

Clause 6 in Report No. 15 of Committee of the Whole was adopted, without amendment, by the Council of The Regional Municipality of York at its meeting held on October 15, 2015.

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2014 Long-Term Care Homes Performance Management Report

Committee of the Whole recommends:

1. Receipt of the video presentation entitled “Enriching the Lives of Long-Term Care Residents”.
2. Adoption of the following recommendation contained in the report dated September 17, 2015 from the Commissioner of Community and Health Services:

1. Recommendation

It is recommended that Council receive this report for information.

2. Purpose

This report provides the annual performance management report on The Regional Municipality of York’s Long-Term Care Homes (Homes), and assists Council in meeting its obligations as the Committee of Management under the *Long-Term Care Homes Act, 2007* (the Act). The Committee of Management is responsible for monitoring the Homes’ compliance with the Act, and receives annual reports to meet its obligations.

3. Background

The Region’s two Homes provide support and services to 232 residents. Newmarket Health Centre (NHC) has 132 beds, consisting of 113 long-term care beds and 19 Convalescent Care Program beds. Maple Health Centre (MHC) has 100 beds, consisting of 85 long-term care beds and 15 Convalescent Care Program beds. Three long-term care beds in each Home are available as private respite rooms for seniors who live in the community and are cared for by family. Finally, NHC has designated four of its long-term care beds for Canada’s veterans.

Long-term care homes have legislated standards of care

The Act requires that residents of long-term care homes receive safe, consistent and high quality resident-centred care in settings where they feel at home, are treated with respect and have the supports and services they need for their health and well-being. The following legal requirements in the Act are in place to ensure performance accountability:

- Liaising with Residents' Councils
- Ensuring continuous quality improvement
- Conducting annual resident and family satisfaction surveys
- Implementing infection prevention and control programs
- Reviewing and evaluating programs annually
- Submitting reports to the Ministry of Health and Long-Term Care (MOHLTC)

Additional accountability mechanisms include:

- Service accountability agreement with the Central Local Health Integration Network (CLHIN)
- Public Health inspections
- Ministry of Labour inspections
- York Region financial audits
- Quality Improvement Plans (new)

The MOHLTC, through the *Excellent Care for All Act*, is committed to an integrated health care system that is resident-focused, accountable, transparent and continually striving to improve care. The enabler for this vision is the Quality Improvement Plan, which is a documented set of commitments that allow health care organizations to focus efforts on key improvement priorities. Homes submitted Quality Improvement Plans to the MOHLTC in April 2015.

4. Analysis

Ministry of Health and Long-Term Care Inspections

Homes are inspected by the Ministry of Health and Long-Term Care at least once a year

When the *Long-Term Care Homes Act, 2007* came into force in July 2010, the Long-Term Care Homes Quality Inspection Program was put in place by the Ministry to safeguard residents' rights, safety, security and overall quality of life, by investigating complaints, concerns and critical incidents, and by ensuring all Homes are inspected at least once per year.

The Quality Inspection Program, implemented in 2010, is more rigorous than any previous inspection process. Before this program, only serious issues of non-compliance were noted as "unmet", while minor issues may have been noted verbally or included as observations. Today, all issues of non-compliance, regardless of significance are identified and included in the inspection report, and all inspection reports are publically reported and available to residents.

Once an inspector makes a finding of non-compliance, they will determine the course of action:

- If the severity and scope of the non-compliance is more serious, the inspector will issue a "compliance order" for the home to take action or refrain from taking action to achieve compliance with the Act. In these instances, the home must prepare and submit a written implementation plan to the Ministry.
- If the non-compliance is less serious, the inspector may issue a "voluntary plan of correction", where they will request the home to prepare a written plan for achieving compliance with the Act. The home does not have to submit plans to the Ministry, but they will expect to see compliance at the next inspection.
- Finally, the inspector may issue a "written notification" for minor observations and refer the issue to the homes' administration for further action.

The Region's homes are in good standing amongst regional comparators

Table 1 compares the average number of inspections and findings per home, between municipally run homes in the six regions.

