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NOTE REGARDING NEXT STEPS AND IMPLEMENTATION

This Service Efficiency Study provides advice and recommendations to the City Manager and was conducted in consultation with the Division. The Study identifies actions and directions that could result in more efficient and effective service delivery, organizational and operational arrangements and associated savings.

The City Manager will work closely with senior management to determine which of the actions are feasible and can be implemented, implementation methods and timeframe and estimated savings. In some cases, further study may be required; in other cases the actions may not be deemed feasible.

Implementation will be conducted using various methods and may be reported through annual operating budget processes or in a report to Council or an applicable Board, where specific authorities are necessary. In all cases, implementation will comply with collective agreements, human resource policies and legal obligations.

Preliminary estimated savings have been identified in the study by year where possible. In some cases savings have been included in the 2012 budget submission. Achievement of these savings is highly dependent on the viability of these actions as determined by senior management, timeframes, and other implementation considerations.

The Corporation of the City of Toronto

Service Efficiency Study for the Long-Term Care
Homes & Services Division

FINAL REPORT



August 2012

Submitted by:

 **DPRA** in association with

7501 Keele St, Suite 300
Vaughan, ON L4K 1Y2
Tel : 905.660.1060, ext. 230
Fax : 905.660.7812
E-mail: joe.pittari@dpra.com



70 East Beaver Creek Road, Unit 46
Richmond Hill, Ontario
L4B 3B2
Tel: 905-763-7555

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EXECUTIVE SUMMARY

The purpose of the Toronto Long-Term Care Homes and Services (LTCHS) Division's Service Efficiency Study (SES) is to support the City's efforts to ensure the cost-effectiveness of services (e.g., services are not costing more than they should) and general process efficiencies. By taking a closer look at the services offered, this SES will assist the Division and the City to identify and obtain a set of achievable recommendations directed to delivering maximum service efficiency savings in the shortest period of time. In addition, the report outlines longer term efficiencies and cost savings.

The key steps, as part of the SES, used to assess service efficiency include:

- Identifying and assessing costs and cost drivers of current practice;
- Reviewing and assessing services, activities, and methods;
- Comparing against service providers in other jurisdictions using comparable and relevant best practices;
- Analysing and comparing service benchmarks and measures; and,
- Assessing against other relevant information.

The scope of this assignment included:

- Collaborative, constructive process with broad engagement;
- Identifying and recommending options for alternative service delivery models;
- Identifying service delivery models in other comparable jurisdictions;
- Identifying service efficiency gains that could result from implementing alternative models and new processes;
- Advising on the most effective delivery and planning model to determine the best balance of legislated/regulated care and "discretionary" care; and

The study consisted of the following tasks:

- Orientation meeting;
- Review of relevant expert and academic literature;
- Review of delivery of LTC services in comparable jurisdictions;
- Key informant interviews and site visits;
- Online and hard-copy surveys with volunteers, clients (day programs and homemakers), residents and their family members;
- Focus groups with divisional staff conducted during site visits;
- Working sessions with LTCHS Executive staff to discuss study progress;
- Development of draft opportunities for improved efficiency and cost-savings;
- Working session to discuss recommended opportunities; and,
- Documenting the study (final report).

The consulting team of DPRA Canada Inc. and SHS Consulting was selected in May 2012 to assist the City with the study based on their response to the Request for Proposal issued in April 2012. The City Manager's Office (CMO) designated Project Manager, divisional staff, and

project Steering Committee established for the study activities provided assistance in guiding the project.

This report documents both the study process and study results based on a limited scope and timeline: this is not an in-depth comprehensive assessment. The observations, findings and recommendations are approximations and meant to guide LTCHS to complete further evaluations.

The calculations and numbers presented in this report are based on the comprehensive information and documentation provided by the City and a high-level review of existing research by the DPRA/SHS consulting team. Limited data from private operators and other jurisdictions was available and accessible for this assignment. Hence, some of the analysis is limited and requires further assessment upon the collection of additional quantitative information.

Key Findings and Recommendations

The following is a summary of the key findings and recommendations emerging from the SES. These observations, considerations and recommendations are cognizant of the efforts and commitment of LTCHS Division, volunteers and other community partners who facilitate the delivery of some programs related to efficient and effective operations, show pride in what they deliver and how they serve residents of Toronto.

The Division is well run and cost-effective. Despite concerns regarding the cost of LTC for the City of Toronto, it has the 5th lowest cost per bed in the province for municipal-run LTC homes and services, and is viewed by peers as a leader in the provision of LTC homes and services.

In total, 17 recommendations are provided with the comprehensive justification for the recommendations are detailed extensively in Sections 4 and 5 of the SES report.

Recommendation 1 – City to maintain its current role in the municipal Long-Term Care sector.

Virtually all expert panellists and key informants emphasized that the City plays a crucial role within the Long-Term Care sector that few other operators have the capacity to fulfil. It meets the needs of those at the lowest end of the income scale, provides unique care for Lesbian Gay, Bisexual and Transgendered people, assists persons with complex care needs, those in need of behavioural support, persons with mental health issues, persons who are brain injured, and others whose needs require a high level of specialist expertise and training that many operators would be unable to deliver.

The findings by KPMG from the City's core service review noted that legislatively, municipalities need only operate one home and KPMG suggested the City could transfer nine of its homes to other operators. There are significant barriers to the transfer of homes. First, as noted in sections 3 and 4 of this report, the City cannot simply sell the beds: the province owns the beds and the legislation notes at least a 5-year notification in the event an operator wanted to give up the beds. In addition, given the state of the existing homes (i.e. capital redevelopments,

scope and type of clients, and the higher costs associated to operating the City run homes), there are no realistic “operators” private or otherwise who could continue to deliver services and programs at the same level as the City. The Division is extremely well run: it has regularly examined and implemented efficiency measures. The City is one of the most cost effective operators of Long-Term Care in Ontario.

Second, the legislation notes a municipality must operate one LTC home; more specifically it states “a minimum of one LTC home”. What dictates the number of homes is a clause in the legislation that notes a municipality must meet community needs: operating one home for the City of Toronto may not meet community needs based on emerging demographics.

Recommendation 2 – City to continue coordinating the Adult Day Program and the Supportive Housing Program. These two programs are 100% funded by the Province and do not require the City to provide any additional funding. The Division coordinates the delivery of these programs through community partners. The City’s investment is a small amount of staff time for coordination.

Recommendation 3 – Increase support for expansion of Homemakers and Nurses Services program to leverage additional provincial funding. In the last fiscal year, the MOHLTC increased the target expenditure with an extra \$400,000 for the City. This would provide the capacity to supply approximately 14,140 additional hours of homemaking services to 180 clients per year. In order for the City to leverage this extra funding the City would need its 20% contribution of an additional \$80,000 to the program. While this would be an overall savings to the healthcare system, this approach would also delay entry into the Long-Term Care system and delay or reduce the need to expand the supply of Long-Term Care beds.

Recommendation 4 – LTCHS leadership to further review survey findings from this SES. This report synthesises the key findings and observations from the three survey instruments – volunteer survey, community program user survey, and resident/family member survey. Staff should review the detailed comments to identify minor enhancement to service and program delivery (as appropriate) within current approved funding.

Recommendation 5 – Implement Alternative Service Delivery (ASD) for bus transportation services. Currently a small fleet of four buses service a small number of homes and their use has been declining. The average cost per trip is \$440 and cost efficiencies could be realized by having this service delivered by an outside organization – as and when needed. The consulting team obtained two quotes from private operators: the average per trip cost was approximately \$300. A small fleet supporting 4 homes is an inequity: the City’s other LTCH’s are arranging their own transportation. A transition to ASD for transportation services will eliminate this inequity and result in some minor savings.

Recommendation 6 – Implement ASD for minor maintenance and painting and consider ASD for custodians taking into account the impact on residents. Currently, the Division employs 31

FTEs to complete handywork, painting and custodian activities for its LTC homes with an operating budget of approximately \$2.3M. It is anticipated that contracting out these services will result in a saving of at least 15% (an accepted industry standard). As buildings are redeveloped, they include new technologies and innovations. The City, via a Vendor of Record (VOR), could insist that contractors have all the requisite credentials and training to maintain these newer facilities. Further, newer facilities require less maintenance. Hence, the savings over the next 5-10 years could be greater than the conservative estimate noted here.

Recommendation 7 – Implement new Collective Agreement to realize the removal of the 30 minute shift overlap. The collective agreement has recently changed which eliminated the 30 minute shift overlap. This change is to be phased in over the next three years using 15 minute increments primarily starting in 2014). However, the savings are new (i.e. not part of the 10% reductions requested during the 2012 budget process). These savings need to be acknowledged and implemented.

Recommendation 8 – Continue cross divisional dialogues (with the most appropriate Divisions) to determine the opportunities to facilitate staff on LTD to return to work faster into modified positions across the corporation (i.e. not necessarily in their Division). Any efforts that can get staff back to work faster will reduce Workplace Safety and Insurance Board (WSIB) costs and save the City significant amounts of money (e.g. the WSIB 15% administration fee). The Division should further investigate additional ways of reducing absenteeism and improving employee health and safety in order to reduce WSIB claims. Other jurisdictions noted this was one of the best areas for immediate cost savings. The Division has one of the oldest workforces in the City and has many issues and challenges to overcome. The Division is aware of these challenges and has been proactive in recent years to reduce workplace injury and accidents, noting nearly 60% reduction over the last five years.

Recommendation 9a) Focus redevelopment of homes on consolidating to fewer homes and shifting to continuing care campuses; and 9b) sell surplus lands. Consolidating the City's existing number of beds into fewer homes will potentially achieve operational efficiencies, as well as free up properties for reutilization or sale. Redevelopment should take the form of "continuing care campuses" that combine various levels of care and accommodation for residents (e.g. Long-Term Care beds/supportive housing/assisted living) and potentially also act as "service hubs" that house a wider range of municipal/community services. The City should commence the process of exploring potential partnerships in the redevelopment of these properties.

Recommendation 10 – Intensify Advocacy to MOHLTC for Enhanced Funding Formula. LTCHS leadership have historically been strong advocates in attempting to have the Province adjust the funding formula to recognize the unique needs of the City of Toronto. However, there is an opportunity for the City to play a more active role and collaborate with Divisional leadership and intensify advocacy efforts with the Provincial government. As with any funding formula, it will never fully meet the needs of all, however it does require flexibility to accommodate significant variations – the size and volume of clients Toronto represents, changing

demographics of eligible clients, level of complex cases taken on by City, negative impacts of being divided across 5 LHINs, etc.

One further point on Provincial funding also provides important context for the review. Due to conditions primarily related to Provincial pay equity attached to some supplemental funding provided by the Ministry, the City actually receives less funding per bed than many private operators. Private operators also receive reimbursement for property taxes. In addition, while there are supplemental funding pots, there is a discrepancy as to accessing such funds: that is, there are fewer conditions such as pay equity requirements attached in accessing this money for private homes, meaning private operators can receive greater funding per bed than municipal operators. This presents further financial challenges for the City versus private operators. Hence, there is an important role for City leaders to more strongly advocate the need for greater funding for LTC clients in Toronto's municipal run homes.

The current funding formula also does not allow for operators to retain any savings generated by efficiencies. For example, if an operator was to implement the use of bed side tablets for residents to determine food choices to reduce food waste and realize food savings; the operator must return any un-used funding for food instead of reallocating it to other areas or programs that could improve quality of care for LTC residents.

There is a need for greater equity and fairness. Every \$1 per diem increase, translates into approximately \$1,000,000 for the City. There is currently a significant dollar inequity between municipal homes and private operators. If advocacy is successful, the City could conservatively obtain an additional \$3,000,000 per year.

Recommendation 11 – Examine opportunities to rent space and charge for parking within existing homes. The Division should implement a parking pilot project at 1-2 sites and evaluate results. Many of the current homes (e.g. Fudger House, Carefree Lodge) have minimal parking and will not generate significant revenue. However, pay parking options could be more profitable at larger homes and in conjunction with capital redevelopment projects, especially if redevelopments provide multiple services under one hub.

Recommendation 12 – Host Long-Term Care Conference. An overwhelming observation from the SES is that the City's LTCHS Division and its staff are exceptionally knowledgeable, industry leaders, and are creating tools and policies that are being used by others worldwide. As leaders, the Division could host an international conference to raise the profile of the LTC issues as well as share their skills, tools and knowledge with others, while generating revenues through the conference fees and sponsorships.

Recommendation 13 – Complete a skills and capacity inventory and assessment of the volunteer corps as a means of determining future partnerships. As noted in Section 4, the volunteers for LTC are strong and dedicated to enhancing and improving the lives of LTCHS clients. Hence there is value in assessing the full extent and possibilities of greater roles and services volunteers can provide to City operated LTC homes and client programs/services. Volunteers could be leveraged for further fundraising which could be used to purchase and donate products and services (beyond what they currently provide). Residents noted a desire to have more "personal touch" service and interaction with residents in the homes, as well as have volunteers facilitate a greater number of outdoor activities.

Recommendation 14 – Assess opportunities to reduce police check turnaround time. This currently takes 6-12 weeks, which impacts the workforce and the loss of job candidates and volunteers as they can be offered positions elsewhere faster than Toronto's timelines (i.e. opportunity cost of losing volunteers and potential candidates).

Recommendation 15 – Assess the role and need for new clerical staff positions with specific skillsets across City run LTC Homes to reduce workload drivers on management staff. It is estimated that managers are spending between 0.1-0.15 FTE of their time on such clerical duties or select processes that can be allocated to an administrative position with different skill sets (e.g. scheduling, resolving some of the payroll variances).

Recommendation 16 – LTCHS Division to work collaboratively with the IT Division to expand the number of staff with email access as well as internet access to facilitate efficiencies such as e-learning and communications. Currently, many staff do not have e-mail access and limited internet access. This inhibits cost effective dissemination of information across the organization. There is a requirement from the Ministry related to continuous learning for various topics and disciplines related to the delivery of services in LTC homes. When e-learning is utilized, special exemptions are needed from corporate IT to allow staff to access the needed websites. E-learning is a particularly cost-effective approach to enhancing staff capacity and should be encouraged and facilitated wherever possible.

Recommendation 17 – LTCHS to investigate staff scheduling software with a view to adopting most suitable system in order to realize savings through more efficient allocation of staff time and resources. Many of those interviewed noted the challenge and time inefficiencies with the current scheduling system. While there is merit in attempting to identify a more suitable scheduling system that reduces time commitments on managers and supervisors to streamline the process, there is currently no system available that is sophisticated enough to manage the complexities and nuances of the City's collective agreements. However, the Division should continue to identify and implement the most appropriate system to generate efficiencies, while recognizing that staff will still need to verify and manage scheduling software results.

SUMMARY OF COSTS AND SAVINGS/REVENUE GENERATION

The savings, benefits and investments noted in the above 17 recommendations fall into three categories:

- LTCHS Net Savings – efficiencies that result in net operating budget savings;
- One time benefits – revenue generated through one time transactions but do not impact operating budgets; and
- LTCHS operating efficiencies - staff time saving that can be reallocated to further tasks, but do not generate net savings to the Division’s operating budget.

The LTCHS Net Savings (i.e. savings towards the operating budget) are summarized as follows including a breakdown by year (2013, 2014 and 2015/beyond). Note: the majority of saving (given timing of the study and the budgeting cycle) will be realized in 2014 and 2015/beyond.

If the City is successful at lobbying the Province to adjust the funding inequities between municipal run homes and private homes, the reductions to the City's operating budget would be an additional \$3,000,000 spread across 2014 and 2015. However, this is not included in the summary table below as it is dependent upon further action by the province.

Net Savings by Year	
<i>2013</i>	<i>\$150,000 minus an \$80,000 investment = \$70,000</i>
<i>2014</i>	<i>\$1,200,000</i>
<i>2015 and Beyond</i>	<i>\$2,745,000</i>
Total	\$4,015,000

The one-time benefits (e.g. sale of surplus lands and revenue generated by a one-time conference on LTC) are summarized below. Note: any one time benefits will be realized in 2015 at the earliest.

One Time Benefits – 2015 and beyond	
<i>Sale of Surplus Lands</i>	<i>\$4,000,000</i>
<i>Conference on LTC</i>	<i>(up to) \$150,000</i>
Total	\$4,150,000

ACKNOWLEDGEMENT OF CONTRIBUTION

The SES was successfully completed as a result of the extraordinary efforts, professional attitude, and energy of many individuals (too numerous to list) within the City Manager's Office, and the LTCHS Divisional leadership and staff, over the two months of this undertaking.

Other divisional representatives provided valuable information and assistance related to data collection and home tours. Further, residents, family members, day program clients and volunteers offered their time and knowledge to better inform the SES through various stakeholder engagement activities.

While the efforts behind this project were collaborative - the analysis, conclusions, views, and recommendations are those of the consulting team in its role as independent management consultants; and do not purport to represent the views or positions of any other organization either internal to the City of Toronto, the LTCHS Division, or external.

1 - INTRODUCTION

The City of Toronto's Long-Term Care Homes and Services Division ("the Division") provides necessary lodging and services to support the various neighbourhoods and communities of the city and serve the needs of the elderly, persons with disabilities and others with complex Long-Term Care needs. While the demographics of Long-Term Care home residents are changing, the largest proportion is aging seniors, which are projected to increase by 40% in the next 15-20 years. Accordingly, the Division and the City will face significant challenges over the coming years in meeting these rapidly growing needs. These challenges are described further in the report.

The Division has been evolving to best manage this change. The dynamic leadership and commitment of knowledgeable staff are well positioned to facilitate effective change for the City's evolving needs over the many years to come. Such commitment and excellence by the LTCHS Division were observed by the consulting team during the Service Efficiency Study (SES).

1.1 PURPOSE OF THE REPORT

The purpose of the Toronto Long-Term Care Homes and Services (LTCHS) Division's Service Efficiency Study (SES) is to support the City's efforts to ensure the cost-effectiveness of services (e.g., services are not costing more than they should) and general process efficiencies. By taking a closer look at the services offered, this SES will assist the LTCHS and the City to identify and obtain a set of achievable recommendations directed to delivering maximum service efficiency savings in the shortest period of time. In addition, the report outlines longer term efficiencies and cost savings.

The City of Toronto continues to face difficult decisions in 2012/13 and future years to meet its budgetary challenges as expressed in the City Manager's report to Council dated January 6, 2012. Therefore, in order to support City Council's 2013 budget deliberations, the City Manager has undertaken SES of several City divisions, agencies, and cross-cutting functions. In addition to the five 2011 service efficiency studies deferred to 2012, the City Manager was requested to undertake broad service and organizational studies in the areas which include LTCHS.¹

The key steps, as part of the SES, used to assess service efficiency include:

- Identifying and assessing costs and cost drivers of current practice;
- Reviewing and assessing services, activities, and methods;
- Comparing against service providers in other jurisdictions using comparable and relevant best practices;
- Analysing and comparing service benchmarks and measures; and,
- Assessing against other relevant information.

¹ City of Toronto. Update on the Core Service Review and Service Efficiency Studies. Staff Report. January 6, 2012.

The scope of this assignment included:

- Collaborative, constructive process with broad engagement;
- Identifying and recommending options for alternative service delivery models;
- Identifying service delivery models in other comparable jurisdictions;
- Identifying service efficiency gains that could result from implementing alternative models and new processes; and
- Advising on the most effective delivery and planning model to determine the best balance of legislated/regulated care and “discretionary” care.

1.1.1 CITY OF TORONTO LTCHS –FRAMEWORK AND OPERATING CONTEXT

In completing the SES, it is important to recognize LTCHS’s decision framework and operating context, as they influence the form and function of divisional processes and procedures which influence outputs and budget considerations. First, the City of Toronto provides an overarching framework which guides City Division and Agency activities. As such the City has many values which include powering healthy people, powering liveable neighbourhoods, dignity and respect². Such values guided LTCHS to develop its strategic plan (including its own mission, vision and values) that respond to the City’s values. These are presented below in italics:

LTCHS MISSION³

We provide a continuum of high quality Long-Term Care services to eligible adults in both Long-Term Care homes and the community.

LTCHS VISION

To be recognized leaders in excellence and groundbreaking services for healthy aging. Our positive environment, partnerships in education and research integrate knowledge and innovation. Our contributions shape and influence public policy. Our services improve resident and client outcomes; enhance quality of life throughout the continuum of care and for the people of Toronto.

VALUES

*Toronto Long-Term Care Homes & Services believes in the core values of Compassion, Accountability, Respect and Excellence. These **C.A.R.E.** values are shared by all stakeholders; drive culture, priorities, and provide a framework in which all decisions are based.*

Compassion

We are committed to providing compassionate care and comforting support that values the strengths, needs and desires of those we serve.

