

North East Long-Term Care Homes Submission to Integrated Health Services Plan 2006

1. Introduction

Long-Term Care Homes (LTC Homes) are homes for people who are not able to live independently or in their own homes and who require a 24-hour nursing service to meet their nursing and personal care needs.

The Administrators of LTC Homes located throughout the North East were invited to meet with the leadership of the NE LHIN on May 12, 2006 to learn about the LHIN Community Engagement Strategy and Integrated Health Services Plan (IHSP). They were asked to provide feedback on these processes.

In response, a group of Administrators met on June 2, 2006 and collectively tried to answer the following questions:

- Within the context of the LHIN's vision for an Integrated Health Services Plan, what are the priorities for LTC Homes in the North East?
- What integration and coordination strategies are needed to implement these priorities?

The following is a summary of their priority setting discussions. A list of attendees is found in Appendix 1.

2. Input into Integrated Health Services Plan

Priority A - Chronic Disease Management

Gap:

Chronic conditions place a high burden on the health care system. The rates for arthritis/rheumatism, high blood pressure, diabetes, and heart disease in the North East LHIN are all significantly higher than in the province as a whole. These conditions reduce the quality of life for the sufferers and can lead to an increase in the need for long-term care services.

Desired future state:

One of the stated goals for the NE LHIN is to focus on the people who use health care. Seniors in the North East make up a large percentage of total residents. The development of a coordinated and integrated system of care for seniors, and those with long-term needs, would help to alleviate the demand for the management of chronic diseases.

Analysis:

Demographic and socio-economic factors point to significant implications for age and gender-specific health service delivery over the next 15 to 20 years. Firstly, a significant “aging in place” is expected in the North East as baby boomers choose to retire in their current community. Our region has a higher proportion of residents aged 45+ (41 percent vs. 37 percent) and aged 65+ (15 percent vs. 13 percent) than does the rest of Ontario. The aging applies to both genders. In the North East, there are currently more females than males aged 65+ and almost twice as many aged 75+. The full effect of this reality will be felt in the not too distant future as the post-war “baby boom” generation reaches senior status. An aging population brings about an increase in the volume and acuity of health services required, as seniors use more health services than any other demographic group. Communication issues also become more predominant.

Secondly, the North East is not experiencing growth like some parts of Southern Ontario. From 1994-2004, the population of the North East decreased, on average, by 0.6 percent each year while the population of Ontario increased by 1.5 percent annually. This can be partially explained by the younger generations seeking employment outside the area. The consequence is that many seniors are left without families to care for them in their advancing years.

Another concern is the poor health status of our residents. Research has shown that North Easterners have higher levels of long-term disability and higher levels of chronic conditions. Chronic conditions place a high burden on the health care system and reduce the quality of life of those who suffer from the condition. The rates for arthritis/rheumatism, high blood pressure, diabetes, and heart disease are all significantly higher than the province as a whole. This can lead to an increase in the need for long-term care services.

In addition, research has demonstrated important links between a population’s health status and levels of education and income. In general, populations with lower levels of socio-economic status have been shown to be associated with unhealthy lifestyle choices, unfavourable living conditions and a greater prevalence of disability and health problems. The residents of the North Eastern LHIN may be at greater risk for poorer health due to higher unemployment rates, lower personal and family income levels and fewer contacts with medical doctors due to physician shortages. Seniors may be at further risk, as a greater percentage of North Eastern residents aged 65+ live on their own. Living alone is a factor associated with a senior’s ability to remain living independently in the community.

In order to help the larger health care system effectively manage chronic diseases, a coordinated system of seniors’ services is required. One component of such a system is a broader range of housing options. In many communities, alternatives to residential care are required rather than more long-term care beds. Sometimes, LTC

Homes are the only option for the frail elderly even though a lighter level of care is more appropriate, such as home care and supportive housing.

Supportive housing services would also serve the needs of younger persons living with a disability who wished to live in the community with some support. Oftentimes, a LTC Home is not an appropriate setting for them. Adult day programs also provide service for people, and their families, who need light care and more of them are needed.

A broader range of housing options would also alleviate the pressures on acute care hospitals as a result of patients waiting placement elsewhere. The inability of acute care hospitals to discharge patients to an Alternate Level of Care creates “bottlenecks” for the treatment of acute patients who might not be admitted due to a lack of elasticity in the system. These patients would be better served in a long-term care facility, complex continuing care/slow-paced rehab program or with home-based services.

Transportation for non-urgent care required by residents of LTC Homes is another gap in the continuum of seniors’ care. These residents sometimes require transportation to medical appointments and laboratory or hospital diagnostic tests. Not every community in the North East has a volunteer transportation program. The result is that residents must rely on public ambulances for transportation. The health of some residents declines as they wait.

