# Long-Term Care in Ontario
## Sector overview

Health Analytics Branch,
Health System Information Management and Investment Division
Ministry of Health and Long-Term Care

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**About the Health Analytics Branch**

The **Health Analytics Branch (HAB)**, in the Ministry of Health and Long-Term Care, provides high quality information, analyses, and methodological support to enhance evidence-based decision making in the health system. As part of the Health System Information Management and Investment (HSIMI) Division, HAB manages health analytics requests, identifies methods, and creates reports and tools to meet ministry, LHIN, and other client needs for accurate, timely, and useful information. **Health Analytics Branch: Evidence you can count on.**

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## Report Contents

## Introduction

This report provides high-level analyses of LTC-related data that are frequently needed in the Ministry of Health and Long-Term Care. Additional descriptive information, including how LTC homes are funded, types of care and services provided, resident care needs and outcomes, and staff characteristics, are provided throughout the report and in Appendix B: Definitions.

### Background

The LTC Sector Overview report was first developed in 2012 in response to interest from the Long-Term Care Data Alignment Working Group. Like its current iteration, the 2012 report provided high-level information about the LTC sector, with emphasis on analyses that are often requested by this working group and other MOHLTC staff. The 2012 report is available by request from HAB.

In 2014, HAB consulted with various ministry clients and partners who are involved in LTC policy and program areas to determine whether an updated report would be useful, and if so, to receive input on scope. From this consultation, it was determined that the report remains useful, both in terms of analytic information presented and supplementary information included about the sector. It was decided that in addition to the five sections presented in the original report—funding; capacity and demand; admissions, discharges, and length of stay; resident characteristics; and staffing—a new section on LTC home compliance should be included.

HAB will revise and produce the LTC Sector Overview annually, with modifications to content, and report presentation as needed.

### Report format

Overall report highlights are presented at the beginning of the report. Next, six report sections present analytic information (in tables, graphs, maps, etc.), key findings from the analysis, and where appropriate, supplementary information (concepts, definitions, etc.) about the LTC sector. An appendix that follows provides technical and other background information.

## Report highlights

**Section 1: Long-term care funding**

- An estimated $5.3 billion was allocated to LTC homes in 2014/15, with $3.9 billion funded by MOHLTC and $1.4 billion collected through resident co-payments.
- In 2014/15, the resident co-payment was on average about $57 a day, or approximately $20,800 per year. Daily co-payments increased by 16.9 per cent (about $8) between 2003/04 and 2014/15.

**Section 2: Long-term care system capacity and demand**

- From 2009 to 2014, the number of LTC beds in operation increased by 2.5 per cent for long-stay beds, and 9.3 per cent for short-stay beds.
- As of March 31, 2014, demand for LTC beds was greater than the supply. This was the case in all 14 LHINs; however, North West, North Simcoe Muskoka, and Central East showed the greatest differences between supply and demand (a shortfall of 30 beds or more per 1,000 Ontarians age ≥75).
- From 2009/10 to 2013/14, median wait times decreased by 57 days (33 per cent) for clients waiting in the community, and increased by 11 days (19 per cent) for those waiting in hospital. The median wait times for those living in the community were consistently longer for those waiting in hospital; however, this disparity appears to be narrowing over time.

**Section 3: Admissions, discharges, and lengths of stay**

- In 2013/14, more than 37,000 Ontarians were admitted to a LTC home. The proportion of people admitted to a LTC home from the community has increased from 52.4 per cent in 2010/11 to 60.2 per cent in 2013/14.
- In 2013/14, residents in long-stay beds had an average duration of stay of two and a half years. Average lengths of stay varied from as short as two years in Waterloo Wellington to as long as about three years in Toronto Central, Mississauga Halton, and North East.
- In 2013/14, there were almost 23,000 residents transferred to acute care hospitals and almost 50 per cent were admitted for injuries or for diseases of the respiratory or circulatory systems.

**Section 4: Resident characteristics**

- As of March 31, 2014 there were almost 71,000 residents living in LTC homes in Ontario; 71 per cent of residents were female, and the average age was 83 years.
- The majority of LTC residents required help with their activities of daily living due to physical or cognitive challenges. The percentage of complete dependence varied by LHIN from 19.5 per cent in North Simcoe Muskoka to 35.3 per cent in Central, and Mississauga Halton LHINs.
- A LTC resident's mental status and mood contributes to their quality of life in the LTC home. While almost 40 per cent of LTC residents reported a high level of social engagement, 32 per cent have signs of possible depression.
- Almost 70 per cent of LTC residents had dementia/Alzheimer's disease and were more likely to display aggressive behaviours. The most common form of aggressive behaviour is resisting care; 47 per cent of those with dementia/Alzheimer's disease resisted care compared to 22 per cent of those without.

**Section 5: Staffing**

- In 2013, there were more than 45,000 full-time equivalent (FTE) nurses and personal support workers (PSW). PSWs accounted for more than 70 per cent of FTE staff.

**Section 6: Compliance, inspections, and enforcement**

- In 2014, the ministry conducted close to 600 Resident Quality Inspections (RQI), accounting for 93 per cent of its annual target (one inspection per home), by January 31, 2015 all LTC homes had received a RQI.
- Non-compliance was most often related to completion of the LTC home plan of care, infection prevention and control, Residents' Bill of Rights, skin and wound care, dining and snack service, and communication and response.

# Section 1: Long-term care funding

This section presents the changes over time to the estimated (Printed Estimates) and actual expenditures (Public Accounts) for the sector. Also presented are the changes over time to the levels of care (LOC) *per diem rate*, an allocation mechanism for the majority of funding to LTC homes.

Long-term care (LTC) homes in Ontario are funded through a combination of MOHLTC funds and resident co-payments. Most MOHLTC funding flows through the LHINs; however, some is administered directly by the ministry. This breakdown is described further on page 6. The majority of LTC funding is provided through a mechanism called the levels of care *per diem rate*, which is calculated per resident, per day, and comprises ministry funds and resident co-payments. These payments are made by residents toward the accommodation component of their stays. The levels of care per diem rate is allocated to four categories, referred to as "envelopes". These envelopes are described further on the next page.

## Key findings

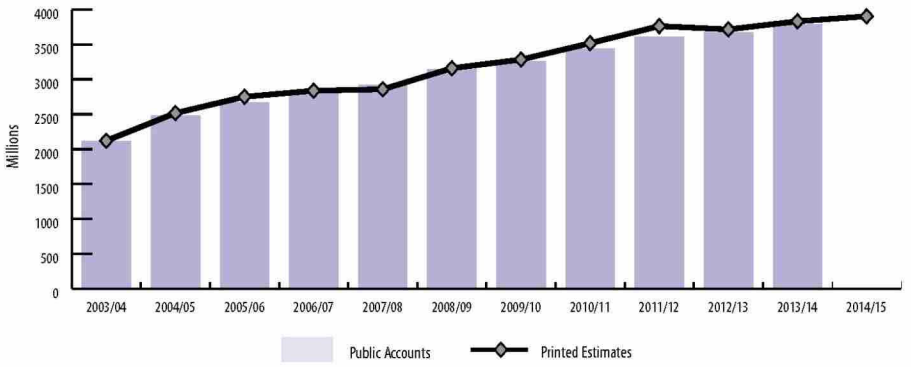
- Since 2003/04, estimated and actual LTC expenditures have increased steadily, but in the most recent years, at a lower rate (Figure 1.1).
- In 2013/14, MOHLTC funding to LTC homes was $3.8 billion, which represents a $1.7 billion (79 per cent) increase from 10 years prior (Table 1.1). Some increases in required funding are expected because of inflation.
- In 2014/15, the resident co-payment was on average about $57 a day, or approximately $20,800 per year (Table 1.2). Daily co-payments increased by 16.9 per cent (about $8) between 2003/04 and 2014/15 (Figure 1.2).
- From 2013/14 to 2014/15, the levels of care per diem rate increased by about $44 ($35.94 constant dollars). Of the four levels of care funding envelopes, daily costs per resident increased most for program support services (by 53 per cent) and for raw food (by 50 per cent) between 2003/04 and 2014/15; however, costs in these two envelopes account for a relatively small proportion of daily per resident funding (e.g., about 11 per cent in 2014/15) (Table 1.2, Figure 1.2).
- In 2014/15, nursing and personal care accounted for almost half (49 per cent) of LTC funding allocation (Figure 1.3).

## Ministry funding to LTC homes

### Table 1.1: LTC home funding ($ millions), estimated and actual, 2003/04 to 2014/15[1]

| Year | Estimated (Printed Estimates) | Actual (Public Accounts) | Public Accounts year-over-year change | |
|---|---|---|---|---|
| | | | $ | % |
| 2003/04 | 2,120 | 2,117 | - | - |
| 2004/05 | 2,516 | 2,486 | 369 | 17.4 |
| 2005/06 | 2,750 | 2,672 | 187 | 7.5 |
| 2006/07 | 2,837 | 2,793 | 120 | 4.5 |
| 2007/08 | 2,857 | 2,920 | 127 | 4.6 |
| 2008/09 | 3,159 | 3,147 | 227 | 7.8 |
| 2009/10 | 3,283 | 3,261 | 114 | 3.6 |
| 2010/11 | 3,517 | 3,440 | 179 | 5.5 |
| 2011/12 | 3,762 | 3,611 | 171 | 5.0 |
| 2012/13 | 3,715 | 3,672 | 61 | 1.7 |
| 2013/14 | 3,831 | 3,788 | 116 | 3.2 |
| 2014/15 | 3,902 | | | |

### Figure 1.1: LTC home funding ($ millions), estimated and actual,[2] 2003/04 to 2014/15




**Data source**: Printed Estimates and Public Accounts of Ontario, Ministry of Finance, 2003/04 to 2014/15.

[1] Funding to LTC homes does not include physician and physiotherapy services to LTC residents. Prior to 2013/14, physiotherapy services were funded through OHIP. As of August 1, 2013, funding for physiotherapy services for LTC residents moved from OHIP to LTC funding, and is reflected in this report section.
[2] At the time of report publication, only printed estimates were available for 2014/15.

## Levels of care per diem rate and allocation

The levels of care per diem rate is a method of funding whereby the LHINs fund LTC homes on a per day basis for every licensed or approved bed in the home. Funding is subject to the conditions set out in ministry and other funding and financial management policies, applicable laws, and the service accountability agreement between the LHIN and the homes. The per diem rate is determined annually, as set out in the *Long-Term Care Homes Act* (LTCHA), 2007, and related regulations. The four envelopes that funds are allocated to are described below.

The actual amount a home receives depends on several variables: its occupancy rate, case mix index (how medically complex the residents' needs are; the NPC envelope is case mix-adjusted), and the amount of money that has been collected from resident co-payments. Although a standard daily rate is set for the resident co-payment (e.g., $56.93 in 2014/15) in all homes, the actual amounts collected from residents are carried out on a sliding scale based on residents' income levels (their ability to pay the full rate). On average, the ministry collects 85 per cent of the full resident co-payment rate.

**Nursing & personal care** (NPC)

Salaries, wages, education, supplies, and equipment for nursing and personal support staff

**Programming and support services** (PSS)

Program support services, including recreational activities, therapists, quality of life

**Raw food** (RF)

Purchase of raw food items and nutritional supplements

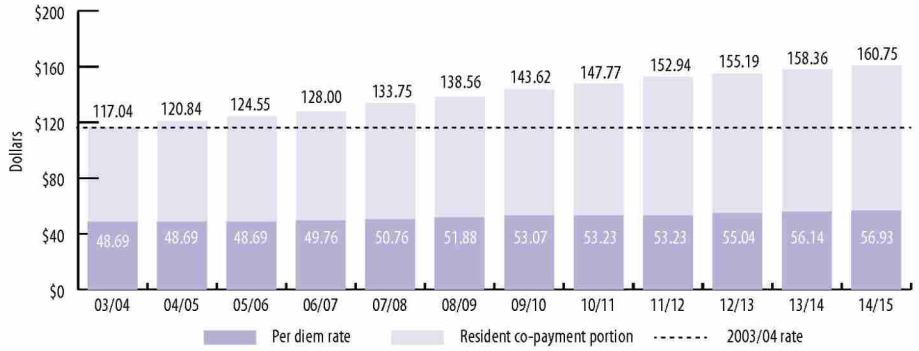
**Other accommodations** (OA)

Housekeeping, building and property operations and maintenance, dietary services, laundry and linen, and general administrative

### Table 1.2: Levels of care per diem rate, by envelope and resident co-payment, 2003/04 to 2014/15

| Fiscal year[3] | Level of care per diem, by envelope ($) | | | | | Resident co-payment ($)[4] | |
|---|---|---|---|---|---|---|---|
| | NPC | PSS | RF | OA | Total | Daily rate | Annual cost |
| 2003/04 | 62.95 | 5.92 | 5.24 | 42.93 | 117.04 | 48.69 | 17,771.85 |
| 2004/05 | 65.44 | 6.40 | 5.24 | 43.76 | 120.84 | 48.69 | 17,771.85 |
| 2005/06 | 68.19 | 6.60 | 5.34 | 44.42 | 124.55 | 48.69 | 17,771.85 |
| 2006/07 | 70.52 | 6.82 | 5.46 | 45.20 | 128.00 | 49.76 | 18,162.40 |
| 2007/08 | 73.69 | 7.12 | 7.00 | 45.94 | 133.75 | 50.76 | 18,527.40 |
| 2008/09 | 77.32 | 7.35 | 7.15 | 46.74 | 138.56 | 51.88 | 18,936.20 |
| 2009/10 | 79.60 | 7.57 | 7.31 | 49.14 | 143.62 | 53.07 | 19,370.55 |
| 2010/11 | 82.46 | 8.11 | 7.33 | 49.87 | 147.77 | 53.23 | 19,428.95 |
| 2011/12 | 86.05 | 8.35 | 7.46 | 51.08 | 152.94 | 53.23 | 19,428.95 |
| 2012/13 | 86.91 | 8.43 | 7.68 | 52.17 | 155.19 | 55.04 | 20,089.60 |
| 2013/14 | 88.93 | 8.87 | 7.80 | 52.76 | 158.36 | 56.14 | 20,491.10 |
| 2014/15 | 90.71 | 9.05 | 7.87 | 53.12 | 160.75 | 56.93 | 20,779.45 |

### Figure 1.2: Levels of per diem rate,[3] 2003/04 to 2014/15



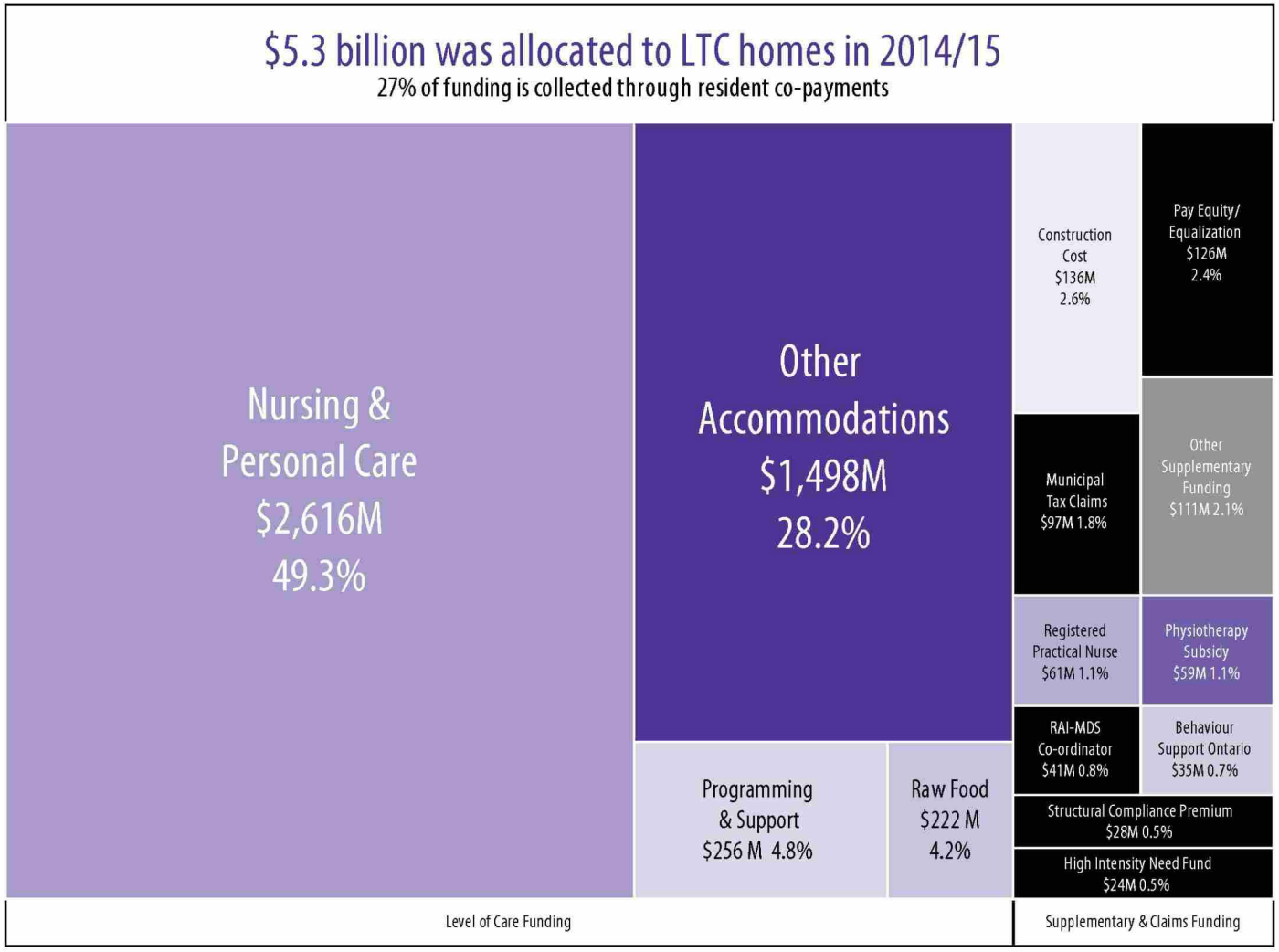

**Data source:** Financial Management Branch, MOHLTC, 2014.

[3] The last effective rate for each fiscal year. [4] The resident co-payment is for basic accommodation (resident shares a room with multiple other residents). Residents with semi-private or private rooms pay premiums in their co-payments. As of September 1, 2014, the premiums were $11 for a semi-private room and $23.25 for a private room. In this report, unless otherwise stated, the rate provided is for basic accommodation.

