

Seniors Services and Long-Term Care Implementation Plan and Update Report

Date: November 20, 2019

To: Economic and Community Development Committee

From: Interim General Manager, Seniors Services and Long-Term Care

Wards: All

SUMMARY

This report provides a consolidated response to a number of Council directives including a proposed new emotion-centred approach to care in the City's 10 long-term care (LTC) homes.

In addition, this report provides detailed information and updates on key initiatives related to priorities and strategic integration of City services for seniors including technological advancement, modernization and re-designing physical environments for Seniors Services and Long-Term Care (SSLTC) as well as progress to date on the Toronto Seniors Strategy Version 2.0.

To improve care and service delivery for residents living in the City of Toronto's LTC homes, SSLTC is implementing a comprehensive approach to advance the following:

- Improve outcomes for residents and their families
- Increase staffing levels to provide more direct care and meet the increasingly complex care needs of residents
- Foster a collaborative team and learning environment
- Redesign the physical space to be less institutional, more home-like and comfortable.

This report responds to Council direction to develop an emotion-centred approach to care while maintaining clinical excellence. This approach puts emphasis on the emotional needs of residents and supports positive relationships between them, staff, volunteers, family and other care partners in the home. In order to build and sustain quality relationships, the skills of awareness and recognition of our emotions in ourselves and in others are required. These skills lead to the ability to meet the emotional needs of others, through expressing empathy, support and connection. When we feel connected, our emotional needs are met; when our emotional needs are met, we can face life and enjoy it. This is the essence of emotion-centred care.

Long-term care homes are not exclusively medical and nursing care institutions, they are social organizations where people who need care can continue to live their lives to the fullest. For the resident to experience long-term care as their home, meeting only care and medical needs is not enough. Residents also have social, emotional and psychological needs that staff support.

Feeling "at home" also requires a sense of community, which is created from the collective involvement of everyone in the long-term care home – residents and families, staff, volunteers and community members, who all contribute to the community of care.

This is the plan to achieve it.

RECOMMENDATIONS

The General Manager, Seniors Services and Long-Term Care recommends that:

1. City Council increase the direct care staffing levels from 3.5 to 4 hours of care per resident per day to address the rising acuity and complex care needs of long-term care home residents, including training, technical and physical environment enhancements, with funding allocation to be subject to annual review and consideration through the budget process.
2. City Council, authorize the General Manager, Seniors Services and Long-Term Care to implement and fully evaluate an emotion-centred approach to care pilot at Lakeshore Lodge, with funding to be considered as part of the 2020 budget process.
3. City Council request the provincial government to invest additional funding, 80 per cent cost-shared, to increase the level of care hours from 3.5 to 4 hours per resident per day to adequately care for vulnerable individuals living in the City of Toronto's long-term care homes.
4. City Council request the provincial government to fully fund the construction costs of building new long-term care beds, approved by City Council, in response to the recent provincial commitment to expand the number of long-term care beds across Ontario.

FINANCIAL IMPACT

Once fully implemented, it is anticipated that annual costs of \$24.0 million and an added 281 positions will be required to deliver the increase in direct care hours currently provided to residents from 3.5 hours to 4 hours per resident per day, along with technological and physical environment enhancements, with the implementation phased in over six years as detailed in Table 1 below.

Table 1: 2020-2025 Financial Impact

In millions (\$000s)	2020	2021	2022	2023	2024	2025	Total
Salaries and Benefits	\$0.450	\$4.388	\$4.476	\$4.565	\$4.657	\$4.051	\$22.587
Training, Technical and Physical Environment Enhancements	\$0.050	\$0.302	\$0.302	\$0.302	\$0.302	\$0.158	\$1.416
Total Costs	\$0.500	\$4.690	\$4.778	\$4.867	\$4.959	\$4.209	\$24.003
FTEs (#'s)	6.47	56.57	56.57	56.57	56.57	48.25	281.00

In 2020, subject to Council approval, the approach to care will be piloted for a 12-month period at Lakeshore Lodge with a total impact of \$0.500 million gross and net and 6.47 additional permanent positions and will inform the roll-out of the approach to care to all City LTC homes. These costs have been included in the 2020 Operating Budget for Council's consideration as part of the 2020 budget process against other City priorities.

The remaining five years of this strategy (2021-2025) will result in an additional impact of \$23.503 gross and net and 274.53 additional permanent positions.

Any additional spaces considered as part of capital expansion or renewal projects will also need to account for the increased operating impact arising from the change in service provided.

Currently provincial subsidies and user fees contribute 80 per cent of the division's operating budget with a 20 per cent net City contribution. For the emotion-centred approach to care, the division is in with discussions with the Ministry of Long-Term Care for additional funding to implement the program proposal that otherwise would be fully funded by the City.

