

# Improving Seniors' Services in Ontario

OANHSS Position Paper on Capacity Planning and Development

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Ontario Association of  
Non-Profit Homes and  
Services for Seniors



HEALTH SERVICES MANAGEMENT,  
POLICY & PERFORMANCE  
IMPROVEMENT

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# 1. Executive Summary

Ontario is experiencing a demographic shift that will result in a doubling of the seniors' population within the next two decades. While the province offers a full suite of services to meet the needs of seniors, the integration, coordination and distribution of these services persist as issues, causing bottlenecks, duplications of effort, and negative client experiences<sup>1</sup>.

There are nearly 26,000 seniors on the waitlist for long-term care in Ontario, and this number continues to grow<sup>2</sup>. Investigations show that many of these seniors could remain at home longer if they were given the right support<sup>3</sup>. The Ontario Ministry of Health and Long-Term Care (MOHLTC) has undertaken a mandate to improve seniors' services in Ontario<sup>4</sup>, including promoting the right care, in the right place, at the right time<sup>5</sup>. Together, the province and its seniors' service providers are working to build capacity that will help seniors access the appropriate balance of care, live more independently in the community, and avoid premature admission to costly long-term or hospital care.

Capacity planning is an essential step in developing an informed, realistic and integrated system-wide strategy to meet the needs of Ontario's seniors. It *identifies* the right mix of services and care options<sup>2</sup>. While Ontario does engage in capacity planning today, its approach currently lacks the broad involvement of stakeholders and technical modelling needed to optimally identify and align resources at a regional level. Developing a strong provincial approach to capacity planning for seniors that considers the needs of local communities is essential if we are to meet the challenges we face.

However, capacity planning is only valuable to the degree that it informs capacity development. Capacity development is an essential outcome of capacity planning. In the context of seniors' services, it is required to build and optimize services, improve patient flow, and ensure appropriate placement into long-term care and other forms of care<sup>2</sup>. Capacity development *makes available* the right mix of services and care options for seniors at a provincial and local level. In this way, capacity development is the responsibility of all seniors' care and service providers across Ontario.

The Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) is the provincial association representing not-for-profit providers of long-term care, housing and health services for seniors. OANHSS and its members have an intimate understanding of the seniors' services sector and have long championed the need for comprehensive capacity planning and development that encompasses the entire continuum of seniors' care. An OANHSS-led Capacity Planning Summit was held on November 17, 2015, with more than 95 key stakeholders from the seniors' sector and various branches of the Ontario government. The purpose of the Summit was to showcase capacity planning and development innovations in the sector, and to provide a forum to exchange ideas and perspectives.

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“It’s not just the what, it’s the how of reform that will move us forward.”

- OANHSS Capacity Planning Summit Participant

The Summit revealed a model of capacity planning and development that focuses on expanding seniors' care around existing service hubs. Drawing from on-the-ground experience, OANHSS members demonstrated that with even a small amount of investment, innovation through adaptation can result in more powerful services for seniors and help to create a full local continuum of seniors' care.

This report provides an overview of the current state of seniors' services in Ontario, as well as insights into approaches to capacity planning and development from the sector. It highlights OANHSS member innovations that can serve as models for sustainable capacity building, as well as the unique base of knowledge and expertise that exists among non-profit service providers who act as coordinators of local seniors' care. It also suggests next steps for capacity planning and development activities in Ontario.

## 2. The Imperative for Capacity Planning and Development

### 2.1 Ontario's aging population

The number of Ontarians turning 65 years of age is expected to grow at a rate of 3.6 per cent annually until 2031<sup>6</sup>. This means that over the next two decades, the population of Ontarians who are 65 years of age or older will double, the population who are 85 years of age or older will quadruple, and the population who are 100 years of age or older will triple.

Ontario's aging population has increased the utilization of long-term care services<sup>7</sup>. The prevalence of many chronic conditions increases with age. Incidence rates in Ontario for conditions such as dementia, new cases

of cancer, and cases of complex needs are projected to rise by 20 per cent, 38 per cent, and 42 per cent respectively over the next decade<sup>8</sup>. These conditions create a disproportionate health burden on seniors, with comorbidities that are often complex and difficult to manage. Seniors generally report poorer health, require more medications, and have the highest rates of healthcare visits<sup>9</sup>. All of this combined means that many seniors require a greater acuity of healthcare, a greater degree of integration among their healthcare providers, and access to services that address their needs beyond the healthcare sphere<sup>10</sup>.

### 2.2 The seniors' services sector today

In Ontario, the provincial continuum of care for seniors is divided into four categories: long-term care, seniors' housing, home care, and community services<sup>11</sup>. These services are illustrated in Figure 1 on page 5.

Long-term care homes are provincially funded and regulated accommodations for individuals who require 24-7 nursing care. Long-term care capacity in Ontario is capped at 78,120 beds<sup>11</sup>. Many long-term care homes offer palliative and end-of-life care for seniors, as well as respite care programs to support informal caregivers in the community. While the cost of providing care for complex needs individuals in long-term care is significantly less than providing equivalent care in a hospital setting, it remains the most costly care option for seniors along the continuum of seniors' care.

