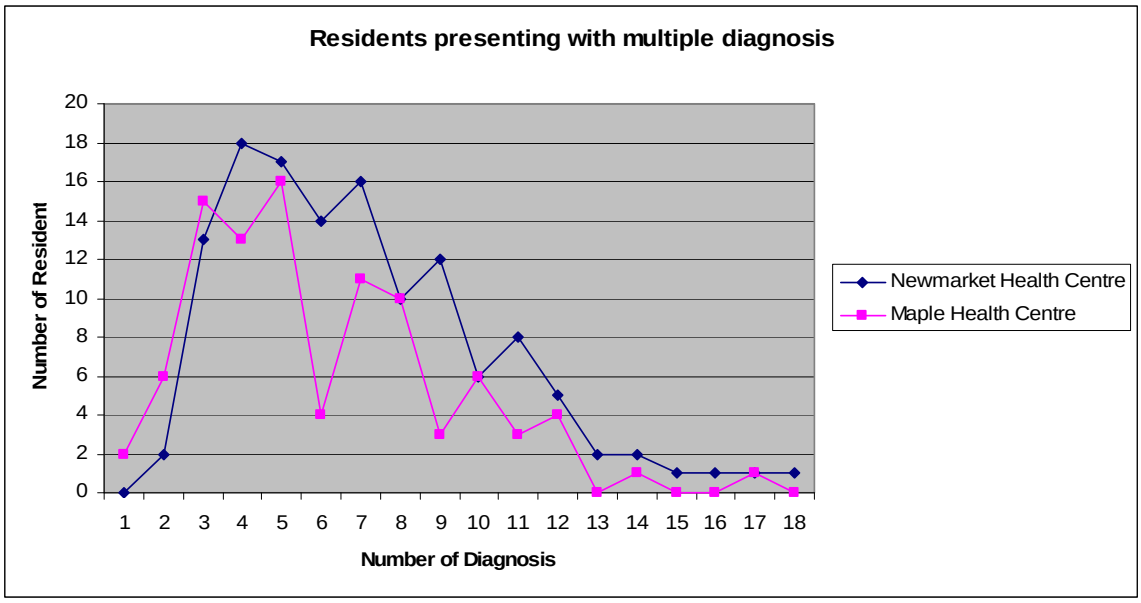
Source: OMBI 2010 Data Warehouse

The Region's Long-Term Care homes are focused on meeting the needs of residents with complex medical conditions

The Region's Long-Term Care homes provide medical/nursing and personal care to individuals 18 years of age or older with complex physical, cognitive and/or psychiatric health care requirements. The majority of residents have three or more chronic diagnosis' (diabetes, heart disease and dementia) and incontinence, and require assistance with activities of daily living, including feeding and dressing. The most common of these diagnosis is dementia-related illnesses such as Alzheimer's disease, which requires a

higher level of care from staff, especially when other chronic illnesses are also present. Chart 4 shows the number of residents presenting with multiple diagnosis.

Chart 4



Source: Resident Assessment Instrument Minimum Data Set (RAI-MDS) as of July 8, 2011 Newmarket and Maple Health Centres

Due to the high number of chronic illnesses, prescribed medications would appear quite high to the average person. The average number of medications per resident in the Newmarket Health Centre is 12.4 whereas the average number of medications per resident in the Maple Health Centre is 11.2.

The legislation is very protective of residents' safety, so as a precaution, all medications and supplements are to be provided by the contracted pharmacy provider to reduce the possibility of complications from conflicting drug interactions.

The Convalescent Care Program is a form of sub-acute care provided to people who need time to recover strength, endurance or functioning following acute care received in hospital

The Region's Long-Term Care homes provides 34 of the 49 convalescent care beds available in York Region, with Union Villa (of the Unionville Home Society) operating the remaining 15 beds. The province fully funds those beds which therefore does not require a resident co-payment

York Region started operating the Convalescent Care Program:

- Newmarket Health Centre: in 2006 and currently operates 19 beds.
- Maple Health Centre: in 2008 and currently operates 15 beds.

Convalescent Care clients require ongoing convalescent and rehabilitative care before being discharged back to the community. Only those individuals who will be returning to the community are admitted into the program, as it is not intended to serve individuals waiting for long-stay admission, or those needing complex continuing care or palliative care.

Some Convalescent Care clients have compromised health status and need additional recuperative care and support to maximize function and improve health. They may need time for general healing and to learn more about their condition to build strength and endurance. Other Convalescent Care clients may have an impairment, disability, or handicap and need to improve their physical functioning before returning home. This would include individuals who may have had a hip or knee replacement and cannot bear weight on their leg immediately following surgery, or those who have had a mild stroke and need to overcome and/or adjust to their functional limitations. The final group of Convalescent Care clients may have non-acute clinical conditions requiring short-term, 24-hour professional attention, such as intensive wound care.