### Management of LTC funding: who manages what?

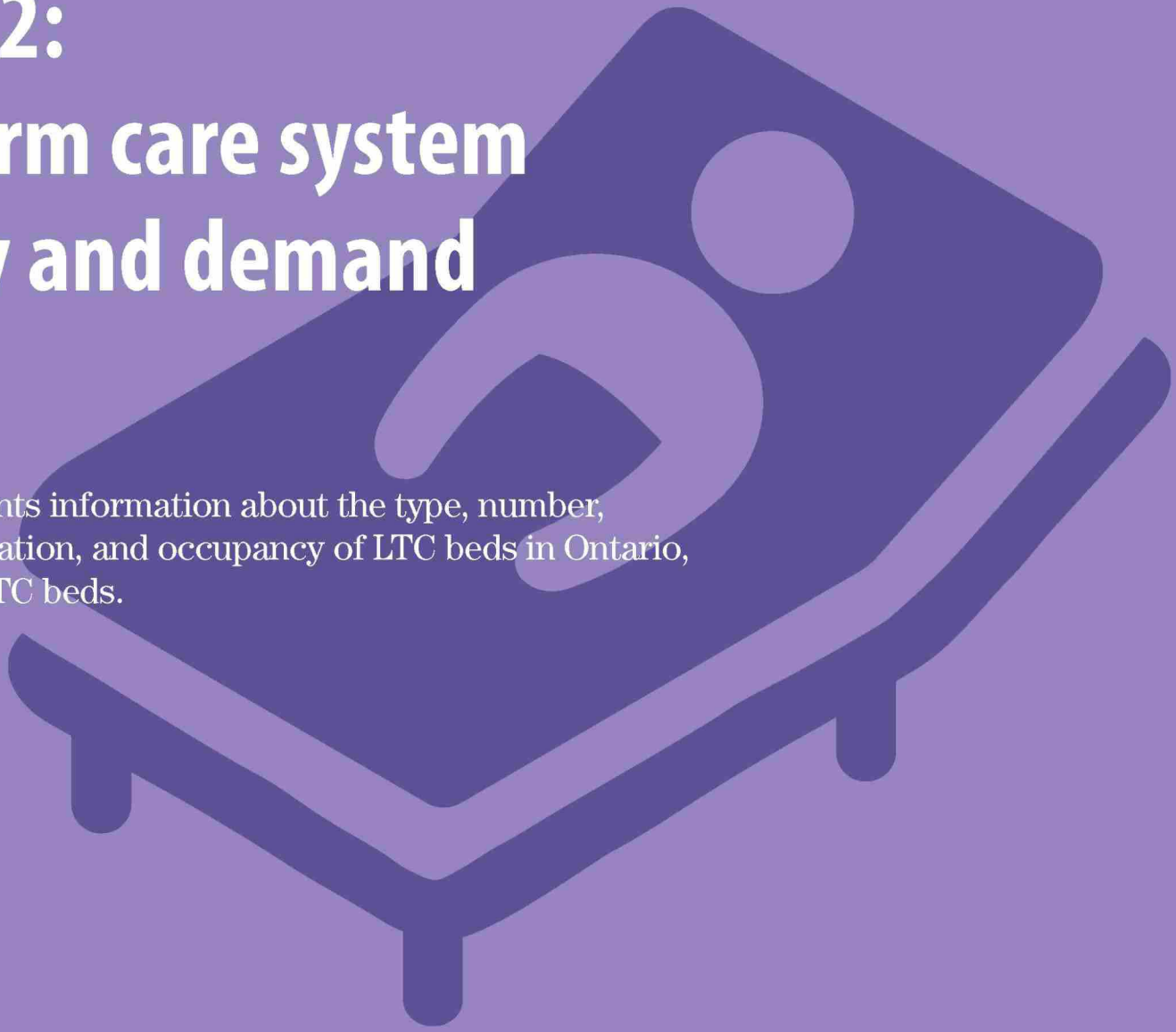
While all LTC funding, with the exception of resident co-payments, originates from the ministry, management is split between the ministry and LHINs. LHINs manage levels of care per diem funding, which accounts for 86 per cent of total LTC home funding, while the ministry directly manages most other funding. Figure 1.3 presents the overall funding breakdown, with ministry-managed funding shaded in black, and LHIN-managed funding shaded in purple.

Figure 1.3: LTC home funding, by category, 2013/14




**Data source:** Long-term care (LTC) Homes Overview, Financial Management Branch, MOHLTC, October 2014.

# Section 2: Long-term care system capacity and demand



This section presents information about the type, number, structural classification, and occupancy of LTC beds in Ontario, and waitlists for LTC beds.

## LTC homes and beds

LTC homes in Ontario are licensed under the *Long Term Care Homes Act* (LTCHA), 2007. The majority of LTC beds are long-stay, meaning that they are designed for those who require the availability of 24-hour nursing care, substantial assistance with activities of daily living, and frequent supervision for an indefinite period of time. LTC homes may also provide short-stay beds, including respite beds to provide temporary relief for caregivers (e.g., residents' family members or others who have been providing care in the community setting), convalescent care program beds for individuals who require intensive supports for a temporary period of time, and interim beds to provide temporary residency after a hospital stay, pending LTC placement. In addition, there are Elder Care Capital Assistance Program (ELDCAP) beds, which are LTC beds situated in and operated by acute hospitals. The ELDCAP was established in 1982 to expand LTC capacity in small northern Ontario communities. Currently, all ELDCAP beds are located in these communities.

**627**

Long-term care homes as of March 31, 2014

**For-Profit 57.1%**

**Non-Profit 40.5%**

**ELDCAP 2.4%**

### Key findings

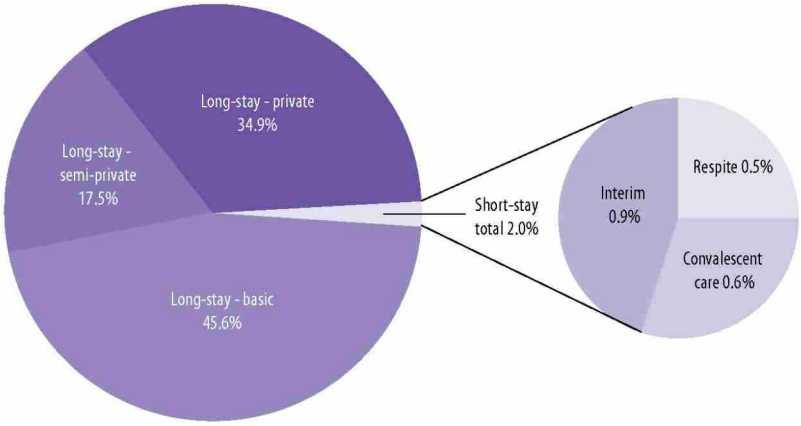
- Of the almost 78,000 LTC beds in Ontario as of March 2014 (Table 2.1), the vast majority (98 per cent) are designated for long stays (Figure 2.1).
- From 2009 to 2014, the number of LTC beds in operation increased by 2.5 per cent for long-stay beds, and 9.3 per cent for short-stay beds. However, the number of short-stay beds has not changed from 2013 to 2014, and has decreased from a peak in 2011 (Table 2.1).

### Table 2.1: LTC beds in operation, by type, 2009 to 2014

| Bed type | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|
| Basic | 34,943 | 35,070 | 35,440 | 35,465 | 35,325 | 35,521 |
| Semi-private | 14,238 | 14,292 | 14,243 | 14,205 | 14,024 | 13,647 |
| Private | 25,372 | 25,692 | 26,137 | 26,415 | 26,585 | 27,262 |
| Long-stay total | 74,553 | 75,054 | 75,820 | 76,085 | 75,934 | 76,430 |
| Interim | 595 | 782 | 882 | 871 | 705 | 688 |
| Convalescent care | 393 | 413 | 460 | 457 | 465 | 486 |
| Respite | 419 | 414 | 406 | 395 | 368 | 364 |
| Short-stay total | 1,407 | 1,609 | 1,748 | 1,723 | 1,538 | 1,538 |
| **Total beds in operation** | **75,960** | **76,663** | **77,568** | **77,808** | **77,472** | **77,968** |

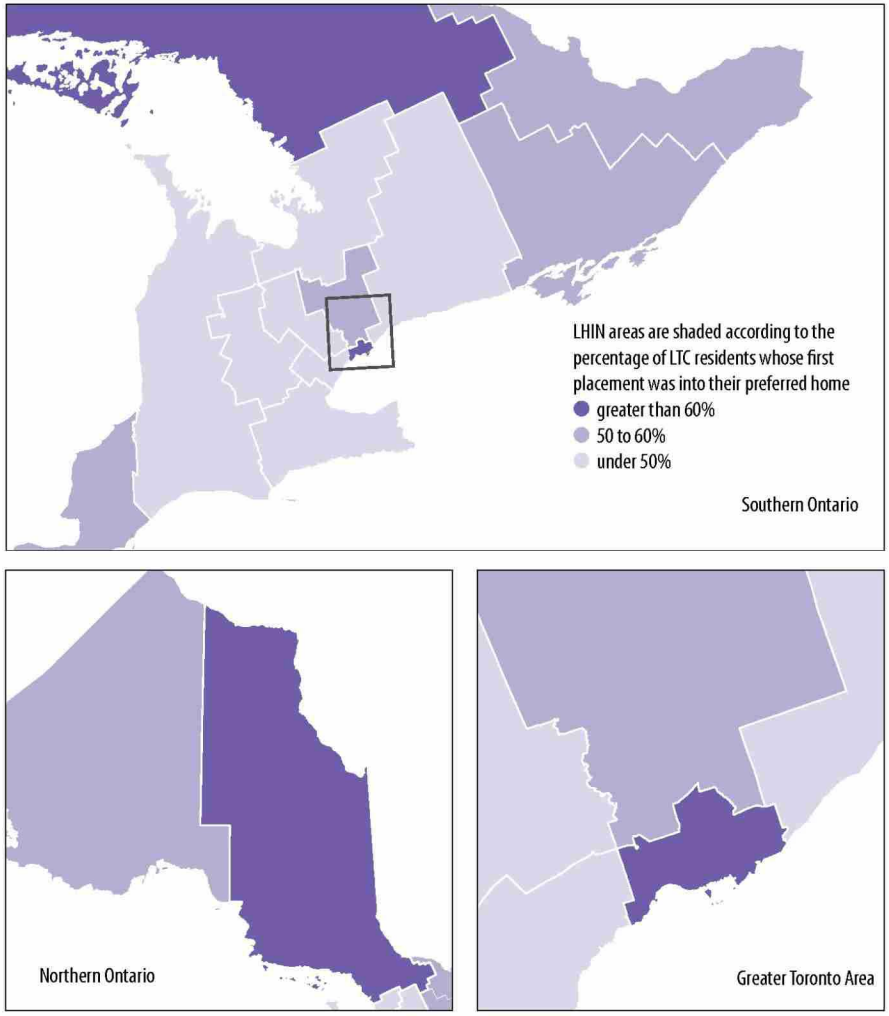
**Data source**: Occupancy Monitoring Database (OCCM), MOHLTC, 2014.

### Figure 2.1: Distribution of LTC beds, 2014



## Regional LTC home supply and demand

### Figure 2.2: LTC placements, by resident's first or second choice, by LHIN, 2013/14




**Data source:** Occupancy Monitoring Database (OCCM), MOHLTC, 2014.

### Key findings

- As of March 31, 2014, demand for LTC beds was greater than the supply (Table 2.2). This was the case in all 14 LHINs; however, North West, North Simcoe Muskoka, and Central East showed the greatest differences between supply and demand (a shortfall of 30 beds or more per 1,000 Ontarians age ≥75).
- In addition to demand outpacing supply, LTC residents' preferred placements are often not available. The percentage of LTC residents who were placed into their preferred home (first or second choice), varied by LHIN ranging from 40 per cent to 70 per cent. Only two LHINs, Toronto Central and North East, had over 60 per cent of LTC residents placed into their preferred home on their first attempt (Figure 2.2).

### Table 2.2: LTC homes, beds, and supply and demand, by LHIN, as of March 31, 2014

| LHIN | Number of LTC homes | Number of operational beds | | | | | Difference between supply and demand per 1,000 (age ≥75) | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Long-stay | | | Short-stay[5] | Total | | | |
| | | Basic | Semi-private | Private | | | Supply | Demand | Ratio |
| Erie St. Clair | 36 | 1,859 | 682 | 1,700 | 107 | 4,348 | 84.5 | 95.5 | -11.0 |
| South West | 78 | 3,450 | 1,446 | 2,399 | 121 | 7,416 | 96.3 | 111.9 | -15.6 |
| Waterloo Wellington | 35 | 1,770 | 469 | 1,677 | 34 | 3,950 | 84.1 | 103.7 | -19.6 |
| HNHB | 86 | 4,694 | 1,664 | 3,938 | 166 | 10,462 | 88.8 | 103.4 | -14.6 |
| Central West | 23 | 1,503 | 473 | 1,336 | 33 | 3,345 | 86.5 | 95.8 | -9.3 |
| Mississauga Halton | 28 | 1,830 | 659 | 1,594 | 80 | 4,163 | 63.0 | 83.8 | -20.8 |
| Toronto Central | 36 | 3,028 | 1,040 | 1,738 | 72 | 5,878 | 72.2 | 95.4 | -23.2 |
| Central | 46 | 3,140 | 1,239 | 2,659 | 205 | 7,243 | 62.6 | 86.2 | -23.6 |
| Central East | 69 | 4,374 | 2,150 | 2,975 | 206 | 9,705 | 81.2 | 118.1 | -36.9 |
| South East | 37 | 1,867 | 954 | 1,182 | 47 | 4,050 | 93.0 | 110.0 | -17.0 |
| Champlain | 60 | 3,420 | 1,088 | 2,924 | 158 | 7,590 | 87.5 | 111.2 | -23.7 |
| North Simcoe Muskoka | 27 | 1,326 | 376 | 1,271 | 128 | 3,101 | 81.2 | 113.7 | -32.5 |
| North East | 45 | 2,471 | 1,054 | 1,320 | 155 | 5,000 | 103.6 | 127.8 | -24.2 |
| North West | 21 | 789 | 353 | 549 | 26 | 1,717 | 95.9 | 130.5 | -34.6 |
| **Ontario** | **627** | **35,521** | **13,647** | **27,262** | **1,538** | **77,968** | **82.2** | **104.2** | **-22.0** |

**Data source:** Client Profile (CPRO) database, MOHLTC, 2014. [5]Short-stay includes convalescent care, respite, and interim beds.

## Structural classification of long-stay beds

Beds in LTC homes fall into one of six structural classifications (summarized in the adjacent diagram) based on the year the home was built or redeveloped. In 2009, the ministry launched the LTC home renewal strategy with the goal of redeveloping beds classified "B", "C", and "D-upgrade". The majority of D beds currently in the system are already in the process of being redeveloped.

### Key findings continued:

- Over the six-year period analyzed, an increasing proportion of long-stay beds were classified as "A or newer", while the proportion of all older bed types (B to D) decreased (varied by bed type) (Figure 2.3).
- D-classified beds now account for less than one per cent of all long-stay beds, after decreasing by more than 50 per cent since 2009 (Figure 2.3, Table 2.3).