The City is awaiting the Ministry's comments however implementation of this plan is estimated to \$24.0 million and will be challenging without subsidy from the provincial government. Any future funding commitments from the Ministry to increase direct hours of care will be used to offset the City's cost of programming described in this report.

The Chief Financial Officer and Treasurer has been provided with the financial impacts associated with this plan for review as part of the 2020 budget process.

EQUITY IMPACT STATEMENT

People residing in the City's long-term care homes are diverse, like Toronto itself, coming from 70 different countries, speaking 59 languages or dialects, and practicing more than 40 different faiths. Residents with moderate to severe cognitive impairment

make up 69 per cent of the home's population and 90 per cent use mobility devices. These are some of the most vulnerable individuals in the City, many requiring help with bathing, dressing, toileting, and eating.

Dr. Armstrong, an internationally renowned expert on long-term care and her research team expressed concern that the existing models of care and the research on them do not address the considerable diversity in the resident populations in City long-term care homes. They strongly recommend that the ever-increasing diversity among residents and staff in terms of cultural backgrounds, age and other social locations and relationships be factored into the framework of the City's new approach to care.

City of Toronto long-term care homes reflect the tremendous diversity in the City encompassing ethno-racial, language, ability, gender, sexual identity, gender identity and gender expression, socio-economic and other intersectionalities. The proposed new approach to care outlined in this report is based wholly and substantively on an understanding of ageing, equity, diversity and intersectionality.

The City will be the first to integrate diversity, inclusion and equity directly and comprehensively into an emotion-centred approach to care framework.

DECISION HISTORY

On December 16, 2019, City Council adopted the report, "Provincial Health System Funding Reform Related to Long-Term Care Homes and Services" urging the provincial government to meet the urgent need for additional resources in long-term care.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.CD25.7>

On November 3 and 4, 2015, City Council adopted the report, "Long-Term Care Homes & Services 2016-2020 Service Plan" which will guide the planning and delivery of long-term care services over the next five years provided in City-operated long-term care homes and to clients receiving services in the community.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.CD7.1>

On November 3 and 4, 2015, City Council adopted the report, "Long-Term Care Homes & Services Capital Renewal Plan" which outlines a staged approach to mandatory redevelopment of City-operated long-term care homes, subject to future Capital Budget approvals.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.EX9.7>

City Council, on May 22, 23 and 24, 2018 adopted the report, "Ontario's Action Plan for Seniors Includes a Focus on Long-Term Care", directing further discussions with Provincial officials to improve capital and operating funding and plan for more long-term care beds within the city, and for the City to undertake a capacity assessment for long-term care services.
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.CD28.1>

On July 23, 24, 25, 26, 27 and 30, 2018, City Council adopted a Notice of Motion directing the General Manager, Long-Term Care Homes and Services, within existing resources, to provide better supports for seniors living with dementia in the City's 10 Long-Term Care Home and Service units by implementing key measures inspired by care-based programs such as the Butterfly and Greenhouse Project models and to report to the first meeting of the Community Development and Recreation Committee in 2019.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.MM44.53>

On April 16 and 17, 2019, City Council, in its consideration of "Review of Dementia Care Based Models" requested staff to report to Economic and Community Development Committee in 2019 on the following: a) business case for a multi-year hiring and staffing plan, and technological enhancements, to address the rising acuity and complex care needs of long-term care home residents, such plan to be phased in through the 2020 and future years' budgets; b) an implementation strategy to ensure that all 10 Long-Term Care Homes provide emotion-centred approaches to care, along with a specific accountability process to measure the plan's outcomes against stated goals, and c) budget impact assessment for the implementation strategy.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.EC3.4>

COMMENTS

Background

We have an aging population. People are living in their homes longer before turning to assisted living or long-term care to help with health and quality of life needs. Residents are entering long-term care homes at later stages and are more fragile, clinically complex and require more direct care and support in the management of their health conditions.

Responding to the complex needs of our most vulnerable requires an approach to care based on individual needs, which, then, requires a change in how staff are trained, how our long-term care homes are designed and adorned, and, ultimately, how we relate to residents and their loved ones to ensure a meaningful quality of life.

City of Toronto long-term care homes serve some of the most vulnerable residents, who have conditions of clinical complexity such as dementia with responsive behaviour, hard-to-treat psychiatric disease, medically complex chronic illness and other conditions including acquired brain injury, neurodegenerative disease, intellectual and physical disabilities, mental illness and substance use.

Each of these conditions requires specialized expertise, strategies and resources. When compared to the provincial average, residents entering City homes are twice as likely to be fully dependent for the activities of daily living such as feeding, bathing, and dressing and 40 per cent are more likely to have severe/very severe cognitive impairment. Please see Appendix A - Resident Acuity Levels and Case Mix Index.

