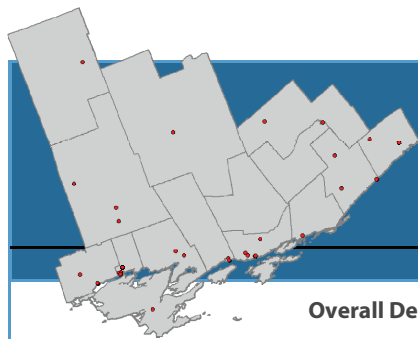
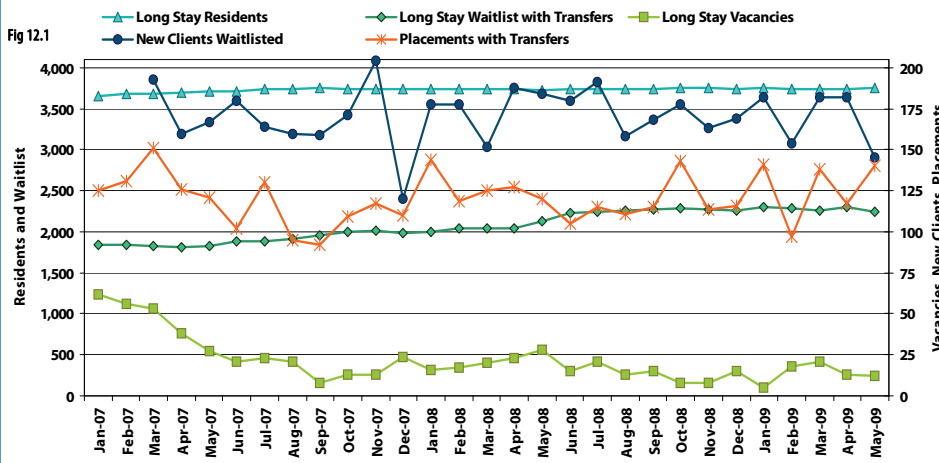


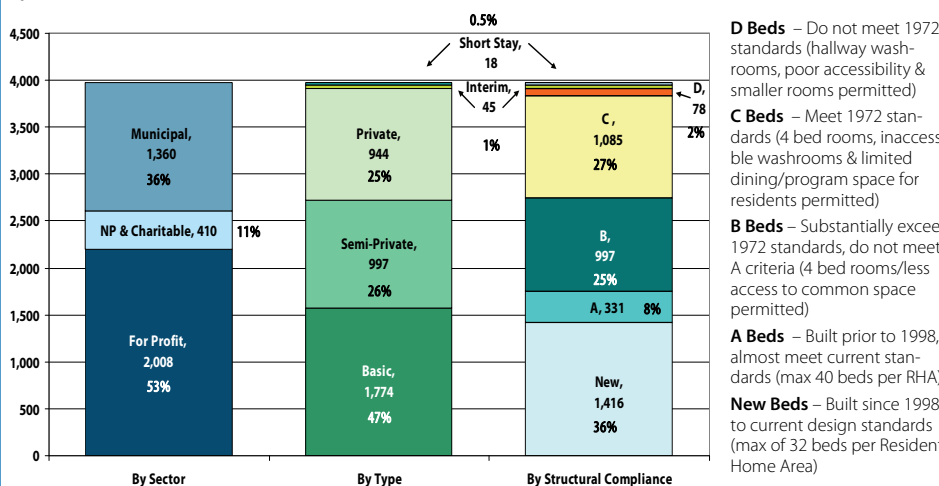
South East Local Health Integration Network Long Term Care Profile