## Long-stay beds: structural classification categories

**New beds:**
Built or redeveloped since 1998; to current design standards

**A beds:**
Built prior to 1998; almost meet current standards

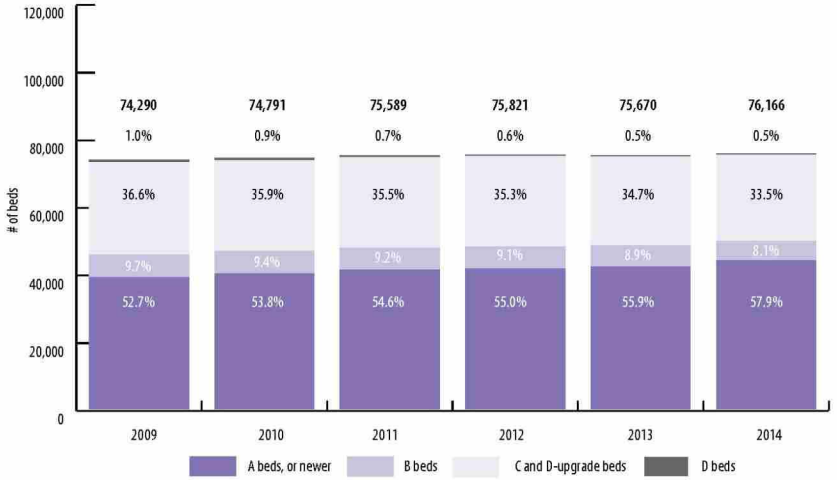
**B beds:**
Substantially exceed 1972 Nursing Home Regulation (NHR) standards, but do not meet A-level criteria

**C beds:**
Meet 1972 NHR standards

**D upgrade:**
Upgraded through the 2002 D Bed Redevelopment Program, but do not meet the 1972 NHR standards

**D beds:**
Do not meet 1972 NHR standards

## Figure 2.3: Distribution of LTC beds,[6] by structural classification, from 2009 to 2014




**Data source:** Occupancy Monitoring Database (OCCM), MOHLTC, 2014.

## Table 2.3: Change in the distribution of long-stay beds,[6] by structural classification, from 2009 to 2014

| Structural classification | 2009 | 2014 | 2009 to 2014 | |
|---|---|---|---|---|
| | | | # | % |
| New beds | 32,245 | 37,317 | 5,072 | 15.7 |
| A beds | 6,901 | 6,763 | -138 | -2.0 |
| B beds | 7,173 | 6,200 | -973 | -13.6 |
| C beds and D upgrade beds | 27,197 | 25,522 | -1,675 | -6.2 |
| D beds | 774 | 364 | -410 | -53.0 |
| **Total beds** | **74,290** | **76,166** | **1,876** | **2.5** |

[6]Does not include ELDCAP beds or beds that are temporarily not being used.

## Occupancy, waitlist, and placement

The ministry tracks occupancy rates of LTC homes, and records information related to wait times and resident placement (e.g., the number of individuals waiting for placement, the number placed per month, how long residents waited before being placed). Refer to Appendix B: Definitions for information related to these concepts.

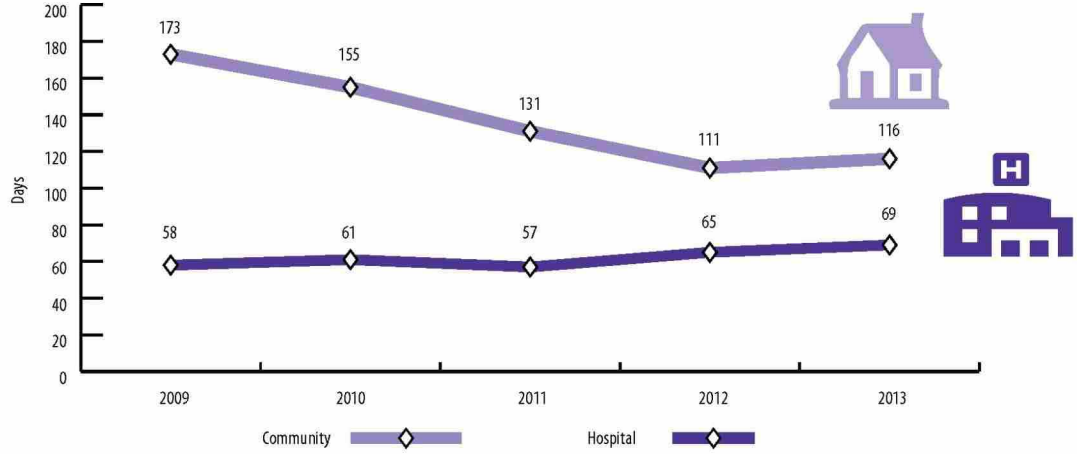
### Key findings continued:

- Since 2008/09, the long-stay occupancy rate of LTC homes has remained consistently high (almost 99.0 per cent), while the number of applicants waitlisted and the number placed per month have fluctuated (Table 2.4).
- From 2009/10 to 2013/14, median wait times (in days) decreased by 57 days (33 per cent) waiting in the community, and increased by 11 days (19 per cent) for those waiting in hospital. The median wait times for those living in the community were consistently longer than those waiting in hospital; however, this disparity appears to be narrowing over time (Figure 2.4).

### Table 2.4: LTCH occupancy, waitlist, and placement, 2008 to 2013

| Fiscal year averages | Long-stay occupancy rate (%) | Average # of clients on waitlist[7] | Average # of clients placed per month[8] |
|---|---|---|---|
| 2008 | 99.0 | 24,458 | 1,792 |
| 2009 | 99.0 | 25,322 | 1,800 |
| 2010 | 98.9 | 22,215 | 1,605 |
| 2011 | 98.9 | 19,625 | 1,371 |
| 2012 | 98.9 | 20,554 | 1,332 |
| 2013 | 98.7 | 21,478 | 1,338 |

### Figure 2.4: Median wait time (in days) to placement for residents by residents' prior location, 2009 to 2013[9]




**Data source:** Client Profile (CPRO) database, MOHLTC, 2014.

[7]Averages of monthly values. [8]LTC home residents who have moved from one facility to another are not included in the 'number of clients placed per month' count. [9]Excludes veteran priority access beds and other crisis priority level beds.

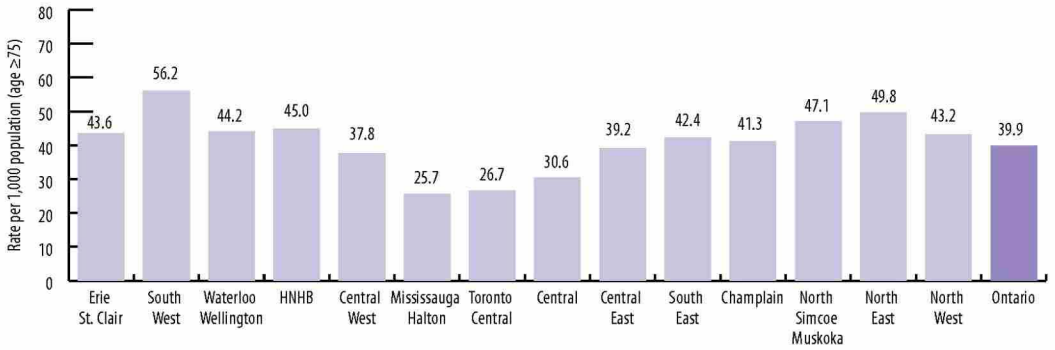
# Section 3: Admissions, discharges, and lengths of stay

This section summarizes LTC home resident admissions, discharges, and lengths of stay. LTC residents' transfers to acute care hospitals are also included.

## LTC home admissions

LTC residents move in and out of homes for a variety of reasons. For example, after placement, a resident may transfer to another home, leave temporarily to receive treatment in another setting, or stay with family. For the purpose of this report, *admission* refers to a resident's episode of care (first admission to a specific LTC home), while *re-entry* refers to a resident's return to their same LTC home, after a temporary leave from that home.

### Figure 3.1: LTC home admission rate per 1,000 Ontarians (age ≥75)




### Table 3.1: Number and percentage of LTC home admissions, by prior setting, by LHIN, 2013/14

| LHIN of LTC home resident | Admissions (including LTC home transfers) | | | | | | | LTC home re-entries | Total admissions & re-entries |
|---|---|---|---|---|---|---|---|---|---|
| | Admission from community[10] | | Admission from hospital | | Transfer from another LTC home | | Total admissions | | |
| | % | % | # | % | # | % | # | # | |
| Erie St. Clair | 1,079 | 49.3 | 870 | 39.8 | 239 | 10.9 | 2,188 | 1,104 | 3,292 |
| South West | 2,265 | 53.2 | 1,475 | 34.6 | 519 | 12.2 | 4,259 | 1,760 | 6,019 |
| Waterloo Wellington | 1,110 | 53.8 | 719 | 34.9 | 234 | 11.3 | 2,063 | 742 | 2,805 |
| HNHB | 3,393 | 64.8 | 1,595 | 30.5 | 250 | 4.8 | 5,238 | 2,042 | 7,280 |
| Central West | 767 | 53.0 | 552 | 38.1 | 129 | 8.9 | 1,448 | 999 | 2,447 |
| Mississauga Halton | 911 | 54.8 | 628 | 37.8 | 124 | 7.5 | 1,663 | 1,179 | 2,842 |
| Toronto Central | 1,230 | 57.3 | 748 | 34.8 | 169 | 7.9 | 2,147 | 1,883 | 4,030 |
| Central | 1,840 | 53.6 | 1,336 | 38.9 | 258 | 7.5 | 3,434 | 2,306 | 5,740 |
| Central East | 2,485 | 54.2 | 1,698 | 37.0 | 404 | 8.8 | 4,587 | 2,482 | 7,069 |
| South East | 1,095 | 60.0 | 590 | 32.3 | 141 | 7.7 | 1,826 | 888 | 2,714 |
| Champlain | 1,998 | 56.9 | 1,196 | 34.1 | 315 | 9.0 | 3,509 | 1,747 | 5,256 |
| North Simcoe Muskoka | 1,034 | 60.0 | 551 | 32.0 | 138 | 8.0 | 1,723 | 695 | 2,418 |
| North East | 1,213 | 52.1 | 1,011 | 43.4 | 105 | 4.5 | 2,329 | 1,403 | 3,732 |
| North West | 393 | 51.6 | 320 | 42.0 | 49 | 6.4 | 762 | 461 | 1,223 |
| **Ontario** | **20,813** | **56.0** | **13,289** | **35.7** | **3,074** | **8.3** | **37,176** | **19,691** | **56,867** |

### Key findings

- In 2013/14, more than 37,000 Ontarians were admitted to a LTC home (Table 3.1). Admission rates varied considerably by LHIN (Figure 3.1), ranging from 25.7 per cent in Mississauga Halton and 26.7 per cent in Toronto Central, to 56.2 per cent in South West.
- The lowest rates of admissions, which are seen in the four GTA LHINs, may be the result of a variety of factors that may delay or prevent the need for placement in LTC. These factors may include the availability of community- based services and care (e.g., home care, community support services), the option of private retirement residences suitable for some individuals based on their care needs, and demographic differences.

**Data source:** Continuing Care Reporting System (CCRS), CIHI, 2013/14.
[10]In cases (0.4 per cent) where the resident's prior setting could not be determined; they were included in the community category.

**New residents**

This page provides information on new LTC residents, individuals who have had no previous record of a stay in any LTC home in Ontario.

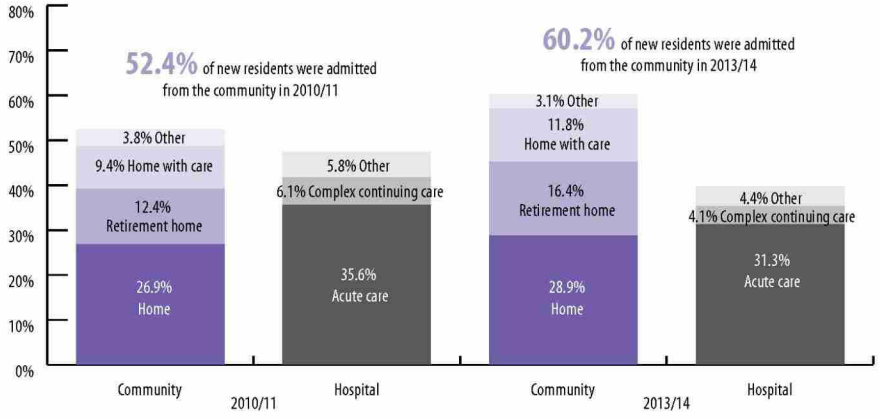
## Key findings

- In 2013/14, more than 25,000 Ontarians were admitted to LTC for the first time (Table 3.2). About three-quarters (77.7 per cent) were admitted to long-stay beds, 10.9 per cent to convalescent beds, and 7.3% per cent to respite beds.
- In 2013/14, 60.2 per cent of new LTC residents were admitted from the community, up from 52.4 per cent in 2010/11 (Figure 3.2).
- New LTC residents admitted in 2013/14 were slightly older compared with new residents entering LTC in 2010/11 (82.3 vs. 81.8 years).
- Residents admitted to short-stay beds (i.e. convalescent, respite) were younger compared with those admitted to long-stay beds (Figure 3.3).

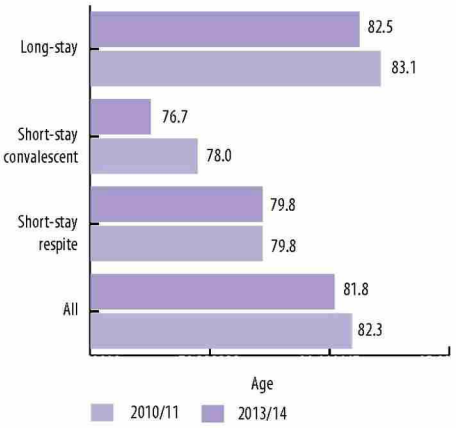
### Table 3.2: Prior setting of new LTC residents and average age at admission, by setting, 2013/14

| Prior setting | Long-stay | | | Convalescent | | | Respite | | | All bed types[11] | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Admissions | | Avg. age | Admissions | | Avg. age | Admissions | | Avg. age | Admissions | | Avg. age |
| | # | % | | # | % | | # | % | | # | % | |
| Home - community | 5,647 | 29.0 | 82.6 | 241 | 8.8 | 76.6 | 1,208 | 65.8 | 79.9 | 7,243 | 28.9 | 81.9 |
| Home with care - community | 2,320 | 11.9 | 83.1 | 84 | 3.1 | 76.8 | 530 | 28.9 | 79.2 | 2,971 | 11.8 | 82.3 |
| Retirement home - community | 3,962 | 20.3 | 85.6 | 41 | 1.5 | 82.9 | 32 | 1.7 | 81.7 | 4,104 | 16.4 | 85.6 |
| Other - community | 739 | 3.8 | 84.8 | 9 | 0.3 | 75.1 | 5 | 0.3 | 88.0 | 782 | 3.1 | 84.6 |
| Total - community | 12,668 | 65.0 | 83.8 | 375 | 13.7 | 77.3 | 1,775 | 96.6 | 79.8 | 15,100 | 60.2 | 83.1 |
| Acute care - hospital | 5,184 | 26.6 | 82.3 | 2,055 | 75.1 | 78.5 | 56 | 3.0 | 80.5 | 7,837 | 31.3 | 81.3 |
| Complex continuing care - hospital | 871 | 4.5 | 81.5 | 16 | 0.6 | 78.4 | <5 | - | - | 1,034 | 4.1 | 81.4 |
| Other - hospital | 764 | 3.9 | 79.5 | 290 | 10.6 | 75.7 | <5 | - | - | 1,101 | 4.4 | 78.4 |
| Total - hospital | 6,819 | 35.0 | 81.9 | 2,361 | 86.3 | 78.1 | 62 | 3.4 | 80.3 | 9,972 | 39.8 | 81.0 |
| Total | 19,487 | 100.0 | 83.1 | 2,736 | 100.0 | 78.0 | 1,837 | 100.0 | 79.8 | 25,072 | 100.0 | 82.3 |

### Figure 3.2: Prior setting of new LTC residents who were admitted in 2010/11 and 2013/14




### Figure 3.3: Average age of new LTC home residents upon admission, by bed type, 2010/11 and 2013/14




**Data source:** Continuing Care Reporting System (CCRS), CIHI, 2013/14.

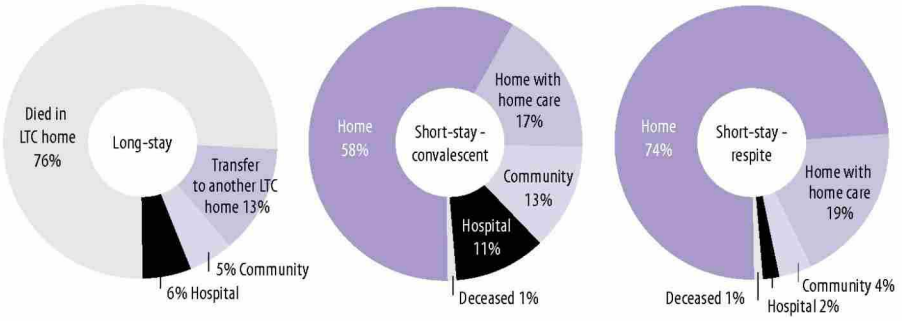
[11]Total includes other/unknown bed types

## LTC home discharges and lengths of stay

### Key findings

- In 2013/14, there were 28,900 discharges from LTC homes where it was not expected that the resident would return (Table 3.3).
- About three quarters (76 per cent) of long-stay discharges were because the resident died in care, while a small percentage were discharged back to a community setting (e.g., home or home with home care). In contrast, discharges from short-stay beds were much more likely to return home with or without home care or to another community setting. These patterns were expected given that those in short-stay beds are likely staying in LTC homes to address a short-term need such as extended recovery after surgery, or because family caregivers need relief (Figure 3.4).
- In 2013/14, residents in long-stay beds had an average duration of stay of about two and a half years (Table 3.4). Among residents in short-stay beds, those in LTC for convalescent care stayed, on average, for about two months, while those in respite care had average stays of about two weeks.
- Average lengths of stay varied by LHIN (Figure 3.5), from as short as two years in Waterloo Wellington to as long as about three years in Toronto Central, Mississauga Halton, and North East.

