

Long-Term Care Homes & Services 2016-2020 Service Plan



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Executive Summary

In this, its first formal Service Plan, Long-Term Care Homes & Services (LTCHS) is providing a framework to guide budget and resource allocations over the next five years to support how the City will provide, improve and prioritize long-term care services to a diverse, aging population with complex care and social needs.

Aligned with the service principles specified in the Toronto Seniors Strategy – Equity, Respect, Inclusion and Quality of Life – the LTCHS Service Plan will:

- ✓ Support residents in long-term care homes and clients living in their own homes for as long as possible through enhanced programs and services.
- ✓ Meet the increasingly complex and diverse needs of those we serve.
- ✓ Be recognized as a leader in the long-term care sector and within the City by supporting seniors.

Within the context of a rapidly changing long-term care landscape, the Service Plan captures current service levels and notes where enhancements can be initiated and identifies opportunities where new services are needed, pending City Council approval and/or funding.

The Service Plan is part of a holistic approach to broader planning initiatives that include the divisional Strategic and Capital Renewal Plans, the City's Strategic Actions, Toronto Seniors Strategy, other City initiatives and plans, as well as the priorities of provincial and partner organizations.

Preparation was collaborative, involving all stakeholder groups. Throughout the research, consultations, information gathering and sharing exercises, three overall themes and priorities emerged:

- 1. Deliver exemplary care and services through a continuum of care;**
- 2. Serve vulnerable individuals and respond to emerging community needs; and**
- 3. Lead advances in long-term care and support services to seniors.**

Within the Service Plan, further context is provided on *what* we do in terms of service delivery, *who* our residents and clients are and *how* we operate within the broader healthcare sector.



Executive Summary

Service Plan Process

The Service Plan was developed through a combination of:

Environmental Scanning, Data Gathering and Analysis

In order to understand the wider long-term care context, including current and forthcoming challenges and demographic pressures, LTCHS examined relevant legislation, academic literature, and reports focusing on the long-term care environment in Toronto and worldwide. Data was analyzed from LTCHS databases, Statistics Canada, Toronto Public Health, the Local Health Integration Networks (LHINs), Community Care Access Centres (CCACs), the Canadian Institute for Health Information (CIHI), and the Ontario Municipal Benchmarking Initiative (OMBI). Findings were included in the Service Plan to highlight how LTCHS will plan for and deliver services over the next five years.



Stakeholder Engagement

Long-Term Care Homes & Services regularly engages with residents, clients and their family members, advisory bodies, staff, volunteers, local communities and other stakeholders in order to measure and improve on performances in all areas of services and supports (e.g. programs and services, food and nutrition) and to develop and affirm the division's strategic directions and goals.

Between July and December 2014, an extensive engagement process, which included focus groups, forums, surveys, and individual interviews, was undertaken to help develop this Service Plan. We received feedback from residents, clients, individuals, Residents' and Family Councils, advisory committees, physicians, staff, volunteers, partners, the LHINs, community agencies, and stakeholder groups.

During the same period, the LTCHS Capital Renewal Strategy was being developed, which also involved a thorough consultation process with academic and sector experts, and representatives from specific communities, including newcomers, young adults, Aboriginal seniors and elders, lesbian, gay, bisexual, transgender, queer, two-spirit (LGBTQ2S) seniors, and the francophone community. Those findings were jointly used to inform this Service Plan. Highly relevant feedback from previous consultations for the Toronto Aboriginal Research Project (2011) and the Toronto Seniors Strategy (2012) was also analyzed.

Executive Summary

Partnerships and Integration Discussions

City divisions came together and had open discussions on strengthening and expanding existing partnerships and forging new partnerships, as well as knowledge sharing, education, and co-location and integration opportunities. Many of the ideas generated through this process will be explored to forge future partnerships for service integration.

Alignment with Existing Strategies

Throughout the service plan process, LTCHS ensured that the priority areas and recommended actions aligned with the priorities, directions and goals identified in numerous existing plans, reports and strategies that also guide and influence the division's work. These include:

- Provincial legislation, including: *Long-Term Care Homes Act, 2007*¹ and *Ontario Regulation 79/10*², *Homemakers and Nurses Services Act, 1990*³, and the *Home Care and Community Services Act, 1994*⁴
- City of Toronto Strategic Actions 2013-2018⁵
- The Toronto Seniors Strategy⁶
- The City of Toronto Strong Neighbourhoods Strategy 2020⁷
- The City of Toronto Poverty Reduction Strategy⁸
- The Integrated Health Service Plans of the five Local Health Integration Networks (LHINs) in Toronto: Toronto Central⁹, Central¹⁰, Central West¹¹, Central East¹² and Mississauga-Halton¹³
- The Ontario Action Plan for Seniors¹⁴
- LTCHS 2013-2016 Strategic Plan¹⁵



Commitment to CARE



Long-Term Care Homes & Services provides a variety of long-term health care services for residents in the City's long-term care homes and for vulnerable individuals who reside in the community.

The scope of services provided includes:

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

Mission

We provide a continuum of high-quality long-term care services to eligible adults in both long-term care homes and the community.

Vision

To be recognized leaders in excellence and ground-breaking 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 **C**ompassion, **A**ccountability, **R**espect and **E**xcellence. These **CARE** values are shared by all stakeholders; drive culture, priorities, and provide a framework in which all decisions are based.

Commitment to CARE

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.

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.

Commitment to CARE

Philosophy of Care and Services

Long-Term Care Homes & Services is committed to providing a co-ordinated and comprehensive approach to resident care that recognizes the holistic needs, values, strengths and desires of each individual resident and client.

We believe...

- ✓ in the core values of Compassion, Accountability, Respect and Excellence. These values are shared by all stakeholders, drive culture and priorities, and provide a framework in which all decisions are based.
- ✓ we have a responsibility to design our approaches to care and services, programs and environment in a manner that supports each resident's and client's rights to dignity, self-esteem, independence, and safety.
- ✓ that residents, clients and their families should be involved with the multi-disciplinary care team to plan their care in an ongoing way, built on a meaningful relationship of honesty and trust.
- ✓ that good health is viewed as living at one's optimal level of wellness. The multi-disciplinary team strives to support each resident and client in maintaining his or her maximum level of wellness, including: physical, functional, intellectual, psychosocial, emotional, social, and spiritual well-being.
- ✓ in providing residents in our long-term care homes with a safe, secure, clean, sanitary, well-maintained and home-like environment to meet the needs, comforts and safety of residents, staff, visitors and volunteers.
- ✓ in assisting each client within our community programs to remain at home as long as possible, by contributing to each client's personal support networks, and helping to reduce risk as much as possible, while honoring and maintaining each client's right to independence and self-determination.
- ✓ that the culture, ethno-racial background, family tradition, community, language, sexual orientation, gender identity, life history, socio-economic status, and the spiritual beliefs of each resident and client must be respected when planning care and services.
- ✓ that the best way to build an effective continuum of care is through strong, collaborative partnerships with other healthcare organizations, our partners within the City of Toronto, the wider community, families, staff, volunteers and those we serve.
- ✓ in providing exemplary, responsive and person-centred customer service to both the residents in our homes and the clients that live in the community. We strive to create positive workplaces and engage staff, volunteers and service providers in a culture of service excellence.
- ✓ that knowledgeable and caring staff that receive the right training and support in an environment of mutual trust and respect contribute positively to the lives of residents and clients. A strong network of dedicated, caring and involved volunteers further contributes to this quality of care.
- ✓ that advocacy is everyone's responsibility and that each of us have a responsibility to speak up and try to make positive change for a person or situation, with confidence and with the support of the team.
- ✓ that positive resident and client outcomes are best achieved through a quality management approach where we continuously improve our services, operations and systems, as well as measure and benchmark our success to build on our past accomplishments. In this way we can facilitate innovation and creativity as a learning organization.

By fully adopting this philosophy and following these approaches to the delivery of care and services, we can best support Toronto's most vulnerable individuals for healthy aging in their own homes and in our long-term care homes.

Key Messages



Throughout the Service Plan process, LTCHS heard from experts on the growing range of needs across Toronto. The *who, what, where, when, why* and *how* comes into focus when viewed through the City lens of working together to deliver excellent services to citizens and to achieve Council's priorities.

With its history of leadership in long-term care, the City of Toronto is well positioned to continue as leaders in excellence and ground-breaking services for healthy aging, and filling gaps to address the specialized care and service needs of vulnerable, hard to serve and equity-seeking groups.



Key Messages

Residents in long-term care homes come from 50+ countries of origin.

Sixteen per cent of Homemakers and Nurses Services clients have a mental health diagnosis.

Half of all Supportive Housing clients are chronically ill with cardiovascular disease.

Pet visiting and interaction with animals reduces agitation and aggression in residents with dementia.

Residents entering long-term care are on average 84 years of age with multiple diagnoses and will on average spend their final 1.2 years in the home.

Hundreds of students from 10 post-secondary institutions complete clinical work hours in long-term care homes for course credit.

Frontline staff receive an average of 15 hours of mandatory annual training.