We live this value, every day by:

- *Providing holistic care and restorative therapies;*
- *Delivering interesting and meaningful programs;*
- *Assisting in the activities of daily living and promoting wellness;*
- *Caring about people and meeting their needs.*

² <http://www.toronto.ca/legdocs/mmis/2008/ah/bgrd/backgroundfile-13639.pdf>

³ <http://www.toronto.ca/lc/moreabout.htm>

Accountability

We are committed to acting with integrity and to using City property, services and resources in a responsible, accountable and transparent manner.

We live this value, every day by:

- *Following good governance and using resources wisely;*
- *Ensuring all dealings are conducted fairly, honestly and equitably;*
- *Engaging and listening to others;*
- *Maintaining safe and secure environments.*

Respect

We are committed to upholding resident/client rights and respecting diversity; by embracing our differences and supporting others we demonstrate fairness, inclusion and equity.

We live this value, every day by:

- *Embracing the diversity of all people;*
- *Ensuring decisions are sensitive to religious, moral and cultural issues;*
- *Providing individualized care that enables people to be as independent as possible;*
- *Responding to emerging local community needs.*

Excellence

We are committed to providing the highest quality of care and service; through innovation, teamwork, customer satisfaction, best practices and working co-operatively.

We live this value, every day by:

- *Achieving success through quality improvements and partnerships;*
- *Building capacity by investing in a committed and skilled workforce;*
- *Embracing innovation and encouraging continuous learning;*
- *Striving to be the best by providing exemplary care and services.*

In addition, LTCHS is also called upon to support other City plans and strategies that impact its operating context such as (but not limited to) the HOT strategy (Housing Opportunities Toronto), and the Seniors Strategy. The City's values and strategic plans set the context for the work of the Long-Term Care Homes Services Division and affirm the City's commitment to providing good customer service in this sector.

1.1.2 PROVINCIAL LEGISLATIVE FRAMEWORK AND OPERATING CONTEXT

Second, there is also the Provincial legislative and regulatory framework to consider, which also influences the role played by the City and the relevant costs. Legislation dictates that a municipality cannot simply remove itself from the Long-Term Care business. Further, it articulates that a municipality must meet community needs. Recent changes to Long-Term Care legislation have resulted in more focus on client outcomes rather than provider inputs, meaning more energy and effort is required for training staff and quality assurance and quality control (QA/QC) to produce better client outcomes.

From a regulatory standpoint in Ontario, Long-Term Care homes are second only to nuclear facilities in terms of inspections. Hence compliance drives business processes and costs as the

legislation prescribes what is done, how it is done, by how many staff, and within certain timelines.

Third, the provincial government of Ontario has also inhibited the City from being even more efficient by dividing and spreading Toronto into five (5) Local Health Integration Networks (LHINs). As a result, the Division must submit numerous and varying reports and measures to the 5 LHINs. The differences between the reports inhibit efficiencies in the form and manner in which data is collected, analysed and reported.

In summary, the roles and responsibilities of municipal Long-Term Care homes and services are more costly to deliver than for-profit and (non-municipal) non-profit Long-Term Care homes due to:

- **Added range of responsibilities (as per the overarching City values).** The City has a commitment to ensuring that care is provided to all members of the community, regardless of income, gender, cultural background, need, etc. , whereas private and non-profit operators may not be able or willing to provide services to as wide a range of individuals.
- **Additional accountabilities (e.g. public reporting, Committee and Council).** As a publicly-funded body, LTCHS is accountable to a much wider range of stakeholders than private or individual operators, thereby adding to operating costs arising from additional reporting and administrative responsibilities.
- **Tend to be allocated more complex cases (higher Case Mix Index) that private homes do not accept.** As a result, the City must offer a greater range of specialist services, facilities and staff, thereby driving up operating costs.
- **Municipal collective bargaining.** Staff of LTCHS are part of unionized municipal bargaining units, which tends to result in higher salary and benefit levels than found in private and non-profit operations.
- **Pay equity.** The City is required to adhere to pay equity legislation that may not apply in the case of many private and non-profit operators, thereby driving up salary costs.
- **Downloading from downsizing of public institutions.** Due to its specialist role and resources, the City has taken on a significant number of residents with complex needs (such as persons with mental health challenges) relocated from public institutions that have closed their doors, thereby driving up the cost of care.

Therefore, any service efficiency considerations for the Division must be assessed within this context.

1.1.3 FOCUS AREA OF STUDY

The SES was focused on the following areas⁴:

- **Review of Other Jurisdictions and Best Practices**
 - Undertaking a streamlined review of expert and academic literature that identifies measures of quality of care for Long-Term Care homes and community-based

⁴ As per the statement of work, section 5C, pages 8-10.

- programs, best practices, emerging challenges (including demographic trends) and risks that should guide service delivery.
- Reviewing the delivery of Long-Term Care homes and community-based programs in comparable jurisdictions and applicable under Ontario legislation, with jurisdictions to be determined in consultation with the Deputy City Manager and General Manager.
- **Stakeholder Consultations**
 - Planning and undertaking consultations that will include LTCHS residents, clients and their families, Ministry of Health and Long-Term Care, Local Health Integration Networks that work with the City, Home and Program Advisory members, academics and other key stakeholders to ensure that public input and feedback informs the study process, including the development of recommendations and options.
 - The final list of stakeholders to be consulted required approval by the City of Toronto as part of the study work plan and prior to the commencement of services.
 - **Delivery of Long-Term Care Homes and Community-Based Programs**
 - Reviewing the City's delivery of Long-Term Care homes and community-based programs to assess and evaluate the costs (including per-diem rates and cost-drivers), service levels, funding, quality of care attributes and benefits, resident and client base, and legislative requirements as compared to municipal, not-for-profit and for-profit/commercial delivery of Long-Term Care homes and community-based services.
 - Based on the assessment of the City's delivery of Long-Term Care homes and community-based programs and the findings from Part A and B, developing recommendations on the most efficient delivery of Long-Term Care homes and community based-programs that takes into consideration maximizing quality of care and minimizing risk for residents/clients, the City's unique resident/client base and corresponding care requirements, service quality and service impacts. The recommendations must include specifics on the following attributes:
 - principles and criteria for determining municipal delivery of Long-Term Care homes and community-based programs;
 - the role of municipal delivery in Long-Term Care homes and community-based programs;
 - the proportion of Long-Term Care homes (and bed configuration) and community-based programs that should be delivered directly by the City;
 - opportunities for re-engineering support services, including outsourcing, at directly operated municipal Long-Term Care homes; and
 - Identify strengths, limitations, risks and challenges including potential implications with respect to costs, service levels, service delivery, staffing requirements, quality of care for residents and clients, funding and cost-sharing balance, and legislative requirements.

- Any proposed changes to the City's delivery of Long-Term Care homes and community-based programs, should include specifics on the following:
 - alignment with the City's Seniors Strategy;
 - estimated order of magnitude cost savings for 2013 and future years;
 - a detailed implementation work plan, time lines and estimated implementation costs including phased implementation if appropriate; and
 - estimated short, medium and Long-Term operating and capital investments if required.

The consulting team of DPRA Canada Inc. and SHS Consulting was selected in May 2012 to assist the City with the study based on their response to the Request for Proposal issued in April 2012. The City Manager's Office (CMO) designated Project Manager, divisional staff, and project Steering Committee established for the study activities provided assistance in guiding the project.

The study consisted of the following tasks:

- Orientation meeting;
- Review of relevant expert and academic literature;
- Review of delivery of LTC services in comparable jurisdictions;
- Key informant interviews and site visits;
- Online and hard-copy surveys with volunteers, clients (day programs), residents and their family members;
- Focus groups with divisional staff conducted during site visits;
- Working sessions with LTCHS Executive staff to discuss study progress;
- Development of draft opportunities for improved efficiency and cost-savings;
- Working session to discuss recommended opportunities; and,
- Documenting the study (final report).

This report documents both the study process and study results.

1.2 STRUCTURE AND ORGANIZATION OF THE REPORT

The report consists of 5 Sections:

Section 1 – Introduction

Section 2 - Review of project approach and methodology

Section 3 - Background and context affecting Long-Term Care today and moving forward

Section 4 - Synthesis of the analysis across the various lines of evidence for cost and operational efficiencies

Section 5 - Series of observations, considerations and recommendations based on the results of the analysis

2 – APPROACH AND METHODOLOGY

This section briefly outlines the consulting team’s approach to the study and describes the key characteristics or guiding principles of the approach.

The DPRA/SHS consulting team leveraged a facilitated approach for the SES. The real value of a facilitated approach is that most of the knowledge needed to enhance the effectiveness of an existing model exists and is available in the management and staff of the organization. The challenge is to access this knowledge and to creatively use it to identify, assess, select and implement a preferred solution. The management and staff of the organization are best positioned to identify and assess the challenges and opportunities facing the organization and its future needs. It is the purpose of the facilitated approach to mine this corporate knowledge by directly involving the management and the staff of the organization in assessing and defining the future corporate structure and organizational needs.

Our approach uses a combination of proven tools to gather and analyse the required information in order to:

- Assess what works, what does not and why;
- Discover opportunities for more effective organizational structures, business processes and governance frameworks;
- Identify best practices from other jurisdictions using comparable and relevant best practices.
- Identify baseline business metrics and performance measurement systems to evaluate the effectiveness of changes.
- Identify implementation requirements including costs, risks, and other factors based on findings.
- Identify implementation time frames, roles and responsibilities, accountability mechanisms, and contingency measures for implementation.
- Facilitate proposed changes within the organization and in relations with its stakeholders.
- Provide strategic advice throughout the project to client and staff as appropriate.

These characteristics both frame and guide our approach to the assignment. Their application is reflected in the structuring of the work program that follows. DPRA/SHS’s organizational management work is guided by the principles outlined below:

(a) Collaboration – In understanding the needs and in designing and delivering the assignment, we work collaboratively with the City which, as the client, possesses understanding of what is required and has clear expectations for the outcome. As a partner, we work with the City to ensure that we develop a common understanding and that our efforts in carrying out the assignment support project specific objectives. We do this through regular face-to-face meetings, regular project updates and review of/discussion on project deliverables.

(b) Responsiveness and Relevance – The assignment must provide value – this means that the changes that may be proposed to improve efficiency must be responsive to the City’s needs and relevant to the LTCHS’s business objectives. In designing and delivering the project, we ensure that the materials developed and implementation plan clearly and effectively address the issues, challenges and opportunities facing the LTCHS in light of the items mentioned in the City Manager’s report to Council dated January 6, 2012.

(c) Flexibility – We do not come to this assignment with fixed views and a prescription; one size does not fit all. Recognizing the specifics of each municipal LTC home and five LHINs coordinating LTCHS in Toronto, we incorporate our experience and lessons learned from other assignments and discuss potential applications to the City’s projects.

(d) Engagement of LTC Service Providers – To accomplish this, we employ a combination of methods used to fully understand the Division’s issues, challenges, opportunities and strengths such as:

- A review of provincial, City of Toronto, and LTCHS documents – previous studies, policies, pertinent legislation and associated regulations, strategic plans, staff reports, organizational charts, financial and budget data, service delivery models and manuals, reports to Council and Committees, etc.;
- A review of expert and academic literature that identifies measures of quality of care for LTC homes and community-based programs;
- A review of best practices and lessons learned in LTC service provision in other Ontario jurisdictions similar to Toronto (including but not limited to): City of Hamilton, Peel Region Health Services, York Region, Durham Region, City of Ottawa, Niagara Region and the City of Windsor;
- Interviews with key internal (LTCHS) and external stakeholders;
- Site visits;
- Focus Group discussions;
- Online and hard-copy surveys with volunteers, clients (i.e. day programs), residents and their family members; and
- Examination of operational flow of the selected functions to identify opportunities for streamlining operations.

2.1 STAKEHOLDER ENGAGEMENT

The consulting team’s approach to stakeholder engagement was to develop and guide a process that was designed to facilitate the active involvement of key stakeholders who have an interest in the delivery of LTC services within the City. The degree of engagement varied with the nature of the interest and the constraints of project resources and timelines. The role of those with an interest in the LTC study was to provide insight and opinion into the current operational flow, the issues being faced, and the opportunities for streamlining operations. Specifically, the stakeholder engagement program implemented for this SES responds to motion CD13.3 put forward by the Community Development and Recreation Committee (CDRC) which specified extensive and broad engagement (including CUPE 79, Advisory Committee on Long-Term Care

Homes and Services, and the Expert Panel members who addressed the Community Development and Recreation Committee).

The study approach engaged several different groups, each with an interest in the study. The groups engaged during the course of this study included:

- **City Steering Committee** – The City of Toronto has established the Steering Committee (SC) to oversee all Service Efficiency Studies and consider options to improve performance and reduce costs.
- **Study Group** – A Study Group consisting of representatives from City Manager’s Office to act as a “sounding board” for preliminary findings, options, and recommendations regarding the review.
- **LTCHS Staff** – Divisional staff (management and non-management) were engaged in the study through focus groups and interviews which allowed them to provide a wide range of advice and comments. Specifically, key personnel provided comments with respect to:
 - a. Operational flows, concerns, and opportunities;
 - b. Identification of service efficiencies and/or areas that require attention;
 - c. Business processes; and,
 - d. Advice on ways to reduce costs.
- **Other Stakeholders** – The consulting team also provided residents, family members, program clients and volunteers the opportunity to provide their input through surveys (online and hard copy), interviews and focus group discussions. In addition, DPRA/SHS conducted interviews with academia, subject matter experts, including members of the Expert Panel that presented to CDRC, LHINs, CCACs, senior municipal Long-Term Care staff in other Ontario municipalities and non-municipal Long-Term Care home operators. Further the consulting team reviewed the results of the public consultation completed by the City as part of the Core Service Review. Outputs from other engagement activities (presentations and reports of various expert panels) were also considered. The various sources identify stakeholder priorities, service expectations and desires for the Division.

This report summarizes the involvement and contribution of each group in the study.

2.1.1 APPROACH TO THE INTERVIEWS

Interviews with the senior LTCHS staff including all LTC home Administrators were completed by the consulting team from June 4th to July 12th, 2012. The majority were completed face to face with a few completed over the telephone (for details see Table 1). During the same time period, interviews with external stakeholders (i.e. expert panel/academia and International Federation on Aging (IFA), senior staff in comparable jurisdictions, union representatives (Local 416 and 79), all relevant LHINs and Community Care Access Centres (CCACs), as well as resident and

family councils, and volunteer councils), and some private sector Long-Term Care home operators were conducted by DPRA/SHS. Interviews were semi-structured, open-ended, and lasted between 30 and 180 minutes. The interview questions are provided in Appendix B.

The purpose of the interviews was to explore:

- An assessment and evaluation of service levels, quality of care attributes and benefits;
- A compilation of budgets (both operating and capital);
- An assessment and evaluation of funding, costs (including per-diem rates) and cost drivers;
- Possible linkages and partnerships that can be cultivated and implemented with third party organizations (such as private sector firms, non-for-profit organizations and NGOs) to deliver services and activities currently provided by the Division;
- An assessment of the current roles, responsibilities, accountabilities, decision making;
- An identification of the strengths, limitations, risks and challenges related to all aspects of the study;
- Technological aspects of service provision;
- Current and future trends impacting service delivery (demographics, value streams, demand for programs and services, etc.);
- Identification of areas where it may be possible to collaborate with internal and external stakeholders, as well as areas where potential gaps may exist;
- Assessment and evaluation of legislative requirements as compared to municipal, not-for-profit and for-profit LTC service providers,
- Resident and client base, as well as confirmation and additional information related to stakeholder demographics; and
- A comparison of current delivery model to LTC sector best practices.

Table 1: Summary of Completed Interviews

Group/Category	Number of Completed Interviews
Expert Panellists from CDRC Presentation	6 ⁵
Local Health Integration Networks (LHINs)	5 ⁶
Community Care Access Centres (CCACs)	5
Sectors	4 (International Federation on Aging, CAMH, Ontario Shores, etc.)
Unions	2 (Locals 79 and 416)
LTC Staff in Other Municipalities	6
Private/non-profit	4
LTCHS Home Administrators	10
LTCHS staff	18
LTCHS Management	8
Volunteer, family, resident council representatives	10

⁵ An interviewee was an expert panellist from the CDRC presentation but is also a CCAC key informant and was also designated to speak on behalf of a LHIN – given her subject matter expertise. A lengthy interview was completed to examine the LTC issues from the three different perspectives.

⁶ IBID

2.1.2 APPROACH TO THE INFORMAL FOCUS GROUPS DISCUSSIONS

A focus group involves bringing a small group of people together for a free flowing discussion around topics that are defined by a researcher. Participants are asked to explore an issue, sometimes loosely, sometimes through responding to more focussed questions. The advantage of focus group research, in one respect, is similar to the strengths of any qualitative data collection tool – it allows the researcher to generate very rich, detailed information that is set in a particular context. In addition, the focus group can be used to further probe some of the preliminary observations resulting from other data collection activities.

For this assignment, focus groups were held with the LTC home administrators, staff, resident, family and/or volunteer representatives during site visits from June 4th to June 29th, 2012 (for details see Table 2).

The objectives for the focus group sessions were:

- To engage participants in the process and obtain their direct and relevant perspectives;
- To define key divisional activities and business processes (i.e., what is it that the staff do and how they do it);
- To define issues/challenges (internal and external) in relation to LTCHS operational flow, activities, programs and/or services;
- To identify ongoing roles and opportunities for external stakeholders.

Table 2: Details of the LTC Home Visits Conducted by the Consulting Team

DATE	NAME	Site Visit	Interview with Home Administrator	Focus group with Home Staff ⁷	Interview/Focus group with Resident, family and/or volunteer representatives
June 13	Kipling Acres	✓	✓		✓
June 26	Lakeshore Lodge	✓	✓		
June 20	Seven Oaks	✓	✓	✓	
June 15	True Davidson Acres	✓	✓		✓
June 21	Wesburn Manor	✓	✓		
June 13	Bendale Acres	✓	✓		
June 20	Carefree Lodge	✓	✓	✓	
June 12	Castleview Wychwood Towers	✓	✓		
June 6 & July 13	Cummer Lodge	✓	✓	✓	✓
June 18	Fudger House	✓	✓	✓	

⁷ Could include a minimum of 2 to a maximum of 8

2.1.3 APPROACH TO SURVEYS

The DPRA/SHS team conducted surveys with three stakeholder groups - residents/family members (on behalf of residents), program clients, and volunteers. The survey instruments were designed in consultation with the CMO and Divisional staff – copies of the three surveys are located in Appendix C and the high level survey results located in Appendix D. For convenience, the surveys were made available in hard-copy formats and on-line (to facilitate and encourage participation). The objective of the surveys was to obtain feedback on efficiency of service delivery, care quality and requirements, expectations and suggestions related to LTC homes and community-based programs. The survey results provided the City and the consulting team with key considerations and observations relevant to the SES and should be considered when implementing recommendations as well as other City strategies (such as the Seniors Strategy) moving forward.

The key to successful engagement in this process is effective communications to enhance and encourage the interest of survey participants. The DPRA/SHS team, in consultation with the CMO and Divisional staff, developed several communication strategies including email releases and internal memorandum to promote the survey process and encourage participation. To protect client confidentiality, DPRA provided LTCHS staff survey packages (complete with postage paid envelopes and postage) for labeling and distribution – that is, no member of the consulting team was privy to any client information.

The survey process began on the week of June 18, 2012 and closed on July 6, 2012. The distribution of the hard-copy surveys and on-line survey options was as follows:

- Resident and family in 10 Long-Term Care homes (a total of 1,150 hard copies and on-line)
- Volunteers in 10 Long-Term Care homes (a total of 500 hard copies and available on-line)
- Community program clients
 - Adult Day Program (30 hard copies per home – Bendale Acres, Cummer Lodge, and Kipling Acres)
 - Supportive Housing (50 hard copies per home – 10 homes)
 - Home Makers and Nursing Services (500 randomly selected participants)

At the end, a total of 538 surveys were received, including 217 resident/family surveys; 141 volunteer surveys and 180 community program surveys.

2.2 CAVEATS AND DATA LIMITATIONS

While the City provided comprehensive data, not all information requested from private and (non-municipal) non-for-profit LTC homes was available for the consulting team. Homes operated by the City were not totally comparable to each other or to homes provided by the not for profit and private sectors as they are unique in terms of providing services specific to their resident and neighbourhood needs – and vary in terms of building age, condition and layout.