The resident population in City long-term care homes is complex and diverse:

- 69% have moderate to severe or advanced cognitive impairment
- 65% have dementia and 58% exhibit responsive behaviour symptoms
- 90% are dependent or require extensive assistance with the activities of daily living
- 90% use mobility devices
- 45% require food that is chopped or pureed to address chewing/swallowing difficulties
- Residents come from 70 countries of origin, speak 59 languages/dialects and practice 43 faiths/denominations
- 43% lack income and resources and receive provincial subsidies or rate reductions.

Rising rates of dementia and clinical complexity are putting a strain on long-term care staff. The whole sector is challenged with recruitment and retention, under-staffing and workload demands, insufficient time to provide direct care and support to residents, and training on how to provide care to the complexity and variation of conditions outlined above. SSLTC is addressing these challenges through a proposed new emotion-centred approach to care, which will require increased staffing, enhanced technology, redesigning physical environments and offering continuous education to support staff members. To see this change through, the division is moving from a medical task-focused approach to care to a social model of living. From an approach that asks "what's wrong?" and "what's the matter?" to one that asks "what works?" and "what matters?" is critical. Traditional task-oriented and schedule-driven care will shift to one based on collaboration and input from resident in planning their care.

SSLTC works closely with Ministry and Provincial partners on issues related to long-term care services. On June 20, 2019, the Ministry of Health and Long-Term Care was split into the Ministry of Health and the Ministry of Long-Term Care, signalling a priority on seniors care with a new Cabinet position. With the current roll out of Ontario Health Teams to deliver a full and coordinated continuum of care for patients, senior City officials have been involved in discussions to shape the transformation and better align and organize the services it delivers. Ontario Health will act as a central point of accountability and oversight for the healthcare system, as the transition rolls out, it has been communicated that there will be no changes to long-term care home placement, or service system management. Given the state of provincial transition, staff will be working closely with Ontario Health and the Health System Leadership Table to determine the best approach to the City's role in service planning.

Multi-Year Hiring & Staffing Plan

As directed by Council, SSLTC has a mandate to improve services for long-term care residents and is proposing a phased-in implementation with multi-year hiring and staffing plan to address the rising acuity and complex care needs of current and future long-term care residents.

Today, staff spend, on average, 3.5 hours a day with residents providing direct care and assisting with activities of daily living such as personal hygiene, recreation and therapy treatments. What's been lacking is time to form relationships and quality social interaction. By changing the staffing plan from 3.5 to 4 hours of care per resident per

day, care can be tailored to the individual, where staff have more time for quality of life care. In other words, more focus on people, rather than tasks, will be the norm.

Four hours of care per resident per day is a long-standing long-term care sector priority, first identified as a necessary target in the ⁱSharkey Report, a provincial government-commissioned report, led by an expert advisor on staffing and care standards for long-term care homes in Ontario.

In 2018, SSLTC engaged Dr. Pat Armstrong, an internationally renowned expert on long-term care, to complete a literature review on various existing models of dementia care. (Please see the report attached, Appendix B). Dr. Armstrong's team concluded that the City of Toronto's approach to care requires one that is based on the best practice of many models, not just one that follows a prescribed set of rules or the purchase of an off-the-shelf commercial product.

Dr. Armstrong identified best practices of investing in caring relationships, flexibility in care, and collaborative teamwork with strong and supportive leadership to meet the diverse and unique needs of long-term care residents.

With respect to staffing specifically, Dr. Armstrong reports:

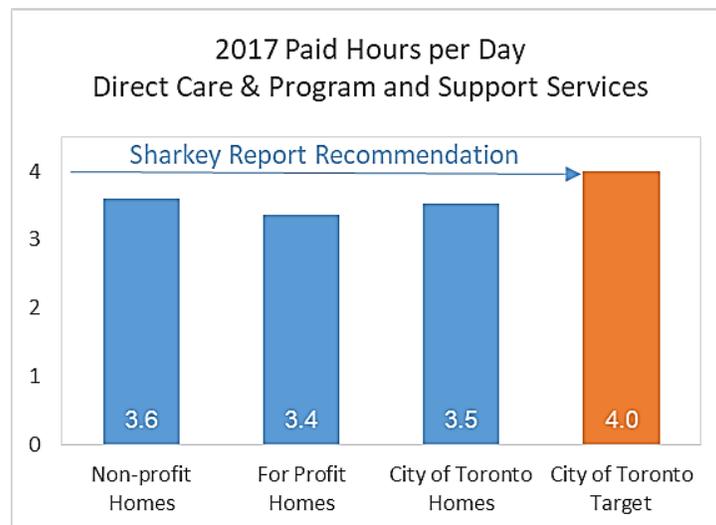
"Tailoring care to individuals requires a flexible approach, it also requires higher staffing levels than currently found in City homes." (Page 4)

"Staffing levels [in City homes] must go up in order to maintain the current quality and must go up even higher to improve it." (Page 6)

In other words, more direct care hours from staff leads to improved outcomes for residents when care and services are focused on people rather than tasks, allowing care relationships based on individual capacities and interests to develop.

