PROVINCIAL LONG TERM CARE SNAPSHOT
JANUARY 2015
OANHSS is the provincial association representing not-for-profit providers of long term care, services and housing for seniors. Members include not-for-profit long term care homes (municipal, charitable and non-profit nursing homes) seniors’ housing, supportive housing, and community service agencies. Member organizations serve over 36,000 long term care residents annually and operate over 8,000 seniors’ housing units across the province.

The Association was founded in 1919 as an association for managers and matrons of the aged and infirm. Today our mission is to represent and support our members in providing a continuum of quality not-for-profit long term care, seniors’ community services and housing.

Members are located throughout the province. They may be stand alone projects or part of a continuum of care or “campus” setting that could include a range of services such as a long term home, supportive housing, independent living apartments, and support service programs.

The Association operates independent of government, and funding comes primarily from member fees and revenue generated through programs and services.

ABOUT OANHSS

Founded: 1919

Total Membership:
Over 580 organizations and individuals

Member Types:
Not-for-profit long term care homes (municipal, charitable and non-profit nursing homes), seniors’ housing, supportive housing, community service agencies, commercial suppliers, associate and personal members

Core Services:
Advocacy, communications, education, member supports and services
In Ontario, long term care home services are funded and regulated by the provincial government and delivered in municipal homes, charitable homes and nursing homes (not-for profit and for-profit). All long term care homes are regulated under the same legislation, the *Long-Term Care Homes Act, 2007* (LTCHA).

There are currently 627 long term care homes that operate 78,120 beds. Of those, municipalities operate 103 homes representing 16,433 beds, non-profits and charities operate 152 homes representing 19,561 beds, and for-profits operate 360 homes representing 41,862 beds. Beds in acute care hospitals make up the balance.

As of May 2014, there were approximately 20,731 seniors awaiting placement in long term care. The occupancy rate in the province averages 98.9%. The overall average wait time for placement in a home is three months (89 days).

### QUICK FACTS

<table>
<thead>
<tr>
<th>Population</th>
<th>13.679M</th>
<th>0.950M</th>
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</thead>
<tbody>
<tr>
<td>LTC Homes in Ontario</td>
<td>627</td>
<td></td>
</tr>
<tr>
<td>LTC Beds in Ontario</td>
<td>78,120</td>
<td></td>
</tr>
<tr>
<td>Percentage of Private Sector Homes</td>
<td>57% / Beds – 54%</td>
<td></td>
</tr>
<tr>
<td>Percentage of Municipal Homes</td>
<td>16% / Beds – 21%</td>
<td></td>
</tr>
<tr>
<td>Percentage of NFP/Charitable Homes</td>
<td>27% / Beds – 25%</td>
<td></td>
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<tr>
<td>Provincial Budget Allocation for LTC</td>
<td>$3.83B</td>
<td></td>
</tr>
<tr>
<td>Current Average Provincial Funding Per Diem</td>
<td>$160.75</td>
<td></td>
</tr>
<tr>
<td>Current Basic Co-Payment Fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private: $74.93 to $80.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semi: $64.93 to $67.93</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic: $56.93</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provincial Bed Ratio: 82 beds/1000 75+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease from 85 beds/1000 75+ (May 2013)</td>
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<td></td>
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<tr>
<td>Provincial LTC Home Waiting List: 20,731 (May 2014)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease from 20,963 (May 2013)</td>
<td></td>
<td></td>
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</table>
### Provincial Health Expenditures ($ per capita)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Per Capita Health Expenditure ($s) – Ontario 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>3,468</td>
</tr>
<tr>
<td>70-74</td>
<td>4,748</td>
</tr>
<tr>
<td>75-79</td>
<td>6,172</td>
</tr>
<tr>
<td>80-84</td>
<td>8,556</td>
</tr>
<tr>
<td>85-89</td>
<td>13,526</td>
</tr>
<tr>
<td>90+</td>
<td>14,132</td>
</tr>
</tbody>
</table>

National Health Expenditure Trends, Canadian Institute for Health Information, 1975 to 2014. Table E.1.1., p. 170

