THIS IS LONG-TERM CARE 2016
Long-term care homes are for people with significant health challenges and cognitive impairment who need 24-hour access to nursing care and supervision.

Homes are publicly funded by the government to provide primary health care and nursing care, support with daily living, a variety of therapies and activities, and special diets. Residents also pay a fee for their accommodation.

Although more than half of long-term care residents are over the age of 85, long-term care homes also provide care to younger adults who have experienced brain injury, stroke, and other conditions that require 24/7 care. One in six (18%) residents is younger than 75.

Nine out of 10 residents have some form of cognitive impairment. One in three are severely affected. The vast majority of residents also have multiple chronic conditions that have seriously compromised their health. Almost all need some level of assistance with activities such as personal hygiene, dressing, and eating. One in every three residents is highly or completely dependent on staff.

Long-term care homes provide holistic care in a safe, caring environment, helping people live comfortably and with dignity.

A different population

While long-term care homes have traditionally served residents who have a range of needs for support and health care, there has been a sharp increase in the proportion of residents with higher needs in recent years. In 2010, the Ontario government changed the admission criteria for long-term care, requiring new residents to have high or very high physical and cognitive challenges to qualify for admission.

New residents now come to long-term care at a later stage in the progression of their diseases, when their health is more likely to be unstable, their health issues are more complex, and they are more physically frail.

Specializing in dementia care

The vast majority (90%) of long-term care residents have cognitive impairment, with one-third severely affected. Since 2010, the proportion of long-term care residents with Alzheimer’s and other dementias has been growing steadily, with two out of every 3 residents (63%) now affected by these diseases.

Dementia is a degenerative disease with many stages and symptoms beyond memory loss. These symptoms can be challenging for family members to manage at home, and are a common reason why a loved one is referred to long-term care.

In this report

As more residents need a higher level of care than in the past, there have been corresponding higher demands on staff for more support for daily activities, as well as more specialized care for complex health conditions and dementia.

This report highlights the significant changes in long-term care residents over the last five years, and provides key information and statistics about long-term care in Ontario.
Resident profile, 2015-2016

97% need help with daily activities such as getting out of bed, eating, or toileting; 1 in 3 are highly or entirely dependent on staff

97% have two or more chronic conditions such as arthritis or heart disease

90% have some form of cognitive impairment; 1 in 3 are severely impaired

61% take 10 or more different prescription medications

58% use a wheelchair

46% exhibit some level of aggressive behaviour related to their cognitive impairment or mental health condition

40% have a mood disorder such as anxiety, depression, bipolar disorder, or schizophrenia

38% need monitoring for an acute medical condition
Residents today are older and more medically complex

**Figure 1. More residents have significant health conditions than in 2010**

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Dementia, including Alzheimer’s</td>
<td>56.0</td>
<td>7.1</td>
<td>63.1</td>
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<tr>
<td>Heart/Circulation Diseases</td>
<td>69.3</td>
<td>6.9</td>
<td>76.2</td>
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<tr>
<td>Bladder Incontinence</td>
<td>69.5</td>
<td>6.7</td>
<td>76.2</td>
</tr>
<tr>
<td>Hypertension</td>
<td>53.5</td>
<td>10.4</td>
<td>63.9</td>
</tr>
<tr>
<td>Bowel Incontinence</td>
<td>50.7</td>
<td>5.0</td>
<td>55.7</td>
</tr>
<tr>
<td>Arthritis</td>
<td>36.7</td>
<td>7.7</td>
<td>44.4</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>25.0</td>
<td>5.8</td>
<td>30.8</td>
</tr>
<tr>
<td>Diabetes</td>
<td>25.0</td>
<td>2.9</td>
<td>27.9</td>
</tr>
<tr>
<td>Gastrointestinal Disease</td>
<td>15.3</td>
<td>8.7</td>
<td>24.0</td>
</tr>
</tbody>
</table>

% of assessed long-term care residents

**ABOUT FIGURE 1.** The prevalence of many chronic conditions among long-term care residents has increased significantly since 2010, when the government changed the admission criteria for long-term care. Significant increases across multiple conditions add up to a new profile of residents who are admitted to long-term care, and the level of health care and support they need.

Since 2010, new residents have been coming to long-term care at a later stage in the progression of their diseases, when their health is more likely to be unstable and their overall needs are higher. Not surprisingly, the proportion of residents over 85 has also been growing each year, while the average length of stay — the amount of time that someone lives in long-term care — has been declining.