Seniors' housing options provide accommodations alongside varying levels and types of support. Supportive housing, also known as assisted living, is a provincially funded form of accommodation that provides in-home support for seniors who are

considered at high-risk, but whose needs do not yet warrant admission into a long-term care home. Retirement homes accommodate seniors with a range of care needs who are able to pay for their own care. Seniors' social housing offers affordable and rent-geared-to-income housing for seniors. Seniors' communities offer homes for purchase or rent in a setting geared specifically to seniors. Life lease homes allow seniors to purchase the right to occupy a house or apartment during their lifetime. These latter options tend to accommodate more independent seniors.

Home care services provide a range of supports to help seniors manage their own care while living at home. The three main categories of home care services include visiting health professional services, which include in-home nursing; personal care support, which assists with day-to-day hygiene and living; and homemaking.

Supplementing home care services, but available to seniors across the continuum of care, are community services. These range from in-home supports, such as transportation related to daily living, meal delivery and friendly visiting, to services provided in a community hub setting, including social and recreational services, spiritual care, adult day programs and health services.

Ontario’s long-term care homes are operating at 99% capacity. Preliminary results from a study<sup>12</sup> investigating the level of acuity – or balance of care – of seniors entering Ontario’s long-term care homes between July 2009 and March 2012 found that only 4.5 per cent of admissions had low care needs; that is, seniors who were cognitively intact and had no activity of daily life restrictions. Furthermore, it found that only 1.1 per cent of residents could have entered supportive housing and that only six per cent of residents could have received care in the community, as an alternative. These findings point to a high level of acuity of patients entering long-term care, and a high level of related service demand on the long-term care system. They also point to the increasing difficulty that seniors face in securing a long-term care bed.

If there are no increases in current capacity, excess demand on long-term care homes will more than double to 48,000 people within the next six years. Seniors who wait for placement in long-term care homes see a negative impact on their health, deteriorate more quickly, use the healthcare system more frequently and have higher rates of emergency department use<sup>10</sup>.

Reinforcing all aspects of the continuum of care is essential for seniors to access the right balance of community and institutional support to meet their needs. However, per capita funding for seniors’ services currently varies widely across regions and local communities, even with respect to pan-provincial programs. The impact is a maldistribution of long-term care beds, as well as disparity in the availability and accessibility of other seniors services by location. Gaps in seniors’ services are further exacerbated by administrative and funding silos, which create false boundaries in the continuum of seniors’ care. These boundaries limit both the effective coordination of care and the movement of seniors within and between care spheres.

**FIGURE 1: THE CONTINUUM OF SENIORS’ CARE**



## 2.3 Policy environment

The policy environment for the seniors' service sector is currently evolving. Long-term care, seniors' housing, home care and community care represent priority areas of capacity building. Central to current policy is the desire to provide a complete continuum of seniors' care, and to allow people to access care that is aligned with their health acuity and level of need over time.

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“Work has started on a province-wide capacity planning exercise to ensure we have the right number and right type of long-term care beds now and in the future.”

~ **Dipika Damerla, Associate Minister of Health and Long-Term Care - excerpt from Mandate progress letter to the Premier of Ontario**

Two recent reports from the Auditor General of Ontario investigating the community care access centres<sup>13</sup> (CCACs) and the local health integration networks<sup>14</sup> (LHINs) found that the province's current home and community care system was failing to meet the needs of seniors. The reports highlighted inconsistencies, inefficiencies, gaps and variations spanning the areas of governance, funding, service delivery and performance management, all of which have led to inequities in the delivery of care. The reports recommended that the MOHLTC revisit their model of home and community care delivery in Ontario.

Many of the observations outlined in the Auditor General reports confirmed the findings summarized earlier in the *Bringing Care Home*<sup>15</sup> report. This report assessed the current state of home and community care in Ontario, and commented that the system was not able to accommodate the increasing demands of high-needs patients due to a lack of coordination and integration. Key recommendations from the *Bringing Care Home* report include increasing resources to fund the availability of services to support family

caregivers; evidence-based capacity planning by the LHINs to determine how funding should be directed to address the needs and priorities of their regions; adopting a lead agency model to design and coordinate services in support of seniors with chronic health issues and functional limitations staying in the community for a longer term; and providing clients and families with better integration of cross-ministry services and self-directed funding to purchase the services that they need. Common themes such as the need for better integration and coordination of care, capacity planning and funding flexible to regional needs, and the role of a lead agency were all echoed in the Patient Care Groups<sup>16</sup> report published later in the year.

Together, these findings have created the imperative for Ontario to restructure home and community care services, a process that is currently underway. The MOHLTC's response is outlined in their *Patients First: Roadmap to Strengthening Home and Community Care*<sup>17</sup> three-year action plan. Included in the 10-step action plan is a commitment to increase funding for home and community care by \$750 million over three years, expand supports for caregivers and personal support workers, increase nursing support for patients with complex needs, and develop a capacity plan. The MOHLTC also released a discussion paper, *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*<sup>18</sup>, which proposes to streamline home and community care services by removing the CCAC from the system. Under this plan, LHINs will be given the mandate of planning, managing, integrating and improving health services previously provided by CCACs to ensure that they are more responsive to the specific needs of their respective regions.

