Prince Edward Island
CANADA

Department of Health

INTERNAL LONG-TERM CARE REVIEW

2021

Table of Contents

Internal Long term care review

Executive Summary

Canada's pandemic experience has raised awareness and attention on long term care for older adults. As an understanding of the pandemic's health risks for older adults grew so did the understanding of the devastating impact on long term care homes. These impacts have shifted attention to the design of homes, infection prevention and control procedures, staff training and availability, social aspects of life in long term care, and the important role of caregivers and visitors for the wellness of older adults. Prince Edward Island public and private long term care providers and staff worked to collaborate to share information and resources in order to reduce the risk of outbreaks and to prepare to respond.

Under the direction of a Long-term Care Steering Committee this proactive internal review examined Prince Edward Island's long term care sector (private and public) to:

- Describe the current context (physical environments, staffing, resident health and wellness);
- Identify the differences within the private and public long term care home sectors;
- Identify information, monitoring and reporting gaps.

The review identified both assets and challenges in the long term care sector. The assets and gaps are distributed across both private and public long term care homes therefore any solution must encompass both private and public sectors. The majority of these gaps in long term care services are not new but have been previously identified in other reports however the pandemic experience strengthens the impetus to take action in these areas.

Summary assets

- Prince Edward Island's long term care sector provides specialized nursing and personal care to individuals who can no longer live on their own, with family or home care supports. Services provided in both public and private long term care homes include 24-hour care, room and board, personal care and medical services.

- The combination of public and private long term care homes are **distributed across Prince Edward Island** offering Islanders the opportunity for care closer to home.

- The **relationship between public and private long term care homes** strengthened during the pandemic as demonstrated by information and resource sharing.

- **Specific care units and bed types** (designated dementia beds, complex care, and respite care beds) have arisen in response to the needs of residents. The development of these specific care types enables staff members to develop specialized knowledge and skills.

Summary challenges

- **Long term care homes have become a default solution for gaps in funding for home care and community based services**. Though the majority of older adults live in their own homes and age in community, much of public discourse portrays long term care homes as an inevitability for older adults. This skew toward institutionalizing older adults, both earlier and longer, in the absence of other options that are required to prevent premature admission to long term care homes has resulted in ratio of long term care beds that is higher than that found in other Atlantic provinces.

- **Many older adults waiting for a designated dementia care bed on Prince Edward Island are waiting in hospital**. Waiting for a long term care bed in a hospital has adverse consequences for older adults and the overall health system. For older adults, a loss of mobility, risk of exposure to hospital acquired illness, and negative social impacts may arise during an extended alternate level of care (ALC) stay in hospital. High rates of ALC reduces the health system's capacity to admit, accept transfers from the emergency department, delays the transfer inpatients to appropriate units, and potentially prevents older adults from receiving care in the optimal setting.

- **Current information systems do not support the collection and reporting of resident health outcome information in long term care homes**. Planned initiatives which will establish InterRAI as a standard within long term care homes will support data collection, monitoring of trends and reporting. The use of InterRAI will also facilitate the comparison of Prince Edward Island health data to that of other provinces.

- **PEI public and private long term care homes operate in markedly different ways.** These differences include access to primary care, quality assessment, adverse event reporting, infection prevention and control, clinical information systems, staff training, access to allied health care providers, and staff compensation. Efforts to align quality and safety measures between public and private long term care homes will ensure that Islanders receive comparable care across the sector.

The *Seniors Health Services Plan* outlines a five year plan to address many of these gaps in the context of health system changes which benefit older adults. Long term care homes are one part of the continuum of health care services for older adults and do not stand in isolation from other services. A rebalancing of the seniors' health service continuum, as described in the *Seniors Health Services Plan,* will reduce demands and strengthen the sustainability of long term homes to provide care and support for individuals at the highest level of assessed needs while providing a wider range of home and community based services.

During the preparation of this review a process to develop new national standards for long term care was initiated. These standards will address several issues including, but not limited to, the quality of care, infection control, and design of long term care homes. During this process, Islanders have and will continue to have opportunities to contribute their perspectives

to inform the development of these standards. It is anticipated that the release of these standards in December 2022 will prompt additional examination of long term care services in Canada.

The degree to which resources (health human resources, funding, and community support) can be leveraged to implement the programs and services in the plan will directly impact the current and future requirements for long term care beds and ultimately where older adults with complex medical issues live. As the *Seniors Health Services Plan* enters its implement phase it will be important to update the results of this overview of long term care services – accessing information generated by new clinical information systems to monitor the outcomes of the changes to the health system, rapidly apply lessons arising from the implementation of new programs, assessing the impact of health system changes on long term care homes, achieving a better understanding of the relationship between resident acuity and staffing, and remedying the gaps in information that currently exist.

1.0 Introduction

1.1 Purpose of the Review

In 2020 the Department of Health and Wellness commissioned work to establish a provincial plan for seniors' health services. In collaboration with Health PEI, the Department of Social Development and Housing and older adults, a steering committee of senior staff and leaders examined areas of strength and opportunities for improvement across the continuum of health services offered to older adults. The health services considered included health promotion, primary and acute care, home care, residential care, and end of life supports. This plan was used by the Department of Health and Wellness to establish a strategic direction for seniors' health services.

As a related project arising from the development of the Provincial Seniors Health Services Plan, this internal review of long term care homes was conducted under the direction of a Steering Committee for the purpose of informing decision making and future investments.

1.2 Approach and Scope

National and international evidence has established that older adults in residential settings have been disproportionately impacted by COVID-19. In Canada 69% of Canada's overall COVID-19 deaths have occurred in long term care and retirement home settings. Prince Edward Island has experienced a similar impact in the fifth wave of the pandemic when COVID-19 outbreaks affected 12 LTC homes, 64 individuals and was associated with 9 deaths (as of *March 10, 2022*). Efforts to shift service delivery and enhance infection prevention and control measures have resulted in many challenges for long term care services. As noted by the national media, political leaders and advocates the pandemic has exposed long-standing quality and safety gaps in long term care which require action. Understanding the degree to which these nationally profiled quality and safety issues impact long term care on PEI provide the impetus for this review.

Scope

The review examines PEI's long term care sector (private and public) to:

- Describe the current context (physical environments, staffing, resident health and wellness);
- Identify the differences within the private and public long term care home sectors;
- Identify information, monitoring and reporting gaps.

The scope of the review is limited by several factors including:

- The amount, quality and ability to access relevant information. Data collection and monitoring systems differ between private and public long term care homes;
- Lack of PEI data precludes drawing conclusions on some issues and comparisons with other jurisdictions. An example of this is identification of optimal staffing ratios based on the acuity of Island long term care residents;

- Recognition that availability of home care services, community care homes, community and caregiver supports are important factors that influence transitions from community to long term care. These factors are identified in the review where required but an in-depth exploration of these factors is outside the scope of this report;
- A final review and verification of the data by stakeholders was not completed due to time constraints and the necessity to shift efforts to respond to the Omicron wave of the pandemic.

Approach

Chaired by the Assistant Deputy Minister of the Department of Health and Wellness, the Long Term Care Steering Committee, was composed of senior staff from Health PEI and the Department of Health and Wellness who were selected for their experience, expertise in long term care, and access to data sources. There was also ongoing engagement with the private sector/association. The available data and information on long term care services was collated, reviewed at points by committee members for accuracy, and analyzed during a series of virtual meetings. Information from other jurisdictions was sought from provincial government ministries and publicly available reports.

1.3 Prince Edward Island Long Term Care Program

Health PEI describes long term care as the provision of "specialized nursing and personal care services to individuals who can no longer live on their own, with family or home care supports". Services provided in both public and private long term care homes include:

- 24-hour care which is provided by resident care workers, licensed practical nurses and registered nurses
- Room and board
- Personal care
- Medical services

1.4 Long Term Care Development on PEI

PEI population projections suggest that additional seniors' health services, including long term care beds, will be required to meet the care needs of the increasing number of older adults. Between 2007 and 2019, the number of long term care beds in Prince Edward Island increased by approximately 24.5% however these expansions have been met with challenges in recruiting and retaining sufficient staff both within the private and public sector. Of the most recent 100 LTC beds funded, 32 remain unopened due to staffing shortages. If PEI continues on its current path, based on population and demographic projections, a 35% increase in the total number of long term care beds will be required by 2025 at an approximate capital cost of over $134 million and additional annual operating cost of more than $30 million.

A status quo approach to meeting these needs by adding more long term care beds without optimizing care in the home and community has several limitations. The status quo is heavily skewed toward institutionalizing older adults without considering other measures that are

required to prevent premature admission to long term care homes such as health promotion, restorative care, and home care. Without a shift to increase funding for home and community-based care and support, the health system will not be able to meet quality standards or system sustainability.

The Seniors Health Services Plan sets a new strategic direction to mitigate the demand for long term care beds while respecting seniors' desire to live at home for as long as possible by enhancing community based health services. Long term care homes will continue to provide important health services but within a more robust continuum of health and community-based supportive services balanced to promote aging in place.

1.5 Demand for Long Term Care

The demand for long term care residential services on PEI is influenced by several factors:

Demographic factors

- **Age and Life expectancy–** Compared to the national average, Atlantic Canada has a higher population proportion of people 65 years and older. On PEI 20% of Islanders are aged 65 or older. Similar to the Canadian average, Islanders have some of the highest life expectancies in the world with PEI male life expectancy at 78 years and females at 83 years. A higher population proportion of older adults requires greater attention and investment in geriatric care.

Individual health factors

- **Health status** – The prevalence of chronic conditions such as arthritis, diabetes, heart disease, COPD, and hypertension increase with age. Overall 35.7% of Islanders report having a chronic condition however this increases to 65.7%, compared to the national average of 62.7% for those ages 65 and older (CPHO report 2016). The presence of multiple chronic conditions can increase an individual's medical complexity and influence transitions in care.

- **Frailty and disability –** Frailty increases the risk of poor health and impact an individual's ability to do routine activities of daily living, maintain activity, and live independently at home. Aging increases the risk of frailty. A report by the Chief Public Health Officer (2014) found that similar to other Canadians 43% of Islanders age 65 years and older were frail and 29% of those 50 to 64 years were frail.