**DATA SOURCE:** Canadian Institute for Health Information, Continuing Care Reporting System (CCRS 2009-2010 and CCRS 2015-2016).
6.1% INCREASE
7.2% INCREASE
8.9% INCREASE
11.6% INCREASE

Figure 2. Residents need more extensive support with daily activities

ABOUT FIGURE 2. The majority of residents in long-term care need help with daily activities such as getting dressed, getting out of bed, and toileting. This figure shows the rise over a five-year period in resident needs for extensive or complete support with daily activities. These increased needs for support are accompanied by a need for more staff time, skills, and resources to provide care.


Who is eligible for long-term care?

Long-term care homes are part of Ontario’s publicly funded health services, and there is a system in place to determine whether people are eligible. Typically, people are admitted into long-term care when they have significant physical or cognitive challenges and their family or caregivers can no longer provide the necessary support at home or in a retirement home. (See page 10.)

As long-term care homes receive public funding, Community Care Access Centres (CCACs) are the gatekeepers of long-term care. A family doctor, family member, or home care worker may tell the CCAC that it is no longer possible to keep the person at home or in a retirement home, but the CCAC conducts the assessment and determines whether admission to long-term care is required. Since 2010, only people with “high” or “very high” needs are eligible for long-term care in Ontario. The criteria used by the Method for Assigning Priority Levels (MAPLe) tool helps to illustrate what this means:

VERY HIGH NEEDS: Impairments in multiple areas of function that have a pronounced impact on someone’s ability to remain independent in the community. These include factors such as physical disability, cognitive impairment, falls, challenging behaviour, and wandering.

HIGH NEEDS: Experiencing complex problems, including challenging behaviour or physical disability combined with cognitive impairment.

MODERATE NEEDS: Beginning to show impairments in individual functioning that may be a threat to their independence, such as problems in the home environment, difficulty managing medications, or physical disability combined with mild cognitive impairment.

MILD NEEDS: Need only a light level of care due to some problems with instrumental activities of daily living (e.g., housework, transportation) or loss of physical stamina.

LOW NEEDS: Generally independent, without physical disabilities, and with only minor cognitive loss. There are no problems with behaviour, the home environment, medication, or skin ulcers. Some limited home care support may be needed because of early losses of function in limited areas.

Description of MAPLe levels adapted from Seniors in need, caregivers in distress: What are the home care priorities for seniors in Canada? Health Council of Canada, April 2012.
Caring for people with dementia

Seniors with cognitive impairment are the core population in long-term care. Nine out of 10 residents show some loss in cognition. In one-third of residents, this impairment is severe.  

The majority of residents with cognitive impairment have been diagnosed with Alzheimer’s disease or another dementia.  

Caring for people with advanced dementia requires a compassionate understanding of the disease and specialized strategies for providing care. Dementias are complex and multi-faceted diseases that affect how people think and behave, requiring personalized approaches to their care. As their disease progresses, people with Alzheimer’s and other dementias lose the ability to interpret their environment or control their behaviour. Many lose the ability to take care of daily activities such as personal hygiene or toileting because they have forgotten how to do these activities, or that they are necessary.  

In the course of their disease, more than 80% of people will develop one or more behavioural or psychological symptoms.  (See What are the Behavioural and Psychological Symptoms of Dementia?) These behaviours are distressing to the people who are experiencing them, and often to the other residents around them.  

What are the behavioural and psychological symptoms of dementia?

In addition to memory loss, some common behaviours include:  

**Psychosis**  
- Delusions (false beliefs)  
- Hallucinations (hearing/seeing things that aren’t there)  

**Aggression**  
- Defensiveness  
- Resistance to care  
- Verbal hostility  
- Physical attacks  

**Agitation**  
- Dressing or undressing  
- Pacing  
- Repetitive actions  
- Restlessness/anxiety  

**Depression**  
- Anxiety  
- Guilty thoughts  
- Hopelessness  
- Irritability  
- Sadness/tearfulness  
- Suicidal thoughts  

**Apathy**  
- Lack of motivation  
- Lack of interest  
- Withdrawing from others  

**Mania**  
- Intense excitement  
- Irritability  
- Fast speech  

**Other:**  
- Hiding or collecting things  
- Wandering without aggression  
- Disinhibition (e.g., sexual)  

Reprinted with permission from How Antipsychotic Medications are Used to Help People with Dementia, Centre for Effective Practice, April 2016.
The challenge of aggression

Aggressive behaviour is one of the most common behavioural symptoms, exhibited by nearly half (46%) of people in long-term care. One in five residents (22%) exhibits severe or very severe aggressive behaviour.¹

46% exhibit some level of aggressive behaviour related to their cognitive impairment or mental health condition

Aggression in long-term care is defined as being verbally or physically abusive, socially disruptive, or resisting care and assistance. In most cases this is not true aggression, but a response to something in the person’s environment. For this reason, irritable outbursts, pushing or hitting, and other behavioural symptoms of dementia are often described as “responsive behaviours.”