The program is a tremendous benefit to the hospitals and community and helped to relieve nearly 12,000 hospital bed days to the health care sector.

The Convalescent Care Program has a high number of admissions and discharges, requiring much clinical care and administrative time from staff with most residents remaining in the program for no more than 30 to 45 days, with the maximum length of stay being 90 days.

On average, occupancy in the Convalescent Care Program is 95% and 94% respectively at the Newmarket and Maple Health Centres, as outlined in Table 3.

Table 3
Overall Averages of the Convalescent Care Program (2010)

Convalescent Care Clients	Newmarket Health Centre	Maple Health Centre
Number of Admissions	109	76
Length of Stay (average # of days)	66	73
Average Age	79	79
Occupancy Rate of Convalescent Care Program Beds	95%	94%

The Region's short stay programs offer relief to families and caregivers for convalescent care, palliative care, emergency crisis care, vacation and rest

Services are available to seniors who otherwise live at home and are cared for by family, providing relief for the caregiver. Often a respite bed admission of a senior is an

introduction to a LTC home for the senior and family, leading to a subsequent admission to a familiar environment when long-term care placement is needed.

Three private respite rooms are available at each of the Newmarket and Maple Health Centres, with an occupancy rate of approximately 63%. The homes are funded 100% if the occupancy rate is over 50%. Residents are required to pay for the basic accommodation rate as determined annually by the Province.

York Region works with Veterans Affairs Canada to offer dedicated long-term care beds to Canada's veterans

York Region has four beds designated for veterans at the Newmarket Health Centre. Veterans Affairs Canada's long-term care program is designed to complement existing provincial long-term care programs. Veterans Affairs Canada has contracts with several long-term care homes in the Region to give eligible veterans priority access to beds. If Veterans refuse a vacant bed, it is offered to other clients on the wait list.

Programs and services delivered by the Region's Long-Term Care homes are highly regulated and subject to various pieces of legislation

The new *Long-Term Care Homes Act, 2007* brought with it new compliance measures. York Region's homes have been preparing for the new annual inspection process that began in February 2011. Staff continue to work towards ensuring both homes are in full compliance with the legislation and regulations and the new compliance measures being implemented by the Ministry.

The Region's LTC beds continue to be the preference of individuals on the wait list

Demand for long-term care continues to outstrip the available supply of beds. While this creates a backlog in patient flow across the health care system, the Region is unable to provide additional beds until additional funding and bed licenses are made available by the Ministry of Health and Long-Term Care.

Managed by the Community Care Access Centre, 489 individuals are currently on the waitlist for one of York Region's care beds.

Table 4 shows data from the Waitlist Report from June 2011 for each of York Region's Long-Term Care homes.

Table 4
York Region Waitlist Report – June 2011

Waitlist	# of clients
Maple Health Centre	218
Newmarket Health Centre	271
Total	**489**

Source – Community Care Access Centre Waitlist report

5. FINANCIAL IMPLICATIONS

Long-Term Care funding is secured through service accountability agreements that have been signed between the Region and the Central Local Health Integration Network. Long-Term Care Service Accountability Agreements establish the parameters by which the Region spends Provincial funds on the Long-Term Care programs.

The 2010 LTC operating costs and revenues are listed in Table 5, indicating an overall tax levy funding of 37%. The provincial funding is based on the Case Mix Index rating.

Table 5
York Region LTC Operating Costs / Revenues per Resident Day
(Actuals 2010)

	Long Stay per diem $	Convalescent Care Program per diem $	Total per diem $	%
Operating Cost	277.41	314.44	282.84	
Financing and Contribution to Reserves	26.19	29.96	26.74	
Gross Operating Costs	**303.60**	**344.40**	**309.58**	
Funding				
Provincial funding (incl. resident co-payment)	192.81	212.12	195.64	63%
Regional funding	**110.79**	**132.28**	**113.94**	**37%**

Total Gross Operating Cost for 2010 was $26,215,153.

6. LOCAL MUNICIPAL IMPACT

Local residents benefit from the funding of the Region's Long-Term Care program and both homes continue to be a preference of many York Region residents waiting for LTC placement as demonstrated by the waiting lists for service.

7. CONCLUSION

It is appropriate for Council to continue to serve as the Committee of Management. Regular reports will be provided to the Committee of Management regarding the operations of the two municipal homes.

The quality of care for the Region's Long-Term Care homes continues to be at a high level as confirmed by the Ministry of Health and Long-Term Care, Accreditation Canada and positive client/resident/family feedback. Staff continue to provide good care for residents of the Region and to strive for excellence, all focused on providing services that optimize the quality of life for our residents.

For more information on this report, please contact Sylvia Patterson, General Manager of Housing and Long Term Care at Ext. 2091.

The Senior Management Group has reviewed this report.