Victoria Manor Redevelopment Status and Long-Term Care Update
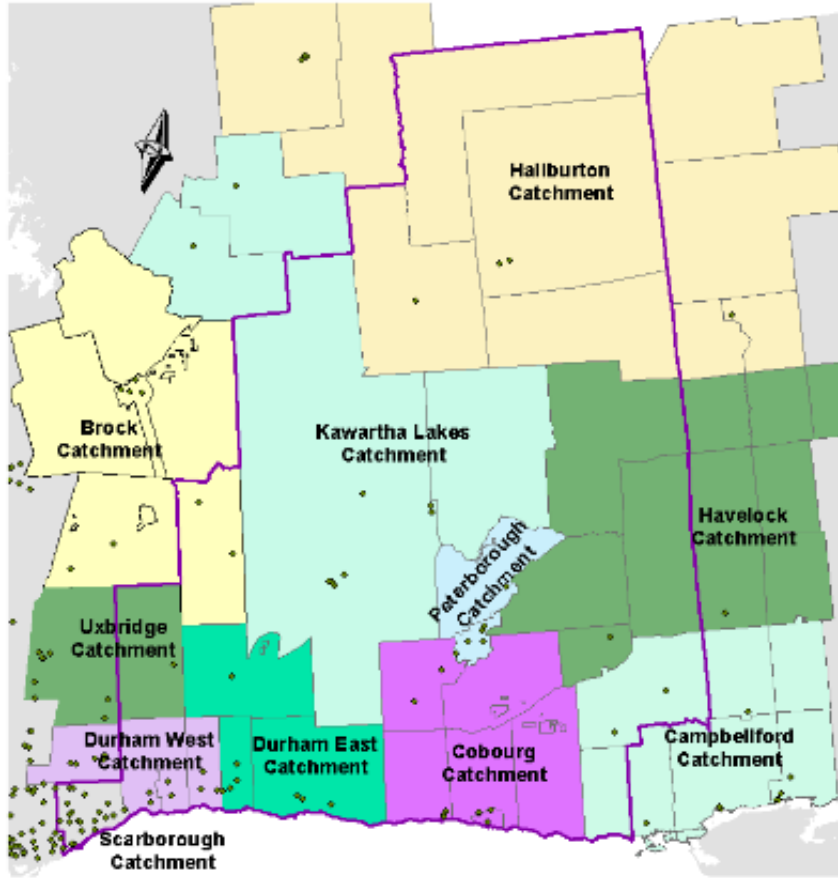
February 9, 2021

Background

- Opened in 1990 – 166-bed Municipal Long Term Care facility

- Long-Term Care Homes Act

- Enhanced Long Term Care Home Renewal Strategy (ELTCHRS) released in 2015

- July 2018 provincial commitment to creating 15,000 new beds

Central East LHIN Bed Rates

- The provincial LTC Home bed rate per 1,000 aged 75+ is: 80.03

- For all Central East LHIN catchment areas, the LTC Home bed rate per 1,000 aged 75+ is: 86.84

- Of the 11 Central East LHIN catchment areas, only 2 have bed rates that are lower than the provincial rate:
  - Havelock and Durham West

Total: 68 Homes and 9,707 Long- Stay Beds

Catchment Name	Population 75+	LTCH Beds Rate per 1,000	% of Total Population 75+
Campbellford Catchment	11,780	82.34	7.5%
Havelock Catchment	**2,220**	**65.32**	**1.4%**
Haliburton Catchment	5,180	83.40	3.3%
Peterborough Catchment	10,085	84.20	6.4%
Kawartha Lakes Catchment	10,710	101.03	6.8%
Brock Catchment	9,645	93.73	6.1%
Durham East Catchment	16,540	87.97	10.5%
Durham West Catchment	**29,700**	**60.51**	**18.9%**
Cobourg Catchment	6,205	122.48	3.9%
Uxbridge Catchment	11,840	97.21	7.5%
Scarborough Catchment	43,297	94.78	27.5%
All Catchments	**157,202**	**86.84**	**100%**
Ontario	**961,320**	**80.03**	-

Data Sources:
Population: 2011 Census, Statistics Canada
Long-Term Care Home beds: Ministry of Health and Long-Term Care