While the current policy environment shows potential for a streamlining and expansion of the seniors' services sector model in Ontario, regional and local developments are yet to be determined. What will be mandated as a provincial standard of service and what will be subject to local service configuration remains to be fully specified as part of this important transition. However the rules evolve, on-the-ground capacity planning and development will remain the imperative to bring legislative and funding developments to life in communities across the province.

## 2.4 The value of capacity planning and development

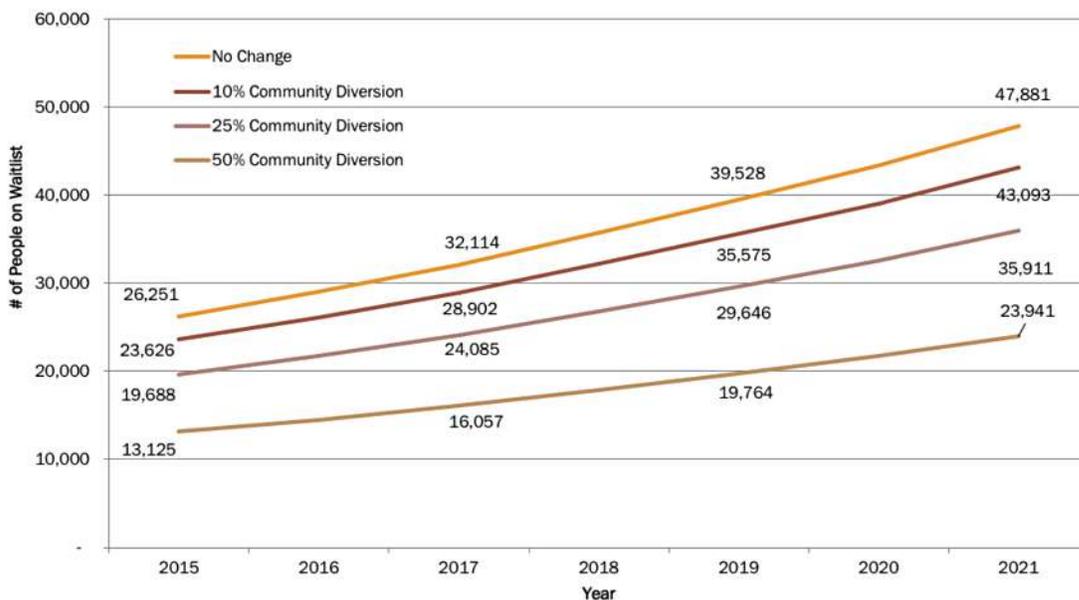
Capacity planning can be used as a tool in determining the impact of capacity and policy changes on patient flow through the continuum of care. It is also vital in identifying the right mix of support to optimize the delivery of seniors' services.

Capacity planning shows that there is a potential to shift the balance of seniors' care along the care continuum away from long-term care and towards seniors' housing, home care and community care. While community diversion is a large part of the solution and will help seniors to age at home longer, it is not the full solution. Even a 50 per cent diversion of care to the community would leave a significant number of seniors on the waitlist for long-term care<sup>19</sup>, as noted in Figure 2 below.

Other work has examined a combination of tactics to manage the long-term care waitlist. Using a queuing network model technique to identify an optimal capacity plan, Patrick et al.<sup>20</sup> found that increasing supportive living spaces in the community could yield dramatic reductions in the long-term care waitlist. While there are limitations to this queuing network model, it highlights the importance of robust capacity planning that can pinpoint the ideal alignment of resources at a regional level, and highlight the priorities for capacity development that will best meet the needs of Ontarians.

Capacity planning is valuable; however, it is clear that any scenario in which the balance of care is the solution will require an overall commitment to capacity development in the seniors' sector. This means building the capacity of the seniors' sector at a provincial and local level to include a full spectrum of seniors' care and services, from long-term care to seniors' housing to home and community services.

**FIGURE 2: IMPACT OF VARYING COMMUNITY DIVERSION ON EXCESS DEMAND FOR LONG-TERM CARE HOMES<sup>19</sup>**



### 3. Innovations in Capacity Planning and Development

With pressure mounting on the seniors’ sector to provide an increased level of service across the continuum of care, the need for capacity planning and development has never been greater.

the sphere of long-term care to enhance care and services for seniors. These examples demonstrate how incremental change and innovative investment can build local capacity for seniors’ services across the continuum of care.

The following examples highlight how select OANHSS members have worked within and beyond

**TABLE 1: SUMMARY OF SOME OANHSS MEMBER SERVICE CONTINUUM INNOVATIONS**

		City of Toronto	County of Dufferin	County of Simcoe	Region of Peel	Glebe Centre	Tabor Manor	Yee Hong
<b>Types of care</b>	Long-term care	✓	✓	✓	✓	✓	✓	✓
	Social housing	✓		✓				✓
	Seniors’ community			✓			✓	✓
	Life lease homes			✓				✓
	Retirement homes			✓				
	Supportive housing	✓	✓				✓	✓
	Home care	✓		✓	✓			
	Community services	✓	✓	✓	✓	✓		✓
<b>Capacity planning and development innovations</b>	Local data and infrastructure to define and meet priority population needs	✓	✓	✓	✓			
	Housing to support the balance of care	✓	✓	✓			✓	✓
	Services and respite care to support aging in place	✓	✓	✓	✓	✓		✓
	Community hubs of seniors’ services that bridge the care continuum		✓	✓	✓	✓		✓
	Community partnerships that bridge the continuum of care	✓	✓	✓	✓			✓
	Community support to bridge the continuum of care	✓	✓	✓			✓	
	Specialized programs to meet ethnocultural needs	✓		✓		✓		✓
	Specialized support for vulnerable and underserved populations	✓	✓			✓		✓

