## EXECUTIVE SUMMARY

Acuity levels of residents in both Macassa and Wentworth Lodges (the Lodges), consistent with the experience of Long Term Care (LTC) Homes in Ontario, continue to rise. Staffing levels have not kept pace with these needs. On a yearly basis, the Ministry of Health and Long Term Care (MOHLTC) assesses the acuity needs of the Lodges residents through a classification review known as Case Mix Measure (CMM). In 2000, the average CMM at both Lodges was 86.13. In 2008, the CMM had increased to an average of 101.83, which is a 16% increase in acuity needs of residents at the homes over an eight year period. While acuity needs of residents increased, staffing
levels in the past five years only increased from 418.48 FTE (adjusted) to 424.51 FTE, which is a rate increase of 1.4%.

Staff is facing increased challenges in their provision of care. They are experiencing stressful workloads, caused by minimal increases in staffing levels, while resident care requirements have increased for more complex care. Staff also requires additional education to keep pace with the increased complexity of the care required by residents. Currently at the Lodges, staff levels are providing 3.15 paid hours of care per resident per day. This number represents the total direct nursing and support staff (e.g. recreationists and social workers) hours that are provided to each resident on a daily basis to assist with activities such as eating, bathing, administration of medications, transfers, wound care, counselling and recreation programs. It is calculated by taking the total direct care hours in a 24 hour period, and multiplying it by 365 days and dividing by the total residents within the Lodges.

The Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), is requesting funding of 4.0 paid hours of care per resident per day in the 2010-2011 provincial budgets. This would equate to approximately an additional 35 to 45 staff at an estimated cost of approximately 2.4 million dollars for Macassa and Wentworth Lodges. Staff are supporting the OANHSS position, and requesting Council correspond with the MoHLTC, HNHB LHIN, as well local as MPPs to request additional funding to increase levels of paid hours of care per resident.

Alternatives for Consideration – Not Applicable

FINANCIAL / STAFFING / LEGAL IMPLICATIONS

Financial:
Since these additional positions (estimated at 35 to 45 positions) would be funded 100% from the MOHLTC, there are no financial implications on the municipal levy associated with Report CS10027.

Staffing:
This additional funding estimated at an additional cost of 2.4 million dollars would provide approximately 35 to 45 additional nursing and program staff at the two Lodges. This would significantly assist in providing increased levels of care for residents at the Lodges and decrease the workload that staff is currently experiencing.

Legal:
There are no legal implications associated with the recommendation of Report CS10027.
HISTORICAL BACKGROUND

The City of Hamilton owns, administers and provides care to 430 residents at Macassa and Wentworth Lodges. Over the past ten years, residents at the Lodges are requiring an increased level of care for a variety of reasons. Residents are living longer and are admitted to the homes at a later stage in their life (average age is 87 years). In many cases, residents are being admitted directly from hospital with multiple medical problems. Some of these residents are palliative and have chosen to spend the last few weeks of their life in the Lodges. Further to this, many residents are being admitted for behavioural and cognitive problems, which require additional forms of care and support.

Staff is experiencing increased workloads as a result of these increased acuity needs; therefore, additional funding is required from the MOHLTC to increase staffing levels.

POLICY IMPLICATIONS

There are no policy implications associated with Report CS10027.

RELEVANT CONSULTATION

Staff has consulted with OANHSS, as well as the Lodges’ Family Councils, the Ontario Nurses Association (ONA) and the Canadian Union of Public Employees (CUPE). These organizations endorse the recommendation of additional MOHLTC funding for staff, as a result of increased acuity needs of residents in LTC homes.

ANALYSIS / RATIONALE FOR RECOMMENDATION

Increased Acuity Needs of LTC Residents

Residents coming into LTC homes in Ontario are older and sicker with more complex care needs than ever before. The three areas of resident care where these pressures are greatest are: assistance with Activities of Daily Living (ADLs); mental health and behaviours; and, specialized medical needs.

Seventy-two percent of residents are at least 80 years of age or older, 94% require total assistance with dressing and 98% need at least some assistance with toileting. Almost all (95%) require at least some assistance with eating. A similar proportion (88%) requires at least one person to assist in transfers (e.g. assistance in moving from bed to wheelchair). A growing number of residents require special treatments such as chest
drainage, feeding tubes and oxygen (Resident Profile Information from MOHLTC. 2007 Levels of Care Classifications, January 2008).

There are also an increasing number of residents suffering from mental health and/or behavioural issues that can put themselves or others at risk. One in three residents display aggressive/angry behaviour and approximately 96% display ineffective coping ability that requires up to 30 minutes of intervention daily (Resident Profile Information from MOHLTC. 2007 Levels of Care Classifications, January 2008).

In the past, most residents entered the LTC homes directly from their own residence, but recently most residents coming into LTC homes are transferred from hospitals, psychiatric facilities, and crisis situations in the community. These residents have become a very high and specialized need population that the LTC system is not adequately resourced and equipped to provide for.