Further, difficulties existed when obtaining quality data related to the review of best practices in other municipalities. For example, the short time frame available for scheduling interviews with key stakeholders prevented the team from conducting as many interviews as anticipated. Also, the output of jurisdictional comparison was limited due to significant variations among reviewed municipalities in local policies and legislation, the size of their portfolio, reporting standards, benchmarking data, as well as in priorities of LHINs related to the management of services delivered in local LTC facilities.

An aspect of the statement of work for this assignment included a review of Toronto's Seniors Strategy as it pertains and links to LTCHS. However, the Seniors Strategy is still under development and was not available to the consulting team for the SES. However, it is important moving forward that there be connection and congruency between LTCHS initiatives and those articulated in the Seniors Strategy once completed.

In addition, private operators were unwilling to share their individual financial data with us. However, discussions with the Ontario Long-Term Care Association found that they have been recently participating in a study carried out in collaboration with the Ministry of Health and Long-Term Care examining the performance of Long-Term Care homes in Ontario. They indicated that the results of this study should provide some basic qualitative and financial reporting on private sector homes in Ontario and were expected to be released in the near future. Any such information arising from this report will be forwarded to the City as it becomes available.

Note: *The discussion that follows is an interpretation, by the consultants, of what was read in the document review, heard in the interviews and focus groups, and collected through surveys. The information gathering task of the study is not intended to be a comprehensive record of all comments, nor is it to be used as a program audit, competency study, assessment of personnel or a performance measurement study. Any attempt to use this report in this way would be a misuse of the information and the intent of the study. The purpose of this task is to provide the Study Team with an understanding of the transformational focal points and operational flow of the organization. All information provided by respondents is treated as confidential and no specific comment is attributable to any one person.*

3 - BACKGROUND AND CONTEXT

The following section presents an overview of the findings resulting from a high-level scan of the documents received from the City of Toronto. The background and context assisted the DPRA/SHS team by providing a high-level insight into the LTCHS Division's operational environment and an understanding of both service efficiency initiatives carried out to date and future areas of service delivery.

3.1 OVERVIEW OF THE LTCHS DIVISION

The LTCHS Division is responsible for providing services through two service areas:

- Long-Term Care homes providing permanent, convalescent, and short-stay admissions, and
- Community support programs, including adult day programs, supportive housing services, and homemaking services.

The Division employs 1,375 full-time staff and 778.5 FTE part-time staff corresponding to approximately 3,200 employees. In addition, in 2011, approximately 2,400 volunteers contributed more than 137,000 hours of service (average of over 50 hours of volunteer time per resident).

3.1.1 2012 BUDGET FOR LTCHS DIVISION

The 2012 operating budget of the Division is \$224.7M. The City funds approximately 20% of the operating costs of its LTC homes, totalling about \$45.3M. The City's community support programs receive different levels of support from the Province and LHINs.

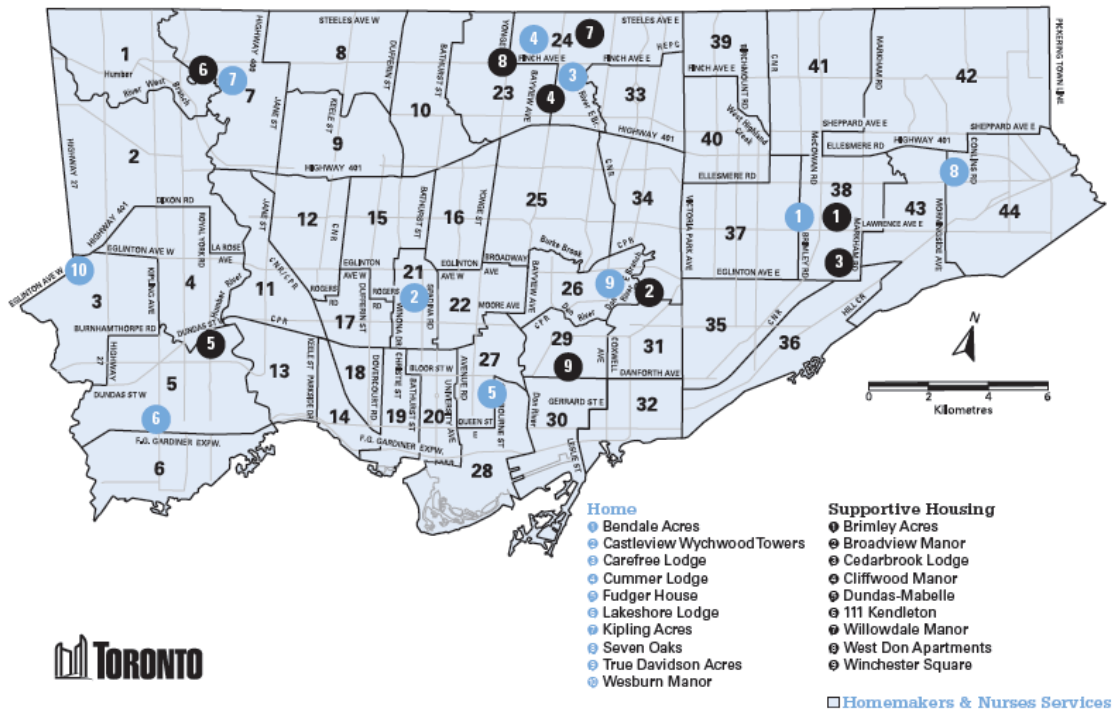
Council approved the 2012 capital budget for LTCHS with a total project cost of \$46.0M, and 2012 cash flow of \$35.7M, as well as future year commitments of \$47.7M. The 2012-2021 Recommended Capital Plan provides funding to maintain 10 LTC homes (with an asset replacement value of \$248.8M) in a state of good repair (SOGR) and meets the Ministry's compliance requirements regarding safety. The Plan also includes funding for the mandatory redevelopment of the 337 bed Kipling Acres LTC home.

Although the municipal LTC homes are being maintained through SOGR, five B and C level homes (Fudger House, Carefree Lodge, Castleview Wychwood Towers, Lakeshore Lodge, and Seven Oaks) have been identified for redevelopment under the MOHLTC's Long-Term Care Home Renewal Strategy. The cost to redevelop these homes is significant and has not been included in the City's 10-year Capital Plan at this time. The strategy itself is facing key impediments (i.e. Canadian Mortgage and Housing Corporation's withdrawal from the Long-Term Care Home redevelopment market) preventing the desired pace and timing of redevelopment projects.

3.1.2 LTC HOMES OPERATED BY THE CITY OF TORONTO

The City operates ten LTC homes. Figure 2 illustrates the location of these homes across Toronto.

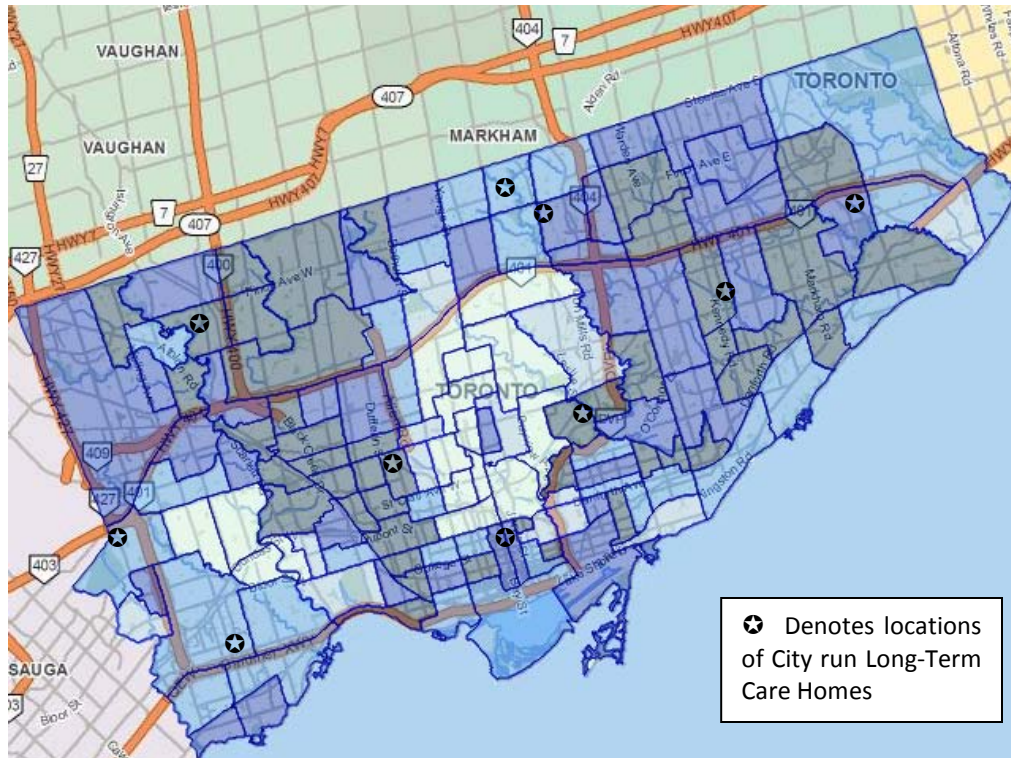
Figure 2: Locations of LTC Homes Operated by the City of Toronto



Source: City of Toronto. LTCHS Division. http://www.toronto.ca/ltc/pdf/location_map.pdf

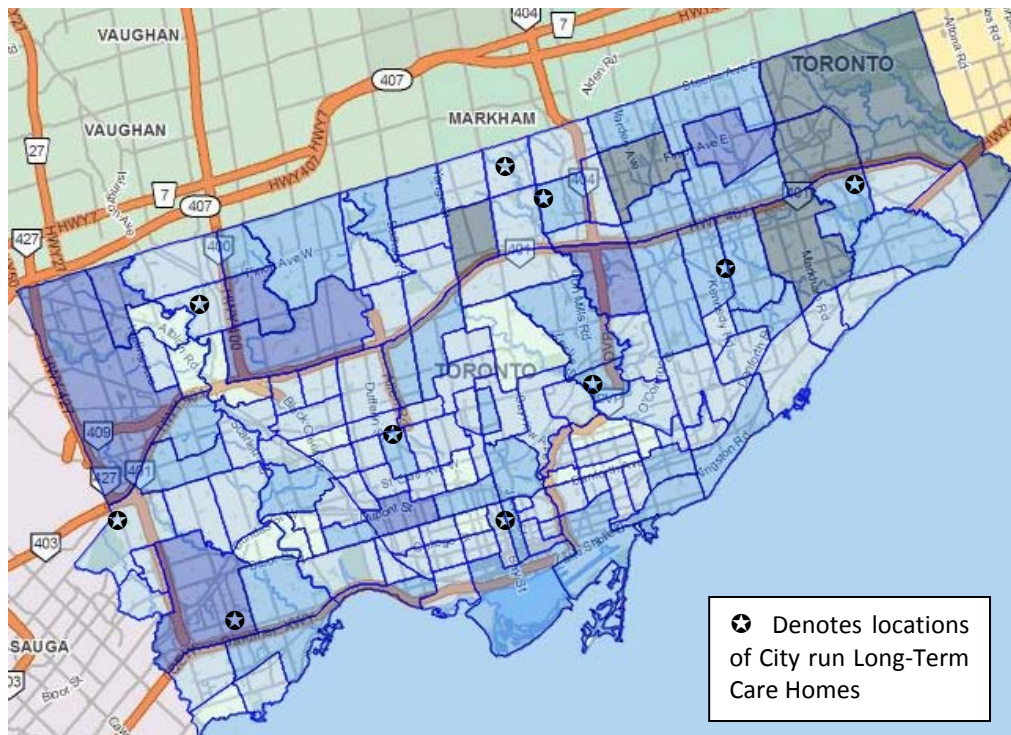
As presented in Figure 3, many of the homes are currently located in areas with lower household family incomes (the greater the shading the lower the income). In addition the homes are also strategically located in close proximity to areas with the greatest populations – Figure 4 (the greater the shading the greater the population).

Figure 3: Total Household Income



Source: City of Toronto, Geospatial Competency Centre

Figure 4: Total Population



Source: City of Toronto, Geospatial Competency Centre

Most of the residents in the municipal LTC homes are admitted from the community (34%), hospitals (32%), and other LTC providers (25%). The Division offers convalescent care programs and stroke rehabilitation for those individuals who, following surgery or illness, require a rehabilitation period longer than can be provided in hospitals. To support families seeking relief from their roles as caregivers, LTC homes provide short-stay admission programs for up to ninety days. In addition, all homes offer specialized dementia care, physiotherapy and occupational therapy, dental care and optometry, complementary care (i.e. art and music therapy), community outreach (including volunteer programs), and a formal advocacy program, as well as spiritual and religious care. Some homes offer special language and cultural services in order to meet the needs of residents and improve access to care. Moreover, lesbian, gay, bisexual, transgender (LGBT), young adult care and behavioural supports are provided in many homes.

The municipal homes provide a total of 2,641 approved beds, including 2,570 for long-stay admissions, 38 for convalescent care, 17 for short-stay admissions, and 16 for behavioural support care.

The following figures illustrate a profile of the LTC homes' residents:

- Over 85 years of age – 46.3%
- With moderate to severe cognitive impairment – 75%
- Use mobility devices – 70%
- Require constant encouragement and assistance with meals - 49%
- Diagnosis with high risk of decline – 25%
- Need for frequent diagnostic monitoring – 40%
- Countries of origin – 50
- Languages spoken – 38

According to annual surveys conducted from 2008 to 2010 as a part of OMBI, 96-98% of Toronto's LTC residents and/or their families were satisfied with the municipal LTC home as a place to live.⁸ Also, during the public consultation conducted by the City Manager's Office as a part of its review of the City's core services, almost 60% of participants considered municipal LTC homes and services for seniors as necessary services which should be provided by the City.⁹

During the consultations for the SES, respondents to the resident/family member survey also provided similar feedback. When asked "*What do the service(s) you receive through the City's Long-Term Care Homes and Services mean to you and your family*", the majority of respondents indicated the services received from the LTCHS were very important to them and their family. Many described how the services provide independence; ease of mind; social interactions; quality of life; sense of security/safety; and freedom to the clients and the families. Some notable anecdotal comments are provided below:

⁸ OMBI Benchmarks. 2010 Performance Benchmarking Report. Section 15 - Long-Term Care Services.

⁹ City of Toronto. Core Service Review. Public Consultation. Appendix B to the City Manager's Report on the Core Service Review. July 2011. <http://www.toronto.ca/legdocs/mmis/2011/ed/bgrd/backgroundfile-39521.pdf>

- *“The team approach of staff per unit means that staff know my family member well, develop a personal relationship with her, [and] treat her as an individual with the respect they would give their own family members.”*
- *“Comfort in knowing that there are standards in place and that they are more likely to be maintained given the fact that it is a public facility.”*
- *“I feel respected. My concerns are heard and I am [happier] and feel safe and loved here.”*
- *“I cannot care for my husband anymore. This is the answer.”*

Respondents were also asked what changes could be made to improve their experience in the homes. In general, the respondents were satisfied with the services they receive and indicated that no change is needed because they were already great. However, a number of issues were noted by respondents including:

- Need for more staff at all levels to provide care to the residents in a timely and responsive manner, e.g. personal support workers, nurses, doctors, volunteers and administrators.
- Communications – training should be provided to staff on how to communicate with residents, especially with those who may have physical limitations and cultural barriers. In addition, staff should be proactive in communications with the family.
- Performance measures – manager/head nurse should be more hands-on with the residents and family and monitor staff performance.
- Better/healthier food choices
- More parking spaces for visitors
- Quality and quantity of activities - e.g. more stimulation programs for residents with cognitive disabilities and better/more physiotherapy sessions.

3.1.3 COMMUNITY-BASED PROGRAMS

In addition to operating LTC homes, the Division also offers four community-based programs, which ensure that whenever possible vulnerable populations, especially frail seniors, maintain connections with their communities and receive the right level of care at home.

Homemakers and Nurses Services Program (HMNS) provides low-income clients with assistance (light housekeeping, laundry, meal preparation, and shopping) that allows them to remain in their homes instead of LTC homes. Services are provided through community agency contracts. Funding for the program is based on a cost sharing formula (80% by the province and 20% by the City). The following is the profile of the 2,300 clients of this program:

- 75 years of age or older – 45%
- Physically disabled with a musculoskeletal disorder – 46%
- Have cardiovascular disease – 16%
- Have a mental health diagnosis – 11%

The City currently has an opportunity to expand the HMNS program. In the last fiscal year, 2011-2012, the MOHLTC increased the target expenditure with an extra \$400,000 for the City. This would provide the capacity to supply approximately 14,140 additional hours of homemaking services to 180 clients per year. In order for the City to leverage

this extra funding the City would need its 20% contribution of an additional \$80,000 to the program. Given that nearly half of the program recipients are 75 years of age or older and/or physically disabled with a musculoskeletal disorder, this minimal amount of money to further support a greater number of clients in need, is an excellent investment that is consistent with the City's values. The cost of not expanding the program could be greater given that many of these individuals would require support from the health care sector, and therefore become more expensive to treat. While this can be seen as an overall cost to the system, it can also become a direct cost to the City as many of these individuals would require LTCH beds (and/or possibly shelters).

Supportive Housing Program offers services of a Registered Practical Nurse, light housekeeping, light meal preparation, personal care, laundry, medication reminders, as well as safety and security checks on a 24/7 basis to 450 clients at nine City-wide locations. All 450 program clients are low income and are without adequate financial resources to purchase homemaking services from alternative sources. They pay rental charges directly to the landlord and there is no direct cost for clients for supportive services. All funds (i.e. 100%) for the program are provided directly from the Ministry and through the LHINs. The following is a profile of the program clients:

- 75 years of age or older – 69%
- Physically disabled with a musculoskeletal disorder – 26%
- Have cardiovascular disease – 32%
- Have diabetes – 16%

Adult Day Program provides daytime recreation, social and wellness programming for frail seniors who have cognitive impairment or are socially isolated. It is offered at four sites and provides 12,500 client days of care per year. The program is 100% funded by the Province.

The last of the programs supported by the City – **Meals on Wheels** – whereby LTCHS prepares 2,400 meals per week distributed from five sites. These meals are not funded by the City.

The majority of respondents to the community program users survey were satisfied or very satisfied with the services they received with the Long-Term Care homes and adult day program.

When respondents to the program users survey were asked, *“What do the service(s) you receive through the City’s Long-Term Care Homes and Services mean to you and your family”*, almost all respondents indicated that the community-based services received from the LTCHS were very important to them and their family. The following anecdotal comments are provided as examples.

- *“Gave family members time to go out and peace of mind – allowed the patient time away from home and exercise their minds.”*
- *“Hope and confidence”*
- *“I know that I will always get help when needed.”*
- *“It helps me to feel like I am still part of society.”*

- *“It makes me feel very happy and satisfied to learn [that the] government cares for their seniors”*

Program users were also asked to note what changes could be made to improve their experience. In general, the respondents were satisfied with the services they received and indicated that no change is needed because they were already great or “excellent”. A number of respondents stated that more support workers or staff were needed to provide sufficient services to the growing demands. Some respondents also indicated that they wanted more frequent services, e.g. instead of 2 hours for every 2 weeks, they would like to get the service once every week.

3.2 LEGISLATIVE CONTEXT AND REQUIREMENTS

All LTC providers in the province are governed by the *Ontario LTC Homes Act, 2007* (LTCHA) and corresponding Regulation 79/10. Under the LTCHA, southern municipalities are the only LTC operators mandated to establish and maintain at least one LTC home. In order to do this, municipalities need to obtain ministerial approval specifying the number of beds. This approval never expires and cannot be transferred or sold to another service provider. Charitable or not-for-profit homes and for profit nursing homes must operate under ministerial licence which may be transferred (with limitations) under Ministry approval. A municipality which intends to close its LTC home must provide the Ministry at least a five-year notice. In this situation, the closure plan must be developed at least fourteen months before the closure date.

Legislation specifies initiatives for continuous quality improvements (i.e. written plan with goals, objectives, policies, procedures, and protocols) and stipulates requirements regarding qualifications of the LTC homes’ staff (education, experience, and training). It does not fully prescribe precise levels of care and services (with the exception of food and dietetic services) to be provided. However, as described below, the City faces specific demographic, patient acuity and other conditions that drive City-specific levels of service. .

3.3 DEMOGRAPHIC TRENDS

According to Statistics Canada, in 2011 Toronto seniors comprised 12.2% of the city’s population (6.5% between 65 to 74 years old and 5.7% 75 years and over). It is the sixth lowest figure among all national metropolitan areas.¹⁰ However, seniors are the fastest growing cohort in the city. It is projected that by 2031 their number will increase by 40% and make up approximately 17% of Toronto’s population.¹¹ This demographic shift will increase demand for LTC facilities and services, and will present challenges to the municipal LTC sector.