### LHIN Homes and Beds by LHIN

<table>
<thead>
<tr>
<th>LHIN</th>
<th>Ontario Homes</th>
<th>Total Beds</th>
<th>Total Waitlist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erie St. Clair</td>
<td>37</td>
<td>4,380</td>
<td>632</td>
</tr>
<tr>
<td>South West</td>
<td>77</td>
<td>7,420</td>
<td>1,192</td>
</tr>
<tr>
<td>Waterloo Wellington</td>
<td>37</td>
<td>3,950</td>
<td>957</td>
</tr>
<tr>
<td>Hamilton Niagara HB</td>
<td>86</td>
<td>10,567</td>
<td>1,782</td>
</tr>
<tr>
<td>Central West</td>
<td>23</td>
<td>3,345</td>
<td>441</td>
</tr>
<tr>
<td>Mississauga Halton</td>
<td>27</td>
<td>4,163</td>
<td>1,404</td>
</tr>
<tr>
<td>Toronto Central</td>
<td>37</td>
<td>5,878</td>
<td>474</td>
</tr>
<tr>
<td>Central</td>
<td>46</td>
<td>7,249</td>
<td>3,137</td>
</tr>
<tr>
<td>Central East</td>
<td>70</td>
<td>9,707</td>
<td>4,581</td>
</tr>
<tr>
<td>South East</td>
<td>37</td>
<td>4,050</td>
<td>810</td>
</tr>
<tr>
<td>Champlain</td>
<td>61</td>
<td>7,591</td>
<td>2,183</td>
</tr>
<tr>
<td>North Simcoe Muskoka</td>
<td>28</td>
<td>3,101</td>
<td>1,266</td>
</tr>
<tr>
<td>North East</td>
<td>39</td>
<td>5,002</td>
<td>1,202</td>
</tr>
<tr>
<td>North West</td>
<td>22</td>
<td>1,717</td>
<td>670</td>
</tr>
</tbody>
</table>

Source: Ministry of Health and Long-Term Care (MOHLTC) and OANHSS Administrative Data

### Ontario Beds and Homes by Ownership

<table>
<thead>
<tr>
<th>Sector</th>
<th>Beds Count</th>
<th>Beds %</th>
<th>Homes Count</th>
<th>Homes %</th>
</tr>
</thead>
<tbody>
<tr>
<td>For-profit</td>
<td>41,862</td>
<td>53.6%</td>
<td>360</td>
<td>57.4%</td>
</tr>
<tr>
<td>Non-profit</td>
<td>19,825</td>
<td>25.4%</td>
<td>164</td>
<td>26.2%</td>
</tr>
<tr>
<td>Municipal</td>
<td>16,433</td>
<td>21.0%</td>
<td>103</td>
<td>16.4%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>78,120</td>
<td></td>
<td>627</td>
<td></td>
</tr>
</tbody>
</table>

ELDCAP bed and home counts included in Non-profit

Source: August 8 MOHLTC - LTC System Report for May 2014
Ontario long term care is funded through resident co-payments, which may include preferred accommodation premiums for private and semi-private rooms, and through provincial funding. Provincial funding is delivered through a per diem system of funding envelopes and targeted special purpose funds.

Residents pay a basic co-payment that is currently set at $56.93 per day. The process provides assistance for individuals who cannot afford that basic co-pay. For those that can afford the co-pay, private and semi-private accommodation is available at additional cost. See tables on right for cost details. The additional revenue accrued from the private and semi-private accommodation goes to the LTC provider. Homes are limited to 60% (semi) private accommodation in a given year.

There are currently four envelopes in the per diem funding system: Nursing and Personal Care (NPC), Program and Support Services (PSS), Raw Food (RF) and Other Accommodation (OA). The PSS envelope funds human resources, equipment and supplies associated with various therapeutic, recreation programming, etc. OA funds the work of maintaining the physical plant, housekeeping, laundry and general (non-care) administration. The NPC envelope is intended to fund nursing and other personal and associated equipment and supplies. All envelopes, with the exception of OA, are reconciled annually and unspent funds are taken back by the MOHLTC. See table on right for envelope per diem amounts as of July 1, 2014.

In addition to the envelopes, homes receive supplementary funding based on other non-specific needs. There are about a dozen such funds that cover items such as high intensity care needs, pay equity, property tax rebates, etc. These funds total in excess of $300M annually.

