The Corporation of the City of Kawartha Lakes
Agenda
Victoria Manor Committee of Management Meeting

VMC2020-001
Monday, January 20, 2020
1:00 P.M.
Victoria Manor Boardroom
Victoria Manor, Second Floor
220 Angeline Street South, Lindsay, Ontario

Members:

Deputy Mayor Patrick O'Reilly
Councillor Doug Elmslie
Councillor Kathleen Seymour-Fagan

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		Pages
1.	Call to Order	
2.	Adoption of Agenda	
3.	Disclosures of Pecuniary Interest	
4.	Deputations and Presentations	
5.	Approval of the Minutes of the Previous Meeting	3 - 6
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7.	Correspondence	
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9.1	Closed Minutes, Victoria Manor Committee of Management, November 18, 2019, Municipal Act, 2001 s.239(2)(b)(d)(g)	
9.2	Victoria Manor Confidential Operations Report to Committee of Management, November and December 2019, Municipal Act, 2001 s.239(2)(b)(d)(e)	
10.	Matters from Closed Session	
11.	Other New Business	
12.	Next Meeting	
	March 16, 2020, Victoria Manor Boardroom, commencing at 1:00 p.m.	
13.	Adjournment	

The Corporation of the City of Kawartha Lakes

Minutes

Victoria Manor Committee of Management Meeting

VMC2019-007
Monday, November 18, 2019
1:30 P.M.
Victoria Manor Boardroom
Victoria Manor, Second Floor
220 Angeline Street South, Lindsay, Ontario

Members:
Deputy Mayor Doug Elmslie
Councillor Patrick O'Reilly
Councillor Kathleen Seymour-Fagan

Accessible formats and communication supports are available upon request.

1. Call to Order

Deputy Mayor Elmslie called the meeting to order at 1:30 p.m. Councillors P. O'Reilly and K. Seymour-Fagan were in attendance.

Executive Director Pamela Kulas, Director Rod Sutherland, Executive Assistant Holly Russett and Sienna Senior Living VP Operations and Long Term Care Jennifer Powley were also in attendance.

2. Adoption of Agenda

VMCM2019-070
Moved By Councillor Seymour-Fagan
Seconded By Councillor O'Reilly

That the agenda be adopted as circulated.

Carried

3. Disclosures of Pecuniary Interest

There were no declarations of pecuniary interest disclosed.

4. Deputations and Presentations

None

5. Approval of the Minutes of the Previous Meeting

VMCM2019-071
Moved By Councillor Seymour-Fagan
Seconded By Councillor O'Reilly

That the minutes of the Victoria Manor Committee of Management meeting held on September 16, 2019, be adopted as circulated.

Carried

6. Business Arising from Previous Meetings

None

7. Correspondence

7.1 Memorandum - 2020 Proposed Meeting Dates

VMCM2019-072
Moved By Councillor O'Reilly
Seconded By Councillor Seymour-Fagan

That the November 18, 2019 memorandum from Director Sutherland, regarding 2020 Proposed Meeting Dates, be received.

Carried

8. Reports

8.1 Victoria Manor Operations Report to Committee of Management, September and October 2019

VMCM2019-073
Moved By Councillor Seymour-Fagan
Seconded By Councillor O'Reilly

That the Victoria Manor Operations Report to Committee of Management, September and October 2019, provided by Sienna Senior Living, be received for information.

Carried

8.2 Report VMC2019-09 2019 Employee Engagement Survey

VMCM2019-074
Moved By Councillor O'Reilly
Seconded By Councillor Seymour-Fagan

Resolved That Report VMC2019-09, "2019 Employee Engagement Survey", be received for information.

Carried

9. Closed Session

VMCM2019-075
Moved By Councillor O'Reilly
Seconded By Councillor Seymour-Fagan

That the Victoria Manor Committee of Management convene into closed session in order to consider matters on the Monday, November 18, 2019 Closed Session Agenda and that are permitted to be discussed in a session closed to the public pursuant to Section 239(2)(b)(d)(e)(g) of the Municipal Act, S.O. 2001. S.25

Carried

10. Matters from Closed Session

10.1 Correspondence regarding College of Nurses of Ontario Findings

VMCM2019-080
Moved By Councillor Seymour-Fagan
Seconded By Councillor O'Reilly

That the Correspondence dated October 29, 2019 regarding College of Nurses of Ontario Findings was received in closed session.

Carried

11. Other New Business

Director Sutherland shared that a Ministerial delegation is being considered for the upcoming Rural Ontario Municipal Association conference in January regarding redevelopment.

12. Next Meeting

January 20, 2020, Victoria Manor Boardroom, commencing at 1:00 p.m.

13. Adjournment

VMCM2019-081
Moved By Councillor Seymour-Fagan
Seconded By Councillor O'Reilly

That the Victoria Manor Committee of Management Meeting adjourn at 2:13 p.m.

Carried

The Corporation of The City of Kawartha Lakes

Human Services Department

Memorandum

To: **Victoria Manor Committee of Management**
From: **Rod Sutherland, Director**
Date: **January 20, 2020**
RE: **Central East Local Health Integration Network: Long-Term Care Home Demand and Utilization Report, December 2019**

The Central East Local Health Integration Network (CE-LHIN) produced a Long-Term Care Home Demand and Utilization Report to analyze demand, growth, capacity and need within LHIN Sub-regions and neighbourhoods. A sub-region is a smaller geographic planning region within the Central East LHIN that helps the LHIN to better understand and address patient needs at the local level.

Note that this report still refers to the former Central East LHIN and its sub-regions as opposed to the recently announced consolidated LHIN Regions. The former Central East LHIN is now part of the newly created interim East Region (comprised of the former Champlain, South East and Central East LHINs).

Kawartha Lakes and Haliburton County comprise one sub-region of the CE-LHIN. The report, attached for the Committee's information, highlights the current capacity and demand across the CE-LHINs seven sub-regions.

Attachment: CE-LHIN Long-Term Care Home Demand and Utilization Report, December 2019

Central East LHIN
LTCH Data Dec 2019_

Human Services Department
PO Box 2600, 68 Lindsay Street North, Lindsay, ON K9V 4S7
Tel: (705) 324-9870 fax: (705) 328-2875
website: www.kawarthalakes.ca

Central East Local Health Integration Network

Long-term Care Home Demand and Utilization

December 2019

Ontario

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1. Introduction

1.1. Purpose

The purpose of this study is to analyze demand, growth, capacity and need within LHIN Sub-regions and neighbourhoods. A sub-region is a smaller geographic planning region within the Central East LHIN that helps the LHIN to better understand and address patient needs at the local level.

In the Central East LHIN there are seven (7) Sub-regions:
1) Scarborough North (SN);
2) Scarborough South (SS);
3) Durham West (DW);
4) Durham North East (DNE);
5) Northumberland County (NC);
6) Peterborough City and County (PCC); and
7) Haliburton County and City of Kawartha Lakes (HCCKL).

For more information on LHIN Sub-regions and population, demographics, and health system information, visit our interactive tool on the Central East LHIN website at http://www.centraleastlhin.on.ca/.

1.2. Background and Scope

In the Central East LHIN there are 68 Long-term Care Homes with a total of 9,693 long-term care beds distributed across seven (7) Sub-regions. The 9,693 beds consist of 9,514 Long-Stay beds, 16 Interim beds, 45 Short-Stay Respite beds (SSR), 107 Convalescent Care Program (CCP) beds and 11 Beds in Abeyance (BIA). **Table 1** below contains additional details at the LHIN Sub-region level. The long-stay column includes interim beds but does not include Beds in Abeyance (BIA).

1.2.1 Table1: Central East LHIN Long-term Care Home Bed Configuration

LHIN Sub-region	# LTC Homes	# Beds Current (SS, LS, Interim and BIA)	Long Stay Incl. Interim	Interim	CCP	BIA	SSR
Scarborough North	5	1,071	1,057	0	10	0	4
Scarborough South	17	3,161	3,071	0	55	11	24
Durham West	7	1,021	1,020	0	0	0	1
Durham North East	12	1,770	1,722	11	32	0	5
Northumberland County	8	667	665	0	0	0	2
Peterborough City and County	8	1,111	1,090	5	10	0	6
Haliburton County and City of Kawartha Lakes	11	892	889	0	0	0	3
Total	**68**	**9,693**	**9,514**	**16**	**107**	**11**	**45**

Source: 2016-2019 Long Term Care Home Service Accountability Agreements

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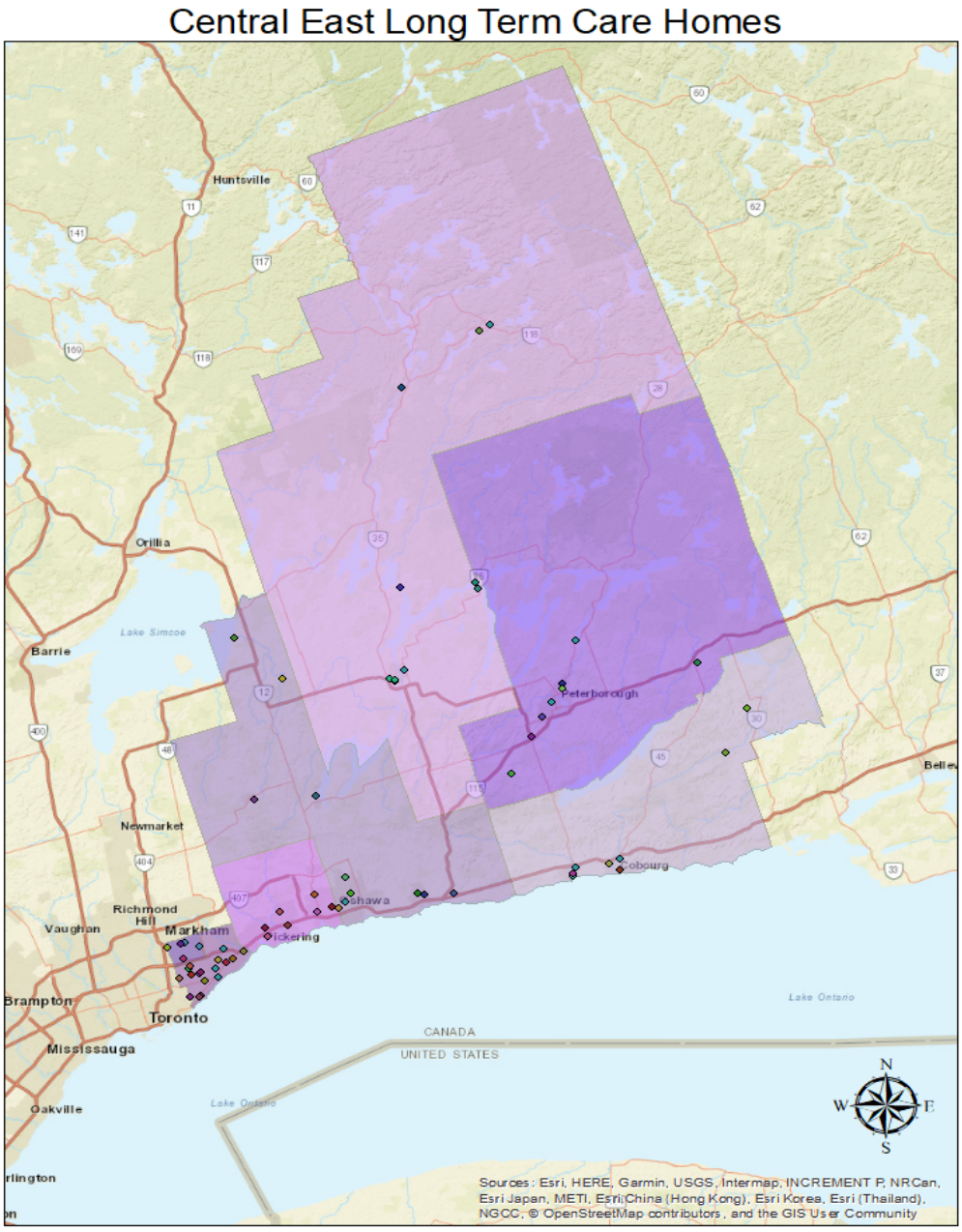
Figure 1 below provides a snapshot of how the 68 Long Term Care Homes are distributed across the Central East LHIN.

1.2.1 Figure 1: Distribution of Central East LHIN Long Term Care Homes



Data as of December 11, 2019

There are also 16 Interim beds located in Peterborough (5 beds) and in Oshawa (11 beds). Note that Interim beds are subject to temporary licensing and may not be available to the system over the longer term.

Short-Stay Respite beds (SSR) are renewed annually and the numbers presented above are the 2019 numbers.

Note that the 11 Beds in Abeyance (BIA) are located in Scarborough South and are currently not in service. They are licensed and will be considered when these homes redevelop.

This document will investigate population characteristics, long-term care home capacity, waitlists and demand at the LHIN Sub-region level. It will also touch upon Alternate Level of Care for Long-Term Care. The need for Long-term Care beds as well as specialized services such as Dementia and Behavioural Supports is also explored. What is not in scope in this study is an analysis of the Assisted Living, Adult Day Program or other services designed to support patients in the community.

1.2.2. Long-term Care Characteristics in Central East LHIN

The document entitled "*Environmental Scan 2019-2022 Integrated Health Service Plans*" (the Environmental Scan) is comprised of the data prepared by representatives of the Health Analytics Branch of the Ontario Ministry of Health and Long-Term Care, the Access to Care division of Cancer Care Ontario, and Health Shared Services Ontario. Interpretation of the data provided was completed by representatives of the all LHINs as a collaborative pan-LHIN project. The following Profile of Long-Term Care in the Central East LHIN was included in the Environmental Scan:

1.2.2.1 Long-Term Care Waitlist & Placements

Insight was offered in the Environmental Scan regarding the Long-Stay demand and selected characteristics of LTCH residents. Note that the Environmental Scan is based on March 2018 data and waitlist numbers will differ slightly in comparison with the Long-Term Care Home System Report as well as the Central East LHIN calculations.

Table 6 found on page 14 provides the waitlist data extracted December 11, 2019 from the Central East LHIN report named 'Long Term Care Waitlist' that extracts data from our electronic patient record Client Health Related Information System (CHRIS).

1.2.2.2 Long-Stay Demand

The Environmental Scan makes the following observations relating to long-stay demand in the Scarborough North Sub-region,

- Comparing within Central East LHIN, the Scarborough North Sub-region has the highest shortfall of Long-Stay beds among all Ontario Sub-regions.

Note however, according to the Central East LHIN data that Scarborough North also has the highest number of Out of Region (OOR) applications (2,006 and a high percentage of 3B applicants (1,297). These 3B applicants potentially include spouses with lower care needs who tend to apply at the same time as their spouse/partners, seeking the culturally-specific services provided by these LTCHs and those in other LHINs.

The Ministry of Health and Long-Term Care Health Data Branch September 2019 report entitled, "Long-Term Care Home System Report from New CPRO" reports the Central East demand to be at 17,285. Note that demand is calculated by adding existing Long-Term Care Home residents to the number of residents on the waitlist, and does not represent unique individuals but rather choices. This is the highest demand in the Province, followed by Hamilton Niagara Haldimand Brant LHIN (which has the highest number of beds) and next by Central LHIN. According to this report, the Central East LHIN has the 2nd highest number of beds and the highest waitlist of 7,842 (not including transfers) with a utilization rate of 99.2%. There were 1,554 clients placed from January to September 2019.

1.2.2.3 Selected Characteristics of Long-Term Care Home Residents

Also included in the Environmental Scan are characteristics related to Long-Term Care Home Residents.

- In Central East LHIN, 84% of Long-Term Care Home Residents were over the age of 75 with 58% being over the age of 85;
- In 2016/17, the mean age of residents of LTC Homes in Central East LHIN was 84;
- The mean length of stay for residents of LTC Homes in Central East LHIN was 1,009 days (about 2.8 years) with half of residents remaining in LTC homes for less than 625 days;
- Nearly 81% of residents need extensive help with daily activities such as getting out of bed, eating, or toileting;
- 27% are highly or entirely dependent on staff;
- 82% have some form of cognitive impairment; 28% are severely impaired;
- 44% exhibit some level of aggressive behaviour related to their cognitive impairment or mental health condition with 6% exhibiting very severe aggressive behavior; and

- 65% of active LTC Residents in Central East LHIN LTC Homes have been identified as having some form of Dementia.