### Figure 3.4: Discharge destinations for LTC home residents who are not expected to return, by bed type, 2013/14




**Data source:** Continuing Care Reporting System (CCRS), CIHI, 2013/14.

### Table 3.3: Destination of residents discharged from LTC homes in 2013/14

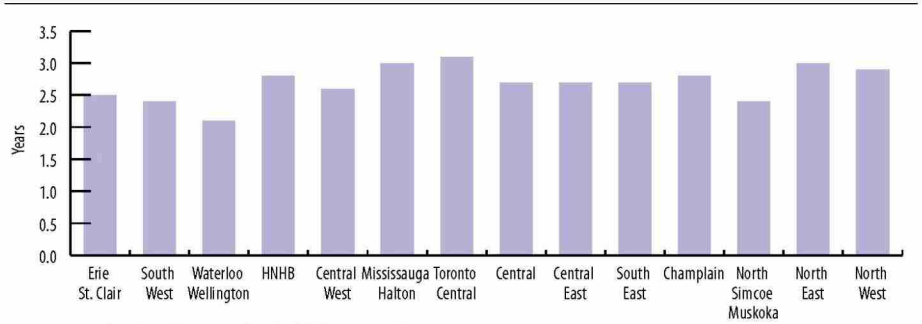
| | Discharge destination | Discharges and leaves | | Discharges where resident is not expected to return | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | All bed types | | LTC bed type | | |
| | | | | | | Long-stay | Short-stay - convalescent | Short-stay - respite |
| | | # | % | # | % | % | % | % |
| Community | Home | 6,916 | 12.3 | 5,061 | 12.3 | 3.4 | 58.5 | 74.5 |
| | Transfer to another LTC home | 3,588 | 6.4 | 3,355 | 6.4 | 12.7 | 6.1 | 3.3 |
| | Home with care | 1,621 | 2.9 | 1,302 | 2.9 | 0.7 | 17.2 | 18.8 |
| | Retirement home | 481 | 0.9 | 456 | 0.9 | 1.2 | 6.2 | 0.6 |
| | Other | 66 | 0.1 | 43 | 0.1 | 0.2 | 0.2 | 0.1 |
| | Total | 12,672 | 22.6 | 10,217 | 22.6 | 18.1 | 88.2 | 97.3 |
| Hospital | Acute care | 24,524 | 43.7 | 1,151 | 43.7 | 4.4 | 4.6 | 1.3 |
| | Complex continuing care | 392 | 0.7 | 263 | 0.7 | 1.0 | 0.3 | 0.3 |
| | Rehabilitation | 358 | 0.6 | 170 | 0.6 | 0.1 | 5.5 | 0.1 |
| | Other | 1,054 | 1.9 | 45 | 1.9 | 0.2 | 0.3 | 0.1 |
| | Total | 26,328 | 46.9 | 1,629 | 46.9 | 5.7 | 10.6 | 1.7 |
| Died in LTC home | | 17,182 | 30.6 | 17,054 | 30.6 | 76.2 | 1.1 | 1.1 |
| **Total** | | **56,182** | **100.0** | **28,900** | **100.0** | **100.0** | **100.0** | **100.0** |

### Determining LTC residents' lengths of stay

Each resident is assigned a Unique Registration ID (URI) number, which can be used to calculate their length of stay. This calculation is determined by adding the total number of days that the resident spent in LTC (based on their URI). If a resident has a temporary absence from LTC (e.g., transfers to hospital, then returns to the LTC home), the days during this absence are deducted from the resident's total stay, as long as the resident maintains their (URI).

Resident stays under different unique resident IDs are counted separately as distinct stays. Unique resident ID numbers are issued in instances when a resident transfers to another LTC, to a different bed type, is away from the home and misses a scheduled assessment, or is absent for a period that is longer than the time a home is required to hold the bed for the resident.

## Figure 3.5: Average length of stay (years) for LTC residents discharged from long-stay beds, by LHIN, 2013/14




## Table 3.4: Lengths of stay for LTC home residents discharged and who were not expected to return, by bed type, by LHIN, 2013/14

| LHIN of LTC home | Long-stay beds | | | | Short-stay - convalescent care beds | | | | Short-stay - respite care beds | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number of discharges | Length of stay | | | Number of discharges | Length of stay | | | Number of discharges | Length of stay | | |
| | | Avg. (years) | Median (years) | 90th percentile (years) | | Avg. (days) | Median (days) | 90th percentile (days) | | Avg. (days) | Median (days) | 90th percentile (days) |
| Erie St. Clair | 1,310 | 2.5 | 1.5 | 6.6 | 115 | 53.6 | 54.0 | 89 | 156 | 22.4 | 7 | 26 |
| South West | 2,458 | 2.4 | 1.3 | 6.2 | 95 | 52.9 | 50.0 | 88 | 601 | 12.4 | 7 | 23 |
| Waterloo Wellington | 1,364 | 2.1 | 1.0 | 5.5 | 54 | 54.9 | 57.0 | 88 | 108 | 8.6 | 7 | 16 |
| HNHB | 2,940 | 2.8 | 1.8 | 7.0 | 388 | 59.8 | 61.0 | 90 | 463 | 13.3 | 7 | 20 |
| Central West | 833 | 2.6 | 1.4 | 6.8 | 176 | 67.1 | 78.5 | 89 | 102 | 19.0 | 14 | 36 |
| Mississauga Halton | 959 | 3.0 | 2.0 | 7.6 | 214 | 68.8 | 80.5 | 90 | 50 | 19.4 | 13 | 40 |
| Toronto Central | 1,315 | 3.1 | 2.0 | 7.9 | 89 | 72.5 | 79.0 | 90 | 209 | 17.5 | 12 | 41 |
| Central | 1,672 | 2.7 | 1.7 | 7.2 | 398 | 64.6 | 70.0 | 89 | 370 | 16.9 | 13 | 29 |
| Central East | 2,418 | 2.7 | 1.5 | 7.0 | 385 | 66.7 | 79.0 | 90 | 533 | 16.2 | 11 | 30 |
| South East | 1,199 | 2.7 | 1.5 | 6.8 | 34 | 43.9 | 46.5 | 72 | 195 | 17.2 | 8 | 26 |
| Champlain | 2,068 | 2.8 | 1.7 | 6.8 | 191 | 51.9 | 45.0 | 92 | 288 | 12.8 | 7 | 21 |
| North Simcoe Muskoka | 942 | 2.4 | 1.4 | 6.0 | 201 | 54.3 | 52.0 | 89 | 277 | 12.2 | 8 | 23 |
| North East | 1,308 | 3.0 | 2.0 | 7.4 | 164 | 64.3 | 65.5 | 90 | 239 | 15.3 | 7 | 20 |
| North West | 446 | 2.9 | 2.1 | 7.3 | 34 | 55.7 | 50.5 | 91 | 115 | 8.2 | 7 | 13 |
| **Ontario** | **21,232** | **2.7** | **1.6** | **6.9** | **2,538** | **61.7** | **65.0** | **90** | **3,706** | **14.7** | **9** | **27** |

**Data source:** Continuing Care Reporting System (CCRS), CIHI, 2013/14.

## LTC home transfers to acute care

### Key findings continued:

- In 2013/14, there were almost 23,000 LTC residents transferred to acute care hospitals (Table 3.5).
- Almost 50 per cent of residents transferred to acute care were admitted for injuries or for diseases of the respiratory or circulatory systems (Table 3.5).
- Almost three in four residents who transferred to acute care were discharged back to LTC after their hospital stays (Figure 3.6). Another 14 per cent of residents died while in hospital.
- The average lengths of stay in hospital varied based on the discharge destination. The longest lengths of stay were for discharges to complex continuing care (13.8 days) and rehab hospitals (9.5 days) (Table 3.6).

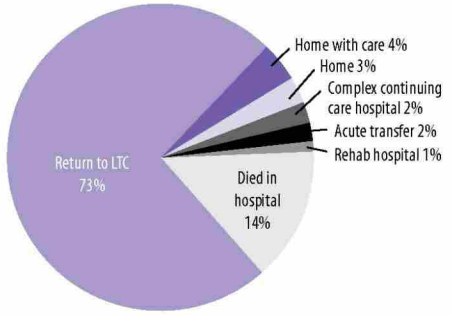
### Table 3.5: Diagnosis categories for LTC residents transferred to acute care, 2013/14

| Diagnosis category (ICD-10-CA) | Number | % |
|---|---|---|
| Diseases of the respiratory system | 4,966 | 21.7 |
| Influenza and pneumonia | 1,702 | 7.4 |
| COPD, asthma, bronchiectasis | 1,486 | 6.5 |
| Lung diseases due to external agents | 1,252 | 5.5 |
| Diseases of the circulatory system | 3,077 | 13.5 |
| Heart failure | 1,256 | 5.5 |
| Cerebrovascular diseases | 524 | 2.3 |
| Acute myocardial infarction (AMI) | 475 | 2.1 |
| Injury (includes poisoning) and other external causes | 2,794 | 12.2 |
| Injuries to the hip and thigh | 1,734 | 7.6 |
| Diseases of the genitourinary system | 2,607 | 11.4 |
| Diseases of the digestive system | 2,111 | 9.2 |
| Certain infectious and parasitic diseases | 1,813 | 7.9 |
| Symptoms, signs, and abnormal clinical/lab findings | 1,237 | 5.4 |
| Factors influencing health status and health services | 1,099 | 4.8 |
| Endocrine, nutritional, and metabolic diseases | 956 | 4.2 |
| Mental and behavioural disorders | 443 | 1.9 |
| Neoplasms | 430 | 1.9 |
| Diseases of the skin and subcutaneous tissue | 389 | 1.7 |
| Diseases of the nervous system | 364 | 1.6 |
| Diseases of the musculoskeletal system and connective tissue | 300 | 1.3 |
| Diseases of the blood/blood-forming organs/immune mechanism | 239 | 1.0 |
| Other | 21 | 0.1 |
| Total | 22,846 | 100.0 |

### Table 3.6: Length of acute care stays for LTC residents, by hospital discharge destination, 2013/14

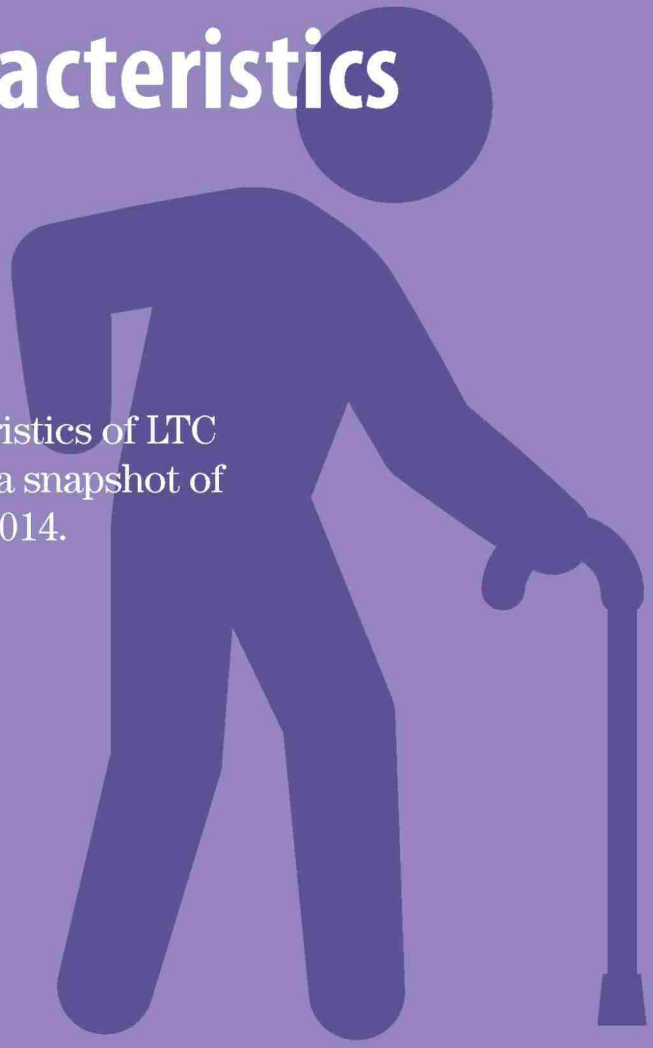
| | Length of stay | | |
|---|---|---|---|
| Discharge destination | Avg # of days | Median | 90th percentile |
| Acute transfer | 5.3 | 3 | 13 |
| Complex continuing care hospital | 13.8 | 7 | 28 |
| Rehab hospital | 9.5 | 5 | 19 |
| Died in hospital | 7.8 | 5 | 17 |
| Returned to LTC home | 7.1 | 5 | 14 |
| Home | 6.1 | 4 | 12 |
| Home with home care | 7.6 | 5 | 14 |
| All discharges | 7.4 | 5 | 14 |

### Figure 3.6: Destinations of LTC residents discharged from acute care hospital, 2013/14




**Data source:** Continuing Care Reporting System (CCRS), CIHI, 2013/14; Discharge Abstract Database (DAD), CIHI, 2013/14.

# Section 4: Resident characteristics



This section describes characteristics of LTC home residents, beginning with a snapshot of characteristics as of March 31, 2014.

# Section 4: Resident characteristics

Section 4 provides an overview of demographic, health functional status, clinical, and resource utilization information for LTC residents in Ontario as of March 31, 2014. Analyses are based on the data collected by health care professionals through the Resident Assessment Instrument Minimum Dataset (RAI MDS), an information source that is described further in Appendix B: Definitions. Residents are assessed at prescribed intervals: within 14 days of admission, quarterly, annually, and if there is a significant change in a resident's health status. In this section, analyses presented are based on the 70,955 residents who received a complete assessment in 2013/14 and who were living in a LTC home at the end of 2013/14.

As of March 31, 2014, there were almost

**71,000**

residents living in LTC homes in Ontario.

## Demographics: resident age, sex, language, etc.

- **83** years is the average age of residents.
- **71%** of residents are female.
- **24%** of residents are married at admission.
- **81%** of residents speak English as their primary language. The next most commonly spoken languages are: French (3.6 per cent), Italian (3.5 per cent), and Chinese dialects (3.1 per cent).

## Scales: resident health status, needs, and challenges

- **86%** of residents require use of mobility aids.
- **78%** of residents require assistance (total or extensive) with activities of daily living.
- **65%** of residents show some signs of depression.
- **46%** of residents show signs of aggression.
- **24%** of residents' emergency room visits were classified as potentially avoidable.[12]
- **65%** of residents report not experiencing any pain.
- **47%** of residents' health is reported as stable.
- **37%** of residents report a high level of social engagement.
- **22%** of residents' cognitive status is relatively intact.

## Conditions: common health issues

- **69%** of residents have dementia/Alzheimer's disease.
- **49%** of residents have heart diseases.
- **31%** of residents have osteoporosis.
- **26%** of residents have diabetes.
- **15%** of residents have emphysema/COPD.

**Data source:** Continuing Care Reporting System (CCRS), CIHI, 2013/14.

[12] Data based on LTC QIP indicators as of September 30, 2014.