Key messages heard throughout the Service Plan process:

- Recognize the cultural, religious, sexual orientation and gender diversity of each resident and client.
- Support seniors with specialized complex health care needs, behaviours, dementia and mental health.
- Expand and strengthen community-based programs to support and assist seniors to be able to age at home in their own communities.
- Expand culturally relevant programming, cultural and religious meal options, complementary care therapies and use of emerging technologies.
- Enhance end-of-life care to support residents and their family members.
- Take a leadership role in research, partnerships with educational institutions, piloting and trialing of new innovations and best practices.
- Help meet the needs of individuals living in poverty and who are vulnerable, especially among residents, clients and seniors overall.
- Serve the underserved and individuals who may struggle with substance abuse and mental health issues, and those who are financially vulnerable, such as the homeless and older released prison inmates who may have very few options for long-term care.
- Recruit, hire and retain staff with specialized skills and provide ongoing education and training.



2016-2020 Service Plan Priorities



Over the next five years, as LTCHS works towards its vision of being recognized leaders in excellence and ground-breaking services for healthy aging, current and new funding opportunities will be focused on the following priority areas:

- **Deliver exemplary care and services through a continuum of care**
- **Serve vulnerable individuals and respond to emerging community needs**
- **Lead advances in long-term care and support services to seniors**

This Service Plan will differentiate between actions that are going to build on or enhance current service (which can be pursued within the existing LTCHS budget) – and those which we will monitor and would represent “new” activities or programs for LTCHS, subject to funding and Council approval.



2016-2020 Service Plan Priorities

Seniors' Month Proclamation by Mayor John Tory:

"Seniors are the fastest growing segment of the population and it is estimated that by 2031, our city will be home to 1.2 million seniors. As a group, seniors are unique in their needs and require specialized services and resources. More than half of the seniors in our city are immigrants and many of them speak a language other than English. As they age, they will need their city to support them.

The City of Toronto is committed to providing equitable services for seniors across our communities and promoting dialogue between them and the organizations that serve them. The City of Toronto Seniors Strategy sets out the path that the city will take to become an age-friendly city and a welcoming place for seniors where they can access the services and resources they need."

June 2015

Deliver exemplary care and services through a continuum of care

Long-Term Care Homes & Services provides a variety of exemplary, high-quality services along a comprehensive and flexible continuum of care – from enabling vulnerable individuals to continue living in the community to healthy aging and quality end-of-life care in our homes – to help seniors at different stages of their long-term care journey. The goal is to provide Torontonians in need of long-term care with the right services, at the right time, and in the right place.

There is a need for:

- increased and strengthened community programs and supports to help seniors remain in their homes longer;
- improved end-of-life and palliative care;
- behavioural support/specialized units to support complex care needs and mental health issues;
- a range of services and supports to better serve individuals in long-term care; and,
- staff to be skilled and trained in order to meet the needs of those entrusted to their care.

2016-2020 Service Plan Priorities

Deliver exemplary care and services through a continuum of care

To support residents in long-term care homes and clients living in their own homes for as long as possible through enhanced programs and services.

Pursue within the existing budget:

- Provide a continuum of high-quality long-term care services in the City's long-term care homes and community programs.
 - Provide a variety of bed types, e.g. convalescent care, short-stay, long-stay and specialized programs such as behaviour support
 - Provide Adult Day Programs (ADP), Homemakers and Nurses Services (HMNS) and Supportive Housing Services (SHS)
 - Pursue new funding to support identified populations such as Aboriginals, homeless seniors, Veterans, former inmates and older inmates who are newly released.
- Continue to develop, based on research and evidence-based best practice, the division's end-of-life strategy and palliative care program.
 - Adopt the Palliative Performance Scale and Symptom Management Tool
 - Early identification of residents requiring palliative care
 - Accommodate family needs, e.g. overnight stays.
- Expand and strengthen existing partnerships to generate new initiatives and service integration opportunities.
 - Enhance data sharing and increase opportunities for benchmarking
 - Identify and develop specific opportunities within the division and with other community partners, e.g. Toronto Community Housing Corporation and Community Agency Notification Program.

Subject to future approval by City Council:

- Pursue funding opportunities to support delivery of care and services.
 - Pursue provincial Nurse Practitioner program
 - Explore co-location of services (internal and external)
 - Expand assisted living for high-risk seniors in the community.
- Expand care and services provided in the Adult Day Programs and Homemakers and Nurses Services Programs.
 - Enhance ADP capacity with extended hours and expanded services
 - Develop ADP for specialized needs, e.g. dual diagnosis, developmentally delayed
 - Expand HMNS to eliminate or reduce the waitlist.
- Support quality of care and life for residents and clients.
 - Increase resident/client outing opportunities
 - Expand alternative therapies and services, e.g. complementary care, art and music therapies.
- Respond to community need/demand for expansion of long-stay beds and services.
- Implement LTCHS' Capital Renewal Plan.
 - Support Service Hub development.

2016-2020 Service Plan Priorities

Serve vulnerable individuals and respond to emerging community needs

Long-Term Care Homes & Services serves a diverse population, from young adults with severe disabilities to seniors with cognitive impairments, medical complexities and behavioural challenges.

Residents and clients represent an increasingly diverse range of spoken languages, cultures and ethnicities, food preferences, faiths, sexual orientations, gender identities and expression. As a municipal service provider, LTCHS fills a gap in service for hard-to-serve or underserved Torontonians, who may lack family support, struggle with poverty, homelessness, substance abuse, or social isolation and lack resources to access long-term care.

At the same time, there is an increase in the complexity of residents' and clients' physical and mental health conditions and behaviours, requiring an investment in increased training, specialized services, and new approaches to care. Further, with the growing movement to support Torontonians to age at home for as long as possible and large waitlists for long-term care homes, many individuals entering the City's long-term care homes are older, frailer and have more complex needs than in the past. As the challenges of complex care needs, growing poverty and diversity intersect, LTCHS will continue to provide exemplary care that is responsive to the emerging needs of Toronto's diverse and vulnerable adults.



2016-2020 Service Plan Priorities

Serve vulnerable individuals and respond to emerging community needs

To meet the increasingly complex and diverse needs of those we serve.

Pursue within the existing budget:

- Support residents and clients with specialized health care needs.
 - Refresh the LGBT Tool Kit for creating culturally competent care for lesbian, gay, bisexual and transgender persons
 - Hire, recruit and retain staff with specialized skills
 - Enhance training for dementia, mental health, substance abuse disorders, complex behavioural and medical conditions, diversity and sensitivity, and end-of-life and palliative care.
- Expand the Volunteer Program and develop meaningful volunteer opportunities.
 - Create a Volunteer Recruitment, Development and Retention strategy
 - Increase evening and weekend programs for more flexible scheduling
 - Introduce volunteer opportunities in community programs.
- Plan services that support and address the needs of the socially-isolated, poor, homeless, frail, underserved and vulnerable individuals.
 - Identify and serve individuals that are not well-served within long-term care, e.g. special populations such as those with challenging behaviours
 - Co-lead George Street Revitalization project
 - Increase healthy aging/healthy lifestyle education
 - Support the City's Seniors Strategy
 - Support the City's Poverty Reduction Strategy
 - Support the Toronto Strong Neighbourhoods Strategy (TSNS 2020).

Subject to future approval by City Council:

- Enhance and expand culturally relevant meals, programming, services and support.
 - Explore cultural food requests/requirements and seek provincial funding
 - Facilitate resident and client use of emerging technology.
- Develop and pilot dementia specific programs and services.
 - Explore and develop innovative services, e.g. memory clinics.
- Pursue opportunities for additional programs, services and specialized units.
 - Provide support for increasing acuity and complex care needs.
- Expand Mental Health Program to additional Supportive Housing sites.
 - Specialized nursing resources to support clients with mental illness.

2016-2020 Service Plan Priorities

Lead advances in long-term care and support services to seniors

Long-Term Care Homes & Services strives to be recognized leaders in excellence and ground-breaking services for healthy aging, to make contributions that shape and influence public policy, and to improve the overall long-term care system and better serve the people of Toronto. LTCCHS will continue to strengthen Toronto's communities and the wider long-term care sector through a range of research, innovation and leadership initiatives.

The rising complexity of care needs and acuity of clients will require skill and competency training for staff at all levels.



Given the relative size of Toronto's seniors population and the size and scope of Toronto as a municipal long-term care service provider, the City's influence and leadership has the potential to have a far-reaching and positive impact on the wider long-term care sector. This could contribute to 'improved quality of life and care' for all seniors, enhance the appeal of long-term care as a career choice for future generations, and contribute to a thriving, age-friendly Toronto. It is important that this leadership role be highlighted as a key priority for the next five years.

Historical Background

Since 1890, and under different pieces of legislation, local governments in Ontario (from counties, to cities and regions) have held responsibility for operating some form of care home for seniors unable to live on their own.

In 1954, the newly formed Municipality of Metropolitan Toronto assumed the responsibility for the development and administration of 'Homes for the Aged,' as required by the *Homes for the Aged and Rest Homes Act, 1947*.

Metropolitan Toronto embarked on an extensive and far-reaching plan for the acquisition and construction of Homes for the Aged with an aim to providing quality institutional care to its senior population. Over the years, the Municipality made a significant contribution to the lives of its senior citizens and became recognized as a major respected provider of institutional care and community service for seniors within the Metropolitan Toronto area.

In January 1998, under the provisions of the *City of Toronto Act*, the new City of Toronto assumed responsibility for Homes for the Aged.

In June 2008, City Council approved a change of name for the division from Homes for the Aged to Long-Term Care Homes & Services. This name is reflective of the full scope and range of care and service options that the division provides, as well as the range of adult ages served, including young adults 18 years and older, in need of long-term care. It also aligns with relevant provincial legislation.

2016-2020 Service Plan Priorities

Lead advances in long-term care and support services to seniors

To be recognized as a leader in the long-term care sector and within the City by supporting seniors.