- **Dementia** – Approximately nine seniors are diagnosed with dementia every hour in Canada. Women tend to have higher rates of Alzheimer's disease while men have higher rates of other types of dementia. The prevalence of dementia on PEI is increasing over time and as a consequence people with dementia may experience the longest wait times for a long term care bed. This wait for care often occurs in acute care as the

individual experiences physical and cognitive losses living in an environment (hospital) not designed to meet their needs.

An incurable, progressive condition, dementia poses significant personal, societal and health care challenges. It has been estimated that the direct health care costs of people living with dementia are three times higher than for those without dementia. However these factors do not fully describe the diversity of individuals affected by dementia and their health care requirements. As an example, individuals who are physically healthy but with advancing cognitive changes impacting behavior (wandering, mood, and emotional responses) will have different support requirements than an individual with dementia who is frail with multiple chronic conditions. Both of these individuals may be residents of the same long term care home but differ in their acuity and require much different staff support.

Health system factors

- **Availability of home care and support services –** Long term care homes are part of a continuum of health services and do not exist in isolation. Pressure points, short or long term gaps or barriers to services in other areas of the continuum (i.e. primary care, acute care, community care, home care, social and community services) may result in premature transition to long term care homes. Gaps in the availability and accessibility of home care and community support services increase the risk of unnecessary time spent in hospital (alternate level of care) and premature admission to long term care. PEI's current system of care is skewed toward institutionalizing older adults in the absence of other options that are required to prevent premature admission to long term care homes such as health promotion, restorative care, and home care.

- **Funding** – Residential services are funded in ways that may result in increased demand for long term care. Individuals are expected to contribute to the cost of accommodation to the extent possible. Community care costs are based on an individual's assets whereas long term care costs are calculated on an individual's income. A desire to preserve assets, whether as an inheritance or to support a surviving spouse, may result in greater focus on long term care homes for residential care.

Social factors

- **Caregiver support** – Neighbour, friend and family caregivers provide important episodic and regular assistance that is required by older adults to remain at home longer. Caregivers may be older or younger than the individual receiving support. AGE-WELL, Canada's technology and aging network, reports that two out of three caregivers are providing assistance to an older adult. Despite the support from caregivers unmet needs are commonly reported by older adults. Absence of this support may result in premature move to long term care unless other services are available in the community.

- **Caregiver burnout/distress** – Even with the availability of neighbor, friend and family caregivers the care needs of an older adult may exceed the capacity of caregivers to

meet at home. Caregiver distress is not routinely assessed and monitored on PEI unless public home care services are also being accessed. Short-term, long-term, and urgent respite support may delay transition to long term care but if these services cannot be provided in a timely manner then the transition to a long term care home may occur.

- **Perceptions about long term care –** While surveys have revealed that many older adults would prefer to age at home evidence of future planning and preparation to age in place has been limited. Canada's experience with the COVID-19 pandemic has also changed older adults' perceptions of long term care homes. Public opinion survey research has found that most Canadians are aware of the significant number of deaths that have occurred in long term care homes during the pandemic. Results from the National Institute on Ageing/Telus Health Survey (2020) found that almost 70% of Canadians age 65 and older had changed their opinion on whether or not they would live in a long term care or a retirement home. In contrast, there are frequent calls from the public for the creation of more long term care beds. This contrast in opinions may be influenced by limited understanding of planning for aging in place, ageism, desire for local employment opportunities and services offered by long term care homes, and/or expectation for long term care within existing communities.

The next section of this report describes the current landscape and supply of long term care homes.

2.0 Summary of current landscape

2.1 Overview of long term care homes

Jurisdictional comparison

Across Canada comparison of long term care residential services is challenging. Amongst provinces and territories long term care homes are known by different names (retirement homes, supportive housing, assisted living), offer different service mixes, differ in population served (acuity), context (additional health and community service availability), and ownership. There is not a consistent national definition of long term care. There also exists a large variation in ownership and service delivery; for example long term care homes in northern Canada, Quebec and Newfoundland are largely publicly owned homes while homes in other Maritime provinces vary in the proportion of public and private ownership *[Table 1]*.

During the Covid-19 pandemic differences in resident care, experience, and health outcomes emerged between long term care homes that were publicly versus privately owned. These factors continue to be examined to fully understand the degree to which home design (single room versus multiple resident room designs), staffing (level and type), training, infection control education and practices, and facility preparedness to respond to a public health emergency contributed to the higher morbidity and mortality in privately owned long term care homes. While the chance of experiencing an outbreak was similar, the morbidity and extent of

spread has been established to be higher in for-profit long term care homes in Canada. It is uncertain at this point if the evidence from other jurisdictions can be generalized to PEI long term care homes; however, the experiences of other provinces and territories can inform PEI's planning and highlight opportunities for robust quality and safety monitoring in Island long term care homes.

Table 1 Jurisdictional Comparison of Long Term Care Home Ownership, Atlantic Canada Region and Nationally (CIHI, 2020)

Jurisdiction	**LTC Homes**	**Privately Owned For Profit**	**Privately Owned Not for Profit**	**Publicly Owned**
Canada	2,039	28%	23%	46%
NL	36	3%	0%	97%
PEI	**19**	**47 %**	**6%**	**47%**
NS	83	45%	41%	14%
NB	68	12%	88%	0%

Compared to other provinces and territories, Atlantic Canada has some of the highest population proportions of older adults and as a consequence a regional comparison may provide more useful insights. As table 2 which follows indicates, PEI has a highest number of LTC beds per 1,000 population age 65+ compared to other Atlantic provinces. This level of long term care bed development may reflect a default towards residential care rather than investment in home care and community level services which support older adults to age in place.

The number of long term care beds per population, though higher than other Atlantic provinces, must also be assessed by considering other factors including the health and wellness of the population served, projected future demands for long term care, health and community programs which may mitigate or delay transitions in care, health care requirements, wait times for specific bed types (e.g. designated dementia care beds), caregiver and health human resources. There is evidence of increasing wait times for specific bed types (dementia care) previewing the necessity of adding more dementia care beds, some evidence of increasing medical complexity of residents, and evidence of gaps in health human resources from unfilled position postings which limits PEI's capacity to open and staff more LTC beds. Program impact from a Health PEI initiative between geriatrics and home care that enables people to remain supported at home strengthens the evidence that increasing investment in care at home can delay transitions to long term care however information is limited on caregiver capacity and burden.

Table 2 Ratio of Long-term Care Beds per 1,000 population aged 65+

Jurisdiction	Population 65 years +	% Population 65 years +	Total LTC Beds	# Beds/1000 65+ Population
NL	116,228	22.3%	3,067	26.3
PEI	**31,957**	**20 %**	**1,244**	**38.9**
NS	208,825	21.3 %	6,877	32.9
NB	171,262	21.9%	4,925	28.7

PEI Long Term Care Homes

Prince Edward Island has both private and publicly owned long term care homes providing a total of 1,244 beds. The overall distribution of privately owned homes (for profit: 47% and not for profit: 6%) and publicly owned homes (47%) is similar to the national average.

There are nine publicly owned long term care homes and ten private long term care homes (eight of which are dual homes which contain both community care designed beds and long term care beds).

Table 3 Long-term Care Homes on Prince Edward Island

Publicly Owned Long Term Care Homes	Private Term Care Homes
Colville Manor	Andrews of Park West
Riverview Manor	Andrews of Stratford
Prince Edward Home	Andrews of Summerside
Beach Grove Home	Clinton View Lodge
Summerset Manor	Dr. John Gillis Memorial Lodge
Wedgewood Manor	Garden Home
Stewart Memorial	PEI Atlantic Baptist Home
Margaret Stewart Ellis Home	South Shore Villa
Maplewood Manor	The Mount Continuing Care Community
	Whisperwood Villa

2.2 Distribution of beds by type and special services

Within a long term care home residents may have a variety of health and support requirements. While not an exhaustive list, the following describes some categories of service types that may be found within a home:

- **Designated dementia care.** Dementia is not an uncommon diagnosis for individuals awaiting admission to or living in long term care and the number of people diagnosed with dementia is increasing. Quality dementia care requires not only safe and

supportive environmental design but also staff expertise. Residents who wander can more safely move within designated dementia care areas which are designed to reduce the risk of unsafe wandering. The most complex designated dementia care beds are currently in publicly funded long term care homes. These specialty care beds require increased staff training and competency as well as safe and secure spaces.

- **Complex care.** Some residents may have multiple chronic conditions, complex medication routines, be at higher risk of acute health changes, complex psychological and/or behavioural responses requiring high level monitoring and care. Islanders with complex medical needs are growing and include the need for skills and competencies in managing peritoneal dialysis, bariatric care, and advanced respiratory support such as overnight ventilation. Complex care homes require increased physical and human resources most often found in public long term care homes.