## Resident demographics

### Table 4.1: Number and percentage of LTC residents, by age group, sex, and marital status, March 31, 2014

| Age group (years) | Number of residents | Female (%) | Married at admission (%) |
|---|---|---|---|
| 0 to 64 | 4,577 | 51.3 | 19.2 |
| 65 to 74 | 7,044 | 54.9 | 31.9 |
| 75 to 84 | 20,194 | 65.3 | 34.1 |
| 85 to 94 | 32,627 | 76.8 | 20.6 |
| 95+ | 6,513 | 85.2 | 6.8 |
| All ages | 70,955 | 70.5 | 24.2 |

### Figure 4.2: LTC residents' modes of mobility, March 31, 2014

**85.8%** of LTC residents require the use of at least one mobility device:

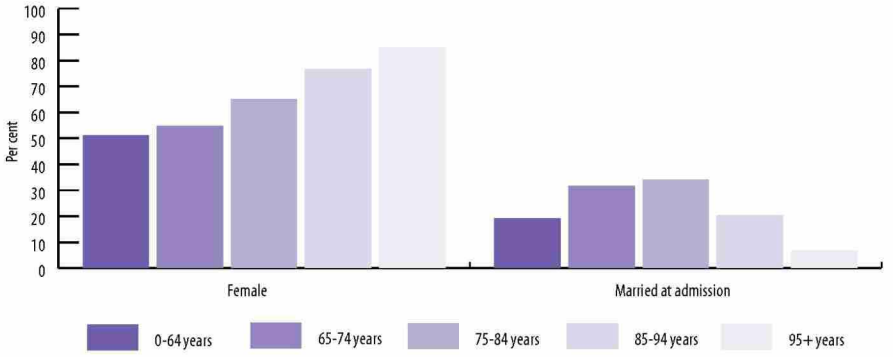
4 out of 10 residents use a **cane** or **walker**

3 out of 10 residents use a **wheelchair** without assistance

5 out of 10 residents use a **wheelchair** with **assistance**

**Data source:** Continuing Care Reporting System (CCRS), CIHI, 2013/14.

### Figure 4.1: Percentage of LTC residents, by sex and marital status, March 31, 2014




### Table 4.2: LTC resident demographics, by LHIN, March 31, 2014

| LHIN of LTC home | Number of residents | Female (%) | Average age | | | Primary language | | |
|---|---|---|---|---|---|---|---|---|
| | | | Male | Female | All | English | French | Other |
| Erie St. Clair | 4,011 | 71.3 | 80.0 | 84.6 | 83.3 | 91.0 | 1.2 | 4.8 |
| South West | 6,776 | 71.2 | 80.0 | 85.0 | 83.5 | 94.7 | 0.3 | 4.2 |
| Waterloo Wellington | 3,679 | 69.5 | 79.9 | 85.1 | 83.5 | 90.9 | 0.5 | 7.2 |
| HNHB | 9,650 | 71.2 | 80.3 | 85.0 | 83.7 | 87.1 | 1.2 | 8.0 |
| Central West | 2,751 | 70.2 | 78.6 | 84.1 | 82.4 | 76.2 | 0.5 | 15.8 |
| Mississauga Halton | 3,797 | 71.6 | 80.9 | 85.5 | 84.2 | 70.1 | 0.5 | 19.3 |
| Toronto Central | 5,259 | 67.5 | 78.8 | 84.8 | 82.9 | 66.1 | 0.7 | 24.1 |
| Central | 6,697 | 71.4 | 80.9 | 85.4 | 84.1 | 61.0 | 0.2 | 15.2 |
| Central East | 8,911 | 70.9 | 80.0 | 84.9 | 83.5 | 79.4 | 0.4 | 8.0 |
| South East | 3,784 | 70.8 | 79.7 | 84.9 | 83.4 | 96.2 | 0.7 | 2.8 |
| Champlain | 6,760 | 69.0 | 79.8 | 84.7 | 83.2 | 75.1 | 18.9 | 3.4 |
| North Simcoe Muskoka | 2,797 | 73.0 | 80.9 | 85.0 | 83.9 | 95.9 | 0.5 | 3.3 |
| North East | 4,525 | 69.3 | 78.9 | 83.7 | 82.2 | 74.0 | 20.6 | 2.9 |
| North West | 1,558 | 68.6 | 80.1 | 85.6 | 83.9 | 89.9 | 0.8 | 7.3 |
| **Ontario** | **70,955** | **70.5** | **79.9** | **84.9** | **83.4** | **80.8** | **3.6** | **9.0** |

## Assessment outcome scales

RAI assessment outcome scales aggregate data to create a single index for a resident's clinical status in a given category. Table 4.3 presents the distribution of LTC residents across seven different scales for the current year. The majority of LTC residents required help with their activities of daily living due to physical or cognitive challenges. The percentage of complete dependence varied by LHIN from 19.5% in North Simcoe Muskoka to 35.3% in Central and Mississauga Halton LHINs.

A LTC resident's mental status and mood contributes to their quality of life in the LTC home. While almost 40% of LTC residents reported a high level of social engagement, 32% show some signs of depression.

### Table 4.3: Distribution of selected RAI scales for LTC residents, by LHIN, March 31, 2014

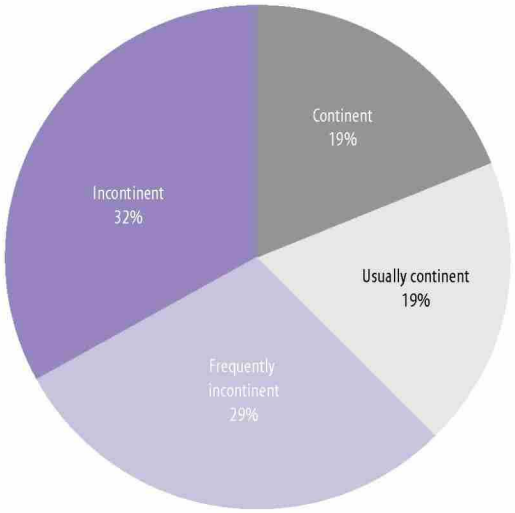
| | Activities of daily living (ADL) | | | Aggressive behaviour scale (ABS) | | | | Changes in health, end-stage disease symptoms and signs (CHESS) | | | Cognitive performance scale (CPS) | | | Depression rating scale (DRS) | | | Index of social engagement (ISE) | | | Pain scale (PS) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | None/ limited help needed | Extensive help needed | Dependent | No signs | Some aggression | Severe aggression | Very severe aggression | Stable | Some instability | High instability | Relatively intact | Mild impairment | Severe impairment | None | Some signs | Possible disorder | High | Moderate | Low | None | Not daily or severe | Daily and severe |
| LHIN of LTC home | 0-2 | 3-4 | 5-6 | 0 | 1-2 | 3-5 | 6+ | 0 | 1-2 | 3-5 | 0-1 | 2-3 | 4-6 | 0 | 1-2 | 3+ | 4-6 | 2-3 | 0-1 | 0 | 1-2 | 3 |
| | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % |
| Erie St. Clair | 21.7 | 44.2 | 34.0 | 52.1 | 23.9 | 18.1 | 5.9 | 44.2 | 49.8 | 6.1 | 21.7 | 52.4 | 25.9 | 38.6 | 32.2 | 29.2 | 36.9 | 40.6 | 22.6 | 63.3 | 35.2 | 1.6 |
| South West | 24.9 | 51.5 | 23.6 | 56.6 | 25.1 | 14.2 | 4.0 | 47.3 | 47.1 | 5.6 | 25.5 | 54.0 | 20.5 | 32.3 | 32.8 | 34.8 | 43.9 | 35.9 | 20.2 | 59.1 | 39.3 | 1.6 |
| Waterloo Wellington | 20.5 | 54.7 | 24.8 | 52.2 | 23.9 | 17.9 | 6.0 | 43.5 | 50.9 | 5.6 | 21.4 | 55.0 | 23.6 | 33.8 | 32.2 | 34.0 | 36.2 | 39.7 | 24.1 | 63.5 | 34.6 | 1.9 |
| HNHB | 20.9 | 53.1 | 26.0 | 49.5 | 26.5 | 17.1 | 6.8 | 46.6 | 47.9 | 5.5 | 21.5 | 53.5 | 25.1 | 29.6 | 33.5 | 37.0 | 36.9 | 40.6 | 22.5 | 61.0 | 37.4 | 1.6 |
| Central West | 19.8 | 50.5 | 29.7 | 59.1 | 23.2 | 13.0 | 4.5 | 50.1 | 45.4 | 4.5 | 23.6 | 51.0 | 25.4 | 41.2 | 35.5 | 23.1 | 34.6 | 37.5 | 27.9 | 73.4 | 25.8 | 0.8 |
| Mississauga Halton | 17.1 | 47.6 | 35.3 | 55.8 | 22.7 | 14.4 | 7.1 | 50.1 | 45.2 | 4.7 | 17.7 | 52.6 | 29.7 | 39.9 | 38.8 | 21.3 | 30.4 | 37.5 | 32.1 | 72.5 | 26.3 | 1.2 |
| Toronto Central | 17.8 | 47.1 | 35.0 | 58.0 | 19.4 | 14.6 | 8.0 | 54.7 | 41.7 | 3.6 | 26.2 | 46.3 | 27.5 | 47.4 | 30.9 | 21.6 | 34.9 | 39.9 | 25.2 | 74.8 | 24.2 | 1.0 |
| Central | 18.2 | 46.6 | 35.3 | 57.8 | 19.8 | 15.0 | 7.3 | 53.4 | 42.2 | 4.4 | 20.1 | 51.2 | 28.7 | 43.9 | 34.2 | 21.8 | 35.7 | 39.9 | 24.5 | 73.1 | 26.0 | 0.9 |
| Central East | 23.9 | 48.7 | 27.3 | 53.7 | 22.5 | 16.4 | 7.4 | 48.9 | 45.2 | 5.9 | 21.8 | 51.4 | 26.8 | 31.6 | 33.2 | 35.2 | 38.4 | 37.3 | 24.4 | 70.7 | 28.1 | 1.2 |
| South East | 25.3 | 47.3 | 27.4 | 47.4 | 29.9 | 17.3 | 5.3 | 41.9 | 50.6 | 7.6 | 19.3 | 54.0 | 26.7 | 22.9 | 31.1 | 46.0 | 50.1 | 34.9 | 15.0 | 52.7 | 44.8 | 2.5 |
| Champlain | 21.3 | 49.0 | 29.8 | 50.8 | 22.7 | 17.8 | 8.7 | 43.8 | 50.3 | 5.9 | 17.3 | 52.5 | 30.2 | 34.3 | 31.8 | 33.8 | 40.8 | 36.9 | 22.4 | 65.8 | 32.5 | 1.8 |
| North Simcoe Muskoka | 26.1 | 54.4 | 19.5 | 56.7 | 25.0 | 13.3 | 5.0 | 43.5 | 50.5 | 6.0 | 19.8 | 57.0 | 23.2 | 41.0 | 30.9 | 28.0 | 46.8 | 35.4 | 17.9 | 61.0 | 37.8 | 1.2 |
| North East | 29.8 | 47.6 | 22.6 | 51.4 | 26.5 | 15.6 | 6.4 | 42.4 | 49.9 | 7.7 | 24.3 | 53.2 | 22.6 | 27.4 | 31.4 | 41.2 | 36.3 | 39.2 | 24.6 | 59.9 | 37.7 | 2.4 |
| North West | 27.9 | 46.0 | 26.1 | 56.4 | 21.2 | 16.4 | 6.0 | 42.3 | 49.6 | 8.2 | 19.9 | 47.9 | 32.2 | 36.7 | 31.1 | 32.1 | 42.0 | 40.8 | 17.2 | 54.1 | 42.8 | 3.1 |
| **Ontario** | **22.2** | **49.4** | **28.5** | **53.7** | **23.7** | **16.0** | **6.6** | **47.2** | **47.1** | **5.6** | **21.6** | **52.3** | **26.1** | **35.1** | **32.9** | **32.0** | **38.6** | **38.3** | **23.1** | **65.3** | **33.1** | **1.5** |

**Data source:** Continuing Care Reporting System (CCRS), CIHI, 2013/14.

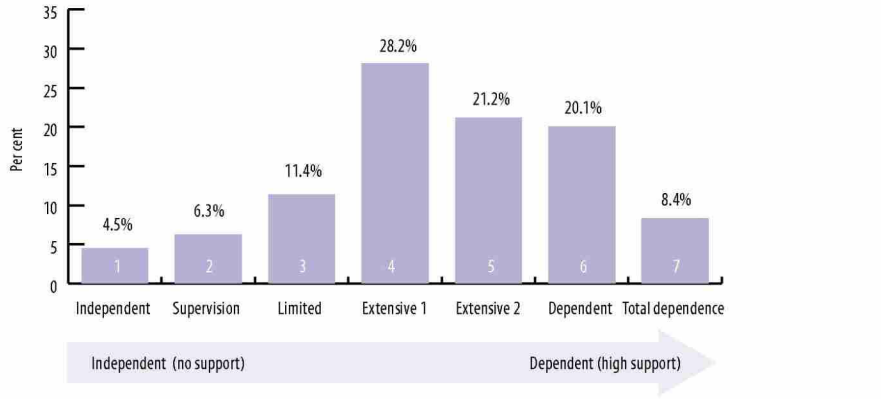
## Activities of daily living

The term *activities of daily living* refers to tasks and abilities (e.g., eating, personal hygiene, mobility) that are understood to be necessary for daily function. The *activities of daily living self-performance hierarchy* groups residents into one of seven categories that reflect a resident's degree of dependence (need for support) when performing these activities. Early loss activities of daily living, those that tend to occur earlier in a person's decline in independence such as the ability to maintain personal hygiene, are assigned lower scores than late loss activities, which include eating and bed mobility. This section of the report presents an overview of resident assessments for activities of daily living overall, with a particular focus on residents' self-performance hierarchy groupings and bladder incontinence (the latter chosen for analysis because it indicates greater need for support).

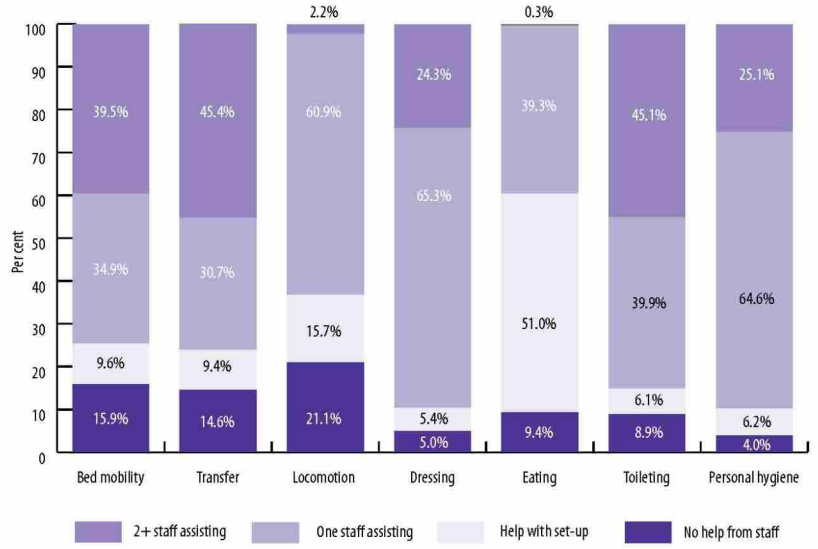
### Figure 4.3: LTC residents, by level of bladder continence, March 31, 2014




### Figure 4.4: Activities of daily living self-performance hierarchy for LTC residents, March 31, 2014




### Figure 4.5: Percentage of LTC residents who require staff support for activities of daily living,[13] March 31, 2014



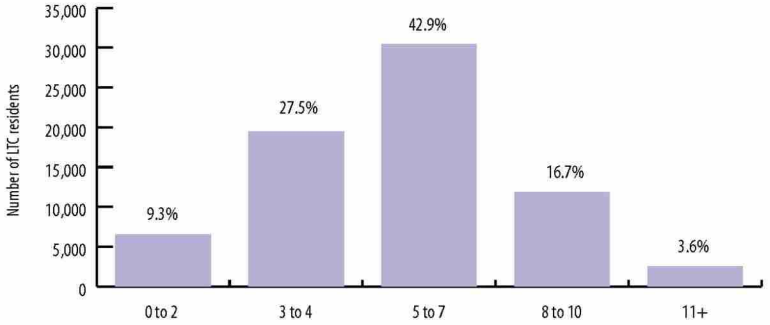

**Data source:** Continuing Care Reporting System (CCRS), CIHI, 2013/14.

[13] Assessments where the activity did not occur are excluded.