<table>
<thead>
<tr>
<th>Accommodation Type</th>
<th>Home Design Type</th>
<th>Older</th>
<th>Newer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>$56.93</td>
<td>$56.93</td>
<td></td>
</tr>
<tr>
<td>Semi-Private</td>
<td>$64.93</td>
<td>$67.93</td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>$77.93</td>
<td>$80.18</td>
<td></td>
</tr>
</tbody>
</table>

Source: MOHLTC - July 1, 2014

<table>
<thead>
<tr>
<th>Hours Per Resident Day (All Funding Sources)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>0.310</td>
</tr>
<tr>
<td>0.583</td>
</tr>
<tr>
<td>2.27</td>
</tr>
<tr>
<td>3.169</td>
</tr>
</tbody>
</table>

Source: OANHSS calculations based on MOHLTC Staffing Report for 2012

January 2015 - OANHSS recommends government fund over the next three years a provincial average of 4.0 paid hours of direct care per resident per day.
PROVINCIAL CONTINUUM OF SERVICES

Home and Community Support Services

- A range of supports and services to help seniors to manage their own care while living at home – four main categories include:
  - Visiting health professional services.
  - Personal care and support.
  - Homemaking e.g. menu planning, shopping, light housekeeping.
  - Community support services e.g. meal delivery, transportation, caregiver relief, adult day programs, social and recreational services, security checks.

Seniors’ Housing

- Accommodation options include some that offer varying types and levels of support:
  - Seniors’/Social Housing – includes non-profit, public and co-op housing
  - Adult Lifestyle Communities – homes or condominium-style living geared to the needs of independent seniors.
  - Supportive Housing (Assisted Living for High Risk Seniors) – provincially-funded program that targets high risk seniors whose needs cannot be met in a cost-effective manner through home and community care services but who do not require admission to a LTC home.
  - Life Lease – similar to condominium-style living but residents neither rent nor own the unit – they purchase a “right to occupy”. Most life lease projects are operated by not-for-profits.
  - Retirement Homes – designed for seniors who are able to manage and pay for their own care. May be operated on a not-for-profit basis but majority are for profit. Regulated under the Retirement Homes Act, 2010, but there is no government funding.

Long Term Care

- Funded and regulated by the provincial government under the Long-Term Care Homes Act, 2007, and intended for individuals who are unable to live independently in the community – include municipal, charitable/not-for-profit, and for-profit LTC homes. In addition to traditional long stay, many LTC homes also provide palliative/end of life care, as well as respite and convalescent care programs for seniors who are still living at home but need a higher level of care for period of time.
**Legislative/Regulatory Changes**

**Fire Code and Building Code**

- Changes included:
  - Mandatory sprinklers in all long term care homes by 2025.
  - Mandatory sprinklers in retirement homes and other care occupancies by 2019.
  - Requirement for the installation of smoke alarm systems, self door closures, voice communication systems and emergency lighting.
  - Requirements for fire safety training programs for staff in LTC homes and retirement homes.
  - Development of an inspection and fire drill protocol by local fire departments.
  - Training requirements for local fire service on roles and responsibilities of staff in LTC and retirement homes and fire service during a fire.

**Long-Term Care Homes Act (LTCHA) – O.Reg 79/10**

- Since the implementation of the LTCHA in 2010, its Regulation has undergone some amendments, many of which OANHSS directly advocated for to benefit our members. These include changes to:
  - Allow nursing students in LTC to administer medication under the supervision of an RN or RPN.
  - Support flow of long-stay residents in and out of specialized units and the introduction of a referral process for short stay convalescent care beds.
  - Allow for mobility of human health resources within the sector (as opposed to out of the sector) by way of changes to qualification requirements for certain staff.
- Given MOHLTC has committed to roll out RQIs in every home by the end of 2014 (and annually thereafter), OANHSS has recommended that the data from those inspections be used to undertake a fulsome review of the Regulation.

**Retirement Home Licensing**

- As part of its mandate to administer the *Retirement Homes Act, 2010* (RHA), the Retirement Homes Regulatory Authority (RHRA) is responsible for licensing retirement homes. Currently, there are approximately 700 licensed retirement homes in Ontario representing 54,000 residential units.
- Routine inspections were launched in March 2014. Over 63 routine inspections have been completed.
- As well, over 300 mandatory reporting inspections have been conducted. These investigations are used to investigate reports of harm or risk of harm to residents.
- Retirement home providers are required to pay an annual license fee of $9.13 per suite, per month, plus other fees associated with new applications, compliance and other administrative fees.
PROVINCIAL INITIATIVES

Home and Community Care PSW Wage Enhancement Initiative
- In 2014 the government announced the implementation of a $4.00 per hour wage increase for home and community care personal support workers (PSWs) to be implemented over three years.
- OANHSS supported the direction to establish a minimum hourly wage for PSWs; however, concerns were raised applying the increase to all eligible PSWs regardless of current wage rate.
- More specifically, OANHSS stressed the impact to government on LTC home providers and mixed workplaces with both eligible and ineligible PSWs and the potential ripple effect of the increase through the collective bargaining process.
- The government acknowledged our concern and established an implementation table to look at possible changes to the roll-out of the increase, particularly in situations where the enhancement is causing undue hardship.