In its consideration of Dr. Armstrong's findings, City Council requested staff to develop a multi-year hiring, staffing and implementation plan, as outlined in this report.

Figure 1: Direct Paid Hours of Care



For City LTC homes, to increase the current average of 3.5 hours to an average of 4 hours of care per resident per day requires a staffing increase of 281 FTEs, to be phased in over six (6) years. The recommended phase-in of staff is summarized in Table 1 on page 3 of this report

Year One (2020) focusses on shifting existing part-time resources to full-time, and improving scheduling and attendance management to maximize the use of current FTEs for direct care.

Years Two to Six (2021 to 2025) will focus on the phasing-in of additional FTEs required to achieve four hours of care per resident per day.

In addition, one-time costs of \$1.416 million will be phased-in over the six year period (2020 to 2025) to allow for enhancements and re-designing physical environments, described later on Page 12 in this report.

Emotion-Centred Approach to Care

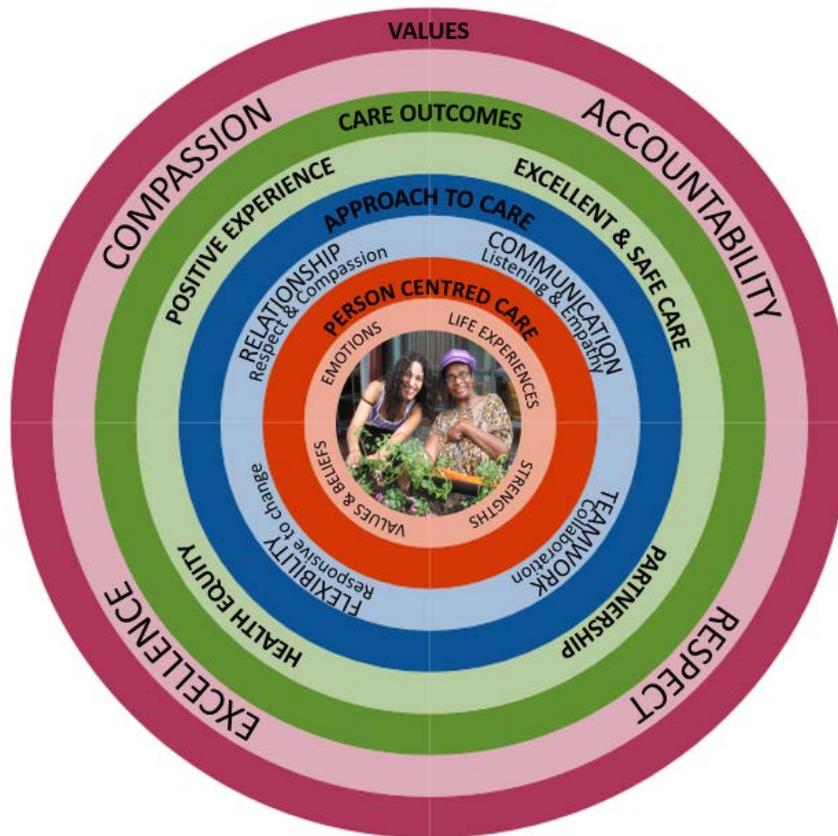
Following Dr. Armstrong's review and in line with her recommendations and the Council request for an implementation strategy to ensure that all City directly-operated long-term care homes provide emotion-centred approaches to care, SSLTC consulted over 1,500 stakeholders.

The City's Approach to Care is not a prescribed set of rules or a purchased commercialized program. It has evolved over the years to respond to the changing resident population, and been developed based on learning from the best of many models of care.

The goals are to:

- Deliver a positive experience for residents and their families by supporting them and continuously improving their care experience
- Provide safe, competent, evidence-informed practice and high quality, flexible care in a safe, secure, clean and comfortable living environment
- Engage residents, families and staff as partners in care and decision-making
- Promote consistent quality access throughout the continuum of care/services.

Figure 2: SSLTC Approach to Care



The new Approach to Care originates at the core of person-centred care by integrating the resident's strengths, emotions and feelings, values and beliefs, and life experiences for personalized care. Layered with person-centred care is an emotion-centred care framework supported by staff skilled in positive relationships, empathetic communication, and flexibility in care, who work as a high functioning collaborative team. This new approach to emotion-centred care acts as a conduit to care outcomes of a positive experience for residents and families, excellent and safe care, health equity and rewarding partnerships.

The new approach supports the divisional CARE values. See Appendix C.

Communications Plan

SSLTC will coordinate with Strategic Communications to develop and promote positive views of aging and quality of care in long-term care. Acknowledging that fear, anxiety and guilt are often associated with placement in a long-term care home, this requires a personal and societal mind-shift to embrace aging as a normal part of life. The communications plan is in line with the City of Toronto's designation as an Age-Friendly City from the World Health Organization and Council-approved priorities outlined in the Toronto Seniors Strategy Version 2.0.