Implementation:

Providers:

For an integrated system to emerge, LTC Homes need to commit to continued improvements in interagency communication and service coordination. In particular, good communication between LTC Homes and hospitals, CCACs and other long-term care providers is essential to ensure that patient needs are known and services are in place upon discharge from hospital.

NE LHIN:

The development of a coordinated and integrated system of care for seniors was a recurring theme across the province in the Integration Priority Reports, published in Spring 2005 by the LHINs. Projections for dementia, disabilities in adults and chronic illnesses are all expected to rise as the population ages. As a result, the NE LHIN must make planning for seniors’ health care a priority.

Priority B - Health Human Resources

Gap:

LTC Homes find it difficult to recruit and retain personnel due to inequities in remuneration and unstable working conditions as compared to other sectors.

Desired future state:

LTC Homes recommend that the NE LHIN invest in projects to assist with recruitment and retention strategies and link with educational providers and the Ministry of Education to alleviate health human resource shortages across the board.

Analysis:

LTC Homes hire registered nurses, registered practical nurses, personal support workers, dietitians, psychogeriatric workers, occupational therapists, physiotherapists, speech language pathologists, recreational therapists, social workers, pastoral care personnel and a whole range of employees to provide support services such as laundry and food services.

LTC Homes find it difficult to recruit qualified personnel, especially geriatricians, therapists, personal support workers, cooks and dietary aides. These difficulties exist largely as a result of inequities in remuneration and unstable working conditions compared to other sectors, particularly hospitals. High rates of casualization and part-time employment continue to persist. Hospitals are starting to employ Personal Support Workers and competing with LTC Homes for qualified candidates to work in chronic care wards and to care for patients in interim long-term care beds.

Moreover, there is a need to increase the complement of registered health professionals in LTC Homes, particularly in nursing, as the acuity of residents has been on the rise. Always increasing the number personal support workers does not work, as their skills and knowledge base is limited.

In the North East, other populations/target groups use LTC beds, such as developmentally disabled adults, physically disabled adults, clients with Acquired Brain Injury (ABI) and those suffering from other diseases such as Huntington's and Parkinson's. They are often much younger than the average senior resident. However, they are placed in a LTC Home as alternative residential facilities are not available. As a result, LTC Homes need to provide different recreational and therapy programs, geared to a younger population, and hire more medical and allied specialties.

A closer look at the demographics shows that there are more females than males aged 65+ in the North East. Local long-term care providers, both residential and community-based, need to match their long range health human resource strategies to

meet the age- and gender-appropriate needs on the horizon. It is also anticipated that assisting occupations, health care aides and personal support workers will be in high demand as the need for long-term care and chronic care services grows.

The aging trend, mentioned above, will also be felt in the larger marketplace. One-quarter of the population in the NE LHIN is aged between 45-to-64. There is a risk of an insufficient number of workers being trained to replace them when they retire. Students from the North leave the area to train but do not return home to work. A study done at the provincial level suggested that, by the year 2011, about 43 percent of RNs and 45 percent of RPNs employed in Ontario will retire. This translates into over 44,000 nurse retirements province-wide within the next 5 to 10 years.

Of particular concern for LTC Homes is the difficulty experienced in recruiting Medical Directors and attending physicians due to physician shortages, the difficulty in attracting physicians to serve this population, and physician remuneration levels. One solution may be to employ Nurse Practitioners as a supplement to attending physicians, for assessments, physicals, *etc.* They would work in tandem with the attending physicians, who could then focus on more complex care.

With the aging population, increasing cases of dementias, and an increasing complexity in care needs, the demand for psychogeriatric services is increasing both in the community and in LTC Homes. There is room to improve the level of psychogeriatric services available to seniors. The transfer process between LTC Homes and hospital mental health in-patient units is not well integrated. Staff working in LTC Homes are not trained and qualified to appropriately deal with psychiatric or aggressive episodes. Even if training was made available, LTC Homes do not have enough elasticity in their staffing levels to be able to provide 1-to-1 care when necessary. Medical psychogeriatric support is also lacking and many communities rely on the expertise of visiting geriatric psychiatrists with frontline psychogeriatric outreach teams and workers located throughout the region.

Implementation:

Providers:

LTC Homes would like to work with secondary and post-secondary educational providers in a concerted effort to market professions in the LTC sector.

NE LHIN:

The NE LHIN will be responsible to fund health care services at the local level in the near future. As a priority, it should monitor health human resource shortages in the LTC sector and direct funds towards strategies that will reduce these shortages. In addition, the NE LHIN should invest in the delivery of safe and effective psychogeriatric services. For example, LTC Homes would benefit from the development of senior mental health teams to provide them with professional resources and would benefit from extra funding to hire additional staff when 1-to-1 care is warranted for difficult psychogeriatric residents.

