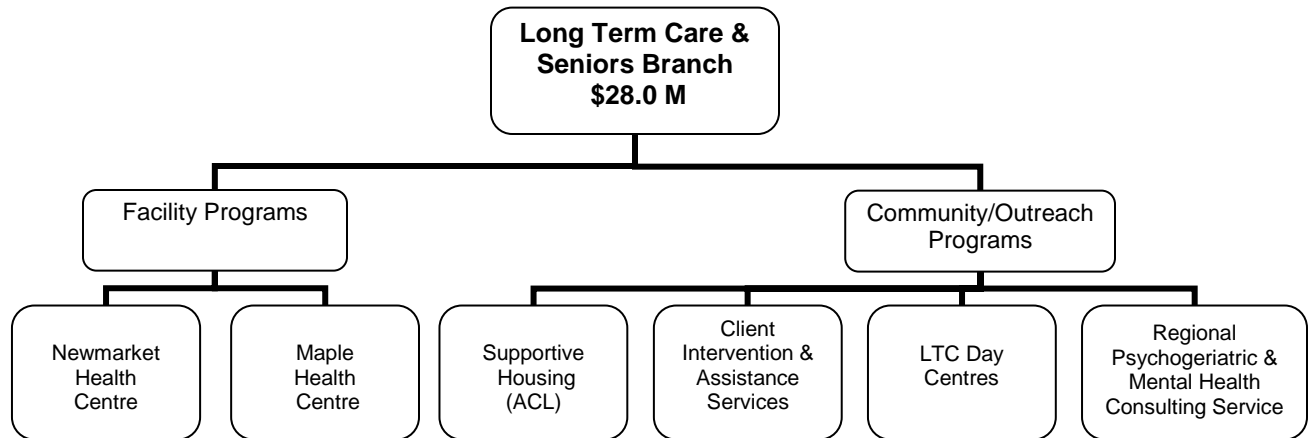


# Long Term Care

## Services That We Provide



The entire continuum of programs delivered by the York Region Long Term Care and Seniors Branch, which encompasses the Newmarket Health Centre, Maple Health Centre, LTC Supportive Housing/ACL Program and LTC Day and Outreach Programs have received a full unconditional three-year Accreditation standing by the Canadian Council of Health Services Accreditation.

### ***LTC Facility Programs***

Programs in LTC facilities focus on meeting the needs of hard to place, difficult to serve individuals with heavy complex physical, cognitive and/or behavioural care requirements who require chronic, special, psychogeriatric, convalescent, palliative and respite care.

### ***LTC Community and Outreach Programs***

In order to delay or postpone institutionalisation of individuals, support through a range of community-based programs is also provided.

### ***LTC Alternative Community Living Programs***

The Alternative Community Living Program (or Supportive Housing Program) provides support services and essential homemaking in permanent, residential settings, for frail and/or cognitively challenged older persons so they can stay in the community and remain independent. Support is available 24 hours a day, 7 days a week.

# Long Term Care

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## ***LTC Day Programs***

These programs provide supervised activities in a group setting for individuals to assist in achieving and maintaining their maximum level of functioning; to prevent premature, inappropriate institutionalisation and to provide respite/support for caregivers. In partnership with other service providers, the LTC Branch also provides day/outreach programs and services focused on meeting the needs of clients with cognitive impairment, physical disabilities, acquired brain injuries and communicative disorders.

## ***Regional Psychogeriatric and Mental Health Consulting Services (RPMCS)***

This program provides expertise in behavioural management to the long term care and community support agencies in York Region, supporting staff and developing their expertise and dealing with clients with severe and difficult psychiatric and mental health disorders. This service provides ongoing external support through consultation and training. The program provides a 24-hour on-call system for urgent situations.

## ***Client Intervention & Assistance Services***

Client Intervention & Assistance Services [formerly Support Services for Seniors] provides Intervention and Assistance Services to vulnerable and at-risk seniors, persons with physical disabilities, and their caregivers.

