



**Office of the Warden**

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April 4, 2014

The Honourable Kathleen Wynne, Premier of Ontario  
Legislative Building  
Queen's Park  
Toronto, ON M7A 1A1  
[premier@ontario.ca](mailto:premier@ontario.ca)

The Honourable Deborah Matthews  
Ministry of Health and Long-Term Care  
10<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, ON  
M7A 2C4  
[dmatthews.mpp@liberal.ola.org](mailto:dmatthews.mpp@liberal.ola.org)

Dear Premier Wynne and Minister Matthews:

As you may remember, in March 2013, Oxford County began a service review of our long term care operations at Woodingford Lodge.

The review was undertaken by a team of staff and external experts with guidance and advice provided through a Council Ad Hoc Committee. Through our review we have appreciated the support of staff at the Ministry of Health and Long Term Care (MoHLTC) along with that of the South-West Local Health Integration Network (SWLHIN).

**Overview**

We are very proud of the high standard of compassionate long term resident care we provide through the operation of our 228 Long Term Care (LTC) beds across our three Woodingford Lodge facilities:

- Woodstock - 160 beds;
- Tillsonburg - 34 beds; and
- Ingersoll - 34 beds

Our Woodstock facility is located adjacent to, but physically separate from, Woodstock General Hospital while our Tillsonburg and Ingersoll facilities are immediately adjacent and physically connected to Tillsonburg District Memorial Hospital (TDMH) and Alexandra Hospital (AH) respectively.

Woodingford Lodge gross costs were \$23.4 million in 2012 with a \$7.8 million net tax levy . Revenues netted against expenditures in the Woodingford Lodge budget are predominantly the annual funding allocation from the Province through the MoHLTC.

As you are aware, the provincial funding allocation is provided through three key program areas, each with an approximate annual funding shortfall as follows:

Operations	
• Nursing and Personal Care (NPC)	\$ 4,000,000
• Other Accommodation (OA)	\$ 2,100,000
Capital financing	<u>\$ 1,700,000</u>
	\$ 7,800,000

### **The Service Review**

Our review included the assessment of a full spectrum of alternatives from status quo to opting out of long term care. At the outset of our review the Ad Hoc Committee identified three guiding principles for the service review:

- maintain the 228 LTC beds in our community;
- reduce the County of Oxford tax levy impact through efficiency opportunities; and
- consider viable alternative service delivery models.

These principles highlight a desire to reduce the cost burden on the Oxford County taxpayer while recognizing a desire to at least maintain the number of long term care beds available within our community.

Not surprisingly, we have concluded that staffing costs are a major driver to the financial issues we face. Long term care is a business of people serving people so this is to be expected. Looking at our staffing costs, we recognize that there are efficiency issues inherent in the size and layout of our facilities. We also acknowledge that our salary rates of pay are higher than the private sector. However, we also note that our legislated requirement for pay equity impacts municipal operations in a manner that does not exist in the private sector. We are not advocating for reform of pay equity legislation. We are asking that the provincial funding regime recognize that pay equity legislation compliance adds to our salary costs.

Our concern for legislative impacts extends beyond the issue of pay equity. Through our review it has become very apparent that the current long term care regulatory framework substantively restricts our opportunities for cost reductions in areas that do not impact the quality of resident care. Provincially regulated food service requirements and staff ratios are examples of operational regulations that can be updated to provide cost reduction opportunities without sacrificing resident care.

Overall, we believe that the current provincial funding regime fails to practically recognize the increasing personal care needs of our residents. While we applaud the government's Seniors Health program transformation to a "longer in the home" philosophy, we must all recognize that longer in the home also means greater personal care needs when long term care is necessary. The level of personal care in long term homes has increased dramatically over the years and we do not believe the current Care Mix Index (CMI) accurately reflects this issue. The new data collection requirement which is intended to support the CMI requires significant staff time/cost. However, while our data indicates increased care, our corresponding 2014/15 CMI at all of our facilities was reduced. We are asking that the Province review its current funding model and address this and other aspects of the provincial funding regime inadequacies.