Education

The education plan to support emotion-centred care for staff in the City's long-term care homes has been developed using scholarly research and consultations with residents, families, union representatives and community healthcare partners, creating mandatory modules:

- Foundations and principles of relationship-centred care, emotional wellness and strengths-based care
- Applications of relationship-centred care, emotional wellness and strengths-based care to:
 - resident care in diversity of culture, sexuality, gender, Indigenous identity and socio-economic status
 - residents with dementias and disabilities
 - teamwork and partnerships in care with residents, families and volunteers
 - plan of care development, implementation and evaluation.

Mandatory education and training for all staff supports professional development, self-awareness, fosters team-building and increases practical skills necessary to care for rising acuity and complex care needs of long-term care home residents. Throughout the sector pressures are mounting on health human resources (HHR). This challenge presents a future opportunity for the City to promote sustainability of the sector through a professional standards unit (Appendix D) and a centre for excellence in training and development.

Implementation Strategy and Pilot

The new emotion-centred Approach to Care is informed by extensive and inclusive consultation with 1,500+ stakeholders (residents, families, staff, CUPE Local 79, community partners and academics, advisory committee volunteers, etc.) who will continue to be engaged in its development, implementation and evaluation. Based on expert recommendations contained in a Council-directed review, SSLTC has worked with partners to develop an approach to care that incorporates all of the best aspects of the models of care described in the review.

The Approach to Care will be piloted for a 12-month period at Lakeshore Lodge. Lakeshore Lodge is home to 150 residents, ranging in age from 37 to 102, living in four resident home areas, each with two units of 22 to 28 beds. The home has a solid track record in implementing, monitoring and sustaining change.

The 12-month pilot will include:

- a shared governance approach to decision-making
- new relationship and emotion-centred education and training modules
- enhanced direct care and recreation staffing ratios
- consistent care assignments
- more flexible relationship-based and emotion-centred care
- environmental enhancements
- independent expert evaluation by the University of Toronto's Factor-Inwentash Faculty of Social Work.

Learnings from residents, families, staff and the expert evaluation will inform the roll-out of the approach to care to all City long-term care homes.

As shown in Table 1, the budget requirement for the 12-month approach to care pilot implementation at Lakeshore Lodge is estimated to be \$0.500 million net (\$0.450 million staffing and \$0.050 million one-time costs) in 2020. This includes staffing and environmental enhancements, and a training program to support direct care staff as they care for the complex care needs of residents and support family members.

Re-designing Physical Environments

The physical environment is a key component of the resident and family experience. SSLTC is committed to design the environment to be less institutional and more comfortable, supportive of communal living, socialization, learning, and stimulation while maintaining privacy and cultural sensitivity.

Over the years, in consultation with residents and their families, many enhancement projects have already transformed the common areas in City long-term care homes including outdoor living spaces, solariums, therapeutic gardens, water features, murals, fireplaces, aquariums, libraries, resident spas and living wall with healthy plants. SSLTC supports community integration, getting residents outside to experience nature, décor and neighbourhood heritage, sounds, sights, lighting, mobility supports, recreation and programming.

Each year quality improvement projects are identified. Within existing and approved resources, staff are currently working to ensure:

- A wider range of colour schemes and personalization of each resident room is accomplished
- Renovations to shift traditional institutional appearing areas such as nursing stations, bathing areas and dining rooms to a more residential social living environment
- Easy access to safe outdoor areas
- Replacement of furnishings and window coverings using non-institutional colour schemes, and supporting enhanced fire safety
- Appropriate furniture with adequate walking pathways.

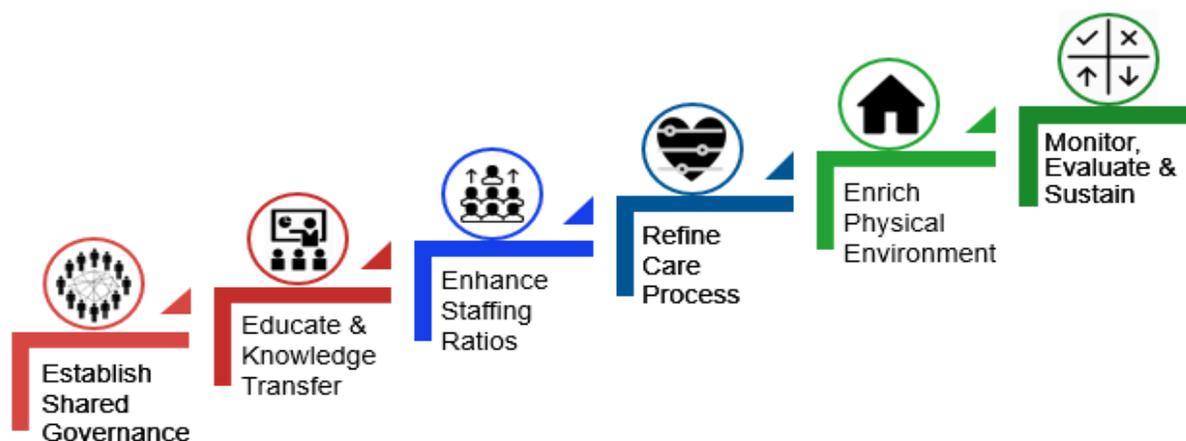
As City long-term care homes are redeveloped to meet new provincial design standards with maximum 32-bed units, the physical space and overall environment will be enhanced as will community and neighbourhood development through shared services, co-location, hub space and affordable housing opportunities.