The Central East LHIN reports that from December 2018 to November 2019 there were on average 43% of patients on waitlists for long-term care homes who exhibit behaviours, with the highest percentage waiting in hospital. There is no significant difference between Clusters – Durham Cluster, Scarborough Cluster and Northeast Cluster in terms of the percentage of patients on LTCH waitlists with behaviours. Currently, the Scarborough Cluster has the greatest number of patients with behaviours on the waitlists (2,935) followed by Durham Cluster (1,789) and the Northeast Cluster (1,297).

1.3. Alternate Level of Care

The Alternate Level of Care (ALC) number of patients designated as ALC for LTC and the total ALC days is reported for each of the seven (7) LHIN Sub-regions. A report conducted by the Optimus SBR consulting team in April 2016 reviewed the Central East LHIN's ALC strategies and outcomes and concluded that "Central East LHIN's persistently high inpatient ALC rate is primarily (76%) attributable to ALC patients waiting for LTC. The proportion waiting for LTC has nearly doubled from 2007, when it was 41%. At the same time, institutional ALC patients represent a small fraction of all people waiting in the community for LTC." The report went on to state that "Central East LHIN has the longest recorded LTC waitlist for all LHINs, and hence the most serious capacity constraint in LTC relative to its existing demand. Central East LHIN also has among the largest 75+ populations in the province which is also expected to grow, suggesting these LTC and ALC pressures will get progressively worse over time. Further investment in ALC strategies that do not alleviate LTC demand are likely to have a limited impact on Central East LHIN's ALC rates going forward." **Table 6** on page 14 provides ALC rates for each of the LHIN Sub-regions.

1.4. Population Demographics

Table 2 below summarizes the population demographic data for the Central East LHIN based on the 2016 census data.

1.4.1 Table 2: Population 2016 Census Data

Sub-Region	Pop. All Ages	65-74 Pop.	75+ Pop.	% of Total Pop. 65+
Scarborough North	175,504	18,005	18,130	21%
Scarborough South	423,690	35,975	29,940	16%
Durham West	339,825	25,685	17,385	13%
Durham North East	306,037	28,095	21,595	16%
Northumberland County	73,754	10,875	7,945	26%
Peterborough City and County	138,236	17,550	13,975	23%
Haliburton County and City of Kawartha Lakes	93,485	14,645	10,350	27%
CE LHIN	**1,550,531**	**150,830**	**119,320**	**17%**
Ontario	**13,448,494**	**1,266,390**	**985,265**	**17%**

Source: Health Analytics & Insights Branch. Prepared October 2018.
Note that the Integrated Health Service Plan (IHSP5) contains data which reflects population estimates calculated by the Health Analytics and Insights Branch (HAIB) based on a combination of census data, including the 2016 Census data presented above.

The populations 65 and over represent 17% of the total population. Note also that the population of the Central East LHIN is projected to increase by 6.0% by 2021 and by 11.4% by 2026.

The Ministry of Finance on its website (2019) states that:

> "The arrival of Baby Boomers into the 65+ age group begins in 2011. The number of seniors is projected to more than double, increasing from 1.8 million in 2009 to 3.7 million by 2030. Even faster growth is projected for the oldest age group during this period, with the population aged 90+ rising by 147 per cent. By 2030, seniors will

account for 21.9 per cent of Ontario's population, much higher than the current 13.7 per cent share."

Although the various sources of data do not provide exact projections at the LHIN Sub-region level, the LHIN will continue to see population growth, across all LHIN Sub-regions with a higher concentration of age 65+ and 75+ (in proportion to overall population growth) expected outside the Greater Toronto Area (GTA).

Table 3 below outlines the total distribution of Long-Term Care beds, highlighting those eligible for redevelopment by 2025 (or 2022)**.** Short-stay respite (SSR), Beds in Abeyance (BIA), and Convalescent Care Program (CCP) beds can be converted to long-stay and are therefore, included in the total. Note that the 16 Interim beds (temporary licenses) are also included in the total beds to align to existing statistics related to waitlists and flow, however, it is cautioned that they are considered temporary licenses and there is no guarantee that they will be included in redevelopment projects moving forward.

1.4.2 Table 3: Scope of Eligible Redevelopment Projects in Central East LHIN

LHIN Sub-region	Total # LTCHs	Total # Licences	Number of Homes Eligible	Number of Beds Eligible	New Beds Awarded	Total Beds Eligible to Develop or Redevelop
Scarborough North	5	1,071	1 + 1 new LTCH	254	224	478
Scarborough South	17	3,161	11 + 1 New class LTCH with additional beds	1,895	257	2,152
Durham West	7	1,021	3	405	124	529

LHIN Sub-region	Total # LTCHs	Total # Licences	Number of Homes Eligible	Number of Beds Eligible	New Beds Awarded	Total Beds Eligible to Develop or Redevelop
Durham North East	12	1,770	8	856	178	1,034
Northumberland County	8	667	6	470	29	499
Peterborough City and County	8	1,111	4 + 1 new LTCH	425	283	708
Haliburton County and City of Kawartha Lakes	11	892	5	413	0	413
Total	**68**	**9,693**	**41**	**4,718**	**1,095**	**5,813**

Source: Long-Term Care Home Service Accountability Agreements Minister's Letters- Long-Term Care Home Bed Allocation

Table 4 below provides an analysis of the current bed supply in the Central East LHIN as it relates to the beds per 1000 aged 65 to 74 and 75+.

1.4.3 Table 4: Central East LHIN Current Beds per 1000 Aged 65-74 and 75+

LHIN Sub-region	Total # LTCHs	Total # Current Beds (all types)	2016 Population Aged 65-74	Beds Per 1,000 65 to 74	2016 Population Aged 75+	Beds Per 1,000 75+	Population 65+	Beds Per 1,000 65+
SN	5	1,071	18,005	59	18,130	59	36,135	30

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LHIN Sub-region	Total # LTCHs	Total # Current Beds (all types)	2016 Population Aged 65-74	Beds Per 1,000 65 to 74	2016 Population Aged 75+	Beds Per 1,000 75+	Population 65+	Beds Per 1,000 65+
SS	17	3,161	35,975	88	29,940	106	65,915	48
DW	7	1,021	25,685	40	17,385	59	43,070	24
DNE	12	1,770	28,095	63	21,595	82	49,690	36
NC	8	667	10,875	61	7,945	84	18,820	35
PCC	8	1,111	17,550	63	13,975	79	31,525	35
HCCKL	11	892	14,645	61	10,350	86	24,995	36
Total	**68**	**9,693**	**150,830**	**64**	**119,320**	**81**	**270,150**	**36**

Source: Health Analytics & Insights Branch. Prepared October 2018.

Table 5 below provides an analysis of the projected bed supply after approved development and redevelopment projects are complete in 2022.

1.4.4 Table 5: Central East LHIN 2022 Projected Beds per 1000 Aged 65-74 and 75+

LHIN Sub-region	Total # LTCHs	Total Beds (2022) (Long-stay)	2016 Population Aged 65-74	Population Aged 75+	Beds Per 1,000 65–74	Beds Per 1,000 75+	Beds Per 1,000 65+
SN	5	1,295	18,005	18,130	72	71	36
SS	17	3418	35,975	29,940	95	114	52

LHIN Sub-region	Total # LTCHs	Total Beds (2022) (Long-stay)	2016 Population Aged 65-74	Population Aged 75+	Beds Per 1,000 65–74	Beds Per 1,000 75+	Beds Per 1,000 65+
DW	7	1145	25,685	17,385	44	66	27
DNE	12	1948	28,095	21,595	69	90	39
NC	8	696	10,875	7,930	64	88	37
PCC	8	1394	17,550	13,945	79	100	44
HCCKL	11	892	14,645	10,330	61	86	36
Total	**68**	**10,788**	**150,830**	**119,320**	**72**	**90**	**40**

Source: Health Analytics & Insights Branch. Prepared October 2018.

Note that the Integrated Health Service Plan (IHSP5) contains data which reflects population estimates calculated by the Health Analytics and Insights Branch (HAIB) based on a combination of census data, including the 2016 Census data presented above.

With the addition of the 1,095 new beds the Central East LHIN will have a total of 5,813 beds and 41 LTCHs to redevelop by 2025.

The Central East LHIN has analyzed the current and projected demand and usage in Long-Term Care Home beds in the LHIN and in each of the seven (7) LHIN Sub-regions and the communities within those Sub-regions. A more in-depth analysis of the population of seniors, demographics, growth projections, number of LTCH beds at the neighbourhood level, waitlists and LTC turn-over rate is included in **Table 6** below and the sections that follow. Note that **Table 6** presents a number of statistics and below each ranks the LHIN Sub-region from highest to lowest for each statistic. The waitlist data used to calculate the beds per person on the waitlist and number of years to place people on the waitlist is based on waitlist numbers that capture unique individuals waiting as first choice.

1.4.5 Table 6: Summary of Statistics at the Sub-region Level

	SN	SS	DW	DNE	NC	PCC	HCCKL
Population 65-74	18,005	35,975	25,685	28,095	10,875	17,550	14,645
	1st	2nd	4th	3rd	7th	5th	6th
Population over 75	18,130	29,940	17,385	21,595	7,945	13,975	10,350
	1st	2nd	4th	3rd	7th	5th	6th
Population over 65	36,135	65,915	43,070	49,690	18,820	31,525	24,995
	4th	1st	3rd	2nd	7th	5th	6th
Percentage of Total Population over 65	21%	16%	13%	16%	26%	23%	27%
	4th	5th (tie)	6th	5th (tie)	2nd	3rd	1st
Beds (long-stay)	1,071	3,161	1,021	1,770	667	1,111	892
	4th	1st	5th	2nd	7th	3rd	6th
Beds Per 1000 65+ (current)	30	48	24	36	35	35	36
	4th	1st	5th	2nd (tie)	3rd (tie)	3rd (tie)	2nd (tie)
Beds Per 1000 65+ (projected) With new beds	36	52	27	39	37	44	36
	6th	1st	7th	3rd	4th	2nd	5th (tie)
ALC for LTC Patients	27		38	152	31	71	37
	6th (tie)		3rd	1st	5th	2nd	4th
ALC for LTC (Days)	14,010		13,113	31,212	5,297	21,176	7,579
	3rd (tie)		4th	1st	6th	2nd	5th
	3,260*	1,248	1,804	1,654	609	1,367	657

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	SN	SS	DW	DNE	NC	PCC	HCCKL
Waitlist (1st choice, unique)							
	1st	5th	2nd	3rd	7th	4th	6th
Waiting at a category 1-3A/4A (greatest need)	4,204	2,012	2,460	2,406	680	1,376	700
	1st	4th	2nd	3rd	7th	5th	6th
Ave. Annual Placement	217	926	292	515	233	313	312
	7th	1st	5th	2nd	6th	3rd	4th
# Beds per Person on WL (1st choice)	0.3	2.46	0.57	1.04	1.1	0.8	1.36
	7th	1st	6th	4th	3rd	5th	2nd
# Years to Placement from Waitlist; approx	14.11**	1.42	6.42	3.00	2.32	3.54	2.15
	1st	7th	2nd	4th	5th	3rd	6th
# Out of Region Applicants	2,006**	749	277	299	59	98	54
	1st	2nd	4th	3rd	6th	5th	7th

*Represents patients who are counted once only for their first choice.

**Scarborough North has a significant portion of applicants from within and outside of region applying for culturally specific homes.

2. Scarborough North (SN) LHIN Sub-region:

2.2 Population and Demand for Long-term Care

The Environmental Scan identifies the following characteristics of the Scarborough North LHIN Sub-region in relation to the other LHIN Sub-regions in the Province:

- 7th highest percent of residents with one (1) or more unplanned ED visits in the last 30 days of life;
- 5.8% of patients from Scarborough North Sub-region were complex (4+ conditions). (Ontario - 5.8%);
- 7th highest population density;

- Lowest percentage of residents who report English as their mother tongue in all Ontario Sub-regions;
- Highest percentage of residents who report no knowledge of English or French;
- Highest percentage of residents who were immigrants;
- 4th highest percentage of residents who were recent immigrants. The country of origin for the largest proportion of recent immigrants was China;
- Highest percentage of residents who were first generation Canadian;
- Highest percentage of population who were visible minorities;
- 2nd lowest percentage of residents reporting Aboriginal identity;
- Across Ontario's Sub-regions, the utilization rate for Home Care Services for Scarborough North was 38.3 per 1,000 residents (the second lowest in the LHIN);
- Among the eight (8) highest Sub-regions in nursing visit rates in 2017/18;
- 4th highest percentage of residents who died in hospital;
- 3rd highest percentage of seniors (65+) living in low-income households;
- 3rd highest percent of residents with one (1) or more unplanned ED visits in the last 30 days of life (tied with North York West);
- At the end of 2017/18, residents of Scarborough North had had the 8th longest wait to date for discharge from an ALC designation in hospital (open cases).
- The second lowest home care referrals per 1,000 population (38.1) among Central East LHIN Sub-regions.

Table 7 below provides a detailed LTCH overlay of Long Term Care Homes by neighbourhood in the Scarborough North Sub-region.

2.2.2 Table 7: Scarborough North –Current LTCH Beds by Geographical Area

Geographical Area	Long-term Care Homes	Long-term Care Home Beds
Agincourt North	Yee Hong Scarborough Finch	249 Long Stay (1 Respite)
Agincourt South-Malvern West	No Homes in this Postal Code	0
L'Amoreaux	No Homes in this Postal Code	0
Milliken	Mon Sheong	158 Long Stay (2 Respite)

Geographical Area	Long-term Care Homes	Long-term Care Home Beds
	Yee Hong McNichol	154 Long Stay (1 Respite)
Steeles	Tendercare	244 Long Stay (10 Convalescent Care Beds)
Tam O'Shanter-Sullivan	Sheppard Lodge	252 Long Stay
Scarborough North Sub-region Total - Current	**5**	**1,057 Long Stay** **4 Respite** **10 Convalescent Care Beds**

Source: Health Analytics Branch LHIN and Sub-region Census 2016 Profile Central East LHIN Sub-region Profiles. Central East LHIN 2016-2019 Long-Term Care Home Service Accountability Agreements.

2.3 Cultural and Specialized Programming Considerations:

All but one (1) of the five (5) LTCs in the Scarborough North Sub-region primarily provides cultural and linguistic programming to Chinese-speaking residents:

- Mon Sheong Scarborough (160 beds) – identified as Chinese cultural/linguistic;
- Yee Hong Centre for Geriatric Care – Scarborough Finch (250 beds) – identified as Chinese cultural/linguistic with a 25-bed Japanese Unit;
- Yee Hong Centre for Geriatric Care- McNicholl (155 beds) – identified as Chinese cultural/linguistic;
- Tendercare Living Centre (254 beds) – 95% Chinese cultural/linguistic population (no formal identification); and
- Shepherd Lodge (252 beds) – identified as Pentecostal/religious.

The percentage of immigrants in Scarborough North is the highest at 66.9%. In addition, there were 0.2% of people identifying as indigenous in this LHIN Sub-region.

The Scarborough North electoral riding demographics are described by Revolvy.com (2018) as: "Ethnic groups: 46.0% Chinese, 20.8% White, 15.1% South Asian, 5.3% Black, 3.8% Filipino, 1.9% West Asian, 1.6% Arab. Languages spoken are 41.3% Chinese, 32.5% English, 5.1% Tamil, 2.3% Tagalog, 1.8% Armenian, 1.7% Arabic, 1.6% Greek, 11.4% Italian, 1.4% Urdu, and 1.2% Persian."

3 Scarborough South (SS) Sub-region:

3.2 Population and Demand for Long-Term Care

The Environmental Scan, identifies the following characteristics of the Scarborough South Sub-region in relation to the other LHIN Sub-regions in the province:

- 6.3% of patients from Scarborough South Sub-region were complex (4+ conditions) (Ontario - 5.8%);
- 5th highest population;
- 8th highest percentage of residents who were first generation Canadian;
- 4th highest percentage of residents who were visible minorities;
- 5th highest percentage of residents who died in hospital;
- 8th highest percentage population living below the low-income measure;
- 7th highest percent of residents with one or more unplanned ED visits in the last 30 days of life;
- Across Ontario's sub-regions, the utilization rate for Home Care Services for Scarborough South was 39.9 per 1,000 residents (the third lowest in the LHIN); and
- Across Ontario's sub-regions, Scarborough South and Durham North East had the seventh and eighth highest number of active patient referrals with 17,860 and 15,879, respectively.