People with dementia may become aggressive if they feel their personal space is being invaded. They may be upset by verbal and physical interactions, or by other triggers in the environment that are hard to identify. The result is that residents may react reflexively by hitting, or using angry and accusatory responses.

The most common type of aggression is “resistance to care.” This means that a resident doesn’t understand what is happening when staff try to help with activities such as toileting, bathing, or personal hygiene. Even something as simple as hair combing or a fingernail trim can be confusing or frightening, triggering angry or fearful responses, including physical aggression. The ability to convince someone to accept care often requires specialized care teams, careful observation, and repeated attempts to learn each resident’s behaviour triggers.

It’s important to note that not all aggression in long-term care is related to dementia. In the last decade, residential mental health facilities have closed in some regions and their patients have been admitted to long-term care homes. A further complication is that some of the people with psychiatric conditions also have dementia.

Behavioural management strategies reduce residents’ distress

Long-term care homes and the government have invested in programs and training to help long-term care staff learn behaviour management strategies for dementia-related symptoms. A provincial program called Behavioural Supports Ontario is showing excellent results on a small scale (see page 8).
Behavioural Supports Ontario: 
**A SUCCESS STORY**

Behavioural Supports Ontario (BSO) is a provincial program that was started in 2011 in a limited number of long-term care homes. Staff take specialized training in programs where they learn how to gently approach and redirect residents when their behaviour is challenging.

BSO teams help each resident find meaningful activities that draw on their strengths and abilities, reducing their distress and responsive behaviours. They also help staff to reorganize personal care and the home’s environment to help reduce common triggers for behaviours.

There are two types of Behavioural Supports Ontario teams in the province — those that are located directly in long-term homes, and mobile teams that visit homes as needed. The approach varies depending on the region of the province.

An analysis of Behavioural Supports Ontario teams in 2016 shows significantly lower rates of severely aggressive behaviour, antipsychotic use, and restraint use in long-term care homes where Behavioural Supports Ontario teams are based directly in the home. (See Figure 3.)

Other analysis shows that in-home teams are more successful in coaching and mentoring the home’s care staff, and in supporting a resident-centred culture.

As a result of these and other findings, the Ontario Long Term Care Association is urging the government to fund an in-home BSO team in every home in the province.

**FIGURE 3: Rates of very severe aggressive behaviour in long-term care homes**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTC homes with in-home BSO teams</td>
<td>7.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td>LTC homes with visiting (mobile) teams</td>
<td>6.9%</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

ABOUT FIGURE 3: Long-term care (LTC) homes with Behavioural Supports Ontario (BSO) teams on staff have lower rates of very severe aggressive behaviour than long-term care homes that only have access to visiting (mobile) BSO teams.

SOURCE: An analysis of the performance of BSO mobile and in-home programs for selected indicators, May 2016, available on request from the Ontario Long Term Care Association, info@oltca.com
Quality of care, quality of life

Long-term care homes provide both care and accommodation. They blend these two services to ensure that residents receive safe, quality health care while living in an environment that engages their abilities, respects their humanity, and promotes their comfort and well-being.

Most people are admitted to long-term care because they need 24/7 access to health care, as well as help with daily activities. Every resident has a detailed care plan to ensure that all their needs are met, from health care to spiritual care. It is a holistic approach with ongoing evaluations and adaptations for each resident’s unique and evolving needs and challenges.

Should there be minimum hours of care?

In 2016, one of Ontario’s MPPs proposed a bill calling for a mandatory minimum number of hours for each long-term care resident, every day. The Ontario Long Term Care Association does not support this approach, because each resident has a different level of complexity and needs. However, there is no question that homes require a higher overall level of funding to ensure they can hire enough staff — and the right mix of staff — for their residents’ specific needs.

The Association believes that new resources should be invested in the growing needs of the most medically complex residents, in a more specialized way. As a prime example, the government can do more to ensure dedicated funding is provided for Behavioural Supports Ontario teams in every home across the province.

Enriching lives

Long-term care homes offer a range of therapies, recreational activities, and spiritual care to help improve residents’ quality of life. A growing body of research shows that specific types of programming, such as those that incorporate music and art, can help improve mood, reduce pain, and reduce dementia-related behaviours.