Like the physical environment, meaningful programs enhance quality of life. SSLTC has implemented activity centres, therapeutic pet visits and robotic pets, doll therapy, inter-generational programs and activities with daycare, school-aged and high school students, complementary care, art and music, cooking programs, accessible touchscreen computer applications for dementia, bird watching and outdoor gardening.

Accountability Plan

Council has requested more accountability be built into the City's Approach to Care and SSLTC is committed to ensure transparency in the implementation and evaluation. External third-party evaluators from the University of Toronto will provide expertise and objectivity to the evaluation.

Figure 3: Accountability Plan



Collection of monitoring and evaluation indicators prior, during and post implementation is critical to measure the effectiveness of the Approach to Care change and its impact on the care culture. A range of monitoring activities will be implemented to track and evaluate progress including interviews of resident and family experience, observations of care delivery approach, online staff engagement survey and chart and care plan audits. Performance indicators will include clinical quality of care and quality of life outcomes, employees' quality of work life indicators, service delivery and financial health status.

Capacity Assessment

City Council requested the Deputy City Manager, Community and Social Services undertake a capacity assessment for long-term care services for the City of Toronto. This work, *Long-Term Care Service Planning Data Analysis*, attached as Appendix E, was completed by the Canadian Centre for Economic Analysis and Canadian Urban Institute for the Seniors Services and Long-Term Care division in May 2019. Among the findings are these highlights:

Population and Demographic Trends

- Longer life expectancy and more people aged 85 years and older will nearly double by 2041
- Toronto's aging population is more culturally and ethnically diverse which has implications for care providers to meet language, dietary, religious needs.

Health Profiles of Individuals

- Health profiles of individuals requiring long-term care is trending towards increased complexity and acuity

- The number of seniors 75 years and over will triple by 2041, and for those with 5 to 7 comorbidities, will be 4 to 7 times larger.

Long-Term Care Beds

- The number of people who required long-term care in 2016 was roughly 29,000 people, including those who occupied the 15,184 existing beds and the approximately 13,500 who were on the waitlist
- To hold the waitlist at its current level of 13,500 people and prevent it from growing further, an average of 1,800 new beds would need to be created each year in order to keep up with new demand alone.

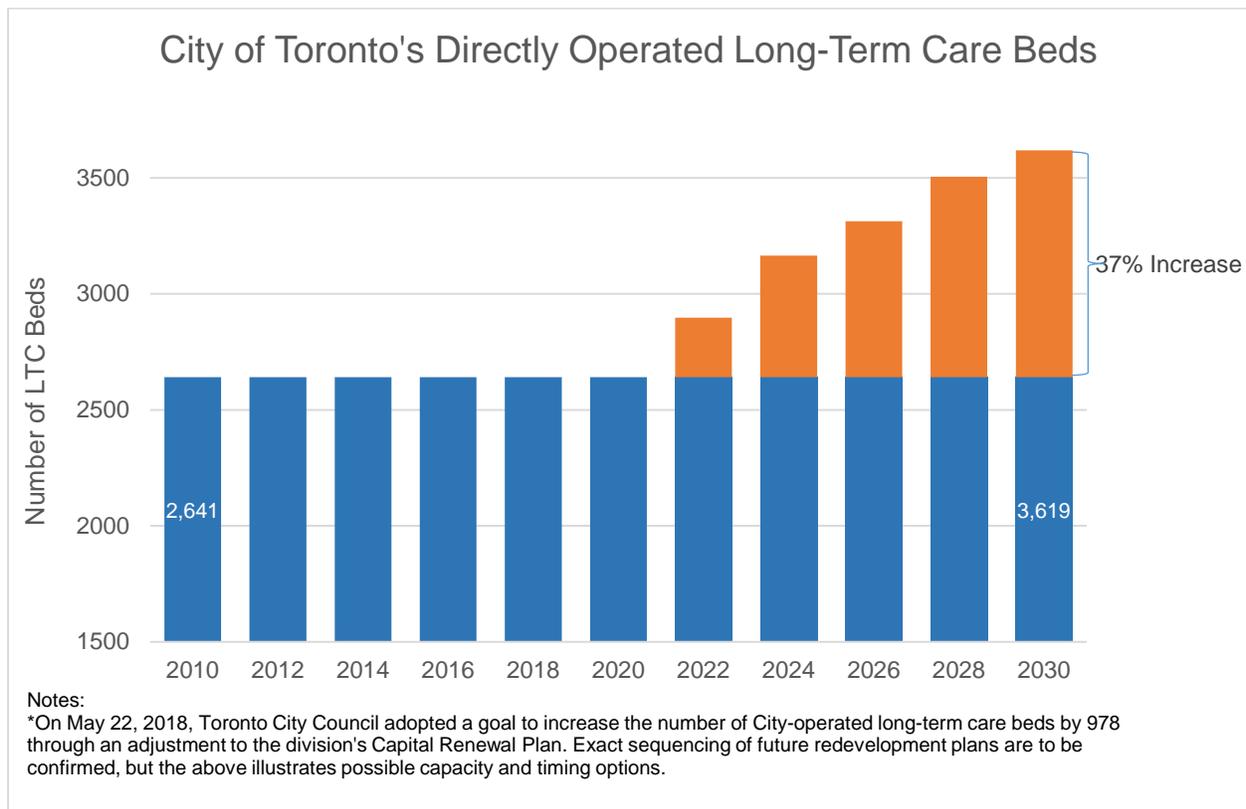
Waitlists for the City's long-term care homes are listed in Appendix F.