Pursue within the existing budget:

- Undertake research opportunities and actively participate in sharing and implementing innovations and best practices related to healthy aging, quality of life and long-term care and service delivery.
 - Expand and share quality practices, care and services, e.g. Quality Fair
 - Publish leading practices and share news on award-winning programs, e.g. Accreditation Canada's Leading Practices and Quality Conference
 - Develop new and/or improve on innovative approaches in care and services delivery.
- Strengthen and broaden opportunities for internships and student placement programs.
 - Increase number and breadth of students and interns within the division.
- Influence provincial policy, initiatives and directions to effect positive changes within long-term care.
 - Provide expertise and experience at decision-making tables, e.g. advancing service and capital planning, promoting funding and regulatory reforms.
- Promote careers in long-term care with LTCHS being recognized as an employer of choice.
 - Introduce initiatives, e.g. academic partnerships.

- Promote the City's long-term care homes as places of quality living and resources within the community.
 - Provide the community with senior-friendly space to socialize and network
 - Provide education events and programs
 - Host events related to healthy aging and culture, e.g. Seniors' Wellness Symposium.

Subject to future approval by City Council:

- Pursue provincial designation as a Centre for Learning, Research and Innovation in Long-Term Care.



The Long-Term Care Landscape

An Overview

- There are 627 long-term care homes province-wide, run by municipal, private and not-for-profit operators. There is also a growing sector of community and home-based long-term care services. There are over 78,000 Ontarians living in a long-term care home.
- In Toronto, there are currently 84 long-term care homes, with 15,222 beds being operated by 52 different organizations. Of those, 46 per cent of the beds are operated by for-profit organizations; 54 per cent of the beds are operated by not-for-profit providers, including 37 per cent charitable homes and 17 per cent are City of Toronto directly-operated¹⁶.
- The senior's population is rapidly growing. The population of Toronto's seniors is projected to grow by one-third – close to half a million residents (17 per cent of the city's population) by 2031.
- The City of Toronto, as a municipal service provider of long-term care, works alongside other providers including for-profit, not-for-profit and charitable organizations.
- Community-based, long-term care service programs, such as Homemakers and Nurses Services, Meals on Wheels and visiting Personal Support Workers help seniors and vulnerable individuals maintain independence and live in their own homes for as long as possible.
- An aging population has resulted in an increased demand for long-term care and longer waitlists for care, and this is expected to continue and intensify in the coming years.
- With national and provincial priorities to support aging at home, and increased supports in place to enhance community-based care, residents are now entering long-term

care homes when older, frailer, and with much higher levels of need and more complex medical conditions.

- The provincially-mandated Capital Renewal Strategy, which requires 35,000 long-term care beds across Ontario to be redeveloped, may contribute to financial and operating pressures for long-term care providers and lead to a risk of providers exiting the system.
- Many of these trends, demographic pressures, and challenges will affect long-term care providers across the province. However, many of these pressures are particularly acute for the City of Toronto, given the vulnerable populations the City is serving and the complex needs of the “hard to serve” clients and residents living in the City's long-term care homes and receiving long-term care services.



The Long-Term Care Landscape

Long-Term Care in Ontario

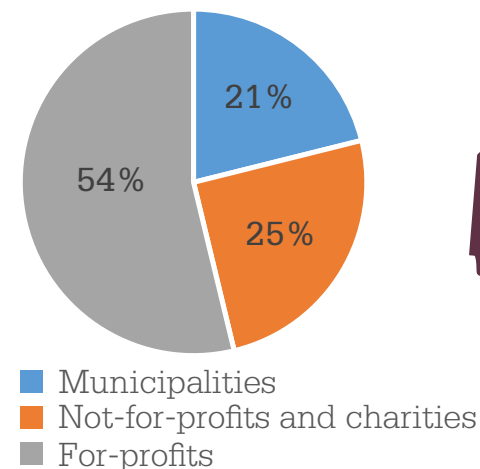
Legislation and Licensing

All long-term care homes are regulated under, the *Long-Term Care Homes Act, 2007*, which received Royal Assent in 2007 and was proclaimed into force in 2010 along with *Ontario Regulation 79/10*. To access provincial funding, long-term care homes must either be licensed or approved by the Ontario Ministry of Health and Long-Term Care. Under the *Long-Term Care Homes Act, 2007*, each municipality is required to operate at least one long-term care home in order to meet local needs. Community-based programs are regulated under the *Homemakers and Nurses Services Act, 1990*, the *Home Care and Community Services Act, 1994*, and the *Assisted Living Services for High Risk Seniors Policy, 2011*¹⁷.

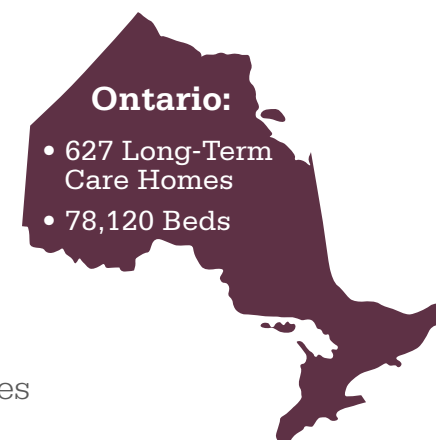
Emergency Plans

In accordance with *Section 230 of O.reg 79/10*, all LTCHS homes have written emergency plans that have been developed in consultation with relevant community agencies, partner homes and other resources involved in responding to emergency situations. These plans include dealing with fires, community disasters, violent outbursts, bomb threats, medical emergencies, chemical spills, situations involving a missing resident and loss of one or more essential services. Emergency plans are consistent with the Incident Management System used by the City's Emergency Management Office and other responding resources which addresses plan activation, lines of authority, communication plan, and specific staff roles in emergency situations. These plans are tested in accordance with regulatory requirements and sector best practices.

Share of beds by provider



Source: Ontario Association of Non-profit Homes and Services for Seniors Municipal Brief 2014



Funding and Accountability Agreements

The Ministry of Health and Long-Term Care funds long-term care homes in Ontario through Local Health Integration Networks (LHINs). LHINs are geographically-based health authorities that hold responsibility for planning, integrating and funding local health services in their geographic areas (including hospitals, long-term care homes, community health services, home care, community care access centres, mental health and addiction services and community health centres). The City of Toronto also contributes to the City's directly-run municipal long-term care homes operated by Long-Term Care Homes & Services.

The Long-Term Care Landscape

Access to long-term care

Community Care Access Centres (CCACs) are local, provincially-funded agencies that provide health care information and coordination to seniors, people with disabilities, and people who need health care services within a defined geographic area (these geographic boundaries are the same as the LHINs).

CCACs coordinate admission to all long-term care homes. In addition, they support seniors to live independently at home by coordinating care services, determine eligibility and make arrangements for admission to some adult day programs, supportive housing and assisted living programs, and complex continuing care and rehabilitation facilities.

People apply to their local CCAC when they need long-term care supports. A CCAC caseworker visits them at home, assesses their needs, and determines their eligibility for services. The CCAC informs the senior as to the different long-term care homes located in their area, the fee structure and provides information on application and admission processes. They coordinate the application for admission to up to five long-term care homes of the individual's choice.



The Long-Term Care Landscape

Municipal role in Long-Term Care

Long-term care is one of the many other services and supports that a municipal government provides in helping to support an aging population, which can include housing, transportation, recreational services, social engagement, physical infrastructure, and public health¹⁸. With municipalities being at the forefront of service delivery for seniors, the opportunities to partner and integrate these 'healthy aging' services with their long-term care service delivery presents opportunities for enhanced and innovative long-term care.

The Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), the provincial membership-based organization that represents not-for-profit and municipal providers of long-term care, highlights the important role that municipalities play in providing long-term care in their communities. They emphasize that municipal homes are¹⁹:

- **Responsive to the local community:** Municipal homes offer services geared towards specific populations or specific needs that are common in their communities. They also support communities through effective partnerships.
- **Anchored in their communities:** Municipal homes make a significant contribution to their local economy and are often a major local employer.
- **Accountable to the community:** Municipal homes are publicly-owned and operated. They serve local people, with and through local people. They are required by law to be governed by a committee of management and involve elected officials in overseeing homes. This accountability is strengthened by a degree of transparency that includes

open council meetings, community advisory committees, and opportunities for public input. As well, residents or their family members have the option of raising any concerns about care and services with their elected municipal representative.

- **Benefiting from strong community support:** Thousands of Ontarians across the province choose to volunteer in their municipal long-term care homes, supporting and strengthening these homes in a range of ways, including assisting with recreation activities and programs, to operating cafes and gift shops, or assisting with meals.
- **Making contributions that enhance care:** Many municipalities provide their own voluntary financial contribution to the operation of their homes, above the minimum provincial funding received, and this raises both the quality and safety of the home as a place to live and as a workplace. Enhanced funding goes toward restorative care and other support services, such as social work and volunteer coordination.

Municipal homes in particular are models of integration, collaboration and offer a continuum of integrated services to local seniors who are also reaching out and supporting their communities through effective partnerships with other health care providers, community service agencies, schools and universities, churches, service clubs and other groups. As a result of these benefits, there is a high demand for municipal services and long-term care homes. The number of people on the waitlist for municipal homes is disproportionately greater than the municipal share of beds in the system. The waitlist demand reflects the municipal homes commitment to respond to local needs and the quality of care provided.