Overall Demand for Long Term Care, SE LHIN (Jan 07-May 09)^{2,5-8}

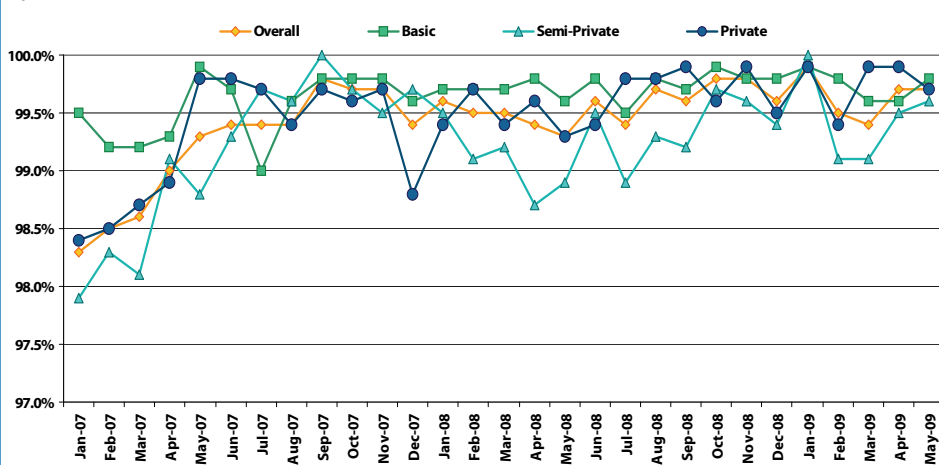


Long Term Care Bed Supply Distribution by Sector & Type, SE LHIN (Jan 08-May09)^{2,8}



D Beds – Do not meet 1972 standards (hallway washrooms, poor accessibility & smaller rooms permitted)
C Beds – Meet 1972 standards (4 bed rooms, inaccessible washrooms & limited dining/program space for residents permitted)
B Beds – Substantially exceed 1972 standards, do not meet A criteria (4 bed rooms/less access to common space permitted)
A Beds – Built prior to 1998, almost meet current standards (max 40 beds per RHA)
New Beds – Built since 1998 to current design standards (max of 32 beds per Resident Home Area)

Long Term Care Bed Utilization Rate by Type, SE LHIN (Jan 07-May09)^{2,8}



Introduction:

The Regional Capacity Assessment Project (ReCAP) provides a profile, including short-term projections, on the utilization of health care services in the South East LHIN. Results of ReCAP are used to support the recommendations in the Integrated Health Service Plan for the South East region. This short report on Long Term Care (LTC) is one in a series of summary analyses from ReCAP that focuses on specific health care services. In the SE LHIN, there are 37 homes that provide long term care services.

Summary of Main Findings:

- This report utilizes data from 2 main sources: the Long Term Home Care System Report (LTHCSR) and the Continuing Care Reporting System (CCRS). LTHCSR is based on monthly submissions by the CCAC while the CCRS is an admission based system that collects data on admissions, assessments and disease conditions of clients in LTC homes. At the time of reporting 10 out of 37 LTC homes were represented in the CCRS.
- The number of residents in LTC homes in the SELHIN increased marginally (88 or 2.4%) between Jan 07 (3,660) and May 09(3,748). During the same period the number of reported waitlisted clients grew more rapidly (403 or 21.9%) from 1,838 to 2,241. This is largely because the number of new waitlisted clients (generally ranging between 160-190 clients per month) consistently exceeded the number of LTC placements (usually 105-140 per month). Note that the percentage of waitlisted clients who were not willing to accept a placement when offered was estimated to range between 6%-10%. Therefore a reasonable estimate of the number of waitlisted clients who would have accepted a home in May 09 is between 2,000-2,100. Since June 08 the number of vacant beds did not surpass 25 in any given month.
- Between Jan 08 and May 09 the supply of LTC beds in the LHIN has remained constant at 3,778. When examined by sector, most of the beds (2,008 or 53%) are For-Profit or Municipal (1,360 or 36%). Only 410 (11%) of all beds Not For-Profit/Charitable. When examined by bed type 1,774 (47%) are Basic, 997 (26%) Semi-private and 944 (25%) Private. Just 45 and 18 LTC beds are Interim and Short-stay respectively and there are no convalescent care beds in the LHIN.
- Overall LTC beds in the LHIN are almost fully utilized (>99%). For utilization by bed type, Semi-private is commonly marginally lower than Basic and Private.
- In the SELHIN the average length of stay in a LTC home range between 2.6-2.7 years, which is lower than the stay in the province-3 years since Mar 08.
- While the number of waitlisted LTC clients for Not For-Profit remain at about 200 since Jan 07, the number of clients waiting for For-profit and Municipal beds are increasing at about 6 and 9 persons per month respectively. By the end of the reporting period 56% of waitlisted clients applied for a Municipal home, 35% for For-profit and 8% Not For-profit.
- Most waitlisted clients are assigned to Priority 3 (56%) or Priority 2 (41%), both of which appear to be increasing with time (at about 4 and 11 more clients respectively per month). By the end of May 09 fewer than 70 (3%) waitlisted clients were assigned to either Priority 1A, 1A1 or 1B (though 1B was falling by 1 client per month).
- Approximately 2 in every 3 waitlisted clients are female while 1 in 20 had an acute condition.
- The median wait time for placement in a LTC home tended to increase during the winter season but decrease in the summer, though more sharply in SELHIN than in the province. Overall the median wait time is much higher in the LHIN than in the province but the gap has declined substantially over time (from 63 days in Jan 07 to just 8 days in May 09).