Capital Renewal

In May 2018, City Council adopted the goal to maximize the potential number of long-term care beds which could be located on City sites requiring redevelopment. Based on the four sites identified at the time, this would represent an increase of 978 beds to the existing inventory of 2,641 beds, and would be the first increase (37 per cent) in City-operated long-term care beds in approximately 30 years.

It is important to note that a change in service provision from 3.5 to 4 hours of care per resident per day will also increase relative operating impacts associated with added beds.

Figure 4: City's long-term care bed inventory



The province funds capital re/development at \$18.03 per bed per day for 25 years (equivalent to \$164,523.75 per bed) which is approximately half (50 per cent) of what it costs to build a new long-term care bed within the City of Toronto, without consideration for construction cost escalation. The cost estimate for the 978 beds new beds approved by Council would be approximately \$320,000 per bed or \$312.960 million.

In November 2015, Toronto City Council approved the Division's Capital Renewal Plan, allowing for a staged redevelopment of five long-term care homes to meet new design standards, modernize space and explore affordable housing opportunities. The Plan keeps beds in service at each site for as long as possible in order to minimize disruption while at the same time, responding to emerging community needs, serving vulnerable individuals and ensuring residents continue to receive excellent care and services, throughout redevelopment, in City-operated long-term care homes.

SSLTC is coordinating with CreateTO on opportunities for shared service delivery as part of the capital renewal plan and to engage with both internal and external service providers to advance and support long-term care capacity within the City of Toronto.

In 2007, the Provincial Government announced a capital renewal strategy for long-term care homes in Ontario with a B or C structural classification. In 2015, mandatory design standards were revised to create consistency across the province and to modernize buildings originally constructed to house a more able-bodied resident population with uncomplicated and fewer medical conditions. Mandatory requirements to meet new design standards affects all provincial operators, both private and not-for-profits. The Ministry has established a target for all redevelopment to be completed or started by 2025. Several operators located within the City of Toronto's boundaries have signaled to the Province their intention to move out of Toronto, mainly due to the cost of land, or cease operations rather than redevelop.

As directed by Council, Appendix G provides a list of current B, C and upgrade D long-term care homes in Toronto requiring redevelopment, including their phase out dates and the number of beds in each location was provided by the Ministry of Health and Long-Term Care, Long-Term Care Home Renewal, in October 2018. The list and map includes 5 directly-operated City of Toronto homes: Carefree Lodge (Ward 18), Castlevue Wychwood Towers (Ward 12), Fudger House (Ward 13), Lakeshore Lodge (Ward 3), and Seven Oaks (Ward 24). Unlike private and not-for-profit bed operators, municipal beds do not have license expiry dates, but are still required to redevelop.

On October 1, 2019, the Ministry of Long-Term Care announced that it is accepting applications from current and potential operators to build new long-term care beds and redevelop existing ones. These long-term care beds are part of the government's commitment to build 15,000 new beds and redevelop 15,000 existing beds over the next five years. SSLTC has previously applied to redevelop existing beds and will be updating its applications to include additional beds, as directed by City Council.

Technological Advancement & Modernization

PointClickCare (PCC), a cloud-based electronic healthcare record system, is transforming and modernizing healthcare record management. PCC is an efficient,

integrated platform, streamlining processes and paperwork, giving staff more time for resident care and opportunity for more meaningful interaction.