Kawartha Lakes
Jump In

Kawartha Lakes
Population 75+
10,710

LTCH Beds Rate
(per 1000)
101.03

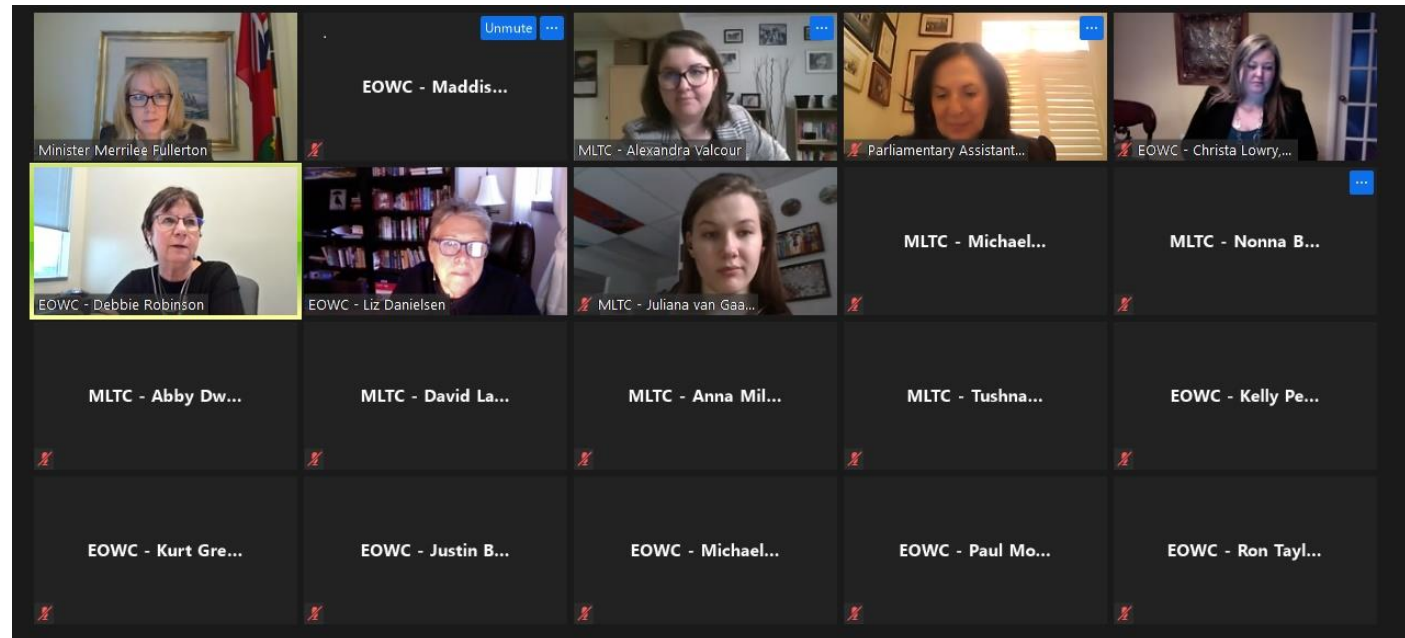% of Total Pop. 75+
6.8%

Development and Redevelopment

- 2019 Development process

- The MOLTC has not identified a future intake for new development or redevelopment

- Pandemic impacts on future development or redevelopment standards

- Victoria Manor Redevelopment to be reviewed in context of revised standards and Ministry direction

Kawartha Lakes
Jump In

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EOWC LTC Review

- KPMG contracted by the EOWC in 2020 to complete a situational overview of EOWC-member municipal LTC facilities (15 facilities, 2386 licensed beds)

- Study and review informed advocacy to the Province at the recent ROMA conference, and as a formal submission to the Provincial LTC Commission

Opportunity • Community • Naturally

EOWC LTC Review

To access the two-part review, visit www.eowc.org

EOWC LTC Review
Key Takeaways

EOWC Commitment

- EOWC will work with the Ministry to achieve the four hour care model

- This model will allow EOWC to recruit additional staff, improve the quality of care for residents and increase daily direct care for each resident.

- The implementation will ensure that the EOWC has a solid workforce and financial stability to achieve provincial benchmarks.

- The EOWC shares the Province's objective of expanding long-term care beds, reducing operational red tape and increasing process efficiencies.

The EOWC requires Ministry support to implement the following in order to improve LTC service delivery:				
Increase funding to achieve four hour care model	Changing funding formula	Increase Provincial capital funding	Promote and support resource sharing between LTCH's	Increase efficiency and effectiveness
Increase direct care funding to achieve provincial benchmark of four hours of care model	Transition to a per bed funding model to increase clarity, efficiency and transparency of the funding process	Increase capital funding to on-going capital maintenance costs	Promote collaboration	Support continuous improvement
Increase the use of Resident Support Aides	The formula would recognize high need residents – with an allocation dedicated for premium beds	Enhance the predictability, fairness and transparency for capital funding	Enhance IPAC Reporting	Develop a provincially led leading practice unit
Enhance training and retention of LTC employees		Provide upfront funding	Create incentives for shared purposes	Include municipal LTC in provincial policy and Ontario Health teams development
			Address labour relations	

EOWC appreciates the Province's support for the current LTC model where residents are provided a **final home**. The approach to LTC should be preserved; not transitioned into a hospital or medical institution model.