## ***Community Alzheimer's Resource Centres***

Community Alzheimer's Resource Centres have been established in Georgina at the Keswick Day Centre and in Vaughan at the Maple Health Centre. The Resource Centres contain reference materials, videos, books and journals that relate to Alzheimer's disease and other dementia illnesses. The Centres are also equipped with computers that provide free Internet access. The Internet gives families, caregivers and students access to the most current and widest range of information available and will assist individuals in gaining access to research and valuable supports for caregivers.

## ***Service Levels – Current & Approved MOHLTC Increases***

- Long Term Care Facilities - 84,680 annualized client days
- Circulation of the Seniors Directory - 240,000 copies
- Cognitive Disorders - Outreach Care Programs – 6,715 client days
- Physically Disabled/Communicative Disorders - Outreach Care Programs – 1,702 client days
- Acquired Brain Injured - Outreach Care Program – 1,059 client days
- Regional Psychogeriatric and Mental Health Consulting Service – 1,050 consulting referrals
- Lunch Out Programs – 152 clients

## Long Term Care

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- Short Stay Program (Respite) convalescent and palliative care approximately 1,266 days/15 new clients
- ACL/Supportive Housing – 65,804 hours of service
- Support Services for Seniors - 2,212 hours of service / 532 client in-home visits
- Seniors Advisory Committee will continue to receive “in-kind” program, office and administrative support
- Personal Emergency Response System - Subsidy and funding provided to qualified seniors
- Clinical and Support Services – continued to provide facility space for; York-Durham Aphasia Clinic, Resolve Counselling Programs, AIDS Committee of York Support Centre, ADAPT, Palliative Care, York Region Food Network, Whitby Mental Health Memory Clinic, Whitby Mental Health Community Response Program Clinic, Ontario Case Managers Association

### ***Service Levels – 2005 Increases Subject to MOHLTC Approvals***

- LTC Day Care Programs – 5,200 client days
- ACL/Supportive Housing – 15,000 hours of service

# Long Term Care

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## 2005 Objectives and Key Work Initiatives

- 1. Continue to meet demand for the provision of LTC institutional programs and services that meet the physical, psychosocial, spiritual needs of the resident/clients with heavy, complex physical, cognitive and/or behavioural care requirements and which promote a quality lifestyle and maximize client choice and independence.**

### **Newmarket Health Centre and Maple Health Centre**

- Implement nursing and therapy staffing enhancements to address higher acuity and heavier more complex care requirements. Anticipate MOHLTC funding to recognize and offset these service enhancements. (0.40 FTE Registered Nurse, 3.2 FTE Registered Practical Nurse, 0.23 FTE Health Care Aide, 1.44 FTE Therapeutic Aide and 0.30 FTE Nursing Clerk).
- Develop and submit proposal to convert 32 beds at NHC and 28 beds at MHC to sub-acute /supportive care.
  - This will result in staffing increases that will be funded 100% by the MOHLTC. A separate report outlining these changes will be submitted to Council if proposal is approved.
- Develop and submit proposal for funding to create a 24 bed psychogeriatric assessment unit at NHC.
  - This will result in staffing increases that will be funded 100% by the MOHLTC. A separate report outlining these changes will be submitted to Council if proposal is approved.
- Phase V – Clinic and Outreach Facilities
  - Continue to explore options/partnerships
  - Confirm /clarify funding and programming
  - Planning and design
- Increase maintenance staffing by 0.23 FTE Maintenance Support Services Worker at Newmarket Health Centre to manage increased workload associated with activity levels on campus. Costs will be offset through expenditure recoveries from Community agencies and tenants.
- Add/upgrade Patient Ceiling Lifts and Transfers to facilitate safe and efficient delivery of heavy complex care. These initiatives/projects will be funded 100% by special one-time MOHLTC funding
  - Add ceiling lifts to 1<sup>st</sup> floor units at Maple Health Centre
  - Upgrade ceiling lifts on 2<sup>nd</sup> floor at Maple Health Centre
  - Upgrade portable patient transfer lifts at MHC and NHC

# Long Term Care

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- Apply for additional beds/funding to meet the needs of the community as opportunities arise
  - Continue to apply for beds and funding as Ministry initiatives are identified/announced.
    - 28 beds – Maple Health Centre
    - 120 beds – Georgina Health Centre
    - 200 beds – Markham Health Centre
- 2. Continue to provide, support and promote LTC Community and Outreach program/services that are effective in delaying or postponing the premature institutionalisation of individuals and allow them to remain independent in the community for as long as possible, both provided by the Region and Community Partners**

