

Clause 15 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 21, 2017.

15

2016 Long-Term Care Homes Performance Management Report

Committee of the Whole recommends adoption of the following recommendation contained in the report dated August 22, 2017 from the Commissioner of Community and Health Services:

1. Council receive this report for information.
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Report dated August 22, 2017 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 provides the annual performance management report on the Regional Municipality of York's Long-Term Care Homes (LTC Homes) and assists Council in meeting its obligations as the Committee of Management under the *Long-Term Care Homes Act, 2007* and *Ontario Regulation 79/10*. The Committee of Management is responsible for monitoring the Homes' compliance with the long-term care legislation and receives annual reports to meet its obligations.

3. Background

York Region operates Maple Health Centre and Newmarket Health Centre caring for a total of 232 residents

In the Region's long-term care homes (LTC Homes), 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 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.

York Region operates two of the 28 long-term care homes in the region

Overall in York Region, there are 28 long term care homes with 3750 beds. These are operated by the Region (2), non-profit organizations (10) and private sector companies (16) – see Attachment 1: Map of Long-Term Care Homes in York Region.

Long-term care homes must comply with legislated standards of care and numerous accountability requirements

The *Long-Term Care Homes Act, 2007* and the associated *Ontario Regulation 79/10* require 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 are legislated for 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 requirements 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 that highlight key improvements to be made in the LTC Homes' programs and services are submitted annually to the MOHLTC

The majority of residents in our Homes have two or more chronic diseases

As reported to Council on June 29, 2017, rapid population growth and an aging population continue to place pressure on both paramedic and long-term care resources ([2015 to 2019 Strategic Plan Year 2 \(2016\) Progress Report](#)).

Ontario's *Aging at Home* Strategy supports healthy independent living for seniors within their own communities and sets stricter admission criteria for long-term care so that only people with high care needs are eligible. As a result, residents being admitted to the Region's LTC Homes are older, frailer, more likely to have dementia, acute and complex care needs, and possibly require more transports to hospital by paramedics. For example:

- The proportion of the LTC Homes' 232 residents over the age of 80 increased to 77 per cent in 2015. In comparison, it was 54 per cent in 2005.
- Most residents have two or more chronic diseases and require multiple medications. Sixty-nine percent of residents take eight or more medications daily.
- Dementia is the most common diagnosis in both LTC Homes. As of June 30, 2016, 55 per cent of Newmarket Health Centre residents and 67 per cent of Maple Health Centre residents had a diagnosis of dementia.

- A significant proportion of residents are showing worsened cognitive ability and worsened behavioural symptoms at the resident health assessments conducted every three months. At each quarterly assessment conducted from June 2013 to June 2016, an average of 14 per cent of residents had worsened cognitive ability and an average of 13 per cent had worsened behavioural symptoms.

The priority of providing quality care for residents is becoming more challenging. As the care needs of new long-term care residents increase, so does the staff's workload. Residents require more help with activities of daily living and responsive behaviours however staffing levels for nurses and personal support workers remain unchanged. MOHTLC funding is increasing by 1.75 per cent, which helps to cover the costs to maintain current staff levels but not to increase them. Staff continue to look for efficiencies to respond to growing needs within the current budget.

Demand for the LTC Homes is high. As of June 20, 2017, 502 people were on Newmarket Health Centre's waitlist and 616 people were on Maple Health Centre's waitlist making the Region's LTC Homes among some of the most in demand. Two beds become available each month on average in each Home, in comparison to the average turnover rates for the region's non-profit homes (2.4 beds per month) and private homes (2.9 beds per month). It is anticipated that demand for long-term care beds will continue to increase in coming years. Research undertaken for the York Region Seniors Strategy estimates that the number of seniors aged 85 or older will increase from about 14,000 in 2011 to more than 30,000 in 2031.

The MOHLTC continues to focus on providing supports to help seniors age at home rather than increasing the number of long-term care beds. As such, the LTC Homes can expect that only those most in need of care will be able to access long-term care, and these residents will have increasingly complex care needs that will place greater demands on nursing and personal care services.