## 3.1 OANHSS member innovations

### TABOR MANOR

*Tabor Manor is a not-for-profit organization that provides accommodation and care to seniors in St. Catharines, Ontario. It is operated by the Ontario Conference of Mennonite Brethren Churches and is committed to providing care in a Christian setting. The campus includes a mix of long-term care and seniors' apartments, some of which constitute supportive housing.*

- Increased capacity to offer seniors a range of care options
- Built a new long-term care home with 46 additional beds
- Renovated the old site to add much-needed seniors' housing

In 2007, Tabor Manor began exploring options to replace its aging long-term care facility and address its lengthy waitlist. Planning for the \$25 million project took four years. Interim construction financing was raised through Tabor Manor's Investment Fund program, which is made up primarily of families, friends and close business associates.

With funding for a new long-term care facility in place, Tabor Manor initiated a search for additional long-term care licenses. A total of 24 intra-LHIN beds were identified and transferred to Tabor Manor through a purchase of sale agreement. An additional 22 beds were converted from an out-of-region, for-profit long-term care home that was routinely operating at 70 per cent occupancy. Together, the acquisitions increased long-term care capacity at Tabor Manor by more than 55 per cent.

A new, 128-bed long-term care facility was built on the Tabor Manor campus. In August 2013, 82 existing long-term care residents were transferred to the new facility, along with a balance of seniors from the long-term care waitlist.

Tabor Manor then turned its attention to its former long-term care building to consider whether its 42 empty private rooms could be renovated and used to increase capacity for on-campus seniors' housing. Two model "wellness suites" were developed and used to test the local market. The wellness suites were positioned as a semi-independent living option for seniors with a range of care needs, including high-risk seniors and those requiring supportive care. Current long-term care residents with low acuity were approached about their interest first, followed by tenants of the campus' existing seniors' apartments. Using market demand analysis, 17 two-bedroom and eight one-bedroom wellness suites were created. Five units were leased to on-site residents by March

2014, thereby proving the demand. Twenty per cent of the units were leased to seniors on the Hamilton Niagara Haldimand Brant Community Care Access Centre Assisted Living waitlist through a collaborative "shared placement" model. The remaining units were leased to seniors on the Tabor Manor waitlist.



The new wellness suites at Tabor Manor.

The interim construction financing used for the project is currently being parlayed into a 25-year financing arrangement with a prior lender. The government's long-term care redevelopment Construction Funding Subsidy will provide approximately \$14.43 per resident per day for the next 25 years. More than \$1.4 million of the renovation budget for the project was raised through Tabor Manor's Investment Fund program and will be financed over 15 years. In addition, the LHIN provided \$90,000 in one-time expansion funding and support to bring the aging space into alignment with new standards, such as mandatory automatic door openers and walk-in bathing systems, and \$373,000 in annual program funding to meet the demand of the new tenants. Ongoing funding for staff is now provided in part through support for high-risk seniors and supportive housing.

Overall, Tabor Manor's journey has increased its capacity along the continuum of care by an additional 72 long-term care and seniors' housing units that serve the community better.

## COUNTY OF DUFFERIN

*The County of Dufferin offers a range of seniors programs and services, including a long-term care home, a seniors' housing complex, and a resident and community support centre. All facilities are not-for-profit and administered municipally.*

- Redeveloped aging long-term care home into a vibrant community centre
- The Mel Lloyd Centre is now home to more than 20 agencies
- The shared space has led to innovative, health-focused programming

In 2002, the County of Dufferin replaced its aging long-term care home, Dufferin Oaks, with a new, 160-bed long-term care facility. With a vacant building available, the County began to re-examine its campus as a potential hub for seniors' services.

The Mel Lloyd Centre was developed in several phases, with the support of municipal, provincial and federal funding, grants and community partnerships. Today it is home to more than 20 agencies that serve both campus residents and seniors in the community at large.

Dufferin County Community Support Services is a core of the Mel Lloyd Centre, offering an adult day program as well as a number of key outreach programs, such as Meals on Wheels, a transportation service, friendly visiting, home help, and respite services. Additional provincial and community partners inhabit the space, including Service Canada, the Alzheimer's Society of Dufferin County, and New Horizons, a community seniors' club. Key to the success of the Centre was the inclusion of a family health team, which served to attract related services such as specialist clinics, a laboratory, public health programming, and hospice care.

The shared space has allowed for innovative collaborations between agencies; for example, the Ontario Early Years Centre has developed novel intergenerational programming that promotes interaction between seniors, infants and young children. Similar collaborations are seen across the campus and its continuum of care. In addition to its long-term care and community service offerings, the county runs a 22-unit seniors' apartment complex, the McKelvie Burnside Village. Six of the units are operated in partnership with the March of Dimes and are dedicated to seniors with physical disabilities who require full assisted living. As an extension of this partnership, the March of Dimes provides emergency support to all Village residents.



A view of services at the Mel Lloyd Centre.

