

Clause 14 in Report No. 12 of Committee of the Whole was adopted, without amendment, by the Council of The Regional Municipality of York at its meeting held on September 22, 2016.

14

2015 Long-Term Care Homes Performance Management Report

Committee of the Whole recommends:

1. Receipt of the video presentation by Dr. Catherine Meunier, Medical Director, Community and Health Services.
2. Adoption of the following recommendation contained in the report dated August 15, 2016 from the Commissioner of Community and Health Services:
 1. Council receive this report for information.

Report dated August 15, 2016 from the Commissioner of Community and Health Services now follows:

1. Recommendation

It is recommended that Council receive this report for information.

2. Purpose

This report serves as the annual performance management report for York Regional Council in its capacity as the Committee of Management for the Region's Long-Term Care Homes (Homes). Annual performance reports assist Regional Council in carrying out its responsibility for oversight of the Homes' compliance with the *Long-Term Care Homes Act, 2007* and *Ontario Regulation 79/10* (the Regulation).

3. Background

York Region operates two long-term care homes

York Region operates Maple Health Centre and Newmarket Health Centre that together have a total of 232 beds. Residents receive nursing and medical care and personal support services in a flexible environment that supports their individuality and respects their cultural diversity.

Maple Health Centre has 100 beds: 82 long-term care long-term care beds for adults over the age of 18 who are not able to live in their own homes; 15 convalescent care beds for people discharged from hospital but not yet ready to return home; and three respite care beds for people with disabilities whose regular caregivers are on vacation or need a rest.

Newmarket Health Centre has 132 beds: 110 long-term care beds, 19 convalescent care beds and three respite care beds. Four of the long-term care beds are designated for Canada's veterans.

The Region's Homes are in high demand with an almost four-year wait time for each Home

The Region's seniors' population is experiencing the most growth of all age groups. There were more than 120,000 people aged 65 and older in 2012 and this number is expected to be more than 310,000 by 2031. This growth is contributing to increased demand and long wait-lists for long-term care.

There are 28 long-term care homes in York Region that provide a total of 3,534 beds. The Region's Homes are in high demand, particularly for basic accommodation which is two people sharing a room. The Central Community Care Access Centre's (Central CCAC) publication *Choosing a Long-Term Care Home, March 31 2016* reports that nine out of ten people who want basic accommodation wait 1,438 days for Maple Health Centre and 1,449 days for Newmarket Health Centre – almost four years each. The average wait time for basic accommodation in other long-term care homes throughout York Region is 727 days.

Residents have complex needs due to cognitive impairment, chronic illnesses and responsive behaviours

The longer people have to wait to access long-term care, the more serious their care requirements can become.

In 2015, the majority of the Homes residents were females over the age of 80, with 91 residents aged 80-89 and 86 residents aged 90-99. The languages spoken by the Homes' residents reflect those of their local communities. English was the first language for 91 per cent of Newmarket Health Centre residents and 47 per cent of Maple Health Centre residents. Italian was the first language for 36 per cent of Maple Health Centre residents, with a variety of other languages spoken by the remainder.

The most common diagnosis for residents of both Homes was dementia. This was followed by Alzheimer's disease and hypertension in Maple Health Centre, and convalescence following fractures and strokes in Newmarket Health Centre. The majority of residents in both Homes have multiple diagnoses.

Providing high-quality care to meet the residents' complex needs requires intensive and time-consuming levels of care, ongoing training for staff to develop and maintain skills, the ability to communicate effectively with residents who are unable to speak or understand English, and the provision of a variety of therapies and programs to meet the residents' physical, emotional, social, spiritual and intellectual needs.

Staff strive to give excellent, holistic, person-centred care

Long-term care staff collaborate to create environments where residents feel at home, are treated with respect, and have the supports and services they need. The Homes use a multi-disciplinary approach to provide holistic, person-centred care for each resident. Staff from all disciplines – including nursing, social work, activation, medical, dietary, environmental and spiritual care – collaborate with residents and their families to develop customized plans of care that meet each resident's unique physical, social, emotional, intellectual and spiritual needs.