## *Work Initiatives*

- Apply for funding for expansion of Alternative Community Living Program, LTC Day Programs and the Regional Psychogeriatric and Mental Health Consulting Service as opportunities arise.
- Expand Keswick Gardens ACL Outreach Services to include 6 clients at 190 Church Street site. This will increase service levels by 1,500 hrs/year.
- Develop and submit an application for funding to MOHLTC to create an Alternative Community Living Program and Integrated Day Centre Program at the Blue Willow Housing Project. If funding is approved this will increase ACL service levels by 15,000 units/year and 5,200 LTC Day Care client units/spaces. A separate report to Council will be submitted for approval of staffing and budget changes if authorized by MOHLTC.
- Expand Physically Disabled program at Maple Health Centre to address current lengthy waitlist by increasing our service levels by 780 units/year. This will result in an increase of 0.21 FTE which will be funded by 100% by the ministry.
- Review program options at Keswick Day Centre to expand and to serve broader target population, in addition to the existing cognitively impaired clients; i.e., physically disabled, head injured and frail elderly. No impact on service levels at this time.

# Long Term Care

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## **3. Maintain a Continuous Quality Improvement and Risk Management Program that improves both operational efficiency and the effectiveness of programs and services in promoting the health, well-being and independence of our clients.**

### Work Initiatives

- CQI/Benchmarking/Best Practices
  - Maintain a comprehensive system whereby the quality of care and service is effectively monitored, evaluated, and improved on a continuous basis and that effectively analyses and manages risks, with specific attention to high severity, high frequency and high cost risk. This will be demonstrated by regular statistical reporting of indicators and trends that reflect these outcomes.
  - Continue to develop processes/mechanisms for benchmarking with other organisations such as OMBI, Universities/Colleges, OANHSS, the Canadian Council on Health Services Accreditation, and other expert/resource groups that lead to the identification of best practices.
  - In consultation/collaboration with staff, physicians, resident/clients, volunteers and the community advisory board, develop and implement plans/corrective measures to respond to recommendations and suggestions made by CCHSA following our 2004 Accreditation Survey.
  - Continue to develop and implement efficiencies and strategies that will facilitate service enhancements for clients.
- Volunteer Services
  - To promote and enhance quality of life, continue to pursue strategies to attract and recruit more volunteers. York Region Long Term Care average volunteer hours/client is 138, OMBI Municipal average is 56.
- Service Enhancement
  - Continue to work with Provincial LTC Association and the Association of Municipalities in Ontario to lobby the Ministry of Health and Long-Term Care to increase funding and recognize non-controllable price variables.
  - Develop and submit proposal to MOHLTC for funding to add Nurse practitioners to Health Centres. A separate report to Council will be submitted for approval of staffing and budget changes if authorized by MOHLTC.
  - As a result of the 2003 consultant's organization review and recommendation recognizing the need to address the ongoing training requirements in all areas of the Branch, add a 1.0 FTE Training Development Coordinator.

# Long Term Care

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- Computerization/Automation
  - Computerize dietary menu planning, nutritional planning, ordering and menu cost analysis and integrate with Point Click Care.
  - Continue to research various software technologies; i.e., inventory bar coding, Peoplesoft Certification Software, etc.
  - Computerize Staffing Schedules in order to upload to Payroll Time & Labour software.
  - Computerize medication orders (e-MAR).
  - Continue to closely monitor conversion of health care records paper based process to computerised system and review records keeping methods.
  - Ensure that staff training and educational programs have provided staff with necessary skills to successfully transition their documentation and record keeping.
  - Explore options to provide/enhance computer accessibility for:
    - Volunteers
    - RN's for bedside nursing
    - Day Centre Programs
- Monitor and audit Case Mix Index to ensure that software functionality is documenting and capturing higher resident acuity levels.