4. Analysis and Implications

The LTC Homes' publicly reported performance indicators showed areas of strength and areas for growth

Publicly reported performance indicators are used to assess safety, the appropriateness and effectiveness of care and the health status of residents.

Long-term care homes report on mandatory performance indicators to the Canadian Institute for Health Information (CIHI), which then makes certain information publicly available. LTC Homes must provide data on 35 indicators, nine of which are publicly-reported. These are grouped into three themes:

- Safety – reflected by falls in the last 30 days and worsened pressure ulcers.
- Appropriateness and Effectiveness of Care – reflected by restraint use and potentially inappropriate use of antipsychotics.
- Health Status – reflected by improved physical functioning, worsened physical functioning, worsened depressive mood, experiencing pain and experiencing worsened pain.

The LTC Homes' performance indicator results are presented in Table 1 below, along with explanations of what the results assess, how the results fared in comparison to other municipalities, and any actions being taken to address them. (Note: The performance results for comparator municipalities and the province are provided in Attachment 2.)

**Table 1:
CIHI Performance Indicators for York Region Long-Term Care 2015-2016**

Health Status Performance Measure	Description of Measure	2016 Regional Performance	Comparator	Response
THEME: SAFETY – A continued focus for improvement				
Falls in the last 30 day	Tracks how many residents fell in the 30 days prior to their quarterly clinical assessment	17.6%	The Region's rate was in the mid-range	Staff have received training and resources to reinforce best practices

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Health Status Performance Measure	Description of Measure	2016 Regional Performance	Comparator	Response
Worsened pressure ulcers	Looks at the rate of residents who had a pressure ulcer that got worse over a period of time	3.9%	The Region had the second highest rate among comparator municipalities	Processes and training were implemented to reduce residents' risk of developing pressure ulcers. Documentation processes are being reviewed and standardized to achieve greater precision in data input and help to identify additional areas of improvement in this area
THEME: APPROPRIATE AND EFFECTIVE CARE – Strong performance				
Use of restraints	Restraint use is not best practice in the long-term care sector	1.0% The LTC Homes' rate decreased from 3.5 per cent in 2015	This was one of the lowest rates among comparator municipalities	Continue to monitor and make improvements as appropriate

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Health Status Performance Measure	Description of Measure	2016 Regional Performance	Comparator	Response
Potentially Inappropriate use of Antipsychotics	This indicator looks at how many long-term care residents are taking antipsychotic drugs without a diagnosis of psychosis	20.3%	The LTC Homes had the lowest rate against comparator municipalities, a decrease from 30.5 per cent in 2015	Continue to monitor and make improvements as appropriate
THEME: HEALTH STATUS – Benefiting from continuous quality improvements				
Improved Physical Functioning	Tracks how many residents improved or remained independent in transferring and locomotion	33.8%	The LTC Homes did well with the second best performance among comparator municipalities	Continue to monitor and make improvements as appropriate
Worsened Physical Functioning	Looks at how many residents worsened or remained completely dependent in transferring and locomotion	39.0%	The LTC Homes' rate decreased from 41.8 per cent in 2015 but was one of the highest rates among comparator municipalities	An evidence-based restorative care program is being researched in 2017 for implementation in 2018 to address this

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Health Status Performance Measure	Description of Measure	2016 Regional Performance	Comparator	Response
Worsened Depressive Mood	Measures the rate of residents whose symptoms of depression got worse over a period of time	20.3%	The LTC Homes' rate was in the mid-range compared to other municipalities	This indicator is being addressed on an ongoing basis at the quarterly medical meetings with the Medical Director, attending physicians, the Homes' contracted pharmacist and senior long-term care management
Experiencing Pain	Measures the percentage of residents who were experiencing moderate to significant levels of pain on assessment	3.1%	The LTC Homes rate was mid-range among comparator municipalities	This indicator is being addressed on an ongoing basis at the quarterly medical meetings
Experiencing Worsened Pain	Looks at the percentage of residents who had worsened pain	14.1%	The LTC Homes' rate decreased from 16 per cent in 2016 but was the second highest against comparator municipalities	Documentation processes are being reviewed and standardized to achieve greater precision in data input, which will more accurately reflect residents' actual pain status and may help to reflect a more accurate, lower rate

Annual survey results highlight residents' and families' satisfaction with the LTC Homes

Annual surveys are conducted to measure satisfaction with the LTC Homes and the care, services and programs provided.