The Long-Term Care Landscape

Changes in Long-Term Care and Increasingly Complex Needs

Long-term care has evolved over the past decades. Historically ‘Homes for the Aged’ were focused on an institutional model of caring for seniors, but today, long-term care has evolved and expanded to also include a focus on community-based supports and programs that enable aging at home, as well as providing care to younger adults.

The move towards increased home and community care is one of the key tenets of the provincial government’s health care plans, articulated in their 2008 Aging in Place Strategy, and then affirmed in their 2012 Action Plan for Health Care – with a key priority area being “Right Care, Right Time, Right Place.” Successive reports looking at the future of long-term care also contained this growing focus on aging in place, enhanced community care, and generally, a move towards more flexibility and options in long-term care, including shorter-stay beds for respite care.

As the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) notes: “In an attempt to reduce the strain on long-term care, governments across the country, Ontario included, are shifting their attention to developing programs and services to help keep seniors in their homes for as long as possible.”¹⁹

This expansion of “aging at home” supports for seniors is resulting in seniors typically entering long-term care at a much more advanced stage of physical and cognitive decline than they were in the past.

As OANHSS explains, today, “most seniors do not go into a long-term care home. If they do, it is usually their final option when their needs can no longer be met through home care, supportive housing or other community-based services. As a result, seniors entering long-term care are older than ever before, have more chronic disabilities and have more long-term care needs. On average, over 40 per cent of residents in long-term care [in Ontario] have six or more different medical conditions and that number is growing by nearly eight per cent each year.”¹⁹

A number of provincial mental health facilities have closed, and a portion of these seniors are now residents in long-term care homes, leading to a substantial shift in care and service delivery. Homes now have a high proportion of residents with psychiatric or mood disorders (38 per cent), Alzheimer’s and other dementias (64 per cent), and aggressive behaviour (46 per cent). Because of this shifting landscape, long-term care homes are rapidly evolving into complex, clinically oriented hospitals that continue to provide a safe, compassionate, and home-like environment for the seniors in their care²⁰.

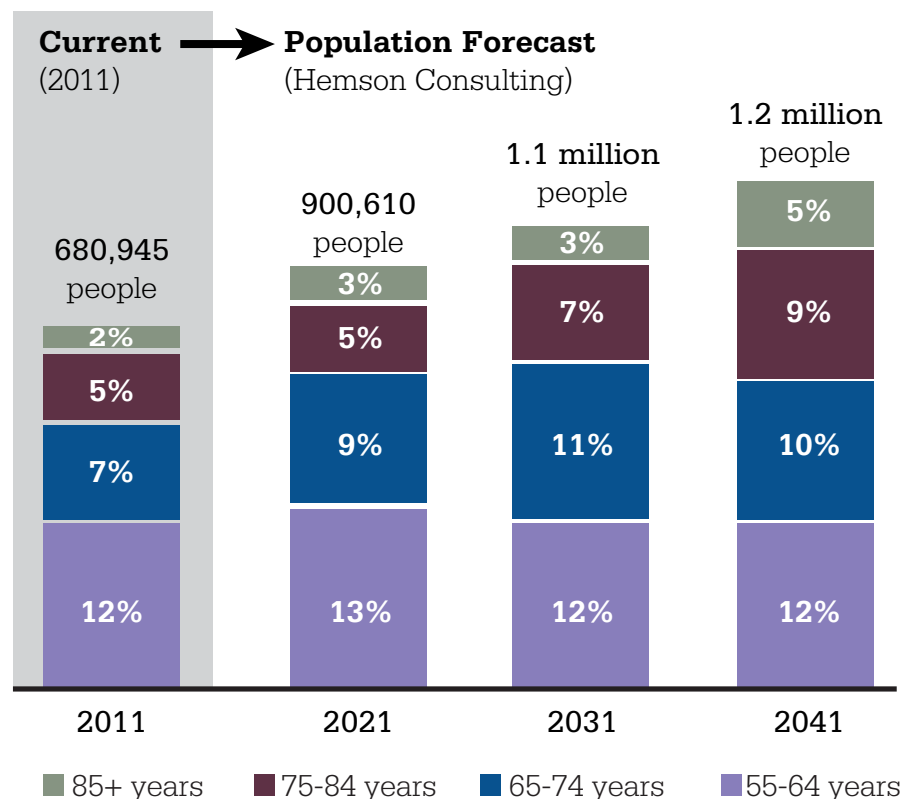
From a funding perspective, any increase in acuity (the rise in complexity of resident medical conditions) presents an inherent funding challenge, as it means that higher levels of service, more complex interventions, and additional registered and non-registered personnel are required in order to support the relative intensification in residents’ needs for nursing, personal care, restoration and rehabilitation.

The Long-Term Care Landscape

Seniors in Toronto: Forecasted Per cent of Total Population

Since 2001, the fastest growing population in Toronto is residents between ages 55 and 64.

Forecasted Per cent of Total Population

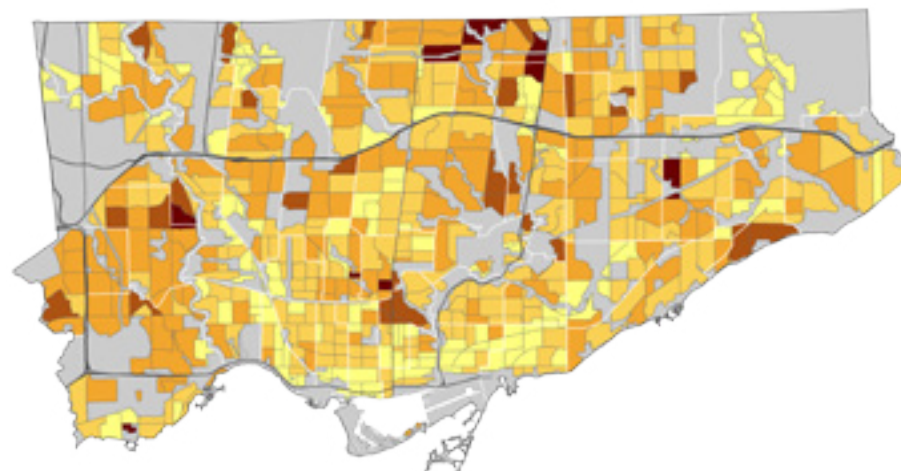


Source: Statistics Canada 2011 Census

Seniors in Toronto

- Toronto has a higher proportion of seniors 65+ (14.4 per cent) than the GTA Regions (11.5 per cent).²¹
- According to City Planning projections, between 1996 and 2011, the number of seniors was expected to grow by 39,315 persons or by 12.3 per cent. Census data show that the population change among Toronto seniors 65+ is above estimate at 18 per cent.
- The number of older adults is forecasted to grow by up to 60 per cent in the next 20 years.

City of Toronto Concentration of Seniors 65+ Years



% Seniors Population



Source: Statistics Canada Census 2011; City of Toronto

Service Challenges and Opportunities

Demographic Pressures

Toronto's senior population is growing rapidly, and the trend indicates that they will continue to require access to long-term care services. The 2011 Canadian Census confirms that seniors now make up the fastest growing age group in the country, with nearly five million adults aged 65 and over in Canada, a 27 per cent increase since 2001. This trend will continue. Statistics Canada projects the number of seniors will double over the next 25 years to more than 10 million by 2036¹⁸. In 2015, for the first time in history, Canadians over the age of 65 will outnumber children¹⁹.

In Ontario, the number of seniors will double over the next 20 years. The cost of care for a senior is three times higher than for the average person when in hospital. Ontario will have 43 per cent more seniors by 2022 and 50 per cent more by 2032. In the Greater Toronto Area (GTA) between 2006 and 2011, the over-65 and over-75 age groups grew by 16.5 per cent. Between 2011 and 2016, the GTA is projected to absorb more than half the provincial increase in the over-75 age group²². In Ontario in 2014, there were 22,000 people waiting three or more months for appropriate placement in long-term care.

As part of this growing seniors' population, many seniors will require increased supports. Currently, the Association of Municipalities of Ontario has found that approximately 14 per cent of Ontario seniors depend on others to assist them with activities of daily living, such as eating and bathing, and this number is expected to triple over the next 50 years.

Further, complex health needs are expected to rise dramatically, for example, the number of seniors with dementia. Nearly 200,000 Ontarians over the age of 65 – or one out of 10 – are now living with this disease, an increase of 16 per cent over the past four years.

By 2020, close to one quarter of a million seniors in Ontario will be living with dementia²³.

The Association of Municipalities of Ontario believes that the demand for long-term care beds will continue to outpace supply with the aging demographics. To place all seniors on current waitlists in beds (e.g. meet all current demands for long-term care homes) would require over 130,000 new beds by 2021 (assuming the same level of demand continues in the future) or an approximate 75 per cent increase in bed capacity²⁴. It would also require additional investments in community services.

In addition to the overall growth in seniors' population and increasing health complexities, it is important to note other changes in this population that will influence service delivery, including what has been identified as a more educated, informed clientele with more specific demands and expectations for the type of care they receive, for independence, for food choices, for technology and for customer service levels: "baby boomers tend to exhibit stronger preferences for independent living arrangements, greater autonomy, and choice in services than in the past."²⁵



Service Challenges and Opportunities

Diversity and Vulnerability

Toronto's seniors are a very diverse group. Seventy-three per cent of Toronto seniors are immigrants (with almost 50 per cent of these having immigrated before 1971). Less than half have English (45 per cent) or French (1.3 per cent) as their mother tongue. Forty-two per cent of seniors aged 75+ speak a non-official language at home²⁶.