## 2006 Objectives

- 1. Continue to meet demand for the provision of LTC programs and services that meet the physical, psychosocial, spiritual needs of the resident/clients with heavy, complex physical, cognitive and/or behavioural care requirements and which promote a quality lifestyle and maximize client choice and independence.**

- Markham Health Centre  
Implement next stages of Markham facility/site development plans;
  - i) construction of Centre / Jan 2006 – Jun 2007
  - ii) recruit, orient and train 200 new staff / May 2007 – July 2007
  - iii) admission of residents / Aug 2007 – Oct 2007
- Georgina Health Centre  
Develop and submit proposal for 100 - 120 additional LTC beds for Northern York Region, subject to Council approval and Ministry of Health timetable.
- Blue Willow ACL and Integrated Day Centre Program  
Establish ACL client centre, open and admit clients to Day Centre.

# Long Term Care

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## **2. Continue to develop and implement efficiencies and strategies that will facilitate service enhancements for clients.**

- Clinical Nurse Practitioners  
Implement and evaluate pilot project for Clinical Nurse Practitioner for LTC Centres.
- Continue to work with Provincial LTC Association and the Association of Municipalities in Ontario to lobby the Ministry of Health and Long-Term Care to increase funding and recognize non-controllable price variables.
- At each opportunity continue to apply for additional beds in various geographical locations that best meet the needs of York Region residents.
- Continue to address the ongoing changes in client profile, i.e. younger clients, heavier/more complex care clients with special needs and care requirements.

# Long Term Care

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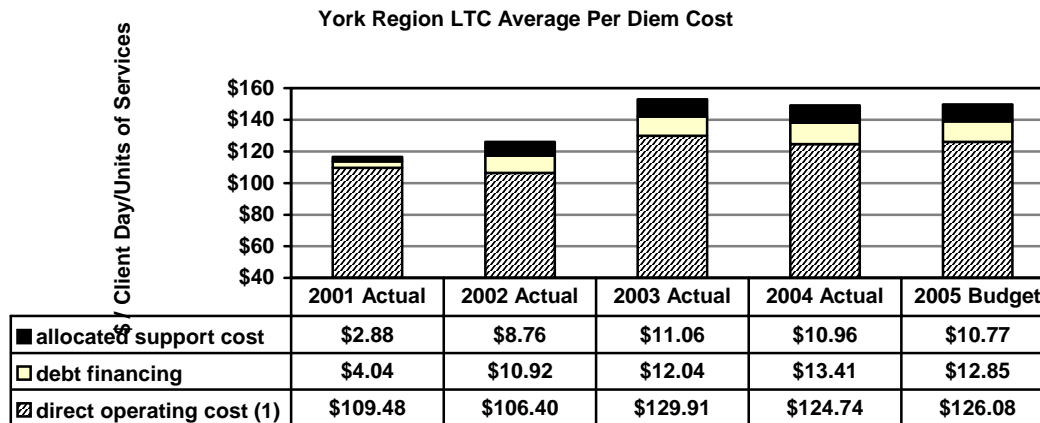
## 2007 Objectives

1. **Continue to meet demand for the provision of LTC programs and services that meet the physical, psychosocial, spiritual needs of the resident/clients with heavy, complex physical, cognitive and/or behavioural care requirements and which promote a quality lifestyle and maximize client choice and independence.**
  - Markham Health Centre
    - Implement next stages of Markham facility/site development plans;
    - i) recruit, orient and train 200 new staff / May 2007 – July 2007
    - ii) admission of new clients / Aug 2007 – Oct 2007
  - Georgina Health Centre
    - Subject to Council approval and Ministry of Health timetable, implement next stages of Georgina facility/site development plans;
    - i) appoint Architect / Apr 2007
    - ii) complete site analysis and purchase Land / Jun 2007
    - iii) complete working drawings/specs / Sep 2007
    - iv) tender and award contract / Dec 2007
  
2. **Continue to develop and implement efficiencies and strategies that will facilitate service enhancements for clients.**
  - Continue to work with Provincial LTC Association and the Association of Municipalities in Ontario to lobby the Ministry of Health and Long-Term Care to increase funding and staffing levels.
  - At each opportunity continue to apply for additional beds in various geographical locations that best meet the needs of York Region residents.
  - Continue to address the ongoing changes in client profile, i.e. younger clients, heavier/more complex care clients with special needs and care requirements.