Satisfaction surveys were offered in both LTC Homes to long-term care residents who had the cognitive ability to complete them, the families of all long-term care residents and convalescent care program residents. Long-term care staff use the results in combination with other factors to drive quality improvement initiatives.

In 2016 as part of a quality improvement initiative, the satisfaction surveys for LTC residents and their families were revised. Surveys were completed by 36 LTC residents and 70 families of LTC residents. The 2016 satisfaction survey for convalescent care program residents remained unchanged from previous years and was completed by 83 convalescent care program residents.

Ninety per cent of all respondents rated the LTC Homes as Good, Very Good or Excellent. A large majority of LTC residents (87 per cent), their families (86 per cent) and convalescent care program residents (90 per cent) indicated that residents were given privacy. Similarly the majority of all groups (90 per cent of LTC residents, 94 per cent of families, and 95 per cent of convalescent care program residents) felt residents were treated with dignity and respect.

A large majority of LTC residents also felt they were treated with compassion (88 per cent) and received a consistently good level of care (89 per cent). Fewer families of residents (70 per cent) responded favourably about the consistency of a good level of care. The LTC Homes are following up with families through the Family Councils and the Communication Liaison Group on resident care to better understand the feedback and develop approaches to improve.

There were mixed results for satisfaction with the food experience, with residents' satisfaction levels (81 per cent of LTC residents and 88 per cent of convalescent care program residents) being higher than that of families (63 per cent). New initiatives have been implemented in 2017 to improve satisfaction with the food experience, such as using food molds to make pureed foods resemble their original forms so that residents are more inclined to enjoy and finish their meals. Residents' and families' input was also sought through food tasting sessions, consulting with the Communication Liaison Group, and collecting home-style food recipes from residents to incorporate into menus.

Ongoing quality improvement efforts contributed to achieving the maximum accreditation rating possible

In 2015, the Region's LTC Homes began preparations to seek accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) in 2017. Accreditation is an endorsement that the LTC Homes have met or exceeded international standards of excellence in providing person-centred care and are committed to ongoing continuous quality improvement. Accreditation also makes the LTC Homes eligible for additional provincial funding.

The program and training improvements made in response to the Ministry of Health and Long-Term Care (MOHLTC) inspections and the publicly reported performance indicators also enhanced the LTC Homes' preparations to meet the accreditation standards.

In June 2017, Paramedic and Seniors Services received the accreditation results and the LTC Homes were successful in obtaining the maximum three-year accreditation from CARF.

Increasing emergency preparedness was a focus for 2016

To increase the ability of the LTC Homes' staff to respond to emergencies, the LTC Homes revised their Emergency Preparedness Plans, implemented emergency codes and recruited Emergency Preparedness Champions. All staff received training and resources and participated in mock drills to be better prepared to respond to emergency situations appropriately.

Improving risk management with the "Just Culture" approach

In 2016 the LTC Homes began implementing the "Just Culture" approach to risk management. This approach promotes a collaborative culture of safety, and has been successfully applied in several Canadian hospitals and healthcare institutions. The goal is to identify where the LTC Homes' systems and staff are vulnerable for errors to occur and work towards optimizing reliability in those areas. Analysis of adverse events focuses on identifying root causes and risks, not fault. Efforts are made to ensure that appropriate systems and processes are in place, communication is clarified and education provided so that staff can be coached to make the most correct decision in every situation.