Expansion of Nurse Practitioners in LTC
- In February 2014, the government announced its plan to expand Nurse Practitioners (NPs) in LTC.
- The announcement immediately followed the collaborative work of OANHSS and other stakeholders in the LTC and nursing sectors who undertook to develop a template role for NPs in LTC.
- The sector is currently awaiting more details about the allocation and roll out of NPs.

Behavioural Supports Ontario (BSO)
- In 2011, the province invested $40M to enhance services for older adults with responsive behaviours linked to cognitive impairments.
- This was a large-scale initiative – Local Health Integration Networks (LHINs) worked with providers to develop a local model for behavioural support that generally fell into one of three types: mobile teams, in-house staff, or specialized units.
- BSO represented an important and significant step forward to support homes in dealing with responsive behaviours – 475 new front-line staff hired and 14,000 staff received specialized training through this initiative.
- OANHSS has signaled the need for continued investment in mental health and behaviours in LTC and a review of the models to determine how best to use such funds.
- In OANHSS’ 2013-14 Provincial Budget submission, a number of recommendations were made calling for the need for improved staffing levels and training required to maintain resident safety in light of the prevalence of responsive behaviours.
**PSW Registry**

- In May 2011, the Ministry announced its intention to make registration of personal support workers (PSWs) mandatory in the publicly-funded health care sector.
- Registry went live in 2012, with a focus on registration for PSWs in home and community care sectors. While PSWs in the LTC sector may voluntarily register, most of the registrations to this point are from the home and community care sectors.
- Self-directed registry – PSWs must register themselves.
- OANHSS participates on the PSW Registry Advisory Committee and continues to collaborate with the registry staff and stakeholders on key issues around the future role of the registry with respect to a public safety mandate.

**Health System Funding Reform**

- Major initiative underway provincially to move away from global funding in health care to patient-based funding (PbF).
- Under PbF, health care organizations are compensated based on how many patients they look after, the services they deliver, the quality of the services and the specific needs of the population they serve.
- Work to date has primarily focused on the acute care sector - long term care has been represented at the various tables but the impact for the sector has been minimal as homes are already funded based on resident need (RAI-MDS).
- Quality-based procedures (QbPs) have been introduced in acute care. These include hip or knee replacement surgery, cataract surgery and treatment for chronic kidney disease. As well, Cancer Care Ontario is currently developing a QbP for the treatment of chronic kidney disease in LTC.

**Health Links**

- Launched in late 2012 – initiative that provides a new way to coordinate care at the local level for high-needs patients; specifically, the 1% to 5% of the provincial population who are high users of health care with a focus on those with multiple chronic conditions and on seniors.
- The goal of establishing health links is improved care and health system savings – i.e. reduce and/or prevent hospital visits and readmissions through better coordinated care.
- All Health Links have a coordinating partner (e.g. Family Health Team, Community Health Centre, Community Care Access Centre or hospital), are accountable to LHINs and are initially voluntary. Members of a Health Link include primary care, hospitals and community care.
- To date, 47 Health Links have been established.
- Grassroots initiatives with each Health Link are evolving based on local needs and context – long term care involvement has varied across the established Health Links as the sector is still getting a sense of its role and potential opportunities within these new structures.
Northern and Rural Health Hub Strategy

- OANHSS is involved in an initiative to develop a unique strategy specifically for the delivery of care in northern and rural areas of Ontario. A framework focusing on the development of rural health hubs was recently released.