More than one in four seniors were living alone in Toronto in 2011²⁷, and for seniors over age 85, 44 per cent live alone²⁸. This can increase the risk of social isolation, which can negatively impact health and increase the potential risk of elder abuse.

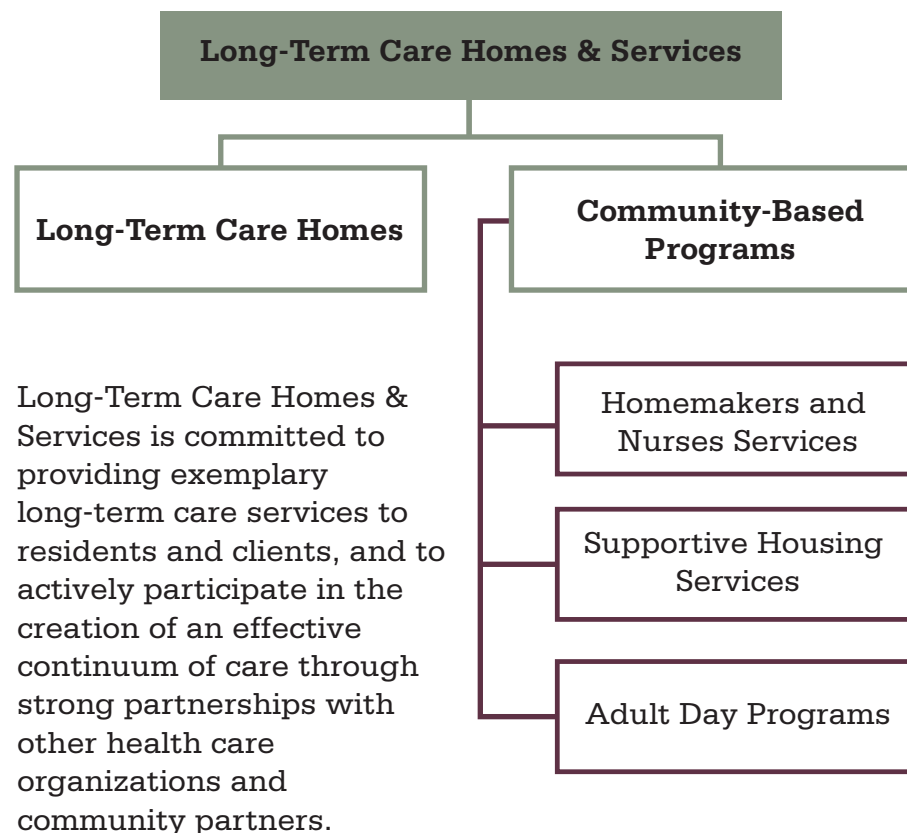
Many older Torontonians have low incomes. In 2009, over 114,000 Toronto families with at least one member 65 years or older were at or below Statistics Canada's two-person "low-income" measure of \$29,000/year²⁸. The 2011 Census shows that the median after-tax income of Toronto seniors is \$23,000 and the average after-tax income is \$34,000²⁶. These are lower than the equivalent general population median after-tax income of \$27,371 and the average after-tax income of \$36,291²⁹.

Between 2009 and 2013, Toronto's share of homeless seniors doubled. This is a rapidly growing population and one that requires specialized long-term care support. Almost one-third (29 per cent) of Toronto's homeless population is over the age of 51³⁰.

As for the health challenges of Toronto seniors, dementia is increasing, with dementia rates across Toronto's five LHINs expected to reach up to 33.3 per cent of the seniors' population by 2020²³. Nearly one-third of Toronto seniors self-reported that they did not have positive mental health³¹, which does not include an estimated high number of undiagnosed mental health challenges among the population. Further, although the rate of developmental

disabilities among Canadians are relatively low³², many of those with developmental disabilities are now living longer and the result will be an increase in the seniors' population with developmental disabilities. There is a gap in the research about the number of Toronto seniors who identify as LGBTQ2S, however, estimates have ranged up to 12 per cent of the seniors' population identify as such.

Program Map



Overview of Services

Given the diversity of needs among Toronto's population, a range of services and housing options exists – along what is commonly known as a continuum of care. Long-term care homes are located at one end of the spectrum suited to those with the heaviest care needs, and independent living on the opposite end.

For those who are no longer able to live on their own and require 24-hour nursing and personal care, high-quality care and accommodation is available in a long-term care home for an extended period of time. Permanent placement in long-term care is reserved for those with the heaviest care needs whose increasingly complex needs cannot be met in the community.

Residents with Alzheimer's disease and other dementias who exhibit aggressive or abusive behaviours tend to be the most difficult to place in long-term care and tend to be the most challenging to support.

The average length of stay in the City's long-term care homes is 1.2 years³³. Residents entering long-term care homes have more complex care needs, an average of six co-morbidities, are frailer and medically complex requiring specialized and a higher level of medical and health care including end of life care.

All City homes provide 24-hour resident-focused interdisciplinary approach to care and service. Services provided to residents include nursing and personal care, medical services, recreational programming, dietetics and food services, laundry, social work, spiritual and religious care, housekeeping, maintenance, trust and administrative services. Lesbian, gay, bi and transgender (LGBT) supports, community outreach and extensive volunteer programs are also available in every home.

There is a focus in the City's homes on independence and restoring and maintaining function as much as is possible, so rehabilitative and therapy services are provided, including dementia care, Gentlecare™,

physiotherapy, occupational therapy, dental care, optometry, complementary care, plus art and music therapy programs.

Acuity continues to increase year after year. There is a growing demand for specialized services, because of the complexity of care needs, varying degrees of physical frailties and cognitive impairments. LTCHS has residents that require increasingly complex interventions including challenging behaviours, associated dementias and mental illnesses. Sixty per cent of the residents in the City's long-term care homes exhibit challenging behaviours.

Accordingly, specialized services, including behavioural supports, language and cultural services, short-stay respite beds, young adult care and convalescent care are also provided in the City's homes. The Short-Stay admission program supports families seeking respite from the caregiver role for a period up to 60 continuous days to a maximum of 90 days per year.

The Convalescent Care Program provides 24-hour care to seniors who require specific medical and therapeutic services in a supportive environment for a period of up to 90 continuous days. The program helps the senior recover their strength, endurance and functioning before returning to their home. This program supports a transitional care function, enabling seniors to remain at home in the community longer.

A variety of community-based services, which support individuals living independently in the community are also offered. These community-based services are an integral part of the continuum of care that is available to seniors, in order that they receive the right level of care at the right time. Community programs include Adult Day Programs, Homemakers and Nurses Services and Supportive Housing Services. Each of the programs use a health promotion and wellness approach to help seniors maintain their independence and continue living in the community.

Overview of Services

Aging in Place

Long-Term Care Homes

Homemakers and Nurses Services



Offering light housekeeping, laundry, shopping and meal preparation to help more than 2,600 individuals to remain in their own homes and community. Over 86,000 client visits per year.



Supportive Housing Services

Serving 525 clients at nine sites providing 24 hour assistance with personal care, light housekeeping, laundry, medication reminders, security checks, light meal preparation, wellness and health promotion, and a Registered Practical Nurse (RPN) on site at each location.



Adult Day Programs

Serving 100+ clients at four locations offering a variety of quality activities and services in a safe and supportive environment for individuals who have cognitive impairment or are socially isolated, or whose caregivers require respite support.

Meals on Wheels

Preparing approximately 2,000 meals per week for delivery to vulnerable individuals in the community.



Volunteer Services

2,200 volunteers provide over 134,000 hours per year which is over 50 hours of volunteer time per resident.