It is expected that the profile of the growing seniors population will also be changing. Already in 2006, nearly one third (28%) of seniors in the City were visible minorities. Currently, nearly two thirds of Toronto seniors are immigrants. Almost half of them (56%) lived in Canada before 1970

¹⁰ Statistics Canada. Annual Demographic Estimates: Subprovincial Areas, July 1, 2011. 91-214-X.

¹¹ City of Toronto. Seniors Strategy – Development Process. Staff Report. May 12, 2011.

and 30% arrived since 1990 (predominantly from non-European countries).¹² Considering the patterns of recent and current waves of immigration, the proportion of seniors who are visible minority will increase substantially in coming years; therefore, new adjustments and arrangements will be required to address ethnic and linguistic diversity in LTC homes.

Since life expectancy is increasing and chronic diseases occur later in life there will be more seniors with these diseases (and therefore more complex cases) in the future. Data on the estimated number of Ontario residents with chronic diseases in the future are provided in the table below. These data could be extrapolated to Toronto considering its greater share of the provincial population, and the fact that 59 percent of the GTA’s seniors live in the City.¹³ Rates for diabetes in Toronto could be even higher due to a significant number of immigrants from regions where people are susceptible to diabetes, such as South Asia, East Asia, Africa, and Latin America settling in the City.

Table 3: Prevalence of Dementia and Alzheimer’s Disease, Physical Problems, and Other Diagnoses Among LTC Residents in Ontario

	% of residents with each diagnosis	Estimated number of residents with each diagnosis		
		2015	2025	2035
Dementia/Alzheimer’s	56	64,427	87,553	133,659
Arthritis	35	39,572	53,776	82,095
Osteoporosis	25	28,685	38,982	59,509
Diabetes	24	27,516	37,394	57,085
Stroke	21	24,215	32,907	50,236
Emphysema	14	15,802	21,474	32,782
Arteriosclerotic Heart Disease	12	13,501	18,348	28,010
Cancer	9	10,536	14,318	21,858
Parkinson’s	7	7,830	10,640	16,243
Peripheral Vascular Disease	5	6,045	8,216	12,542

Source: Canadian Institute for Health Information; The Conference Board of Canada

The diversion of alternative care patients from complex continuing care and acute care facilities (as per provincial government’s policy “Emergency Room and Alternate Level of Care”) to municipal LTC homes has already resulted in an increasing number of admissions to municipal LTC homes which include residents who are:

- Developmentally delayed, with dementia, and dual diagnosed applicants;
- Dementia and mentally ill applicants who display significant responsive behaviours (aggression, wandering, physical and sexually inappropriate behaviours); and

¹² City of Toronto. 2011 Census: Age and Sex Counts. Available: http://www.toronto.ca/demographics/pdf/censusbackgrounder_ageandsex_2011.pdf. Viewed: June 2012

¹³ City of Toronto. LTCHS Division. <http://www.toronto.ca/ltc/diversity-equity.htm> Viewed July 2012

- Younger adults with complex needs such as Autism, Huntington's Chorea, severe disabilities and multiple chronic illnesses.

In spite of the fact that some aging baby-boomers will have greater disposable and household income than previous cohorts, it is expected that more seniors in future will be in the low income category and have to rely on City LTC services, which also accept homeless and low income persons, and persons discharged from correctional facilities. At present, some 23% of women and 17% of men aged 65+ in the City of Toronto (47,775 persons) are considered to be low income¹⁴. As per the 2006 Census, Toronto was home to 39% of all low income seniors in Ontario. The low income rate for Toronto was nearly double that of seniors in Ontario and the rest of the GTA. A 10% increase in the proportion of low income seniors would mean an increase of close to 5,000 low income seniors in the City.

Currently, 70 percent of those on the waitlist for entry into LTC homes are for basic beds, yet the LTCHA requires only a minimum of 40 percent of beds in LTC homes be supplied as "basic". A maximum of 60 percent of beds may be charged as private/semi-private, requiring payment that low-income persons cannot afford. The City's LTC homes however have traditionally responded to local community needs by offering well in excess of the minimum of 40 percent of basic beds.

The combination of factors listed above suggests there will be an increasing demand for LTC services which require additional and highly specialized and qualified staff to manage greater workloads of complex care cases. However, to meet this demand, demographic and policy hurdles will need to be overcome. In Canada, as in other developed countries, declining birth rates and increasing life expectancies are contributing to the gradual decline of working age population. It is estimated that in Ontario the ratio of persons aged 20-64 to those people who most likely will need LTC services (85 years and older) will decline from 19:1 in 2009 to 10:1 in 2035.¹⁵ This may result in overall labour shortages in the LTC sector.

Another aspect of the human resources challenge facing the industry is a scarcity of highly skilled caregivers who are able to respond to rising acuity levels of LTC residents. The major difficulties in recruiting and retaining qualified staff are related to the following factors:

- Limited profile of work in LTC (not as valued as acute care);
- Lower wages for some positions in comparison to hospitals and Public Health; and
- Lack of training opportunities.

It should be mentioned that, in addition to advancements in medicine and discoveries of new treatment of chronic diseases, some factors will likely contribute to the overall decrease of the demand for LTC services.¹⁶ For example, in comparison to previous generations, some of the "new old" are likely to be more aware of healthier lifestyle choices, and therefore be healthier

¹⁴ 2006 Census. Low income is defined as persons spending more than 70% of their income on food, clothing and shelter (low income cut-off)

¹⁵ Elements of an Effective Innovative Strategy for Long-Term Care in Ontario. Report prepared for the Ontario Long-Term Care Association by the Conference Board of Canada. January 2011.

¹⁶ In order to estimate a cumulative effect of various drivers on the LTC services, application of extensive multi-criteria assessment methods will be required. This task is beyond the scope of the study.

and fitter, and require fewer LTC services. Familiarity with technological advances and ability to use new equipment (personal digital assistants, personal call devices, etc.) will allow them to have access to greater choice of services.

3.4 ROLE OF MUNICIPAL HOMES

There is a widespread agreement among all stakeholders that within the industry that municipal LTC's play a unique and highly valuable role because they:

- represent community as a whole & understand local needs;
- operate with local community involvement;
- have excellent linkages with host of health care providers/community service agencies/schools and universities;
- are publicly accountable, transparent, and trusted by public;
- have greater expectations for support and customer service than private homes;
- tend to be allocated most complex cases;
- provide access for poor/needy/disadvantaged;
- are best at recruiting volunteers;
- are great teaching centres;
- are model for other LTCs to follow, and
- allocate financial resources to ensure high quality of care.

In contrast, a review of literature on quality of care found that in comparison to municipal providers, private LTC service providers have significantly higher rates of complaints, lower direct care staffing levels, and higher rates of falls, pressure ulcers, respiratory infections, fluid and electrolyte imbalances, and excessive use of medications. Therefore, it is not surprising that clients, residents and their families have expressed a consistently high level of satisfaction with City LTCHS providers. The unique role and popularity of municipal LTCs contribute to increasing demand for their services. The literature argues that the profit mandate of private homes is largely responsible for such differences between private operators and municipal operators such as the City and that, for the same reason, most such operators do not provide the specialist care available in many of the City's homes. The higher number of hours of care per resident in municipal homes, in particular, is seen as leading to better outcomes for residents.

Virtually all expert panellists and key informants emphasized that the City plays a crucial role within the Long-Term Care sector that few other operators have the capacity to fulfil. It meets the needs of those at the lowest end of the income scale, persons with complex care needs, those in need of behavioural support, persons with mental health issues, persons who are brain injured, LGBT individuals and others whose needs require a high level of specialist expertise and training that many operators would be unable to deliver. Indeed, it was acknowledged that CCACs recognize the capacity of the City to deal with these complex cases and often place people that few other operators would take in City homes. It was pointed out that the City not only has the expertise, but also has the appropriate values and access to financial resources within the Long-Term Care sector to ensure a high quality of care is delivered to these segments of the population.

The City is also seen as a leader in researching and pioneering innovative care practices to serve more complex needs and is viewed as a centre of learning by industry peers. For all these reasons, a strong ongoing presence by the City within the Long-Term Care sector is widely supported across the industry.

Furthermore, it was also pointed out that the City represents the community as a whole and understands local needs. City homes are operated with local community involvement and the City maintains excellent linkages across the community with a host of health care providers, community service agencies, schools and universities. The City is publicly accountable and operates in a transparent environment, particularly in comparison to private sector operators. It is trusted by the public and there are greater expectations for support and customer service than among other operators.

It was noted that the level and range of complex cases is expected to increase over time and therefore the City's role will continue to grow. Accordingly, it was strongly suggested that the City advocate to the Ministry of Health and Long-Term Care for increased funding to help meet the increasing level of demand it is facing. It was pointed out that the Ministry is currently reviewing the funding situation and that the City should advocate strongly for increased levels of funding to enable it to continue to fulfil its key role within the sector. With the level of expertise within its homes, it was suggested that the City can argue strongly that it is well positioned to accommodate Alternative Level of Care (ALC) patients from hospitals and therefore help relieve the overall cost burden on the health care system; therefore the Province should recognize the potential system savings and provide a greater level of support (i.e. funding) to the City.

Finally, it was pointed out that cost savings within the Division need to be approached from a "value for money" perspective; that is, given their mandate to deliver quality care, the Division needs to consider accountability, sustainability, equity and quality of care when considering cost saving measures. Potential cost saving measures also need to consider the changing role of the City's Long-Term Care homes within the overall health care system – i.e. system savings can be realized through shifting some responsibilities from hospitals to Long-Term Care homes.

It was also pointed out that, in fact, two of the three programs operated by the City are 100% funded, while one is 80% funded; therefore, this is money well spent in relation to the large number of people being served, the savings to the overall health care system and the possible diversion of clients from the waitlist for City LTC homes and/or shelter system.

All of the above, in addition to the results from the three stakeholder surveys, creates strong rationale for significant ongoing involvement of the City in the Long-Term Care business. This conclusion brings us to the following recommendation:

City to maintain its current role in the municipal Long-Term Care sector

Virtually all expert panellists and key informants emphasized that the City plays a crucial role within the Long-Term Care sector that few other operators have the capacity to fulfil. It meets the needs of those at the lowest end of the income scale, persons with complex care needs, those in need of behavioural support, persons with mental health issues, persons who are brain injured, LGBT individuals and others whose needs require a high level of specialist expertise and training that many operators would be unable to deliver.

3.5 COST DRIVERS ANALYSIS

The provision of high quality LTC services comes at a price. The provincial funding formula does not cover the full cost of operating a municipal LTC home (given the unique framework and operating context). Therefore, in order to meet the LTC needs of residents, the City must add resources to supplement the funds provided by the Ministry.

Listed below are major factors that contribute to and increase the cost of providing and maintaining quality LTC services to residents:

- Cost of staff training (prescribed in the legislation);
- Cost of providing resource-intensive care required for complex and behavioural care residents (more complex interventions, additional registered nursing staff, and personal support workers are needed to maintain service levels consistent with the relative intensification of residents' needs);
- Cost of meeting higher demands of aging baby boomers for independent living arrangements, greater autonomy, and choice of services (i.e. healthy dietary options);
- Higher than average salaries and benefits in municipal LTCH sector, pay equity maintenance, arbitrated settlements and awards, and WSIB requirements are not fully covered by the funding formula;
- Funding LHINS' and the City's priorities are not always consistent, and vary across the five LHINS;
- Annual fluctuations in the complex funding formula do not allow the City to make multi-year financial commitments required to fund operations of its LTC homes. For example, these fluctuations make it difficult to commit funds for long-term maintenance and repair of the City's aging facilities;
- Actual costs of operating older buildings versus new, more efficient homes;
- Funding for Long-Term Care beds in the City's LTC homes is per-diem based and does not reflect the level and quality of provided services; and

Despite sharing many of the same cost drivers, the City of Toronto compares favourably with other municipalities in terms of the cost-per-bed-day ratio. Table 4(a) below compares the City of Toronto's Long-Term Care operations with other municipal jurisdictions in Ontario. These are the larger municipal portfolios that would be most comparable to the City of Toronto, although the City's scale of operations is much larger than any other municipality in Ontario.

Table 4 (a): A Comparison of Select Municipal Long-Term Care Services in Ontario, 2010

	OMBI Cost*	LTC Homes	Specialization of Facilities	Community Based Programs		
				Adult Day Programs	Supportive Housing (services or facilities)	Meals on Wheels
York Region	\$229	2	ND	Yes	Yes	No
Peel Region	ND	5	Yes (Behavioural Support Centre)	Yes	No	Yes
City of Hamilton	\$208	2	ND	Yes	Yes (different branch)	Yes
City of Ottawa	\$201	4	ND	Yes	No	Yes
Durham Region	\$240	4	Yes (Specialized units for dementia)	Yes	No	Yes
Niagara Region	\$175	8	Yes (Centre for Dementia)	Yes	Yes	Yes
City of Windsor	\$282	1	ND	ND	ND	ND
City of Toronto	\$202	10	Yes (Behavioural Support Units, LGBT units)	Yes	Yes	Yes

*LTC Facility Operating Costs (CMI Adjusted) per LTC Facility Bed Day

ND – no data available; Niagara and Windsor were included as the OMBI high and low cost benchmarks (see table below) but were not part of the formal jurisdictional survey.

This table demonstrates that the City provides one of the most comprehensive municipal Long-Term Care programs in Ontario. It is further important to note that the City is delivering this service at one of the lowest cost-per-bed-day ratios of any comparable municipality. Given the extensive range of cost drivers and the responsibilities being delivered by LTCHS, this is a highly positive achievement.

Table 4(b) below shows that, not only is the City providing one of the lower cost operations among Ontario municipalities, it is also achieving one of the highest levels of resident satisfaction. In addition to numerous national, provincial, and local accolades, in June 2012, Accreditation Canada’s Decision Committee awarded the LTCHS Division the following decision – Accredited with Exemplary Standard. The Division achieved an outstanding 100% of the high priority criteria and 99% overall against national healthcare standards.

Table 4 (b): Municipal LTC Providers Ranked by Cost per Bed Day Reported in the Ontario Municipal Benchmarking Initiative 2010

Rank	Municipality	Cost	% Satisfaction
1	Niagara	\$175	97%
2	Sudbury	\$184	95%
3	Thunder Bay	\$190	98%
4	Ottawa	\$201	95%
5	Toronto	\$202	96%
6	London	\$205	91%
7	Hamilton	\$208	94%
8	Halton	\$210	95%
9	Waterloo	\$212	95%
10	York	\$229	95%
11	Durham	\$240	97%
12	Windsor	\$282	97%

As noted earlier, the annual budget for the Division is \$224.8 million (2012), of which \$45.3 million (20.2%) comes directly from the City, with the balance being funded by the Ministry of Health and Long-Term Care, 5 LHINs and through resident and client co-payments. This \$45.3 million expenditure represents 2.4% of the total municipal budget.

Most comparison municipal jurisdictions we surveyed also pay a similar premium over and above Provincial funding levels. Data gathered by OANHSS in its Benchmarking Report for Municipal and Non-Profit Long-Term Care Homes provides some useful comparisons of expenditures by spending envelope between the City of Toronto municipal homes and those operated by other municipal jurisdictions. The data shown for the City of Toronto is the average of all ten homes and the data shown for other jurisdictions is the average of all responding homes.

Table 5 below shows that the City of Toronto spends a larger actual and percentage portion of its budget on nursing and personal care than the average municipal long-term care home and significantly more than the average not-for-profit facility. This is likely a function of several factors, including collective bargaining agreements, higher general wages in the City of Toronto than in other parts of Ontario and a greater number of more specialized nursing and personal care staff than other jurisdictions.

Program and support service expenditures are also significantly higher than among other facilities, while raw food costs are slightly higher. Other accommodation costs are almost identical overall, although there are some noticeable differences, primarily the cost of housekeeping. Here again, these differences are likely primarily due to wage differences in Toronto vs. smaller communities where comparable facilities are located and to the lower wage scales generally found in the not-for-profit sector. Discussions elsewhere in this report address

the potential for outsourcing some of these functions and arrive at the conclusion that the potential decrease in quality of care and lack of the ability for multi-tasking among existing staff would result in minimal, if any, benefit to the City, the residents and their families.

Table 5: Total Expenditures by Envelope by Resident Day

Total Expenditures by Envelope Per Resident Day								
	<i>Municipal (Ave)</i>		<i>NFP (Ave)</i>		<i>City of Toronto (Ave)</i>		<i># of Responding Homes</i>	
	\$	%	\$	%	\$	%	MH	NFP
Nursing and Personal Care	113.9	56%	94.27	52%	135.733	60%	62	40
Program and Support Services	9.3	5%	8.16	5%	12.905	6%	62	40
Raw Food	7.94	4%	7.77	4%	8.145	4%	62	40
Other Accommodation*	71.25	35%	70.17	39%	71.198	31%	62	40
Housekeeping	11.77		8.65		16.156		62	40
Building and Property	6.91		7.32		5.784		62	40
Laundry and Linen	5.07		3.6		5.183		62	40
Dietary	20.25		15.63		22.018		62	40
General and Administrative	14.26		12.61		15.465		61	40
Facility Costs	13.25		22.42		6.609		62	40
Total Expenditures Per Resident Day	202.39		180.37		227.981		62	40

*A combination of six elements: housekeeping, building and property, laundry and linen, dietary, general and administrative, facility costs

Source: City of Toronto, OANHSS Benchmarking Reports 2009

Despite the range of cost pressures facing municipal homes, recent data from the Ontario Health Coalition show that municipal homes in 2007 provided a higher level of care than the rest of the Long-Term Care sector, with an average of 3.098 paid care hours per resident day, compared to an average of 2.85 within the sector as a whole. Discussions with expert panellists and other municipal jurisdictions indicated that the main reasons for this observation are a commitment by municipal councils, including the City of Toronto, to ensure that all residents within their jurisdictions have access to the highest levels of care and the presence of a higher range of individuals with complex care needs than in other segments of the long-term care sector.

In addition, the Ministry of Health and Long-Term Care has continued to raise performance standards within licensed Long-Term Care homes. This clearly demonstrates that increases are needed to Provincial funding formulas in order to enable the City (and other Ontario municipalities) to meet these standards and continue to provide a high quality of care to all residents.

Legislation specifies initiatives for continuous quality improvements (i.e. written plan with goals, objectives, policies, procedures, and protocols) and stipulates requirements regarding qualifications of the LTC homes' staff (education, experience, and training). It does not fully prescribe precise levels of care and services (with the exception of food and dietetic services) to be provided; therefore, continuous contributions from the City are required in order to accommodate the drivers of City-specific levels of service. There is room to change the levels of care/service, but given the City's framework and operating context (presented earlier in the report), for aiming to provide the highest level of care and satisfaction for its residents suggests that reductions in the levels of care to minimum standards is not desirable. The City could lower standards to meet minimum legislative requirements (e.g. cutting staffing), but this would increase risks and decrease the level of satisfaction among residents. .

The provision of community-based support programs in the province is regulated by the *Homemakers and Nurses Services Act, 1968* and the *Ontario Home Care and Community Services Act, 1994*. The Homemakers and Nurses Services Program is 80% funded by the province, but to receive the 80%, a municipality must contribute the additional 20%. A municipality cannot reduce its 20% contribution – if it does, it will lose the matching 80% provincial funding. However, as noted above, the City could opt out of providing the Homemakers and Nurses Services Program to save its 20% contribution by reducing service levels. But, there is significant return on the City's investment in assisting over 2,000 clients through its minimal 20% contribution as this approach would delay entry into the Long-Term Care system and delay or reduce the need to expand the supply of Long-Term Care beds.

Expert panellists and City staff made note of the inadequacy of Provincial capital redevelopment funding formulas. At the same time, staff pointed out that funding levels for day-to-day operations are also inadequate. It was further pointed out that funding formulas are the same across the province, whereas many costs are higher in the City of Toronto than elsewhere. It is important to note, that while the provincial funding for food is inadequate, LTCHS, through its own efficiency initiatives (identified and implemented before the SES) was able to successfully prepare and feed all of its residents within this minimal funding envelope.

Given the service drivers, operating context and stringent legislation noted above, Toronto LTCHS are limited in opportunities to significantly reduce operating costs today and for many years to come. However, as presented in Section 4, the consulting team's analysis has identified some areas for service and cost efficiency.

