



9. LONG-TERM CARE SERVICES

Each municipality is required by legislation to operate a Long-Term Care (LTC) home. Operators can also include charitable, and private sector organizations. All LTC operators are provincially funded and governed by the same legislation and standards set by the Ministry of Health and Long-Term Care (MOHLTC).

LTC Services provide quality resident-focused care within municipal LTC homes and offer programs that meet the needs of individuals who are no longer able to live independently. The goal is to maximize quality of life and safety for residents.

Some municipalities provide community programs (for example adult day services, homemakers and meals on wheels) which provide support to clients and family caregivers. These services enable many clients to remain independent in their own homes.

Specific objectives include:

- provision of 24-hour nursing and personal care
- proper dietary and nutritional assessments
- stimulating recreational and social activities
- quality housekeeping and environmental services

What should you consider when reviewing these results?

Each municipality's results are influenced to varying degrees by a number of factors, including:

- staff mix: ratio of registered and non-registered staff varies amongst municipalities, resulting in a higher cost structure for registered staff
- support and type of programming provided as determined by Council
- role of Local Health Integration Networks (LHINs): establishing the mix of health services for a given community
- demographics: age of the population and specific needs of the client
- uncontrollable price variables: pay equity legislation and wage arbitration, availability of appropriate skilled workers
- other providers: charitable and private sector participation in the long-term care business

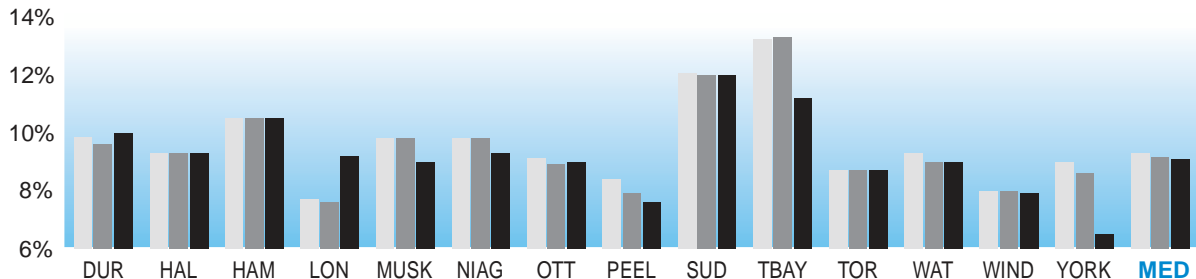
NOTE: All long term care facilities in Ontario have transitioned to a new Minimum Data Set Resident Assessment Instrument (MDS RAI) Resident Classification System. Depending on the homes' implementation schedule, some facilities may be operating with an arbitrary case mix index (CMI) until 2012. This CMI may not reflect the actual level of care required by residents of a home. The CMI has been used to adjust for the differences in the level of care provided by each facility. However, during the transition to the new MDS RAI system, the use of an arbitrary CMI may result in some distortion of the results.

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What are the results?

How many citizens aged 75 and over have access to long-term care beds?

Fig. 9.1 Percentage of LTC Community Need Satisfied



2009	10.0%	9.3%	10.5%	9.2%	9.0%	9.3%	9.0%	7.6%	12.0%	11.2%	8.7%	9.0%	7.9%	6.5%	9.1%
2008	9.6%	9.3%	10.5%	7.6%	9.8%	9.8%	8.9%	7.9%	12.0%	13.3%	8.7%	9.0%	8.0%	8.6%	9.2%
2007	9.8%	9.3%	10.5%	7.7%	9.8%	9.8%	9.1%	8.4%	12.1%	13.2%	8.7%	9.3%	8.0%	9.0%	9.3%

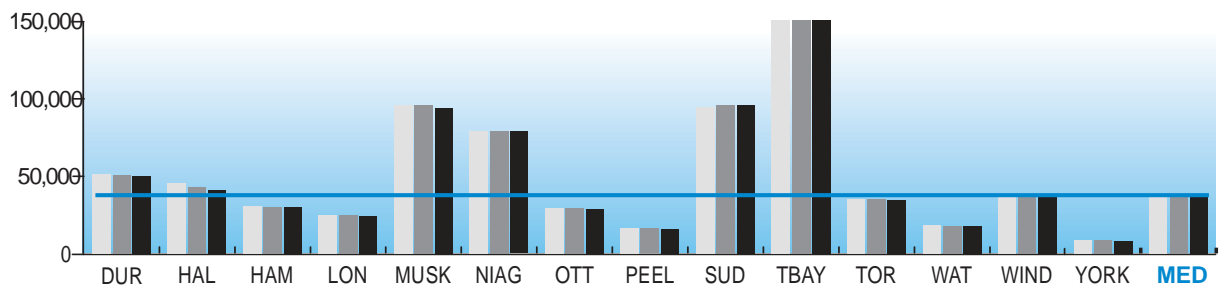
Source: LTCR105 (Community Impact)

Figure 9.1 shows the number of LTC beds provided by all service providers (municipal, charitable, and private) within a given community as a percentage of the population aged 75 and over. The declining trend observed in most communities show that the number of available beds has not kept pace with the growing aging population, however in London two non municipal long term care facilities opened in 2009.

The need for LTC beds is influenced by the availability of other services, such as hospital beds (e.g. complex continuing care), other community care services, supportive housing, adult day spaces, etc. These services are designed to work together to provide a continuum of health care for citizens.