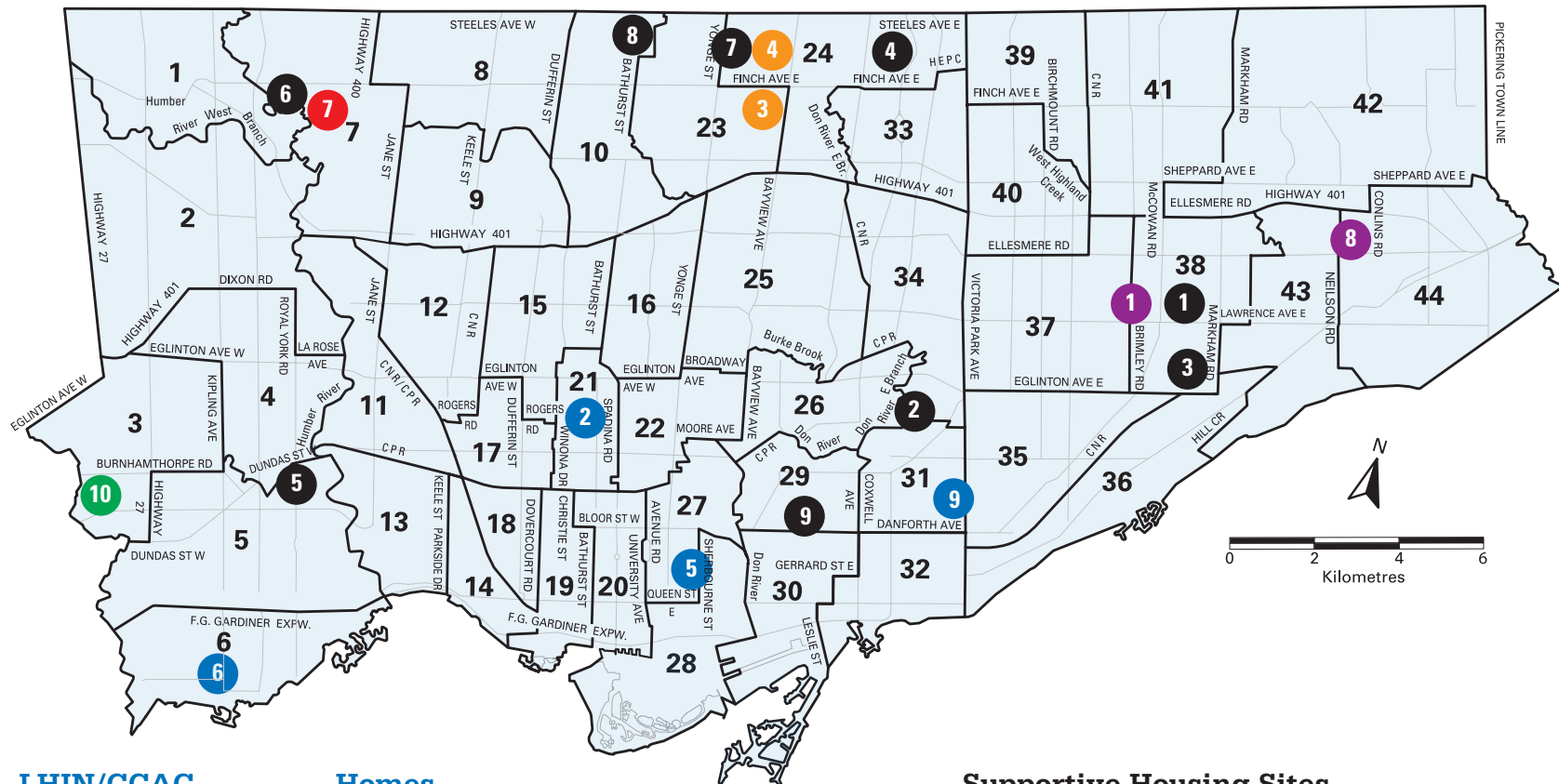
Long-Term Care Homes

The City operates 2,641 approved beds in 10 long-term care homes across Toronto, each connected to its local community and responsive to local needs.

In addition to permanent beds, some homes offer short-stay respite beds, convalescent care beds, behavioural supports, young adult care, and specialized units.

Overview of Services

City-Wide **Commitment to CARE** Compassion | Accountability | Respect | Excellence



LHIN/CCAC Boundaries

- Central East
- Toronto Central
- Central
- Central West
- Mississauga/Halton

Homes

- 1 Bendale Acres
- 2 Castlview Wychwood Towers
- 3 Carefree Lodge
- 4 Cummer Lodge
- 5 Fudger House
- 6 Lakeshore Lodge
- 7 Kipling Acres
- 8 Seven Oaks
- 9 True Davidson Acres
- 10 Wesburn Manor

Supportive Housing Sites

- 1 Brimley Acres
- 2 Broadview Manor
- 3 Cedarbrook Lodge
- 4 Cliffwood Manor
- 5 Dundas-Mabelle
- 6 111 Kendleton
- 7 Willowdale Manor
- 8 West Don Apartments
- 9 Winchester Square

LHIN – Local Health Integration Network

CCAC – Community Care Access Centre

 **Homemakers & Nurses Services**

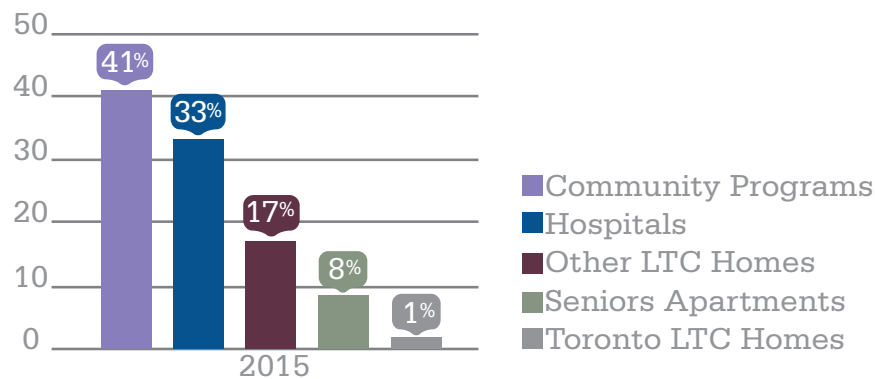
Overview of Services

Homes	Beds	Language/ Cultural Services	Behavioural Supports	Short-Stay Respite Beds	Young Adult Care	Adult Day Program	Convalescent Care
Bendale Acres 2920 Lawrence Ave. E. (Ward 38)	302	<ul style="list-style-type: none"> French (Pavillon Omer Deslaurier) Ismali Mandarin 	●	●	●	●	
Carefree Lodge 306 Finch Ave. E. (Ward 24)	127	<ul style="list-style-type: none"> Cantonese Jewish Korean Mandarin Russian 					
Castleview Wychwood Towers 351 Christie St. (Ward 21)	456	<ul style="list-style-type: none"> Japanese Korean Portuguese Spanish 	●	●	●		●
Cummer Lodge 205 Cummer Ave. (Ward 24)	391	<ul style="list-style-type: none"> Jewish 	●	●	●	●	
Fudger House 439 Sherbourne St. (Ward 28)	250	<ul style="list-style-type: none"> Cantonese Mandarin 	●	●			●
Kipling Acres (under redevelopment) 2233 Kipling Ave. (Ward 2)	337		●	●	●	●	●
Lakeshore Lodge 3197 Lakeshore Blvd. W. (Ward 6)	150						
Seven Oaks 9 Neilson Rd. (Ward 43)	249	<ul style="list-style-type: none"> Armenian Tamil 	●	●	●		●
True Davidson Acres 200 Dawes Rd. (Ward 31)	187	<ul style="list-style-type: none"> Spanish 		●			●
Wesburn Manor 400 The West Mall (Ward 3)	192		●	●		●	

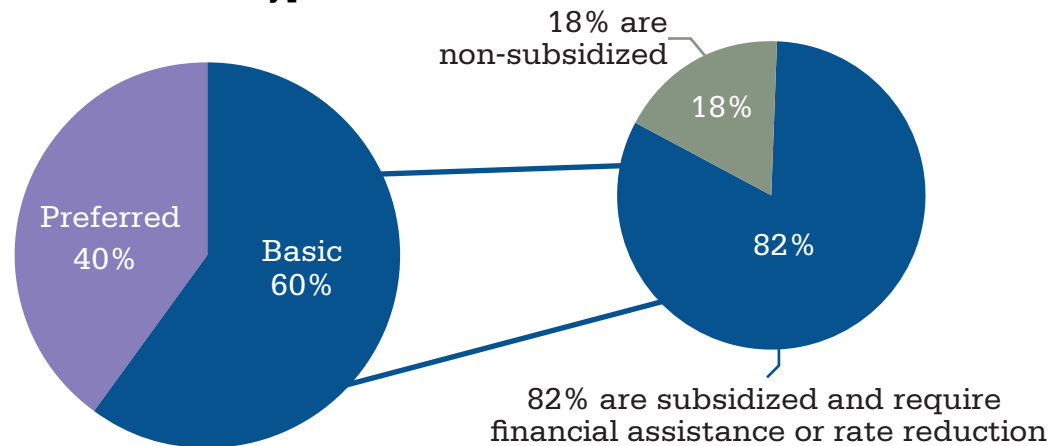
Overview of Services

Residents in the City's Long-Term Care Homes

Admissions 2015



Accommodation Type



- Residents range in age from 19 to 107 years
- Residents come from all 10 provinces, speak 38 languages and practice 34 faiths or denominations
- 44% over 85 years
- 10% under 65 years
- Female 58% and male 42%
- 83% use mobility devices
- 71% have some form of cognitive impairment
- 64% have a diagnosis of dementia



Overview of Services

Engaging Residents and Families

Residents' Councils

Each long-term care home has a Residents' Council that actively engages and supports quality of life.

The purpose of the Residents' Council is to:

1. provide a forum for the residents to have input and to advocate on their collective behalf concerning the operations of the home;
2. provide the residents with a voice in decisions that affect them and their quality of life in the home;
3. establish two-way communication between the residents and the home staff, and to establish a formal mechanism whereby Residents' Council concerns are communicated to administration for intervention and resolution;
4. provide a means of mutual support for Residents' Council members, which extends to new residents in the home;
5. allow residents to be informed about the long-term care system as a whole and to provide a forum for discussion about strategies for improvement; and
6. promote and encourage activities directed at the provision of quality care and quality of life for residents.



Family Councils

Family Councils are an important link and work with homes' staff to enrich the environment and quality of life for the residents who live in the home.

The key functions of the Family Council are to:

1. provide a forum for family input into the operations of the home;
2. provide families with a voice in decisions that affects them and their family members;
3. establish two-way communication between family members and the home staff;
4. provide a means of mutual support for Family Council members and families of new residents;
5. allow family members to be informed about the long-term care system as a whole and to provide a forum for discussion about strategies for improvement;
6. promote and encourage activities directed at the provision of quality care and quality of life for the residents;
7. provide a link to families and friends of residents residing in the long-term care homes;
8. represent families on home advisories;
9. provide opportunities for family members to take part in education sessions on topics of interest including dementia and caregiver stress.

Overview of Services

Waitlists for City's Long-Term Care Homes

All of the City's long-term care homes have a waitlist. The waitlist varies by home, changes on a daily basis and is an approximation for service demand.