4 – REVIEW AND ANALYSIS OF COST AND OPERATIONAL EFFICIENCIES

The following section contains an overview of key issues, strengths, observations and the consulting team’s assessment of the collected information arising from interviews, focus groups, site visits, surveys, jurisdictional review and background research. In completing the analysis, eight key areas emerged which present possibilities for service and/or cost efficiencies. The seven areas are:

- Service and Program Changes
- Alternative Service Delivery
- Labour Efficiencies
- Facility Redesign and Redevelopment
- Intergovernmental Advocacy
- Information Technology
- Revenue Generation

4.1 SERVICE AND PROGRAM CHANGES

The range of services and programs being provided now and in future will, of course, have a direct and significant impact on Division costs. Previous studies have recommended that the City rebalance its Long-Term Care bed mix to provide more short-term stay, respite and convalescent care beds, would expand the range of needs being met within the homes and would help fill identified gaps in the system.

The findings by KPMG from the City’s core service review noted that legislatively, municipalities need only operate one home and KMPG suggested the City could transfer nine of its homes to other operators. There are significant barriers to the transfer of homes. . First, the City cannot simply sell the beds: the province owns the beds and the legislation notes at least a 5-year notification in the event an operator wanted to give up the beds. In addition, given the state of the existing homes (i.e. capital redevelopments, scope and type of clients, and the higher costs associated to operating the City run homes), there are no realistic “operators” private or otherwise who could continue to deliver LTC services and programs at the same level and quality as the City. The Division is extremely well run, efficient and effective with lean staffing complements: it has regularly examined and implemented efficiency measures as part of sound business decision making. Recall, the City is one of the most cost effective operators of Long-Term Care in Ontario.

Second, the legislation notes a municipality must operate one LTC home; more specifically it states “a minimum of one LTC home”. What dictates the number of homes is a clause in the legislation that notes a municipality must meet community needs: operating one home for the City of Toronto may not meet community needs based on emerging demographics.

Recommendation – City to maintain its current role in the municipal Long-Term Care sector

At the same time, most expert panellists and key informants noted that the continued growth in seniors population would require continued expansion of services to seniors by the City and that, given constraints in public funding for the expansion of Long-Term Care beds, the City should look to expand its home care and supportive housing programs to help cope with these needs. It was pointed out that many countries were moving strongly in this direction, as greater numbers of seniors can be supported through home care and supportive housing at a lower cost per person than Long-Term Care. This approach would also help keep seniors healthier longer, thus delaying entry into the Long-Term Care system and delaying or reducing the need for expenditures on expanding the supply of Long-Term Care beds.

Recommendation – Increase support for expansion of Homemakers and Nurses Services HMNS program to leverage additional provincial funding.

Community services currently being delivered by the City are being well received by users. The survey of community program users found that:

- 95.2% of respondents were satisfied/very satisfied with the time it took to get the service
- 81.8% of respondents were satisfied/very satisfied with the quality of services provided
- 100% of respondents were satisfied/very satisfied with the quality of care provided; and
- 85.7% of respondents were satisfied/very satisfied with the overall level of service.

Some of the comments made by users included the following:

- “For me (I live alone) the service is very, very important”
- “For me it is very important and whatever help I need I did get. Thank you.”
- “For me the supportive housing services are really very good. I can’t complain about them. They are very friendly.”
- “I am grateful for all the help and service I receive with my living on a daily basis. It has given me a positive outlook on life. My family is also very grateful for the help and appreciate it greatly.”

These results demonstrate the acceptance of the City’s role and the high level of performance being achieved.

Recommendation – LTCHS leadership to further review survey findings from this SES.

Partnering with external agencies experienced in the delivery of such services was strongly encouraged in order to help the City leverage its resources and to spread the cost burden across the system. It was emphasized that Long-Term Care homes should accommodate only the frail and those with complex needs, which would further reduce the need for Long-Term Care beds.

Placing a strong emphasis on programs and services aimed at keeping seniors healthier longer was echoed by many expert panellists and key informants. The more that can be achieved through prevention, the greater the reduction in demand for Long-Term Care and the greater the cost savings to the health care system.

Recommendation – City to continue coordinating the Adult Day Program and the Supportive Housing Program.

Similarly, it was emphasized that investing in more recreational and therapeutic programs and services within the homes to enhance the quality of life of residents would raise their level of health and enhance the capacity of staff to provide service, which would represent a significant service efficiency. One idea put forward in the interviews for a change in service practice was the introduction of bedside tablets to enable residents to select food choices well before meals are provided. This could potentially reduce food waste and achieve cost savings which could be redirected to purchasing more foods (such as fruit, which is traditionally more expensive). Currently, any savings from raw food cannot be redirected to other operational tasks. If there are raw food savings, the province dictates that un-used funds be returned.

It was also pointed out that further service efficiencies could be achieved by increasing the range of duties and services performed by those at lower salary levels where possible. For example, it was felt that personal support workers could take on increasing levels of responsibility in programs such as supportive housing, thereby helping to free up registered nursing staff to concentrate on higher level functions. Such opportunities should be pursued where possible, although it is recognized that there may be regulatory limits on the types of duties Personal Support Workers (PSWs) are permitted to carry out. This also speaks to the need for continuous learning and education at all levels to upgrade the capacity of staff. As noted earlier, moving more strongly towards e-learning processes would expand the capacity of the Division to provide needed training.

4.2 ALTERNATIVE SERVICE DELIVERY

The City of Toronto describes Alternative Service Delivery (ASD) as what happens when individuals, community groups, the private sector and other levels of government help the City provide residents with services and programs¹⁷.

There are various forms and levels of ASD ranging from the City providing funds to an external agency, to shared arrangements of responsibilities and costs between City employees and a private business or not-for-profit organization, to bringing outside services into the City to be delivered by employees. Each concept has its strengths, limitations and "shelf life", meaning each model can be appropriate for a given period of time but may not be appropriate as operating realities change.

¹⁷ <http://www.toronto.ca/asd/index.htm>

The City already uses several forms of ASD. For example, Parks, Forestry and Recreation has contracted out food and beverage vending in some City parks including golf courses and ski hills; and Solid Waste has contracted out some pick-up in the City.

With respect to LTCHS, the consulting team examined several areas in terms of the applicability of ASD to its operations. These included food preparation, cleaning, building maintenance, linens laundry, and transportation. Over the years, LTCHS has regularly examined the feasibility of ASD for various functions including linens laundry, personal laundry and pharmaceutical services. Personal laundry has met with limited success in terms of both efficiency and cost effectiveness with many residents complaining of lost clothes. In contrast, the contracting out of the pharmacy and linens laundry have been successful and resulted in both service and cost efficiencies.

The challenge for ASD in LTCHS is the uniqueness of each of the ten homes. Cost efficiencies – either internally or externally, can primarily be derived through consistency in processes. Given the variation in homes, contracting out is not optimal for most functions.

Further, an important consideration for the province is the "continuity of care" performance indicator. Introducing a contractor for such services as laundry and custodial (which could be someone different daily) means residents are exposed to new people they are unfamiliar and not as comfortable with, resulting in less continuity of care (and lower performance on this measure). Further, current staff in areas that could be contracted out (e.g. custodial staff and handyworkers) also provide assistance in other areas, such as porters for meal services – the City is not likely to receive this additional support from a contractor. Given the human service nature of the business and the need to ensure the comfort and security of residents, the benefits of a familiar face delivering services are highly significant.

Food preparation: Food preparation is labour intensive – there are three meal sittings and snacks for residents per day. The sittings are further complicated depending on the age of the home and capacity limitation. For example, Carefree Lodge needs to manage meals in two sittings for each of breakfast, lunch and dinner. Between each sitting, linens must be changed, tables cleared and the dining room cleaned before the next group of residents can eat. As a consequence, homes such as Carefree Lodge are completing 6 food services (not including snacks) per day. Further, food preparation is highly regulated in terms of health and safety, quality, variety and temperature. The majority of contractors leverage their own facilities and kitchens to do food preparation offsite and then deliver meals: this is not conducive to the City's LTC homes and the provincial regulatory regime. Given these factors, food preparation is not optimal for contracting out given the size, scope, complexities and building design limitations of City LTC homes.¹⁸ The private and not-for-profit homes engaged during the SES along with the jurisdictional scan revealed that any home (irrespective of for profit/not for profit/municipal), must examine each of their respective facilities to determine the feasibility

¹⁸ The redevelopment of the LTC homes to more efficient design standards and layouts also presents a significant opportunity for improving the delivery of services of this nature. This is discussed in Section 4.3.

and viability of contracting out food preparation. The majority of homes do not contract out food, while a few of the smaller homes do.

Linens: Linen laundry is now managed through ASD. Linens are generally similar in size and texture and not affected by regulations in the same way as food preparation.

Bus transport: Bus transport is another area that can be contracted out. Buses are currently used to transport residents for special outings at four of the homes. However, over recent years, the number of trips is decreasing, and therefore use of the fleet is diminishing. This explains the variation in the budget allocation for bus transport and the actuals in 2011 – a \$26,000 savings on fuel and maintenance costs alone (Table 5).

Table 5: LTCHS Bus Fuel and Maintenance Costs 2011 Budget Versus Actual

	Budget		Actuals		Variance	
	Fuel Costs	Maintenance Costs	Fuel Costs	Maintenance Costs	Fuel Costs	Maintenance Costs
Bendale Acres	\$ 10,100.00	\$ 24,700.00	\$ 5,489.93	\$ 9,240.00	\$ (4,610.07)	\$ (15,460.00)
Castleview Wychwood Towers	\$ 3,400.00	\$ 7,100.00	\$ 1,283.00	\$ 9,240.00	\$ (2,117.00)	\$ 2,140.00
Cummer Lodge	\$ 3,400.00	\$ 8,100.00	\$ 2,548.85	\$ 5,280.00	\$ (851.15)	\$ (2,820.00)
Kipling Acres	\$ 3,400.00	\$ 8,100.00	\$ -	\$ 9,240.00	\$ (3,400.00)	\$ 1,140.00
Total	\$ 20,300.00	\$ 48,000.00	\$ 9,321.78	\$ 33,000.00	\$ (10,978.22)	\$ (15,000.00)

Source: Division of LTCHS, 2011 and 2012 Budget data

LTCHS staff indicated 2 of the 4 buses have not been used in a year. In addition to fuel and maintenance, additional costs include staffing, insurance and depreciation of the vehicles. The staffing costs including benefits are approximately \$45,000. Therefore, the total cost for buses in 2011 was approximately \$97,000. The number of bus trips in 2011 was approximately 220. This represents a cost of \$440 per trip. Given the decrease in use, the use of a contractor for such outings would be cost efficient and can be delivered for less than \$440/trip. The DPRA/SHS consulting team completed trip cost research from private transportation operators. Presuming a minor discount due to trip volume, the estimated per trip cost was \$300: a minor savings of \$140 per trip. However, one must also consider the savings of staff time, depreciation of buses, insurance and licensing.

Recommendation – Implement Alternative Service Delivery (ASD) for bus transportation services.

Custodial activities, minor maintenance, and painting: The last remaining area which could be considered for ASD relates to custodial services, minor maintenance, and painting. This is currently delivered by 31 FTEs at a cost of \$2.3M (Table 6). With respect to custodians, the data suggest there is one per City run home at a cost of approximately \$78,000 per home. Savings could be realized by contracting out these positions; however the savings could be minimal, not to mention the impact on residents by the change as well as the additional duties current staff take on to support residents (e.g. friendship, portering for meals, etc.). General handy work and painting could also be contracted out. The Division currently utilizes contractors for select repairs (HVAC, broken windows, etc.). Hence these functions could also be handled in the same

manner. Painters and handyworkers have less interaction with residents and therefore the opportunity cost is minimized in comparison to the custodian positions.

Table 6: Approved 2012 Budget for LTCHS – Select Positions

	Total FTEs	Total Dollars
Custodian	10	\$778,820
General Handyworker 3	16	\$1,106,624
Painter	5	\$414,695
Subtotal	31	\$2,300,139

Source: Division of LTCHS, 2011 and 2012 Budget data

During the engagement process, staff also indicated other ASD possibilities including Mask Fit testing (i.e. testing respirators as well as disposable masks that are used by health practitioners to ensure no bacteria or infections are passed between staff and patients). This would reduce staff time requirements and possibly generate time/process efficiencies; however, the cost differentiation would be minimal.

Recommendation – Implement ASD for minor maintenance and painting and consider ASD for custodians taking into account the impact on residents.

4.3 LABOUR EFFICIENCIES

It is important to note that very few jurisdictions provide the full range of services provided by the City of Toronto. The City provides one of the most comprehensive Long-Term Care programs in Ontario. It is further important to note that the City is delivering this service at one of the lowest cost-per-resident ratios of any comparable municipality.

In reviewing the various lines of evidence a series of labour efficiencies emerged; some minor and some larger both in terms of process and cost efficiencies. Labour costs comprise over 80% of the total operating cost of the Division (i.e. \$174M of the gross operating budget of \$211M), so any approaches that could generate cost-savings in this area could be of particular significance.

Implementing the collective agreement: The first, and most important cost and service efficiency relates to LTCHS staff and the overlap between shifts and pay. In 2012, the collective agreement was amended to eliminate a 30 minute overlap. Historically, LTCH staff worked 7.5 hour shifts plus an additional half hour which was meant to overlap the next shift. It was felt that a 30 minute overlap between shifts would allow for synergies and providing updates on residents and completing any recording keeping. This has not been fully realized to date; plus, with the advancements in information technology, there is less need for such an overlap. The elimination of the overlap will save the Division approximately \$2.1M. This translates into a nearly a 7% savings spread across the 2014 and 2015 operating budget).

Recommendation – Implement new Collective Agreement to realize the removal of the 30 minute shift overlap.

Volunteers: As noted elsewhere in the report, the volunteers for LTCHS are significant and play a vital role in supporting the Division, residents and the community. Respondents from the volunteer survey noted the following activities in terms of their involvement with LTC homes:

- Advisory committee
- Anglican service
- Arts and crafts
- Bingo
- Birthday care delivery
- Bistro
- Caring clown
- Perform Catholic chaplaincy service; assisting residents to attend Sunday service/mass
- Dining enhancement
- Entertainment programs
- Fund raising programs, e.g. car wash
- Garage sale
- Gift shop
- Hair-dressing/cutting
- Happy Hour
- Library
- Mall shopping with residents
- Meals on wheels
- Music (organist, pianist)
- One-on-one visit
- Special event
- Tea/coffee program
- Tuck shop keeper

Private run LTC homes cannot attract the same volume of committed volunteers as the City. Why? Volunteers noted during the study a lack of desire to provide their time to any organization that attempts to generate profits versus reinvesting that effort into improving the lives of those accessing LTC homes and services. Volunteers could also be leveraged for fundraising which could be used to purchase and donate products and services (beyond what they are currently doing).

Respondents to the volunteer survey were asked to identify what changes could be made to improve resident’s living experience. In general, the respondents indicated that the homes are doing a good job in serving their residents; but noted some key changes and observations including:

- Many respondents indicated that residents enjoyed their company, social interactions and service; so many respondents suggested that more volunteers are needed to provide more activities to the residents with a personal touch. One anecdotally commented “As what I have noticed, residents really enjoy the company of children. *So, if taken seriously, youth involving events should be done more often at any nursing home.*”
- Having more outdoor activities and events for the residents, when weather permits.
- Addressing some issues with the buildings, e.g. bigger elevators and operational service and more bathroom facilities.

Respondents to the volunteer survey were also asked to identify other actions that volunteers or other community organizations could do to further support Long-Term Care homes and supporting services. Key actions included:

- Have more volunteers to provide support and deliver more programs/services to the residents – *“Increase volunteerism! Residents require more social interaction from visitors and special events”*.
- Consider the use of volunteers or community organizations to provide more services.
- One respondent suggested that some community organizations are unaware of the needs in the homes. If possible, committee members from the Long-Term Care homes should meet with the community organizations to explain their needs and work collaboratively to provide more services to the residents. More community involvement provides the residents a stronger sense of belonging, which can enhance quality of life.

Recommendation – Complete a skills and capacity inventory and assessment of the volunteer corps as a means of determining future partnerships.

Occupational safety: The Division should also continue to work with staff, Labour Relations, Human Resources, Union representatives and WSIB (as required) to proactively identify opportunities to provide even safer work environments. This will reduce lost staff time and short/Long-Term disability (STD and LTD) costs. Senior staff within the Division and Long-Term Care staff in other municipal jurisdictions pointed to controlling WSIB costs as one of the most significant areas of potential cost savings. Accordingly, greater investment in improving staff safety and wellbeing would pay off in greater savings due to reduced absenteeism and reduced STD and LTD costs.

In addition, further assessment and strategy should be given to modified duty positions to get staff back from STD or LTD. More flexibility is required by both the employer and the employee, to identify modified duty positions within the Division (i.e. at a different LTC home, or at Metro Hall) or in another Division (e.g. work dispatch in EMS, etc.). Such flexibility can reduce WSIB costs and result in significant cost savings.

Recommendation – Continue cross divisional dialogues (with the most appropriate Divisions) to determine the opportunities to facilitate staff on LTD to return to work faster into modified positions across the corporation (i.e. not necessarily in their Division).

Hiring process: The labour pool for those looking to enter the Long-Term Care field is small and competes with public health agencies and hospitals which tend to pay more than LTCHS. The recruitment challenge is further hampered by the Division’s lengthy hiring process. The most significant time is spent on the police reference check, which can be 6-12 weeks. Such time delays can result in possible candidates taking positions elsewhere. The consulting team recognizes the importance and need for the police reference checks; however the Division could benefit from a reduced turnaround time. This would get candidates screened, reviewed and hired more quickly, resulting in less staff time on filling vacant positions.

Recommendation – Assess opportunities to reduce police check turnaround time.

Clerical positions: Another labour efficiency identified through the process is related to the role and need for clerical staff with specialized skill sets. Several years ago, the Division included clerical positions in the City-run homes. However, through reorganization, emergence of new IT tools and programs as possible efficiencies, most clerical positions were eliminated. This resulted in a workload driver for managers who were now completing some clerical tasks in addition to their regular workload. It is estimated that managers are spending between 0.1-0.15 FTE of their time on such clerical duties – or select processes that can be allocated to a clerical position (e.g. scheduling, resolving some of the payroll variances). A labour efficiency would include establishing – on a trial basis in select homes – some clerical positions that can be shared across many managers. This would allow “managers to manage” and leverage clerical staff skills to support many staff in completing tasks more efficiently. Such a change is an operational efficiency, not a direct cost savings efficiency.

Recommendation – Assess the role and need for new clerical staff positions with specific skill-sets across City run LTC Homes to reduce workload drivers on management staff.

4.4 FACILITY REDESIGN AND REDEVELOPMENT

The ten Long-Term Care facilities owned and operated by the City represent an aging portfolio of major capital assets. The large size of the homes requires significant staffing and contractor resources simply to handle daily facility operations. In addition, the City spends significant dollars on annual capital repair and replacement to maintain the quality of the facilities. Building condition audits of these facilities demonstrate that these costs are expected to escalate as the portfolio continues to age and building elements reach the end of their useful lifecycle. The approved capital budget for the Division includes total project costs of \$46.0 million and 2012 cash flow of \$35.7 million, with future year commitments of \$47.7 million. This excludes the redevelopment cost of any existing homes.

A significant opportunity exists for Long-Term cost savings through the program of ongoing capital repair and replacement and upgrading of building systems. Indeed, discussions with staff indicate that considerable progress has been made in improving energy efficiency within the homes, resulting in significant annual cost savings. Further, more funding is available to Class A facilities as compared to classes B, C and D; hence, there is incentive to redevelop to maximize funding provision from the Ministry.

Six of the City's ten facilities have been earmarked for future redevelopment to enable them to comply more fully with current Ministry design standards. Redevelopment to current design standards will enable the Division to achieve significant service efficiencies through improved layouts, better room sizes and configurations and enhanced design amenities that are proving effective in improving service delivery while also enhancing the living environment within Long-Term Care homes. This process also achieves a more homelike setting that promotes independence and socialization and maximizes outcomes for residents. Redevelopment and redesign of existing homes would also facilitate the inclusion of new assisting technologies

within the buildings (e.g. video surveillance, light sensors, electronic pass-cards, personal call devices, personal digital assistants). The more quickly the City is able to move forward with this redesign process, the more quickly these efficiencies and improvements in the quality of care can be realized.

In interviews with internal and external key informants, it was also pointed out that the City possesses a considerable advantage over many Long-Term Care operators due to the considerable acreage of property upon which these homes are located. Recent escalations in land values throughout the city have made it extremely difficult and costly for private and non-profit operators to develop new Long-Term Care homes, and there is widespread concurrence that the capital funding formula offered by the Ministry of Health and Long-Term Care for the development of new homes within the city is highly inadequate, largely for this reason. City staff report that the cost of redeveloping Long-Term Care homes is approximately \$260k per bed (for LEED Silver), whereas the Provincial formula only provides \$130k per bed. The 50% formula is consistent with previous funding arrangements.