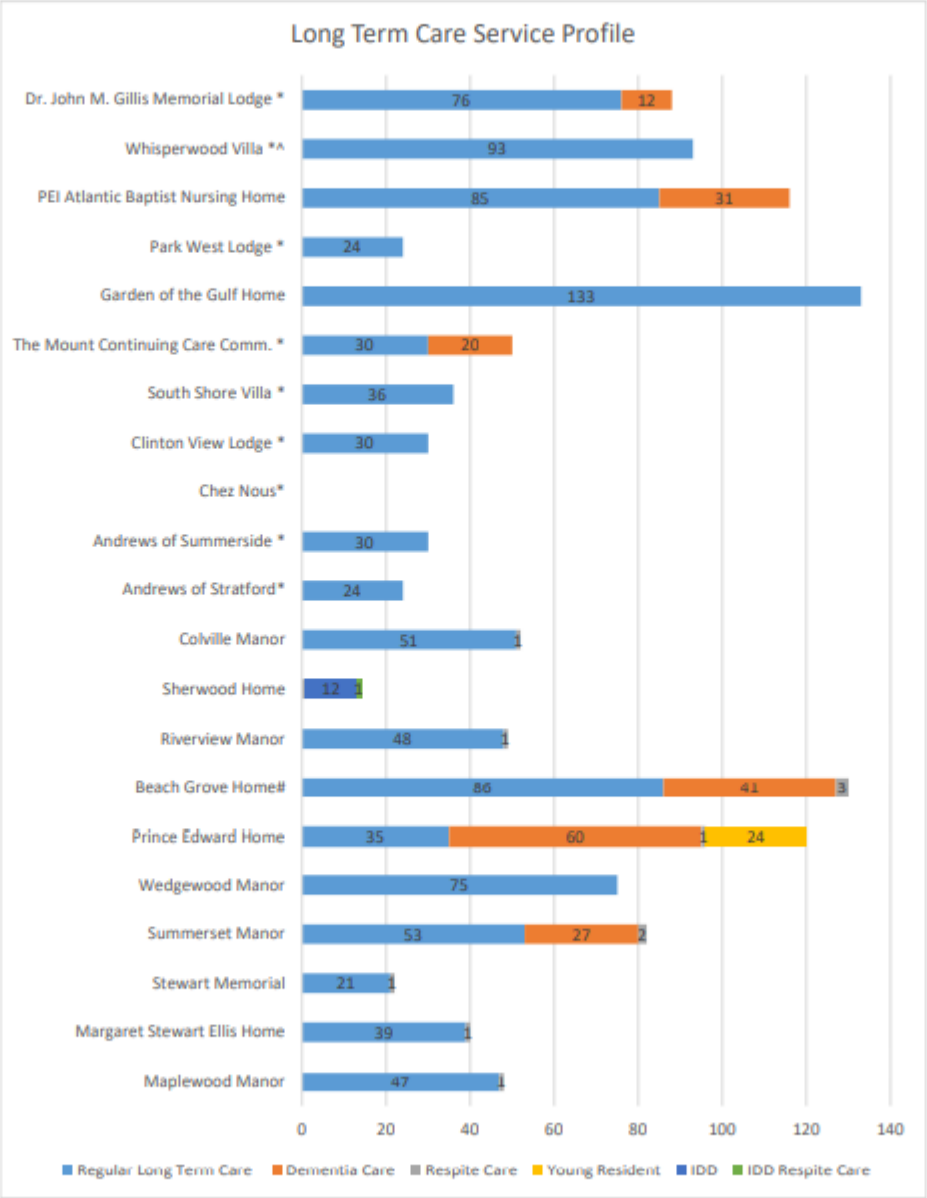
- **Cultural specialization.** Recognizing and supporting diversity in long term care is an important quality indicator. Respecting the diversity, cultural, and linguistic needs of residents can help to ease the transition to long term care, reduce discrimination, isolation, communication barriers while improving overall quality of life. As an example, some long term care homes on PEI provide cultural specialization by providing care in French, recognizing special holidays and offering traditional cuisine. Growing difficulty with recruitment of culturally competent staff, such as fully bilingual care workers has created challenges in continuing to offer culturally competent care.

- **Young resident care.** Some residents in PEI long term care homes are under 60 years of age and require residential support to address complex care needs. This unique population has social, rehabilitation and programming needs that may differ significantly from the majority of other residents and be challenging to provide in the absence of allied health providers such as physiotherapists, speech therapists and occupational therapists. Prince Edward Home is currently the LTC home with the largest proportion of young residents. The care of young residents with complex care needs in LTC is a unique to PEI as other options for residential care are available in other jurisdictions.

- **Respite care.** Long term care respite beds provide an opportunity for caregivers to schedule a temporary stay in a long term care home for their care receiver in a safe setting designed to meet care needs. As illustrated in figure 1 these beds are available in several communities across PEI. There are 12 respite beds available in PEI, all of which are in public long term care homes. Presently there are no respite beds routinely available for Islanders who may be in crisis in the community with the only available option being to present to a local hospital emergency department for admission.

The figure below depicts the distribution of beds by type across long term care homes (private and public).

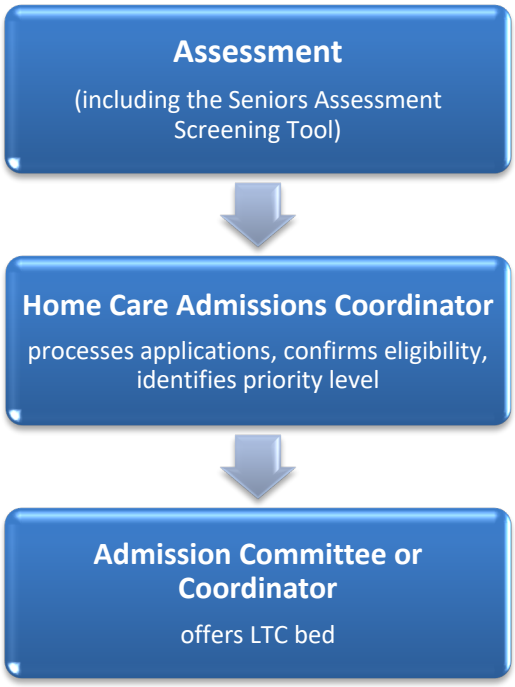
Figure 1 Distribution of bed based on type (regular LTC bed, under 65, dementia care)
Note: at the time of report preparation Chez Nous was undergoing fire restoration repairs.



2.3 Assessment for long term care

Health PEI manages admissions to private and public long term care homes on Prince Edward Island. Eligibility criteria includes: Canadian citizenship or permanent resident status, residence

on PEI for six months or more (in a year), possession of a valid PEI health card, and assessed requirement for long term care.



As part of the assessment process an individual undergoes an assessment, called the Seniors Assessment Screening Tool (SAST), which is administered a trained member of the health care team. Health PEI Home Care, Care Coordinator uses the Seniors Assessment Screening Tool to establish care needs. This standardized health assessment tool is used to establish care needs within a five level scale. Long term care homes, both private and public, offer 24-hour nursing services and supports for residents who require level 4 or 5 care.

Level 1 Care – Minimum care and service needs. Individuals are independent, but may require the use of assistive devices or special equipment.

Level 2 Care – Low care and service needs. Individuals may require some supervision or the assistance of another person (e.g. reminders, setting out equipment).

Level 3 Care – Medium care and service needs. Individuals require limited and predictable supervision and/or assistance of another person for personal care and activities of daily living (e.g. bathing, dressing). May require medication monitoring or supervision.

Level 4 Care – High care and service needs. Individuals require medication supervision/administration and the assistance of another person for many/most tasks.

Level 5 Care – Intensive care and service needs. Individuals require medication supervision/administration and the assistance of two people for some tasks.

2.4 Occupancy rate

Long term care homes receive approximately 300 resident admissions per year. In publicly funded homes the occupancy rate in 2019/20 averaged 98.1%. An average occupancy rate for privately funded long term care homes for the same period was not available.

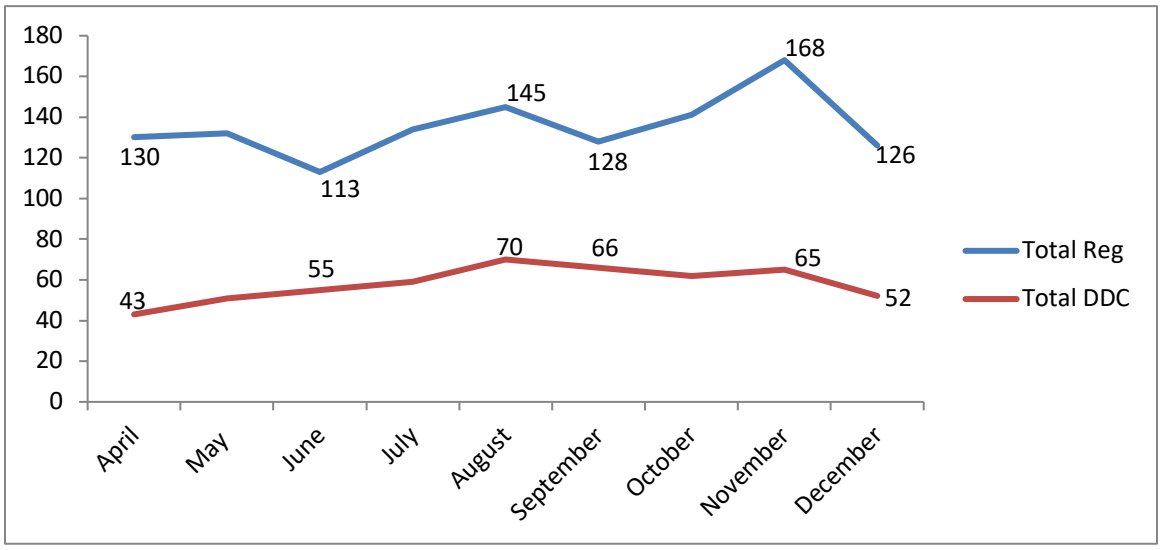
2.5 Wait list for long term care

The wait times for access to long term care residential services and transitions to long term care should be considered in the context of the overall continuum of health and community services. The Canadian Institute for Health Information, in a 2017 study of transitions in care, found that about 30% of older adults who entered residential care could have been supported by home care in the community. This study identified that the need for physical assistance, caregiver burden, cognitive impairment, care assessments conducted in hospital, wandering, and living alone were factors influencing transitions to care and noted that some of these factors could be mitigated by expanding existing home care services or developing new community based programs. Prince Edward Island specific data was not included in this report as the province does not have a validated clinical information system such as InterRAI. Though PEI specific data was not included in this study, evidence from the Prince Edward Island's COACH (Caring for Older Adults in the Community and at Home) program has demonstrated the effectiveness of innovative community based health services in delaying or preventing transitions in care. The spread and scale of effective interventions such as the COACH program, enhanced home care and a shift in care closer to home should be intensified as a strategy to address wait times for residential long term care.

This review examined waiting times for long term care residential services by:

- Number of individuals waiting for a long term bed;
- Setting in which the individual was waiting and;
- Type of long term bed required (regular long term care bed, designated dementia care bed).