Table 8 below provides a detailed LTCH overlay by neighbourhood and population distribution in the Scarborough South Sub-region.

3.2.1 Table 8: Scarborough South Sub-region– LTCH Beds by Geographical Area

Geographical Area	Long-term Care Homes	Long-term Care Home Beds
Rouge (M1B)	Extendicare Rouge Valley	191 Long Stay (1 Respite)
Centennial Scarborough (M1C)	Tony Stacy Centre for Veteran's Care	96 Long Stay (4 Respite)
	Altamont Care Community (right next to Rouge)	157 Long Stay (2 Respite)
Eglinton East (M1E)	Trilogy	195 Long Stay (2 Respite)

Geographical Area	Long-term Care Homes	Long-term Care Home Beds
Guildwood	Extendicare Guildwood	167 Long Stay (2 Respite)
Morningside	Seven Oaks	230 Long Stay (2 Respite and 17 Convalescent Care Beds)
West Hill	Ehatare	32 Long Stay
Woburn (M1G)	Extendicare Scarborough	127 Long Stay (3 Respite 20 Convalescent Care Beds and 4 BIA beds)
M1H	No Homes in this Postal Code	0
M1J	No Homes in this Postal Code	0
M1K	No Homes in this Postal Code	0
Clairlea-Birchmount (M1L)	Ina Grafton Gage	128 Long Stay
M1M	No Homes in this Postal Code	N/A
Birchcliffe-Cliffside (M1N)	Craiglee	169 Long Stay
	Midland Gardens	297 Long Stay (2 Respite)

Geographical Area	Long-term Care Homes	Long-term Care Home Beds
Bendale (M1P)	Bendale Acres	300 Long Stay (2 Respite)
	Rockcliffe Care Community	202 Long Stay (2 Respite)
Dorset Park	Kennedy Lodge	263 Long Stay (1 Respite, 18 Convalescent Care Beds and 7 BIA beds)
	Hellenic Home	127 Long Stay (1 Respite)
	Fieldstone Commons	224 Long Stay
Wexford/ Maryvale (M1R)	The Wexford	166 Long Stay
M1X	No Homes in this Postal Code	0
Scarborough South Sub-Region **Total – Current**	**17**	**3,071 Long Stay** **24 Respite** **55 Convalescent Care Program** **11 Beds In Abeyance**

Source: Health Analytics Branch LHIN and Sub-region Census 2016 Profile Central East LHIN Sub-region Profiles. Central East LHIN 2016-2019 Long-Term Care Home Service Accountability Agreements.

3.3 Cultural and Specialized Programming Considerations:

Scarborough South has a rich tapestry of linguistic and cultural demographics, including English, French, Tamil, Cantonese, Bengali, Tamil, Tagalog and Urdu to name the top few (Toronto.ca, 2018). Currently the LTCHs in Scarborough South feature the following services:

- Bendale Acres has a French Language unit;
- Ehatare- services an Estonian population;
- Hellenic Home – services a Greek community;
- Fieldstone Commons has an Armenian Unit;

- Extendicare Scarborough has a Tamil Unit and a high population of Chinese speaking residents, although not officially designated as providing services to this population;
- Kennedy Lodge has a high population of Chinese speaking residents, although not officially recognized as providing services to this population;
- Seven Oaks reports having a young adult unit, although it is not officially recognized as providing services to this population; and
- Tony Stacey Centre for Veteran's Care – has veteran's priority access beds.

4 Durham West (DW) Sub-region:

4.2 Population and Demand for Long-term Care

Increased growth in the areas to the north and within Pickering, Ajax and Whitby are expected. Although the demographics indicate that the growing population is primarily comprised of working-age families, these families may also have aging parents who will require long-term care close to their loved ones. It is also expected that the Durham population will grow to 1.2 million by 2041. (www.durham.ca, 2018).

The Environmental Scan identifies the following characteristics of the Durham West LHIN Sub-region in relation to the other LHIN Sub-regions in the Province:

- 4.6% of patients from Durham West Sub-region were complex (4+ conditions). (Ontario - 5.8%);
- 7th lowest percentage of population aged 65+;
- 8th lowest percentage of population aged 75+;
- In 2017/18, residents of Durham West had the 6th longest wait before being discharged from hospital with an ALC designation (closed cases); and
- Across Ontario's Sub-regions, the utilization rate for Home Care Services for Durham West was 37.3 per 1,000 residents (the second lowest in the LHIN).

Table 9 below provides the location of LTC Homes and beds by geographic neighbourhood in the Durham West Sub-region.

4.2.1 Table 9: Durham West – LTCH Beds by Geographical Area

Geographical Area	Long-term Care Homes	Long-term Care Home Beds
Ajax		
Ajax Northeast	No Homes in this Postal Code	0
Ajax Northwest	Winbourne Park	109 Long Stay (1 Respite)
Ajax Waterfront	No Homes in this Postal Code	0
Applecroft	No Homes in this Postal Code	0
Carruthers	N/A	0
Central Ajax	N/A	0
Downtown Ajax	Ballycliffe Lodge	100 Long Stay
Riverside-Hermitage	No Homes in this Postal Code	0
Westney Heights	No Homes in this Postal Code	0
Whitby		
Brooklin East	No Homes in this Postal Code	0
Brooklin West	No Homes in this Postal Code	0

Geographical Area	Long-term Care Homes	Long-term Care Home Beds
Cochrane South	No Homes in this Postal Code	0
Downtown Whitby	Fairview Lodge	198 Long Stay
Dryden Anderson	No Homes in this Postal Code	0
Dryden East	No Homes in this Postal Code	0
Manning	No Homes in this Postal Code	0
Whitby Brock North	Village of Taunton Mills	120 Long Stay
Whitby South	Sunnycrest Nursing Home	136 Long Stay
Williamsburg	No Homes in this Postal Code	0
Pickering		
Amberlee	No Homes in this Postal Code	0
Brock Ridge Pickering	No Homes in this Postal Code	0
Dunbarton	No Homes in this Postal Code	0
Frenchmans Bay	Bay Ridges	124 Long Stay
West Rouge	No Homes in this Postal Code	0

Geographical Area	Long-term Care Homes	Long-term Care Home Beds
Pickering City Centre	Orchard Villa	233 Long Stay
Pickering North	No Homes in this Postal Code	0
Durham West Sub-region **Totals - current**	**7**	**1,020 Long Stay** **1 Respite**

Source: Health Analytics Branch LHIN and Sub-region Census 2016 Profile Central East LHIN Sub-region Profiles. Central East LHIN 2016-2019 Long-Term Care Home Service Accountability Agreements.

4.3 Cultural and Specialized Programming Considerations:

Ontario Shores (OS) has recently opened a unit for people designated ALC to LTC with behaviours, although this will specifically address a hospital need and is a provincial resource.

According to the Durham Region Commissioner of Planning and Economic Development #2018-INFO-53, #2017-INFO-66 and #2017-INFO-135 Reports, the following demographics represent Durham Region:

- In 2016, visible minorities comprised 27.1% of Durham's population, which represents an increase from 2011 (20.7%), 2006 (16.8%) and 2001 (12.4%). Respondents who reported being South Asian (8.6%), Black (8%), Filipino (2.3%) and Chinese (1.9%) comprise the largest groups of visible minorities.

- In 2016, 11,930 persons in Durham (2% of the population) reported identity with at least one (1) Aboriginal group. This represents an increase from 2011 (8,905 persons or 1.5%) and 2006 (6,565 persons or 1.2%).

- Approximately 15% of Durham residents reported a mother tongue different than either of Canada's two (2) official languages (English & French) in 2016. The most prevalent non-official languages reported as mother tongue in Durham in include (in rank order): Urdu (Pakistani), Tamil, Tagalog (Filipino), Italian, Spanish, Persian (Farsi), Polish, Arabic, German, Mandarin, Portuguese, and Cantonese.

According to the Durham Region Health Department's Population at a Glance (2019), the aging of the population is apparent with growth occurring in ages 55 and older. In particular, seniors 90 years and older had the highest population growth in Durham Region with an overall increase of 114%. The largest increase occurred in Pickering where the population of seniors 90 and older almost tripled, going from just over 250 in 2008 to over 630 in 2018.

5 Durham North East (DNE) LHIN Sub-region:

5.2 Population and Demand for Long-term Care

The Environmental Scan identifies the following characteristics of the Durham North East LHIN Sub-region in relation to the other LHIN Sub-regions in the Province:

- 6.1% of patients from Durham North East Sub-region were complex (4+ conditions) (Ontario - 5.8%);
- Compared to Ontario, the proportion of people with a regular medical doctor was significantly higher in Durham North East;
- Across Ontario's Sub-regions, Durham North East had the 8th highest number of active patient referrals with 15,879; and
- The utilization rate for Home Care Services for Durham North East was 49.6 per 1,000 residents (the highest rate in the LHIN).

Table 10 below provides a summary of LTCH beds by neighbourhood level for the Durham North East LHIN Sub-region.

5.2.1 Table 10: Durham North East – LTCH Beds by Geographical Area

Geographical Area	Long-term Care Homes	Long-term Care Home Beds
Brock	Lakeview Manor	147 Long Stay (2 Respite)
	Bon Air Residence	54 Long Stay (1 Respite)
Clarington	Marnwood Lifecare Centre	60 Long Stay

Geographical Area	Long-term Care Homes	Long-term Care Home Beds
	Glen Hill Strathaven	184 Long Stay (15 Convalescent Care Program 11 Interim)
	Fosterbrooke	87 Long Stay (1 Respite)
Oshawa	Thornton View	154 Long Stay
	Extendicare Oshawa	157 Long Stay (1 Respite and 17 Convalescent Care Program)
	Hillsdale Estates	300 Long Stay
	Hillsdale Terraces	200 Long Stay
	Chartwell Wynfield	172 Long Stay
Port Perry / Scugog / Mississaugas of Scugog Island	Port Perry Place	107 Long Stay
Uxbridge	Reachview Village	100 Long Stay
TOTAL	**12**	**1,722 Long Stay** **5 Respite** **32 Convalescent Care Program** **11 Interim**

Source: Health Analytics Branch LHIN and Sub-region Census 2016 Profile Central East LHIN Sub-region Profiles. Central East LHIN 2016-2019 Long-Term Care Home Service Accountability Agreements.

5.3 Cultural and Specialty Programming Considerations:

According to the "Durham Region Profile", located on the Regional Municipality of Durham website, the majority of immigrants in the Durham North East communities are from the United Kingdom, Algeria, and to a lesser degree, other European countries. Oshawa has a slightly more diverse population with people from Sri Lanka, the Philippines and Pakistan to name a few.

According to the Environmental Scan, 2.7% of the population in this LHIN Sub-region has an Aboriginal identity; 1.6% has a First Nations identity and 1% has a Metis identity Population and Demand for Long Term Care.

6. Northumberland County (NC) LHIN Sub-region:

6.2 Population and Demand for Long-term Care

The Environmental Scan identifies the following characteristics of the Northumberland County LHIN Sub-region in relation to the other LHIN Sub-regions in the Province:

- 5th highest percentage of residents who reported English as their mother tongue;
- 4th lowest percentage of residents who were recent immigrants;
- 6th highest percentage of patients receiving palliative care who died in hospital; and
- The utilization rate for Home Care Services for Northumberland County was 69.1 per 1,000 residents (the second highest in the LHIN).

Table 11 below provides population demographics at the neighbourhood level for the Northumberland County LHIN Sub-region.

Northumberland County in its "2009 Growth Management Strategy" published on Northumberland County's website, forecasted that by 2031", the population in the County will increase to 115,910. The report also states that 80% of recent migrants are of retirement age.

6.2.2 Table 11: Northumberland County – LTCH Beds by Geographical Area

Geographical Area	Long-term Care Homes	Long-term Care Home Beds
Alnwick/ Haldimand Alderville First Nation	No Homes in this Postal Code	0

Geographical Area	Long-term Care Homes	Long-term Care Home Beds
Cobourg	Streamway Villa	59 Long Stay
	Extendicare Cobourg	69 Long Stay
	Golden Plough Lodge	151 Long Stay
Cramahe	No Homes in this Postal Code	0
Hamilton	No Homes in this Postal Code	0
Port Hope	Regency Manor	58 Long Stay (2 Respite)
	Hope St Terrace	97 Long Stay
	Extendicare Port Hope	128 Long Stay
Trent Hills	Burnbrae Gardens	43 Long Stay
	CVH – Warkworth Place	60 Long Stay
Totals - current	**8**	**665 Long Stay** **2 Respite**

Source: Health Analytics Branch LHIN and Sub-region Census 2016 Profile Central East LHIN Sub-region Profiles. Central East LHIN 2016-2019 Long-Term Care Home Service Accountability Agreements.

6.3 Cultural and Specialized Programming Considerations:

According to the Environmental Scan, 2.7% of the Northumberland County's Sub-region's population is of Aboriginal identity; 1.9% is of First Nations identity and .8% is of Metis identity.

7 Peterborough City and County (PCC) Sub-region:

7.2 Population and Demand for Long Term Care

The Environmental Scan identifies the following characteristics of the Peterborough City and County LHIN Sub-region in relation to the other LHIN Sub-regions in the Province:

- 7th highest percentage of residents who reported English as their mother tongue;
- 3rd highest percentage of patients who received palliative care who died in hospital in 2016/17;
- Among the eight (8) Sub-regions with the highest percentage of complex patients (4+ conditions);
- Among the highest eight (8) ranking Ontario Sub-regions for total length of stay;
- In 2017/18, residents of Peterborough City and County had the 2nd longest wait before being discharged from hospital with an ALC designation (closed cases);
- Among the highest length of stay in acute hospital beds (including acute days and days waiting for an alternate level of care) in 2016/17; and
- 7th highest inpatient rehabilitation admission rate in the Province.

The 2011 census figures from Statistics Canada show nearly one (1) in five (5) people in Peterborough was aged 65 or older in 2011 - 19.5%, the highest ratio in the country among municipalities. According to the City of Peterborough's "Planning Peterborough to 2031", (2009), by 2031, the population is expected to grow to 88,000.

Table 12 below provides a summary of Long Term Care Home beds at the neighbourhood level for the Peterborough City and County LHIN Sub-region.

7.2.1 Table 12: Peterborough City and County – LTCH Beds by Geographical Area

Geographical Area	Long-term Care Homes	Long-term Care Home Beds
Asphodel-Norwood	Pleasant Meadow Manor	61 Long Stay
Cavan-Monaghan	Centennial Place Millbrook Inc.	128 Long Stay
	Springdale Country Manor	68 Long Stay
Douro-Dummer	No Homes in this Postal Code	0
Galway-Cavendish and Harvey	No Homes in this Postal Code	0

Geographical Area	Long-term Care Homes	Long-term Care Home Beds
Trent Lakes	No Homes in this Postal Code	0
Havelock-Belmont-Methuen	No Homes in this Postal Code	0
North Kawartha	No Homes in this Postal Code	0
Otonabee-South Monaghan, Hiawatha First Nation	No Homes in this Postal Code	0
Peterborough	Extendicare Peterborough	159 Long Stay (2 Interim beds, 3 Respite and 10 Convalescent Care Program)
	Riverview Manor Nursing Home	124 Long Stay
	St. Joseph's At Fleming	200 Long Stay
	Fairhaven	252 Long Stay (3 Interim and 1 Respite)
Smith-Ennismore-Lakefield - Selwyn and Curve Lake First Nation	Extendicare Lakefield	98 Long Stay (2 Respite)
Totals – current	**8**	**1,090 Long stay 6 Respite 5 Interim 10 Convalescent Care**

Source: Health Analytics Branch LHIN and Sub-region Census 2016 Profile Central East LHIN Sub-region Profiles. Central East LHIN 2016-2019 Long-Term Care Home Service Accountability Agreements.

7.3 Cultural and Specialized Programming Considerations:

According to the Environmental Scan, 4.4% of the population in Peterborough City and County is of Aboriginal identity, 3.0% of the population is of First Nations identity and 1.4% of the population is of Metis identity. These are the highest rates in the LHIN.

Operators of redeveloping LTCHs in Peterborough City and County have indicated a willingness to consider building a culturally safe and appropriate unit for First Nations or Indigenous patients.

Note that the Peterborough Regional Health Centre also has a transitional behavioural unit which is not designated under the Long-Term Care Act, 2007.