In a recent briefing note, the Toronto Central LHIN noted that, largely due to the high cost and lack of availability of land within the City of Toronto, more and more LTC operators are seriously considering moving their beds out of the City, or simply closing altogether. This trend could reduce the LTC bed capacity in the Toronto Central LHIN area, thereby denying residents of the inner City of Toronto access to LTC beds within their home community.

Discussions with senior staff and expert panellists suggested that, for this reason, the City has a strong obligation to fully explore all options for the most effective use of its valuable land resource. Most felt that this gives the City an obligation to significantly rethink and intensify the use of these properties.

There was widespread concurrence that redevelopment of the properties should be undertaken with a wider range of uses in mind. A greater emphasis should be placed on developing sites as continuing care campuses, with a variety of levels of care and accommodation, including not only conventional Long-Term Care facilities, but also various forms of supportive housing and assisted living options. This would create opportunities for spreading administrative and staffing costs over a greater number of users and enable more seniors to be supported for the same dollars. This approach would also create opportunities for partnerships in the development and operations of facilities, thereby reducing the financial burden on the City in the redevelopment of its properties. There are numerous examples across the province of municipal homes that have followed the continuing care campus approach (e.g. Spruce Lodge in Stratford, John Noble Home in Brantford, Casselholme in North Bay) and are benefitting both the users and the municipalities themselves through an expanded range of services and administrative cost sharing. Baycrest in Toronto is an example of a continuing care campus developed and operated by a non-profit organization.

Further suggestions on the redevelopment process also provide potential service efficiency/cost savings ideas. It was widely suggested that the properties could become service “hubs” where

other compatible municipal services could be delivered from the same site, leading to administrative cost savings through sharing of facilities and administrative/property management and maintenance staff. Renting out space to compatible organizations, which is already being done at locations such as Castlerview Wychwood Towers, is a further opportunity for additional revenue generation.

Opinions varied as to whether the City should actually consolidate its ten sites into fewer locations while retaining the same number of beds. This would likely lead to cost savings in staffing and facility operations and potential revenue generation from the sale of surplus properties, but would reduce the geographical coverage of the City's homes and result in larger buildings where it may be more difficult to achieve a homelike living environment desired by residents, advocated by sector experts and encouraged by Provincial regulations. However, given the cost pressure facing LTCHS and the current and future demands, consolidation of homes is inevitable to realize savings/efficiencies.

It is also unlikely that outside operators would be interested in the purchase of existing City homes, given the age of the buildings and the cost of operating and maintaining such facilities (given the many unique and challenging residents and clients the City currently serves).

From the above, it is clear there is the potential for significant improvement in service efficiency and Long-Term cost savings through continuing a program of redesign and redevelopment of the City's Long-Term Care homes. A high priority should be placed on intensifying the range of uses on these sites, with an emphasis on continuing care campuses offering a wider range of accommodation and support options and opportunities for partnerships with outside organizations. Some consideration should be given to consolidation of the existing number of Long-Term Care beds to a reduced number of sites, although there is considerable debate about the overall benefits of such a decision.

Recommendations - Focus redevelopment of homes on consolidating to fewer homes and shifting to continuing care campuses; and sell surplus lands

4.5 INTERGOVERNMENTAL ADVOCACY

From our discussions with expert panellists, key informants and Division staff, it is clear that the financial well-being of the City's Long-Term Care operations depends strongly on funding support provided by senior levels of government, particularly the Ontario Ministry of Health and Long-Term Care. Previous sections of this report have shown that the City injects a substantial level of funding (\$45 million per year) over and above Provincial funding in order to operate its Long-Term Care homes. The capital funding formula was also found to be inadequate in relation to the cost of redevelopment of Long-Term Care homes in the City.

It has been argued that, given its unique and critical role in the Long-Term Care sector, and given its growing contribution to cost savings elsewhere within the health care system, the City should receive a higher level of financial support from the Province. The City should take a

highly aggressive approach in pursuing such increased levels of funding and continue to emphasize the overall system savings it is helping the Province achieve.

It has also been noted that changes in staffing at the Provincial level have resulted in a lack of understanding of the City's role and the contributions it is making to the system, both financially and in terms of filling gaps in service delivery. Given the potential financial benefits, the City should strongly advocate for change in funding formulas and provide a greater range of information to the Province on its contributions.

Recommendation – Intensify Advocacy to MOHLTC for Enhanced Funding Formula.

4.6 INFORMATION TECHNOLOGY

The business of Long-Term Care is a human service that relies heavily on the skills and abilities of a caring staff, assisted by volunteers, resident families, partner agencies, suppliers and the community at large. The staff employed by the City to deliver these services are widely acknowledged to be among the most qualified and experienced in this sector, and their level of effort and commitment is perhaps the key element to the strong record of performance achieved by the Division in the delivery of quality care.

At the same time, however, key informants from both across the Division and outside jurisdictions emphasized that the capacity of staff to deliver Long-Term Care services could be enhanced by a stronger commitment at all levels of the Division towards integrating information technology into day-to-day operations. Interviews with senior staff pointed out that many functions still rely heavily on paper-based processes that are time consuming and make it difficult to share information. In particular, outside jurisdictions widely rely on “point of care” information technology systems to enable staff to effectively record, report and share information about residents in their care.

Senior staff have confirmed that the Division does make use of “Goldcare” technology (as do many outside jurisdictions we interviewed), but has delayed upgrading Goldcare due to a lack of staff to implement the technology and deliver training. The Division has realized some staff efficiencies and has proceeded with the upgrade and implementation of this technology in order to further enhance service efficiency in this area. By increasing their capabilities, staff would be better equipped to deal with more complex cases, which would enable them to increase the CMI levels within the homes and receive higher levels of funding from the Ministry of Health and Long-Term Care. Staff pointed out that one of the barriers to adopting new technology more quickly is the need to secure concurrence of corporate City of Toronto information technology staff, which is often difficult and time consuming to achieve.

While upgrading the existing Goldcare system is likely the most immediate priority to enhance service capacity through information technology, discussions with other jurisdictions also found active use of scheduling software, personal call devices, personal digital assistants and other emerging forms of technology that would improve the level of care being delivered, streamline

administrative processes, increase the capacity of existing staff to deliver service and give rise to Long-Term savings. Newly emerging staff scheduling software, in particular, appears to have considerable potential for achieving a more efficient allocation of staff time, which would give rise to both short and Long-Term cost savings. The current scheduling system is found by staff to be time consuming, difficult to coordinate and presents opportunities for cost savings through adoption of emerging scheduling software systems.

Recommendation – LTCHS to investigate staff scheduling software with a view to adopting most suitable system in order to realize savings through more efficient allocation of staff time and resources.

From the above, it is clear there is the potential for enhanced service efficiency through a greater commitment from the Division to incorporate information technology more widely in its operations. Existing staff committees that currently examine these issues should continue to ensure ongoing review and evaluation of changing technology and to streamline the process of obtaining wider City of Toronto corporate approval for investing in such systems and training.

With respect to IT, the LTCHS Division could benefit from greater support to streamline its operations. Currently there are numerous staff that do not have email. This means that communiques from executive, management or supervisors need to be completed in hard copy and/or by telephone. This is a very time consuming process for supervisors and managers; by implementing email for all staff, this workload driver would be eliminated and allow managers/supervisors to focus on other duties. Further, staff should have greater access to the internet to leverage efficiencies and cost savings related to e-learning as well as engaging with peers through webinars. Currently, the significant majority of staff have minimal access to the internet to realize such efficiencies.

A further concern in the use of information technology involves the preparation of payroll. Staff pointed out that the responsibility for preparation of payroll has increasingly been delegated to staff within individual homes and that nurse managers often are required to participate in the process, thereby taking time away from core clinical duties. A more centralized payroll system would lead to greater service efficiency across the organization.

Outside jurisdictions that have embraced a wider range of information technology in their operations pointed out that implementation of these systems has required not only an initial investment of time and dollars to purchase and adopt the technology, but has also required significant training of staff at all levels in order to ensure the effective use of such systems. They all concluded that the benefits in enhanced service capacity have strongly justified such investments. Several make use of “e-learning”, whereby staff can receive training online at their convenience. Division staff pointed out that a potential barrier to more widely adopting e-learning within the Division is Corporate restrictions and limitations on staff access to IT systems to enable e-learning to take place. Improved access to such systems needs to be further explored with the City's corporate IT.

Recommendation – LTCHS Division to work collaboratively with the IT Division to expand the number of staff with email access as well as internet access to facilitate efficiencies such as e-learning and communications.

The City provides corporate support business functions including HR, LR, payroll, purchasing, fleet, policy and IT to all Divisions. Some of these shared services come with a cost through Inter Divisional Charges (IDCs), while others establish corporate oversight and leadership for particular disciplines.

LTCHS has implemented a series of efficiencies including consolidation of purchasing to headquarters. Such consolidation has resulted in greater compliance with corporate purchasing policies, facilitated the establishment of divisional contracts and Vendors of Record, and standardized materials across the homes to generate greater savings/discounts. Purchasing could be further streamlined by designating a purchasing specialist at corporate purchasing to work with Long-Term Care staff. These specialists develop a strong knowledge of the needs and priorities of Long-Term Care and are therefore able to achieve more effective and efficient purchasing results. The specialist could work with the Division to reassess the effectiveness of the business processes for purchasing to identify additional efficiencies. It was widely advised by many other jurisdictions that they have followed this approach with good success and that the City of Toronto should consider a similar approach.

As noted above, municipal priorities can shift and change. A common observation in many public sector organizations is the evolution of centralization to decentralization (and back again) for select services (e.g. IT, HR, payroll, communications, purchasing). Recently, the City made decisions to side-load certain responsibilities to operating divisions for the expectation of realizing efficiencies. While such business decisions are sound, the alteration of business processes does not typically include the necessary tools or resources to complete the processes. This results in workload drivers for the divisions. Divisional staff could benefit from regular communication and collaboration with corporate subject matter experts and tools to efficiently complete these side-loaded functions.

4.7 REVENUE GENERATION

As well as examining potential cost savings through service efficiencies, we also examined the opportunity for revenue generation within the homes. Discussions with other municipal Long-Term Care operators found a variety of approaches. While some felt they were best to “stick to their core business” of delivering Long-Term Care services, others had embraced a range of revenue generating activities.

Several key informants pointed out that the City has extensive expertise that could be marketed to other operators, ranging from providing advice on Long-Term Care operations to publishing manuals on various aspects of Long-Term Care to offering direct management services, much like hotel management firms provide to owners of hotel facilities. It was further suggested that

the City could generate considerable revenues by hosting a conference on leading innovations in Long-Term Care, given its reputation as a leader and innovator in the industry.

Recommendation – Host Long-Term Care Conference.

Other revenue generating approaches that have been used by some municipal homes in other jurisdictions have included laundry services, meal services, rental of space within homes and charging for parking. Those providing laundry and meal services have generally found that the returns are modest at best. It was pointed out that the laundry and prepared meal industries in the City of Toronto were quite competitive and that the likelihood of earning significant revenues was slim at best; therefore it is probably not worth the investment of resources.

Rental of space is already being carried out in some locations and could likely be expanded. Charging for parking would undoubtedly generate returns for the homes, but would also inconvenience visitors. This could perhaps be tried at one or two locations as a pilot project and the reaction monitored and evaluated.

Recommendation – Examine opportunities to rent space and charge for parking within existing homes.

Finally, as pointed out in Section 4.4, the required redevelopment of several homes provides an opportunity for revenue generation/cost sharing in the development and operations of new facilities. The City should consider potential partners for redevelopment of its sites and put in place provisions to generate revenues from such sources.

5 - OBSERVATIONS, CONSIDERATIONS AND RECOMMENDATIONS

The following observations, considerations and recommendations are based upon the consulting team's analysis and triangulation across the various lines of evidence. These lines of evidence include background documentation, jurisdictional comparisons, interviews, surveys, home tours, and discussions (interviews and focus groups) with stakeholders. Based on the analysis, the following are the consulting team's observations and considerations to facilitate staff and council decision-making related to LTCHS process efficiencies, effectiveness, and potential cost savings as per the Statement of Work (SOW).

Each specific observation or consideration includes a description/rationale; the estimated cost implication of the recommendation – or potential cost savings to the City of Toronto (and LTCHS); its priority compared to other recommendations with respect to implementation (low, medium or high); the estimated timing for implementation; and, the identification of points to consider with respect to implementation (i.e. risk).

Recommendations reflect the analysis presented in Section 4.

5.1 RECOMMENDATIONS RESULTING IN NET OPERATING SAVINGS THROUGH EFFICIENCIES

Recommendation 1 – City to maintain its current role in the municipal Long-Term Care sector

Virtually all expert panellists and key informants emphasized that the City plays a crucial role within the Long-Term Care sector that few other operators have the capacity to fulfil. It meets the needs of those at the lowest end of the income scale, persons with complex care needs, those in need of behavioural support, persons with mental health issues, persons who are brain injured, LGBT individuals and others whose needs require a high level of specialist expertise and training that many operators would be unable to deliver.

The findings by KPMG from the City's core service review noted that legislatively, municipalities need only operate one home and KPMG suggested the City could transfer nine of its homes to other operators. There are significant barriers to the transfer of homes. First, as noted in sections 3 and 4 of this report, the City cannot simply sell the beds: the province owns the beds and the legislation notes at least a 5-year notification in the event an operator wanted to give up the beds. In addition, given the state of the existing homes (i.e. capital redevelopments, scope and type of clients, and the higher costs associated to operating the City run homes), there are no realistic "operators" private or otherwise who could continue to deliver services and programs at the same level as the City. The Division is extremely well run: it has regularly examined and implemented efficiency measures. Recall, the City is one of the most cost effective operators of Long-Term Care in Ontario.

Second, the legislation notes a municipality must operate one LTC home; more specifically it states “a minimum of one LTC home”. What dictates the number of homes is a clause in the legislation that notes a municipality must meet community needs: operating one home for the City of Toronto does not meet community needs.

<i>Investment:</i>	<i>Current operating budget</i>
<i>Operational Efficiency:</i>	<i>The savings noted in the recommendations for this SES</i>
<i>Priority:</i>	<i>High</i>
<i>Timing:</i>	<i>2013 and beyond</i>
<i>Risk:</i>	<i>Nil – Low. Staying in the LTC business is consistent with the values and guiding principles of the City. The risk of not being in the Long-Term Care business could pose a threat to many residents of Toronto.</i>

Recommendation 2 – City to continue coordinating the Adult Day Program and the Supportive Housing Program. Long-Term Care homes should focus on accommodating the frail and those with complex needs. By doing so it would further reduce the need for Long-Term Care beds. Current program clients are low income and without adequate financial resources to purchase homemaking services from alternative sources.

Placing a strong emphasis on programs and services aimed at keeping seniors healthier longer was echoed by many expert panellists and key informants. The more that can be achieved through prevention, the greater the reduction in demand for Long-Term Care and the greater the cost savings to the health care system. Adult Day and Supportive Housing programs are 100% funded by the Province and does not require the City to provide any additional funding. The Division coordinates the delivery of these programs through community partners. The City’s investment is a small amount of staff time for coordination.

<i>Investment:</i>	<i>Minimal staff time which is already included in operating budget</i>
<i>Benefits:</i>	<i>Leveraging 100% Provincial funding to support residents of Toronto in the most cost efficient way (i.e. allow clients to stay in their homes versus more costly locations such as hospitals).</i>
<i>Priority:</i>	<i>High</i>
<i>Timing:</i>	<i>2013 and beyond</i>
<i>Risk:</i>	<i>Nil – 100% funded by the province and programs are delivered by community partners.</i>

Recommendation 3 – Increase support for expansion of Homemakers and Nurses Services program to leverage additional provincial funding. There will be continued growth in the seniors population that will require continued expansion of services to seniors by the City and that, given constraints in public funding for the expansion of Long-Term Care beds, the City should look to expand its home care and supportive housing programs to help cope with these needs. Many countries were moving strongly in this direction, as greater numbers of seniors can be supported through home care and supportive housing at a lower cost per person than

Long-Term Care. This approach would also help keep seniors healthier longer, thus delaying entry into the Long-Term Care system and delaying or reducing the need for expenditures on expanding the supply of Long-Term Care beds.

In the last fiscal year, the MOHLTC increased the target expenditure with an extra \$400,000 for the City. This would provide the capacity to supply approximately 14,140 additional hours of homemaking services to 180 clients per year. In order for the City to leverage this extra funding the City would need its 20% contribution of an additional \$80,000 to the program.

<i>Investment:</i>	<i>\$80,000</i>
<i>LTCHS Net Savings:</i>	<i>Nil – but will improve customer service</i>
<i>Priority:</i>	<i>High</i>
<i>Timing:</i>	<i>2013</i>
<i>Risk:</i>	<i>Low - Medium – given the 80:20 cost sharing arrangement, the benefits from the investment are significant. Further, the City cannot receive the 80% without providing the 20%.</i>

Recommendation 4 – LTCHS leadership to further review survey findings from this SES. This report synthesises the key findings and observations from the three survey instruments – volunteer survey, community program user, and resident/family member survey. Staff should review the detailed comments to identify minor enhancement to service and program delivery (as appropriate) within current approved funding.

<i>Investment:</i>	<i>Nil – must be within current approved budget</i>
<i>LTCHS Net Savings:</i>	<i>Nil – but will improve customer service</i>
<i>Priority:</i>	<i>High</i>
<i>Timing:</i>	<i>2012-2013</i>
<i>Risk:</i>	<i>Nil – LTCHS prides itself on quality of care and maintenance of quality standards. By reviewing and implementing any minor suggested improvement further coveys its commitment to clients with respect to service excellence.</i>

Recommendation 5 – Implement Alternative Service Delivery (ASD) for bus transportation services. Currently a small fleet of four buses service a small number of homes and their use has been declining. The average cost per trip is \$440 and cost efficiencies could be realized by having this service delivered by an outside organization – as and when needed. The consulting team obtained two quotes from private operators: the average per trip cost was approximately \$300. A small fleet supporting 4 homes is an inequity: the City’s other LTCH’s are arranging their own transportation. A transition to ASD for transportation services will eliminate this inequity and result in some minor savings.

<i>Investment:</i>	<i>Nil</i>
<i>LTCHS Net Savings:</i>	<i>\$50,000 (\$440 - \$300 = \$140 x 220 trips = \$30,800 plus savings from insurance, liabilities, etc).</i>
<i>Priority:</i>	<i>Medium - High</i>
<i>Timing:</i>	<i>2013</i>
<i>Risk:</i>	<i>Low – results in the savings of 0.5 FTEs as well as reduced liability of transporting residents, and other risks associated with owning and operating a fleet.</i>

Recommendation 6 – Implement ASD for minor maintenance and painting and consider ASD for custodians taking into account the impact on residents. Currently, the Division employs 31 FTEs to complete handywork, painting and custodian activities for its LTC homes with an operating budget of approximately \$2.3M. It is anticipated that contracting out these services will result in a saving of at least 15% (an accepted industry standard). As buildings are redeveloped, they include new technologies and innovations. The City, via a Vendor of Record (VOR), could insist that contractors have all the requisite credentials and training to maintain these newer facilities. Further, newer facilities require less maintenance. Hence, the savings over the next 5-10 years could be greater than the conservative estimate noted here.

The significant majority of the LTCHS Division workforce are employed in Local 79, with only 31 staff in Local 416 (i.e. the custodians (10 FTEs), general handyworkers (16 FTEs), and painters (5 FTEs) noted above). By implementing ASD for these 31 positions, the Division will also realize indirect savings by only having to manage the relationship with one union instead of two.

<i>Investment:</i>	<i>Nil</i>
<i>LTCHS Net Savings:</i>	<i>\$345,000 (15% of \$2,300,000)</i>
<i>Priority:</i>	<i>Medium – High – this could be a phased approach whereby, painting could be contracted out first to assess effectiveness. Then if successful, the Division could also contract out minor maintenance and custodians.</i>
<i>Timing:</i>	<i>Initiate discussions in 2013 with implementation scheduled for 2015</i>
<i>Risk:</i>	<i>Medium - High – While Painters and maintenance staff have limited interactions with home residents, the Handyworkers and custodians seem to take on more of a role of supporting residents (e.g. porter, friendship, etc.). Interviewees also noted the intangible value of maintenance and custodian staff who are very familiar with their respective homes and on-site and available after hours to expedite minor repairs as required. This intangible value may not be realized in the same manner through ASD.</i>

Recommendation 7 – Implement new Collective Agreement to realize the removal of the 30 minute shift overlap. The collective agreement has recently changed which eliminated the 30 minute shift overlap. This change is to be phased in over the next three years using 15 minute increments primarily starting in 2014). However, the savings are new (i.e. not part of the 10% reductions requested during the 2012 budget process). These savings need to be acknowledged and implemented.