Priority C - Coordinated ICT Systems

Gap:

Few LTC Homes have been able to invest in Information and Communication (ICT) systems.

Desired future state:

LTC Homes should be connected to a coordinated ICT system so that homes can communicate with hospitals, CCACs, pharmacies, and other providers. The system could also be used by LTC Home residents to videoconference with out-of-town family members to reduce loneliness.

Analysis:

The North East LHIN extends over 400,000 square kilometres, representing almost 42% of Ontario's land mass. Despite its large size, it is sparsely populated. Half of the population resides in the four largest cities of Sault Ste. Marie, Timmins, North Bay and Sudbury; a further quarter resides in small communities along Highways 17 and 11; and the remaining residents are scattered across the catchment area. In addition, as shown in Table 1, communities are far away from each other. All of these factors point to significant challenges for the delivery of health care services in a cost effective and timely manner.

Table 1: Distances Between Selected Communities, NE LHIN:

	Mindemoya	Sault Ste. Marie	Timmins	Sudbury	Mattawa	North Bay	Kirkland Lake	Parry Sound
Mindemoya	X	5 hours 332 km	6 hours 470 km	2 ½ hours 180 km	4 ¾ hours 352 km	4 hours 295 km	6 ½ hours 473 km	4 ¼ hours 320 km
Sault Ste. Marie	5 hours 332 km	X	7 ¼ hours 440 km	4 ½ hours 300 km	7 hours 501 km	6 ¼ hours 443 km	8 ½ hours 621 km	6 ½ hours 470 km
Timmins	6 hours 470 km	7 ¼ hours 440 km	X	4 hours 290 km	5 ¾ hours 423 km	5 hours 365 km	2 hours 140 km	6 ½ hours 472 km
Sudbury	2 ½ hours 180 km	4 ½ hours 300 km	4 hours 290 km	X	2 ½ hours 185 km	1 ¾ hours 127 km	4 ¼ hours 306 km	2 ¼ hours 169 km
Mattawa	4 ¾ hours 352 km	7 hours 501 km	5 ¾ hours 423 km	2 ½ hours 185 km	X	1 hour 63 km	4 hours 304 km	2 ¾ hours 200 km
North Bay	4 hours 295 km	6 ¼ hours 443 km	5 hours 365 km	1 ¾ hours 127 km	1 hour 63 km	X	3 ¼ hours 246 km	2 ¼ hours 156 km
Kirkland Lake	6 ½ hours 473 km	8 ½ hours 621 km	2 hours 140 km	4 ¼ hours 306 km	4 hours 304 km	3 ¼ hours 246 km	X	5 ¼ hours 396 km
Parry Sound	4 ¼ hours 320 km	6 ½ hours 470 km	6 ½ hours 472 km	2 ¼ hours 169 km	2 ¾ hours 200 km	2 ¼ hours 156 km	5 ¼ hours 396 km	X

As can be seen by this Table, there is a need to optimize ICT given the great distances between our North Eastern communities and their relative remoteness.

There are many innovative applications that could be developed with ICT. For example, residents could access medical services through telemedicine for such disciplines as psychiatry, dermatology, oncology and geriatric assessment. Staff could participate in telelearning opportunities. Staff wanting to qualify as Personal Support Workers could do so on-line. Families could visit with their loved ones through videoconferencing.

Implementation:

NE LHIN:

The NE LHIN has launched Phase 2 of the Northern Ontario ICT Blueprint. The purpose of the Northern ICT Blueprint is: a) to conduct an inventory of the current state of ICT for these providers; b) to identify opportunities to strengthen ICT linkages between providers and sectors; and c) to position the providers, individually and collectively, with Ontario's broader e-health vision and strategy. Phase 2 will include LTC Homes and Community Support Service agencies.

Providers:

LTC Homes should actively participate in this work.

Priority D - Linkages with other provider groups

Gap:

A unified voice is lacking to advocate for the needs of the LTC sector.

Desired future state:

It would be advantageous for existing groups of providers of long-term and community support services to form a single LHIN-wide planning body.

Analysis:

There are essentially 3 main groups of providers delivering services in the LTC/CSS sector. Each of these groups belongs to a different network, as follows:

- the non-profit LTC Homes belong to the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS);
- the municipally-operated and for-profit LTC Homes belong to the Ontario Long-Term Care Association (OLTCA); and,
- the community-based providers of support services, such as Alzheimer's Society, Meals on Wheels, Ontario March of Dimes, *etc.*, belong to the Ontario Community Support Association (OCSA)

The Community Engagement Strategy proposes the formation of groups to facilitate the engagement process, such as Geographic Planning Area Groups and Health Interest Groups. It is also stated that one of the guiding principles of NE LHIN is to leverage existing structures, rather than creating new ones, when engaging stakeholders. In this light, we have proposed a framework for the LTC sector.