Table 1
Average Number of Ministry Inspections and Findings
for the 28 Municipal Homes across the Six Regions

| Region | Avg. # of Inspections/Home | Avg. # of *Findings/Home |
|---------|----------------------------|--------------------------|
| Simcoe | 4.0 | 12.0 |
| Peel | 3.8 | 14.8 |
| Durham | 6.8 | 14.3 |
| Halton | 3.0 | 11.7 |
| Toronto | 3.6 | 18.3 |
| York | 1.0 | 8.0 |

* Findings of non-compliance resulting in some type of Ministry response (e.g. written notice, which may have resulted in a compliance order or voluntary plan of correction).

In 2014, the MOHLTC conducted two inspections; one in each of the Homes. Table 2 illustrates the inspections, findings and actions required in 2014.

Table 2
Inspections, Findings and Action Required in 2014

| York Region Home | # of Findings of Non-Compliance | Categories of Non-Compliance* | | |
|-------------------------|---------------------------------|-------------------------------|------------------------------|------------------|
| | | Written Notification | Voluntary Plan of Correction | Compliance Order |
| Newmarket Health Centre | 14 | 7 | 5 | 2 |
| Maple Health Centre | 2 | 0 | 2 | 0 |

The two Compliance Orders were issued as a result of a complaint initiated by a resident. The complaint was the result of a lack of clear understanding as to the roles, responsibility and scope of the Residents' Council and of the NHC Management.

As a result, NHC established a Communications Liaison Group comprised of Residents' Council, Family Council, the Volunteer Committee as well as Management. Part of the Groups' mandate was to make the roles and responsibilities of the Residents' Council more readily clear to all parties.

Improved communication with residents has been an ongoing focus following Ministry findings

In response to the MOHLTC findings, positive actions were taken to improve communication and relationships with residents and Residents' Council, including the introduction of the *Effective, Respectful Communication Improvement Plan*. The Plan is premised on shared values – honesty, trustworthiness, positivity, openness, integrity and unity.

Part of the plan was the introduction of a workshop, *Putting the Resident First: Respect in our Long-Term Care Homes*, which is now taught during staff orientation.

Performance Indicators

The long-term care sector works with the Ministry of Health and Long-Term Care to make continuous improvements in resident care

Health Quality Ontario reports to the public on the quality of long-term care in the province via four quality indicators. The purpose is to encourage transparency and accountability, which in turn drives quality and improves resident care. Homes use this information to focus improvement efforts.

Table 3 shows how municipal homes in the six regions performed with respect to the four publicly reported provincial indicators between April 2013 and April 2014.

Table 3
Provincial Indicators Broken Down by Region (Averages) with Comparison

| Region | % of Residents Who Had a Recent Fall | % of Residents With Worsening Bladder Control | % of Residents With Pressure Ulcers that Recently Worsened | % of Residents Who Were Physically Restrained |
|--------|--------------------------------------|---|--|---|
| Simcoe | 21.27 | 24.48 | 4.43 | 5.3 |
| Peel | 13.60 | 27.70 | 2.70 | 4.4 |
| Durham | 15.30 | 19.05 | 2.70 | 13.0 |
| Halton | 15.03 | 11.93 | 2.33 | 4.8 |

| Region | % of Residents Who Had a Recent Fall | % of Residents With Worsening Bladder Control | % of Residents With Pressure Ulcers that Recently Worsened | % of Residents Who Were Physically Restrained |
|-----------|--------------------------------------|---|--|---|
| Toronto | 12.51 | 19.27 | 2.91 | 1.7 |
| York 2014 | 10.50 | 36.95 | 1.80 | 4.9 |
| York 2013 | 11.65 | 32.85 | 3.55 | 9.9 |

York Region Homes performed better than other regions with respect to the percentage of resident falls and worsening pressure ulcers, and performed comparably to others on the percentage of residents physically restrained. The Homes also showed signs of continuous improvement (one to five per cent) between 2013 and 2014 on these three indicators as a result of enhancements to the interdisciplinary programs related to each indicator.

The Homes did not perform as well as other regions with respect to the percentage of residents with worsening bladder control. It is anticipated that the Homes will show improved performance on this indicator with the implementation of the related program in 2015, which is designed to improve and create consistency in reporting and documentation in order to more adequately support the care being provided in the Homes.