In addition to municipal support, the County credits an optimization of its circumstances and partnerships as well as support from other levels of government as the cornerstones of its growth and development. As a region that has been historically underserved in the healthcare sphere, community pressure and the desire to build a local economy has encouraged municipal politicians to advocate for seniors' services at a provincial level. These efforts have consistently met with success through additional funding and grants, allowing for ongoing capacity building across the continuum of seniors' care.

## GLEBE CENTRE

*The Glebe Centre is a not-for-profit organization that operates a 254-bed long-term care facility, located in Ottawa, Ontario. Its elderly persons centre, Abbotsford House, offers day programming and services to community members.*

- Bringing its expertise in care to the community
- Fee-for-service and membership-based programming support seniors living at home
- Goal is to delay or eliminate the need to permanently place aging adults in long term care

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With a growing demand for long-term care, the Glebe Centre began a journey in 2014 to find ways to better support the physical, emotional and health needs of seniors in the community. Reaching out to the nearly 400 people on its long-term care waitlist, Glebe Centre asked what it could do to make living at home more manageable.

The Abbotsford House at Glebe Centre offers fee-for-service and membership-based community programming, such as congregate dining, exercise programs, social clubs and a dedicated dementia day service. In addition, the Centre offers a brokered worker outreach program, providing services such as light maintenance, housekeeping and snow removal to the nearby community. The Centre was interested in knowing if an expansion of its existing expertise and services could serve the wider community and help seniors and their caregivers cope with living at home.

The response from the community was overwhelmingly positive. Seniors living at home were interested in additional supportive programs to help them cope with day-to-day needs. Informal caregivers were particularly interested in respite care options that would allow for a better balance of their own lives and non-caregiving responsibilities.

With this feedback in hand, the Glebe Centre set out to develop a community-based, client-centric, and cost-effective model of care that supports comprehensive care for seniors living at home. The model will draw upon the Centre's existing services, programs and multidisciplinary expertise, as well as the care provided by informal caregivers. The goal of the model is to defer or eliminate the need to place seniors permanently in a long-term care home. To this end, the model will explore both direct supports for seniors who would otherwise require a long-term care bed as well as relief for their informal caregivers to prevent burnout.

As part of this plan, selected seniors on the waitlist for long-term care will receive respite care using long-term care beds. In addition, Glebe Centre is exploring an expansion of its Abbotsford House services, including the addition of spa facilities. The Centre is on track to launch a pilot of its expanded service model in 2016.

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“Our members haven't just been thinking about planning, they've been planning and delivering on more comprehensive services for seniors.”

~ **Donna Rubin,**  
**Chief Executive Officer, OANHSS**

## REGION OF PEEL

*The Region of Peel is home to five long-term care centres with a total of more than 700 beds, located in Brampton, Caledon and Mississauga, Ontario. Each site also offers a full suite of adult day programs.*

- Built capacity across the continuum of care to better serve seniors
- Paired long-term care homes with expanded day programming and a range of community services
- Currently developing programs to help seniors at home coordinate and manage their care

As part of its broad municipal mandate, the Region of Peel views it as essential to consider, along with its lower tier and agency partners, the needs of its entire seniors' population. In partnership with the leadership of the Region's five long-term care homes, Community Support Services has strived to build capacity across the continuum of seniors' care through expanded adult day programming and a variety of community support programs.

The result is a robust seniors' care sector that pairs long-term care facilities with a range of community services. Current adult day services in the Region include exercise and wellness programs, support for the activities of daily living from personal support workers, registered nurse healthcare monitoring, and support for hobbies, spiritual care, transportation, and social and cultural events. Additionally, the program offers social worker support to caregivers. One overnight respite bed is available for short stay.

As part of its continued development, the Region is now in the developmental stages of designing programs for seniors living at home, including comprehensive planning and support for the coordination of their care in the community. These programs are envisioned for both the Mississauga Halton and Central West LHINs. Comprehensive care plans will be shared across healthcare and service providers and address all aspects of living well, from recommendations about how to retrofit the home, to healthcare needs, to provisions for day-to-day service co-ordination. As part of the program, seniors may attend adult day services on a long-term care campus or visit the site to access physicians, nurses, allied health professionals, a laundry service, meals, social programs and more.



Seniors enjoy a jazz night at the Tall Pines long-term care home.

The programs are modeled after lessons taken from the Program of All-inclusive Care for the Elderly (PACE). PACE is a model of care that grew out of a public health initiative to promote effective and efficient treatment of patients with multiple chronic conditions outside of the hospital setting<sup>21</sup>. The PACE Model of Care is centered on the belief that it is better for the well-being of seniors with chronic care needs and their families to be served in the community whenever possible. This model of care puts the long-term care campus and its resources at the core of the service delivery model for seniors living at home.

## YEE HONG

*Yee Hong is a not-for-profit organization that provides culturally and linguistically appropriate care for seniors from the Chinese-Canadian community and select other cultural communities. It operates four campuses and a host of satellite sites located in Markham, Mississauga and Scarborough, Ontario, with a total of more than 805 long-term care beds, seniors' housing and a suite of community services.*

- Created new housing options for seniors by building life lease apartments and subsidized housing
- Currently working with community partners to expand its scope of support services
- Seeking accreditation for a culturally-relevant personal support worker training program

Yee Hong has grown into one of Ontario's largest not-for-profit long-term care providers, with 805 beds and a broad range of seniors' care and supportive services. Despite this growth, it continues to manage a long-term care waitlist of more than 4,000 people.