The increased acuity levels of LTC residents in Ontario are reflected, as well at Macassa and Wentworth Lodges. On a yearly basis, the MOHLTC assesses the acuity needs of our residents through a classification review. This classification system is known as Case Mix Measure (CMM). In 2000, the average CMM at both Lodges was 86.13. In 2008, the CMM had increased to an average of 101.83, which is a 16% increase in acuity needs of residents at the homes over an eight year period. The CMM rates have been fixed since 2008 at these levels since the homes are currently transitioning to another provincially mandated classification system known as the Resident Assessment Instrument Minimum Data Set (RAI:MDS). Anecdotally, staff are indicating that the acuity levels of residents have continued to increase over and above the 2008 levels in the past two years.

**MOHLTC Commitment to Additional Funding**

The MOHLTC recognized the increased acuity needs of LTC residents and commissioned a report, known as “The Sharkey Report”, to advise on the adequate staffing levels that there should be in LTC Homes. The Sharkey Report (May 2008) identified that the provincial average paid hours of direct care per resident per day was 3.115 hours. This is a combination of Registered Nursing staff, Personal Support Workers (PSWs) and program staff. This report went on to recommend that by 2011-2012 there should be an increase of staffing to achieve 4.0 paid hours per resident per day (People Caring for People: Impacting the Quality of Life and Care of Residents of Long-Term Care Homes (Sharkey Report; A Report of the Independent Review of Staffing and Care Standards for Long-Term Care Homes in Ontario. May 2008).

On an annual basis, the Ontario Municipal Benchmarking Initiative (OMBI) Long Term Care Panel analyzes the total hours of care per resident per day. In 2009, the Lodges were providing 3.15 paid hours per resident per day, which is consistent with other municipal homes where the average is 3.0 hours of care per resident per day. This is...
significantly below the recommended 4.0 paid hours per resident per day, as recommended in the Sharkey report.

The current Provincial government recognized this level of staffing was inadequate; and, as a result of this report, committed to and funded 1,200 Registered Practical Nurses (RPN) in late 2007. As part of the 2008-2009 Provincial budgets, the MOHLTC further committed to an additional 2,500 Personal Support Workers (PSWs) and 2,000 Registered Nurses (RNs). This would have resulted in the average paid hours of care per resident to 3.5 hours. Unfortunately, the MOHLTC after allocating the 1,200 RPNs, only allocated 873 of the 2,500 PSWs and 620 of the additional 2,000 RNs in the 2009-2010 budget years.

The Lodges did receive 100% funding for an additional 4.36 FTE RPNs in 2007. They also received 100% funding for 3.23 FTE PSWs in 2008. Despite these increases, staffing levels at the Lodges, since 2006, have remained fairly constant. In 2006, there were 402.27 FTE staff and this increased to 424.51 FTE in 2010. Some of this increase was related to the additional 100% funding for the RPNs and PSWs, as noted above. There was also an adjustment of an additional 16.21 FTE in 2007 to accurately reflect the actual hours of casual and part-time staff working at the Lodges. Since it was an adjustment to reflect historical services, it did not result in additional direct care for residents as there was no actual increase in staff. Therefore, there was an overall staff increase from 418.48 FTE (adjusted) to 424.51 FTE of only 1.4% in the past five years.

Given that the acuity needs have increased a minimum of 16% at the Lodges over the past several years, staff increases (1.4%) are not keeping pace with the acuity needs. As a result of this, staff are experiencing increased workload challenges and are also requiring additional training and education to respond appropriately to their residents' needs. The increased workload results in staff’s inability to respond in a timely manner to the residents care requirements. For example, residents wait longer for staff to respond to their call bells as well as to assist with bathing, transfers and transporting to recreation programs.

In conclusion, acuity levels of residents in the Lodges, consistent with the experience of LTC homes in Ontario, continue to rise and staffing levels have not kept pace with these needs. OANHSS, along with other groups such as Family Councils, ONA and CUPE, are requesting an increase of up to 4.0 paid hours of care per resident per day in the 2010-2011 provincial budgets. Given the Lodges are experiencing similar concerns, staff is requesting that Council correspond with the LHIN and MOHLTC to request additional funding to increase levels of paid hours of care per resident. For the Lodges, this would mean that there would be an additional 35-45 nursing and program staff at an estimated cost to the province of 2.4 million dollars.

Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.
Values: Honest, Accountability, Innovation, Leadership, Respect, Excellence, Teamwork
There are no alternatives for consideration at this time.

**CORPORATE STRATEGIC PLAN**


**Skilled, Innovative & Respectful Organization**

- A skilled, adaptive and diverse workforce, i.e. more flexible staff
- An enabling work environment - respectful culture, well-being and safety, effective communication

**Growing Our Economy**

- An improved customer service

**Social Development**

- Everyone has a home they can afford that is well maintained and safe

**APPENDICES / SCHEDULES**

None.