Satisfaction Surveys

Annual Satisfaction Survey reveals respondents are generally pleased with their Home and the services provided

Resident and family satisfaction surveys were conducted by the Homes in 2014. Thirty-six per cent of eligible residents (i.e. long-term care residents that are cognitively well) responded to the survey. The majority of respondents provided a positive overall rating of their home, indicating they are satisfied with food quality, involvement in care decisions, comfort of the Home and level of privacy afforded. Ninety-five per cent of respondents indicated they are treated with respect and dignity by staff. Ongoing effort will be made to improve the resident response rate.

The response rate for the family/designate satisfaction survey was significantly higher at 58 per cent, with similar positive outcomes with respect to overall rating of Homes and treatment of their loved ones by staff. Table 4 details resident satisfaction ratings.

Table 4
Resident Satisfaction Survey Responses in Certain Areas
(Newmarket and Maple) – Yes/No Scale

| | Overall Rating of Home* | Treated with Respect/ Dignity | Provided with Privacy | Involved in Care Decisions | Comfortable Home to Live | Food Quality |
|--|-------------------------|-------------------------------|-----------------------|----------------------------|--------------------------|--------------|
| % of Respondents Satisfied with these Traits of their Home | 79.5 | 94.9 | 84.6 | 71.6 | 93.6 | 82.8 |

* Percentage reflects those that provided a rating of good, very good or excellent when rating their Home overall.

Prominent Improvements in 2014

It is not simply about meeting standards in our Homes, it is about taking action and making decisions because it is the right thing to do.

Innovation, and improved food quality and production has created a pleasurable dining experience for residents

There has been an evolution in the quality of food and food services over the last three years, which began with the goal of creating a pleasurable dining experience for all residents. The Homes have moved away from serving food using re-therm technology (heating pre-cooked food), minimal use of fresh/seasonal produce and lack of appropriate equipment. Today, culinary certified chefs prepare fresh, made to order home-style cooking. The result has been the development of a comprehensive and highly regulated menu system using home-style recipes, nutritional analysis of menu items that cater to the dietary needs of all residents, and renovated dining rooms.

In addition to increasing the education of staff, residents and families, the momentum from this evolution has resulted in the introduction of innovative food-related programs and services, including:

- Fine dining experiences with loved ones in a restaurant atmosphere
- Taste testing and food demonstrations for residents
- Monthly kitchen tours

York Region Homes introduced holistic programs based on the unique needs and capabilities of all residents to improve quality of life

Results of the recreation and activities review has resulted in more innovative programs for residents. The philosophy driving these improvements is that programs need to be in place for all residents regardless of physical or mental capacity. Some of the distinctive programs implemented in 2014 include:

- Music enrichment - Therapeutic care for residents using music to address physical, emotional, cognitive, social and spiritual needs. (e.g. participation in Bell Choir, listening to an iPod).
- Seated ballroom dancing – A program available to all residents, but unique in that it is designed for those in wheelchairs.
- Life history boards – A family workshop intended to tell a story about the resident. A multi-disciplinary tool for staff to see the resident as a whole person.

Enhanced security features improve safety for residents, families and staff

In late 2010, a consultant was hired to review the Homes' security systems, policies and procedures. Following the review, recommendations were made to enhance security features, including:

- Updating Resident Wander Alert System
- Renovating reception areas
- Restricting access to certain areas within the Homes, installing security access
- Installing more cameras in resident-accessed public areas
- Upgrading parking lot lighting

Comprehensive security improvements were scheduled on a four-year implementation plan, with NHC completing all improvements in May 2015 and MHC to be completed by May 2016.