# Long Term Care

## Performance Measures and Benchmarks

### Key Performance Indicators

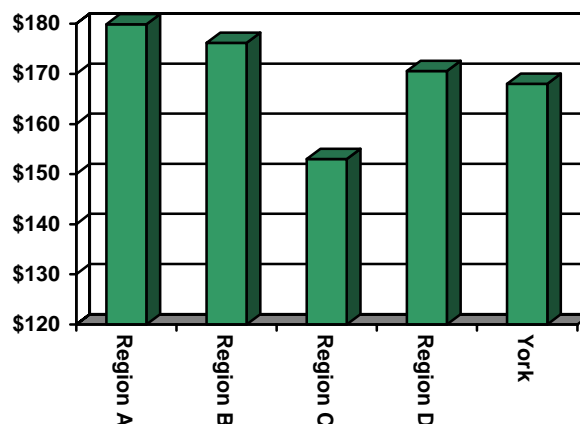


Gross Budget Data	2001 Actual	2002 Actual	2003 Actual	2004 Actual	2005 Budget
Gross Operating (excluding allocations)	\$16,718,174	\$18,177,076	\$19,981,241	\$22,983,405	\$26,025,441
Client Days	147,262	154,941	153,806	166,374	187,320
Allocated Support Costs	\$423,514	\$1,358,054	\$1,702,143	\$1,824,020	\$2,017,546

Includes SARS

- (1) includes facility costs for external agencies. Service levels have been reduced in 2005 due to removing the Rosetown ACL program. This will also affect 2004 year-end forecast

### 2003 Cost Per LTCF Bed Day Comparison\*



Municipality	Numerator	Denominator	Result
Region A	\$51,264,168	\$285,855	\$179.89
Region B	\$30,188,574	\$171,359	\$176.17
Region C	\$17,771,527	\$175,641	\$152.99
Region D	\$167,362,715	\$1,000,798	\$170.58
York	\$19,221,188	\$153,806	\$168.14

\*Data based on OMBI LTC Expert Panel Methodology

# Long Term Care

## Customer Service Measures

### *Accreditation Status & Award*

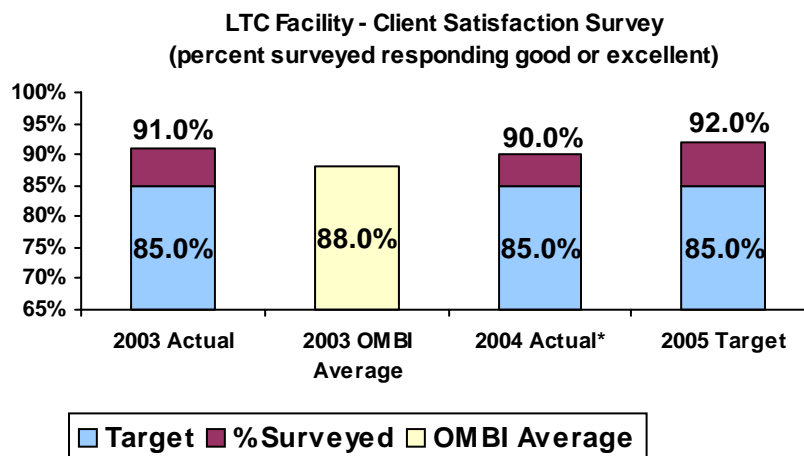
Accreditation involves an independent third party assessment of the standards of care and services being provided. This assessment is achieved through a comprehensive evaluation of programs and services, conducted by specially trained health care professionals, to determine the organization's level of compliance against the national standards established by the Canadian Council on Health Services Accreditation (CCHSA).

Both of the Health Centres, the LTC Supportive Housing Programs and the four LTC Day Programs have been granted the highest award, which is a three-year Accreditation standing. A three-year award is given if all of the conditions/standards for continuous quality improvement and effective risk management are achieved, and if the majority of all other standards are rated as substantial and no standard is rated as non-compliant or minimally compliant.