Concurrent with launching its first long-term care home more than 20 years ago, Yee Hong began a journey to explore options for better supporting seniors along the continuum of care. Building on the infrastructure of its long-term care campuses, Yee Hong began to introduce a suite of community support services. Today, its main campuses include adult day programming, congregate dining, and education programs. They also offer a suite of medical services, including access to family doctors, specialists and a memory clinic. Additionally, Yee Hong reaches out into the community through its transportation service, a friendly visiting program, and caregiver support.

One of its first forays out of the long-term care sphere was the development of a life lease facility in Scarborough. The building contains 308 units and

common areas that are designed for seniors' needs. Yee Hong also owns a 130-unit subsidized housing complex, which provides a combination of subsidized housing and market rentals for low-income seniors. Both facilities are home to a range of on-site services, including a family physician, emergency response, and cultural and recreational programs.

More recently, Yee Hong is exploring the potential for a "long-term care at home" program, which targets seniors who are willing and able to remain at home, given the availability of sufficient supports. Working with a range of community partners and leveraging its existing community support services, Yee Hong is striving to create a system of community service hubs and home care supports that will prolong or eliminate the need for many seniors to enter long-term care. To enable this effort, Yee Hong is seeking accreditation for a culturally relevant, seniors-focused personal support worker training program. It will also be recruiting Chinese-speaking long-term care nurses and partnering with other primary care providers who can provide culturally appropriate medical services in the home.

The Spring Into Wellness is a walk for wellness that celebrates Seniors' Month and raises funds for Yee Hong.



## COUNTY OF SIMCOE

*The County of Simcoe owns and operates four long-term care homes with a total of 541 beds. The homes are located in Beaton, Collingwood, Orillia and Penetanguishene, Ontario and serve the extensive geography of the County. Three of its campuses include seniors' housing, and all homes host a range of community support services.*

- Built an innovative adult lifestyle community featuring five types of housing options
- 20.7 acre campus is host to a wide range of community services
- Currently working to deliver nursing care for home-bound seniors in the local community

Recognizing the need for increased capacity across the seniors' care continuum, the County of Simcoe undertook the development of a new concept adult lifestyle community in Penetanguishene that includes a long-term care facility, a full range of seniors' housing, and a suite of resident and community support services, all located within a single campus.

Georgian Village is designed to meet the needs of a seniors-friendly lifestyle. Its 20.7-acre campus includes indoor and outdoor walking paths, sports grounds, a fitness centre, therapeutic pools, a restaurant, a salon, a greenhouse, a woodworking shop, a worship centre, a public library, a family health team, a pharmacy, and more amenities. It is also a hub for local services, including the County of Simcoe Adult Day Programs, the Red Cross, Meals on Wheels, and a farmer's market. In collaboration with the local municipality, on-site public transportation will soon be introduced.

Campus services are currently available to the Georgian Village's nearly 400 residents, of which 143 reside in long-term care. The balance of residents inhabit one of the site's seniors' housing developments, which include 40 affordable housing units, 40 life lease suites, 17 life lease garden homes, and 42 retirement living units. With these housing choices come care options that range from fully independent living to 24-7 care.

The County credits its municipal leadership, long-standing partnerships, and working relationships with many agencies and organizations in its local communities as key to understanding both the needs of the local seniors population and the advantages of co-location. Through its relationships with municipal services, the County has succeeded in identifying priorities for seniors' housing and securing associated funding. Additionally, through the expansion of its long-term care home and by combining seniors' services into one location, the County will save more than \$500,000 in taxes annually.



A view of Georgian Village.

The County is currently working to make campus services available to seniors in the community through a membership-based program. It is also in negotiations with the local CCAC to use its nursing staff for home care in the surrounding community. To enable the ongoing availability of high-quality nursing staff, Georgian Village has begun hosting the Georgian College registered practical nurse program. The co-location of the program will provide students with training opportunities in seniors' care and help to ensure a supply of local nursing graduates.

## CITY OF TORONTO

*The City of Toronto offers a full suite of seniors' services, including 10 long-term care homes with a total of 2,641 beds, seniors' housing and community services.*

- Offers a wealth of services to support vulnerable and typically underserved seniors
- Robust volunteer program provides more than 130,000 hours of service each year
- Undertaking a revitalization project to deliver housing and programs for homeless and vulnerable seniors

Spanning five LHINs, the City of Toronto serves a diverse population of nearly three million people. Its seniors come from more than 50 countries, communicate in 38 different languages, and include 34 faith denominations.

As one of the largest providers of long-term care in the province, the City of Toronto has taken on a unique role in developing and managing programs for vulnerable and typically underserved seniors populations in an urban setting. Its homes offer a dozen special language and cultural services, including the only French language services unit in the Greater Toronto Area. Eight of its homes include short-stay and respite beds. Seven of its homes include specialized behavioural support care for seniors experiencing dementia, delirium and mental health issues. Five of its homes have convalescent care beds offering short-term physical rehabilitation programs for seniors recovering from a serious illness or surgery.

