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**JUSTIFICATION FOR LTC BEDS  
IN THE CITY OF TIMMINS**  
(speaking notes)

**Presentation by Mayor Tom Laughren, City of Timmins  
to the Board of Directors of the  
North East Local Health Integration Network**

**Date: FRIDAY, SEPTEMBER 28, 2007**

## **OVERVIEW**

### **Hospital Pressures**

Three years have elapsed since the Timmins and District Hospital was forced to mobilize all its internal and external resources to deal with a bed shortage crisis, resulting in the hospital having no acute medical, surgical or ICU inpatient beds.

This crisis resulted in the MOHLTC issuing a Category 1-A Crisis Designation. The designation meant that patients in hospital awaiting placement in a LTC home were to be given top priority for placement, as a means of facilitating the movement of individuals from the hospital to a LTC home.

The crisis designation was in effect from June 1<sup>st</sup>, 2004 to July 31<sup>st</sup>, 2004. During these two months patients identified as needing an 'alternate level of care' (ALC) and their families were under a tremendous amount of stress as they were expected to accept placement within the first LTC home which became available, which could be in a home located 1 to 3 hours away.

The Timmins and District Hospital continues to struggle with a high number of ALC cases, which occupy almost 25% of the hospital's total bed complement.

The hospital has been funded to implement a rehabilitation program which will alleviate ALC pressures, yet only 10 of the 20 rehabilitation beds are operational due to physical space limitations. The program cannot be fully implemented until the 12 interim LTC beds housed at the hospital are relocated to a permanent location.

It is noted that the majority of ALC patients were receiving community services when hospitalized, which indicates that the care needs of these individuals could not have been address entirely in a community-based setting. The majority of these seniors require a LTC bed.

Over the past two years the community has been closely monitoring a fragile situation facing the community. St. Mary's Manor a 60+ affordable housing complex for seniors has been plagued by a dispute between the owner and operator. Local leaders have been trying to facilitate a resolution to the dispute for a number of years.

Lacking an alternate housing option within the City of Timmins a number of residents have been placed in a LTC home, moved in with family members, or housed in Sudbury more than 300 kilometres away. It is unlikely that seniors who have moved to Sudbury will return to Timmins. The health care system in Sudbury which is struggling also to deal with its own systemic pressures, has assumed responsibility for the care needs of these seniors.

Since June 2004, community leaders have been monitoring, analysing, and advocating for the implementation of a number of strategies that collectively would mitigate the pressures facing the long-term care system and address the care needs of seniors. The addition of new long-term care beds is essential to the success of the overall strategy which also includes developing a supportive housing model, and increasing community-based supports.

In his recent visit Health and Long-Term Care Minister George Smitherman acknowledged the City's ongoing efforts to address the needs of its seniors and recognized that the community's strategy was in line with the province's vision for the LTC system. The Minister encouraged the community to work with the NE LHIN to re-align the local LTC continuum.

## **PROVINCIAL INITIATIVES**

### **ALC Task Forces/CEO Roundtables**

In an effort to assist with the resolution of ALC pressures experienced by hospitals the NE LHIN initiated the development of ALC Task Forces in February of 2007. The ALC Task Forces were established in the communities most affected by the ALC issue, namely the cities of North Bay, Sault Ste. Marie, Sudbury and Timmins.

The Timmins ALC Task Force identified a series of strategies that would reduce systemic pressures; among these strategies was the need to enhance the LTC bed complement in the City of Timmins.

The Cochrane District CEO Roundtable reviewed the recommendations of the Timmins ALC Task Force and agreed that LTC beds were a priority for the Cochrane District and recommended the inclusion of this priority within the NE LHIN Annual Service Plan.

### **Long-Term Care Renewal Strategy**

In July of 2007, the Province of Ontario announced that it would be redeveloping 35,000 older LTC beds over the next 10 years to ensure equitable access to quality LTC home accommodation.

The renewal strategy will address the differences between older and newer LTC homes so more residents can access quality services and home features.

Beginning in 2008, the government plans to begin redeveloping about 3,500 beds annually over the next 10 years. The province's 14 LHINs together with the MOHLTC will be prioritizing which projects go forward for renewal each year.

Extendicare Timmins may be eligible for renewal funding.

### **Aging at Home Strategy**

In August of 2007, the Government of Ontario announced an 'Aging at Home Strategy' designed to help transform community health care services in an effort to better meet the needs of a growing and aging population.

The strategy is intended to help reduce ALC issues and ease the current pressures on Ontario's acute care hospitals. The Aging at Home Strategy is a \$702 million dollar investment designed to help improve the way services are delivered and provide more equitable access to health care by matching the needs of the local senior population with the appropriate support services.

These services could include enhanced home care and community support services like meals, transportation, shopping, snow shovelling, friendly home calling, adult day programs, homemaking services and caregiver supports.



## **DEMOGRAPHIC DATA**

### **Population Trends in the North**

In the spring of 2007, the Ontario Ministry of Finance released its 2006-2031 population projections. Based on this information, the population of Northern Ontario is projected to decline by 4.5% from 806,000 in 2006 to 770,000 in 2031. Cochrane is projected to experience the fastest population decline. This projected decline reflects Northern Ontario's migration trends and age structure.

According to the most recent Census, Northern Ontario is shrinking as a percentage of the total population of Ontario. In 2001 Northern Ontario represented 6.9% of the total population of Ontario, by 2006 this percentage was down to under 6.5%.

A recent paper prepared for the Training Boards of Northern Ontario by Lakehead University puts this information into context. The report noted that the largest decrease in the Northern Ontario population, in the past 50 years, occurred between 1996 and 2001.