Residents have access to quality medical care at all times

The Homes have a medical team comprised of a Medical Director and eight attending physicians. The Medical Director oversees the care provided by the attending physicians and ensures that continual medical support is available for residents at all times in both Homes. Each Home has four attending physicians who visit their assigned residents twice per week and provide an in-house on-call system to ensure that residents have continual access to medical care. To support the continued delivery of quality care, the physicians meet quarterly with the Medical Director, the Homes' contracted pharmacist and senior long-term care management to discuss policy, emerging evidence, best practices and other quality improvement initiatives.

External health care providers supplement the services provided

The Homes arrange for residents to access services provided by other healthcare providers and community agencies, including the following:

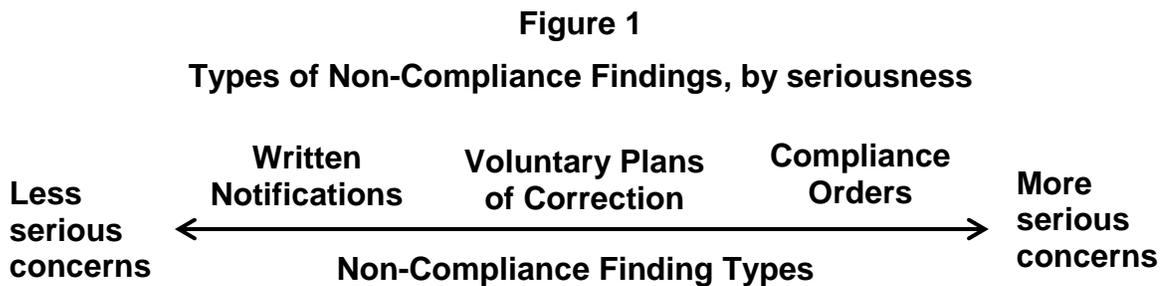
- Nurse practitioners from Mackenzie Health and Southlake Hospitals who, in collaboration with the Homes' attending physicians, assist in providing support to residents with acute illnesses and injuries and prevent Emergency Department transfers and admissions.
- The Ontario Telemedicine Network, through which residents can access most specialties such as fracture clinic follow-ups, diabetic consults, dermatology appointments, movement disorder consults for Parkinson's disease, psychogeriatric consults and internal medicine consults.
- Services provided by partners such as the Alzheimer's Society, the Multiple Sclerosis Society, MediSystem's Pharmacy Services, the Ontario Brain Injury Association, Psychogeriatric Resource Consultants, the Regional Infection Control Network, York Durham Aphasia and others.
- A partnership with LOFT Community Services to participate in the Ontario Behavioral Supports Systems initiative, which benefits residents with severe responsive behaviours and augments the support provided by York Region's Psychogeriatric Resource Consultants.
- Ontario Shores, which provides specialized services to meet the complex mental health needs of seniors with serious mental illness.
- Contracted services to provide residents with physiotherapy, vision care, foot care and hair care.

The Homes operate within a comprehensive accountability framework

Long-term care homes in Ontario are governed by the *Long-Term Care Homes Act, 2007* and its Regulation, which set high standards for the operations of Homes, the quality of care provided, and the means by which Homes will be held accountable for compliance with the legislation.

The Ministry of Health and Long-Term Care inspects Homes at least once per year to ensure compliance with legislation

The Ministry of Health and Long-Term Care Quality Inspection Program safeguards residents' rights, safety, security and overall quality of life by conducting unannounced inspections of all Homes at least once per year and more often if needed to investigate complaints, concerns and critical incidents. Inspections include confidential interviews with residents, family members and staff, as well as direct observations of care being delivered.



During its inspections, the Ministry may issue non-compliance findings according to the degree of seriousness, as shown in Figure 1:

- Written Notifications are issued for minor concerns. Follow-up inspections are not required.
- Voluntary Plans of Correction are issued for less serious concerns. Follow-up inspections are not required but the Home must demonstrate compliance at the next inspection.
- Compliance Orders are issued for serious concerns that affect the residents' safety and wellbeing. Follow-up inspections are required to ensure the concern has been remedied.