### **The Future of Long Term Care in our Community**

Our concern for LTC beds in our community centres around two issues. First, we understand from the South West Local Health Integration Network (SWLHIN) that south-west Oxford has been identified as an under serviced area in regard to LTC bed availability. Secondly, we understand from discussion with MoHLTC staff that the Province of Ontario is considering options to stimulate the revitalization of the remaining Class B and C LTC facilities operating within the Province. We support the need for such a program to incent the upgrade of these facilities to Class A facilities. Within Oxford, and perhaps throughout small urban and rural Ontario, these largely private sector LTC operations are often smaller facilities that were built prior to the current regulatory and funding regime. We expect such a revitalization program will incent the desired upgrade of Class B/C facilities and encourage the consolidation of smaller facilities to achieve a financially optimum size. Our concern is not the consolidation itself, rather the potential loss of long term care beds in our communities as facilities are consolidated in the larger urban centres.

Within the County of Oxford there are an additional 561 LTC Class B and C beds operated by the private sector under license with the Province of Ontario. Of these, 80 LTC beds provided at the Bonnie Brae facility in Tavistock are being consolidated with another facility outside of Oxford County, reducing the privately operated LTC beds in the community to 481.

We believe that any program designed to incent new private LTC facilities must safeguard against the erosion of long term beds in our community. To date, we have not been provided any assurance from the MoHLTC that a municipality will have any influence at all regarding the retention of LTC beds in its community, other than those directly operated by the municipality.

### **Our Conclusions**

Council has concluded that our only opportunity to achieve our service review guiding principles is to maintain our existing three (3) facilities with 228 beds. We have directed staff to do so and to continue their work to find operational cost savings. We have further directed staff to pursue further cost saving opportunities that may be available through ongoing and improved coordination with Tillsonburg District Memorial Hospital and Alexandra Hospital at our two smaller satellite facilities.

Notwithstanding our commitment to our three (3) facilities and 228 beds, we ask that the Province of Ontario enact legislative and regulatory reform that:

#### **Removes the mandatory provision of LTC for all Ontario municipalities**

- Municipalities should have control over the taxes they impose on their residents and businesses.
- However, we do not control mandated programs such as long term care, nor do we control its funding mechanism.
- Mandated programs, such as long term care, places significant burden to municipal taxpayers.
- As such, we believe that all municipalities in Ontario should have equal ability to choose if they want to provide long term care as a municipal service in their community.
- The ability to choose exists for Northern Ontario municipalities today.

#### **Removes impractical operational restrictions that increase operating costs**

- Provincially regulated food service requirements and staff ratios are examples of operational regulations that drive our costs upward. Regulatory reform could amend such operational requirements in a manner that reduces costs without adversely impacting resident safety and care.

**Address the Province's long term care funding inadequacies**

- The current provincial funding regime is inadequate;
- The CMI fails to practically recognize the increasing personal care needs of our residents;
- There is an ongoing trend, consistent with the Province's "stay at home longer" philosophy that Resident care needs will continue to rise into the foreseeable future;
- Recognize the cost impact of pay equity legislation on public sector operating costs.

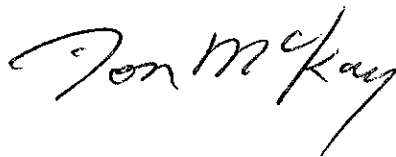
**Provides municipalities a significant role in any long term care reconsolidation proposal**

- Long term care is a significant contributor to the quality of life in small urban and rural Ontario communities;
- We recognize and support the desire to transition Class B and Class C long term care facilities to Class A facilities;
- Incenting Class B and C long term care facility upgrade proposals will result in facility consolidation and the potential loss of long term care beds in small urban and rural Ontario;
- Municipalities should have a significant role in determining how long term care reconsolidation occurs and the ability to influence the destiny of LTC beds in their community.

For you information, I have attached a copy our Council Resolution 10, as adopted March 26, 2014 along with Report CAO 2014-05 entitled "Woodingford Lodge Service Review".

I look forward to your favourable response.

Sincerely yours,



Warden Don McKay



Attach.  
/cjs

Cc: Tim Hudak, Leader, Progressive Conservative Party of Ontario ([tim.hudakco@pc.ola.org](mailto:tim.hudakco@pc.ola.org))  
Andrea Horwath, Leader, New Democratic Party of Ontario, ([ahorwath-qp@ndp.on.ca](mailto:ahorwath-qp@ndp.on.ca))  
Ernie Hardeman, MPP (Oxford), ([ernie.hardeman@pc.ola.org](mailto:ernie.hardeman@pc.ola.org))  
Western Ontario Warden Caucus Members

**COUNTY OF OXFORD  
REPORT NO. CAO 2014-05  
MARCH 26, 2014**

Recommendations Contained in Report No. CAO 2014-05:

1. That, status quo operations at all three Woodingford Lodge facilities (Woodstock, Tillsonburg and Ingersoll) continue;
2. And further, that staff continue to pursue service delivery coordination opportunities with Tillsonburg District Memorial Hospital and Alexandra Hospital;
3. And further, that the Warden sign a letter to the Premier of Ontario and the Minister of Health and Long Term Care, copied to all Provincial Party Leaders, asking for provincial regulatory reform that:
  - a) Removes mandatory provision of LTC for all Ontario municipalities, as currently the case with Northern Ontario municipalities;
  - b) Removes impractical operational restrictions that increase operating costs;
  - c) Creates a process to move LTC beds from public to private operation while allowing municipalities the ability to control the destiny of LTC beds in their community.
4. And further, that the letter to the Premier of Ontario and Minister of Health and Long Term Care, along with Report CAO 2014-05, be forwarded to the Western Ontario Wardens Caucus and member County Councils for information and support.

RESOLUTION NO. 10:

Moved by: Marion Wearn

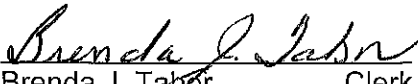
Seconded by: Donald Doan

That the recommendations contained in Report No. CAO 2014-05, titled "Woodingford Lodge Service Review", be adopted.

DISPOSITION: Motion Carried

The recommendations contained in Report No. CAO 2014-05, dated March 26, 2014, were adopted by Oxford County Council Resolution No. 10, dated March 26, 2014.

I, Brenda J. Tabor, Clerk of the County of Oxford, do hereby certify that the foregoing is a true copy of Resolution No. 10, dated March 26, 2014, passed by Oxford County Council on March 26, 2014.

  
Brenda J. Tabor, Clerk

**To: Warden and Members of County Council**  
**From: Chief Administrative Officer**

## **Woodingford Lodge Service Review**

### **RECOMMENDATIONS**

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1. **That, status quo operations at all three Woodingford Lodge facilities (Woodstock, Tillsonburg and Ingersoll) continue;**
2. **And further, that staff continue to pursue service delivery coordination opportunities with Tillsonburg District Memorial Hospital and Alexandra Hospital;**
3. **And further, that the Warden sign a letter to the Premier of Ontario and the Minister of Health and Long Term Care, copied to all Provincial Party Leaders, asking for provincial regulatory reform that:**
  - a) **Removes mandatory provision of LTC for all Ontario municipalities, as currently the case with Northern Ontario municipalities;**
  - b) **Removes impractical operational restrictions that increase operating costs;**
  - c) **Creates a process to move LTC beds from public to private operation while allowing municipalities the ability to control the destiny of LTC beds in their community.**
4. **And further, that the letter to the Premier of Ontario and Minister of Health and Long Term Care, along with Report CAO 2014-05, be forwarded to the Western Ontario Wardens Caucus and member County Councils for information and support.**

### **REPORT HIGHLIGHTS**

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- This report summarizes the Woodingford Lodge Service Review and provides a recommended course of action for Council consideration.
- The existing Woodingford Lodge is a well-run and respected Long Term Care operation providing excellence in resident care.
- Limited opportunities for cost reduction remain without Provincial regulatory reform.

### **Implementation Points**

There are no significant implementation issues with the adoption of this report. Staff will continue to pursue operational savings through efforts to enhance service delivery coordination with the Tillsonburg District Memorial Hospital and Alexandra Hospital. Further, it is recommended that the County continue to pursue regulatory reform with the Ministry of Health and Long Term Care. If successful, such regulatory reform will provide additional opportunities for operational savings and increase the County's flexibility in long term care delivery over the long term.

## Financial Impact

Over \$500,000 in annual cost reductions, as identified in this report, has been implemented within the approved 2014 Operating Budget. Further cost reductions will be pursued as allowable within the current regulatory framework and through the exploration of further service delivery coordination with the Tillsonburg District Memorial Hospital and Alexandra Hospital.

The Treasurer has reviewed this report and agrees with the financial impact information.

## Risks/Implications

There are no significant risks associated with the recommendations contained within this report.