Supporting these efforts are a robust Volunteer Program, which provides more than 130,000 hours of service each year. Reflecting the diversity of the City and resident population, volunteers share their friendship and time to enhance the quality of life for residents, speaking a range of languages and reminding them that the larger community cares.

The City is also undertaking the George Street Revitalization project, which will create housing and programs for homeless and vulnerable seniors. Plans include a 378-bed long-term care home, a 100-bed emergency shelter for men, assisted living, affordable housing, and associated services. The project is being developed in cooperation with Shelter, Support and Housing Administration and numerous other City partners.

To provide ongoing support for the development of innovative seniors' programming, the City is currently in discussions with a number of post-secondary schools to explore partnership opportunities, including the possibility of creating a teaching long-term care home and research site.



The City of Toronto is home to a diverse group of seniors.

## 3.2 Key findings

The work of OANHSS members highlights some key opportunities for innovative capacity building within the seniors' sector.

### **Local data and infrastructure can help define and meet priority population needs**

In addition to the capacity planning efforts of the MOHLTC and LHINs, municipal insight into the needs of local seniors' populations has emerged as central to effective capacity planning and funding. Municipalities build capacity for the seniors' population simply by virtue of the fact that they are operating a community. The municipal tax base offers a unique stream of funding that can be used to develop a range of seniors' housing options and additional community services, and most municipalities feature facilities and services that span the full continuum of seniors' care. Municipal long-term care partners have unique access to public and community services that can benefit the seniors' population, including social services, social housing, public transportation and other public programming. For example, the County of Simcoe has leveraged its municipal ties to install a public library on its Georgian Village campus, and is exploring the introduction of public transportation. In particular, municipal programming is essential to meeting the needs of vulnerable seniors populations, such as seniors in need of low-income housing or disability supports.

### **Supplemental housing can support the right balance of care**

By building back from long-term care and providing a range of additional seniors' housing options, long-term care providers are ensuring that seniors have access to the right balance of care, when appropriate and possible. This is helping seniors with low to moderate care needs to live more independently with the right supports. Georgian Village, Tabor Manor and Yee Hong all provide excellent examples of the demand for seniors' housing options and alternative levels of care.

### **Supplemental services and respite care can support aging in place**

The expansion and extension of the seniors' services and respite care options already offered by long-term care providers is showing initial success in diverting seniors from the long-term care waitlist. By providing both seniors and their informal caregivers the support they need to thrive at home, community services are helping many seniors to stay in the community longer. They are also helping seniors with moderate care needs to live in a range of seniors' housing environments. A variety of respite care models exist, from the Glebe Centre's dedicated respite care beds to the Region of Peel's social worker support for caregivers.

### **Community hubs of seniors' services can bridge the continuum of care**

The use of the long-term care campus and its resources as the core of the delivery model for seniors' services across the continuum of care has resulted in a more efficient use of funding, while concurrently providing seniors in the community with better coordinated services and a hub of social and medical activity that is specifically designed to meet their needs. The Mel Lloyd Centre in the County of Dufferin provides an excellent example, offering seniors and their caregivers with access to more than 20 agencies and a range of healthcare services from one location.

More specifically, existing long-term care contracts serve as a key enabler in securing incremental staffing support for community services. Services that would be unattainable through a dispersed provision model due to insufficient volumes have become accessible and affordable when attached to a central contract.

### **Community partnerships can bridge the continuum of care**

Partnerships between government, long-term care, housing providers and community services are essential to ensuring that seniors are able to access the appropriate balance of care. With leadership from the long-term care sector, increased cooperation between these spheres is leading to an enhanced selection of seniors' housing in local communities and better access to the community services and respite care that enables seniors to live at home. For example, the County of Dufferin has partnered with the March of Dimes to enable housing for seniors with physical disabilities and to provide emergency services to all residents. Partnerships are also leading to innovative program collaborations, such as the intergenerational programming that has arisen from the co-location of an Ontario Early Years Centre with a seniors' campus in the County of Dufferin.

### **Community support can bridge the continuum of care**

Not-profit organizations are well positioned to rally municipal, faith-based and cultural community groups around their social mission. Non-profit long-term care providers have seen community support in the form of fundraising, volunteerism and political activism that has directly enabled the expansion of seniors' housing and community programs. Tabor Manor has raised \$25 million in bridge funding through its community to build new long-term care and seniors' housing facilities. In the City of Toronto, volunteers provide more than 130,000 hours of service in seniors' programs every year.

### **Specialized programs can meet the needs of ethno-cultural communities**

Long-term care homes with an ethno-cultural focus employ staff with specialized language and cultural knowledge that play an important role in both institutional and community care. Some organizations, such as Yee Hong, have begun to develop specialized, language-based training programs in association with local nursing schools and home-care training providers. These programs will produce healthcare providers that can supplement standard home care services with important niche skills.

### **Specialized programs can meet the needs of vulnerable and underserved populations**

Many long-term care homes are building capacity and expertise in treating vulnerable or underserved seniors' populations specific to their own communities, such as homeless seniors, seniors with special health conditions and behavioural issues, or seniors who require temporary support following a health crisis. Municipal providers are especially well positioned to select special programming that meets the needs of the local population based on the social determinants of health; for example, the City of Toronto offers programming to meet a range of language, behavioural and housing needs, whereas the Region of Peel operates a special behavior support unit.