Figure 2 Provincial wait list totals per month by service type, 2020



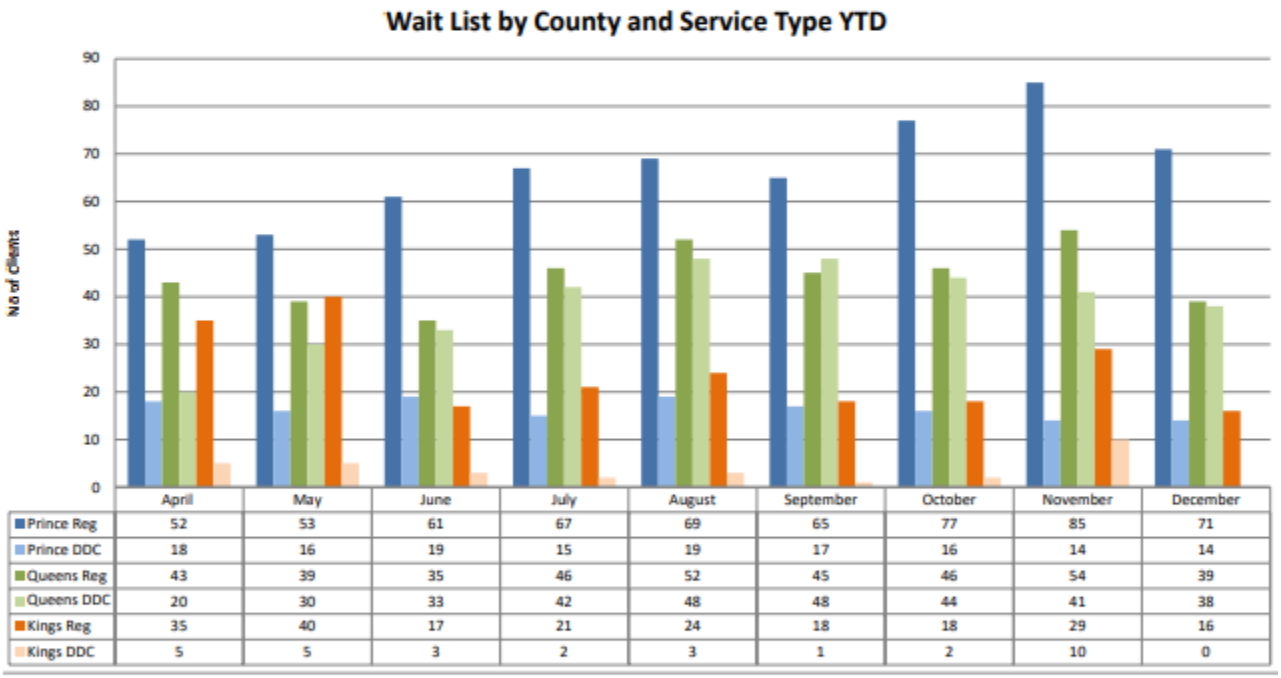
As illustrated by the figures which follow Prince County consistently had the highest number of residents waiting for a regular long term care bed while Queens County had the highest number of individuals waiting for a designated dementia care bed between April and December 2020. Islanders in need of complex specialty care such as peritoneal dialysis or advanced respiratory support have had to wait extended time in hospital.

As of December 31 2020, the overall majority of those waiting for a regular long term care bed were waiting at home (35%) while the overall majority of those waiting for a designated dementia care bed were waiting in hospital. Waiting for a long term care bed in a hospital has consequences for older adults and the overall health system.

Alternative level of care (ALC) refers to circumstances where a patient is deemed medically ready for discharge but is waiting for care in a different setting. In 2019/20 Prince Edward Island reported the highest percentage of patient days spent in ALC in Canada (23.2% vs 16.7% national average). Older adults can experience functional decline, increased risk of hospital acquired illness, and negative social impacts while waiting in acute care and community hospital settings that are not designed to support their activities of daily living. High rates of ALC produces ripple effects through the overall health system reducing the capacity to admit patients, accept transfers from the emergency department, delays the transfer inpatients to appropriate units, and potentially prevents older adults from receiving care in the optimal setting. During the first six months of 2021 ALC patients represented over 50% overall occupancy in some community hospitals. In QEH and PCH hospitals ALC occupancy varied from 10% to 30% of capacity. High alternative level of care levels are not merely a result of insufficient long term care beds but are an outcome arising as a result of the intersection of a number of complex factors including individual patient health and resources, social support and caregiver availability, suitability of housing, home health services, and community based services. Though additional long term care beds will be required new investments in home and

community based services represent important steps towards addressing Prince Edward Island's high ALC levels.

Figure 3



	April	May	June	July	August	September	October	November	December
Prince Reg	52	53	61	67	69	65	77	85	71
Prince DDC	18	16	19	15	19	17	16	14	14
Queens Reg	43	39	35	46	52	45	46	54	39
Queens DDC	20	30	33	42	48	48	44	41	38
Kings Reg	35	40	17	21	24	18	18	29	16
Kings DDC	5	5	3	2	3	1	2	10	0

Table 4 Long term Care – Monthly wait list report, May 2021

	Home Care		Community Care		QEH		Hillsborough		PCH		Western		CHO		Souris Hosp		KCMH	
	Reg	DDC	Reg	DDC	Reg	DDC	Reg	DDC	Reg	DDC	Reg	DDC	Reg	DDC	Reg	DDC	Reg	DDC
Prince	34	6	7	0					11	4	18	0	4	3				
Queens	17	17	6	2	18	10	0	3										
Kings	12	0	1	0											6	0	13	0
Total by service	86		16		28		3		15		18		7		6		13	

2.6 Private and Public Long Term Care Homes

Within the long term sector on PEI public and private long term care homes operate in markedly different ways. The table which follows highlights some of the key differences which may result in different access to services, care experiences for residents and work life experiences for staff members.

Table 5 Summary comparison of long-term care sector on PEI

	Publicly Owned LTC Homes	Privately Owned LTC Homes
Design	While most homes have been redesigned to single rooms with ensuite bathrooms which promotes infection control, three homes (BGH, WWM, MSEH) have some semi-private rooms.	Variable design, depending on age of building some sites have shared rooms and bathrooms.
Medical care	Residents of long term care (LTC) have variable access to a primary care provider with some homes having access to a physician present one day per week whereas other homes having a dedicated nurse practitioner working Monday to Friday with a collaborating physician.	
Quality Assessment	Publicly funded home care services participate in the *Accreditation Canada* assessment and quality improvement processes to meet quality standards.	Private LTC facilities are regulated by the Department of Health and Wellness (DHW) and are subject to inspections (food service, building, fire, care, electrical, boiler and environmental health). Private LTC homes are required to renew their license each year and must meet requirements as defined by the *Community Care Facilities and Nursing Homes Act and Regulations.* Inspection results are reviewed with operators and posted publicly on the Department of Health and Wellness web pages.
Serious Incident Reporting	Incident Reporting system PSMS Wander alert systems	Reporting of significant events is required to Department of Health and Wellness within 24 hours. Private homes are also responsible for reporting to Adult Protection. The review and monitoring of serious incident reporting is a manual process.
	Lack of consistent tool used to track infection and safety outcomes across care settings resulting in a knowledge gap around clinical care outcomes for seniors in profit versus nonprofit facilities	
Infection prevention and control*	There are shared infection prevention and control coordinators in homes under the management of a dedicated Infection Prevention Control provincial manager and staff.	The Director of Nursing or designate registered nurse provide direction for infection prevention and control management measures. Operational standards for LTC homes require staff to adhere to provincial infection prevention and control policies and guidelines as recommended by the Chief Health Officer and/or the Department of Health and Wellness.
Funding	Health PEI provides public long term care homes with a budget. Revenue generated through resident accommodation payments go to Health PEI general revenue.	Health PEI has contracts with private long term care home operators. The contract stipulates the daily fees for basic health care, dementia care and accommodation services. Health PEI pays the homes for the care services as well as a portion of the accommodation fees for all

		subsidized residents whose income does not cover the full accommodation charge. Non-subsidized residents pay the full cost of accommodations directly to the private long term care home.
	-Individuals who are unable to afford accommodation fees may be eligible for a subsidy. -Resident must apply for the subsidy, undergo a financial assessment as per the *Long Term Care Subsidization Act* -Health PEI may also provide a comfort allowance to subsidized residents to cover the purchase of items for residents' personal use and special needs	
	- Individuals are expected to pay for the cost of accommodation to the extent that they can using personal resources, Veterans Affairs Canada; Workers Compensation Board; Court Award or Settlement; Federal Government Act; or Medical/Health Insurance	
Transportation	The transportation cost for medical/dental appointments for subsidized resident s is covered by Health PEI. Self-paying residents of publicly operated LTC homes are required to pay $150 per return trip with Island EMS unless it is an emergency or travel for hemodialysis.	The transportation cost for medical/dental appointments for subsidized residents is covered by Health PEI. Self-paying residents of privately operated LTC homes are required to pay $150 per one-way trip.
Staffing	Across the sector increased pressures have impacted the ability to recruit and retain staff. These pressures have included increasing resident acuity (frailty, dementia, bariatric residents).	
Vacancies/ Turnover	Overall, staffing in long term care account for 30% of total volume for the Public Service Commission to process. A 2018/19 report found that 425 long term care vacancy postings (LPN, RCW, RN)	A 2021 survey of private LTC homes (60% response rate) which collected data on the percentage of position in three categories of direct health care workers (RN, LPN, PCW). Survey results revealed a wide rate of staff turnover across the homes over a 12-month period: -Registered nurses: 11% to 75% -Licensed practical nurses: 5% to 175% -Personal care workers: 0% to 100%
Staff Wage	Average Care Worker wage:$21-22/hour Public sector RCW rates have increased recently as the classification level increased from level 8 to level 9 which may improve recruitment and retention but increase the wage disparity with the private sector	Average Care Worker wage:$16-19/hour with some offering $12-16/hour
Staff Training Opportunities	Mandatory annual training is provided in house along with access to external education provided through Health PEI or third parties.	Private operators provide in-house training and access to external education.
	National average: 0.37 HPRD (hours per resident day)	Access to allied health care providers is limited and available through the private sector.

Allied health care providers	Overall average PEI public facilities: -OT/PT and assistants = 0.05 HPRD -Recreation and activity = 0.21 HPRD -Dietitians 2.1 FTE	
Pharmacy services	There is limited to no pharmacy services in public long term care homes.	Private homes partner with community pharmacies to coordinate medication reviews.
Clinical information systems	All sites have access to review residents' information within CIS when the information is required to care for the resident.	Some sites have access to review residents' information within CIS when the information is required to care for the resident.

* **Infection Prevention and Control**
The Chief Public Health Office (CPHO) is mandated to control certain communicable diseases in Prince Edward Island. In response to the COVID-19 pandemic CPHO provided initial and on-going policies, guidelines, surveillance support, case follow-up, contact tracing, information and education to long term care homes.

3.0 The Residents of Island Long term Care Homes

Each resident of a long term care home has unique life experiences, social and health histories, personalities and preferences. These factors influence their experience of life as a resident and may influence also care needs.