8 Haliburton County and City of Kawartha Lakes (HCCKL) Sub-region:

8.2 Population and Demand for Long-term Care

The Environmental Scan identifies the following characteristics of the Haliburton County and City of Kawartha Lakes LHIN Sub-region in relation to the other LHIN Sub-regions in the Province:

- Haliburton County and City of Kawartha Lakes has the highest percentage of population aged 65+ and highest percentage of population aged 75+ of all the 76 Ontario Sub-regions. Note that this represents a percentage of total population and not the highest number of people over 65 and 75;
- 3rd highest percentage of residents who reported English as their mother tongue;
- 2nd lowest percentage of residents who were recent immigrants;
- 2nd highest percentage of patients receiving palliative care who died in hospital in 2016/17;
- Among the eight (8) Sub-regions with the highest percentage of complex patients (4+ conditions); and
- Among the eight (8) Sub-regions with the highest percentage of high cost healthcare users.

Table 13 below provides population demographics at the neighbourhood level for the Haliburton County and City of Kawartha Lakes LHIN Sub-region.

8.2.1 Table 13: Haliburton County and City of Kawartha Lakes – LTCH Beds by Geographical Area

Geographical Area	Long-term Care Homes	Long-term Care Home Beds
Algonquin Highlands	No Homes in this Postal Code	0
Dysart and Others	Extendicare Haliburton	60 Long Stay
	Highland Wood	30 Long Stay
Highlands East	No Homes in this Postal Code	0
Kawartha Lakes	Caressant Care Lindsay	124 Long Stay
	Caressant Care On McLaughlin Road	96 Long Stay
	Extendicare Kawartha Lakes	64 Long Stay
	Fenelon Court	67 Long Stay
	Frost Manor	62 Long Stay
	Pinecrest Nursing Home	65 Long Stay
	Specialty Care Case Manor	96 Long Stay
	Victoria Manor Home for the Aged	164 Long Stay (2 Respite)
Minden Hills	Hyland Crest Senior Citizen's Home	61 Long Stay (1 Respite)
Haliburton County and City of Kawartha Lakes Sub-Region Total	**11**	**889 Long Stay (3 Respite)**

Source: Health Analytics Branch LHIN and Sub-region Census 2016 Profile Central East LHIN Sub-region Profiles. Central East LHIN 2016-2019 Long-Term Care Home Service Accountability Agreements.

8.3 Cultural and Specialized Programming Considerations:

According to the Environmental Scan, 2.5% of the population in the Haliburton County and City of Kawartha Lakes Sub-region is of Aboriginal identity, 1.4% of the population is of First Nations identity and 1.1% of the population is of Metis identity. (The Environmental Scan).

9 Final Considerations

Demand and capacity can be difficult to determine based on a single indicator. There are many factors to take into consideration such as:

- Waitlists – often cultural, linguistic or religious designated or identified LTCHs may attract significant out of region or spousal reunification applications;
- Significant population growth is expected, particularly in Durham West and Durham North East;
- The cost, availability and zoning of land remains a significant issue in Durham Region and Scarborough;
- Rural homes face challenges, particularly due to size and potential restrictions on movement out of communities;

9.2 Specialized Programming Considerations:

a. All seven (7) LHIN Sub-regions require more secure units;
b. Each cluster (Scarborough, Durham and North East) should have access to a behavioural specialized unit;
c. All seven (7) Sub-regions should have access to high acuity priority access beds (i.e. bariatric, IV, vented patients) Additional data is required to scope the demand for these beds;
d. More beds need to be offered at the basic rate. On average, approximately 66% of all waitlists in the Central East LHIN are for basic beds.

If you have questions or would like to discuss your redevelopment plans with the Central East LHIN, please contact:

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November and December 2019 Victoria Manor Operations Report to Committee of Management

Submission Date: January 20, 2020

Information for the Months of: November and December 2019

Financials

Table 1: Victoria Manor Executive Summary Statement of Earnings for November 2019

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance
Resident Days	53,764	54,612	848
Occupancy %	97.0%	98.5%	1.5%
Nursing Envelope Funds	6,222,564	6,319,774	97,210
Nursing Expenses	7,437,114	7,392,821	(44,294)
Net Nursing Envelope	1,214,550	1,073,046	(141,504)
Program Envelope Funds	671,812	681,575	9,763
Program Expenses	665,137	692,444	27,307
Net Program Envelope	6,675	10,869	17,544
Food Envelope Funds	528,936	533,782	4,846
Food Expenses	533,473	533,782	309
Net Food Envelope	4,537	-	4,537
Accommodation Revenue	3,729,052	3,686,940	42,112
Accommodation Expenses			
Dietary Expenses	1,087,168	1,072,441	(14,728)
Housekeeping Expenses	507,847	460,592	(47,256)
Laundry Expenses	205,624	234,091	28,467
Maintenance Expenses	466,911	481,007	14,096
Administration Expenses	403,935	530,291	126,357

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance
Facility Expenses	845,291	987,354	142,063
Accommodation Expenses	3,516,776	3,765,776	249,000
Other Accommodation - NOI	212,275	78,837	291,112
Over/Under Adjustment	1,212,413	1,083,915	-
Net Operating Income	1,000,138	1,162,751	162,614
Capital Reserve	266,094	294,370	28,276
Net Income (Loss)	1,266,232	1,457,121	190,890

Variance Explanations

Nursing Revenue: Year-to-Date (YTD) is unfavorable ($97K) mainly due to lower Level of Care funding ($38K), lower hi-intensity claims ($95K), lower BSO funding ($71K); offset by higher RN FTE funding ($97K), higher MDS RAI funding ($2K), and higher Falls Prevention funding ($7K).

Nursing Expenses – Direct: YTD are unfavorable ($340K) mainly due to higher benefits ($246K), higher RPN wages ($78K), higher PSW wages ($289K), higher RN FTE wages ($37K), higher agency wages ($58K); offset by lower RN wages ($186K), lower BSO wages ($150K), and lower MDS RAI wages ($31K).

Nursing Expenses – Administration: YTD are favorable ($296K) mainly due to lower wages ($65K), lower benefits ($5K), lower NP wages ($3K), lower computer expenses ($10K), lower equipment expenses ($9K), lower high intensity costs ($95K), lower medical supplies ($104K), lower recovered costs ($31K); offset by higher IT allocations ($13K), higher incontinence supplies ($5K), higher staff costs ($1K), and higher falls prevention equipment expenses ($7K).

Program Revenue: YTD Program is unfavorable ($10K) due to lower Level of Care funding ($8K) and lower Physio funding ($2K).

Program Expenses: YTD Program expenses are favorable ($27K) mainly due to lower wages ($9K), lower benefits ($2K), lower physio ($1K), lower exercise ($3K), lower purchased services ($2K), lower supplies ($11K); offset by higher transportation costs ($1K).

Food Revenue: YTD Food revenue is unfavorable (1K).

Food Expenses: YTD Food expense is unfavorable ($1K).

Accommodation Revenue: YTD is is favorable ($42K) mainly due to higher preferred revenue ($71K), higher accreditation funding ($11K), higher prior period LTC reconciliation ($6K), higher other income from haircare services ($3K); offset by lower miscellaneous income ($38K), and lower pharmacy-LTC ($11K).

Dietary Expenses: YTD Dietary expenses are unfavorable ($15K) mainly due to higher benefits ($38K); offset by lower wages ($3K), lower equipment expenses ($14K), lower chemical and cleaning supplies ($2K), lower dishes, cutlery and utensils ($3K), and lower recovered costs ($2K).

Housekeeping Expenses: YTD Housekeeping expenses are unfavorable ($47K) mainly due to higher wages ($29K), higher benefits ($22K), higher other supplies ($4K); offset by lower chemical and cleaning supplies ($5K), and lower equipment expenses ($4K).

Laundry Expenses: YTD Laundry expenses are favorable ($28K) mainly due to lower wages ($10K), lower benefits ($2K), lower bedding and linen ($4K), lower equipment expenses ($14K); offset by higher chemical and cleaning supplies ($1K).

Maintenance Expenses: YTD Maintenance expenses are favorable ($14K) mainly due to lower alarm ($5K), lower elevator expenses ($6K), lower grease trap cleaning ($2K), lower heating and air conditioning ($7K), lower landscaping and snow removal ($11K), lower lighting ($3K), lower pest control ($3K), lower plumbing ($12K), lower travel expenses ($1K), lower staff cost ($1K); offset by higher wages ($4K), higher building repair ($7K), higher chemical and cleaning supplies ($1K), higher electrical expenses ($2K), higher equipment expenses ($16K), higher contracted services ($4K), and higher other supplies ($2K).

Administration Expenses: YTD Administration expenses are favorable ($126K) due to lower wages ($9K), lower bad debt expense ($13K), lower collection costs ($2K), lower computer expenses ($12K), lower office equipment ($22K), lower postage and courier ($1K), lower professional fees ($69K), lower promotion expenses ($3K), lower purchased services ($9K), lower allocations ($3K), lower travel expenses ($1K), lower supplies ($3K), lower donations ($1K); offset by higher benefits ($7K), higher accreditation expenses ($1K), higher staffing costs ($8K), higher IT allocations ($2K), and higher association fees ($3K).

Facility Expenses: YTD Facility expenses are favorable ($142K) mainly due to lower cable ($1K), lower management fees ($5K), lower gas ($14K), lower hydro ($108K), and lower water and sewage ($13K).

Table 2: Year to Date Capital Expenses: November 2019

Capital Expense	Year-to-Date Expenses	Approved 2019 Budget
Dietary Freezer	$12,000	$13,500
Roof Top HVAC Unit for 2nd Floor Offices	$17,000	$18,000
Hi-Low Electric Beds	$13,000	$9,600
Laundry Carts	On hold	$10,000
Resident Room Furniture	$20,000	$22,000
Interior Finishes	$31,000	$25,000
Resident Bathroom Cabinets	On hold	$20,376
Hot Holding Cabinet	$6,558	$15,000
Flooring	$28,000	$18,000
Totals		**$151,476**

Scorecard: Quality

Table 3: Canadian Institute for Health Information (CIHI) quarter 1 (April 2019 to June 2019) results.

Indicator	2019 Q1 Current Performance	Target
Reduce transfers to Emergency department	19.27	19.00
Reduce Antipsychotic medications	17.90	18.80
Reduce stage 2-4 pressure ulcers	1.20	2.10
Reduce worsened stage 2-4 pressure ulcers	1.40	2.60
Reduce the number of falls	17.20	16.60
Reduce the number of restraints	3.80	3.10
Reduce pain	5.30	5.10
Reduce worsened pain	12.80	9.60

Improve Resident Satisfaction	94.00	94.00
Percentage of complaints received by a LTCH that were acknowledged to the individual who made a complaint within 10 business days.	100	100

Continue with actions plans that were developed in February 2019. Indicators are monitored monthly during Resident Safety meetings. Awaiting quarter 2 (July 2019 to September 2019) date from CIHI.

Scorecard: People

Employee Engagement Survey

- 20 team members were recognized by family members and peers through the Spot A Star program.
- Family Council sponsored a staff appreciation event in December.
- Quality of Worklife hosted a number of events throughout December.

Sienna Support Services Updates

Sienna Partner Visits:

- November 18, 2019 – Regional Vice President
- November 21 and 22, 2019 – Manager of Quality
- November 25, 2019 – Learning and Development Partner
- December 12, 2019 – HR Business Partner
- December 12, 2019 – Clinical Partner
- December 17, 2019 – Learning and Development Partner

Projects, Location Events and Other

- CARF Accreditation Survey November 21 and 22, 2019
- Resident and Family Christmas party held December 5
- Christmas gifts for each resident were donated by team members and families. This generosity is truly amazing.

Long Term Care Update

Occupancy (data since last report)

- 97.0% occupancy
- 1 Discounted Private or Semi–private beds (under 60%)
- 39 move ins and 31 discharges

Regulatory visits i.e. MOL, Public Health

Ministry of Health Inspector arrived on October 29, 2019 to complete an inspection. Ministry will be in the home for at least 5 days. Awaiting public report

Written and Verbal Complaints Summary

Written complaint received from a family member regarding the wandering of residents into rooms. Resolved

Written complaint regarding the readiness of a resident for an external appointment. The external organization acknowledged that the appointments were not communicated to the home. Resolved

Verbal complaint received regarding the decline of a resident's health status and missing dentures. Resolved

Verbal complaint received regarding the communication of information to a family. Resolved

Compliments Summary

Several cards of thank you received from families for the wonderful care provided by team members. Families were extremely generous over the holidays and provided team members with wonderful treats.

Occupational Health and Safety Issues

Ministry of Labour completing a safety blitz in long term care homes to focus on violence in the workplace.

Resident and Family Satisfaction Survey

The Executive Director will be meeting with Resident's Council on January 9 and residents on January 13 to review resident satisfaction survey results with the goal to develop an action plan.

Family Satisfaction Surveys will be shared with families on February 5.

Resident/Family Council Updates

Family Council met in December. Minutes posted on the Family Council board

Emergency Preparedness and Environmental concerns

Tested code red on days November 20 and December 27, on evenings November 16 and December 13, on nights November 25 and December 5. All team members have participated in a minimum of one code red drill in 2019.

All emergency codes were tested on all three shifts at least once in 2019.

The Corporation of the City of Kawartha Lakes

Victoria Manor Committee of Management

Report VMC2020-01

Meeting Date: **January 20, 2020**

Meeting Time: **1:30 p.m.**

Meeting Place: **Victoria Manor Boardroom, 220 Angeline St. S., Lindsay**

Subject: **2019 Victoria Manor Resident Satisfaction Survey**

Author Name and Title: **Pam Kulas, Executive Director**

Recommendation(s):

Resolved That Report VMC2020-01, “2019 Victoria Manor Resident Satisfaction Survey”, be received.

_____ _____

Director Other

Background:

Align, the third party firm was chosen to administer the 2019 Resident Satisfaction Survey. In addition to the questions regarding satisfaction, this survey also analyzes the domains of resident satisfaction. Evidence based survey theory is used to weight questions and determine the areas of care and service delivery that have the greatest influence on satisfaction. Surveys for residents who were able to complete the survey were hand delivered.

The survey tool offered a total of 30 questions of which 18 questions were organized into the domains of care quality, quality of life, care responsiveness, communication, dining experience and environment. Domains are often driven by common systems and processes which provide an understanding of how effectively systems and processes are functioning. The survey also included 2 global measure questions related to overall satisfaction and 7 questions specifically related to contracted services. For each domain, residents were able to provide comments.

Residents rated each using the agreement scale of “Strongly Agree”, “Agree”, “Disagree” and “Strongly Disagree”

A total of 79 surveys were distributed to residents and 79 were completed for a response rate of 100%. The average response rate was 100% in 2018.

The average age of the residents living at Victoria Manor is between 84-89 years old and the average number of years spent in the home is approximately 1.5 years. Circumstances that cause people to enter into Long Term Care are: advanced age, poor health and their ability to function, and requiring assistance with activities of daily living. The onset of dementia, incontinence and the effects of a stroke increase the likelihood of moving into a long term care home.

Results:

Results of the survey were compared to all long term care homes owned and managed by Sienna Senior Living, where more than 11,000 seniors live.

Resident Satisfaction

The overall 2019 Resident satisfaction score was 92% compared to the 2018 Resident satisfaction score of 94%, a decrease of 2%. The overall Resident satisfaction score among Sienna Senior Living was 81%.

Of the 30 questions offered 24 scores were at or better than the Sienna average. The area scoring below the Sienna average was:

- Staff behave respectfully towards residents and families

- I feel safe in my surroundings
- My pain is managed effectively
- My need for privacy is respected
- Meals are served in a pleasant atmosphere
- The area around my room is kept quiet for sleep
- My family and I are involved in my plan of care

The next steps in the process are to review the results with Residents Council. The results of those discussions will form an action plan to improve areas that stakeholders are most concerned about.

Consultations:

Sienna Senior Living

Attachments:

2019 Victoria Manor
Resident Satisfaction F

Director: Rod Sutherland
Phone: 705-324-9870 ext. 3206
E-Mail: rsutherland@kawarthalakes.ca

CARE COMMUNITY

RESIDENT EXPERIENCE SURVEY

Data begins:	**AUG 15, 2019**
Data ends:	**OCT 30, 2019**
Date reported:	OCT 30, 2019

COMPREHENSIVE REPORT

ANALYSIS PREPARED FOR

SIENNA SENIOR LIVING

REGION 7

VICTORIA MANOR

220 Angeline Street South • Lindsay, ON K9V 5E9

This report summarizes your survey results. The charts and graphs selected by your organization provide important information necessary to identify opportunities for improvement, as well as areas in which respondents feel you do well.