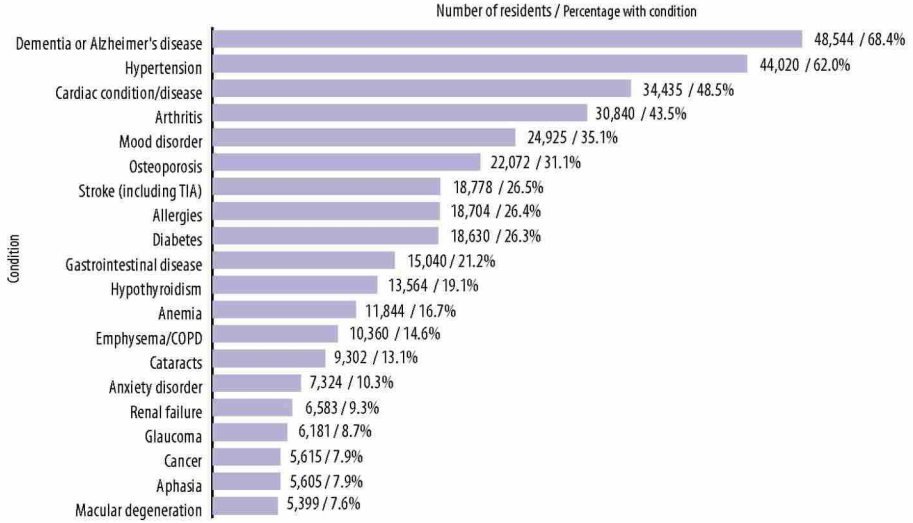
## Resident conditions

LTC home residents typically have a number of health conditions that impact their well-being. *Active conditions* are those that currently affect a resident's ability to perform activities of daily living and that otherwise impact the degree or type of care they require or receive. This section looks at the prevalence of the most common active conditions and a sense of how many active conditions a resident has (Figure 4.6).

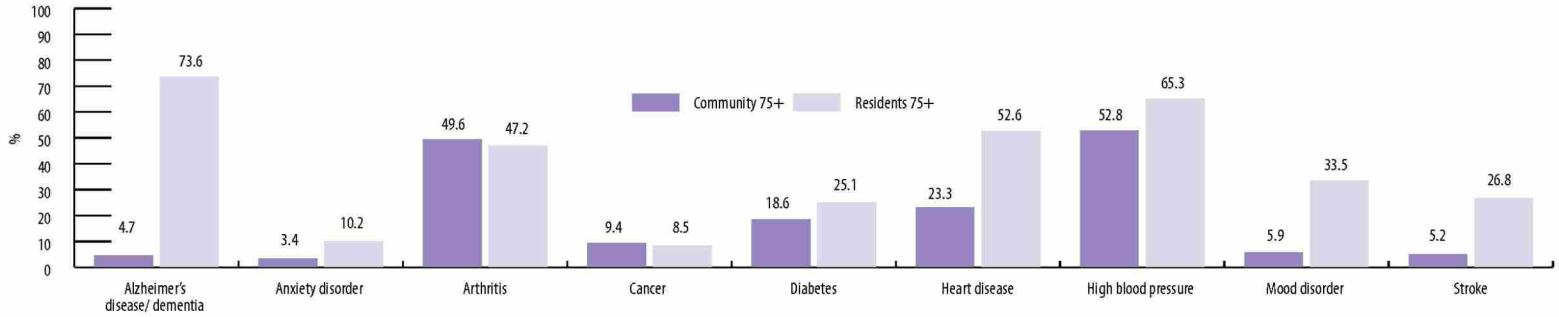
### Figure 4.6: LTC residents, by the number of active conditions they have, March 31, 2014




### Figure 4.7: Top 20 active conditions present among LTC residents, by condition, March 31, 2014




### Figure 4.8: Comparison of disease prevalence among seniors (age ≥75) residing in the community (2011/12) and in LTC homes[14], March 31, 2014




**Data source:** Continuing Care Reporting System (CCRS), CIHI, 2013/14; Canadian Community Health Survey (CCHS) 2011/12.

[14] LTC staff are instructed not to record conditions that are not currently impacting the resident's ADLs or care plan.

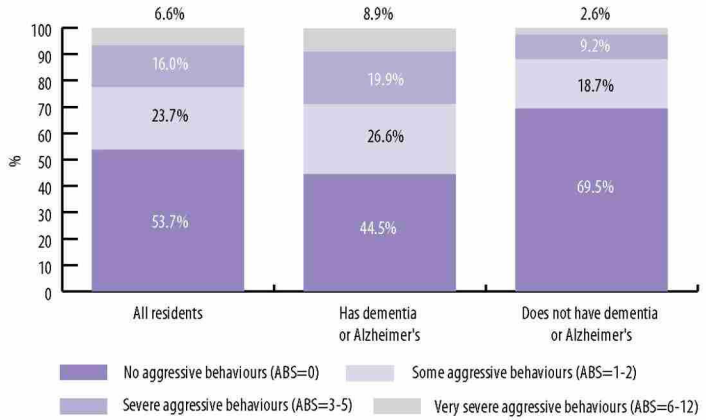
## Dementia and Alzheimer's disease

This section compares cognition and behaviour of residents who have dementia or Alzheimer's disease with those who do not. A resident's score on the aggressive behaviour scale, one of the scales comprising the RAI MDS, depends on how frequently, if ever, the resident: exhibits verbally or physically abusive behaviour (toward other residents, staff, etc.); displays socially inappropriate behaviour (e.g., excessive noise, hoarding); or is resistant to care (e.g., medication refusal) in the seven days prior to their assessment. Higher scores indicate more aggressive behaviour. Resident scores on the cognitive performance scale reflect their level of cognitive function, based on short-term memory, as well as cognitive skills needed for daily decision-making, eating, and making themselves understood to others. High scores indicate greater cognitive impairment.

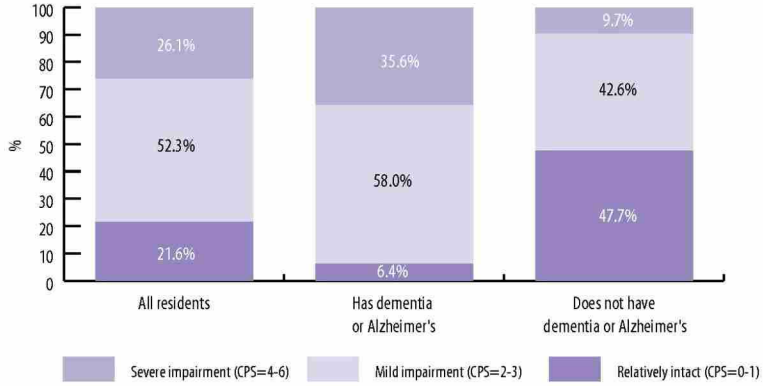
### Table 4.4: Percentage of LTC residents displaying aggressive behaviours, by age group, March 31, 2014

| | Resisting care | | Disruptive behaviour | | Verbally abusive | | Physically abusive | |
|---|---|---|---|---|---|---|---|---|
| | Dementia or Alzheimer's | No Dementia or Alzheimer's | Dementia or Alzheimer's | No Dementia or Alzheimer's | Dementia or Alzheimer's | No Dementia or Alzheimer's | Dementia or Alzheimer's | No Dementia or Alzheimer's |
| Age group | % | % | % | % | % | % | % | % |
| 0 - 64 years | 45.1 | 28.2 | 28.6 | 19.2 | 21.1 | 18.5 | 12.6 | 5.9 |
| 65 - 74 years | 47.4 | 25.8 | 25.9 | 16.0 | 23.2 | 16.1 | 14.8 | 4.9 |
| 75 - 84 years | 49.2 | 21.2 | 22.8 | 10.8 | 22.8 | 11.7 | 16.8 | 4.0 |
| 85 - 94 years | 45.6 | 19.1 | 20.2 | 7.8 | 20.8 | 9.6 | 15.6 | 3.9 |
| ≥95 years | 45.7 | 20.0 | 19.3 | 7.2 | 19.6 | 8.9 | 16.1 | 3.7 |
| All ages | 46.9 | 21.9 | 21.6 | 11.2 | 21.5 | 12.1 | 15.9 | 4.3 |

### Figure 4.9: Aggressive behaviour[15] among LTC residents with and without dementia/Alzheimer's disease, and among all residents, March 31, 2014




### Figure 4.10: Cognitive impairment[16] among LTC residents with and without dementia/Alzheimer's disease, and among all residents, March 31, 2014




**Data source:** Continuing Care Reporting System (CCRS), CIHI, 2013/14.

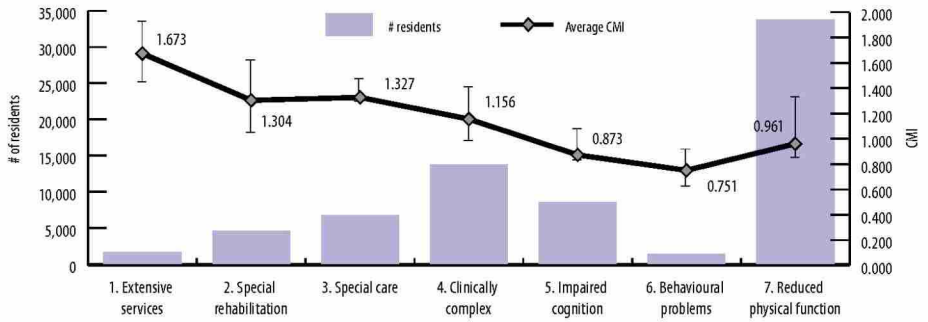
[15] Measured by the Aggressive Behaviour Scale (ABS), assessments with incomplete data capture required for ABS calculation are excluded.

[16] Measured by the Cognitive Performance Scale (CPS), assessments with incomplete data capture required for CPS calculation are excluded.

## Case mix group

This section presents information from the latest complete resident assessment based on the resource utilization group (RUG) and corresponding case mix index (CMI) for all residents, as of March 31, 2014. Grouping methodologies (known as "groupers") are used to categorize residents who are deemed clinically similar according to the assessment tool. The RUG-III-34 is a particular grouping method that is used in the LTC context. It comprises 34 groups across seven clinical categories, each with their own scales. RUGs are associated with a CMI, which help identify the average daily resource use for individuals for one group relative to another. Higher CMI values are an indication of higher resource usage.

### Figure 4.11: Number of LTC residents, by RUG and CMI, March 31, 2014 [17]




### Table 4.5: LTC residents, by RUG and CMI, by LHIN, March 31, 2014

| LHIN of LTC home | 1. Extensive services | | 2. Special rehabilitation | | 3. Special care | | 4. Clinically complex | | 5. Impaired cognition | | 6. Behavioural problems | | 7. Reduced physical function | | Case mix index (CMI) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # residents | % | # residents | % | # residents | % | # residents | % | # residents | % | # residents | % | # residents | % | |
| Erie St. Clair | 82 | 2.0 | 202 | 5.0 | 479 | 11.9 | 678 | 16.9 | 473 | 11.8 | 74 | 1.8 | 2,023 | 50.4 | 1.062 |
| South West | 117 | 1.7 | 260 | 3.8 | 753 | 11.1 | 1,227 | 18.1 | 800 | 11.8 | 140 | 2.1 | 3,479 | 51.3 | 1.036 |
| Waterloo Wellington | 68 | 1.8 | 154 | 4.2 | 449 | 12.2 | 662 | 18.0 | 469 | 12.7 | 90 | 2.4 | 1,787 | 48.6 | 1.058 |
| HNHB | 252 | 2.6 | 412 | 4.3 | 980 | 10.2 | 1,744 | 18.1 | 1,191 | 12.3 | 222 | 2.3 | 4,849 | 50.2 | 1.059 |
| Central West | 98 | 3.6 | 167 | 6.1 | 248 | 9.0 | 576 | 20.9 | 274 | 10.0 | 42 | 1.5 | 1,346 | 48.9 | 1.069 |
| Mississauga Halton | 138 | 3.6 | 160 | 4.2 | 339 | 8.9 | 885 | 23.3 | 375 | 9.9 | 59 | 1.6 | 1,841 | 48.5 | 1.082 |
| Toronto Central | 152 | 2.9 | 568 | 10.8 | 446 | 8.5 | 1,262 | 24.0 | 448 | 8.5 | 137 | 2.6 | 2,246 | 42.7 | 1.085 |
| Central | 214 | 3.2 | 588 | 8.8 | 548 | 8.2 | 1,482 | 22.1 | 603 | 9.0 | 92 | 1.4 | 3,170 | 47.3 | 1.087 |
| Central East | 231 | 2.6 | 624 | 7.0 | 789 | 8.9 | 1,682 | 18.9 | 1,066 | 12.0 | 220 | 2.5 | 4,299 | 48.2 | 1.055 |
| South East | 74 | 2.0 | 299 | 7.9 | 387 | 10.2 | 768 | 20.3 | 551 | 14.6 | 76 | 2.0 | 1,629 | 43.0 | 1.066 |
| Champlain | 126 | 1.9 | 484 | 7.2 | 638 | 9.4 | 1,099 | 16.3 | 1,092 | 16.2 | 143 | 2.1 | 3,178 | 47.0 | 1.044 |
| North Simcoe Muskoka | 65 | 2.3 | 216 | 7.7 | 258 | 9.2 | 554 | 19.8 | 403 | 14.4 | 34 | 1.2 | 1,267 | 45.3 | 1.056 |
| North East | 115 | 2.5 | 410 | 9.1 | 362 | 8.0 | 817 | 18.1 | 600 | 13.3 | 128 | 2.8 | 2,093 | 46.3 | 1.027 |
| North West | 35 | 2.2 | 81 | 5.2 | 148 | 9.5 | 333 | 21.4 | 278 | 17.8 | 36 | 2.3 | 647 | 41.5 | 1.030 |
| **Ontario** | **1,767** | **2.5** | **4,625** | **6.5** | **6,824** | **9.6** | **13,769** | **19.4** | **8,623** | **12.2** | **1,493** | **2.1** | **33,854** | **47.7** | **1.059** |

**Data source:** Continuing Care Reporting System (CCRS), CIHI, 2013/14.

[17] Error bars shown display the minimum and maximum of the CMI.

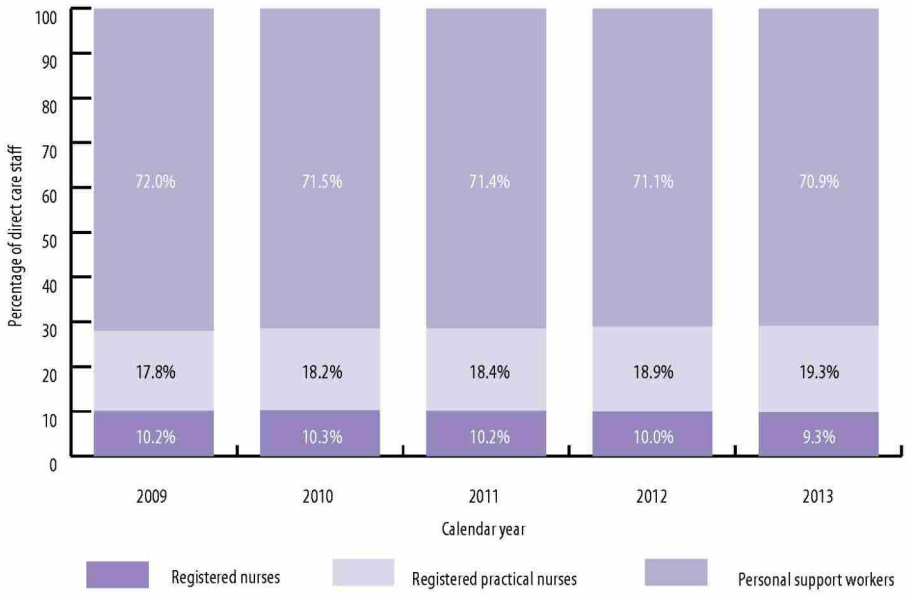
# Section 5: Staffing

This section presents staffing-related information from the ministry's LTC Home Staffing Report submissions for the period of calendar years 2009 to 2013.

## Key findings

- In calendar year 2013, there were more than 45,000 full-time equivalent (FTE) nurses and personal support workers (PSW). Together, these staff provided an average of approximately three hours of care per resident, per day (Table 5.1).
- PSWs accounted for the majority of FTE staff (more than 70 per cent in each year analyzed), and provided the bulk of direct care hours (consistently 2.2 hours over the five years examined) (Figure 5.1).