Palliative/End-of-Life Care

- In December 2011, the MOHLTC, LHINs and Quality Hospice Palliative Care Ontario released a report on Advancing High Quality, High Value Hospice Palliative Care.
- The Declaration of Partnership and Recommendations to Action: Action Plan outlines a series of recommendations to improve palliative care across the province. Of the recommendations included in the document, many will have direct implications for members.
- In January 2013, a Hospice Palliative Care Provincial Steering Committee was formed to include senior provincial representations, including OANHSS, to guide the collaborative efforts to improve hospice palliative care across Ontario.
- The LTC sector has identified that decisions made at the bedside must inform palliative care programs in the homes, for the sector and at the provincial level. In addition, we know that models of participatory action, community development and partnership will improve palliative care delivery in the LTC sector.
- OANHSS continues to take a leadership role at the provincial level and in 2014 became a member of the Hospice Palliative Care Coalition of Ontario.

Capital Renewal Status

- In 2007, the MOHLTC announced the LTC Home Renewal Strategy to redevelop Ontario’s 35,000 “B”, “C” and “Upgraded D” homes to the current design standards. The Ministry issued a call for project applications in 2009, with just over 4,000 of the targeted 7,000 beds applying for redevelopment, and just over 2,000 beds actually proceeding with their project.
- As a result of the poor uptake in Phase One, the Ministry met with stakeholders, LTC home providers and advocacy groups to develop strategies to address the various issues resulting from the low update, including two market sounding consultations.
- In October 2014, the Ministry announced an Enhanced LTC Home Renewal Strategy, which included a sector engagement process and the establishment of longer term working groups on key topic areas.
- Other elements of the enhanced strategy consisted of:
  - An increase of the Construction Funding Subsidy per diem of up to $4.73.
  - Extending the maximum licence terms for beds from 25 to 30 years.
  - A proposal to schedule homes for redevelopment rather than a phased approach.
  - Establishment of a dedicated project office within the Ministry.
- The Ministry hopes to finalize the various components of the Enhanced LTC Home Renewal Strategy by January 2015 and launch a schedule for homes to redevelop by September 2015.
**RECENT PROVINCIAL REPORTS**

Living Longer, Living Well: Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on recommendations to inform a Seniors Strategy for Ontario.

- Full report released in early 2013 – the expert lead, Dr. Samir Sinha, was asked by the Minister to lead implementation planning this year.
- 166 recommendations addressing a wide range of areas including elder friendly communities, health and wellness, primary care, home and community care, acute care, long term care, caregivers, specialized care, medications, ageism and elder abuse, and aboriginal seniors.
- Report is a key component of the government’s Action Plan for Health Care released in 2012.
- Recommendations are expected to shape seniors’ care and service policy going forward.
- Focus on keeping seniors at home – reducing strain on hospitals and long term care.

Independence, Activity and Good Health: Ontario’s Action Plan for Seniors

- Overarching plan intended to provide a framework for addressing the needs of vulnerable seniors, while supporting active, healthy aging for the broader senior population.
- Identifies three main goals: healthy seniors, senior-friendly communities, and safety and security.
- Effectively consolidates all new and existing programs/initiatives aimed at seniors from across all provincial ministries.

Long-Term Care Task Force on Resident Care and Safety

- In response to media reports of abuse in Ontario’s LTC homes, a multi-sector task force was established in 2011.
- The Task Force released its report and Action Plan in May 2012 and established a three-year mandate to implement the 18 actions in the plan (11 actions were to be sector-lead, 6 required leadership by the MOHLTC and the final action committed the Task Force to implementing the Action Plan).
- It has broad representation from across the sector, including LTC provider associations, nurses, physicians, personal support workers, advocates, unions, as well as resident and family representatives.
- The Task Force has issued three progress reports to date (January 2014, October 2013 and November 2014) highlighting activities and achievements that promote a culture of safety and quality in the delivery of care to Ontario’s 77,000 LTC residents.
- Highlights include educational strategies for residents and families, engaging residents in quality improvement; the launch of a Safe Care campaign for long term care homes; training for LTC leaders and staff on managing challenging behaviours; and, targeted investments by the MOHLTC to support the recruitment and specialized training of LTC staff and to support improved resident care and safety overall.
PROVINCIAL POLICY AND FINANCIAL INFORMATION

Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS)
www.oanhss.org

Province of Ontario – Ministry of Health and Long-Term Care (Main webpage)
www.health.gov.on.ca/en/

Province of Ontario – LTC Financial and Related Policies

Ministry of Health and Long-Term Care, Inspections & Public Reporting
http://publicreporting.ltchomes.net/en-ca/default.aspx