Surveys created:	Surveys received:	Response rate:
76	76	100%

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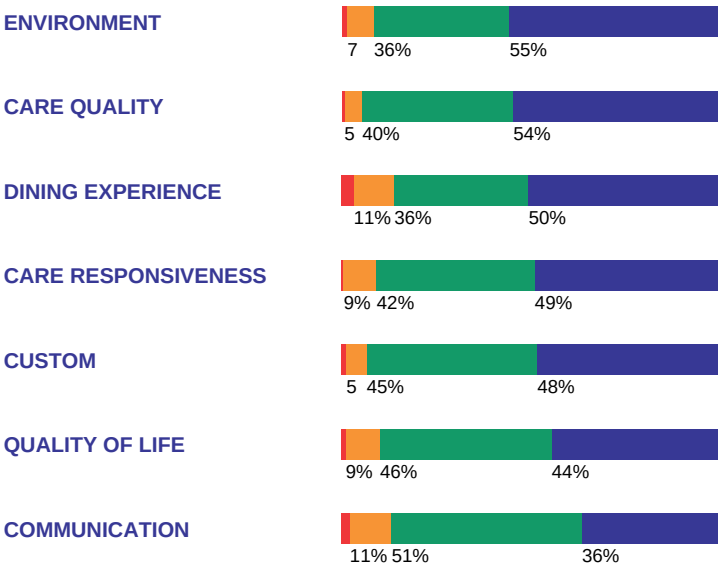
SURVEY HIGHLIGHTS

Data begins:	**AUG 15, 2019**
Data ends:	**OCT 30, 2019**
Date reported:	OCT 30, 2019

COMPREHENSIVE REPORT

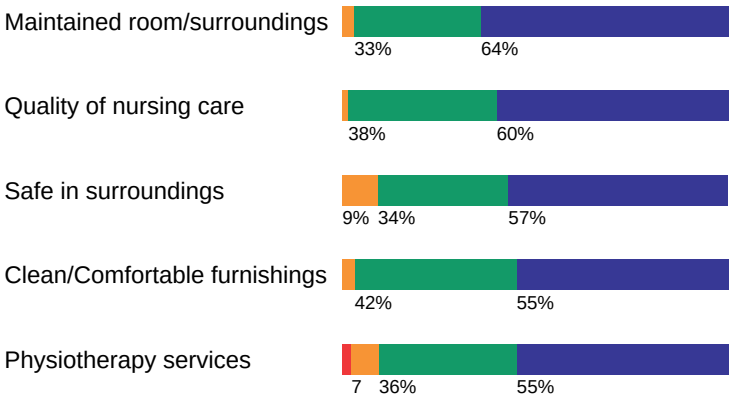
STRONGLY DISAGREE | DISAGREE | AGREE | STRONGLY AGREE

DOMAINS: Highest to lowest by 'Strongly Agree'



ITEMS: Top 5 by 'Strongly Agree'

Of all survey items, the 5 items with the highest "Strongly Agree" rating, listed by highest to lowest.



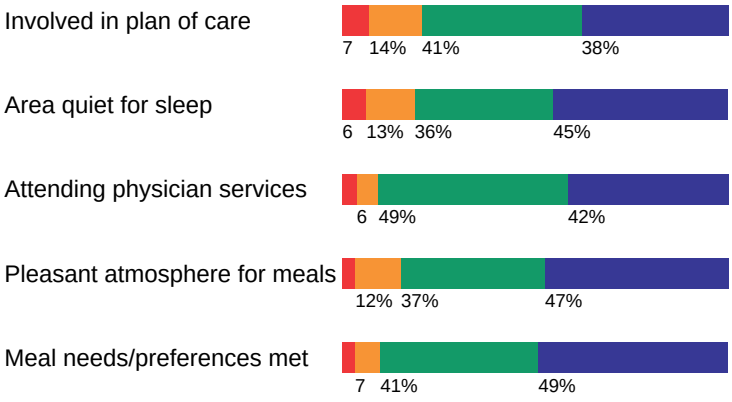
COMMENTS: Top words

ITEM: What are three words you would use to describe your experience at our care community?

good	11
comfortable	5
excellent	3
none	3
pleasant	3
caring	2
clean	2
friendly	2
fun	2
kind	2

ITEMS: Bottom 5 by 'Strongly Disagree'

Of all survey items, the 5 items with the highest "Strongly Disagree" rating, listed by highest to lowest.



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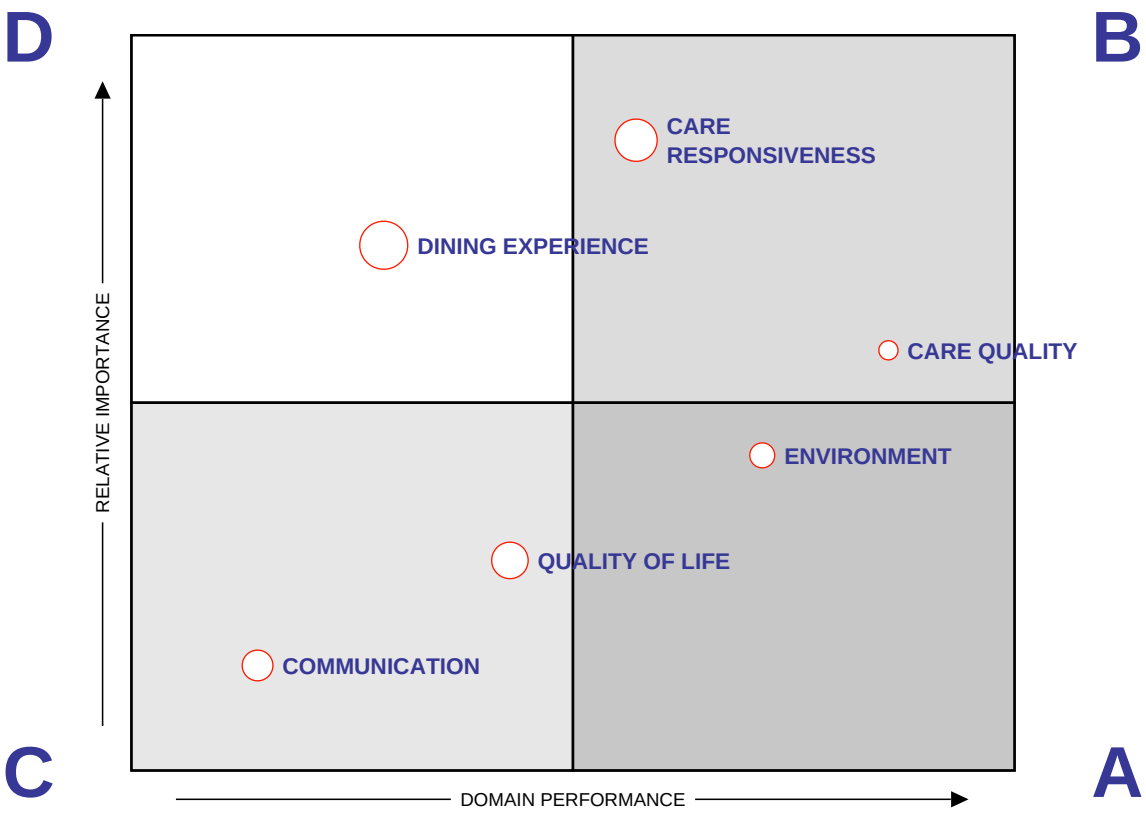
DOMAIN PRIORITY MAP

Data begins:	AUG 15, 2019
Data ends:	OCT 30, 2019
Date reported:	OCT 30, 2019

COMPREHENSIVE REPORT



	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	Average ENTITY	Average ORG.
DINING EXPERIENCE						
Meals appealing/tasty	3	14%	29%	54%	78	63
Meal needs/preferences met	3	7%	41%	49%	78	63
Pleasant atmosphere for meals	3	12%	37%	47%	76	68

	POOR	FAIR	GOOD	EXCELLENT	Average ENTITY	Average ORG.
GLOBAL						
Recommendation to others	5	5	35%	56%	80	67

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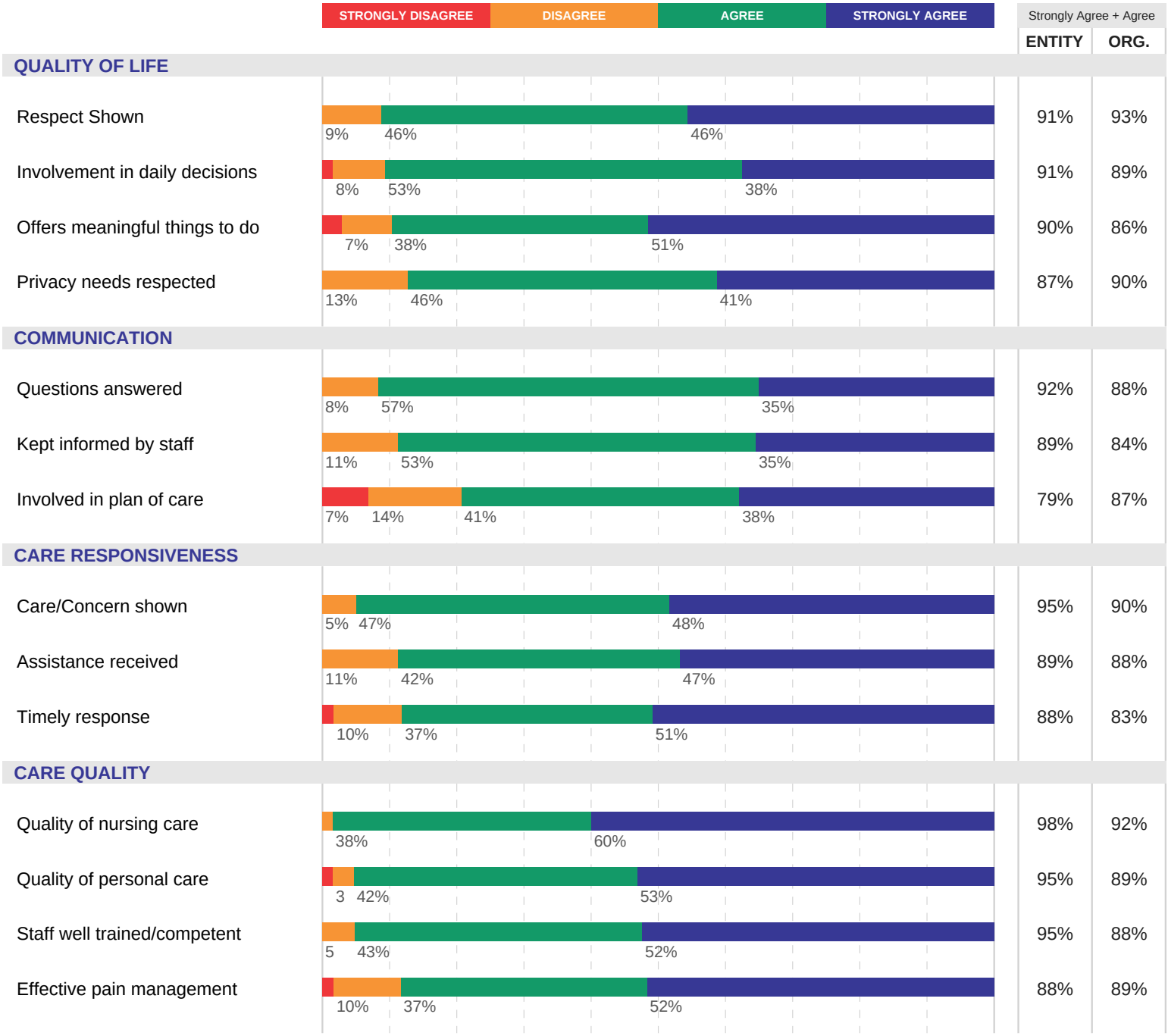
RATINGS BY DOMAIN



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RATINGS BY DOMAIN

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RATINGS BY DOMAIN

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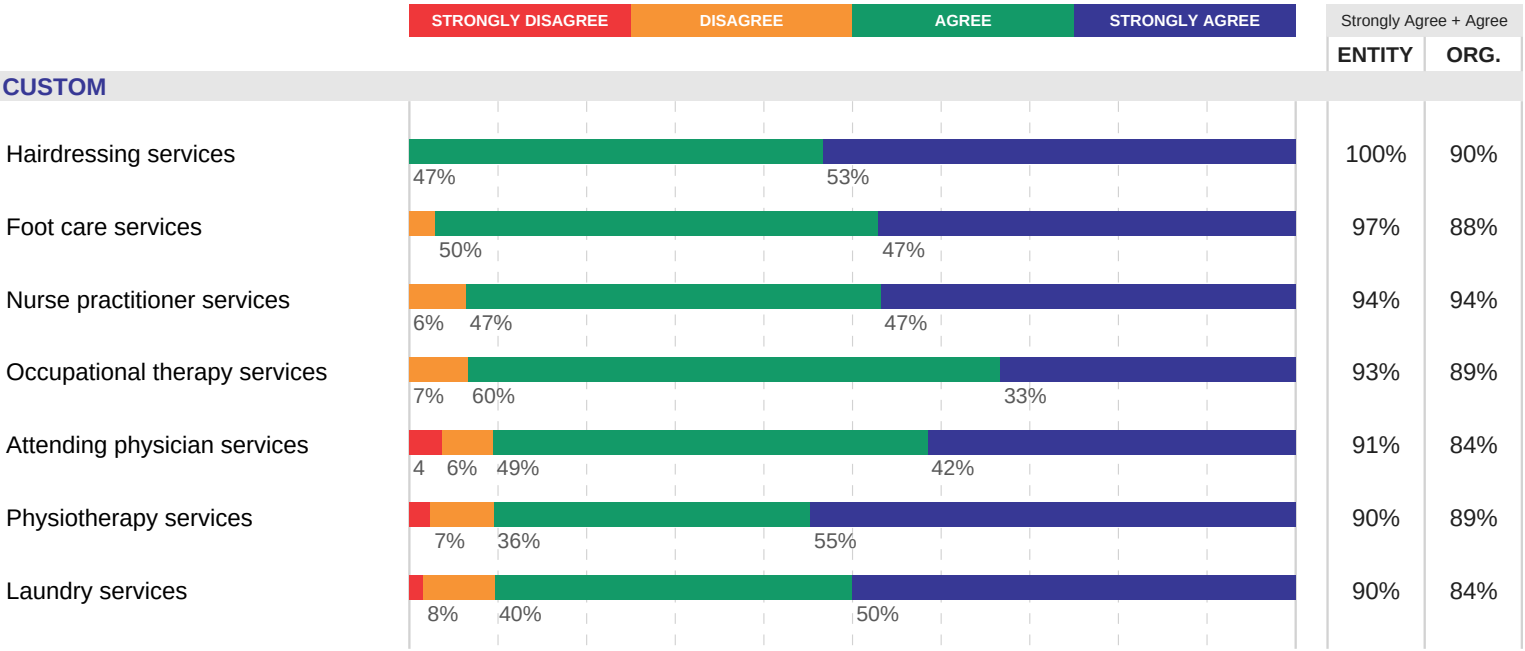