New holistic programs were introduced to improve residents' quality of life

Continuing from previous years, Maple and Newmarket Health Centres continue to introduce several new person-centred programs to meet residents' needs in 2016. Examples of programs introduced in 2016 include:

- Doll therapy – the careful use of dolls to improve the well-being of residents with dementia by bringing back happy memories of early parenthood and helping residents to feel needed and useful. This may help to reduce anxiety and responsive behaviours.
- Sensory carts – a portable collection of items that encourage sensory exploration and relaxation for residents with severe cognitive impairment to use in the comfort of their own rooms.
- Dare to Dream program – provides residents with the opportunity to have a positive and meaningful experience of their choosing. An example is a resident who wished to be strong enough to be able to attend her daughter's wedding and stand up from her wheelchair for the wedding photos. The care team began work months ahead, exercising with the resident to strengthen her legs so she could stand up. A professional makeup artist volunteered her services and many staff offered dresses and accessories for the resident to wear. Transportation was arranged and a team member switched her day off to accompany the resident to the wedding. Our resident looked and felt like a queen and had a wonderful time seeing her daughter walk down the aisle and reconnecting with family members.

Facility improvements were made for increased comfort and safety

Maple Health Centre staff worked with Vaughan Fire and Rescue Services to upgrade the door security system so that resident areas would be secured promptly after a fire alarm was clear; replaced fire alarms; and installed sprinklers in non-resident areas of the Homes (sprinklers are already in resident areas) for additional fire protection.

Maple Health Centre also continued planning work for the balcony enclosure project to be completed in 2017 to provide residents with more useable space.

Within Newmarket Health Centre, a former smoking room was repurposed into a lounge while another lounge was repurposed into a palliative care room. The

palliative care room provides an additional option for residents wanting more privacy and for family members looking to stay with residents for end of life care.

Both LTC Homes began using closed-circuit television (CCTV) in the LTC Homes' main areas and corridors, which proved to be helpful in following up with resident safety issues. The ability to review CCTV recordings helped with understanding and verifying sequences of events and resolving concerns.

A project team was established to plan and prepare for upgrading security technology that would enable more accurate staff sign in and sign out processes and enhanced security in the LTC Homes' sensitive areas (e.g., medication, treatment and central storage rooms).

Modernizing our Homes will enhance person-centred care and provide social benefits

Planning the modernization of the LTC Homes started in 2015 and continued in 2016 with the goal of creating a more welcoming and home-like interior design for enhanced delivery of person-centered care. Consultant-led discussions with residents, their families and staff recommended improvements such as:

- Create recognizable environments within the LTC Homes to help residents, visitors and others with way-finding. Different sets of colours, signs, symbols and features will be used for each LTC Home Area.
- Support social inclusion through making public spaces inviting and comfortable to create a sense of activity and engage residents and visitors in their surroundings.
- Create calm and soothing atmospheres by bringing nature inside with the use of natural lighting, paint colours and artwork that reflects nature.
- Provide residents with improved privacy and comfort by making resident rooms and tub rooms more homey, relaxing and soothing.
- Reconfigure nurses' stations to improve communication with residents and create a more open and friendly atmosphere.
- Reduce noise-induced stress and protect residents' privacy by controlling sound with acoustic ceiling tiles.

- Make walking and moving around the LTC Homes safer for residents with visual challenges through the use of flooring materials that reduces glare and provides better contrast.
- Create comfortable space for end-of-life care to meet residents' physical, social emotional and spiritual needs. Provide palliative care rooms for families to be present 24/7 in a private, comfortable setting.

These recommendations focus on enhancing wellbeing for residents, their families and staff. Some recommendations will be piloted in the LTC Homes' tub rooms, Newmarket Health Centre's auditorium and Maple Health Centre's balcony enclosure project in 2017. Specifically, colour and material combinations will be trialled to test if they are seniors-friendly and appropriate for residents with dementia. Staff continue to look for options to fund modernization of the two LTC Homes.