Continued - Page 2

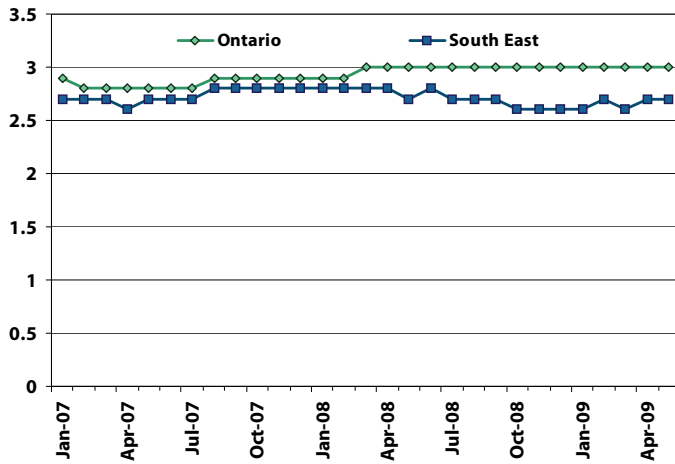
Please send any questions or comments to:
SEdatateam@lhins.on.ca



southeastlhins.on.ca

Average Length of Stay (years) for Clients in LTC Beds, SE LHIN & Ontario (Jan 07-May 09) ^{2,8}

Fig 12.4

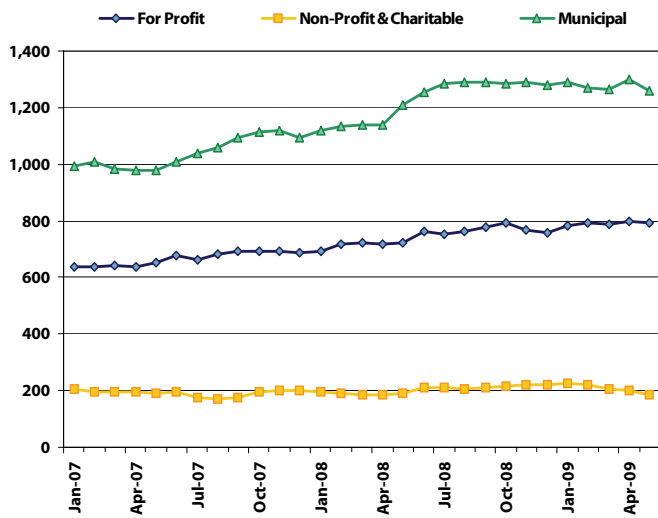


Summary of Main Findings - Continued:

- Wait times for placement are generally higher for 1st choice applications for LTC homes (median 150-200 days) followed by 2nd choice applications (median 100-120 days except for peaks in the fall season) then 3rd choice applications (median fluctuating between 60 and 140 days). When reviewed by sector the longest wait is for Municipal homes (median increasing by 4.7 days per month since Sep 07 to reach 214 days by May 09) while much lower waits were noted in other sectors (median for For-profit range between 80-110 days while the median for Not For-profit peak in summer but drop back to 70-100 days during the rest of the year).
- In spite of wide fluctuations, the median wait time for placement in a Priority 3 bed has been steadily increasing since Jan 08 by about 16 days per month to reach 344 days in May 09 compared to the median wait time for Priority 2 which is higher in the winter (as high as 170 days) and lower in summer (as low as 120 days).
- Geographically-No LTC beds were reported either in South Frontenac or Rideau Lakes subLHIN areas; for the most part the LTC bed distribution is reflective of the distribution of the 75+ population; Kingston & Islands is the only subLHIN with a Not For-profit home; Except for North Hastings, Municipal homes are primarily in urban areas.
- Based on a subset of 10 of 36 LTC homes in SELHIN - 80% of residents are 75+ (41% 85+ and 39% 75-84); 14% and 7% are 65-74 and 40-64 years respectively; For every 10 LTC residents 2 have cardiovascular conditions, 2 have mental conditions, 1 has musculoskeletal conditions, 1 has endocrine conditions and <1 has either respiratory or nervous system conditions; After reviewing the 12 months of data in fiscal 2007, about 3 in 4 residents continued to occupy a LTC bed while 14% became deceased, 8% were transferred to another facility and 4% were discharged home.