All non-compliance findings listed in the inspection report are shared with the Home and posted publicly on the Ministry of Health and Long-Term Care's website.

The Homes must comply with other requirements

The Homes must comply with the following accountability measures to ensure they are meeting legislated standards of care and other requirements:

- Provide indicator data to the Canadian Institute for Health Information on safety, appropriate and effective treatment and the health status of the residents.
- Seek feedback from residents and family members about the quality of care and services provided through conducting the annual Resident and Family Satisfaction Surveys, attending Resident and Family Council meetings when invited, and participating in informal discussions.
- Review and evaluate programs annually.
- Submit an annual quality improvement plan to Health Quality Ontario.
- Notify the Ministry of Health and Long-Term Care about any complaints and critical incidents.
- Implement infection control programs.
- Undergo periodic inspections by York Region Public Health and the Ministry of Labour to ensure compliance with applicable legislation.
- Complete financial reports for the Ministry of Health and Long-Term Care's audit review, including an annual reconciliation report, quarterly financial statistics for the Central Local Health Integration Network's (Central LHIN) Management Information System and other reporting requirements of the Service Accountability Agreement with the Central LHIN.

4. Analysis

The Ministry of Health and Long-Term Care inspected the Region's Homes seven times in 2015

Inspections were conducted four times at Maple Health Centre and three times at Newmarket Health Centre in 2015, an increase from once each in 2014. On average, 8.3 findings of non-compliance were found per inspection, compared to eight findings per inspection in 2014. Table 1 provides comparator information on the frequency of inspections and average number of non-compliance findings per inspection for Simcoe County, the Regions of Peel, Durham, Halton, Niagara and York and the City of Toronto.

Table 1
Ministry of Health and Long-Term Care Inspections
and Findings of Non-Compliance in 2015

Municipality (Number of Homes)	Total Number of Inspections	Total Number of Non-Compliance Findings	Average Number of Non-Compliance Findings per Inspection
York (2)	7	58	8.3
Toronto (10)	24	202	8.4
Halton (3)	5	54	10.8
Durham (4)	19	97	5.1
Peel (5)	8	89	11.1
Simcoe (4)	12	86	7.2
Niagara (8)	21	119	5.7

Source: http://publicreporting.ltchomes.net/en-ca/Search_Selection.aspx . Accessed on April 25, 2016

The Region's Homes did well in the 2015 Ministry of Health and Long-Term Care inspections

The majority of findings (76 per cent) from the seven inspections were written notifications for minor concerns such as not maintaining a record of a program evaluation, and the remainder (24 per cent) were for voluntary plans of correction such as incomplete plans of care. The Homes did not receive any compliance orders for serious concerns in 2015, an improvement from 2014 when two such orders were received.

Publicly reported performance indicators on long-term care homes help to assess safety, appropriateness and effectiveness of care and health status

Long-term care homes provide data on nine performance indicators to the Canadian Institute for Health Information, making this information publicly available. The indicators are grouped into three themes: safety; appropriateness and effectiveness of care; and health status. The combined indicator results for the Region's Homes and those of the comparator municipalities are illustrated in Attachment 1.

Safety – The Region's Homes are doing well on the two indicators assessed to help determine if residents are getting the safest care possible:

- **Falls in the last 30 days** tracks how many residents fell in the 30 days prior to the date of their quarterly clinical assessment. The Region had one of the lowest rates at 13.9 per cent.
- **Worsened pressure ulcers** looks at the rate of residents who had a pressure ulcer that got worse over a period of time. The Region had one of the lower rates at 2.7 per cent.

Appropriateness and Effectiveness of Care – As shown in Attachment 1, the Homes were midrange among the comparator municipalities on the two indicators that assess if residents are receiving the care they need:

- **Restraint use** is not considered best practice in the long-term care sector and has been declining over the past several years. The Region had one of the lower rates at 3.5 per cent.
- **Potentially inappropriate use of antipsychotics.** The Region's rate was 30.5 per cent, in the mid-range compared to other municipalities.