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RATINGS BY DOMAIN

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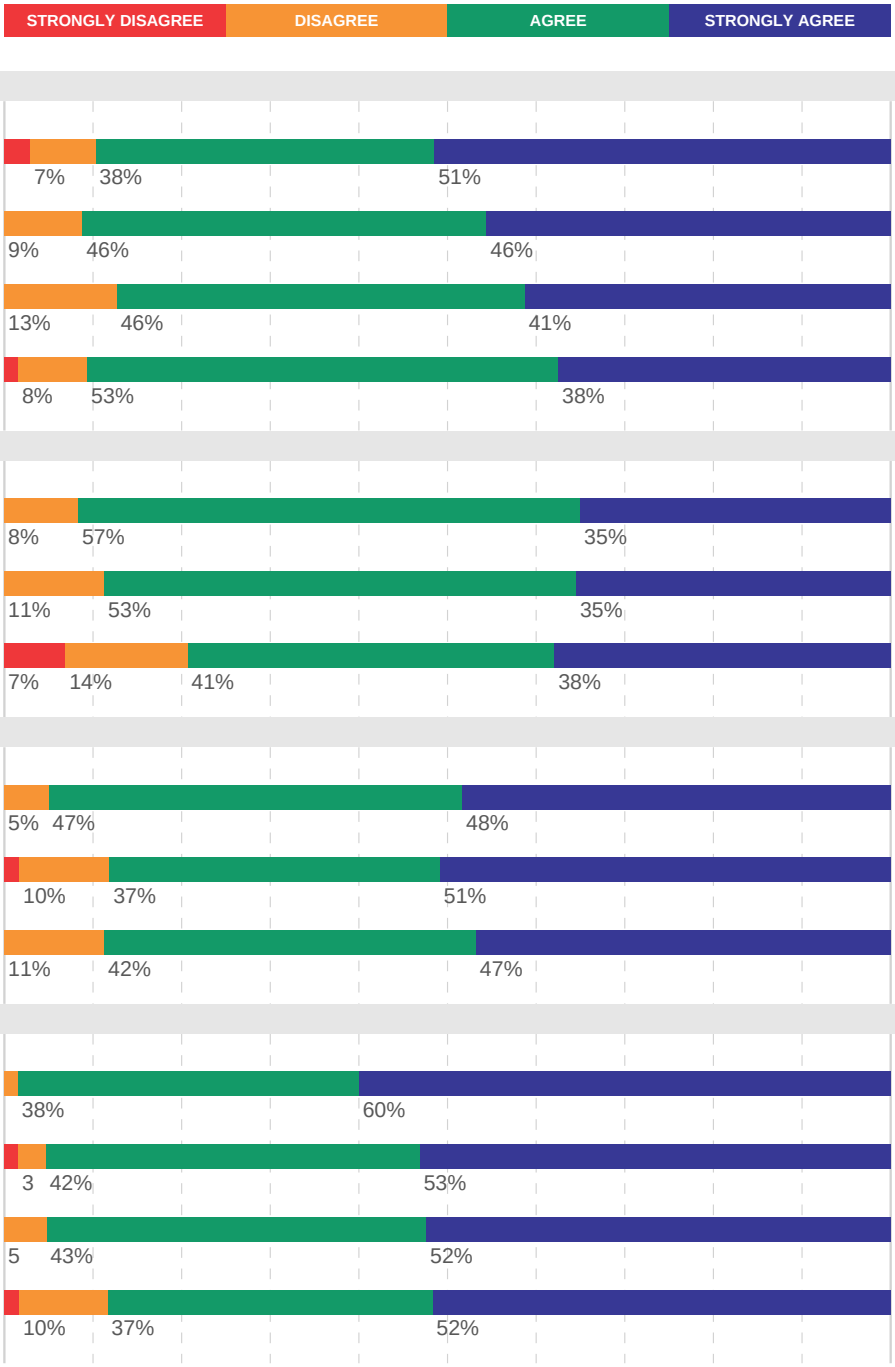

	Average ENTITY	Average ORG.
QUALITY OF LIFE		
Offers meaningful things to do	79	69
Respect Shown	79	73
Privacy needs respected	76	72
Involvement in daily decisions	75	69
COMMUNICATION		
Questions answered	75	68
Kept informed by staff	74	67
Involved in plan of care	70	69
CARE RESPONSIVENESS		
Care/Concern shown	81	71
Timely response	79	66
Assistance received	78	70
CARE QUALITY		
Quality of nursing care	86	73
Quality of personal care	82	72
Staff well trained/competent	82	71
Effective pain management	79	70

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RATINGS BY DOMAIN

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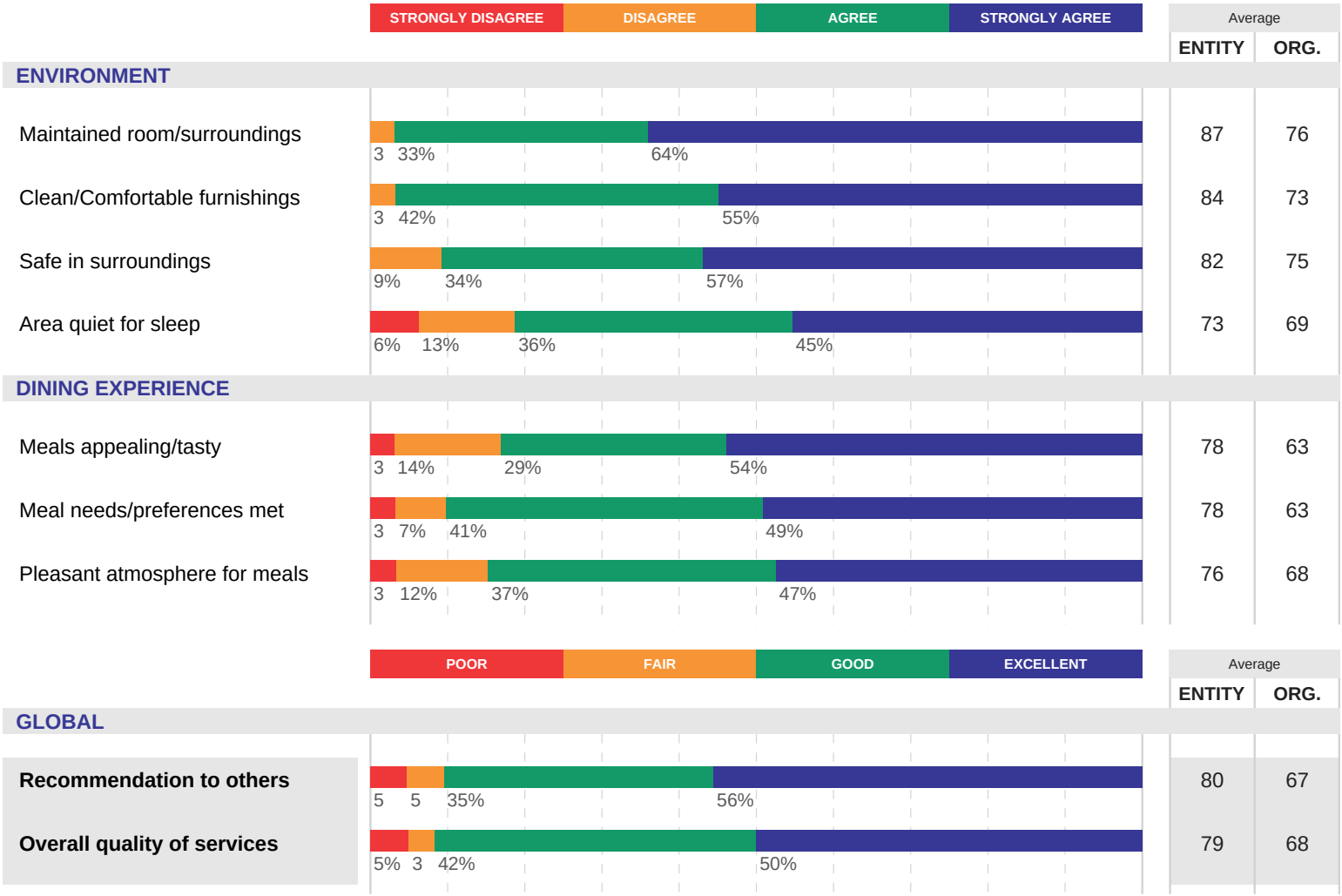

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RATINGS BY DOMAIN

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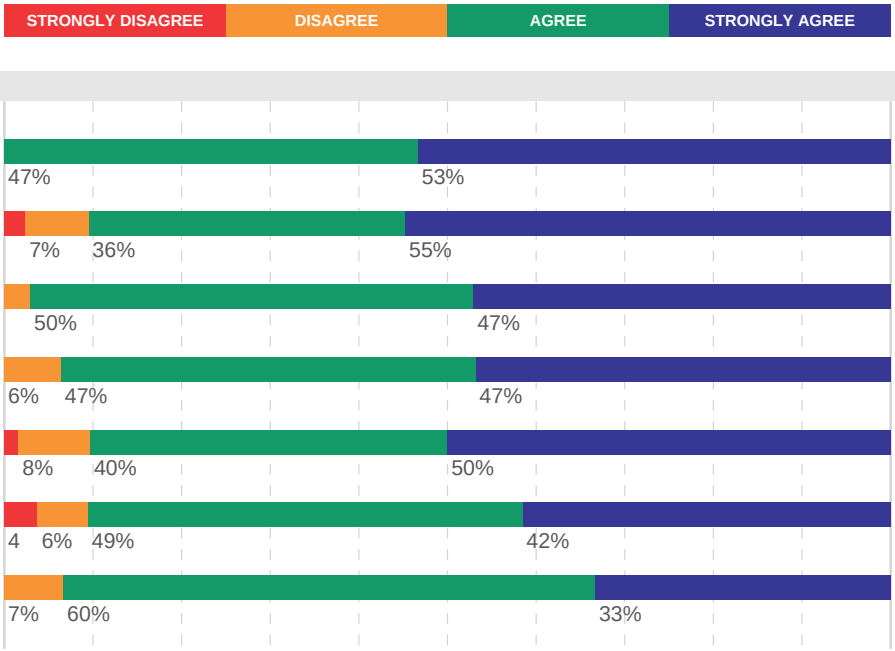

	Average ENTITY	Average ORG.
CUSTOM		
Hairdressing services	84	72
Physiotherapy services	81	71
Foot care services	81	69
Nurse practitioner services	80	73
Laundry services	79	67
Attending physician services	76	68
Occupational therapy services	75	70

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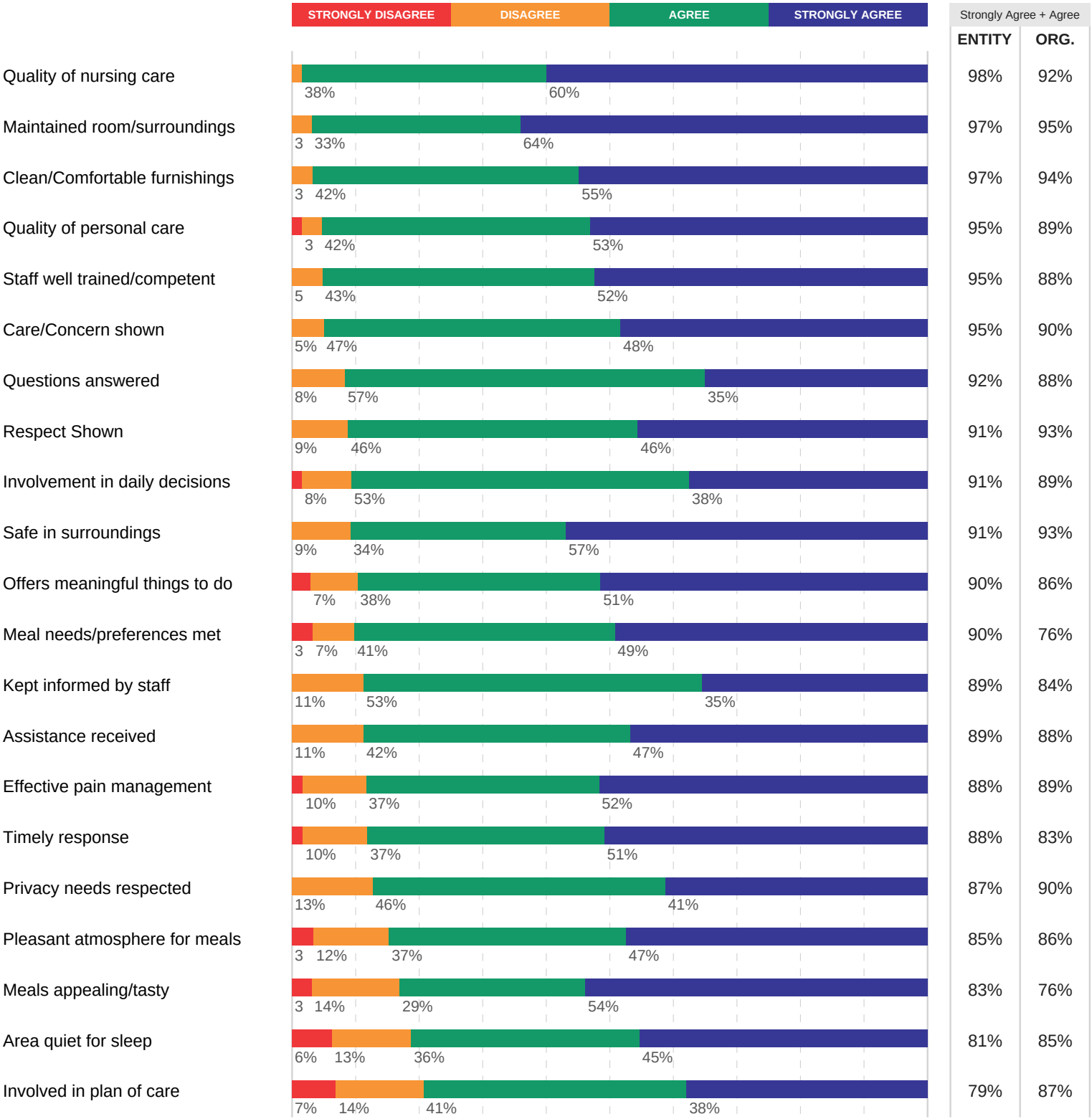
RATINGS BY ITEM



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RATINGS BY ITEM

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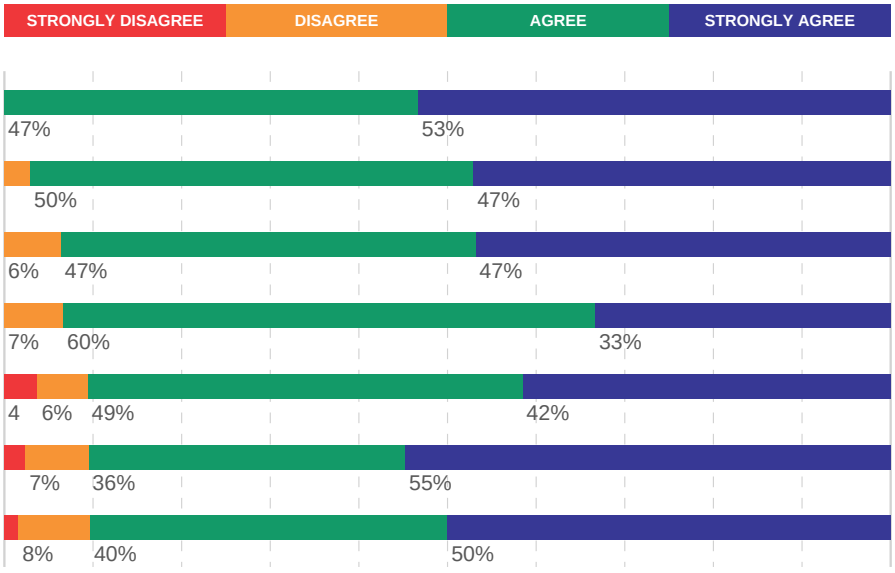
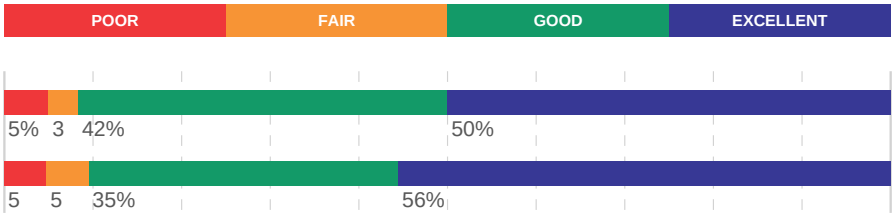


	Strongly Agree + Agree	
	ENTITY	ORG.
Hairdressing services	100%	90%
Foot care services	97%	88%
Nurse practitioner services	94%	94%
Occupational therapy services	93%	89%
Attending physician services	91%	84%
Physiotherapy services	90%	89%
Laundry services	90%	84%



	Excellent + Good	
	ENTITY	ORG.
Overall quality of services	92%	81%
Recommendation to others	90%	80%

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CARE COMMUNITY
RESIDENT EXPERIENCE

SURVEY ITEMS BY DOMAIN

ITEM NO.	LABEL	ITEM AS IT APPEARS ON THE SURVEY
CARE QUALITY		
11	Quality of nursing care	The nurses provide high-quality nursing care.
12	Quality of personal care	The personal support workers provide high-quality care.
13	Staff well trained/competent	Staff is well trained and competent.
14	Effective pain management	My pain is managed effectively.
QUALITY OF LIFE		
1	Respect shown	Staff behave respectfully toward residents and families.
2	Involvement in daily decisions	My preferences and choices are incorporated into my daily routine.
3	Offers meaningful things to do	I am offered opportunities for meaningful things to do.
4	Privacy needs respected	My need for privacy is respected.
CARE RESPONSIVENESS		
8	Timely response	My requests are responded to in a timely fashion.
9	Care/Concern shown	Staff show care and concern for my needs.
10	Assistance received	I receive all the assistance that I need.
COMMUNICATION		
5	Questions answered	My questions are answered to my satisfaction.
6	Involved in plan of care	My family and I are actively involved in my plan of care.
7	Kept informed by staff	Staff keep me informed of information that affects me.
DINING EXPERIENCE		
19	Meals appealing/tasty	Meals served to me are appealing and tasty.
20	Meal needs/preferences met	Meals meet my needs and preferences.
21	Pleasant atmosphere for meals	Meals are served in a pleasant atmosphere.
ENVIRONMENT		
15	Maintained room/surroundings	My room and surroundings are clean and well maintained.
16	Area quiet for sleep	The area around my room is kept quiet for sleep.
17	Clean/Comfortable furnishings	The furnishings are clean and comfortable.
18	Safe in surroundings	I feel safe in my surroundings.
GLOBAL		
22	Recommendation to others	Overall, how would you recommend this care community to others?
23	Overall quality of services	How would you rate the overall quality of services provided by this care community?
ORGANIZATION-SPECIFIC		
24	Laundry services	I am satisfied with the quality of laundry services at this care community.
25	Hairdressing services	I am satisfied with the hairdressing services at this care community (as applicable).
26	Foot care services	I am satisfied with the foot care services at this care community (as applicable).
27	Physiotherapy services	I am satisfied with the physiotherapy services at this care community (as applicable).
28	Attending physician services	I am satisfied with the Attending Physician services at this care community (as applicable).
29	Nurse practitioner services	I am satisfied with the Nurse Practitioner Services at this care community (as applicable).
30	Occupational therapy services	I am satisfied with the Occupational Therapy Services at this care community (as applicable).