Implementation:

Providers:

The leadership of OANHSS, OLTC and OCSA are examining a framework that proposes a single cross-sectoral long-term care/community support services network. This framework would allow the providers to speak with a unified voice. It is a work in progress that will match the evolution of the NE LHIN.

NE LHIN:

In the meantime, the North East LHIN can help to support the diversity of LTC Home and Community Support Services by inviting one representative from each of the following groups to its geographic and/or health interest planning table. This representation would give voice to a fuller range of options until a more coordinated framework is adopted.

Appendix 1

North East LHIN LTC Homes Planning Day - June 2, 2006

Attendance List

Name	LTC Home	Community
Bozzer, Heather	Golden Manor	Timmins
Brownlee, Elizabeth	Temiskaming Lodge	Haileybury
Campbell, Beth	Cassellholme	North Bay
Clement, Keith	Extendicare York	Sudbury
Enouy, Susan	Extendicare Kirkland Lake	Kirkland Lake
Foreman, James	Extendicare Falconbridge	Sudbury
Graham, Wayne	Nipissing Manor Nursing Care Centre	Corbeil
Hailey, Nicole	Espanola Nursing Home	Espanola
Kilbertus, Phil	NE LHIN	
Laflamme, Henri	Au Château	Sturgeon Falls
Legros, Donna	Teck Pioneer Residence	Kirkland Lake
Levesque, Bernard	Au Château	Sturgeon Falls
McNabb, Janet	Algonquin Nursing Home	Mattawa
Monestime Belter, Vala	Algonquin Nursing Home	Mattawa
Palkovits, Jo-Anne	St. Joseph's Villa	Sudbury
Piekarski, Steve	Eastholme	Powassan
Rainville, Diane	Au Château	Sturgeon Falls
Shewen, Sharon	Belvedere Heights	Parry Sound
Valiquette, Lianne	St. Joseph's Health Centre	Sudbury
Weir, Yvonne	Leisureworld Caregiving Centre	North Bay

Appendix 2

Location of LTC Homes in North East LHIN

Not-for-profit	Number of Permanent LTC beds <small>(excludes interim and convalescent care beds)</small>
Municipal	
1 Algoma Manor, Thessalon	108
2 Au Chateau, Sturgeon Falls	162
3 Belvedere Heights, Parry Sound	101
4 Cassellholme, North Bay	240
5 Eastholme, Powassan	128
6 Golden Manor, Timmins	177
7 Manitoulin Centennial Manor, Little Current	60
8 Pioneer Manor, Sudbury	342
9 Teck Pioneer Residence, Kirkland Lake	81
Sub-total Municipal	1,399
Hospital	
10 Bignucolo Residence, Chapleau	18
11 Blind River District Health Centre	42
12 Espanola Nursing Home	32
13 Foyer Des Pionniers, Hearst	65
14 Hornepayne Community Hospital	12
15 Lady Dunn Health Centre, Wawa	16
16 Rosedale Centre, Matheson	20
17 Smooth Rock Falls Hospital	20
18 Villa Minto, Cochrane	33
Sub-total Hospital	236
Other	
19 FJ Davey Home, Sault Ste. Marie	374
20 Finlandia Hoivakoti Nursing Home, Sudbury	110
21 Lakeland Long-Term Care, Parry Sound	110
22 Mauno Kaihla Koti Nursing Home, Sault Ste. Marie	60
23 North Centennial Manor, Kapuskasing	71
24 South Centennial Manor, Iroquois Falls	69
25 St. Joseph's Manor, Elliot Lake	64
26 St. Joseph's Villa, Sudbury	128
27 Wikwemikong Nursing Home	60
Sub-total Other	1,046

For-profit	Number of Permanent LTC beds (excludes interim and convalescent care beds)
Extendicare	
1 Falconbridge, Sudbury	234
2 Kapuskasing	60
3 Kirkland Lake	100
4 Tendercare, Sault Ste Marie	119
5 Timmins	119
6 Tri-Town, Haileybury	60
7 Van Daele, Sault Ste. Marie	149
8 York, Sudbury	288
Sub-total Extendicare	1,129
Jarlette	
9 Elizabeth Centre, Val Caron	128
10 Manitoulin Lodge, Gore Bay	61
11 Temiskaming Lodge, Haileybury	80
Sub-total Jarlette	269
Other	
12 Algonquin Nursing Home, Mattawa	72
13 Lady Isabelle Nursing Home, Trout Creek	66
14 Leisureworld Caregiving Centre, North Bay	148
15 Nipissing Manor Nursing Care Centre, Corbeil	120
16 Northview Nursing Home, Englehart	48
Sub-total Other	454