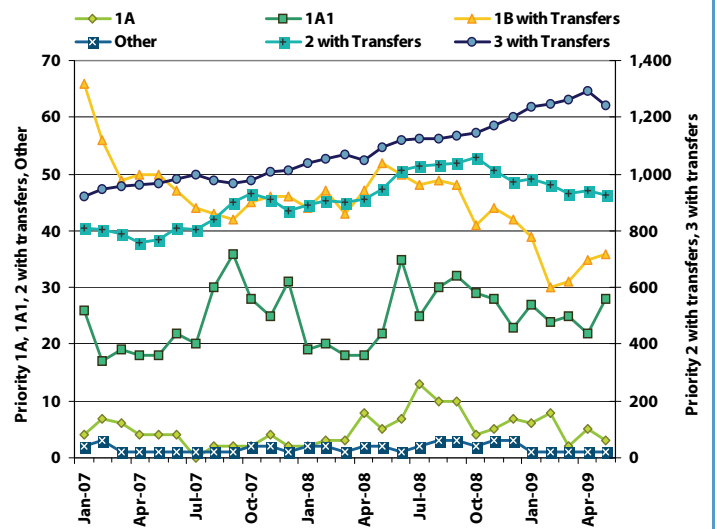
Waitlisted Clients (including transfers) by Sector (Jan 07-May 09) ^{2,5}

Fig 12.5



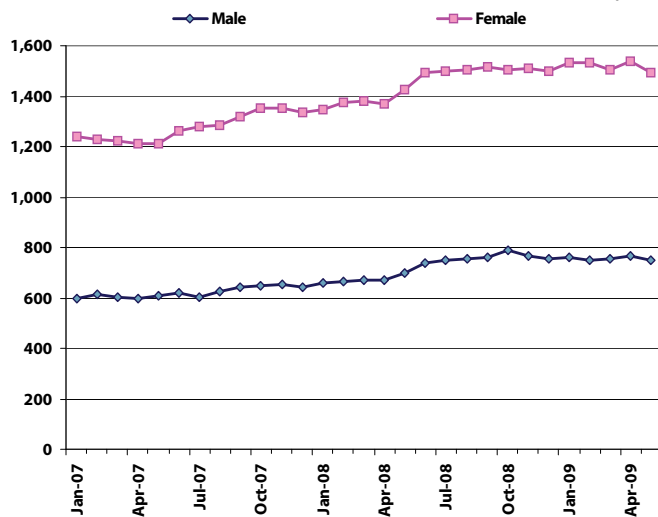
Waitlisted Clients (including transfers) by Priority (Jan 07-May 09) ^{2,5,10}

Fig 12.6



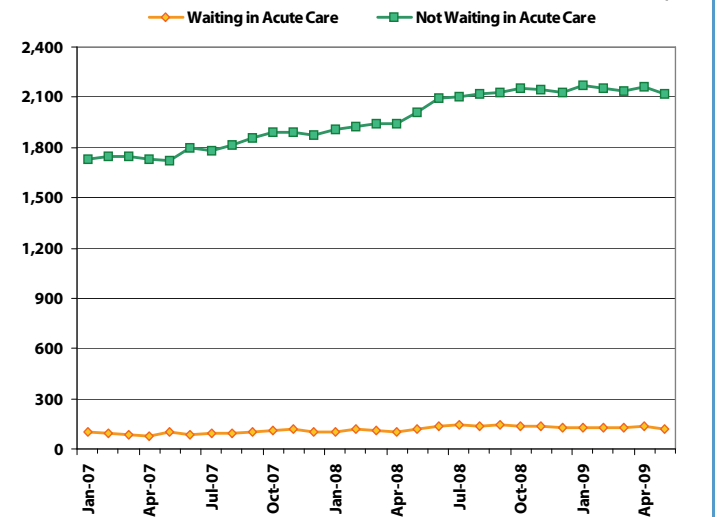
Waitlisted Clients (including transfers) by Sex (Jan 07-May 09) ^{2,5}