Demographics. In public long term care homes 91% of residents are aged 65 or older. The average age of residents is 81 years. In public long term care homes the majority of residents are single (62% never married, widowed, separated or divorced) while 36% are married. Demographic information is not available for private long term care homes.

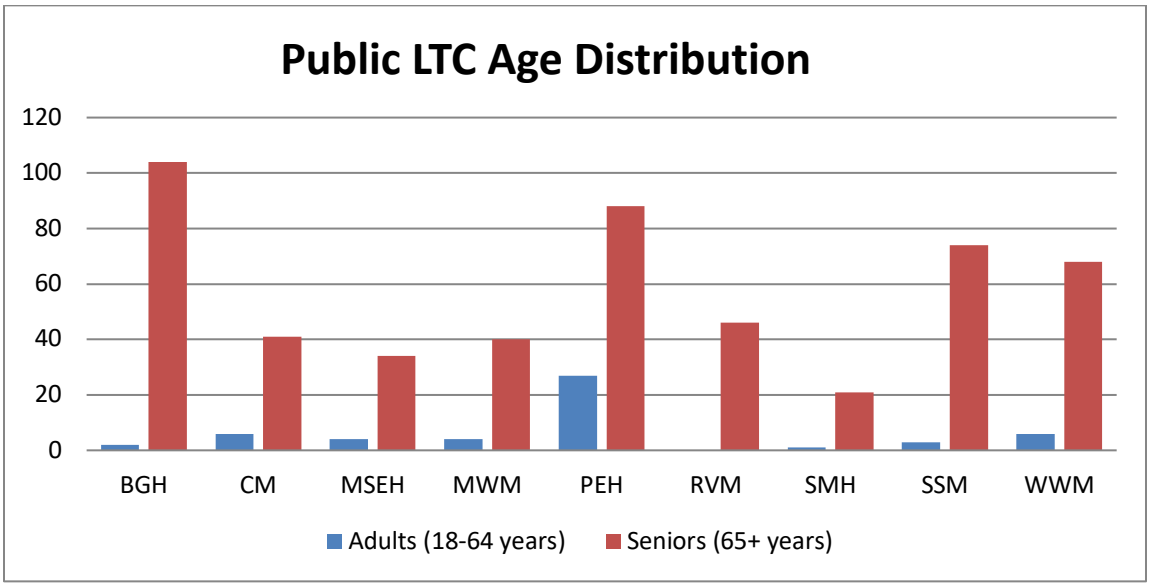
Chronic conditions. Beyond the care assessments, limited information is easily available to characterize the rates of chronic conditions of residents of public and private long term care homes. Electronic health records which could be reviewed and updated for newly diagnosed conditions would enable the province to more readily monitor changes in acuity in long term care homes.

Medication use. As noted in the Chief Public Health Officer's annual report the prevalence of chronic conditions increases as the population ages and Islanders reporting one or more chronic conditions is higher than the Canadian average. Management of chronic conditions, such as diabetes, hypertension, arthritis or heart disease, may require several medications. The requirement to add new medications, adjust dosages, monitor and respond to drug interactions, and discontinue medications that are no longer required increases the complexity of care. In 2019-20 in public long term care homes 64.3% of residents were prescribed 10 or more medications with the average number of medications per senior resident being 11.8.

Length of stay. National average length of stay data for long term care homes is not available however select studies from other jurisdictions suggests that length of stay rates may be shorter than those on Prince Edward Island. In 2015 resident length of stay in Calgary long term care homes was 1.3 years, in Edmonton 1.1 years, and Winnipeg 2.4 years. Resident average length of stay in British Columbia was 2.5 years (2021), New Brunswick 2.3 years (2010) and in Nova Scotia 2.9 years.

On Prince Edward Island in public long term care homes the average length of stay by residents is 1267 days (3.5 years). The average length of stay in public facilities has remained at or above 3.0 years since 2017/18.

Figure 4



3.1 Perspectives on long term care homes: What we heard

During preparatory work in the development of the Seniors Health Services Plan a series of virtual town hall presentations were organized to engage private long term care home owners and staff, older adults and health care providers. In these sessions several themes relevant to long term homes were identified:

- Building programs and services in the community to **delay transitions** to long term care homes
- **Early intervention** with programs and supports to maintain health and wellness of older adults longer and reduce deconditioning
- The importance of **restorative care** in improving the functional ability of older adults

Quality and safety issues

- **Increased attention to infection control** and hygiene has been beneficial in residential care settings
- **Equal access to medical specialist and allied health providers** in public and private long term care homes
- **Similar inspection processes** for private and public long term care homes
- **Importance of data collection** in LTC to develop a robust PEI baseline of information
- **Positive collaboration** between sectors in response to COVID-19

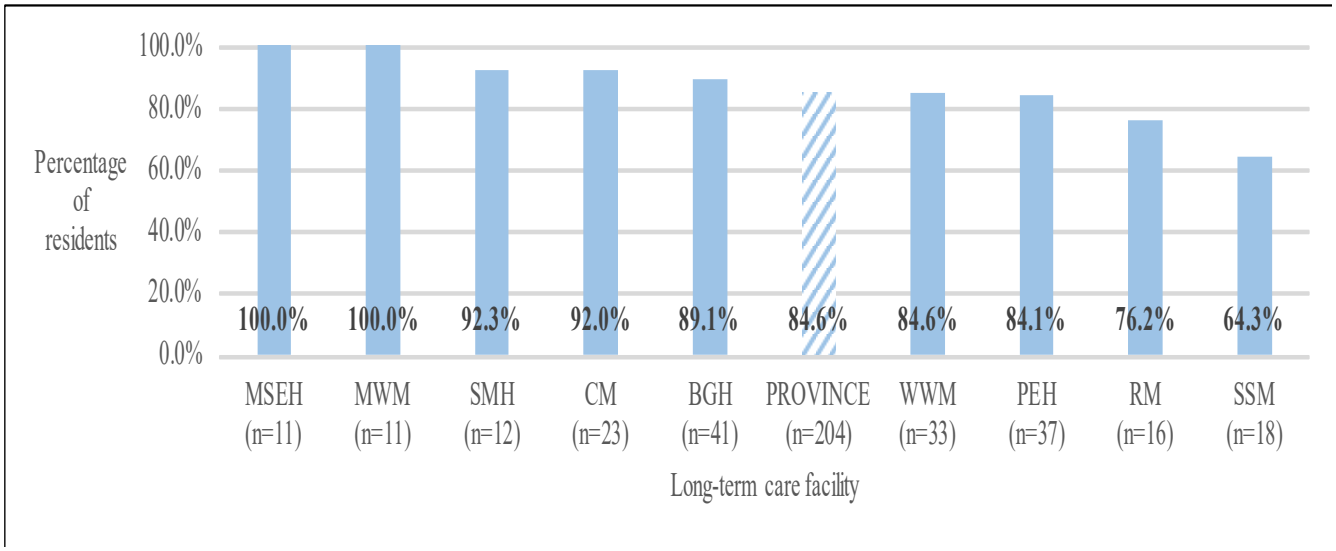
Health human resources

- **Financial support** to retain staff and prevent shortages
- Interest in **collaboration on immigration** and health human resource
- Provincial approach to increasing **access to continuing education and training** for staff

3.1.1 Perspectives on Long Term Care: Residents and Families

Resident Experience. In April 2017 one-on-one interviews with residents were conducted by volunteers in public long term care homes through the Resident Experience Long-Term Care Survey. Of the 204 residents who were able to fully participate in the survey 84.6% indicated that they were very satisfied with their home.

Figure 5



Family Experience. In 2017 LTC Family Experience surveys were mailed to 632 family members of public long term care home residents. This survey sought family perspectives on care involvement, decision making, awareness of compliments and complaints processes, the experience of visiting the home, interactions with staff, and overall impressions (care of loved one, cleanliness, noise, food service). The majority (51%) of respondents indicated that they visited loved ones in LTC on a weekly basis.

Of the 228 surveys returned, provincial results indicate:

- 84.4% of respondents had been part of a care conference in the last year which they felt met the needs of the family and the loved one (92.9%) and reported receiving information from staff when requested (98.2%);
- 87.2% felt encouraged to help in the care of their loved one and were aware of how to help;
- 95% felt involved in care decisions;
- 97.8% expressed that they would speak with staff if they had any concerns or questions about the care of their loved one and 96.3% of respondents indicated that they felt satisfied with the way that staff had handled concerns;
- 61.3% were aware of the formal Health PEI process for complaints and compliments;
- 97.8% were aware of proper hand hygiene practices however fewer (79.7%) indicated that they would feel comfortable asking staff to do hand hygiene prior to caring for their loved one if they noticed it was forgotten;
- The majority of respondents indicated that their loved one looked and smelled clean (92.5%), the resident's room (98.2%) and public areas (98.7%) looked and smelled clean, felt that their loved one enjoyed the foods served (89.9%), and home noise levels were acceptable (96.9%);
- The majority of survey respondents observed staff members treating residents (97.8%) and themselves, as care partners, with courtesy and respect (97.4%);
- 92.5% felt that their loved ones had opportunities for meaningful activities and enjoyed the activities in the home (85.9%);
- 95.8% of respondents felt that their loved one was safe in the long term care home.

The LTC Family Experiences survey also collected suggestions for ways to improve the care and services at public homes. The most commonly suggested improvements were:

- Need for effective communication between the staff and residents' families;
- Shortage of staff;
- Need for more entertaining activities;
- Need some TLC from staff and;
- Need for improvement in meal and food.

3.1.2 Complaints and significant events

Resident and family perspectives on the experience of living in a long term care home is encouraged. The ability to raise concerns, without fear of discrimination or reprisal, provides important feedback that can be used for quality improvement processes. Long term care homes have policies for receiving and processing complaints from residents and/or family however these differ between public and private long term care homes.

Private long term care homes

Operational and Care Service Standards for Private Nursing Homes (2018) standard 6.4 stipulates that:

Residents, resident representatives and/or family are given the opportunity to express a concern or to make a complaint about the operation and/or care service delivery of the facility and are encouraged to be involved in the management of the concern or complaint.

Private long term care homes are required to have a written policy and complaint management process for hearing verbal or written complaints. The process includes registering the complaint, notifying the facility owner, timely investigation and follow-up, reviewing the outcome with the resident and/or family.