Health Status – As shown in Attachment 1, the Region's Homes had mixed results on the five indicators that measure the health status of residents:

- **Improved Physical Functioning** tracks how many residents improved or remained independent in transferring and locomotion. The Homes did well with a rate of 34.1 per cent.
- **Worsened Physical Functioning** looks at how many residents worsened or remained completely dependent in transferring and locomotion. York Region had the highest rate at 41.8 per cent. This has become a focus for improvement in 2016.
- **Worsened Depressive Mood** measures the rate of residents whose symptoms of depression got worse over a period of time. The Homes are having some success with this indicator with a rate of 18 per cent, one of the lower rates seen.
- **Experiencing pain** measures the percentage of long-term care residents who indicated they were experiencing moderate to significant levels of pain on assessment. The Homes are doing well on this indicator with a rate of 4.4 per cent, at the low end of the range seen across the comparator municipalities.
- **Experiencing Worsened Pain** looks at the percentage of residents who had worsened pain. York Region had one of the higher rates at 16 per cent. This has become a focus for improvement in 2016.

Annual Satisfaction Surveys confirm that residents and their families are pleased with the quality of the Homes

Satisfaction surveys were offered to long-term care residents in both Homes who were cognitively able to complete them, as well as to the families of all long-term care residents and to convalescent care residents. The surveys were completed by 44 long-term care residents, 79 families of long-term care residents and 62 convalescent care residents. The results are presented in Table 2.

Table 2
Annual Satisfaction Survey Results

Respondents	Percentage (%) of Residents Who Responded Favourably					
	Overall Rating* of the Homes	Given Privacy	Involved in Care Decisions	Comfort of Homes	Treated with Dignity and Respect	Satisfied with Food Quality
2015	91	96	93	93	89	84
2014	80	85	72	94	95	83

* Percentage reflects the number of respondents who rated the Homes as Good, Very Good or Excellent

The 2015 Satisfaction Survey results demonstrated several improvements from 2014, including increased numbers of respondents who responded that: the Homes were good, very good or excellent; residents were given privacy; and they were involved in decisions about their (or their family member's) care.

The percentage of respondents who felt the Homes were a comfortable place to live was 93 per cent in 2015, similar to 94 per cent in 2014. The percentage of respondents who reported being treated with dignity and respect was 89 per cent, down slightly from 95 per cent in 2014. Eighty-four per cent of respondents reported satisfaction with the food quality, compared to 83 per cent in 2014.

Long-term care staff used results such as these along with many other factors to drive quality improvement initiatives.

Continuous quality improvement remains a priority

A Continuous Quality Improvement framework is in place to ensure a constant focus on delivering quality resident care and meeting legislative requirements for operating the Homes.

Internal quality indicators are reviewed monthly to better understand the resident population and to analyze how successfully programs are being implemented,

monitored and evaluated. Long-term care staff develop annual Quality Improvement Plans using these indicators, along with others such as Ministry of Health and Long-Term Care inspection results, Canadian Institute for Health Information indicators, satisfaction survey results, Medical Advisory and Therapeutics Committee suggestions and best practices. Newmarket Health Centre and Maple Health Centre submitted Quality Improvement Plans to Health Quality Ontario in 2015. Examples of goals set and met in 2015 include the following:

- **To encourage least restraint use:** Assessed the use of restraints for all residents in Maple Health Centre to ensure that the policy was being followed and provided the Resident and Family Councils in Maple Health Centre with education on the Least Restraint Program and the opportunity to give feedback. This improvement program was also discussed by the Medical Advisory and Therapeutics Committee and reviewed with all the attending physicians.
- **To reduce the number of residents with worsening bladder control:** Updated the protocol for assessing and addressing urinary tract infections according to evidence-based practices and ensured that all physicians, nurse practitioners and front-line nursing staff receive education on the new protocol.
- **To prevent the potentially inappropriate use of antipsychotics:** Reviewed the medication records for all residents on antipsychotic medications to assess if they have a relevant diagnosis of psychosis. Attending physicians were provided with quarterly pharmacy audits and medication management support as well as education on best practices. Prescription practice and behavioural monitoring was done through Medical Advisory and Therapeutics Committee reports.
- **To prevent pressure ulcers:** Provided staff with a Skin and Wound Quick Reference Guide attached to each treatment cart, and improved organization of the treatment carts. The guide was also presented to all attending physicians as part of ongoing education at Medical Advisory and Therapeutics Committee.

Quality improvement initiatives support the Homes' preparations for accreditation in 2017

The Region's Homes are seeking accreditation from the Commission on Accreditation of Rehabilitation Facilities in 2017. Accreditation assures residents, their families and other stakeholders that the Region's Homes have met or exceeded international standards of excellence within the long-term care sector and are committed to ongoing continuous quality improvement. Additional provincial funding is available for homes that are accredited. It is anticipated that, in the future, all provincially funded long-term care homes and seniors' community programs will need to be accredited.

Preparation for accreditation began in January 2015 with a self-assessment of current programs, processes and policies against accreditation standards to identify areas for strengthening. Action plans were developed to meet the standards and an evidence-of-conformance tool was created to track progress towards readiness for the accreditation survey. Work is underway to prepare for the accreditation survey, which will begin in the spring of 2017.

Staff consultations and training for improved resident care have been instituted recently

A newly formed Staff Advisory Council conducted a series of peer-to-peer facilitated focus groups with long-term care staff, with a focus on improving communications for improved resident care. Strategies have been implemented to improve communications including senior management having more face-to-face interaction with all levels of staff, providing a director's newsletter for staff, and attending more staff meetings in person to provide updates and receive staff input.

To support improved resident care, all frontline staff were also provided with training in 2015 on topics such as preventing abuse and neglect, least restraints, residents' rights, infection prevention and control and responsive behaviours. Nursing staff received additional training in medication management, continence care and other care-related topics.

The value placed by staff on providing quality resident care was demonstrated when Newmarket Health Centre staff nominated one of their nursing peers for the 2015 Toronto Star Nightingale Award. This annual award is given to an Ontario nurse nominated for their skill, dedication and excellence in the workplace by residents or peers.

Facility improvements were initiated to increase residents' comfort and safety

A modernization project was started in both Homes in 2015 with the hiring of a consultant to plan new, more "home-like" interior designs. Resident and staff feedback was requested and incorporated into the new design.

Within Maple Health Centre, an upgraded security system was installed to enhance residents' protection and safety, windows were replaced to provide better insulation and temperature control, and planning was started for enclosing the balconies to provide residents with more useable space, to be completed in 2017.

Enhancing the Volunteer Program has enriched residents' lives

All Homes are required by the *Long-Term Care Homes Act, 2007* to have a Volunteer Program, and in 2015 the Homes undertook several initiatives to enhance their Volunteer Program. A Volunteer Coordinator was hired to redevelop and strengthen the Volunteer Program, and develop a plan for ongoing volunteer recruitment from service groups, faith communities, charity organizations, high schools, colleges and universities. Volunteers must undergo an application, interview and screening process before being accepted.

The Homes' volunteers enhance residents' lives through providing pet therapy, facilitating spiritual programs, operating the Homes' Tuck Shops, taking the residents on outings, assisting with recreational programs and supporting special events. The enhancement of the Volunteer Program is increasing opportunities for residents to interact with community members and each other in ways that enrich their lives.

The changing face of recreation programming helps to meet residents' needs more fully

Recreation programming has moved from larger group social entertainment programs to more holistic programs tailored to residents' needs where the person's interests, abilities, spiritual beliefs, ages and health concerns are considered, as well as risks and safety issues for both residents and staff and the need for specialized diets, medication and continence care. Under the person-centred care philosophy, programs of activities are developed for each resident that consider his/her physical, social, emotional, intellectual and spiritual needs, rather than the person's diagnosis only. For example, a resident who has a cognitive impairment would be offered intellectual activities to help maintain his/her functioning, as well as exercise, chances to socialize, opportunities to attend faith-based programs if desired and other recreational opportunities.