Fig 12.7



Waitlisted Clients (including transfers) by Level of Care (Jan 07-May 09) ^{2,5}

Fig 12.8



Waitlisted Clients

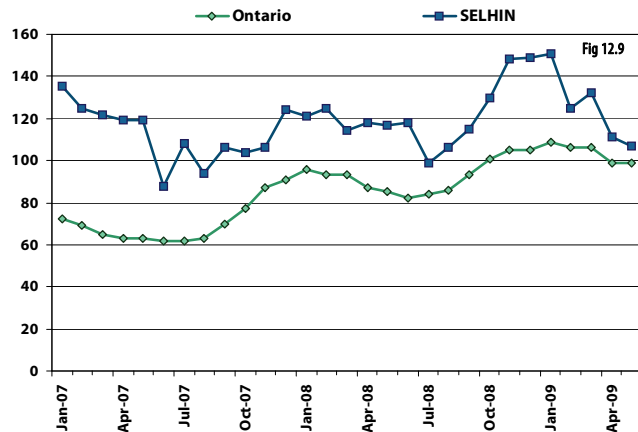
48 Dundas Street West, Unit 2
 Belleville, Ontario K8P 1A3
 Phone: 613-967-0196
 Fax: 613-967-1341

South East Local Health Integration Network

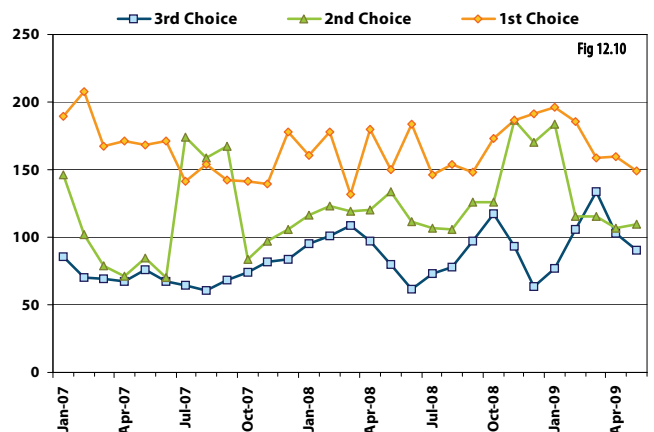
Long Term Care Profile

Time to Placement in LTC Bed

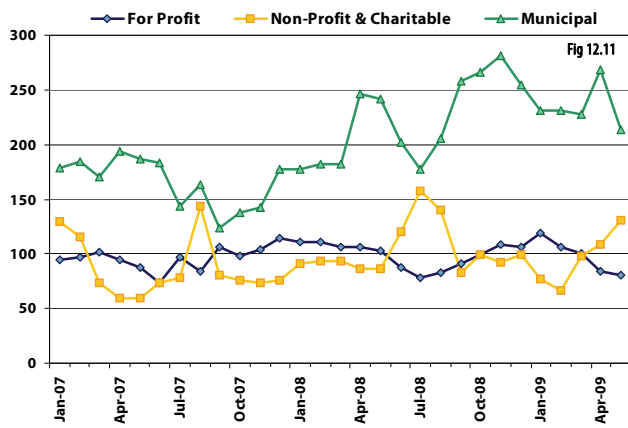
Median Number of Days from Application to Placement in LTC Bed, SELHIN & Ontario-excluding transfers (Jan 07-May 09)^{2,6}



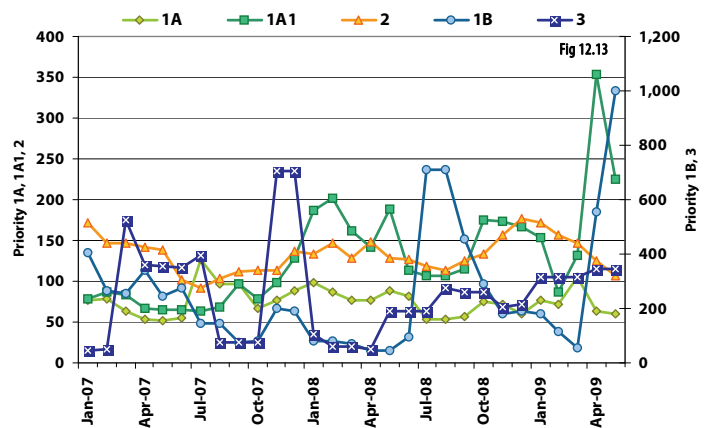
Median Number of Days from Application to Placement in LTC Bed by Client Choice-excluding transfers (Jan 07-May 09)^{2,6}