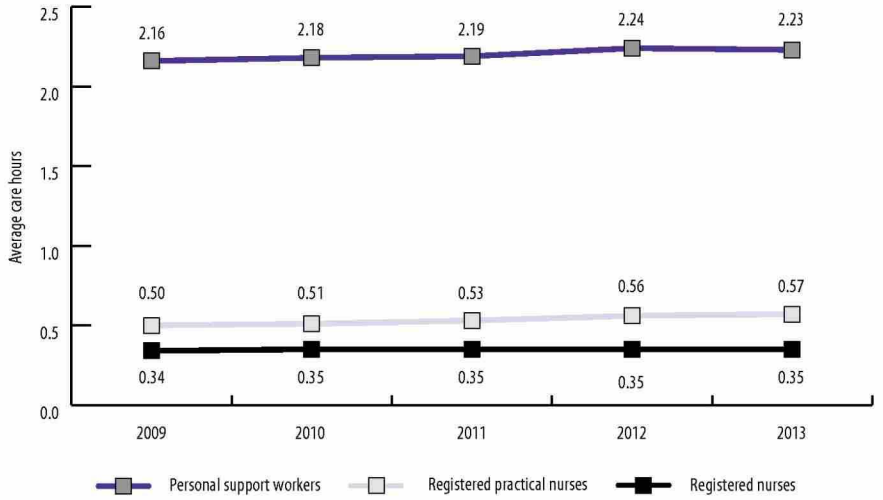
### Figure 5.1: Distribution of direct care FTEs, 2008 to 2013




### Table 5.1: Estimated full-time equivalent (FTE) direct care staff, 2009 to 2013

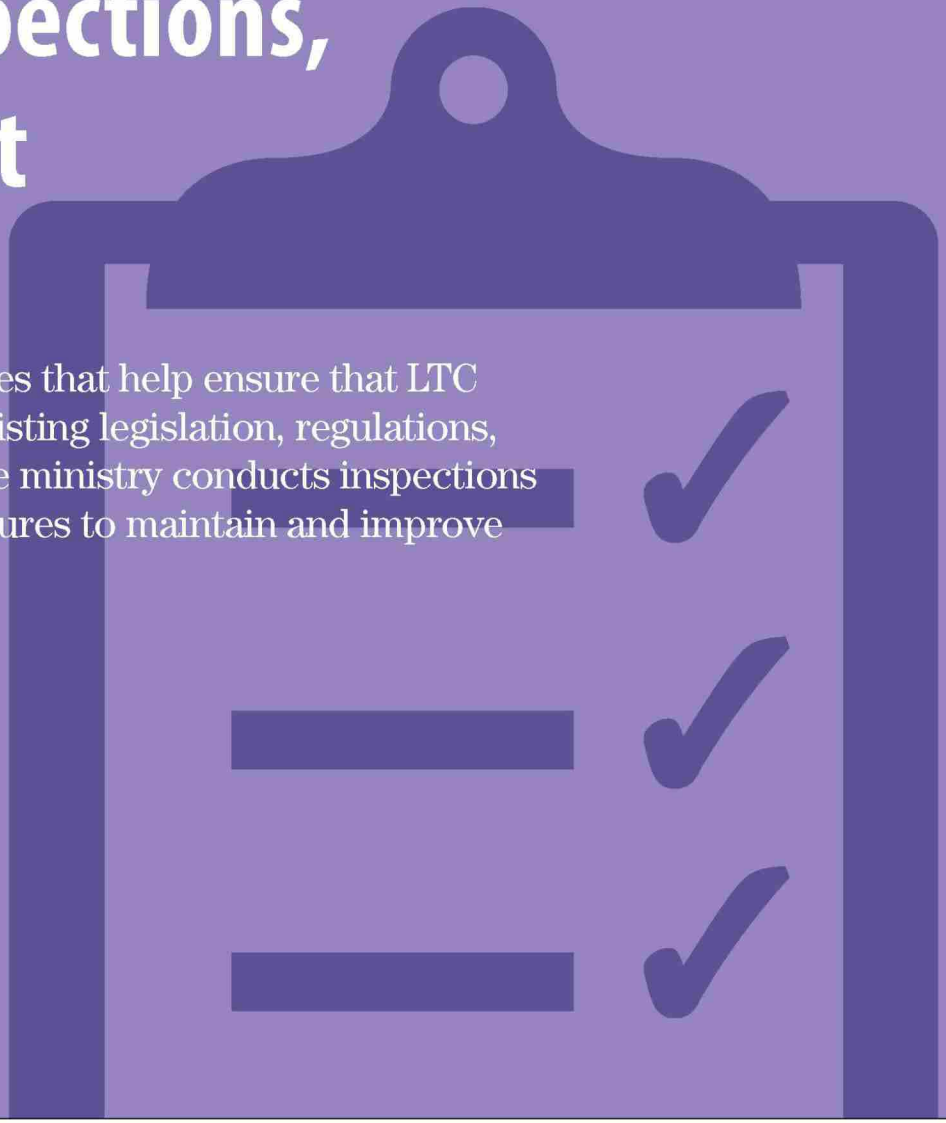
| | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|
| Full-time equivalent (FTE) staff | | | | | |
| Registered nurses | 4,236 | 4,468 | 4,479 | 4,497 | 4,425 |
| Registered practical nurses | 7,411 | 7,843 | 8,051 | 8,472 | 8,700 |
| Personal support workers | 29,985 | 30,910 | 31,209 | 31,920 | 31,895 |
| Total direct care FTEs | 41,633 | 43,221 | 43,739 | 44,889 | 45,019 |
| Average care hours (per resident day) | | | | | |
| Registered nurses | 0.34 | 0.35 | 0.35 | 0.35 | 0.35 |
| Registered practical nurses | 0.50 | 0.51 | 0.53 | 0.56 | 0.57 |
| Personal support workers | 2.16 | 2.18 | 2.19 | 2.24 | 2.23 |
| Average direct care hours | 2.99 | 3.04 | 3.06 | 3.15 | 3.16 |

### Figure 5.2 Average care hours (per resident day), 2009 to 2013




**Data source:** LTC Homes Staffing Report, Health Data Branch, MOHLTC, 2014.

# Section 6: Compliance, inspections, and enforcement



This section presents ministry initiatives that help ensure that LTC home operators are compliant with existing legislation, regulations, and service agreement obligations. The ministry conducts inspections and uses necessary enforcement measures to maintain and improve LTC home compliance.

In 2010, the ministry established the Long-Term Care Homes Quality Inspection Program (LQIP) to ensure that LTC homes comply with legislation and regulations that are meant to safeguard and promote residents' safety, rights, and well-being. The LQIP is managed through five service area offices across the province: Hamilton, London, Ottawa, Sudbury, and Toronto. Service area offices are made up of interdisciplinary teams that perform inspections and provide specialized advice on compliance-related issues. All LTC homes are expected to receive an inspection at least once per calendar year.

The types of inspections analyzed in this report section are:

- *Resident Quality Inspections (RQIs)*: These are standardized, comprehensive inspections of a LTC home. There is currently a target that an annual RQI be conducted in each home in Ontario.
- *Complaint inspections:* These are focused inspections that are conducted in response to complaints made against a home. Complaint-driven inspections are carried out to help ensure that LTC homes are compliant with the identified requirements under the *Long-Term Care Homes Act*, 2007 (LTCHA).
- *Critical incident system inspections:* These are focused inspections conducted in response to mandatory reports submitted by the LTC home to the ministry under the LTCHA regarding certain adverse events (e.g., death, overmedication, resident assault).
- *Follow-up inspections:* These are repeat inspections to ensure compliance with past compliance orders.

## Table 6.1: Number of resident quality inspections (RQIs), by service area offices, January to December 2014

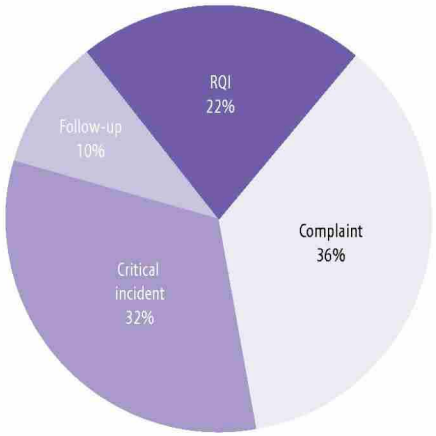
| Service area office | RQIs completed | % of annual target achieved |
|---|---|---|
| Hamilton | 122 | 97.6 |
| London | 136 | 91.3 |
| Ottawa | 141 | 97.9 |
| Sudbury | 65 | 94.2 |
| Toronto | 119 | 83.8 |
| Total | 583 | 92.7 |

**Data source:** X-ray Safety and Long-Term Care Homes Branch, January to December, 2014.

## Key findings

- Inspections in response to complaints or critical incident reports accounted for more than two-thirds of all inspections completed during the period of January to October 2014 (Figure 6.1).
- In calendar year 2014, the ministry conducted close to 600 RQIs, accounting for 93 per cent of its annual target (one inspection per home). Target completion ranged by service area office, from 83.8 per cent in Toronto, to 97.9 per cent in Ottawa (Table 6.1).
- In the first ten months of 2014, inspectors issued close to 7,400 written notifications and more than 800 compliance orders for non-compliance (Table 6.2).
- Non-compliance was most often related to completion of the LTC home plan of care, infection prevention and control, Residents' Bill of Rights, skin and wound care, dining and snack service, and communication and response.

## Figure 6.1: LTC home inspections, by type, January to October 2014[18]



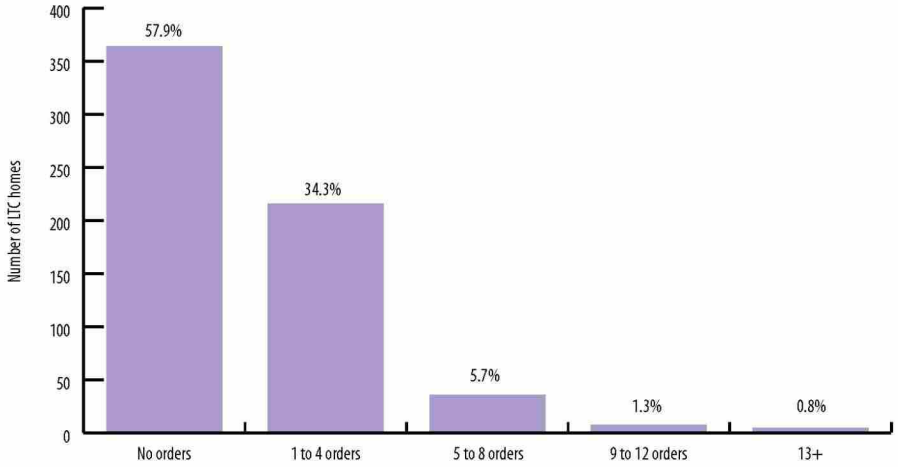

**Data source:** Incident Qualification System (IQS), MOHLTC, January to October, 2014.
[18]At the time of this report, inspection data for calendar year 2014 (excluding RQI) were available for January to October only.

## Findings of non-compliance

Upon completion of a LTC home inspection, inspectors review all findings of non-compliance against the LTCHA.. The types of actions/orders taken against a LTC home for non-compliance are determined based on the severity and scope of the offence and the home's compliance history. Actions/orders against homes include:

- *Written notification:* issued for every incident of non-compliance under the LTCHA (the Act states minimum requirements).
- *Voluntary plan of correction*: issued to request a written plan of correction for achieving compliance. Voluntary plans of correction can also be implemented.
- *Compliance order*: issued to demand that a home takes some action (or refrains from some action) so as to achieve compliance with a requirement under the LTCHA. Compliance orders can also require a home to prepare, submit, and implement a plan for achieving compliance.
- *Work and activity order*: issued to allow employees or agents of the ministry, or contractors acting under the authority of the ministry, to perform any work or activity at the LTC home that is necessary, in the opinion of the person making the order, to achieve compliance with a requirement under the LTCHA, and to pay for any reasonable costs associated with completing the work or activity.
- *Director referral*: refers the matter to the director who is responsible for compliance enforcement under the LTCHA for further action.

### Figure 6.2 Number of LTC homes that received compliance orders between January and October 2014[19]




**Data source:** Incident Qualification System (IQS), MOHLTC, January to October, 2014.

[19] During the first 10 months of 2014, one director referral, and no work and activity orders were issued.

### Table 6.2: Number of actions/orders taken by type and LHIN, January to October 2014

| LHIN of LTC home | Number of inspections | Actions/orders taken [19] | | |
|---|---|---|---|---|
| | | Written notifications | Voluntary plan of corrections | Compliance orders |
| | # | # | # | # |
| Erie St. Clair | 258 | 382 | 188 | 17 |
| South West | 420 | 926 | 552 | 104 |
| Waterloo Wellington | 185 | 444 | 247 | 46 |
| HNHB | 203 | 1,313 | 658 | 211 |
| Central West | 74 | 347 | 181 | 31 |
| Mississauga Halton | 85 | 366 | 186 | 58 |
| Toronto Central | 97 | 370 | 167 | 22 |
| Central | 105 | 434 | 211 | 41 |
| Central East | 220 | 857 | 351 | 86 |
| South East | 132 | 365 | 145 | 34 |
| Champlain | 226 | 638 | 240 | 43 |
| North Simcoe Muskoka | 51 | 271 | 140 | 17 |
| North East | 124 | 462 | 145 | 69 |
| North West | 41 | 218 | 99 | 23 |
| **Ontario** | **2,222** | **7,393** | **3,510** | **802** |

## Appendix A: About data sources for this report

Described below are some of the key data sources used in this report. Other data sources used include the Canadian Community Health Survey (CCHS), Discharge Abstract Database (DAD), National Ambulatory Care Reporting System (NACRS), and LHIN Population Estimates.

### Printed Estimates

Estimates set out details of the operating and capital spending requirements of ministries, and constitute the Government's annual formal request to the Legislature for approval of the expenditures involved. The Estimates are the legal spending authority for each ministry.

### Public Accounts

Public Accounts of Ontario is a major accountability document which presents the financial statements of the Province, provides financial highlights of the past fiscal year, and reports on performance against the goals set out in the Ontario Budget.

### Occupancy Monitoring Database (OCCM)

The OCCM contains LTC home information on bed supply, vacancies, and population data. It is used for tracking the supply of beds and vacancies in LTC homes. Data is submitted on monthly bases from each CCAC to the Ontario Association of Community Care Access Centres (OACCAC) which is then provided to the ministry.

### Client Profile (CPRO)

CPRO contains data on LTC home placement applications. Client-level data is submitted monthly from each CCAC to the Ontario Association of Community Care Access Centres (OACCAC), which is then provided to the ministry. It captures information on the LTC applicant including their wait times, preference and priority level.

### Community Care Reporting System (CCRS)

The CCRS contains data on individuals in complex continuing care (CCC) beds and in ministry-funded long-term care homes. CCRS data are based on resident assessments, and provide information on their condition and well-being (e.g., ability to perform activities of daily living, mental health status), clinical treatment, outcome, and other information. A full assessment for each resident is initially completed within 14 days of admission, and annually thereafter, or if there is a significant change in the resident's clinical status. Shorter assessments are typically completed every three months. Although not a "real time" status report, given this assessment protocol, CCRS data provide a relatively current snapshot of residents' status. The Canadian Institute for Health Information (CIHI) houses national CCRS data; however, the MOHLTC owns a copy of the Ontario data.

### LTC Homes Staffing Report

The LTC Homes Staffing Report is an annual survey of LTC homes regarding their key non-administrative staff positions, including the paid and worked hours, salary, and resident days. In 2008, the survey was expanded with several additional categories of staff to reflect the new funding initiatives of the ministry at the time (Behavioural Supports Ontario, RAI MDS nurses, non-ministry-funded positions).

### Incident Qualification System (IQS)

The Incident Qualification System (IQS) database is a repository for all data collected by the ministry during the process of conducting inspections of LTC homes. The data is created at the time of an inspection on the inspector's tablet PC and synchronized with the IQS database.

## Appendix B: Definitions

### SECTION 1: LONG-TERM CARE FUNDING

**Levels of care (LOC) per diem funding:** A method of funding LTC homes where LHINs fund the licensee of a LTC home on a per diem basis for every licensed or approved bed in the home, subject to the conditions set out in the ministry financial policy, other funding and financial management policies, applicable law, and the service accountability agreement between the LHIN and the licensee. The LOC per diem funding consists of four funding components, referred to as envelopes: Nursing and Personal Care (NPC); Program and Support Services (PSS); Raw Food (RF); Other Accommodation (OA).

**Levels of care funding envelopes:**

**Nursing and Personal Care (NPC):** Reimburses expenses for salaries and wages for nursing and personal support staff, education, restorative care, supplies and equipment. This envelope is case mix adjusted.
**Programming and Support Services (PSS):** Pays for program support services, including recreational activities, therapists, quality of life and other programs designed to assist residents in maintaining their optimal level of functioning.
**Raw Food (RF):** Reimburses expenditures for the purchase of raw food items. This envelope includes food provided for special events celebrations but does not include costs for alcohol or food for non-residents.
**Other Accommodation (OA):** Covers costs related to housekeeping services, buildings and property operations and maintenance, dietary services (nutrition/hydration services), laundry and linen, general and administrative services, and facility costs that will maintain or improve the care environment of the LTC home.