The Accreditation standards address all aspects of the facilities, operations and include standards related to: Accounting Practices, Administration and Governance, Community Support Programs, Dental Care, Diagnostic and Therapeutic Services, Emergency Preparedness, Facility Organization, Financial Management, Fire Safety, Health Records, Housekeeping, Human Resources Management, Infection Control, Information Services, Physical Plant and Maintenance, Laundry, Library Services, Medical Care, Nursing Services, Nutrition and Food Services, Pharmacy, Policies and Procedures, Quality Assurance, Risk Management, Recreational Programs, Restorative Care, Staff Development, Safety & Security and Volunteer Services.

### *Client Satisfaction*

The following graph depicts the percentage of clients responding as "Good" or "Excellent" on the Annual OMBI LTC Standardized Client Satisfaction Questionnaires. All residents and/or families are sent a questionnaire at least once each year asking them to rate our service and programs. 85% in the combined A (excellent) and B (good) categories have been established as the minimum acceptable standard for client satisfaction.

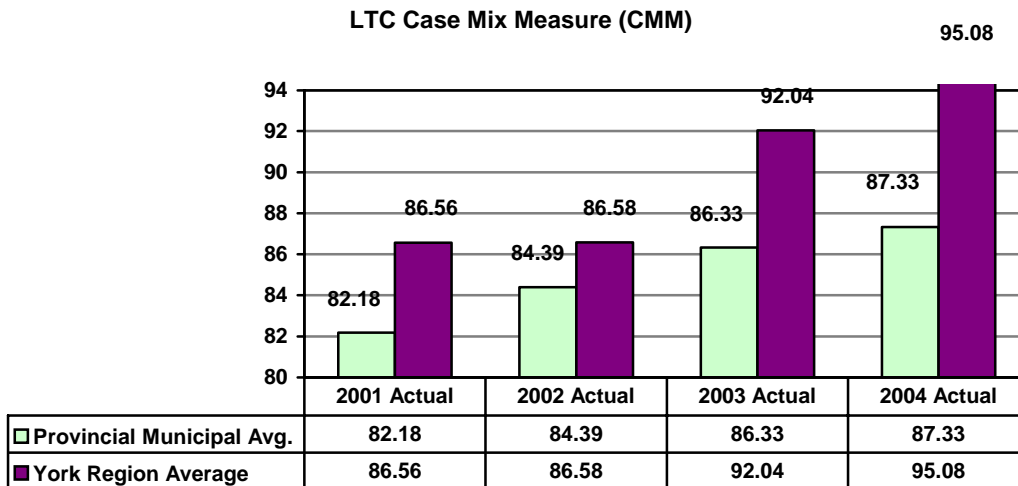


# Long Term Care

## External Comparisons/Benchmarks

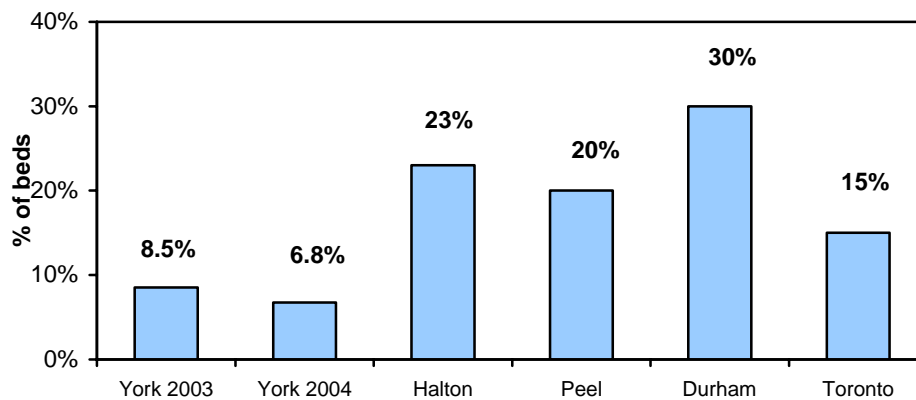
### Acuity Levels/Level of Care

The following chart compares the acuity level of clients/residents in the Regional facilities as compared to the provincial average. As a measurement tool, the Case Mix Measure (CMM) does not capture the true level of care required by psychiatric and cognitive care clients. These clients constitute up to 50% of our caseload.