How many municipal bed days are available?

Fig. 9.2 LTC Facility Bed Days per 100,000 Population



2009	50,106	40,551	29,838	24,501	94,194	78,850	28,822	15,703	95,671	150,688	34,646	17,943	37,333	8,198	35,990
2008	50,654	43,027	30,241	24,774	95,738	79,245	29,223	16,257	95,933	150,688	34,956	18,026	37,607	8,399	36,282
2007	51,269	45,265	30,299	24,914	95,738	79,028	29,438	16,513	94,758	150,688	34,976	18,355	37,677	8,614	36,327

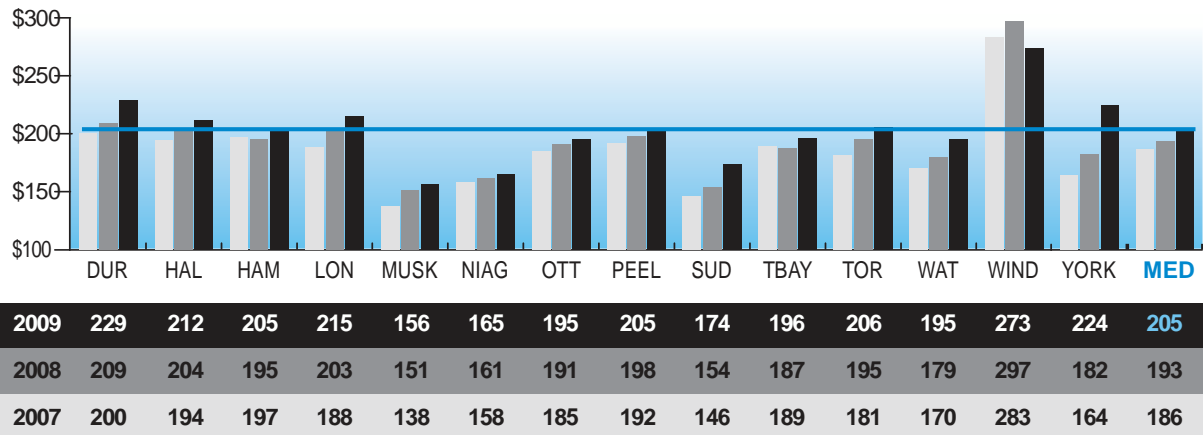
Source: LTCR217 (Service Level)

Figure 9.2 illustrates the availability of municipal bed days. One should also take into account the number of charitable and private care bed days.

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How much does it cost to provide one long-term care bed for a day?

Fig. 9.3 LTC Facility Operating Cost (CMI Adjusted) per LTC Facility Bed Day



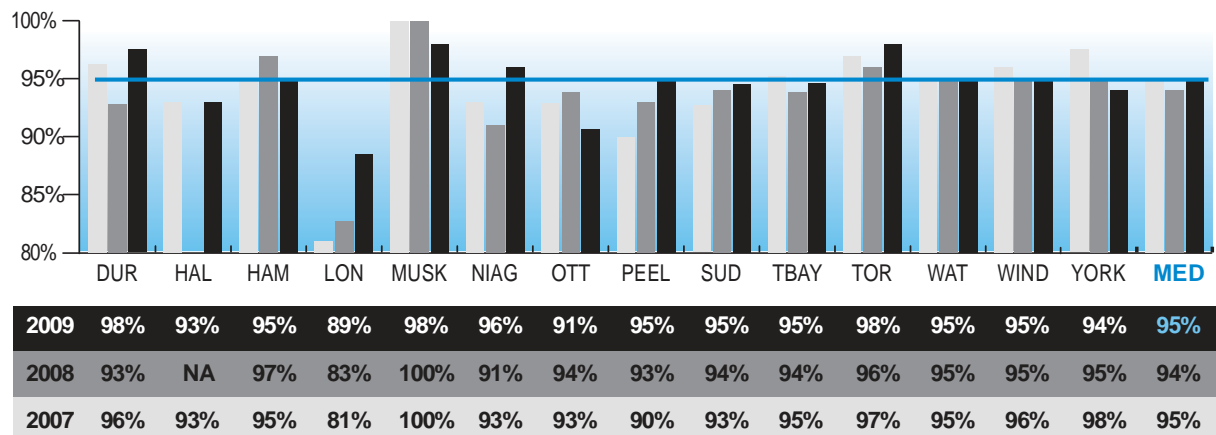
Source: LTCR₃₀₅ (Efficiency)

NOTE: Based on calculations using the Ministry of Health and Long-Term Care Annual Report Data.

Figure 9.3 reflects the differences in the level and intensity of care required by residents in each LTC home. Many municipalities contribute additional resources to their LTC operations to maintain standards of care that exceed provincial standards. The transitioning to a new MDS RAI Resident Classification System may result in some distortion of these results.

How satisfied are residents with municipal long-term care services?

Fig. 9.4 LTC Resident Satisfaction



Source: LTCR₄₀₅ (Customer Service)

NOTE: Residents of municipal LTC homes in Halton were not surveyed in 2008.

Figure 9.4 shows the percentage of surveyed long-term care residents and/or their families who are satisfied with the municipal long-term care home as a place to live. Residents and/or their family members are typically surveyed annually to ensure their needs are understood and that services are provided to meet those needs. Municipal long-term care homes have historically experienced high satisfaction ratings from their residents.