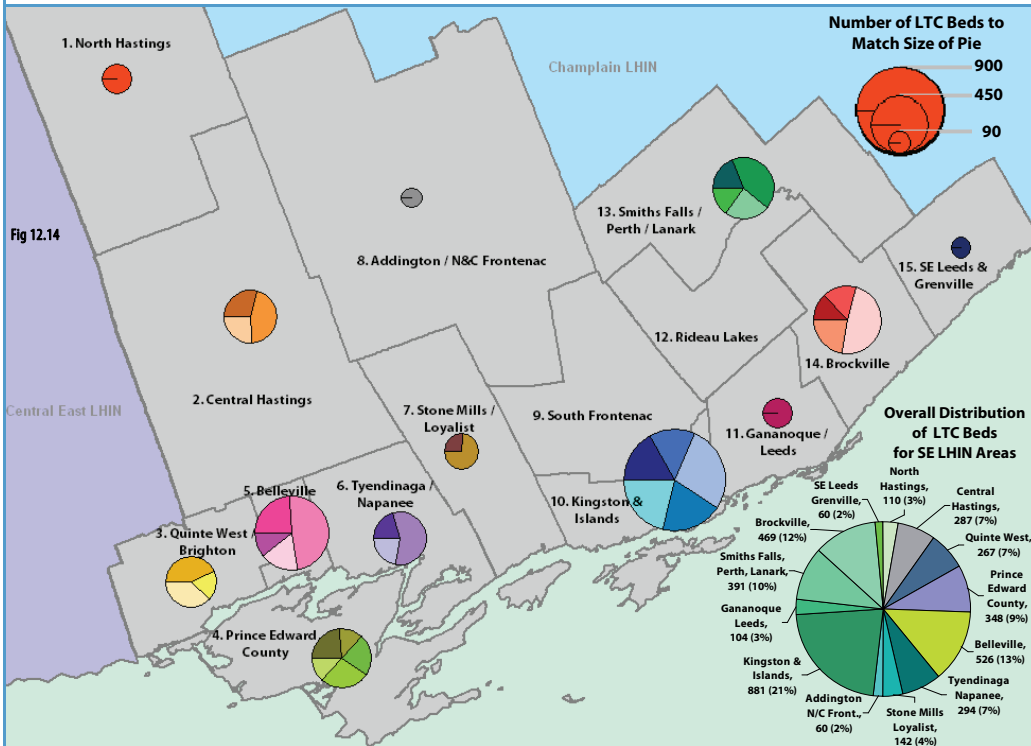
Median Number of Days from Application to Placement in LTC Bed by Sector-excluding transfers (Jan 07-May 09)^{2,6}



Median Number of Days from Application to Placement in LTC Bed by Priority-excluding transfers (Jan 07-May 09)^{2,6,10}