### Number of Beds – Comparison of Municipalities in GTA

#### Regionally Operated LTC Beds v/s Total Beds by Region



The Region currently operates approximately 6.76% of the LTC beds in York Region, as compared to Halton, Peel, Durham and Toronto, which operate approximately 23%, 20%, 30% and 15% respectively (includes new bed awards).

# Long Term Care

## Operating Impact of Capital

The 2005 capital plan will not have an impact on the 2005 operating budget. Should additional funding and/or beds be approved in 2005, a separate report to Council will be submitted outlining the operational impact.

## Staffing Resources

	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
	<b>Budget</b>	<b>Budget</b>	<b>Budget</b>	<b>Outlook</b>	<b>Outlook</b>
Permanent FTE's	244.4	269.97	267.8	277.8	282.8
Net Change	7.2	25.58	-2.17	10.0	5.0

## 2005 Permanent Staff Justifications

The total number of additional FTE in 2005 is 7.01. This total is offset by a reduction of 9.18 FTE as a result of removing the Rosetown Alternative Community Living program from the 2004 budget. Therefore the net impact is a 2.17 FTE reduction (as noted above).

Direct nursing and program costs related to the staffing increases below are funded 100% by the MOHLTC after revenue up to the maximum per diem approved per envelope.

### *Enhancement*

The following staffing increases are needed to address acuity and complex care requirements by residents:

- 1.00 Training Development Coordinator for ACL/DAY, Maple Health Centre and Newmarket Health Centre.
  - 0.23 Maintenance Support Services Worker. Position required due to increased service delivery at NHC. Costs will be offset through expenditure recovery from community agencies and tenants.
  - 3.83 Registered Nurse 7 days/week (.40), Registered Practical Nurse (3.2) and Health Care Aid (.23) due to increase in complex care clients.
  - 0.77 Activation - NHC
  - 0.67 Activation – MHC
  - 0.21 Increased Program Worker 8hrs/wk to provide increased service levels to ABI – Maple.
  - 0.30 Nursing Clerk – NHC
- Total 7.01

Excludes additional staffing for Sub-Acute Supportive Care Psychogeriatric Assessment Unit and Blue Willow Supportive Housing Project. If these projects are approved by MOHLTC, a separate report to Council will be submitted for approval of staffing and budget changes.

# Long Term Care

## Operating Financial Summary

\$000's	2003 Actual	2004 Estimate	2004 Budget	2005 Budget	2006 Outlook	2007 Outlook
<b>Gross Expenditures:</b>						
Staff Related Costs	14,483.0	16,703.0	18,047.0	18,606.0	19,164.0	19,758.9
Program Costs	2,441.0	2,689.0	2,689.0	2,757.0	2,780.0	2,805.0
Occupancy/R & M Costs	801.0	1,080.0	1,110.0	1,079.0	1,111.4	1,143.7
Minor Capital	238.0	373.0	373.0	815.0	373.0	384.2
Contributions to Reserves	6.0	0.0	0.0	0.0	0.0	0.0
Financial Items	1,958.0	2,405.0	2,405.0	2,648.0	2,648.0	2,648.0
Inter Charges/Recoveries	58.0	113.0	113.0	120.0	126.0	129.0
<b>Total Expenditures</b>	<b>19,985.0</b>	<b>23,363.0</b>	<b>24,737.0</b>	<b>26,025.0</b>	<b>26,202.4</b>	<b>26,868.8</b>
<b>Revenues:</b>						
Municipal Revenues	0.0	0.0	0.0	0.0	0.0	0.0
Provincial Funding	(9,268.0)	(11,032.0)	(12,541.0)	(13,194.0)	(13,654.0)	(13,904.0)
Federal Grants	0.0	0.0	0.0	0.0	0.0	0.0
Fees and Charges	(4,147.0)	(4,540.0)	(4,540.0)	(4,582.0)	(4,584.0)	(4,584.0)
Development Charges	0.0	0.0	0.0	0.0	0.0	0.0
Contribution from Reserves	(771.0)	(112.0)	(112.0)	(112.0)	(112.0)	(112.0)
Other	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total Revenues</b>	<b>(14,186.0)</b>	<b>(15,684.0)</b>	<b>(17,193.0)</b>	<b>(17,888.0)</b>	<b>(18,350.0)</b>	<b>(18,600.0)</b>
<b>Tax Levy Impact</b>	<b>5,799.0</b>	<b>7,679.0</b>	<b>7,544.0</b>	<b>8,137.0</b>	<b>7,852.4</b>	<b>8,268.8</b>
Interdepartmental Allocations	1,702.0	1,824.0	1,824.0	2,018.0	2,078.5	2,140.9
<b>Business Plan Total</b>	<b>7,501.0</b>	<b>9,503.0</b>	<b>9,368.0</b>	<b>10,155.0</b>	<b>9,930.9</b>	<b>10,409.7</b>