COMMENTS:

CARE QUALITY	What is one thing we could do to improve the way we provide care?
QUALITY OF LIFE	What is one thing we could do to improve your quality of life?
CARE RESPONSIVENESS	What is one thing we could do to improve the way we respond to your needs?
COMMUNICATION	What is one thing we could do to improve our communication with residents and families?
DINING EXPERIENCE	What is one thing we could do to enhance our dining services?
ENVIRONMENT	What is one thing we could do to enhance the environment at our care community?
GLOBAL: THREE WORDS	What are three words you would use to describe your experience at our care community?
GLOBAL	Any other comments?

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The Corporation of the City of Kawartha Lakes

Victoria Manor Committee of Management

Report VMC2019-02

Meeting Date: **January 20, 2020**

Meeting Time: **1:30 p.m.**

Meeting Place: **Victoria Manor Boardroom, 220 Angeline St. S., Lindsay**

Subject: **2019 Victoria Manor Family Satisfaction Survey**

Author Name and Title: **Pamela Kulas, Executive Director**

Recommendation(s):

Resolved That Report VMC2020-02, “2019 Victoria Manor Family Satisfaction Survey”, be received.

_____ _____

Director Other

Background:

Align, the third party firm was chosen to administer the 2019 Family Satisfaction Survey. In addition to the questions regarding satisfaction, this survey also analyzes the domains of resident satisfaction. Evidence based survey theory is used to weight questions and determine the areas of quality of service and dining experience that have the greatest influence on satisfaction. Surveys for families who were able to complete the survey were hand delivered.

The survey tool offered a total of 23 questions of which 21 questions were organized into the domains of care quality, quality of life, quality of service, dining experience and environment. Domains are often driven by common systems and processes which provide an understanding of how effectively systems and processes are functioning. The survey also included 2 global measure questions related to overall satisfaction. For each domain, family members were able to provide comments.

Families rated each using the agreement scale of “Strongly Agree”, “Agree”, “Disagree” and “Strongly Disagree”

A total of 217 surveys were available for Families and 69 were completed for a response rate of 32%. The average response rate in 2018 was 31%.

Results:

Results of the survey were compared to all long term care homes owned and managed by Sienna Senior Living.

The overall 2019 Family satisfaction score was 92% compared to the 2018 Family satisfaction score of 90%, an increase of 2%.

Of the 23 questions offered 18 scores were at or better than the Sienna average. The questions scoring below the Sienna average were:

- My family member (the resident) is comfortable attending activities and social events.
- I am involved in making decisions about my family member’s daily routines and healthcare
- Staff gives my family member (the resident) information he/she needs
- I know who to talk to if I have an issue or concern
- My requests are responded to quickly

The next steps in the process are to review the results with Family Council. The results of those discussions will form an action plan to improve areas that stakeholders are most concerned about.

Consultations:

Sienna Senior Living

Attachments:

2019 Victoria Manor Family Satisfaction Re

Director: Rod Sutherland
Phone: 705-324-9870 ext. 3206
E-Mail: rsutherland@kawarthalakes.ca

CARE COMMUNITY

FAMILY EXPERIENCE SURVEY

Data begins:	**AUG 15, 2019**
Data ends:	**OCT 30, 2019**
Date reported:	OCT 30, 2019

COMPREHENSIVE REPORT

ANALYSIS PREPARED FOR

SIENNA SENIOR LIVING

REGION 7

VICTORIA MANOR

220 Angeline Street South • Lindsay, ON K9V 5E9

This report summarizes your survey results. The charts and graphs selected by your organization provide important information necessary to identify opportunities for improvement, as well as areas in which respondents feel you do well.

Surveys created:	Surveys received:	Response rate:
217	69	32%

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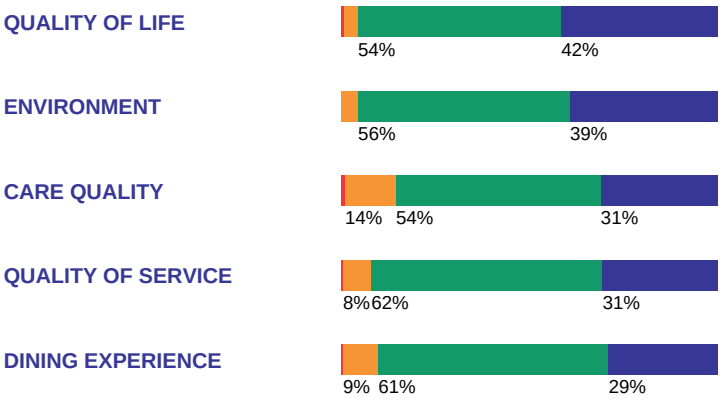
SURVEY HIGHLIGHTS

Data begins:	**AUG 15, 2019**
Data ends:	**OCT 30, 2019**
Date reported:	OCT 30, 2019

COMPREHENSIVE REPORT

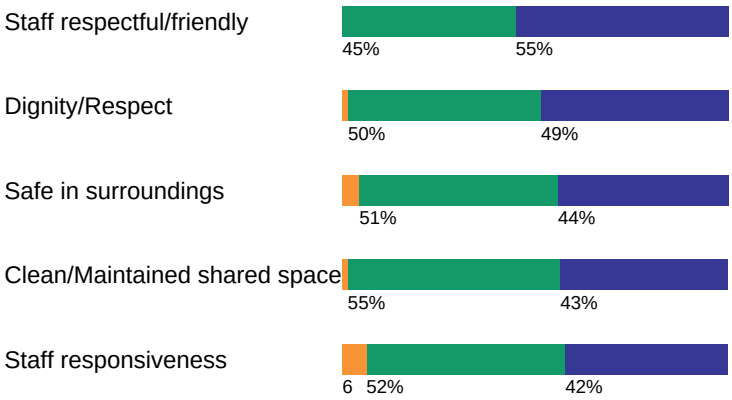
STRONGLY DISAGREE | DISAGREE | AGREE | STRONGLY AGREE

DOMAINS: Highest to lowest by 'Strongly Agree'



ITEMS: Top 5 by 'Strongly Agree'

Of all survey items, the 5 items with the highest "Strongly Agree" rating, listed by highest to lowest.



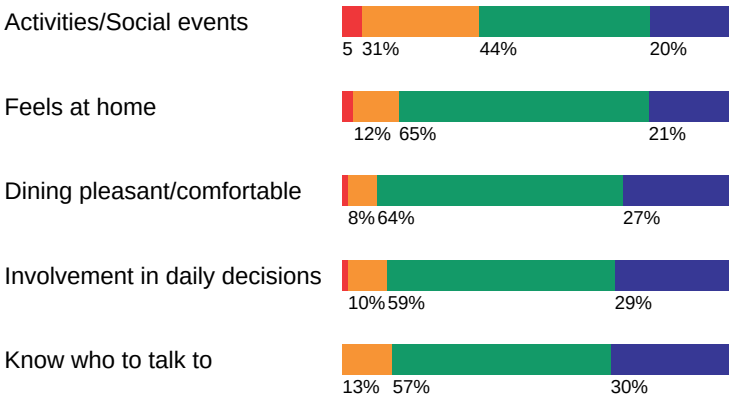
COMMENTS: Top words

ITEM: What are three words you would use to describe your experience at our care community?

caring	24
friendly	18
clean	12
helpful	9
safe	5
compassionate	4
kind	4
pleasant	4
professional	4
respectful	4
competent	3
happy	3
satisfied	3
welcoming	3
attentive	2

ITEMS: Bottom 5 by 'Strongly Disagree'

Of all survey items, the 5 items with the highest "Strongly Disagree" rating, listed by highest to lowest.



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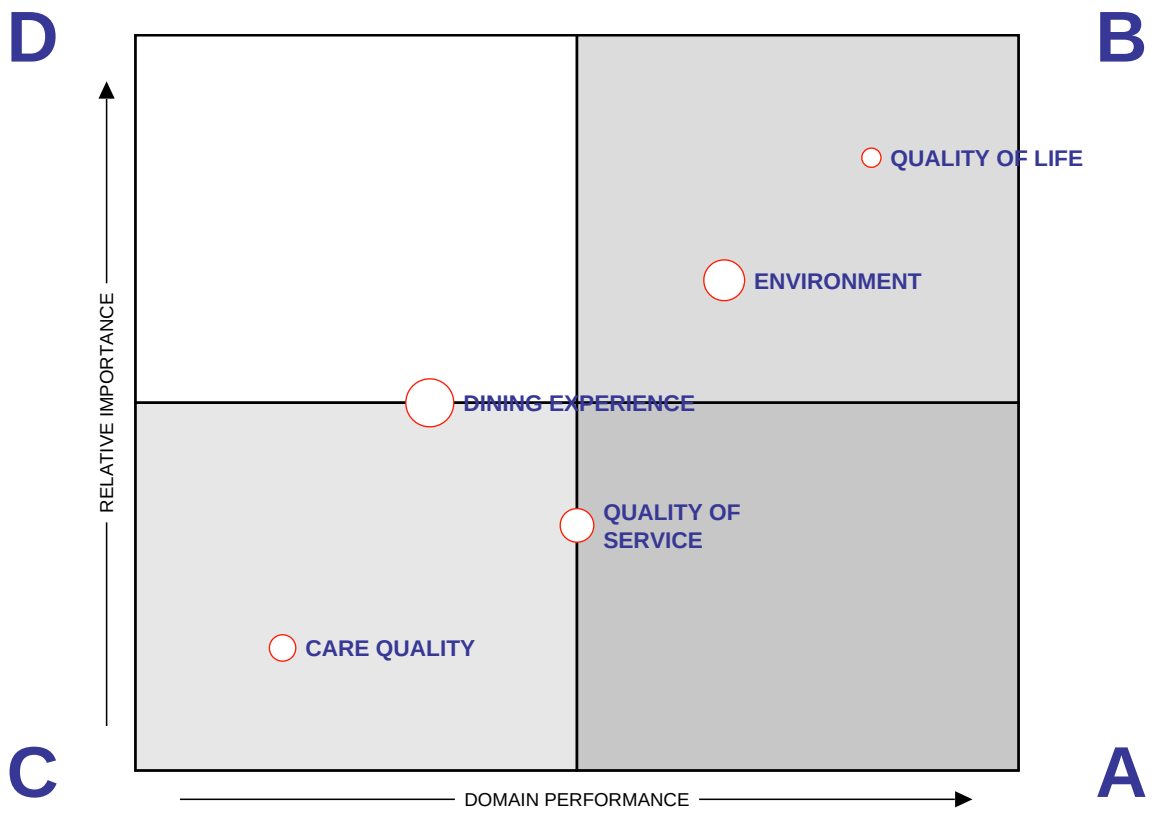
DOMAIN PRIORITY MAP

Data begins:	AUG 15, 2019
Data ends:	OCT 30, 2019
Date reported:	OCT 30, 2019

COMPREHENSIVE REPORT



	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	Average ENTITY	Average ORG.
DINING EXPERIENCE						
Meals appealing/tasty	9%		62%	29%	73	65
Assistance provided	10%		60%	31%	73	67
Dining pleasant/comfortable	8%		64%	27%	72	66
Food options	11%		60%	29%	72	64

	POOR	FAIR	GOOD	EXCELLENT	Average ENTITY	Average ORG.
GLOBAL						
Recommendation to others	7%		39%	54%	82	74

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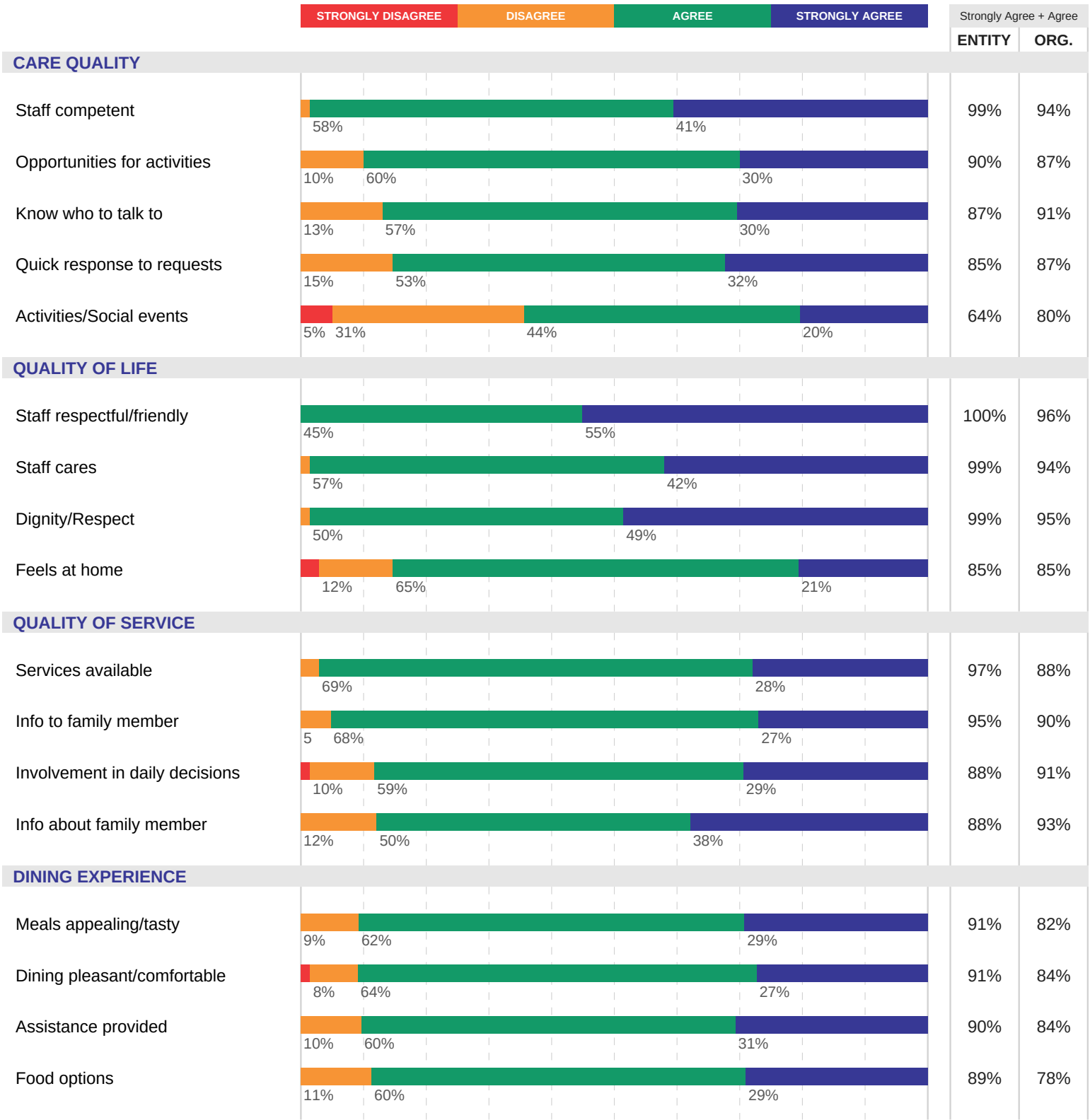
RATINGS BY DOMAIN