<i>Investment:</i>	<i>Nil</i>
<i>LTCHS Net Savings:</i>	<i>\$2,100,000</i>
<i>Priority:</i>	<i>High – phased in over three years</i>
<i>Timing:</i>	<i>2013 = \$100,000; 2014 = \$1,000,000; and 2015 = \$1,000,000</i>
<i>Risk:</i>	<i>Nil</i>

Recommendation 8 – Continue cross divisional dialogues (with the most appropriate Divisions) to determine the opportunities to facilitate staff on LTD to return to work faster into modified positions across the corporation (i.e. not necessarily in their Division). Any efforts that can get staff back to work faster will reduce WSIB costs and save the City significant amounts of money (e.g. WSIB 15% administration fee). The Division should further investigate additional ways of reducing absenteeism and improving employee health and safety in order to reduce WSIB claims. Other jurisdictions noted this was one of the best areas for immediate cost savings. The Division has one of the oldest workforces in the City and has many issues and challenges to overcome. The Division is aware of these challenges and has been proactive in recent years to reduce workplace injury and accidents, noting nearly a 60% reduction over the last five years.

<i>Investment:</i>	<i>Nil (staff time)</i>
<i>LTCHS Net Savings:</i>	<i>Conservative estimate of \$400,000 – based on savings noted by other jurisdictions.</i>
<i>Priority:</i>	<i>Medium - High</i>
<i>Timing:</i>	<i>Initiate planning in 2013; realize \$100,000 in savings in 2014 and an additional \$300,000 in 2015 and beyond.</i>
<i>Risk:</i>	<i>Medium – High. This may require changes in corporate policies as well as changes to the collective agreement, which recently renegotiated and are not up for negotiation for another 4 years.</i>

Recommendation 9a) Focus redevelopment of homes on consolidating to fewer homes and shifting to continuing care campuses; and 9b) sell surplus lands. Consolidating the City’s existing number of beds into fewer homes will potentially achieve operational efficiencies, as well as free up properties for reutilization or sale. Redevelopment should take the form of “continuing care campuses” that combine various levels of care and accommodation for residents (e.g. Long-Term Care beds/supportive housing/assisted living) and potentially also act as “service hubs” that house a wider range of municipal/community services. The City should

commence the process of exploring potential partnerships in the redevelopment of these properties.

9a) Focus redevelopment of homes on consolidating to fewer homes and shifting to continuing care campuses	
<i>Investment:</i>	<i>Staff time to review cost/benefit of consolidation</i>
<i>LTCHS Net Savings:</i>	<i>Consolidation into fewer properties. Significant savings per resident (potentially 10-15%) in annual operations through design efficiencies, economies of scale, sharing of staff, renting of space – a conservative estimate of \$1,000,000 (calculated as 10% savings of the current \$202 cost per day per resident)</i>
<i>Priority:</i>	<i>High</i>
<i>Timing:</i>	<i>2015 and beyond</i>
<i>Risk:</i>	<i>Low–Likely to be a strong payback for investment in staff time. The province provides funding for redevelopment. Further, it provides greater levels of funding for Class A facilities versus B, C and D as an incentive for operators to redevelop state of the art new properties.</i>

9b) sell surplus lands	
<i>Investment:</i>	<i>Any transactional fees associated with the sale of lands</i>
<i>On-time Revenue Generation:</i>	<i>Surplus properties could generate a conservative \$4,000,000 in resale.</i>
<i>Priority:</i>	<i>High</i>
<i>Timing:</i>	<i>2015 and beyond</i>
<i>Risk:</i>	<i>Nil</i>

Recommendation 10 – Intensify Advocacy to MOHLTC for Enhanced Funding Formula. LTCHS leadership have historically been strong advocates in attempting to have the province adjust the funding formula to recognize the unique needs of the City of Toronto. However, there is an opportunity for the City to play a more active role and collaborate with Divisional leadership and intensify advocacy efforts with the provincial government. As with any funding formula, it will never fully meet the needs of all, however it does require flexibility to accommodate significant variations – the size and volume of clients Toronto represents, changing demographics of eligible clients, level complex cases taken on by City, negative impacts of being divided across 5 LHINs, etc.

One further point on Provincial funding also provides important context for the review. Due to conditions primarily related to Provincial pay equity attached to some supplemental funding provided by the Ministry, the City actually receives less funding per bed than many private operators. Private operators also receive reimbursement for property taxes. In addition, while there are supplemental funding pots, there is a discrepancy as to accessing such funds: that is, there are fewer conditions such as pay equity requirements attached in accessing this money for private homes, meaning private operators can receive greater funding per bed than municipal operators. This presents further financial challenges for the City versus private

operators. Hence, there is an important role for City leaders to more strongly advocate the need for greater funding for LTC clients in Toronto’s municipal run homes.

The current funding formula also does not allow for operators to retain any savings generated by efficiencies. For example, if an operator was to implement the use of bed side tablets for residents to determine food choices to reduce food waste and realize food savings; the operator must return any un-used funding for food versus reallocate it to other areas or programs that could improve quality of care for LTC residents.

There is a need for greater equity and fairness. Every \$1 per diem increase, translates into approximately \$1,000,000 for the City. There is currently a significant inequity between municipal homes and private operators. If advocating is successful, the City could conservatively obtain an additional \$3,000,000 per year.

<i>Investment:</i>	<i>Staff time to prepare reports; staff and Councillor’s time participate in negotiations</i>
<i>LTCHS Net Savings:</i>	<i>Significant potential for enhanced revenue through enhanced funding formula and fixing inequities. These savings noted below have NOT been included in the savings summary as it is dependent upon changes to the provincial funding formula that addresses the inequities between municipal run homes and private run homes.</i>
<i>Priority:</i>	<i>High</i>
<i>Timing:</i>	<i>Initiate discussion in 2013 and start to realize \$1,000,000 in savings in 2014 and \$2,000,000 in 2015. These are conservative estimated savings and timings presuming successful lobbying to remove funding inequities by the province.</i>
<i>Risk:</i>	<i>Low - Medium – investment in staff and Councillor time reasonable in relation to potential financial gain for City. However, timing to realize changes may be several years given the current provincial austerity budget measures.</i>

Recommendation 11 – Examine opportunities to rent space and charge for parking within existing homes. The Division should implement a parking pilot project at 1-2 sites and evaluate results. Many of the current homes (e.g. Fudger, Carefree) have minimal parking and will not generate significant revenue. However, pay parking options could be more profitable at larger homes and in conjunction with capital redevelopment projects, especially if redevelopments provide multiple services under one hub.

<i>Investment:</i>	<i>Staff time to examine potential opportunities, cost of setting up parking system at 1-2 homes</i>
<i>LTCHS Net Savings:</i>	<i>\$200,000 potential in net annual revenue generation through space rental, charging for parking. Revenue for parking was calculated using 20 spots and \$15 (daily maximum) paid twice x 365 days = \$219,000/year per home.</i>
<i>Priority:</i>	<i>Medium</i>
<i>Timing:</i>	<i>2014 = \$100,000 and 2015 = \$100,000</i>
<i>Risk:</i>	<i>Low–Parking charges could cause some negative reaction among visitors and residents. Further some of the existing homes do not have many parking spaces and limited opportunity to take advantage in charging for parking.</i>

Recommendation 12 – Host Long-Term Care Conference. An overwhelming observation from the SES is that the City’s LTCHS Division and its staff are exceptionally knowledgeable, industry leaders, and are creating tools and policies that are being used by others worldwide. As leaders, the Division could host an international conference to raise the profile of the LTC issues as well as share their skills, tools and knowledge with other, while generating revenues through the conference fees and sponsorships.

<i>Investment:</i>	<i>Staff time to organize conference, investment in marketing, space rental, equipment, etc.</i>
<i>On-time Revenue Generation:</i>	<i>(up to) \$150,000 potential for one-time revenue generation from fees and sponsorship</i>
<i>Priority:</i>	<i>Low -Medium</i>
<i>Timing:</i>	<i>2015</i>
<i>Risk:</i>	<i>Medium– Would require investment of staff time to organize event, investment in space rental, equipment, marketing, etc.</i>

5.2 RECOMMENDATIONS RESULTING IN EFFICIENCIES THROUGH BUSINESS PROCESS ADJUSTMENTS

Recommendation 13 – Complete a skills and capacity inventory and assessment of the volunteer corps as a means of determining future partnerships. As noted in Section 4, the volunteers for LTC are strong and dedicated to enhancing and improving the lives of LTCHS clients. Hence there is value in assessing the full extent and possibilities of greater roles and services volunteers can provide to City operated LTC homes and client programs/services. Volunteers could be leveraged for further fundraising which could be used to purchase and donate products and services (beyond what they currently provide). Residents noted a desired to have more "personal touch" service and interaction with residents in the homes, as well as have volunteers facilitate a greater number of outdoor activities.

<i>Investment:</i>	<i>Nil (staff time)</i>
<i>Priority:</i>	<i>Low - Medium</i>
<i>Timing:</i>	<i>2013</i>
<i>Risk:</i>	<i>Low – need to assure that any activities taken on by volunteers do not contravene the collective agreements</i>

Recommendation 14 – Assess opportunities to reduce police check turnaround time. This currently takes 6-12 weeks, which impacts the workforce and the loss of job candidates and volunteers as they can be offered positions elsewhere faster than Toronto's timelines (i.e. opportunity cost of losing volunteers and potential candidates).

<i>Investment:</i>	<i>Nil (staff time)</i>
<i>Priority:</i>	<i>High</i>
<i>Timing:</i>	<i>2013</i>
<i>Risk:</i>	<i>Medium – Corporate Leadership may have concerns about potential costs or precedents by granted LTCHS such a request.</i>

Recommendation 15 – Assess the role and need for new clerical staff positions with specific skillsets across City run LTC Homes to reduce workload drivers on management staff. It is estimated that managers are spending between 0.1-0.15 FTE of their time on such clerical duties – or select processes that can be allocated to an administrative position with different skill sets (e.g. scheduling, resolving some of the payroll variances).

<i>Investment:</i>	<i>\$200,000 = 4 clerical positions at \$50,000 each (on a trial basis in select homes – some clerical positions that can be shared across many managers)</i>
<i>Priority:</i>	<i>Low - Medium</i>
<i>Timing:</i>	<i>2014</i>
<i>Risk:</i>	<i>Medium – This would allow “managers to manage” and leverage clerical staff skills to support many staff in completing tasks more efficiently. Such a change is a process efficiency, not a cost savings efficiency. This will increase capacity of managers and nursing staff to support quality of care versus cost savings.</i>

Recommendation 16 – LTCHS Division to work collaboratively with the IT Division to expand the number of staff with email access as well as internet access to facilitate efficiencies such as e-learning and communications. Currently, many staff do not have email access and limited internet access. This inhibits cost effective dissemination of information across the organization. When e-learning is utilized, special exemptions are needed from corporate IT to allow staff to access the needed websites. E-learning is a particularly cost-effective approach to enhancing staff capacity and should be encouraged and facilitated wherever possible.

<i>Investment:</i>	<i>TBD by Corporate IT</i>
<i>Priority:</i>	<i>High</i>
<i>Timing:</i>	<i>Initiate discussions in 2013. Any saving will be realizing in 2014 and later</i>
<i>Risk:</i>	<i>Low - Medium – Corporate IT has concerns related to internet access and the number of staff with email. Further, there could be cost implications by increasing the number of staff with email addresses.</i>

Recommendation 17 – LTCHS to investigate staff scheduling software with a view to adopting most suitable system in order to realize savings through more efficient allocation of staff time and resources. Many of those interviewed noted the challenges and time inefficiencies with the current scheduling system. While, there is merit in attempting to identify a more suitable scheduling system that reduces time commitments on managers and supervisors to streamline the process; there is currently no system available that is sophisticated enough to manage the complexities and nuances of the City’s collective agreements. However, the Division should continue to identify and implement the most appropriate system to generate efficiencies, while recognizing that staff will still need to verify and manage scheduling software results

<i>Investment:</i>	<i>TBD by Corporate IT and LTCHS Divisional staff</i>
<i>Priority:</i>	<i>High</i>
<i>Timing:</i>	<i>2013 - 2014</i>
<i>Risk:</i>	<i>Medium– A newer technology that has not been widely adopted yet</i>

5.3 SUMMARY OF NET SAVINGS, INVESTMENTS, BENEFITS AND REVENUE GENERATION

The savings, benefits and investments noted in the above 17 recommendations fall into three categories:

- LTCHS Net Savings – efficiencies that result in net operating budget savings;
- One time benefits – revenue generated through one time transactions but do not impact operating budgets; and
- LTCHS operating efficiencies - staff time saving that can be reallocated to further tasks, but do not generate net savings to the Division’s operating budget.

The LTCHS Net Savings (i.e. savings towards the operating budget) are summarized as follows including a breakdown by year (2013, 2014 and 2015/beyond). Note: the majority of saving (given timing of the study and the budgeting cycle) will be realized in 2014 and 2015/beyond.

If the City is successful at lobbying the Province to adjust the funding inequities between municipal run homes and private homes, the reductions to the City's operating budget would be and additional \$3,000,000 spread across 2014 and 2015. However, this is NOT included in the summary table below as it is dependent upon further action by the province.

Net Savings by Year	
<i>2013</i>	<i>\$150,000 minus an \$80,000 investment = \$70,000</i>
<i>2014</i>	<i>\$1,200,000</i>
<i>2015 and Beyond</i>	<i>\$2,745,000</i>
Total	\$4,015,000

The One-time benefits (e.g. sale of surplus lands and revenue generated by a one-time conference on LTC) are summarized below. Note: any one time benefits will be realized in 2015 at the earliest.

One Time Benefits – 2015 and beyond	
<i>Sale of Surplus Lands</i>	<i>\$4,000,000</i>
<i>Conference on LTC</i>	<i>(up to) \$150,000</i>
Total	\$4,150,000

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Appendix B: Interview Questions

Service Efficiency Study for Toronto's Long-Term Care Homes and Services Division

Key Informant Interview Questions

The City of Toronto retained DPRA and SHS Consulting to undertake a service efficiency study of the Long-Term Care Homes and Services (LTCHS) Division. You have been asked to provide feedback on the relevance, success, and cost-effectiveness of how the Division delivers its services and manages its 10 long-term homes. Don't worry if you can't answer every question; the input you do provide will assist the consulting team in developing recommendations related to service delivery (form, function and structure) and related programming for clients.

To support the study process, a series of key informant interviews are being conducted. Below are open-ended questions that will be used to start the study discussions with key stakeholders. The discussion will go in the direction that each individual takes it. Questions should be answered from the perspective of the interviewee (level of comfort), but interviewee may also provide higher level information and comments if desired. There may be a need to follow-up with interviewees.

Please note that your responses are confidential, and they are being analyzed by an independent 3rd party. Only aggregate level data will be reported – so that no one will be able to identify you from your response. The discussions will be fairly informal, open-ended, and will last approximately 60 minutes.

1. What is your involvement with Long-Term Care Homes and Services?
2. What are the three most important issues/priorities facing LTCHS during the next 5-10, years? What actions would you suggest the City and other service providers take to address these issue(s)/ priorities? (That is, are there any gaps in service delivery (now, or expected in the future)? If so, what is the impact of these?)
3. How satisfied are you with the current program delivery and implementation?
 - a. What improvements, if any, could be made to Long-Term Care Homes and other support services (both City run and those run by not for profits and for profit organizations)?
 - b. Are there any programs/services currently being delivered by LTCHS that would make more sense for external organizations to operate from a cost efficiency standpoint and/or a quality of service standpoint? Please explain.
 - c. What constraints can you identify that could make it difficult to implement such improvements? How can they be overcome?
4. Do you think that the structure and staffing is sufficient to support LTCHS efficient and effective delivery? That is, are there changes in the Division's structure and operation that might contribute to dealing successfully with the challenges LTCHS faces in the next 5 - 10 years [e.g. alternative/new service delivery models, additional/fewer FTE's, etc.]?
5. To your knowledge, what type of data are being collected to measure the efficiency of the City's Long-Term Care Homes (including performance metrics), and are they relevant and reliable? Are there any additional or different data that should be utilized?

6. To what extent are the data used in ongoing planning, decision-making and reporting?
7. Have there been any unintended impacts, positive or negative, associated with LTCHS?
8. Has the Division remained within budget?
 - a. Is LTCHS sustainable using the current service delivery model and budgeted amounts? Explain.
9. What do you perceive to be the cost drivers?
10. What new investments, if any, are required?
11. Are there more cost effective ways to achieve the LTCHS's expected outcomes?
12. Please describe any lessons learned and/or best/promising and innovative practices that could be used to improve the manner in which services are being delivered. Is there anyone you think we should talk to in order to learn more about these practices?
13. If you could re-design LTCHS, what would you do? Why? What would it be great at? What would it look like?
14. Do you have any other comments regarding the LTCHS?

Thank you for your time and input!

Appendix C: Surveys

Community Program User Survey

The City of Toronto retained DPRA and SHS Consulting to undertake a service efficiency study of the Long-Term Care Homes and Services (LTCHS) Division. We would appreciate your feedback on the care quality you have received from the community based programs. The information gathered through the survey is important and will help shape the future direction of Long-Term Care Homes and Services in Toronto. **Please be assured that your response to this survey will be kept strictly confidential and the results will be presented in aggregate form only.**

We encourage you to fill in the survey and return by July 6, 2012 using the enclosed postage-paid envelope.

1. Based on your most recent experience and contact with the City's Long-Term Care Homes and Services, please rate your satisfaction for each of the following items, where 1 means "very dissatisfied" and 5 means "very satisfied". Please write "N/O" for "No Opinion".

Satisfaction	Adult Day Program	Homemakers and Nurses Services	Supportive Housing Program
	Scale: 1= very dissatisfied; 2 dissatisfied; 3 = neutral; 4 = satisfied; 5 = very satisfied		
Time it took to get the service			
Quality of services provided			
Quality of care provided			
Overall Satisfaction			

2. Based on your most recent experience and contact with the City's Long-Term Care Homes and Services, please rate the quality of service on the extent to which you agree with each statement, where 1 means "strongly disagree" and 5 means "strongly agree". Circle "N/O" for "No Opinion".

Statement	Agreement					
Scale: 1= strongly disagree; 2= disagree; 3 = neutral; 4 = agree; 5 = strongly agree						
I was treated fairly	1	2	3	4	5	N/O
I knew I could speak to someone if I had a problem	1	2	3	4	5	N/O
It was clear what to do if I had a problem	1	2	3	4	5	N/O
Responsive to my needs	1	2	3	4	5	N/O
Staff were helpful and flexible	1	2	3	4	5	N/O

3. What do the service(s) you receive through the City's Long-Term Care Homes and Services mean to you and your family?

4. What changes could be made to improve your experience?

For more information about the survey and the service efficiency study, please contact:

Amy Lang

Corporate Management and Policy Consultant
Strategic and Corporate Policy
City Manager's Office
City of Toronto
Tel: 416-392-8117
Email: alang@toronto.ca

Joe Pittari

Project Manager
DPRA Canada
Tel: 905-660-1060 ext. 230
Email: joe.pittari@dpra.com

Resident/Family Survey

The City of Toronto retained DPRA and SHS Consulting to undertake a service efficiency study of the Long-Term Care Homes and Services (LTCHS) Division. We would appreciate your feedback on the care quality you (or your family member) have received in relation to Long-Term Care homes and community based programs. The information gathered through the survey is important and will help shape the future direction of Long-Term Care homes and services in Toronto. **Please be assured that your response to this survey will be kept strictly confidential and the results will be presented in aggregate form only.**

We encourage you to fill in the survey and return by July 6, 2012 using the enclosed postage-paid envelope or complete the survey on-line at <https://surveys.dpra.com/ltc>.

For more information, please contact: Amy Lang (City of Toronto) at 416-392-8117 or alang@toronto.ca;

Joe Pittari (DPRA) at 905-660-1060 ext. 230 or joe.pittari@dpra.com

5. Based on your most recent experience and contact with the City’s Long-Term Care Homes and Services, please rate your satisfaction for each of the following items, where 1 means “very dissatisfied” and 5 means “very satisfied”. Please write “N/O” for “No Opinion”.