Music as therapy

“Mr. D has dysphagia and chronic pulmonary obstructive disease (COPD) with trouble breathing, particularly when talking. He would become frustrated with not being able to communicate. The team at the home put together a playlist of his favourite music, particularly Johnny Cash, and downloaded it onto an IPOD. He now listens and sings along to his songs every day, even bringing it to meals with him. The singing began strengthening his lungs, allowing him to be able to clear his throat and speak in sentences again. His wife has credited the music for ‘bringing him back to life’.” – Life enrichment specialist

Residents in photos are not those in program descriptions.
**Ontario’s long-term care homes**

627 homes licensed and approved to operate in Ontario

76,982 long-stay beds typically provide care, accommodation and services to frail seniors who require permanent placement

708 convalescent care beds provide short-term care as a bridge between hospitalization and a patient’s home

362 beds provide respite to families who need a break from caring 24/7 for their loved ones

Wait list for long-stay beds as of December 2015: 26,495

Average time to placement as of December 2015: 103 days

57% privately owned, 24% non-profit/charitable, 17% municipal, 2% other

More than 40% of long-term care homes are small, with 96 or fewer beds: 43% of these homes are located in rural communities that often have limited home care or retirement home options

Approximately 300 older homes need to be redeveloped (more than 30,000 beds)

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**Options for seniors’ care**

**Home care**

Staying at home as long as possible is the goal for most seniors, whether alone or with a family member. External caregivers may also provide help. These services, often referred to as “home care,” are usually provided by personal support workers and nurses. A certain amount of home care is publicly funded for people who are eligible, although some seniors also buy additional private home care services. Families are often required to provide extensive assistance, with increasing rates of caregiver burnout.6

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**Retirement home and assisted living**

Retirement homes are privately owned and paid for entirely by residents (publicly funded services such as home and personal care supports can be arranged for eligible residents). Retirement homes provide private rooms or apartments with a range of meal and service options, including the ability to buy additional services to help with medication, bathing, and other activities as needed. A growing number of retirement homes also provide designated memory care floors to support residents with cognitive impairment, as well as assisted-living areas for seniors with higher needs for support.

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**Long-term care home**

Long-term care homes are for people with high needs for support who can no longer live in the community. They are owned by companies, non-profit organizations, and municipalities who are granted term licenses to operate a home. Homes receive funding from the government and from residents’ accommodation fees. Operators are mandated to follow the provincial government’s requirements for running a long-term care home, as prescribed by the Long Term Care Homes Act. Eligibility for placement in long-term care is determined by the Community Care Access Centre (CCAC).
Many people don’t realize that the government does not pay the full cost of long-term care. The government provides funding to long-term care homes to pay for nursing and personal care, programs, support services, and raw food (used to make meals), but residents are expected to pay a portion of their “room and board.”

Every year the government determines the amount residents must pay the home, although government subsidies are available for those who can’t afford to pay the full amount. All homes, regardless of their ownership (e.g., non-profit, private, municipal), accept residents regardless of their ability to pay.

This payment for resident accommodation is what long-term care homes use to pay expenses such as non-care staff, utilities, and mortgages as well as expenses that support infection control, regular building maintenance, and major capital repairs (such as a roof or heating system). As half of Ontario’s homes are older, there is an ever-increasing need for capital repairs and the escalating cost pressures that flow from them.

A resident paying a basic accommodation rate (currently $58.99 a day for a shared room with two to four beds) and without a government subsidy would pay roughly $1,794 a month. Residents also pay out of pocket for any medications or other services not covered by their private insurance plans or the provincial drug benefit program.

### Provincial funding for long-term care, 2016

$4.07 billion (7.9% of overall health budget)

- Approximately $94.37 per day for nursing and personal care such as assistance with personal hygiene, bathing, eating, and toileting
- $11.59 per day for specialized therapies, recreational programs, and support services
- $8.33 per day for raw food (ingredients used to prepare meals, including nutritional supplements)

SOURCE: 2016 Ontario Budget, LTCH Level-of-Care Per Diem Funding Summary.

### Daily rate set by government that residents pay the home for “room and board” (accommodation and food)

- Basic: $58.99
- Semi-Private: $67.08–$71.12
- Private: $77.19–$84.27

SOURCE: Ministry of Health and Long-Term Care, Seniors’ Care: Long-Term Care Homes.
A commitment to quality

Staff in long-term care homes want to provide the best possible care to their residents. In the last few years, homes have been able to track the care they’re providing and use this data to see how they are doing. This new data is providing homes with invaluable information about the quality of care they provide, and how they compare to other homes in Ontario and across Canada. It helps homes to prepare annual plans and identify where to improve quality, and helps residents and families to see how their home is performing in key areas. These plans are monitored and reported on by Health Quality Ontario, the province’s advisor on quality of care across the health care system.