Distribution of Beds for SE SubLHIN areas by SE LHIN Long Term Care Home (2009)³

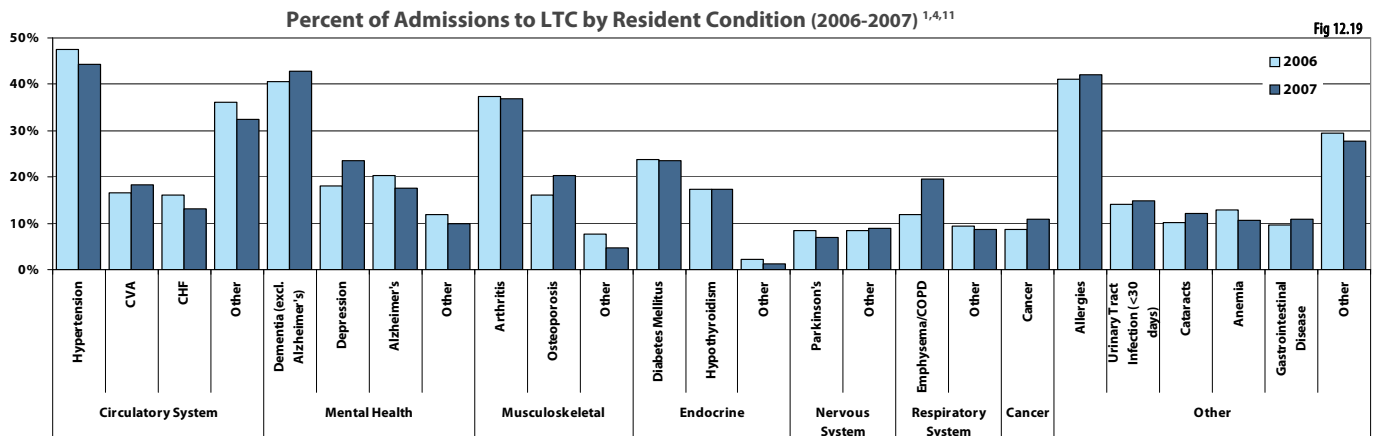
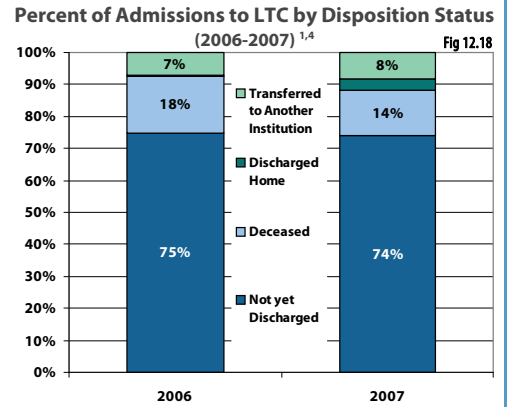
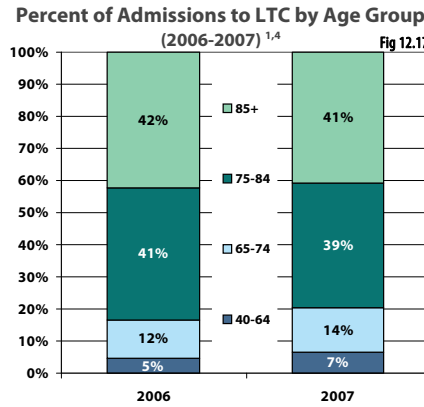
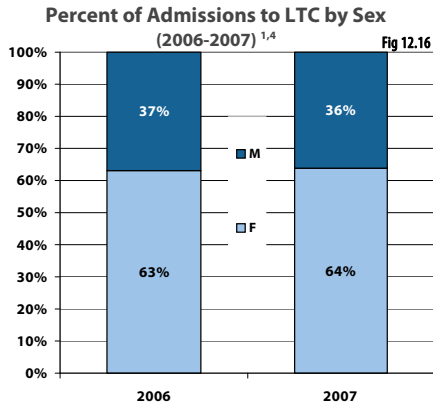


SubLHIN	Long Term Care Home (Sector)	Beds
1.	Hastings Centennial Manor (M)	110
	Caressant Care Marmora (FP)	84
2.	Moir Place (FP)	128
	Stirling Manor (FP)	75
	Crown Ridge Place (FP)	116
3.	Maplewood (FP)	49
	Trent Valley Lodge (FP)	102
	H.J. McFarland Memorial (M)	84
4.	Kentwood Park (FP)	45
	Picton Manor (FP)	78
	Versa Care Hallowell House (FP)	97
	West Lake Terrace (FP)	47
	Belmont (FP)	128
5.	Hastings Manor (M)	253
	Westgate Lodge (FP)	88
	EJ McQuigge Lodge (FP)	57
	Friendly Manor (FP)	60
6.	John M. Parrot Centre (M)	168
	Village Green (FP)	66
	Briargate (FP)	38
7.	Helen Henderson Care Centre (FP)	104
8.	Pine Meadow (NP)	60
	Extendicare Kingston (FP)	150
	Fairmount (M)	128
10.	Providence Manor (NP)	243
	Rideaucrest (M)	170
	Trillium Centre (FP)	190
11.	Carveth Care Centre (FP)	104
	Broadview (FP)	75
13.	Lanark Lodge (M)	163
	Perth Community Care Centre (FP)	121
	Hilltop Manor (FP)	60
	Mapleview Lodge (M)	60
14.	Rosebridge Manor (FP)	78
	St. Lawrence Lodge (M)	224
	Sherwood Park Manor (FP)	107
15.	Wellington House (FP)	60

% of Waitlisted Clients Resident in SE LHIN with Applications to be Admitted to at least 1 LTC Home Outside LHIN (Oct 08-Oct 09) 9



South East Local Health Integration Network Long Term Care Profile



Summary of Initiatives that will Impact the Number of LTC Waitlisted Clients and Beds During the Next 3 Years