The Region's LTC Homes were inspected four times in 2016 and implemented improvements in response

The MOHLTC has implemented a Long-Term Care Home Quality Inspection Program to safeguard residents' wellbeing by conducting unannounced inspections of all LTC Homes at least once a year to ensure compliance with long-term care legislation.

MOHLTC may conduct additional inspections during the year to investigate complaints 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 MOHLTC may issue non-compliance findings for concerns identified. The non-compliance findings issued vary based on the degree of seriousness of the infraction:

- **Written Notifications** are issued for minor concerns. Examples of written notifications received in 2016 inspections include: (1) not maintaining a record of a program evaluation and (2) not ensuring that a resident or his/her substitute decision-maker was given an opportunity to participate in developing the resident's plan of care.

Written notifications do not require follow-up inspections, but it is expected that the Home will correct these issues. For the examples provided above, staff have taken steps to ensure that records of program evaluation are

maintained and that residents or their substitute decision-makers are involved in care planning.

- **Voluntary Plans of Correction** are issued for less serious concerns. Examples of Voluntary Plans of Correction from 2016 include: (1) failing to ensure that a resident is re-assessed and his/her care plan is updated according to the legislated timelines, and (2) failing to develop an individualized menu for any resident whose dietary needs cannot be met through the home's four-week menu plan.

Voluntary plans of correction do not require follow-up inspections, but compliance must be demonstrated at the MOHLTC's next inspection. For the examples provided above, staff have implemented processes to ensure that: (1) care plans are reassessed at least every three months or sooner if the resident's health status changes, and (2) the Homes' dietitian and dietary staff work together to ensure each resident's dietary needs are assessed and a customized menu is created for those who require it.

- **Compliance Orders** are issued for serious concerns such as failure to protect residents from injuries due to falls. Follow-up inspections are required for compliance orders to ensure corrective actions have been implemented by a specified date. In this example, staff were required to complete the following within one week of receiving the order: (1) identify all residents in the LTC Home at risk of falling, (2) review each resident's plan of care to ensure fall prevention interventions were included, (3) develop and implement a quality improvement process to ensure that any resident at risk of falling receives fall prevention interventions in their plan of care, and (4) document all steps taken to address the compliance order.

Overall, the MOHLTC inspected Maple and Newmarket Health Centres twice each in 2016, a decrease from four times and three times in 2015 respectively. On average, 8.3 findings of non-compliance were found per inspection, the same as in 2015. Just over half of the findings (58 per cent) were written notifications, 30 per cent were voluntary plans of correction, and the remainder (12 per cent or four orders) were compliance orders. Table 2 provides comparator information on the frequency of inspections, types of non-compliance findings and average number of non-compliance findings per inspection for the City of Toronto, Simcoe County, and the Regions of Durham, Halton, Niagara, Peel and York (York Region's LTC home traditional comparators).

Table 2
Ministry of Health and Long-Term Care Inspections
and Findings of Non-Compliance for Comparator Municipalities, 2016

Municipality (Number of Homes, number of beds)	Total Number of Inspections	Total Number of Non- Compliance Findings	Breakdown of non-compliance findings			Average Number of Non- Compliance Findings per Inspection
			Written notifications	Voluntary Plans of Correction	Compliance Orders	
York (2 Homes - 232 beds)	4	33	19	10	4	8.3
Niagara (8 Homes – 960 beds)	8	85	57	25	3	10.6
Simcoe (4 Homes – 541 beds)	6	61	38	19	4	10.2
Halton (3 Homes – 572 beds)	8	50	31	19	0	6.3
Toronto (10 Homes – 2,641 beds)	32	141	96	37	8	4.4
Peel (5 Homes – 703 beds)	11	41	24	14	3	3.7
Durham (4 Homes – 847 beds)	25	60	38	19	3	2.4

Source: http://publicreporting.ltchomes.net/en-ca/Search_Selection.aspx, accessed on May 18, 2017.