Satisfaction	Long-Term Care Homes	Adult Day Program	Homemakers and Nurses Services	Supportive Housing Program
	1= very dissatisfied; 2= dissatisfied; 3 = neutral; 4 = satisfied; 5 = very satisfied			
Time it took to get the service				
Quality of services provided				
Quality of care provided				
Overall Satisfaction				

6. Based on your most recent experience and contact with the City’s Long-Term Care Homes and Services, please rate the quality of service on the extent to which you agree with each statement, where 1 means “strongly disagree” and 5 means “strongly agree”. Circle “N/O” for “No Opinion”.

Statement	Agreement					
Scale: 1= strong disagree; 2= disagree; 3 = neutral; 4 = agree; 5 = strongly agree						
I (or my family member) was treated fairly	1	2	3	4	5	N/O
I knew I could speak to someone if I (or my family member) had a problem	1	2	3	4	5	N/O
It was clear what to do if I (or my family member) had a problem	1	2	3	4	5	N/O
Responsive to my (or my family member’s) needs	1	2	3	4	5	N/O
Staff were helpful and flexible	1	2	3	4	5	N/O

3a. Have you (or your family member) stayed in a non-city run Long-Term Care home in the past?

- Yes, in a non-profit Long-Term Care home(*Go To Question 3b*)
- Yes, in a for-profit Long-Term Care home (*Go To Question 3b*)
- No (*Go To Question 4a*)
- Don't know / Don't remember (*Go To Question 4a*)

3b. If **Yes**, how does the experience in a non-city run Long-Term Care home compare to the City's Long-Term Care Home?

- Better
- Approximately the same
- Worse
- No Opinion

3c. What made you (or your family member) choose to stay in the City run Long-Term Care home?

4. Based on your most recent experience and contact with the City's Long-Term Care Homes and Services, please rate the importance of the discretionary services to your family member where 1 means "not at all important" and 5 means "very important". Circle "N/O" for no opinion.

Discretionary Service	Importance					
Scale: 1 = "not at all important"; 2 = "not important"; 3 = neutral; 4 = "important"; 5 = "very important"						
Music therapy provided by registered music therapist	1	2	3	4	5	N/O
Complementary care to assist in pain management, behaviours	1	2	3	4	5	N/O
Art therapy provided by credentialed individuals	1	2	3	4	5	N/O
Spiritual and religious care coordination of 50+ faith groups and palliative care	1	2	3	4	5	N/O
Volunteer coordination and services towards enhancing lives of residents	1	2	3	4	5	N/O
Fleet (4 buses) for resident outings	1	2	3	4	5	N/O
Chapel space	1	2	3	4	5	N/O
Parking lots	1	2	3	4	5	N/O

5. What do the service(s) you receive through the City's Long-Term Care Homes and Services mean to you and your family?

6. What changes could be made to improve your experience?

Volunteer Survey

The City of Toronto retained DPRA and SHS Consulting to undertake a service efficiency study of the Long-Term Care Homes and Services (LTCHS) Division. We would appreciate your feedback on your volunteer experience in relation to the City's Long-Term Care homes. The information gathered through the survey is important and will help shape the future direction of Long-Term Care homes and services in Toronto. **Please be assured that your response to this survey will be kept strictly confidential and the results will be presented in aggregate form only.**

We encourage you to fill in the survey and return by July 6, 2012 using the enclosed postage-paid envelope or complete the survey on-line at <https://surveys.dpra.com/ltc>.

For more information, please contact: Amy Lang (City of Toronto) at 416-392-8117 or alang@toronto.ca; Joe Pittari (DPRA) at 905-660-1060 ext. 230 or joe.pittari@dpra.com.

1. Which City's Long-Term Care home(s) have you volunteered? *(Check all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Bendale Acres | <input type="checkbox"/> Fudger House | <input type="checkbox"/> True Davidson Acres |
| <input type="checkbox"/> Carefree Lodge | <input type="checkbox"/> Kipling Acres | <input type="checkbox"/> Wesburn Manor |
| <input type="checkbox"/> Castlevue Wychwood Towers | <input type="checkbox"/> Lakeshore Lodge | |
| <input type="checkbox"/> Cummer Lodge | <input type="checkbox"/> Seven Oaks | |
| <input type="checkbox"/> Other, please specify: | | |

2. Based on your recent volunteering experience, please briefly describe your involvement in the City's Long-Term Care home (e.g. Special event, bingo, gift shop, happy hour/resident pub, dining enhancement, entertainment programs, one-to-one visit, arts and crafts, music etc.)

3. Based on your recent volunteering experience in the City’s Long-Term Care home, please rate your satisfaction for each of the following items, where 1 means “very dissatisfied” and 5 means “very satisfied”. Please circle “N/O” for “No Opinion”.

	Satisfaction					
	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/O
The Home as a place to live	1	2	3	4	5	N/O
Quality of services provided	1	2	3	4	5	N/O
Quality of care provided	1	2	3	4	5	N/O
Overall maintenance of the Home	1	2	3	4	5	N/O
Overall satisfaction	1	2	3	4	5	N/O

4. Based on your most recent volunteering experience in the City’s Long-Term Care home, please rate the performance of staff on the extent to which you agree with each statement, where 1 means “strongly disagree” and 5 means “strongly agree”. Circle “N/O” for “No Opinion”.

	Agreement					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/O
The residents were treated fairly	1	2	3	4	5	N/O
I knew I could speak to someone if a resident had a problem	1	2	3	4	5	N/O
Staff were responsive to residents’ needs	1	2	3	4	5	N/O
Staff were courteous and respectful	1	2	3	4	5	N/O
Staff were helpful and flexible	1	2	3	4	5	N/O
Staff were knowledgeable and competent in their work	1	2	3	4	5	N/O

- 5a. Have you volunteered in a non-city run Long-Term Care home in the past?

- Yes, in a non-profit Long-Term Care home (Go To Question 5b)
- Yes, in a for-profit Long-Term Care home (Go To Question 5b)
- No (Go To Question 6)
- Don’t know / Don’t remember (Go To Question 6)

- 5b. If **Yes**, how does your volunteer experience in a non-city run home compare to the City’s Long-Term Care Home?

- Better
- Approximately the same
- Worse
- No Opinion

- 5c. And **why**?

6. In your opinion, what changes could be made to improve the resident's living experience in the City run Long-Term Care homes?

7. Is there anything else that volunteers or other community organizations could do to support Long-Term Care homes and supporting services (e.g. deliver more programs, take on contracts for services)?

Appendix D: High Level Results and Frequency Tables from Surveys

VOLUNTEER SURVEY RESULTS

# Sent	# Received	Response Rate
500 & online option	145 (81 Mail-back + 64 Web)	145/500 = 29%

Q1. Volunteered homes

Respondents were asked to identify which Long-Term Care homes have they volunteered. They could select multiple homes if applicable.

Long-Term Care Homes	# of Responses for Q1 by Home	Percent of Cases (%)
1. Kipling Acres	28	19.3
2. Wesburn Manor	26	17.9
3. True Davidson Acres	22	15.2
4. Carefree Lodge	19	13.1
5. Castleview Wychwood Towers	16	11.0
6. Cummer lodge	14	9.7
7. Fudger House	13	9.0
8. Lakeshore Lodge	13	9.0
9. Bendale Acres	1	0.7

Q2. Volunteer services

Respondents were asked to briefly describe their involvement with the Long-Term Care homes. The activities they reported are listed below:

- Advisory committee
- Anglican service
- Arts and crafts
- Bingo
- Birthday care delivery
- Bistro
- Caring clown
- Perform Catholic chaplaincy service; assisting residents to attend Sunday service/mass
- Dining enhancement
- Entertainment programs
- Fund raising programs, e.g. car wash
- Garage sale
- Gift shop
- Hair-dressing/cutting
- Happy Hour
- Library
- Mall shopping with residents
- Meals on wheels
- Music (organist, pianist)
- One-on-one visit
- Special event
- Tea/coffee program
- Tuck shop keeper

Q3. Satisfaction with the services

Respondents were asked to rate the level of satisfaction on 5 items based on their volunteering experience:

1. The Home as a place to live
2. Quality of services provided
3. Quality of care provided
4. Overall maintenance of the Home
5. Overall satisfaction

The majority of the respondents indicated that they were satisfied or very satisfied with all 5 items based on their volunteering experience. All but one item received 84.4% or higher ratings of satisfied or very satisfied. 77.7% of the respondents indicated they were satisfied or very satisfied with the Home as a place to live. Also, it should be noted that about 10% to 15% of the respondents rated “neutral” for the 5 items as they may or may not have a particular opinion on them.

Q4. Agreement with specific statements

Respondents were asked to rate the level of agreement on 5 statements based on their volunteering experience:

1. The residents were treated fairly
2. I know I could speak to someone if a resident had a problem
3. Staff were responsive to residents’ needs
4. Staff were courteous and respectful
5. Staff were helpful and flexible
6. Staff were knowledgeable and competent in their work

Once again, the respondents were generally in agreement with the quality of staff performance with over 83.3% or higher ratings of “agree” or “strongly agree”. Only a small fraction of respondents (ranges from 4.5% to 7.5%) expressed disagreement.

Q5. Have you volunteered in a non-city run Long-Term Care home in the past? How does the experience compare to the city-run home and why?

Out of 145 respondents, 18 respondents have volunteered in a non-city run home, with 10 in non-profit homes and 8 in for-profit homes. The experience with a non-city run home were indicated as follows:

- 7 respondents (or 41.2%) indicated the service was better;
- 6 respondents (or 35.3%) indicated the service was approximately the same;
- 4 respondents (or 23.5%) indicated the service was worse; and
- 1 respondent of the possible 18 did not provide an answer for this follow up question.

One respondent who have volunteered in non-city run homes indicated that there is no “red-tape” for volunteer services. Another survey participant worked with a small retirement residence run by a group of committed and dedicated nuns. Furthermore, one respondent stated that the non-city run home has a newer facility and more tailored to the different cultural needs. The one common comment from those who indicated that they had better experience with city-run homes was that there were a lot

more volunteers and opportunities for volunteering in the city-run homes than in the non-city run homes.

Q6. What changes could be made to improve the resident's living experience?

In general, the respondents indicated that the homes are doing a good job in serving their residents; while a number of volunteers stated that they did not know enough to provide a comment.

- Many respondents indicated that residents enjoyed their company, social interactions and service; so many respondents suggested that more volunteers are needed to provide more activities to the residents with a personal touch. One anecdotally commented "As what I have noticed, residents really enjoy the company of children. *So, if taken seriously, youth involving events should be done more often at any nursing home.*"
- Some suggested the need for more trained staff with the knowledge, understanding and personality to deal with the aging population and residents with physical and mental disabilities. Staff should be accountable to their performance (positive and negative).
- Respondents also recommended having more outdoor activities and events for the residents, when weather permits.
- A number of respondents mentioned the some issues with the buildings, e.g. bigger elevators and operational service and more bathroom facilities.

Q7. Things that volunteers or other community organizations could do to support long-term care homes and supporting services.

- Have more volunteers to provide support and deliver more programs/services to the residents – *"Increase volunteerism! Residents require more social interaction from visitors and special events"*.
- Be a responsible volunteer – *"Show up and [do] not disappoint residents."*
- Consider the use of volunteers or community organizations to provide more services.
- One respondent suggested that some community organizations are unaware of the needs in the homes. If possible, committee members from the Long-Term Care homes should meet with the community organizations to explain their need and work collaboratively to provide more services to the residents. More community involvement provides the residents a strong sense of belonging, which can enhance their quality of live. Another resident suggested having other municipal agencies, e.g. EMS, Fire and Police services, to get involved.

COMMUNITY PROGRAM USER SURVEY RESULTS

# Sent	# Received	Response Rate
1040	194	194/1040 = 18.7%

Q1. Satisfaction of the services

Respondents were asked to rate the level of satisfaction on 4 items for each program:

6. Time it took to get the service
7. Quality of services provided
8. Quality of care provided
9. Overall satisfaction

Program	# of Responses for Q1 by Program
a. Long-Term Care Homes*	47
b. Adult Day Program	28
c. Home Makers and Nurses Services	88
d. Supportive Housing Program	89

*Note: Client requested the “Long-Term Care Homes” be removed from the Community Program Surveys. However, the survey packages were prepared and delivered before the request was received by DPRA.

The majority of the respondents indicated that they were satisfied or very satisfied with the services they received, in particular with the Long-Term Care homes and adult day program.

- Twenty-eight respondents (out of 194) rated the **adult day program**. All respondents were satisfied or very satisfied with the quality of services provided; the quality of care provided and when rating their overall satisfaction. When asked about the Time it took to get the service, 3 respondents (10.7%) out of 26 (2 respondents didn’t answer this question) rated as “neutral”, the rest were either satisfied or very satisfied.
- Supportive housing received 7% to 11% of dissatisfaction ratings on the 4 items. Nonetheless, over 80% of the respondents were satisfied or very satisfied with the service they received.

Q2. Agreement with specific statements

Respondents were asked to rate the level of agreement on 5 statements based on their experience:

1. I (or my family) was treated fairly
2. I knew I could speak to someone if I (or my family member) had a problem
3. It was clear what to do if I (or my family member) had a problem
4. Responsive to my (or my family member’s) needs
5. Staff were helpful and flexible

In general, the majority of the respondents indicated that they agreed or strongly agreed with the 5 statements, ranges from 81.2% to 85.2%; while 7% to 10% of the respondents disagreed or strongly disagreed.

Q3. What do the service(s) you receive through the City's Long-Term Care Homes and Services mean to you and your family?

Almost all respondents indicated that the services received from the LTCHS were very important to them and their family. Many described how the services provide independence; ease of mind; social interactions; sense of security/safety; and freedom to the clients and the families. Here are some notable responses:

- *"Gave family members time to go out and peace of mind – allowed the patient time away from home and exercise their minds."*
- *"Hope and confidence"*
- *"I know that I will always get help when needed."*
- *"It helps me to feel like I am still part of society."*
- *"It makes me feel very happy and satisfied to learn [that the] government cares for their seniors"*

Q4. What changes could be made to improve your experience?

- In general, the respondents were satisfied with the services they receive and indicated that no change is needed because they were already "great" or "excellent".
- A number of respondents stated that more support workers or staff were needed to provide sufficient services to the growing demands. Staff need to be knowledgeable of what they do.
- Some respondents also indicated that there are straight guidelines as to what the staff can and cannot do. Some respondents asked staff to help them with some tasks; however, staff indicated that they cannot do it because they are not allowed. While it is important for staff to follow the protocol, the restrictions may have imposed too many limitations in their ability to assist the clients.
- Some respondents also indicated that they wanted more frequent services, e.g. instead of 2 hours for every 2 weeks, they would like to get the service once every week.

RESIDENT/FAMILY SURVEY RESULTS

# Sent	# Received	Response Rate
1150 & online option	229 (203 Mail-back + 26 Web)	203/1150 = 19.9%

Q1. Satisfaction of the services

Respondents were asked to rate the level of satisfaction on 4 items for each program:

1. Time it took to get the service
2. Quality of services provided
3. Quality of care provided
4. Overall satisfaction

Program	# of Responses for Q1 by Program
e. Long-Term Care Homes	200
f. Adult Day Program	17
g. Home Makers and Nurses Services	37
h. Supportive Housing Program	24

The majority of the respondents indicated that they were satisfied or very satisfied with the services they received.

- Long-Term Care Homes received 77.1% to 81.5% of satisfaction ratings on the 4 items.
- Seventeen respondents rated their experience with Adult Day Program. Due to the small sample size, each response has a significant weight to the overall ranking for an item. Seventy percent (12 out of 17) of the respondents were satisfied or very satisfied with the quality of services and care they received while 17.7% (3 out of 17) respondents indicated otherwise.
- Respondents were generally satisfied with the Home Makers and Nurses Services with 80% or higher rated them as satisfied or very satisfied, with one exception – Time it took to get the service. Close to 11% (4 out of 37 respondents) indicated that they were dissatisfied and 13.5% (5 respondents) rated neutral.
- In general, supportive housing received a 68% or higher satisfaction ratings. However, it also received higher proportions of dissatisfactory ratings, when compared to the other 3 services. The small sample size (24) could be a factor because each response translates to 4.2% out of 100%. Five out of 19 respondents (26.4%) rated dissatisfied or very dissatisfied about the quality of services provided by support housing; while 18.2% (4 out of 22) were dissatisfied with the time it took to get the service.

Q2. Agreement with specific statements

Respondents were asked to rate the level of agreement on 5 statements based on their experience:

1. I (or my family) was treated fairly
2. I knew I could speak to someone if I (or my family member) had a problem
3. It was clear what to do if I (or my family member) had a problem
4. Responsive to my (or my family member's) needs
5. Staff were helpful and flexible

In general, the majority of the respondents indicated that they agreed or strongly agreed with all 5 statements, with ranges from 75.6% to 87.9% for each item; while 4% to 10% of the respondents disagreed or strongly disagreed.

Q3. Have you (or your family member) stayed in a non-city run Long-Term Care home in the past? How does the experience compare to the city-run home and why?

Out of 229 respondents, 55 respondents have stayed in a non-city run home, with 30 in non-profit homes and 25 in for-profit homes. The experience with a non-city run home were indicated as follows:

- 6 respondents (or 14%) indicated the service was better;
- 14 respondents (or 32.6%) indicated the service was approximately the same;
- 23 respondents (or 53.5%) indicated the service was worse; and
- 12 respondents of the possible 55 did not provide an answer for this follow up question.

One of the 6 respondents who indicated they had better experience with the non-city run home indicated that the nurses there could not manage their mother's behaviour, so they had no choice but to move her to the city-run home and their father chose to follow the mother to the city run long-term care.

Some respondents who rated the city-run homes to have better or approximately the same services indicated that the location was a big factor – the city-run homes are “closer to home”, so they can visit their family members more easily. The quality of care was also better than the non-city run homes. They have more programs for the residents and generally have more space for activities and larger rooms.

Q4. Discretionary services

Respondents were asked to rate the importance of the discretionary services provided by the LTCHs:

- Music therapy
- Complementary care to assist in pain management, behaviours
- Art therapy
- Spiritual and religious care
- Volunteer coordination
- Fleet for resident outings
- Chapel space
- Parking lots

Overall, the respondents indicated that these discretionary services were quite important, in particular the volunteer coordination, complementary care to assist in pain management and behaviours and parking lots, with 87.8%, 83.8% and 77% rated as important or very important respectively. 68.6% or more stated that music therapy, spiritual/religious care coordination, fleet for resident outings and chapel space as important services. 57% of the respondents indicated art therapy as an important discretionary service; while 18.8% stated it was not important or on at all important and 24.2% rated neutral.

Q5. What do the service(s) you receive through the City's Long-Term Care Homes and Services mean to you and your family?

The majority of respondents indicated that the services received from the LTCHS were very important to them and their family. Many described the services provided independence; ease of mind; social interactions; quality of life; sense of security/safety; and freedom to the clients and the families. The residents are generally well cared for. However, a couple of issues recurred in the responses, including a shortage of staff leading to a decline in service quality and staff performance and knowledge.

Here are some notable responses:

- *"The team approach of staff per unit means that staff know my family member well, develop a personal relationship with her, [and] treat her as an individual with the respect they would give their own family members."*
- *"Comfort in knowing that there are standards in place and that they are more likely to be maintained given the fact that it is a public facility."*
- *"I feel respected. My concerns are heard and I am [happier] and feel safe and loved here."*
- *"I cannot care for my husband anymore. This is the answer."*
- *"Overall the services are probably adequate but lack quality."*

Q6. What changes could be made to improve your experience?

In general, the respondents were satisfied with the services they receive and indicated that no change is needed because they were already great. A number of recurring issues identified by the respondents:

- Need for more staff at all levels to provide care to the residents in a timely and responsive manner, e.g. personal support workers, nurses, doctors, volunteers and administrators. Some suggested that the constantly changing in staff schedule can have an impact on the resident's daily routine and can cause some confusion.
- Quality of staff – better trained staff who are compassionate and knowledgeable of what they do; improve in staff attitude
- Communications – training should be provided to staff on how to communicate with residents, especially with those who may have physical limitations and cultural barriers. In addition, staff should be proactive in communications with the family.
- Performance measures – manager/head nurse should be more hands-on with the residents and family and monitor staff performance. A number of respondents anecdotally suggested to *"get managers/head nurses out of their offices and get to know residents"*.
- Better/healthier food choices
- More parking spaces for visitors
- Laundry – poor service
- Security – a number of respondents indicated that their family member's belongings went missing and have yet to be retrieved/found (e.g. clothing, wheel chair footrest, other personal items).
- Quality and quantity of activities - e.g. more stimulation programs for residents with cognitive disabilities and better/more physiotherapy sessions.