In 2019 eight complaints were received by the Department of Health and Wellness (6/8 from family members, 2/8 from another branch of health care). Themes of complaints included communication, lack of education for staff, general nursing care concerns. In 2020 13 complaints were received by the Department, all from family members of residents. The themes of these complaints included Director of Nursing role fulfillment, risk management practices, admissions, care plans and resident/ family concerns and resident safety (e.g. missing persons from dementia units)

Significant events require notification of the Department of Health and Wellness and the Community Care Facilities and Nursing Home Board (CCFNH). A significant event would include, but is not limited to:

- A potentially life threatening accident or injury to staff, resident or visitor
- Missing resident
- A death that requires reporting under the *Coroners Act*
- Any harm or suspected harm as a result of unlawful conduct, improper care, treatment, harassment or neglect
- A fire
- Prolonged disruption of: electrical power, heat, water, provision of food, provision of basic services within the facility, or a critical situation due to inadequate 24-hour staff coverage
- Any incident involving a resident that has been reported to law enforcement ((ref. Operational Standards))

Standards require that a report, detailing the event, the facility response, and outcomes of the significant event be provided to the Department of Health and Wellness CCFNH board and may require additional follow up by Department inspectors and Adult Protection Services.

Public long term care homes

Health PEI facilities use an incident reporting system (PSMS) to track and monitor adverse incidents. Publicly funded long term care homes are also assessed and evaluated through the Accreditation Canada process.

3.2 Interactions with health services

Long term care homes are a part of the seniors' health care continuum and contact with other areas of the health care system is expected in order to meet residents' care needs. The figures which follow provide some data on select types of interactions with the health care system.

Trends over time indicate increasing emergency department visits and admissions to hospital for residents of long term care homes. Long term care providers have noted the increasing medical complexity of older adults admitted to homes. This increasing medical complexity may be a contributing factor to the observed trends as acute health needs of older adults outpace the scope of long term care homes to address. A full analysis of the factors contributing to these trends is limited due to availability of data. It is anticipated that implementation of InterRAI in long term care homes will facilitate the calculation of risk ratios and permit a more nuanced interpretation of the observed trends.

Figure 6 Provincial emergency department visits by sector

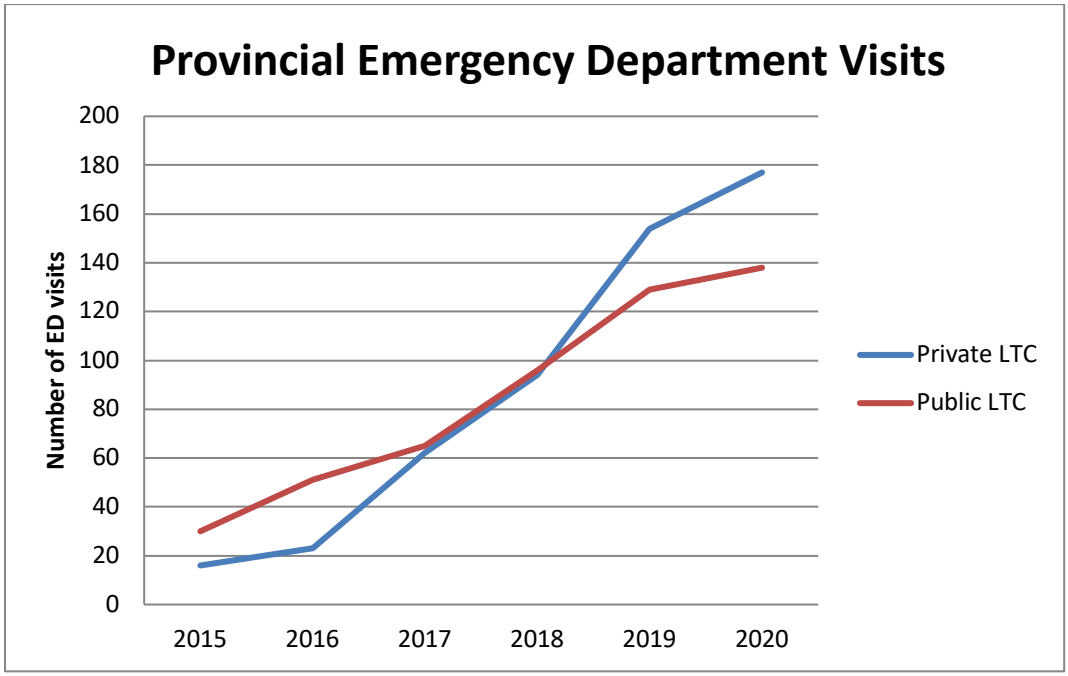
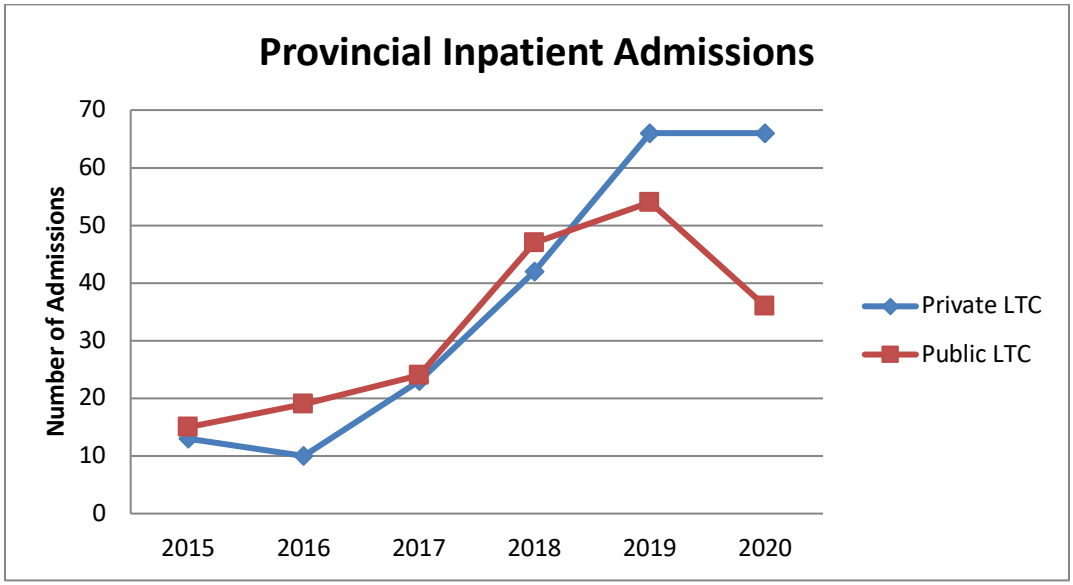


Figure 7 Admissions to hospital by sector



3.3 Adverse events: Hip fractures

According to the Public Health Agency's *Seniors' Falls in Canada* (2014) report fall injuries are a leading cause of hospitalization, disability and death in older adults. Research evidence suggests that falls are the direct cause of 95% of all hip fractures and lead to death in 20% of cases. The incidence of falling tends to be higher for females and the risk increases with advancing age. National data indicates that for older adults (age 65+) 50% of falls requiring hospitalization occurred at home and 17% of falls occurred in residential care settings (defined as a 'chronic care facility', 'nursing home' or 'home for the aged'). Hospitalization for hip fractures were more common among residents in care homes than among seniors living at home possible because of the increased number of risk factors and complex health conditions in this population.

A number of risk factors contribute and influence an older adult's risk of falling, some of these risk factors are modifiable while some are not modifiable.

Figure 8 Risk factors for falling

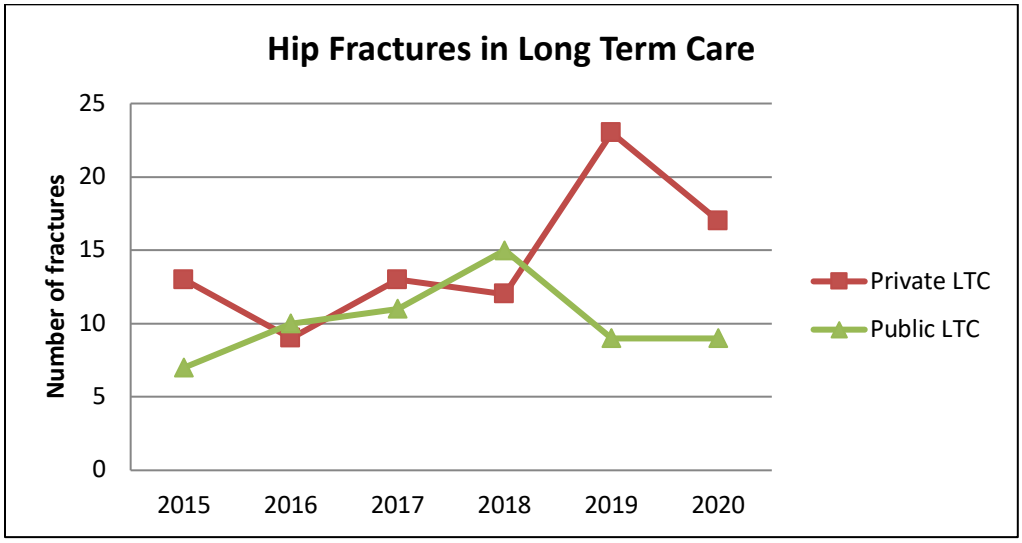
Biological factors	**Behavioral factors**
• Acute illness • Balance and gait changes • Chronic conditions (such as Parkinson's disease, arthritis, stroke, diabetes, osteoporosis, renal disease) • Cognitive impairments • Low vision • Muscle weakness and fitness	• Use of an assistive device • Alcohol use • Fear of falling • Footwear and clothing • Inadequate diet • Medications • Risk taking behaviour

Environmental factors	Social factors
• Design (such as poor stair design, lack of lighting, lack of handrails) • Living environment (such as clutter, slippery floors, worn carpet) • Weather	• Social networks • Socio-economic status

It is important to monitor the rate of hip fractures in long term care homes to identify overall trends and at an individual home level particularly for modifiable environmental factors. Private long term care home inspections and quality improvement processes in public long term care homes aim to assess and identify environmental factors which may be a risk for falls while resident care plans can identify biological and behavioral factors.

Data on hip fractures should be interpreted with some caution and consider the complexity of risk factors for falls. It is anticipated that the introduction of InterRAI will support more nuanced understanding of the interplay of resident factors (biological and behavioral), and the risk of falls.