Recent data analysis is showing good news about the quality of care in long-term care, and the efforts that homes are making to improve care for their residents. In particular, in the last five years there have been outstanding improvements in the use of restraints, pain management, and the reduction of antipsychotic medications.

Restraint use has dropped by more than half

For many years, it was a commonly held belief that wheelchair lap belts, bed rails, and table trays would protect seniors from falls and help to soothe challenging behaviour, such as the agitated wandering that can accompany dementia.

Research began to show that some residents had been seriously injured or died after their heads were trapped in a restraint, and that restraint use is also linked to emotional distress.

In response, long-term care homes have been significantly reducing the use of restraints and have adopted a policy of “least restraint” possible. The Long-Term Care Homes Act, enacted in 2010, requires homes to reduce the use of restraints wherever possible.

In the last five years, the use of physical restraints has been cut by more than half, dropping from 16% to 6%.1,7

Long-term care inspections

The Ministry of Health and Long-Term Care conducts unannounced inspections of long-term care homes every year. The focus is on whether homes are meeting the operational standards laid out in the regulations of the Long-Term Care Homes Act. Homes use these inspection results to assess and improve their operations.

In 2016, the Ministry looked at several years of inspection data, as well as the overall performance of long-term care homes and their compliance levels with the Long-Term Care Homes Act. The Ministry’s analysis showed that the vast majority of LTC homes are doing well on their home inspections and are providing safe, comfortable environments and quality of care.

The government posts each home’s inspection results, along with how they compare to the provincial average, on the Ministry of Health and Long-Term Care website.
Fewer antipsychotic drugs

In seniors, antipsychotics are most commonly used to manage the challenging behaviours that can accompany dementia.

Until recently, it was often assumed that someone prescribed the drug would need it permanently. Residents who often began using these drugs prior to admission to long-term care were kept on the medications indefinitely. Antipsychotics were also prescribed for behaviours such as wandering, hoarding, or repeated vocalizations, when aggression, paranoia, and delusions are the only symptoms that truly respond to antipsychotic drugs and can be appropriate reasons for their use.

As long-term care homes and their medical staff learned more about these medications, they became highly committed to ensuring antipsychotics are used only when needed.

Homes are working to reduce the inappropriate prescribing of antipsychotics through strategies such as medication reviews, behaviour management strategies, and participation by long-term care physicians in a provincial program for appropriate prescribing. Antipsychotics still have an important role in reducing severe symptoms for some residents, and so the focus in homes is on ensuring that antipsychotics are used appropriately, not eliminated entirely.

The result? In just five years, Ontario homes reduced the prescribing of antipsychotics from 35% to 23%, a decline of 35%. In individual homes, the numbers are dramatic; some have cut the use of antipsychotics by nearly 50% in just six months or a year.

Residents have less pain

The resident population in long-term care has become more medically complex in recent years, with a higher prevalence of multiple chronic conditions. Many of these conditions are accompanied by pain; the prevalence of arthritis, for example, has grown by nearly 8% since 2010.

However, Ontario long-term care homes have been working hard to improve the management of pain for their residents. As a result, the number of residents reporting pain has dropped to 6%, half of what it was just five years ago (12%).

Health Quality Ontario recently released their annual report card on health system performance and highlighted the growth in quality across the long-term care sector as a “bright spot” for the province’s health care system.
References


Photo credits

The Association would like to thank the residents and staff of Kensington Health, the O’Neill Centre, peopleCare, Schlegel Villages, and Trinity Village for the photos used in this report.

Program photos:
Page 8: Doll therapy, Behavioural Supports Ontario in-home team, peopleCare
Page 9: Opening Minds Through Art program, Trinity Village
About the Ontario Long Term Care Association

The Ontario Long Term Care Association is the largest association of long-term care providers in Canada and the only association that represents the full mix of long-term care operators — private, not-for-profit, charitable, and municipal.

The Association represents nearly 70% of Ontario’s 630 long-term care homes, located in communities across the province. Our members provide care and accommodation services to more than 70,000 residents annually.

Our mission

The Ontario Long Term Care Association supports excellence in long-term care through research, analysis, advocacy, and services for members.

We use a solutions-oriented approach to advance the delivery of care and services to meet the changing needs of Ontario’s long-term care residents.

The Association serves as the leading voice in long-term care.

Our vision

Residents receive safe, quality care and live in an environment that engages their abilities, respects their humanity, and promotes their comfort and well-being.

Better Seniors Care campaign

For more information on long-term care, the Ontario Long Term Care’s Association’s proposals to government, and to join the conversation, visit betterseniorcare.ca.
This is Long-Term Care 2016

November 2016

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