Action plans have been implemented to address non-compliance findings

Action plans were developed to address the non-compliance findings and the outcomes of a Nursing Program review conducted earlier in the year. Nurses and personal support workers were invited to focus groups for their input on improving resident outcomes. Measures have been taken to build staff capacity and leadership, to strengthen resident care programs and to improve documentation. Clinical processes for the Skin and Wound, Pain and Falls Prevention and Continence programs were reviewed and improved. Clinical resource nurses were hired to reinforce care and treatment expectations with frontline staff, coach them on best practices, and provide training and/or one-to-one education where needed. Random spot audits are being conducted to check that staff are conducting accurate assessments, documenting thoroughly, and following treatments plans.

New strategies were also put in place for improved communication and collaboration. Residents at high risk of falls or other concerns are discussed at LTC Home Area interdisciplinary meetings to ensure all staff members are aware of the residents' risks and the preventative measures put in place. Monthly meetings for nurses and personal support workers are held to improve communication and provide consistent messaging. The nursing management team meets monthly to evaluate resident health indicators, identify trends, and implement initiatives to address concerns and achieve improved resident outcomes.

A Responsive Behaviours program is also being developed to provide staff with further tools and resources for dealing with dementia-related behaviours.

5. Financial Considerations

Table 3 illustrates York Region's operating costs compared to other municipal homes* in the Greater Toronto Area using information from Municipal Benchmarking Network Canada (MBNCanada), formerly the Ontario Municipal Benchmarking Initiative. 2015 is the latest year for which MBNCanada data is available.

Table 3
Annual Financial Indicators

Long-Term Care and Seniors' Division Information	York Region Homes 2016	York Region Homes 2015	Toronto 2015	Halton 2015	Durham 2015
Number of Homes	2 Homes		10 Homes	3 Homes	4 Homes
Number of Beds	232 Beds		2641 Beds	572 Beds	874 Beds
Facility operating cost per bed day (MBNC Long-Term Care Report indicator: LTCR 305)	\$295.86 (3.19 % increase over 2015)	\$286.70	\$222	\$250	\$278

*Peel Region is excluded as it does not report costs to MBNCanada.

Table 4 illustrates the Long-Term Care Homes' 2016 Operating Costs.

Table 4
Long-Term Care Homes 2016 Operating Costs

Costs and Revenues	\$ (million)
Long-term care operating costs	28.2
Allocated corporate support costs	3.7
Gross operating costs	31.9
Less Revenues	18.3
Residents' contribution – \$5.2 million	
Provincial subsidy – \$13.1 million	
Net Tax Levy	13.6

*Net tax levy represents 43 per cent of gross operating costs

The Homes have implemented several measures to reduce costs including the following:

- Not increasing the number of staff despite increases in residents' care needs.

- Wages and benefits are only increased in accordance with collective agreements.
- Co-purchasing services with Housing to share costs, e.g. landscaping, snow removal, elevator maintenance.
- Conducting ongoing reviews of total operating costs and products used to look for opportunities to reduce costs.

MOHLTC funding can vary each year

The amount of MOHLTC funding provided to York Region known as the Case Mix Index (CMI) for operating the LTC Homes is determined by the Homes' "resident acuity level". This is a complex MOHLTC measure used for all long-term care homes and is meant to reflect the acuity (or severity of health status) of the residents. At admission, each new resident is assessed and assigned a score on 34 factors such as cognitive ability, independence in carrying out activities of daily living, medications needed, skin health and prevalence of wounds/ulcers, behaviours, moods, and so on. The residents' scores are used to determine the LTC Homes' resident acuity level; the greater the resident acuity level, the more funding the MOHLTC provides to the Home.

In 2015, the LTC Homes' resident acuity level was 100.87; this decreased to 99.42 in 2016. Staff suspect that the resident acuity level may be higher, and not accurately reflected in the Case Mix Index due to challenges with precisely documenting residents' actual health status. Staff spend more time providing care than documenting it, and as a result, full documentation is not being captured for residents' moods, behaviours, or downturns in health status when returning from hospital. Staff is working to improve documentation practices to more accurately reflect the health status of the residents. Between these efforts and the implementation of a rehabilitation program in 2018 that will help to capture the care needs of our resident, staff anticipate an increase in the LTC Homes' resident acuity level over time.