Figure 9 Hip fractures in long-term care by sector



3.4 Adverse events: Resident responsive behavioural incidents

Responsive and reactive behaviors are terms used to describe actions, words, or gestures by a person with dementia to express their reaction to something frustrating, negative or confusing in their environment. Long term care providers seek solutions to address responsive behaviours through a person centered approach. These behaviours are important to monitor and address in long term care in order to improve the quality of life for residents with dementia, other residents and staff.

In 2019/20 773 behavioural incidents were reported in public long term care homes. This information is not available for private long term care homes who do not measure these incidents. The most commonly reported incidents (>100 reports) were:

- Aggressive behavior
- Responsive behaviour
- Physical assault
- Inappropriate behavior

There is an increasing trend (at an average rate of 2.6% per year) in behavioral incidents a month in residents over the last six years. During the first two quarters of 2020 the provincial average of behavioural incidents was 18%, with incidents being more common at Prince Edward Home and lowest at Riverview Manor.

3.5 End of life

Palliative care services can be provided in a variety of settings. In long term care supportive and compassionate end of life care can be provided with an aim to pain and symptom management, psychological care and support to caregivers. Providing palliative services in long term care can avoid transfer to an unfamiliar setting, provide comfort closer to home and represents improved care.

4.0 Long term care health human resources

Health human resource (HR) planning, practices and monitoring differs between private and public long term care homes. In both sectors current information systems make data collection challenging and as a consequence it is difficult to identify trends and forecast human resource issues. In the public sector an overall lack of health HR professionals and a generalized approach to health care provider recruitment and retention has resulted in limited focus on geriatric care providers. In the private sector HR data is held by each home and requires individual outreach to assemble the information making it difficult to identify industry trends.

Anecdotally, both private and public long term care homes have reported challenges in recruiting and retaining staff. Some HR challenges may have been foreseen, for example the changes anticipated with the retirement of an aging workforce whereas other challenges, such as the impact of the pandemic on the available pool of internationally trained health care providers, could not.

As a baseline, there are several reasons to repeat this data collection on HR issues in the future:

- To identify and confirm trends to enable more accurate HR forecasting;
- To assess the impact and outcomes of new recruitment and retention efforts for these sectors;

- To review the PEI context with respect to new national standards for long term care when these are publically released.

Process:
Private long term care homes were surveyed in April/May 2021 to collect point in time (as of April 30, 2021) information on staffing, position vacancies, and human resource challenges. The survey response rate was 60%. Information, from responding homes, was combined as a provincial level summary.

Information on public long term care homes was provided by Health PEI.

Private long term care homes

Long term care homes require a variety of staff members providing direct resident care (nurses, therapists, personal support workers) and indirect care (operations, administrative, housekeeping, security and dietary services). Of the private long term care homes surveyed the majority of staff members were:

- Personal support workers (53%)
- Indirect care workers (administrative, maintenance, housekeeping, dietary) (20%)
- Registered nurses (12%)
- Licensed practical nurses (9%)

The survey revealed a variety of employment types. Most staff members were employed full-time (71%). The homes surveyed also employed part-time (8%) and casual (21%) employees.

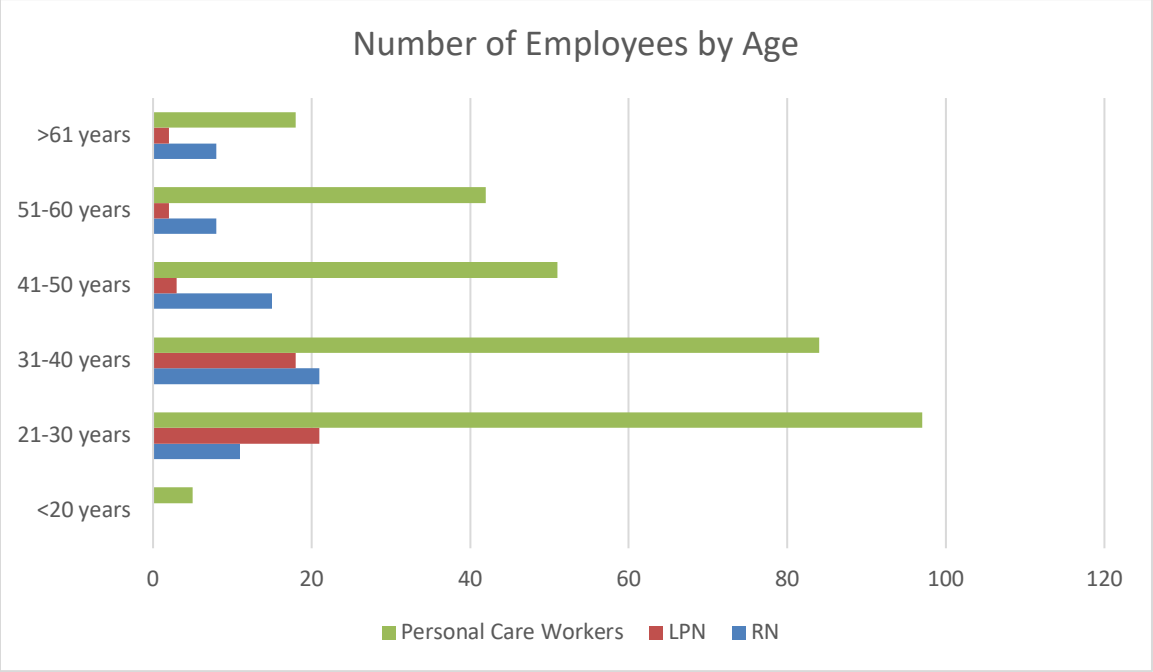
Allied health care providers offer a range of recreation, rehabilitation and wellness services to improve the lives of residents. The availability of these providers varied between homes with physiotherapists, occupational therapists and recreation therapists representing approximately 4% of staff members in the surveyed private long term care homes.

The demographics of three categories of direct health care workers (registered nurses, licensed practical nurses and personal care workers) were explored in greater detail. Of the private long term homes reporting:

- 47% of employees were 31-50 years
- 33% were $\leq$ 30 years
- 20% of employees were $\geq$ 50 years.

The majority (80%) of personal care workers were under age 50 while 84% of licensed practical nurses and 51% of registered nurses were under age 40 years.

Figure 10 Employees in private LTC homes: distribution by age



Positive work life experiences and staff satisfaction can influence retention levels. The majority of private long term care homes reported using a variety of formal and informal strategies to assess staff satisfaction. Informal opportunities to provide employee feedback included the use of comment boxes and informal staff conversations. Long term care homes also used regular staff meetings, employee association and association representative meetings with management, and performance reviews to raise challenges and address concerns. In a creative approach blending monitoring staff satisfaction and team building an employer organized staff meetings which included a meal.

Private long term care homes identified several priority health human resource challenges facing the sector. Three significant themes arising from the survey were:

- **Recruiting providers.** Homes identified concerns with planning for anticipated staff retirements and their ability to recruit skilled employees from recognized training programs. Survey respondents highlighted challenges in recruiting registered nurses, care workers and environmental staff.

- **Retention.** Private long term care homes commented on the challenges of recruiting and retaining staff in a highly competitive employment environment where work hours and salary differences between employers (federal and provincial government positions) disadvantaged the sector. The survey also found that the retention of staff begins with the initial onboarding process for new employees and is supported through ongoing training opportunities which can be challenging for homes.

- **Mental and physical health of workers.** The pandemic experience has impacted the daily work life and stressors facing health care providers in private long term care homes. The survey found that workers have struggled with mental fatigue, stress, and lack of opportunities for restorative time from work due to travel and social gathering restrictions. Pre-existing health conditions, pregnancy, and acute musculoskeletal injury, arising from care requirements of residents with increasing care needs, were identified as physical health concerns for health care workers.

Public long term care homes

In publicly funded long term care homes the majority of staff members were:

- Personal support workers (47%)
- Activity, recreation and support staff (23.9%)
- Licensed practical nurses (13%)
- Registered nurses (7.4%)
- Indirect care workers (administrative, maintenance, operations, and security) (7.3%)

As in private homes, allied health care providers such as physiotherapists, occupational therapists, and social workers are a limited resource in the sector, representing 0.5% of employees.

Information from public long-term care homes revealed a variety of employment types. Most staff members were employed part-time (52%). The homes also employed full-time (30.6%) and casual (17.2%) employees.

5.0 Funding of Long term Care Homes

5.1 Proportion of health budget spent on LTC

The 2019-2020 Health PEI annual report indicates that 15% of the agency's annual expenses were spent on long term care. This figure includes continuing care costs (compensation, supplies, equipment, sundry, contracted out services, buildings and grounds), and private nursing home subsidies. HPEI contractual obligations are not defined beyond 2021.

Resident subsidy

Individuals are expected to pay for the cost of long term care accommodation to the extent that they are able though their personal resources. These personal resources may include funding from Veterans Affairs Canada, Workers Compensation Board, court award or settlement; Federal Government Act; or medical/health Insurance funds. Individuals with a net income less than $36,000 may quality for a subsidy to assist with payment of the full accommodation costs. The subsidy assessment, prepared by the Long-Term Care Subsidization Program, is based on an individual's income (net income from Line 236 from the Canada Revenue Agency *Income Tax and Benefit Return*) not assets.

Effective February 2020 changes to the long term care subsidy assessment process set a new minimum amount that a spouse whose partner is living in long term care could retain. This new minimum amount of retained income was $22,133 or half of the family income.

The majority of residents in private and public long term care homes receive partial or full subsidy to cover the costs of accommodation.

Table 6 Percentage of Subsidized Individuals Living in Nursing Homes

Funding Source	Public Manors	Private Long term Care Homes
Individual/Family Covers All Costs	13.1%	18.9%
Individual Receives Partial or Full Subsidy	81.1%	73.1%
Costs Covered by Veterans Affairs Canada	5.3%	7.0%
Costs Covered by Another Source	0.4%	1.1%

Source: Government of Prince Edward Island, 2015

6.0 Legislation and Regulatory Framework

Private long term care homes and publicly funded long term care homes are regulated differently.