In fact, the only other time that the population of Northern Ontario decreased was from 1981 to 1986 when the population decreased by 2.3%. Statistically speaking the population in the North has stabilized and is virtually the same in 2006 as it was in 2001.

The report goes on to note that most major cities within the North East experienced growth which ranged from 0.5% to 2.3%, Timmins being the exception. While Timmins experienced a decline of 1.6%, the decrease is a substantial turnaround from the previous Census when an 8% decline was reported.

There are other important factors that suggest that Timmins is in fact experiencing growth like other urban centres in the North.

The Northeast recorded significant employment growth in the 2007, bringing total employment close to a five-year high. The Northeastern Ontario's unemployment rate is now at 6.8%, close to the Ontario average of 6.5%. The Timmins rate is reportedly even lower and a strategy to attract immigrants is needed to deal with labour shortages.

Timmins is on record as having the greatest price gain in re-sale housing among all communities in Ontario. Vacancy rates make it extremely difficult to find housing, much less affordable and accessible senior housing.

Employment prospects in the City are attracting residents of the district's rural communities, providing youth with more opportunities which should reduce youth out-migration.

The City is home to a growing percentage of Aboriginals. Communities with a high proportion of Aboriginals generally have higher growth rates and are considered some of the most dynamic in the North.

### **Aging Population**

Northern Ontario is aging more rapidly than the province or the nation, as a whole.

The life expectancy of seniors, over the past three decades, has increased by 4.9 years for women and by 7.7 years for males.

While the proportion of the North East population 65 years of age and over remained constant between 2001 and 2006, the change in the total number of individuals aged 65+ and 75+, increased in actual numbers. The number of individuals 65 years of age and over grew by 390, and the number of individuals 75 years of age and over grew by 325.

## **LTC CONTINUUM**

### **LTC Homes**

Historically, the Cochrane District was considered above the provincial average based on the provincial benchmark of one hundred (100) LTC home beds per 1,000 population, over the age of 75. Consequently, the area was not eligible for LTC beds in the most recent provincial allocation.

More recently, it has been recognized that the adequacy of a district's bed supply cannot be determined in isolation of other factors which influence and affect demand for LTC beds.

The adequacy of the bed supply should be determined based on the health status of a population, characteristics of hard to serve populations, access to other key supportive services and programs, and alternate housing options.

Since the crisis of June 2004, demand for LTC beds has continued to increase despite the addition of 21 interim LTC beds to the system (20 in Timmins and 1 in the district).

LTC beds across the district continue to be fully occupied. Community Care Access Centre statistical data reveal that the Cochrane District experienced a 45% increase in its caseload and a 78% increase to its monthly waitlist, over the past 5 years.

An analysis of the placement statistics for the Golden Manor (174 bed facility).and Extencicare Timmins (118 bed facility) reveals that:

- Between 13% and 29% of LTC admissions over the past 5 years, have been individuals who are under the age of 75.
- The number of days a female waited for admission to basic accommodations at the Golden Manor was 329 days in 2006/07, a considerable increase over the number of days waited the previous year (157 days). The wait at Extencicare was 40 days in 2006/07.
- The number of days a female waited for admission to preferred accommodations at the Golden Manor was 191 days in 2006/07, this number represents a considerable drop from the 343 days waited in 2005/06. The wait at Extencicare was 111 days in 2006/07.
- The number of days a male waited for admission to basic accommodations at the Golden Manor was 236 days in 2006/07, the number increased significantly from the previous year (120). The wait at Extencicare was 79 days in 2006/07.

- The number of days a male waited for admission to preferred accommodations at the Golden Manor was 184 days in 2006/0, a decrease from the previous year (194 days).

CMI data for both LTC homes in the City of Timmins reveal that the level of care required by residents has been rising steadily over the past five years. Residents in these homes are at, or above, the provincial average, which indicates that they would not be appropriately cared for in a less intensive care environment.

## **CURRENT OPPORTUNITIES**

The Municipality is willing to provide its fair share of the capital and operating expenses of expanding the number of LTC beds at the Golden Manor.

Extendicare Timmins may need to relocate due to mining activity which would result in the construction of a new LTCH. If the relocation is deemed feasible, then adding to their existing bed complement may be a financially feasible means of expanding the LTC bed supply in the City.

An independent living facility is considering an expansion to its site. They have 35 individuals on their waitlist. The facility sits on 40 acres of land which provides a unique opportunity to creatively consider how best to incorporate affordable independent living, with other community based needs such as palliative care.

## **RECOMMENDATION**

The supply of permanent long-term care beds within the City of Timmins needs to be increased by approximately 64 beds. This increase includes the conversion of the twenty (20) interim beds<sup>1</sup> in Timmins which are fully occupied and the addition of 44 additional permanent long-term care beds.

It is proposed that a portion of these new beds be designated as 'flexible beds' to allow a LTC home to implement convalescent care or short-term transitional care programs. A need for convalescent care beds has been identified yet the lack of capacity within the LTC bed supply impeded a home's ability to apply to the program, as a LTC bed is converted into a convalescent care bed.

Additional permanent LTC beds will allow the Timmins and District Hospital to fully implement its rehabilitation program which will contribute to alleviating their ALC pressures and ensure that patients receive the treatment they require to facilitate their return home, or to an alternate community-based setting.

The addition of long-term care beds is one part of the overall strategy to realign the local LTC continuum. The proposed realignment strategy recognizes the importance of investing in community-based supportive services as a means of delaying institutionalization but also stresses that the supply of LTC beds must reflect actual demand, both present and future demand, which is anticipated to increase with an aging population.

The community requires a proactive plan. It is time to move away from crisis management and work collaboratively to address the current and future needs of seniors.

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<sup>1</sup>The full interim LTC bed allocation in the district is 21. Twenty are located in Timmins and one in Kapuskasing.