6. Local Municipal Impact

Residents across the Region benefit from the care provided by York Region's two long-term care homes. These LTC Homes support the health of residents 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

The Region's LTC Homes focused on developing and implementing new programs to enhance the quality of life for residents in 2016, which likely contributed to the positive results in the Annual Satisfaction Surveys with residents and their families. The results revealed that a high majority find that they are treated with dignity and respect, given privacy and find the LTC Homes to be comfortable places to live. At the same time, the Ministry of Health and Long-Term Care inspections and publicly reported performance indicators showed areas that would benefit from quality improvement initiatives. Immediate, short- and long-term actions were put in place or planned to address these issues.

Overall the LTC Homes are meeting Ministry of Health and Long-Term Care resident care requirements and have identified program areas and services to focus on for continued improvements. In 2017, long-term care staff will build on staff development and engagement, process reviews and improvements and innovation initiatives started in 2016. Other objectives to be achieved include:

- Continuing to implement processes to maintain CARF accreditation for the LTC Homes.
- Increasing the amount of one-to-one recreation programming with residents to accommodate their functional challenges.
- Continuing work to engage staff in communication, capacity building, education and leadership development.
- Introducing new and innovative programs and therapies to enhance resident engagement and enjoyment of life. This includes partnering with the Ontario Association of Residents' Councils to be a pilot site for the Through Our Eyes: Bringing the Residents Bill of Rights Alive program.
- Proceeding with next steps of the Modernization Project by pilot-testing the design and material recommendations. Feedback on the pilot will then be used for subsequent phases of the project
- Researching alternative approaches for funding modernization of the homes.

2016 Long-Term Care Homes Performance Management Report

For more information on this report, please contact Norm Barrette, Chief and General Manager, Paramedic and Seniors Services at 1-877-464-9675 ext. 74709.