## 4. Conclusions

Both capacity planning and capacity development in the seniors' sector are essential, given our aging population. The MOHLTC is currently undertaking capacity planning for a more comprehensive continuum of seniors' care that alleviates the pressure on the long-term care system and ensures seniors have access to appropriate care at home and in the community

In an environment characterized by increasing demand and fixed resources, exploring our capacity to bridge back from existing long-term care platforms and extend the care continuum holds real and significant promise for capacity building and is an important part of the solution for Ontario. OANHSS members have provided some exemplar programs that support the MOHLTC's mandate and show innovation in leveraging long-term care resources to develop, scale and spread capacity across the local continuum of

seniors' care. Furthermore, OANHSS members have demonstrated that they are uniquely positioned to harness the social and human capital of voluntary, faith-based and cultural communities and organize around the needs of local populations, to help seniors find the right balance of care and live at home longer.

We believe that the innovations of non-profit service providers and researchers offer models that are valuable to capacity planning and development for the seniors' services sector in Ontario. Furthermore, we believe that the unique role of municipalities and non-profit service providers as coordinators of local seniors' care represents a wealth of knowledge that is useful for capacity planning at a regional and provincial level. We now call on the broader seniors' care and services sector to help us enable further innovation in four key ways:

- 1.** Ongoing forums for capacity planning and knowledge exchange that bring together provincial leaders with municipalities, other non-profit services providers, and researchers.
- 2.** A robust view of capacity planning that will help us align our local innovations against provincial priorities.
- 3.** Incentives for innovative capacity planning and development at a local level.
- 4.** Increased flexibility in models of care and funding that support grassroots, local capacity development.

## Works cited

1. Long Term Care Innovation Expert Panel. *Why Not Now? A Bold, Five-Year Strategy for Innovating Ontario's System of Care for Older Adults.*; 2012.
2. Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS). *OANHSS Submission to Associate Minister Damerla on Wait Times Strategy and Other Recommendations.*; 2015.
3. Williams AP, Challis D, Deber R, Watkins J, Kuluski K, Lum J, Daub S. Balancing Institutional and Community-Based Care: Why Some Older Persons Can Age Successfully at Home while Others Require Residential Long-Term Care. *Healthc Q.* 2009;12(2):95–105. doi:10.12927/hcq.2009.3974.
4. The Ontario Seniors' Secretariat. *Independence, Activity and Good Health - Ontario's Action Plan for Seniors.*; 2013.
5. Government of Ontario. *Ontario's Action Plan for Health Care: Better Patient Care through Better Value from Our Health Care Dollars.*; 2012.
6. Ministry of Finance (Government of Ontario). *Ontario Population Projections.* Ministry of Finance: Government of Ontario; 2014.
7. Canadian Institute for Health Information (CIHI). *Health Care in Canada, 2011 A Focus on Seniors and Aging.*; 2011.
8. Smith SL, Ontario Ministry of Health and Long-Term Care. *Health System Capacity Planning.* Presented at: Improving Seniors' Services in Ontario: Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) Capacity Planning Summit, Toronto, Ontario. 2015
9. Canadian Institute for Health Information. *Seniors and the Health Care System : What Is the Impact of Multiple Chronic Conditions?;* 2011.
10. Bronskill SE, Camacho X, Gruneir A, Ho MM. *Health System Use by Frail Ontario Seniors: An In-Depth Examination of Four Vulnerable Cohorts.* Toronto, ON: Institute for Clinical Evaluative Sciences; 2011.
11. Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS). *Provincial Long Term Care Snapshot - January 2015.*; 2015.
12. Tanuseputro P. *A Data-drive Exploration of Ontario LTC Admission & Outcomes.* Presented at: Improving Seniors' Services in Ontario: Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) Capacity Planning Summit, Toronto, Ontario. 2015
13. Office of the Auditor General of Ontario. *Community Care Access Centres - Financial Operations and Service Delivery - Special Report.*; 2015. doi:10.1108/eb056998.
14. Office of the Auditor General of Ontario. *Annual Report 2015.*; 2015.
15. Donner G, McReynolds J, Smith K, Fooks C, Sinha S, Thomson D. *Bringing Care Home: Report of the Expert Group on Home & Community Care.*; 2015.
16. Price D, Baker E, Golden B, Hannam R. *Patient Care Groups: A New Model of Population Based Primary Health Care for Ontario. A Report on Behalf of The Primary Health Care Expert Advisory Committee.*; 2015.
17. Ontario Ministry of Health and Long-Term Care. *Patients First - A Roadmap to Strengthen Home and Community Care.*; 2015.
18. Ontario Ministry of Health and Long-Term Care. *Patients First - A Proposal to Strengthen Patient-Centred Health Care in Ontario.*; 2015.
19. Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS). *Ontario Long Term Care Demand Projections.* 2014.
20. Patrick J, Noghani P, Zakeri M, Mohammed Bidhandi H. *Capacity Planning for Community Care.* Presented at: Improving Seniors' Services in Ontario: Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) Capacity Planning Summit, Toronto, Ontario. 2015
21. Casiano, A. PACE: A Model of Care for Individuals with Multiple Chronic Conditions *Annals of Long-Term Care: Clinical Care and Aging.* 2015;23(7):41-45.



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