LTCHS has a waitlist of approximately two people waiting for admission per every three beds, which is approximately double the provincial average.

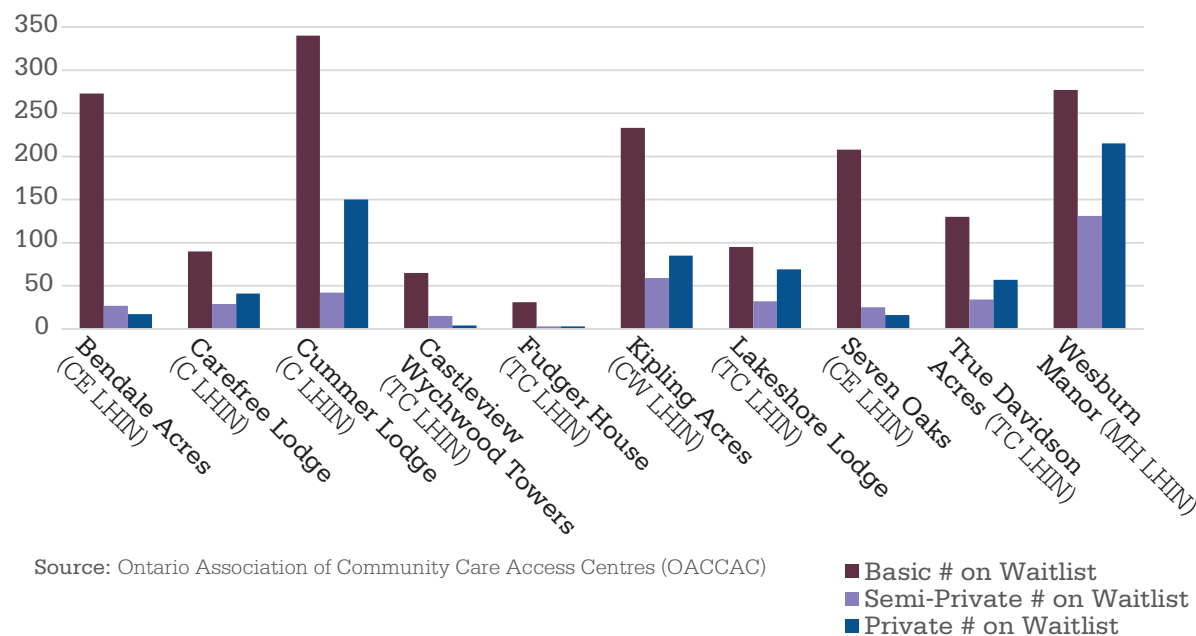
As of June 30, 2015, there were 2,796 individuals on the waitlist for one of the City of Toronto's long-term care homes (1,742 waiting for a basic bed, 397 for a semi-private bed and 657 for a private bed). The number of days waiting for 9 out of 10 people ranges from 139-863 days for a basic bed, 75-724 days for a semi-private bed and 53-613 days for a private bed. The graph indicates the waitlist information for the City's homes as of June 30, 2015, including the number of residents waiting for "basic" accommodation and the number of residents waiting for "preferred" (private or semi-private) accommodation³⁴.

Waitlist as of May 2014

LHIN	Total Waitlist for a bed in a Long-Term Care Home in this LHIN
Central East	4,581
Central	3,137
Mississauga Halton	1,404
Toronto Central	474
Central West	441

Source: Ministry of Health and Long-Term Care data base

Total number of Waitlist for City's Long-Term Care Homes & Services June 30, 2015



Overview of Services

Resident Satisfaction

Each year, LTCHS conducts “Your Opinion Counts” surveys with all residents and their family members, as well as with clients in community programs.

The satisfaction rate for Long-Term Care Homes has been stable and is expected to maintain at or be above the 93 per cent mark for residents and families in keeping with 2014 results.

Survey results provide important feedback and guide quality improvement work. In addition to “Your Opinion Counts,” LTCHS periodically uses other surveys to assess the level of satisfaction with a specific aspect of care or a service.

In addition to formal assessment tools, LTCHS regularly engages with residents and their families for informal feedback between staff, residents and families.



Client Satisfaction

LTCHS provides surveys to clients to assess their level of satisfaction with services provided by the program.

The satisfaction rate for Homemakers and Nurses Services has been stable and is expected to maintain at or be above the 97 per cent mark for clients in keeping with 2014 results.

The satisfaction rate for Adult Day Program Services is expected to maintain at or be above the 97 per cent mark for clients in keeping with 2014 results.

The satisfaction rate for Supportive Housing Services has been stable and is expected to maintain at or be above the 97 per cent mark for clients in keeping with 2014 results.

Waitlists for Community Programs

Due to a number of factors, such as growing community need and positive reputation of programs based on client satisfaction, the waitlists for LTCHS Community Programs are growing.

As of June 30, 2015 there were 665 applicants on the Homemakers and Nurses Services waitlist with an average of 357 days waiting. In addition, there are a total of 24 applicants on the waitlist for all Supportive Housing sites.

Overview of Services

Community Programs

Community-based programs provide quality care and services to improve or maintain the independence and quality of life of clients that may be isolated, vulnerable, or would otherwise not be able to live independently in their homes. More than 3,000 vulnerable seniors and adults are supported in continuing to live independently in their own community as a result of the Homemakers and Nurses Services program, Supportive Housing Services and Adult Day Programs.

These services are an integral part of the continuum of care that is available so that each individual receives the right level of care at the right time and in the right place. All programs use a health promotion and wellness approach to help clients maintain their independence and continue living in the community. Service provision is respectful of culture, ethnicity, family traditions, community, language, sexual orientation and spiritual beliefs.

Supportive Housing Services provides 24-hour on-site supportive housing services, such as assistance with personal care, light housekeeping and laundry, medication reminders, security checks and light meal preparation to eligible clients who are tenants in nine designated supportive housing buildings across the city. Some sites include monthly education sessions on healthy aging topics and other social activities.

Seniors and adults living in supportive housing do not require the level or intensity of care available in long-term care homes, but benefit from intermittent, 24-hour on-site support, such as night time safety checks. Independence, client autonomy and aging in place is promoted within a stable, safe, housing environment.

Adult Day Programs offer vulnerable individuals living in the community a safe, secure environment to go to during the day to participate in wellness programming, recreation and social activities. A lunch-time meal and nourishing snacks are also provided. Adult Day Programs are based at four long-term care homes across the city. These programs provide an opportunity for seniors and adults living in the community to have “a day out,” participate in a social program and connect with peers. Program goals include preserving clients’ level of mental and physical functioning, providing respite and support to caregivers, and helping clients to remain at home.

Homemakers and Nurses Services provides in-home services for low income seniors and adults with chronic health conditions and/or disabilities who require in-home support over an extended period of time who would otherwise not be able to access appropriate services to remain living independently in the community. Services include light housekeeping, laundry, shopping and meal preparation.

Many Homemakers and Nurses Services clients have no other options for accessing in-home supports. This may be the result of factors such as limited income preventing the purchase of in-home services on a fee-for-service basis, lower level of need (in comparison to community clients with acute home care needs) making them ineligible for services through a Community Care Access Centre (CCAC), or increased vulnerability impacting their ability to successfully advocate for access to services on their own behalf. This underscores the importance of filling a gap in service for Torontonians who cannot otherwise access or afford the services they require.

Overview of Services

Supportive Housing Clients

- 70 per cent female, 30 per cent male
- 77 per cent are aged 75 years and older
- 19 per cent are aged 65-74
- 4 per cent are under age 65
- 56 per cent are physically disabled with a musculoskeletal disorder
- 27 per cent are chronically ill with an endocrine/metabolic disease (diabetes)



Adult Day Program Clients



- 58 per cent female, 42 per cent male
- Approximately 83 per cent are over age 70
- Approximately 6 per cent are under age 60
- 32 per cent have dementia as a primary diagnosis
- 6 per cent of clients live alone (the majority live with family members or caregivers, and some live in assisted living environments)
- 15 per cent of clients are in a wheelchair
- 34 per cent of clients have cardiovascular disease as a primary diagnosis
- Approximately 23 per cent of clients pay a subsidized daily rate for the program instead of the full fee

Homemakers and Nurses Services Clients

- 75 per cent female, 25 per cent male
- 46 per cent are aged 75 years and older
- 18 per cent are aged 65-74
- 36 per cent are under age 65
- 16 per cent of clients have a mental health diagnosis
- 23 per cent have cardiovascular disease
- 62 per cent are physically disabled with a musculoskeletal disorder



Overview of Services

Leaders in Excellence

Toronto Long-Term Care Homes & Services has become known for a level of excellence that could not be possible without the financial support and ongoing commitment of Toronto City Council and the active involvement of the local community.

As an order of government, the City of Toronto is able to influence public policy and lead by example, designing service options that are accessible and developed through an age-friendly lens. Toronto LTCHS is at the forefront of innovation and learning and is continually designing new programs and services that are being adopted by other organizations; this benefits residents in all long-term care homes.

Beyond the direct programs and services LTCHS deliver every day to over 6,000 individuals in the City's long-term care homes and community programs, LTCHS is involved in a number of initiatives and 'behind-the-scenes' work that enables the delivery of the best possible care and service to residents, clients and seniors and to influence and strengthen the long-term care sector as a whole.