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RATINGS BY DOMAIN

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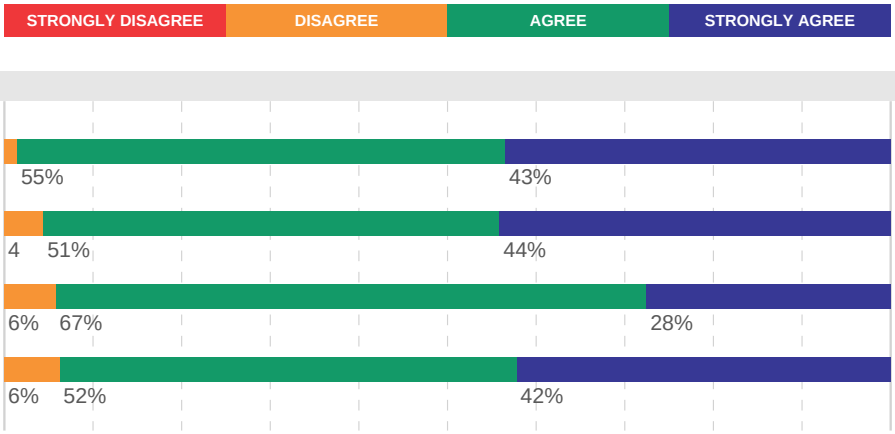

	Strongly Agree + Agree	
	ENTITY	ORG.
ENVIRONMENT		
Clean/Maintained shared space	99%	88%
Safe in surroundings	96%	94%
Comfortable/Attractive space	94%	87%
Staff responsiveness	94%	88%

	Excellent + Good	
	ENTITY	ORG.
GLOBAL		
Recommendation to others	93%	84%
Overall quality of services	90%	86%

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RATINGS BY DOMAIN

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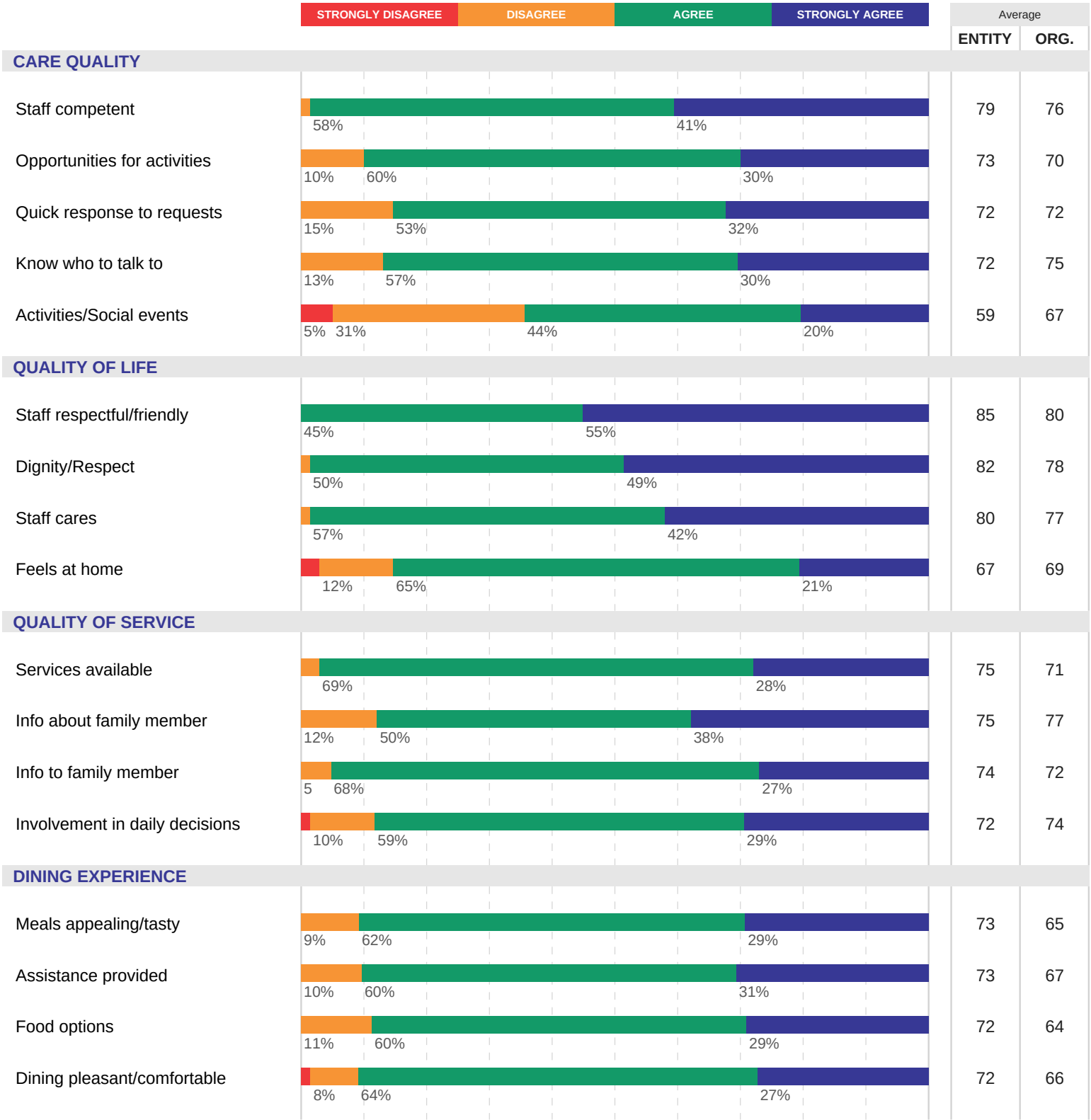

	Average ENTITY	Average ORG.
CARE QUALITY		
Staff competent (58% / 41%)	79	76
Opportunities for activities (10% / 60% / 30%)	73	70
Quick response to requests (15% / 53% / 32%)	72	72
Know who to talk to (13% / 57% / 30%)	72	75
Activities/Social events (5% / 31% / 44% / 20%)	59	67
QUALITY OF LIFE		
Staff respectful/friendly (45% / 55%)	85	80
Dignity/Respect (50% / 49%)	82	78
Staff cares (57% / 42%)	80	77
Feels at home (12% / 65% / 21%)	67	69
QUALITY OF SERVICE		
Services available (69% / 28%)	75	71
Info about family member (12% / 50% / 38%)	75	77
Info to family member (5 / 68% / 27%)	74	72
Involvement in daily decisions (10% / 59% / 29%)	72	74
DINING EXPERIENCE		
Meals appealing/tasty (9% / 62% / 29%)	73	65
Assistance provided (10% / 60% / 31%)	73	67
Food options (11% / 60% / 29%)	72	64
Dining pleasant/comfortable (8% / 64% / 27%)	72	66

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RATINGS BY DOMAIN

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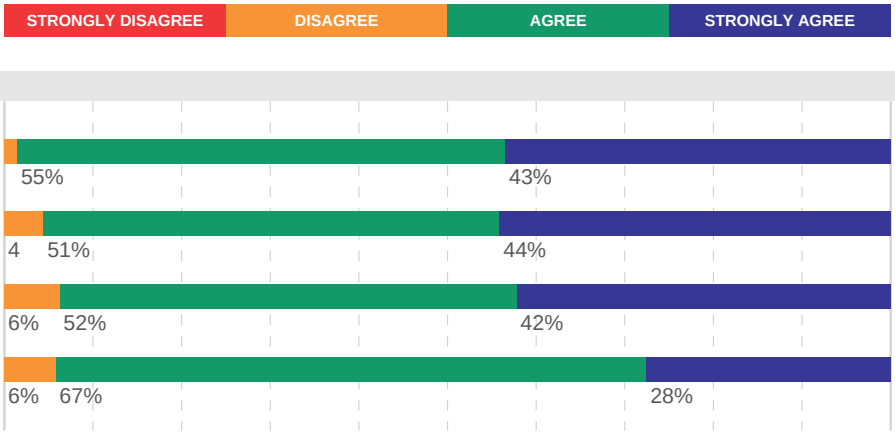

	Average ENTITY	Average ORG.
ENVIRONMENT		
Clean/Maintained shared space (55% / 43%)	80	72
Safe in surroundings (4 / 51% / 44%)	80	77
Staff responsiveness (6% / 52% / 42%)	78	72
Comfortable/Attractive space (6% / 67% / 28%)	73	70

	Average ENTITY	Average ORG.
GLOBAL		
Recommendation to others (7% / 39% / 54%)	82	74
Overall quality of services (10% / 42% / 48%)	79	74

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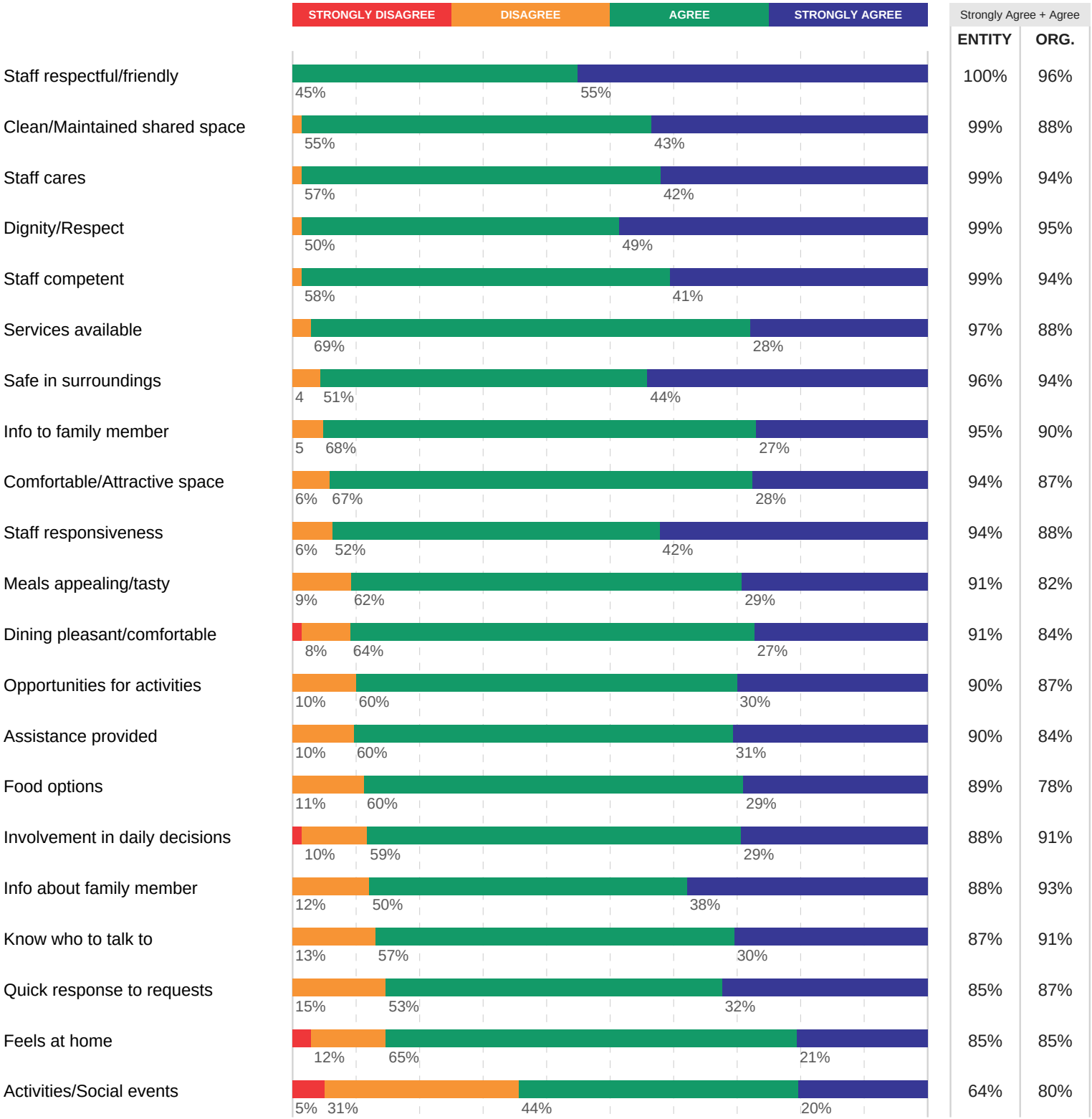
RATINGS BY ITEM



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RATINGS BY ITEM

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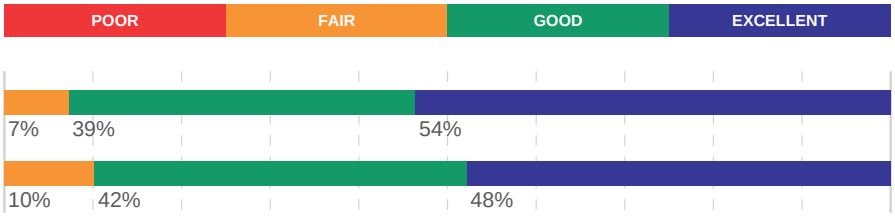

	Excellent + Good	
	ENTITY	ORG.
Recommendation to others	93%	84%
Overall quality of services	90%	86%

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CARE COMMUNITY
FAMILY EXPERIENCE SURVEY

SURVEY ITEMS BY DOMAIN

ITEM NO.	LABEL	ITEM AS IT APPEARS ON THE SURVEY
CARE QUALITY		
5	Staff competent	Staff helping my family member are competent at what they do.
6	Quick response to requests	My requests are responded to quickly.
7	Know who to talk to	I know who to talk to if I have an issue or concern.
8	Activities/Social events	My family member is comfortable attending activities and social events.
9	Opportunities for activities	My family member has opportunities to engage in activities throughout the day.
QUALITY OF LIFE		
1	Feels at home	My family member feels at home.
2	Staff cares	Staff working here really do care about me and my family.
3	Dignity/Respect	My family member is treated with dignity and respect by staff.
4	Staff respectful/friendly	Staff are respectful and friendly.
QUALITY OF SERVICE		
10	Services available	Services to meet my family member's personal needs are readily available.
11	Involvement in daily decisions	I am involved in making decisions about my family member's daily routines and healthcare.
12	Info to family member	Staff gives my family member the information he/she needs.
13	Info about family member	Staff gives the family information needed about their family member.
DINING EXPERIENCE		
14	Meals appealing/tasty	Meals served are appealing and tasty.
15	Dining pleasant/comfortable	The dining experience is pleasant and comfortable.
16	Assistance provided	Adequate assistance is provided during meals.
17	Food options	My family member can eat what he/she wants when hungry.
ENVIRONMENT		
18	Comfortable/Attractive space	The living space is attractive and comfortable for my family member.
19	Clean/Maintained shared space	Shared spaces in this community are clean and well maintained.
20	Staff responsiveness	Staff is responsive when I report a problem or repair need.
21	Safe in surroundings	My family member is safe and secure living here.
GLOBAL		
22	Recommendation to others	Overall, how would you recommend this care community to others?
23	Overall quality of services	How would you rate the overall quality of services provided by this care community?

COMMENTS:

CARE QUALITY	What is one thing we could do to improve the quality of care for your family member?
QUALITY OF LIFE	What is one thing we could do to improve your family member's quality of life?
QUALITY OF SERVICE	What is one thing we could do to improve our service?
DINING EXPERIENCE	What is one thing we could do to enhance our dining services?
ENVIRONMENT	What is one thing we could do to enhance the environment here?
GLOBAL: THREE WORDS	What are three words you would use to describe your experience at our care community?
GLOBAL	Any other comments?

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