The Department of Health and Wellness is responsible for inspecting and licensing of private long term care homes pursuant to the *Community Care Facilities and Nursing Homes Act.* Private LTC homes are required to renew their license each year and must meet requirements as defined by the *Community Care Facilities and Nursing Homes Act and Regulations.* Private long term care homes are subject to inspections (food service, building, fire, care) to demonstrate adherence to requirements. Inspection results are reviewed with operators and posted publicly on the Department of Health and Wellness web pages. Private long term care licenses are issued by the Community Care and Nursing Homes Board, a corporate body appointed by the Minister of Health and Wellness.

Publicly funded home care homes are not licensed by the Community Care and Nursing Homes Board but participate in an *Accreditation Canada* assessment and quality improvement processes to meet quality standards. Accreditation status is based on the results of an external review which assesses PEI results against national standards of excellence. As a result of the most recent evaluation process Health PEI was awarded Accreditation Status in October 2017. This status remains in effect for four years.

7.0 Summary: Optimizing opportunities to improve the LTC sector

As Prince Edward Island moves forward, beyond the acute response to the COVID-19 pandemic, the lessons emerging from the long term care sector experience must be used to guide future investments, optimize current assets, and take the next steps to address challenges facing LTC homes. Despite the challenges in the sector we are reminded that long-term care homes are the *homes* of residents and provide care, support, and community for those who live, work and visit these homes.

The long-term care sector on Prince Edward Island must continue to evolve to serve the needs of an increasingly complex group of residents, develop more robust information collection and reporting systems while maintaining a new level of readiness to effectively address future communicable disease outbreaks. Some, but not all of the challenges facing long term care services are new. As incorporated within the five year strategic *Seniors Health Services Plan,* recommendations that were previously identified in other reports have a strengthened impetus to take action. Included in the Seniors Health Services Plan are actions to align quality and safety measures between public and private long term care homes to ensure that Islanders receive comparable care across the sector.

Other challenges that have emerged with heightened urgency, such as pandemic preparedness and health human resource shortages will require action in the short-term and on-going attention. Progress on these new challenges may best be achieved through collaboration across the sector.

The relationship between public and private long term care homes strengthened during the pandemic as demonstrated by information and resource sharing. This collaboration should be maintained and nurtured as the province moves forward to optimize new opportunities presented by the development of new national long-term care standards, dissemination of research on long-term care to inform planning, and opportunities to partner with the federal government to leverage funds for investments in the sector for continued advancement of long-term care.

Appendices

Acronyms

ALC	Alternate Level of Care
BGH	Beach Grove Home
CM	Colville Manor
LTC	Long Term Care
MSEH	Margaret Stewart Ellis Home
MWM	Maplewood Manor
PEH	Prince Edward Home
RVM	Riverview Manor
SH	Sherwood Home
SMH	Stewart Memorial
SSM	Summerset Manor
WWM	Wedgewood Manor

Additional source material

Table 7 Dementia, including Alzheimer's disease, age-standardized incidence rate, per 100,000, both sexes, age 65+, 2016 (Atlantic Canada, Canada)

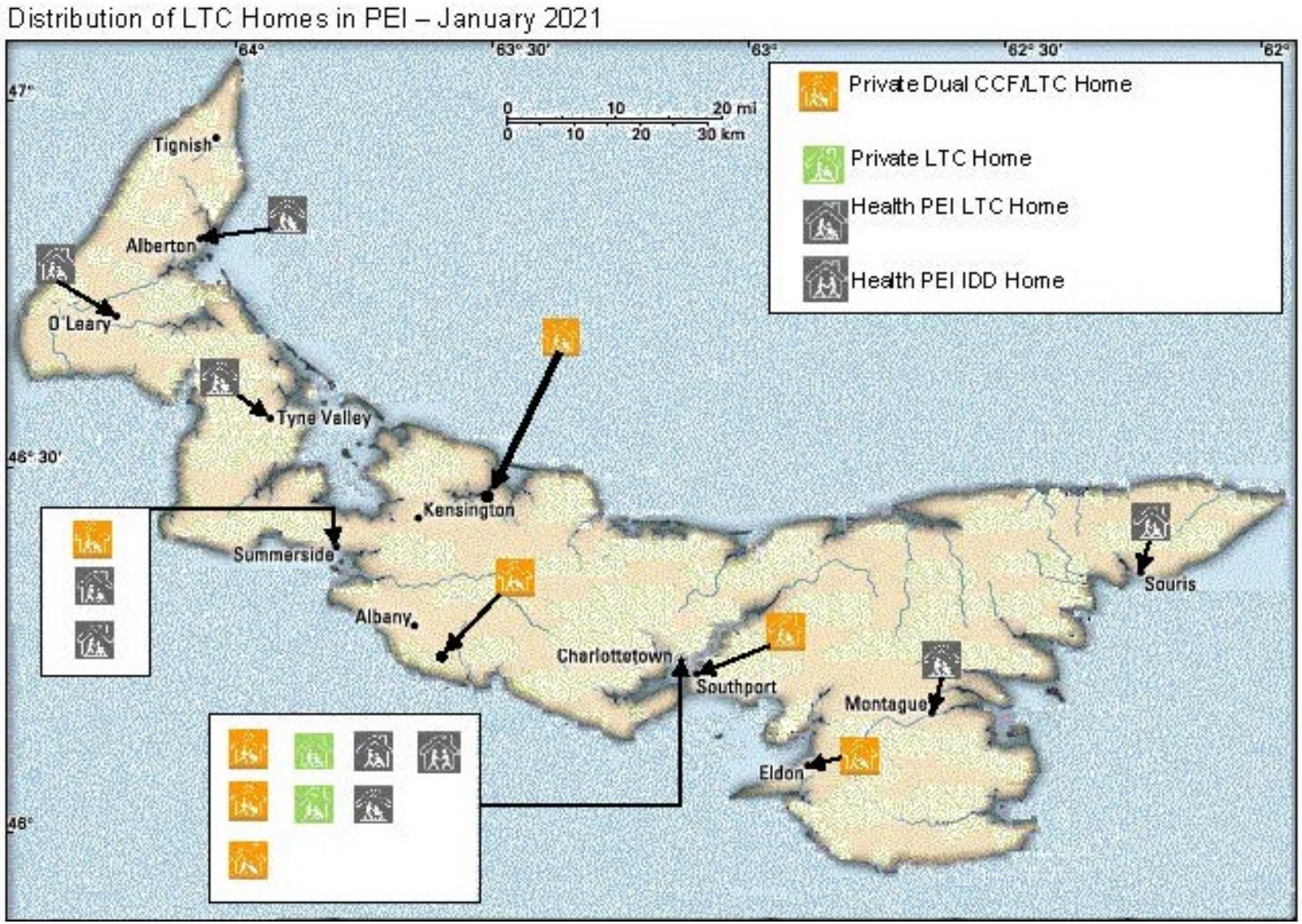
	Rate (per 100,000)	95% CI
Canada	1,445	1,435-1,455
Newfoundland and Labrador	1,083	1,015-1,155
Prince Edward Island	**1,183**	**1,051-1,328**
Nova Scotia	1,427	1,370-1,484
New Brunswick	1,294	1,234-1,356

Table 8 Jurisdictional Comparisons Snapshot

Jurisdiction	Population 65 years +	% Population 65 years +	Total LTC Beds	# Beds/1000 65+ Population
Canada	6,835,866	17.9%	198,220	29
NL	116,228	22.3%	3,067	26
PEI	**31,957**	**20 %**	**1,244**	**39**
NS	208,825	21.3 %	6,877	33
NB	171,262	21.9%	4,925	29
QC	1,691,483	19.7%	11,859	24
Ont	2,594,358	17.6%	78,000	30
MB	221,666	16.1%	9,725	44
SK	191,020	16.2%	8,704	47
AB	610,974	13.8%	15,665	26
BC	986,936	19.2 %	27,505	28
YT	5,611	13.3%	329	56
NT	3,975	8.8%	183	51
NU	1,571	4%		18

Ref: Stats Canada Table: 17-10-0005-01; CIHI Snapshot March 31, 2021

Geographic distribution of LTC beds



References

Alberta Department of Health. Improving quality of life for residents in facility-based continuing care. Alberta facility-based continuing care review recommendations final report – April 30, 2021. Available from: https://open.alberta.ca/publications/improving-quality-life-residents-facility-based-continuing-care-review-recommendations

Canadian Institute for Health Information. Long-term care homes in Canada: How many and who owns them?) Sept 24, 2020. Available from: https://www.cihi.ca/en/long-term-care-homes-in-canada-how-many-and-who-owns-them

Canadian Institute for Health Information. Seniors in Transition: Exploring Pathways Across the Care Continuum. Ottawa, ON: CIHI, 2017. Available from: https://www.cihi.ca/sites/default/files/document/seniors-in-transition-report-2017-en.pdf

Chief Public Health Officer's Report. Promote, Prevent, Protect (2014). Available from: https://www.princeedwardisland.ca/sites/default/files/publications/cpho_trends_14.pdf

Department of Health and Wellness. Operational and care service standards for private nursing homes. 2018. Available from: https://www.princeedwardisland.ca/sites/default/files/publications/dhw_operational_care_and_service_standards_pnh.pdf

Government of New Brunswick, Department of Social Development. Nursing Home Services Annual Statistical Report (2010). Available from: https://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/StatisticalReports/NursingHomes/NursingHomes10-e.pdf

Health PEI. Bridging the Gap. REACH report. 2019.

Health HR Group and Hollander Analytical Services Ltd. Caring for Our Seniors, 2016. Available from: https://www.princeedwardisland.ca/sites/default/files/publications/dhw_caring_for_our_seniors.pdf

Hoben M, Chamberlain SA, Gruneir A, Knopp-Sihota JA, Sutherland JM, Poss JW, et al. Nursing home length of stay in 3 Canadian health regions: temporal trends, jurisdictional differences, and associated factors. J Am Med Dir Assoc. 2019 Sep;20(9): 1121-28. Available from: https://pubmed.ncbi.nlm.nih.gov/30879948/

National Institute on Ageing. Long term care COVID-19 tracker. Available from: https://ltc-covid19-tracker.ca/

Office of the Seniors Advocate of British Columbia. Long-Term Care Directory Summary Report (2021). Available from: https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2021/12/LTCD2021-Summary.pdf

Public Health Agency of Canada. Aging and chronic diseases: a profile of Canadian seniors. December 2020. Available from: https://www.canada.ca/en/public-health/services/publications/diseases-conditions/aging-chronic-diseases-profile-canadian-seniors-executive-summary.html


Prince
Edward
Island
CANADA