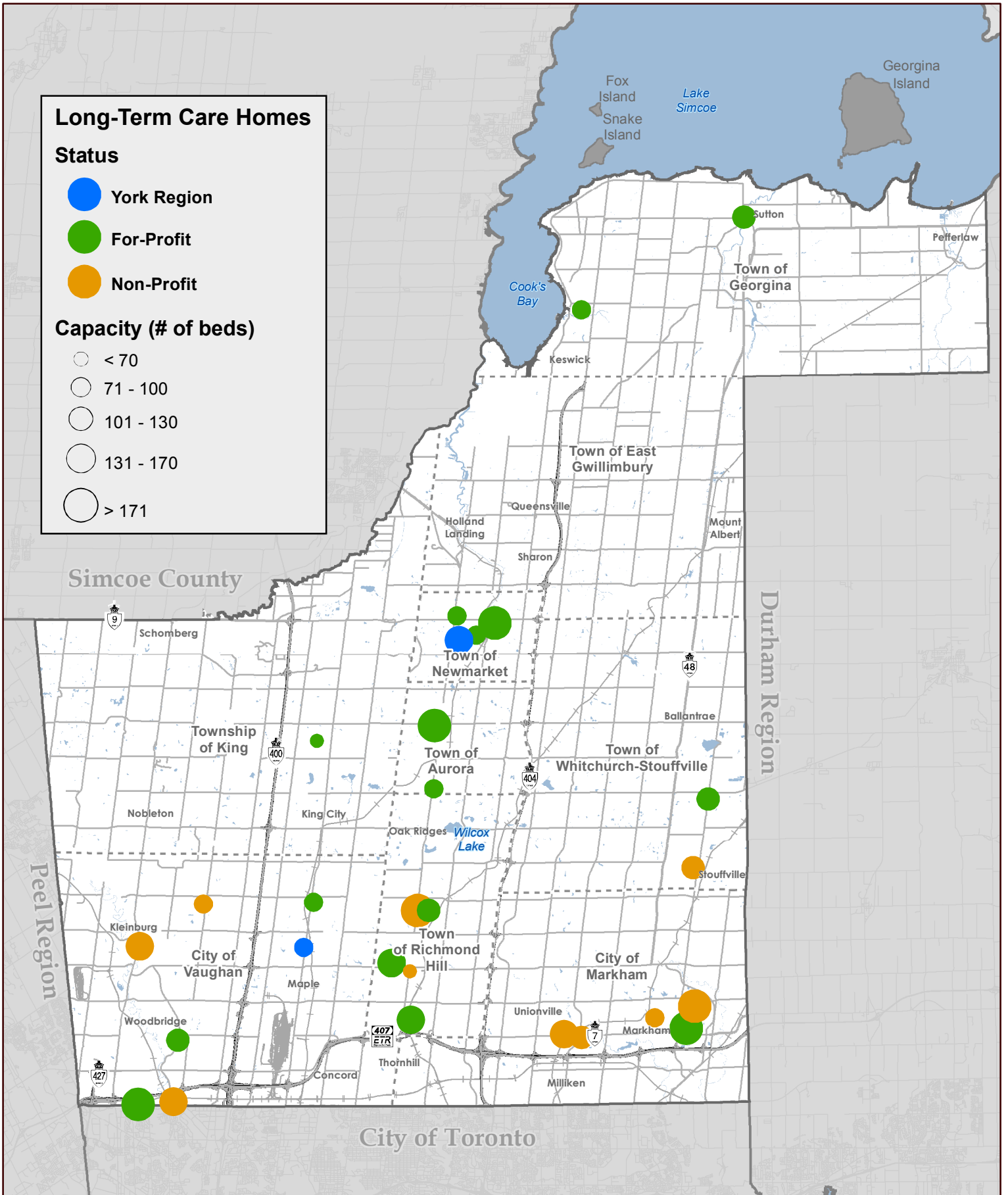
The Senior Management Group has reviewed this report.

August 22, 2017

Attachments (2)

#7839139

Accessible formats or communication supports are available upon request



Long-Term Care Homes

Status

- York Region
- For-Profit
- Non-Profit

Capacity (# of beds)

- < 70
- 71 - 100
- 101 - 130
- 131 - 170
- > 171

Long-Term Care Homes by Status and Capacity

2016 Long-Term Care Homes Performance Management Report
September 7, 2017



Produced by:
The Regional Municipality of York
Integrated Service Delivery Planning and Partnerships Unit
Community and Health Services Department
August 2017

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Comparison of Canadian Institute for Health Information (CIHI) Performance Indicators, 2015 - 2016

Theme	CIHI Indicator	Percentage of Long-Term Care Home residents							
		Ontario	York	Durham	Halton	Niagara	Peel	Simcoe	Toronto
Safety	Falls in the last 30 days	15.3	17.6	20.0	15.3	16.5	13.5	20.8	12.2
	Worsened Pressure Ulcers	2.9	3.9	3.2	1.0	3.5	2.6	4.0	2.0
Appropriateness and Effectiveness	Restraints	6.0	1.0	8.0	2.7	8.4	3.3	4.7	0.9
	Potentially Inappropriate use of Antipsychotics	22.9	20.3	26.1	27.1	24.9	30.3	27.8	21.3
Health Status	Improved Physical Functioning	30.3	33.8	36.5	29.9	16.9	25.9	32.2	21.1
	Worsened Physical Functioning	34.6	39.0	31.3	31.4	36.1	39.8	41.2	33.8
	Worsened Depressive Mood	24.2	20.3	34.4	15.6	32.9	16.9	33.4	18.4
	Experiencing Pain	6.1	3.1	9.5	2.9	2.9	2.0	8.2	4.1
	Experiencing Worsened Pain	10.3	14.1	10.7	6.3	9.3	6.9	17.6	6.6

Areas where the York Region's Homes are performing at or better than average are shaded in grey.