Some of the ways in which LTCHS strives to be sector leaders, enhance the long-term care system generally and contribute to the Toronto Seniors Strategy are:

- **Knowledge-sharing:** LTCHS hosted a bilingual Seniors' Wellness Symposium – Symposium du mieux-être des aînés in June 2015 in partnership with several healthcare organizations. The Symposium provided a learning opportunity for those working in healthcare on the topic of wellness and care for seniors with an emphasis on language and cultural competency. Education and information was also available through a public fair and featured resources for seniors, their family members and caregivers. Furthermore, some of the successful work in supporting the Francophone community and in implementing the Behavioural Supports Ontario program has been recognized by the LHINs who have invited LTCHS to share experience and learnings with other long-term care providers.
- **Advocacy:** LTCHS senior staff work with provincial membership organizations to influence provincial directions regarding system-level funding, policy, legislation and regulatory changes.
- **Awards and recognition:** Long-Term Care Homes & Services is an award-winning organization providing exemplary care and services to residents and clients. The division has received national, provincial, community, municipal, public sector, and centres of learning recognition for innovation and excellence awards. Recently, in 2013, Fudger House received an OANHSS Innovation and Excellence Award for the home's Quality of Life project, which focused on understanding how residents define 'quality of life' and ensuring their ideas were incorporated into day-to-

Overview of Services

day operations and the home's quality improvement plan. In 2014, Seven Oaks received the Workplace Quality Award for Infection, Prevention and Outbreak Management.

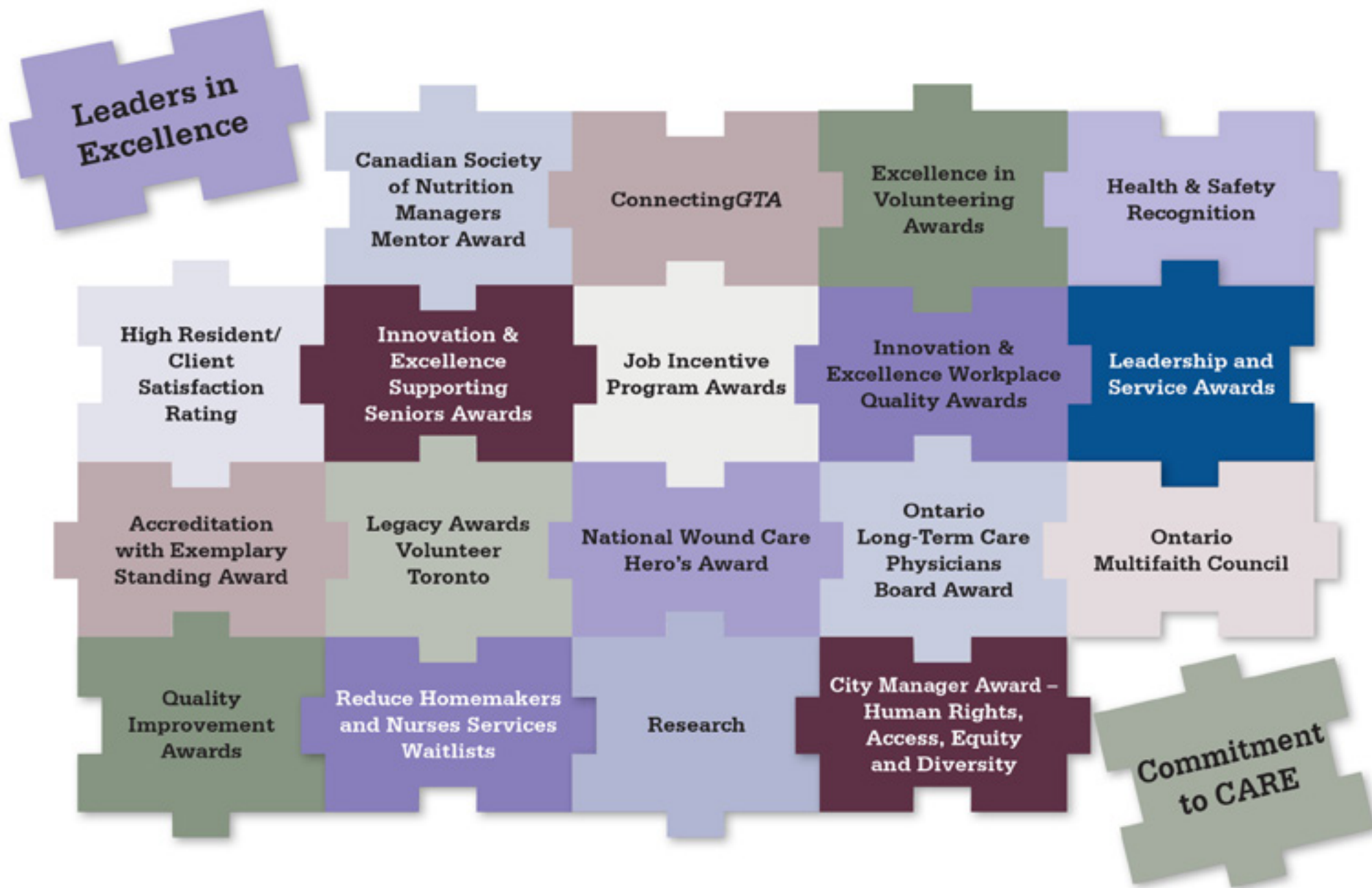
- **Participating in research:** The division's Ethics and Research Committee was involved in research studies working with the University of Toronto Dalla Lana School of Public Health on a project entitled "Increasing Compliance with the Smoke-Free Ontario Act in Long-Term Care Facilities: An evaluation of problem solving/community engagement approach"; and working with the University of Ontario Institute of Technology regarding Approaches to Accountability in Long-Term Care. The division is proactive in seeking out research opportunities with educational partners.
- **Participating in pilot programs:** Representing the long-term care home sector as an early adopter site, for the ConnectingGTA Program, which connects healthcare service providers electronically so that residents receive better, more timely and coordinated care. This program will improve resident and clinician interaction and information transfer between care providers. It is a partnership between Canada Health Infoway, eHealth Ontario, and six Local Health Integration Networks and is led by the University Health Network. LTCHS has played a critical role in developing and implementing ConnectingGTA through ongoing staff support and suggestions for improvements regarding the Provider Portal, communication releases and educational and promotional campaigns.
- **Student Placements:** Each year, LTCHS welcomes students from high schools, colleges and universities across the GTA into the City's long-term care homes and community-based programs. During their placement, students gain practical experience linked to their program of study, and also help to enhance care and services for residents and clients in the City's homes. In 2014, 205 students were placed in areas such as Nursing, Nutrition Management, Food Services, and Social Services. From January to June 2015, 231 students have had a placement in the division. The student placement program is a successful partnership that will continue to grow as LTCHS identifies new placement opportunities.
- **Accreditation Canada:** Since 1985, LTCHS has been an accredited healthcare provider, and Accreditation Canada's Omentum program is part of the division's commitment to continuous quality improvement. During the last survey in 2012, LTCHS was awarded Accreditation with Exemplary Standing, the highest level of performance recognition. Accreditation Canada is a not-for-profit, independent organization that provides national and international healthcare organizations with an external peer review process to assess and improve the services provided based on national standards of excellence.
- **The Toronto Challenge:** This is an annual fundraising and awareness raising event for the City's long-term care homes and over 40 community agencies that provide services and support to Toronto's seniors. The division has been organizing the Toronto Challenge since 1991. The run and walk event celebrates physical activity and community spirit, and each year raises approximately \$500,000 to support Toronto's seniors.

Overview of Services

- **A Commitment to Quality:** Long-Term Care Homes & Services continuously strives to maintain exceptional care and services. The division's Integrated Quality Management model has guided, aligned and promoted a passion to continuously improve, seek leading practices, research and innovate, with a goal of improving outcomes. LTCHS is committed to providing the highest quality of care and delivering services that improve resident and client outcomes.
- **Quality Improvement Methodology:** Long-Term Care Homes & Services supports innovation and the application of quality improvement methodologies, including Lean methodology that assists in defining root causes impacting performance in meeting quality of care and service expectations, testing change ideas and finally implementing and spreading positive outcomes. Quality Improvement teams are a vital part of the success in sharing change ideas, testing and sustaining change.
- **Partnerships:** One of the best way to build an effective continuum of care is through strong collaborative partnerships. The delivery of care and services is enriched by partnerships with family members, staff, volunteers, healthcare partners and the community.
- **Quality Improvement Plans:** Each home has a Quality Improvement Plan, which focuses on Ministry of Health and Long-Term Care indicator priorities, including reducing falls, continence, pressure ulcers, restraints, avoidable emergency visits, use of antipsychotic medication, and increasing resident satisfaction. Long-term care homes and community programs also embark on innovative and exciting home-specific Quality Improvement projects, which are designed to improve quality of life for residents and clients.
- **Quality Fair:** Each year the division hosts a Quality Improvement Fair to showcase projects and facilitate continuous learning and ideas-sharing, so that all homes can continuously improve quality of care.
- **Being part of local communities:** LTCHS has a long-established commitment and openness to working with the community and inviting the community into the homes. These relationships bring richness to our environments, helping to shape a unique culture while promoting public accountability. Whether through the partnerships the division fosters with local community groups and volunteers, the outreach into communities in the form of programs and events, the connections made with local colleges and universities, or sharing the space in the City's 10 homes with other services (for example, Children's Services daycare centres and Parks, Forestry and Recreation Seniors Centre), LTCHS is an integral part of each local neighbourhood.



Overview of Services



General Acknowledgments

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