Previous Council investment has ensured that long-term care resident information is integrated and accessible at the point of care on iPad tablets, giving the care team seamless retrieval and storage of healthcare data in compliance with privacy and security standards. By the end of 2019, all of the City's 10 long-term care homes will have implemented PCC.

Toronto Seniors Strategy 2.0

In May 2018, City Council unanimously adopted Version 2.0 of the Toronto Seniors Strategy, with 27 high-impact recommendations that build upon the original Strategy to improve the wellbeing of seniors across Toronto.

TSS 2.0 was based on an extensive community engagement process that reached 10,000 Torontonians and is closely monitored by the Toronto Seniors Strategy Accountability Table. Appendix H provides a detailed progress report.

As of fall 2019, 100% of the recommendations in TSS 2.0 have been actioned, with 56% (15 recommendations) fully implemented and 12 (44%) partially implemented.

Highlights include:

- The designation of Seniors Services and Long-Term Care as the seniors housing and services entity at the City with an expanded mandate to include municipal service planning for seniors services including the coordination of 40+ City services for seniors
- Launched www.toronto.ca/seniors to improve the accessibility of information about City programs, services and initiatives for seniors
- Expanded and made permanent the Toronto HomeShare Program to match seniors with an extra bedroom with post-secondary students seeking affordable housing in exchange for 5-7 hours a week of household support and companionship. To date, 75 successful matches have been made
- Developed two new homeless shelters specifically designed and programmed to meet the needs of older adults with lived experience of housing instability and homelessness
- Expanded the community paramedicine program to better support seniors who are high-volume 911 callers
- Installed over 50 new Seniors Safety Zones as part of the Vision Zero Road Safety Plan
- Created new sidewalks on City streets where they were previously missing
- Installed senior-friendly outdoor fitness equipment in over 20 City Parks in 2018, with an additional 14 complete or underway for 2019
- Raised awareness on the TTC with the "Share the Space" campaign encouraging customers to offer their seat to people with disabilities, seniors or pregnant women
- Made permanent the TTC/Wheel-Trans Travel Training program which offers one-on-one, individualized travel training for seniors looking to improve their skills and confidence navigating the TTC

- Confronted ageism in the workplace with new Toronto For All campaign
- Expanded programming for seniors in Toronto Public Libraries through the Digital Literacy for Seniors Expansion Strategy.

Public Reporting & Accreditation

SSLTC participates in mandatory and voluntary regulation, certification and benchmarking:

- Canadian Institute for Health Information (CIHI): 2017-18 SSLTC quality indicators are more positive when compared with the provincial and national averages
- Municipal Benchmarking Network (MBN) Canada: Toronto's long-term care direct cost (CMI adjusted) in 2018 continues to be far below the median
- Accreditation Canada Accredited with Commendation for meeting 97 per cent of the 614 standard criteria and 100 per cent of the required organizational practices, which are evidence-based practices that directly improve the quality of life and safety for residents and clients. The division is preparing for the next accreditation survey in June 2020
- Ministry of Long-Term Care Quality Inspection Program (LQIP): In 2018, the average number of non-compliances for City-operated long-term care homes was significantly lower than the provincial average
- Annual stakeholder satisfaction surveys from residents, clients and family members: In 2018, combined long-term care resident and family satisfaction levels were 91 per cent.

Conclusion

The ageing population means there are more seniors on waitlists for care and that residents in City long-term care homes are living longer and with more complex care needs. This is not a silver tsunami but a triumph in longer life expectancy. Responding to the increasingly complex needs of our most vulnerable requires a change in how staff are trained, how City long-term care homes are designed and adorned, and ultimately, how we relate to residents and their loved ones to ensure a meaningful quality of life.

To see that change through, the Seniors Services and Long-Term Care is moving from a medical task-oriented and schedule-driven approach to a social model of living. Today, staff spend on average 3.5 direct care hours with residents that includes assistance with feeding, bathing and dressing. By changing the staffing plan from 3.5 to 4 hours of care per resident per day, staff will have more opportunity for engaging residents and families in care planning and decision making. We will continue to learn from care models that have been studied and advanced, giving residents the care and quality of life they deserve in their later years. After all, we know that a long-term care home will likely be their last home and so, should be a positive, rewarding and enriching experience for them and their families.

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ATTACHMENTS

Appendix A: Resident Acuity Levels and Case Mix Index (CMI)
Appendix B: Models for Long-Term Residential Care
Appendix C: Care Values
Appendix D: Professional Standards Unit
Appendix E: Long-Term Care Service Planning Data Analysis (Capacity Assessment)
Appendix F: City Long-Term Care Home Waitlists
Appendix G: LTC Redevelopment Locations and Map
Appendix H: Toronto Seniors Strategy 2.0 Progress Report

ⁱ [People Caring for People: Impacting the quality of life and care of residents of long-term care homes. Sharkey, S. \(2008\)](#)