Fig 12.20

Initiative	Description	Expected Impact
CCAC Review of LTC Waitlisted Clients	Review will ensure that only individuals who are appropriate for admission and intend to accept a LTC bed are included in waitlist	Substantial reduction in the number of LTC waitlisted clients (>10% across each CCAC site)
Home First	Changing the culture of placement that pervades discharge processes from hospital settings, and helping patients return home.	Reduces the number of clients requiring LTC placement.
Easier +	Enabling eligible seniors presenting at the ED to return home with services, rather than focus on LTC placement.	Reduces the number of clients requiring LTC placement.
SMILE	Supporting seniors living at home with a care plan to meet their needs.	Reduces the number of clients requiring LTC placement.
New LTC Beds	Trent Valley Lodge, Moira Place, and Crown Ridge Place added a total of 192 beds to the system in 2009. Beds are being used in an interim placement program to reduce ALC in hospital.	Reduce the number of waitlisted LTC clients by 192 immediately, with focus on reducing ALC in hospital.
Implementation of Convalescent Care Beds	Convalescent Care is a rehabilitative program located in the LTC setting. The focus is on strengthening the client to support a return to home, rather than requiring institutionalization.	Existing LTC beds will be converted to provide Convalescent Care, reducing the supply of LTC beds but also the number of clients requiring them.
Construction of New LTC Home	Arbour Ridge is under construction in Kingston and expected to be open in July 2011.	A net increase of 160 LTC beds is expected.
Discharge Link	Enhanced community based rehabilitation therapy program that is provided post hospital discharge for strokes client in the SE LHIN.	Reduces the number of clients requiring LTC placement.

General Notes and Limitations:

- All annual estimates are reported for fiscal periods, e.g. 2007 is April 2007 - March 2008.
- Data Source: Long Term Home Care System Report (LTHCSR) , MOHLTC.
- Data Source: South East LHIN Health Service Provider Inventory Database.
- Data Source: Long-Term Care Homes (Nursing Homes & Homes for the Aged) began to submit data to Continuing Care Reporting System (CCRS) as a phased rollout in 2005. At the time of this publication 10 of 36 LTC Homes (representing 32% of LTC beds) in the South East LHIN submit data into the CCRS. Long Stay Residents: Number of clients in LTC occupied beds.
- Waitlisted Clients: Number of clients waitlisted for a Long-Stay LTC bed, including clients already occupying a permanent or Interim LTC bed and waiting for a transfer. Clients waitlisted for homes in more than one area are counted only in the area that contains their first choice home.
- Long Term Care Placements: Number of placements to Long-Stay LTC beds including placements into Interim LTC beds and clients transferring from another LTC home.
- Long Stay Vacancies: Number of LTC beds unoccupied and available for occupancy.
- LTC Bed Supply includes permanent and interim long-stay, short stay, convalescent care and over-beds (excludes licensed beds taken permanently or temporarily out of service).
- Data Source: Long Term Care Client Waitlist Database, South East CCAC
- Priority Classifications:
 - 1A-Applicants** considered to be in crisis arising from the person's condition or circumstances whether in the community or hospital; also pertains to those applicants who will be without a bed due to the closure of a hospital or LTC home.
 - 1A1- Applicants** whose spouse/partner is a long-stay resident of the nursing home OR neither the person nor their spouse/partner is a long-stay resident of the nursing home but both wish to reside in the nursing home.
 - 1B-Applicants** who wish to be admitted to a LTC home that is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin AND the applicant is of the religion, ethnic origin or linguistic origin primarily served by the home.
 - 2-Applicants** awaiting admission from hospital, who are long-stay residents of another LTC home awaiting transfer to a home of their choice, who will be without a bed in the home or another facility within 16 weeks, who require admission to a LTC home within 3 months of the date of application , whose spouse/partner is a long-stay resident of the LTC home and the applicant does not have the care needs which qualify them as eligible for admission OR neither the applicant or their spouse/partner is a resident of the LTC home but both wish to reside in the LTC home, who are/were long-stay residents of another LTC home and were/will be discharged from that home because the home cannot provide adequately for their care needs (i.e. either insufficient security or medical/psychiatric care).
 - 3-Applicants** who do not meet the requirements of any other category.
- Each LTC admission can have multiple resident conditions. Estimates are provided for individual resident conditions.