When carrying out programs, staff observe residents for visual, non-visual and verbal clues to assess their level of participation and enjoyment of programs offered. These cues are specific to each resident and help staff tweak programs to ensure that each resident benefits from participating in them.

Newmarket Health Centre was proud to have one of its residents carry the Pan Am Games Torch in June 2015 on behalf of York Region Seniors Services. A celebration was held for family and friends to mark this important event.

Link to key Council-approved plans

The operation of the Region's long-term care homes is aligned to the following Council-approved plans: the Regional Official Plan's objective to ensure that human services are provided to meet the needs of residents and workers; Vision 2051's goal to provide appropriate housing for all ages and stages; and the strategic priorities in the Region's 2015-2019 Strategic Plan to support community health and wellbeing and to provide responsive and efficient public service. The Homes' increasing collaboration with nurse practitioners and other health care service providers supports the Strategic Plan's performance measure to "decrease the number of long-term care residents transported to hospital".

5. Financial Implications

Table 3 illustrates York Region's operating costs compared to other municipal homes using information from Municipal Benchmarking Network Canada, formerly the Ontario Municipal Benchmarking Initiative.

Table 3
Annual Financial Indicators

Long-Term Care and Seniors' Division Information	York Region Homes 2014 (\$)	2014 Municipal Benchmarking Network Canada Average (\$)	York Region Homes 2015 (\$)
Facility operating cost per bed day (LTCR 305)	276.39	238.17	286.70
Resident acuity** level (LTCR 220)	101.90	101.60	100.87

** Resident acuity is a scale measurement used by the Ministry of Health and Long-Term Care as a factor when determining funding.

Table 4 illustrates the Long-Term Care Homes' 2015 Operating Costs.

Table 4
2015 Operating Costs

	\$ (million)
Costs and Revenues	
Long-term care operating costs	27.5
Allocated corporate support costs	3.7
Gross operating costs	31.2
Less Revenues	18.0
Residents' contribution – \$5.1 million	
Provincial subsidy – \$12.8 million	
Regional Reserve – \$0.1 million	
Net Tax Levy	13.2

* Net tax levy represents 48 per cent of costs

6. Local Municipal Impact

The operation of the Region's two long-term care homes benefits the residents of the Region's nine local municipalities by providing local options for high-quality

respite care, convalescent care and long-term residential, medical and nursing services.

7. Conclusion

The Region's Homes focused on continuous quality improvement in 2015, with positive results. The Homes did well in Ministry of Health and Long-Term Care inspections with no serious concerns found. Publicly reported performance indicators showed that the Homes are providing safe, appropriate and effective care. The annual family and resident surveys revealed that a high majority find the Homes to be a comfortable place to live, and provided high satisfaction ratings for the comfort of the Homes, being involved in care decisions, the privacy afforded, and being treated with dignity and respect.

In 2016, long-term care staff will continue to focus on continuous quality improvement and service excellence in all program areas through innovation, staff development and engagement, improved communications and relationship development. Other objectives to be achieved include:

- Continuing to support the York Region Seniors Strategy Advisory Task Force, participating in staff consultations to inform the development of the seniors strategy and providing information, advice and a seniors/long-term care lens in the development of the York Region Seniors Strategy.
- Continuing work to improve end-of-life support and care issues.
- Piloting various therapies for enhancing resident engagement and enjoyment of life.
- Partnering with York Region Paramedic Services to trial Community Paramedicine enhanced support in the Homes.

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

The Senior Management Group has reviewed this report.

August 15, 2016

Attachment (1)

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Accessible formats or communication supports are available upon request

Canadian Institute for Health Information Indicators by Municipality, 2014-2015

Canadian Institute for Health Information Indicator