**Resident co-payment:** The portion of the total accommodation costs paid by the resident. Each resident is responsible for paying a portion of the total charge for accommodation in accordance with the *Long-Term Care Homes Act* (LTCHA) 2007, and regulations thereunder. A resident who is unable to pay the full charge for accommodation may be eligible for a rate reduction in accordance with Ontario Regulation 79/10 under the LTCHA.

**Supplementary Funding:**

**Construction cost:** LHIN-managed per diem funding to assist in the cost of development. New and redeveloped LTC homes receive $10.35 per diem for 20 years. LTC homes classified as B or C receive $13.30 to $18.30 per diem for 25 years.
**Pay Equity/equalization:** Ministry funding to homes that make past pay equity settlements under the Pay Equity Act for a minimum of $3.25 per diem per bed. Equalization is done for homes with pay equity funding (excluding any amounts attributable to Memorandum of Settlement) lower than $3.25 per diem; these homes receive an upward adjustment of the difference. Homes with pay equity higher than $3.25 per diem are ineligible.
**Municipal tax claims:** LTC homes that are subject to property tax are reimbursed 85% by the ministry (Municipal and charitable homes are exempt from municipal tax).
**Registered practical nurse (RPN):** LHIN-managed funding provided to licensees in support of RPN positions. All licensees receive at least a minimum amount of funding for each LTC home, based on an average RPN salary that ensures each home has enough funding to create and sustain at least one new RPN full-time equivalent position.
**Physiotherapy subsidy:** LHIN-managed funding for physiotherapy services for all beds in operation ($765) per bed per year.
**RAI-MDS co-ordinator:** Ministry-managed funding provided to each eligible LTC home to support the implementation of the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS) tool, sustain its continued operation, and fund RAI-MDS Coordinator positions in the LTC sector.
**Behavioural Supports Ontario:** LHIN-managed project-based funding to create additional positions for personal support workers, nurses and other health professionals to assist with the management of residents with behavioural issues.
**Structural compliance premium:** A premium dependent on the home's structural designation. (A= $5; B= $2.50; C= $1; D= $0).
**High-Intensity Needs Fund:** Ministry-managed claims-based funding for program costs to cover exceptional costs of treatment.

## SECTION 2: LONG-TERM CARE BED STRUCTURAL CLASSIFICATIONS

**Long-term care bed type:**

**Long-stay:** A licensed and approved bed designed for those who require the availability of 24-hour nursing care, need daily assistance with activities of daily living, or require frequent supervision to ensure safety or well-being for an indefinite period of time.
**Convalescent:** A licensed and approved bed designated for the Convalescent Care Program. This is a short-stay supportive care program with a significant rehabilitative component designed for individuals who require care for a period of up to 90 days. The program is not intended for individuals who are awaiting permanent admission to LTC homes. Additional funding is provided to homes to provide additional services for the residents in these beds.
**Elder Care Capital Assistance Program (ELDCAP):** A bed provided through the Elder Care Capital Assistance Program (ELDCAP). ELDCAP was established in 1982 to build LTC facilities in small Northern Ontario communities and operate under the *Long-Term Care Homes Act*, 2007. ELDCAP provides services in units that are co-located in hospitals and in long-term care homes in small northern communities. ELDCAP beds are subject to the LTC program requirements but are funded through a hospital's global budget.
**Interim:** Interim beds are LTC long-stay beds that exist for a temporary period of time, under the terms of a service agreement for interim beds, for individuals who have been discharged from a public hospital. These beds were designed to alleviate alternate level of care pressures in communities with a shortage of LTC beds. Interim beds may be located in LTC homes, hospitals, or other approved sites.
**Respite:** A licensed and approved bed designated to provide short-stay respite care. The purpose of the short-stay respite program in a LTC home is to provide temporary care for individuals whose caregivers require temporary relief from their duties.

**Structural bed classifications:**

**Class new beds:** New bed means a bed that was reviewed and approved by the Ministry as meeting the criteria set out in (a) the document entitled "Long-Term Care Facility Design Manual", published by the Ministry of Health and Long-Term Care and dated May, 1999, or (b) the Retrofit option criteria set out in the Long-Term Care "D" Facility Retrofit Design Manual in section 5.2 of the document entitled "2002 "D" Bed Program", published by the Ministry of Health and Long-Term Care and dated January, 2002, or (c) the Long-Term Care Home Design Manual" published by the Ministry of Health and Long-Term Care and dated 2009.
**Class A beds:** Built prior to 1998 and almost meet current design standards. As of January 1, 2005, Class A beds were identified by the ministry as structural category "A" beds for the purposes of calculating funding.
**Class B beds:** Substantially exceed 1972 standards but do not meet A criteria. Class B beds means beds that, as of January 1, 2005, were identified by the ministry as structural category "B" beds for the purposes of calculating funding.
**Class C beds:** Meet 1972 Nursing Home Regulation structural standards.
**Class D upgrade:** Upgraded through the 2002 D Bed Redevelopment Program, but do not meet the 1972 Nursing Home Regulation structural standards.
**Class D beds:** Do not meet 1972 Nursing Home Regulation structural standards.

**Supply and Demand ratio per 1,000 (age≥75):** Demand is the sum of the number of clients on the waiting lists for LTC homes and the number of LTC home residents. Supply is the number of LTC home beds either occupied or available for occupancy (adjusted for bed openings and closings) in the service area. It includes long-stay and interim beds only. Data are for the month ending a fiscal quarter (e.g., Q1 data are for June of the respective year).

**LTC placements by resident's preferred choice:** Percentage of clients placed in LTC home of their first or second choice; includes long-stay and interim beds only.

**Long-stay occupancy rate:** Percentage of long-stay LTC beds occupied by clients (adjusted for bed openings and closings) in the service area for the fiscal year; includes long-stay and interim beds only.

**Average clients on LTC waitlist:** Number of clients who were waitlisted for a long-stay LTC bed in the service area on the month-end report date. Includes long-stay and interim beds only, and excludes clients who were already occupying a permanent or interim LTC bed and waiting for a transfer. Clients who are waitlisted for homes in more than one area are counted only in the area that contains their first choice home.

**Average number of residents placed per month:** Number of placements to long-stay LTC beds in the service area in the month preceding the report date. Includes all bed types and excludes residents transferring from other LTC homes.

**Median wait time to placement for residents (age≥75) by prior location:** Wait time (in days) that clients are waiting for placement to a long-stay bed in a LTC home. Includes non-crisis clients only (priority categories 3A, 3B, 4A, 4B) aged ≥75. Excludes clients where prior location is unknown/missing and clients who transferred from one home to another. Time to placement is calculated as the time from the earlier of LTC home application date or consent date until the date of placement.

## SECTION 3: ADMISSIONS, DISCHARGES AND LENGTHS OF STAY

**Unique Registration ID (URI):** The Unique Registration Identifier uniquely identifies the resident admission. It is 20 digits and is composed of: facility number (5 digits), date (8 digits), and identifier number (7 digits).

**Client Absences:** Residents of the home may leave the home temporarily for a medical, psychiatric, casual, or vacation absence. LTC homes are required to hold the bed for the absent resident for the number of days required in the regulations of the *Long-Term Care Homes Act*, 2007. For long-stay residents, the bed will be held if:

- In the case of a medical absence, the length of the medical absence does not exceed 30 days;
- In the case of a psychiatric absence, the length of the psychiatric absence does not exceed 60 days;
- In the case of a casual absence during the period between midnight on a Saturday and midnight on the following Saturday, the total length of the resident's casual absences during the period does not exceed 48 hours;
- In the case of a vacation absence, the total length of the resident's vacation absences during the calendar year does not exceed 21 days.

**Diagnosis categories:** The International Classification of Diseases (ICD) was developed and is maintained and is published by the World Health Organization (WHO). The ICD classifies diseases and health problems recorded on health and vital records. ICD-10-CA is the Canadian version of the classification system (developed to reflect practice patterns in Canada). ICD-10-CA is maintained by the Canadian Institute for Health Information (CIHI).

**LTC admission:** Number of unique residents' LTC admissions based on the Unique Registration ID (URI); includes residents with a valid health card number and their first entry date to a specific LTC home in the fiscal year. Admissions are categorised by prior setting into hospital, community and LTC transfer.

**LTC re-entries:** Number of unique subsequent entry dates for each LTC resident, includes residents with subsequent entry dates to a specific LTC home in the fiscal year with a valid health card number.

**New LTC resident admissions:** Number of LTC residents with entry dates in the fiscal year who have no prior record of their health number in the CCRS. To maximize the number of residents for whom a bed type can be identified, the bed type at admission, assessment, or discharge is used, i.e., if admission bed type is missing, then assessment bed type is used; if admission and assessment bed types are missing, then discharge bed type is used.

**LTC discharges:** Number of unique residents' discharges, it includes residents with discharge dates in the fiscal year where their return is not expected. To maximize the number of residents for whom a bed type can be identified, the bed type at discharge, assessment, or admission is used, i.e., if discharge bed type is missing, then assessment bed type is used, if discharge and assessment bed types are missing, then admission bed type is used.

**LTC leaves:** Number of unique discharge dates in the fiscal year where the return is expected.

**LTC length of stay:** Each resident is assigned a Unique Registration ID (URI), which can be used to calculate their length of stay. This calculation is determined by adding the total number of days that the resident spent in LTC (based on their URI). If a resident has a temporary absence from LTC (e.g., transfers to hospital, then returns to the LTC home), the days during this absence are deducted from the resident's total stay, as long as the resident maintains their URI.

**Acute care transfers:** LTC residents who were transferred to acute hospital in the fiscal year, based on the corresponding hospital discharge record in the Discharge Abstract Database (DAD) that is within one day of their LTC home discharge date.

## SECTION 4: RESIDENTS CHARACTERISTICS

**InterRAI:** InterRAI is an international consortium of researchers who have developed a suite of assessment instruments. Instruments are targeted to specific populations but have commonalities to facilitate comparison and integration of assessment information across settings. More information about InterRAI can be found at http://www.interrai.org.

**Resident Assessment Instrument Minimum Data Set (RAI MDS):** The RAI MDS is an assessment instrument developed by InterRAI that is used in Canadian long-term care homes and chronic care facilities.

**Outcome Scales:** InterRAI's standardized measures of an individual's clinical status. Outcome measures are derived from summaries or combinations of assessment items within the RAI-MDS (i.e., assessment instruments). They describe functional characteristics of the resident in specific domains. Outcome Scales that can be generated from the RAI-MDS assessments are summarized below:

**Activities of Daily Living (ADL) Self-Performance Hierarchy:** This scale groups activities of daily living according to the stage of the disablement process in which they occur. Early loss ADLs (for example, dressing) are assigned lower scores than late loss ADLs (for example, eating). The ADL Hierarchy ranges from 0 (no impairment) to 6 (total dependence).

**Aggressive Behaviour Scale (ABS):** This scale which ranges from 0 to 12, measures symptoms including verbally or physically abusive behaviour; socially inappropriate or disruptive behaviour; inappropriate public sexual behaviour; and resisting care during medication administration, ADL assistance, etc. Higher values indicate a greater number or frequency of aggressive behaviours.

**Changes in Health, End-stage disease, and Signs and Symptoms scale (CHESS):** This scale, which ranges from 0 to 5, identifies individuals at risk of serious decline, and can serve as an outcome measure where the objective is to minimize problems related to declines in function. Developed for use in long-term care homes, it has been adapted for home care as well. Higher levels are predictive of adverse outcomes including death, hospitalization, pain, caregiver stress, and poor self-rated health.

**Depression Rating Scale (DRS):** This scale can be used as a clinical screener for depression, and is based on the sum of seven items: negative statements, tearfulness, anxious complaints, unrealistic fears/phobias, persistent anger, repetitive health complaints, and sad or worried facial expression. Higher values (>3) indicate signs of depression and that the patient should be further evaluated.

**Index of Social Engagement (ISE):** This scale, which ranges from 0 to 6, describes the individual's sense of initiative and involvement in social activities (i.e., comatose, at ease interacting with others, at ease doing planned activities, at ease doing self-initiated activities, establishes own goals, pursues involvement in life of facility, accepts invitation to most group activities). Higher values indicate a higher level of social engagement.

**Pain Scale:** This scale measures pain based on pain frequency and intensity, where higher values indicate increased pain, the scales range is 0 (none) to 3 (daily and severe).

**Resource Utilization Group (RUG):**
RUG III-34 is the grouping methodology used in one LTC to assign RAI-MDS assessments to one of 34 resource groups. Grouping methodologies are used to classify residents into groups that are similar in terms of resource use. The 34 resource groups fall into seven categories: (1) Extensive services; (2) Special rehab; (3) Special care; (4) Clinically complex; (5) Impaired cognition; (6) Behaviour problems; (7) Reduced physical functions.

**Case Mix Index (CMI):** Case Mix Index is the name given to the resource weights associated with each Resource Utilization Group. The CMI for a given RUG denotes the resource costs for that group relative to other groups.

**Active LTC residents:** Number of LTC residents who occupied a LTC bed on March 31, 2014 and who received a full assessment in 2013/14.

## SECTION 5: STAFFING

**Full-Time Equivalents (FTE):** A value assigned to signify the number of full-time employees that could have been employed if the reported number of hours worked by part-time employees had been worked by full-time employees instead. The formula currently applied by the Health Data Branch equates one FTE to 1,850 annual hours, i.e., two employees each working 925 hours a year would equal one FTE.

**Registered Nurse (RN)/ Registered Practical Nurse (RPN):** Nursing is one profession with two categories – Registered Nurse (RN) and Registered Practical Nurse (RPN). Although all nursing students learn from the same body of nursing knowledge, RNs study for a longer period of time, allowing for greater depth and breadth of foundational knowledge; RPNs study for a shorter period of time, resulting in a more focused body of foundational knowledge.

**Personal Support Worker (PSW):** PSWs are the largest class of workers in the LTC home sector. They provide care and assist residents with tasks of daily living, personal care and hygiene, restorative/activation activities and home management activities. PSW activities are supportive and non-medical in nature. Typically, PSWs provide care that residents could be expected to perform by themselves if physically and/or cognitively able.

**Average care hours per resident day:** Sum of paid hours (worked hours and benefit hours) divided by the associated resident days, the result is interpreted as the average care available to the residents of the home. Typically, the care hours here exclude the hours provided by staff in an administrative capacity (e.g., Director of Care, RAI nurses) or in a capacity not directly funded by the ministry.

## SECTION 6: COMPLIANCE, INSPECTIONS, AND ENFORCEMENT

**Long-Term Care Homes Quality Inspection Program (LQIP):** In 2010, the ministry established the Long-Term Care Homes Quality Inspection Program (LQIP) as a successor to its former inspection program. LQIP was designed to both ensure LTC homes comply with the new legislation and regulations, and to better protect residents living in LTC homes. This is done by means of conducting inspections and inquiries, e.g., comprehensive Resident Quality Inspections (RQIs), complaint, critical incident, follow-up and other types of inspections, and by publicly reporting the findings of inspections.

**Service Area Office:** The LQIP is conducted out of five Service Area Offices across the province (Toronto, Ottawa, Sudbury, Hamilton and London) in which LTC home inspections are geographically based and managed. Each office relies on an interdisciplinary team in the delivery of inspection services, and provides specialised advice regarding compliance inspection issues.

**Resident Quality Inspections (RQIs):** These are standardized, comprehensive inspections of a LTC home. There is currently a target that an annual RQI be conducted in each home in Ontario.

**Complaint inspections:** These are focused inspections that are conducted in response to complaints made against a home. Complaint-driven inspections are carried out to help ensure that LTC homes are compliant with the identified requirements under the *Long-Term Care Homes Act*, 2007 (LTCHA).

**Critical incident system inspections:** These are focused inspections conducted in response to mandatory reports submitted by the LTC home to the ministry under the LTCHA regarding certain adverse events (e.g., death, overmedication, resident assault).

**Follow-up inspections:** These are repeat inspections to ensure compliance with past compliance orders.

**Written notification:** A notification is issued for every incident of non-compliance under the LTCHA (the Act states minimum requirements).

**Voluntary plan of correction:** The plan is issued to request a written plan of correction for achieving compliance. Voluntary plans of correction can also be implemented.

**Compliance order:** This is issued to demand that a home takes some action (or refrains from some action) so as to achieve compliance with a requirement under the LTCHA. Compliance orders can also require a home to prepare, submit, and implement a plan for achieving compliance.

**Work and activity order:** An order issued to allow employees or agents of the ministry, or contractors acting under the authority of the ministry, to perform any work or activity at the LTC home that is necessary, in the opinion of the person making the order, to achieve compliance with a requirement under the LTCHA, and to pay for any reasonable costs associated with completing the work or activity.

**Director referral:** This involves referring the matter to the director who is responsible for compliance enforcement under the LTCHA for further action.