Note: 2004 estimate as per mid-year report. Removed Rosetown ACL and salary gapping for 32-bed expansion.

# Long Term Care

## Financial Explanations

(000's)	Gross		Net	
	\$	%	\$	%
<b>2004 Operating Budget</b>	24,737.0		7,544.0	
<b>Base</b>				
Contracted Wage Settlement & Benefits	712.0	2.9%	712.0	9.4%
Realignment of Casual Salaries & Benefits	(96.0)	(0.4%)	(244.0)	(3.2%)
Food Supplies & outsourced products	48.0	0.2%	0.0	0.0%
Health Supplies, waste removal & client transportation	83.0	0.3%	0.0	0.0%
Purchase of Service	52.0	0.2%	0.0	0.0%
Utilities & repairs	30.0	0.1%	0.0	0.0%
Insurance	55.0	0.2%	22.0	0.3%
<b>Sub-Total Base</b>	<b>884.0</b>	<b>3.6%</b>	<b>490.0</b>	<b>6.5%</b>
<b>Efficiencies/Program Reductions</b>				
Rosetown ACL - removed 9.18 FTE	(547.0)	(2.2%)	(7.0)	(0.1%)
Rosetown ACL - removed programming	(115.0)	(0.5%)	-	0.0%
Accreditation & OHA Memberships	(16.0)	(0.1%)	(16.0)	(0.2%)
Personal Emergency Response Service (PERS)	(20.0)	(0.1%)	-	0.0%
General Administrative Efficiencies	(14.0)	-0.1%	(11.0)	(0.1%)
Operating Equipment & computer hardware	(11.0)	0.0%	(11.0)	(0.1%)
<b>Sub-total Efficiencies/Program Reductions</b>	<b>(723.0)</b>	<b>(2.9%)</b>	<b>(45.0)</b>	<b>(0.6%)</b>
<b>Total Base</b>	<b>161.0</b>	<b>0.7%</b>	<b>445.0</b>	<b>5.9%</b>
<b>Mandatory/Legislated</b>				
<b>Total Mandatory/Legislated</b>	<b>0.0</b>	<b>0.0%</b>	<b>0.0</b>	<b>0.0%</b>
<b>Annualization</b>				
Debt charges on 2004 issued debentures	148.0	0.6%	148.0	2.0%
<b>Total Annualization</b>	<b>148.0</b>	<b>0.6%</b>	<b>148.0</b>	<b>2.0%</b>
<b>Growth</b>				
<b>Total Growth</b>	<b>0.0</b>	<b>0.0%</b>	<b>0.0</b>	<b>0.0%</b>
<b>Enhancements</b>				
Acuity and Complex Care staffing increases (5.80) FTE	363.0	1.5%	0.0	0.0%
Training Development Coordinator (1.0 FTE)	87.0	0.4%	0.0	0.0%
ABI - Maple increased service levels (.21 FTE)	12.0	0.0%	0.0	0.0%
Installation/upgrade of Patient Ceiling Lifts NHC/MHC	482.0	1.9%	0.0	0.0%
Increased Dietitian Hours as per Compliance Review	35.0	0.1%	0.0	0.0%
<b>Total Enhancements</b>	<b>979.0</b>	<b>4.0%</b>	<b>0.0</b>	<b>0.0%</b>
<b>Total 2005 Budget Pressures</b>	<b>1,288.0</b>	<b>5.2%</b>	<b>593.0</b>	<b>7.9%</b>
<b>Total 2005 Operating Budget</b>	<b>26,025.0</b>		<b>8,137.0</b>	