Implementation of the Ontario Telemedicine Network and increased use of nurse practitioners has extended the reach of health service providers

The Ontario Telemedicine Network is a transformative approach to resident-care, which allows for two-way video conferencing between residents and health service providers and specialists. The Network went live in NHC in late 2013 and a year later in MHC. Currently, the Homes use the Ontario Telemedicine Network for fracture clinic follow-ups, dermatology appointments, movement disorders for Parkinson patients, diabetic consults and internal medicine. Benefits of the Ontario Telemedicine Network for residents are extensive and include the following:

- Receive care in comfort of their Home
- Reduce travel time and costs
- Coordinated, team approach
- Timely diagnosis and treatment
- Improved resident and family experience
- Improved care transitions

As well, nurse practitioners have become a positive and consistent fixture in the Homes. The objectives and subsequent outcomes have been: increased education of nursing staff; ability to assess residents onsite; specialized services being expedited; and improved communication/transition to and from hospitals.

Financial indicators are closely monitored, analyzed and evaluated

Every long-term care home must complete the following financial reports for the MOHLTC's audit review:

- Annual reconciliation report
- Quarterly financial statistical performance for the Management Information System of the CLHIN
- Compliance with the reporting standards of the Long-Term Care Service Accountability Agreement with the CLHIN

York Region’s Homes are in good standing on financial matters.

Table 5 provides a snapshot of York Region’s comparative costs to other municipal homes using information from the Ontario Municipal Benchmarking Initiative.

**Table 5
Annual Financial Indicators**

| LTC and Seniors’ Division Information | York Region Homes 2013 Data | 2013 OMBI Average | York Region Homes 2014 Data |
|--|-----------------------------|-------------------|-----------------------------|
| Facility operating cost per bed day (LTCR 305) | \$267.70 | \$230.07 | \$276.39* |
| Resident acuity level (LTCR 220) | 102.53 | 100.09 | 101.90 |

*2013 results restated after publication for comparability to 2014 results.

A consultant has been engaged to complete a detailed cost analysis of York Region’s costs compared to other municipal homes.

Link to key Council-approved plans

One of the strategic objectives Council will focus on in support of Community Health and Well-Being is protecting public health; and one of the related performance measures of CLHIN is to “decrease the number of long-term care residents transported to hospital”. The continued use of the Ontario Telemedicine Network and nurse practitioners in the Homes are two ways York Region’s Homes will continue to support the 2015 to 2019 Strategic Plan.

5. Financial Implications

Tables 6 illustrates the Long-Term Care Homes 2014 Operating Costs

Table 6
Long-Term Care Homes 2014 Operating Costs

| | \$ Million |
|-----------------------------------|------------|
| Long-term care operating costs | 28.7 |
| Allocated Corporate Support Costs | 2.8 |
| Gross Operating Costs | 31.5 |
| Less: Revenues | 18.2 |
| • Residents contribution – \$5.2M | |
| • Provincial Subsidy - \$12.9M | |
| • Regional Reserve - \$0.1M | |
| Less: Net Tax Levy * | 13.3 |

* Net tax levy represents 46 per cent of costs

6. Local Municipal Impact

Residents across the Region benefit from the care provided by York Region's two long-term care homes. These Homes support the health of citizens in the municipality by offering short and long-stay services, respite care, convalescent care, continuing care and full-time residential nursing care. These services also support the families of those benefiting from the services.

7. Conclusion

York Region Homes performed well in 2014.

- The Homes performed favourably on three of the four publicly reported performance indicators, and will continue to strive for positive outcomes in these areas.
- A program has been created that, once implemented in 2015, is anticipated to improve performance on the fourth indicator (percentage of residents with worsening bladder control) by improving and creating consistency in reporting and documentation.
- Notable improvements in food quality and production, security, holistic programs for all residents and the successful implementation of the Ontario Telemedicine Network were realized.

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- Residents and their families indicated they are pleased with their respective Homes and the quality of the services provided.
- Positive actions were taken to respond to inspection findings, which will continue to improve communication with residents.

In 2015, the Homes will continue to build on the successes of 2014, maintain a high level of resident centred care and focus improvement efforts using their respective Quality Improvement Plans.

A medication management audit was recently conducted. Results will be presented to the Audit Committee in October 2015.

For more information on this report, please contact Norm Barrette, Chief and General Manager, Paramedic and Seniors Services at ext. 74709.

The Senior Management Group has reviewed this report.

September 17, 2015

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Accessible formats or communication supports are available upon request