## Strategic Plan

County Council adopted the County of Oxford Strategic Plan at its regular meeting held March 27, 2013. The initiative contained within this report supports the Values and Strategic Directions as set out in the Strategic Plan as it pertains to the following Strategic Directions:

1. ii. **A County that Works Together** – Enhance the quality of life for all of our citizens by:
  - *Adapting programs, services and facilities to reflect evolving community needs*
  
3. i. **A County that Thinks Ahead and Wisely Shapes the Future** – Influence federal and provincial policy with implications for the County by:
  - *Advocating for financial fairness for rural and small urban communities*
  - *Advocating for human and health services, facilities and resources, support for local industry, etc.*
  
5. ii. **A County that Performs and Delivers Results** - Deliver exceptional services by:
  - *Conducting regular service reviews to ensure delivery effectiveness and efficiency*

## DISCUSSION

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### Background

Oxford County, as with all single and upper tier municipalities in Southern Ontario, is mandated to deliver LTC services, directly or jointly with another municipality, through the *Long Term Care Homes Act (2007)*. The legislative mandate does not stipulate the extent of service to be provided. The Act is administered on behalf of the Province of Ontario through the Ministry of Health and Long Term Care (MoHLTC).

Woodingford Lodge provides compassionate long term residential care to 228 Long Term Care (LTC) resident beds across three facilities (Woodstock - 160 beds, Tillsonburg - 34 beds and Ingersoll - 34 beds). Woodingford-Woodstock is located adjacent to but physically separate from Woodstock General Hospital while Woodingford- Tillsonburg and Woodingford-Ingersoll are

immediately adjacent and physically connected to Tillsonburg District Memorial Hospital (TDMH) and Alexandra Hospital (AH) respectively. While separate operations, TDMH and AH are governed by a joint board and administrated through a common senior management team. The smaller satellite facilities were constructed with the intent of providing some of the County's LTC services, previously centralized within Woodstock, to Tillsonburg and Ingersoll.

In 2013, the County initiated a Woodingford Lodge Service Review and Council established an Ad Hoc Committee to provide input and oversight. With expertise and support from the firm MNP the service review has been underway since Spring 2013. As such, the analysis was undertaken using 2012 year end actual figures.

## Comments

### Overview of Long Term Care in Oxford County

All three Woodingford Lodge sites are operated under an individual service accountability agreement with the Province of Ontario. The legislation, associated regulations and service accountability agreements set out operational, reporting and staffing requirements. Operational funding is provided by the Province of Ontario to specified maximums for facilities with occupancy rates over 97%. In addition, the Oxford County facilities each receive a capital funding subsidy from the Province of Ontario. The capital funding subsidy stems from prior agreements to upgrade the former Class D facility (Devonshire Avenue location) to the current three facilities each with a Class A facility rating.

Within the County of Oxford there are an additional 561 LTC Class B and C beds operated by the private sector under license with the Province of Ontario. Of these, 80 LTC beds provided at the Bonnie Brae facility in Tavistock are being consolidated with another facility outside of Oxford County, reducing the privately operated LTC beds in the community to 481. The South West Local Health Integration Network (SWLHIN) has identified south-west Oxford as an under-serviced area in regard to LTC bed availability.

### Existing Woodingford Lodge Operation

Woodingford Lodge is viewed by its stakeholders as a well-run facility that provides excellent care and a quality environment to its residents. We have a strong reputation for service quality and regulatory compliance and are viewed very positively by our regulator, MoHLTC. Residents and their families are positive about the environment and the standard of care we provide at all of the Woodingford Lodge facilities. We maintain a demand (wait list) for residency over 3 times our capacity.

The 2012 Actuals were \$23.4 million gross, \$7.8 million net. The \$7.8 million net cost to operate Woodingford Lodge represents the difference between total costs and revenues. Revenues in the Woodingford Lodge operations are predominantly the annual funding allocation from the Province through the MoHLTC. The \$7.8 million net represents the 2012 actual tax impact of the Woodingford Lodges operations.



The provincial funding allocation is provided through three key program areas, each with an approximate annual funding shortfall as follows:

▪ Operations	
• Nursing and Personal Care (NPC)	\$ 4,000,000
• Other Accommodation (OA)	\$ 2,100,000
▪ Capital financing	<u>\$ 1,700,000</u>
	\$ 7,800,000

The capital financing shortfall is the remaining net annual cost to service the debt on the three facilities after the capital subsidy received from the Province of Ontario (referenced earlier in this report). The remaining debt and the debt retirement date for each facility as of December 31, 2013 is as follows:

▪ Woodstock	\$11.3 million	2027
▪ Tillsonburg	\$3.6 million	2023
▪ Ingersoll	\$3.9 million	2023

The key driver for operational costs (NPC and OA) is salaries and wages. Salaries and wages are driven by the staffing requirements to maintain proper care, the regulatory requirements for operational coverage and the collective agreements which define the rates of pay.

Staffing levels to maintain adequate frontline care is driven by the level of chronic and personal care required (resident acuity level) for each resident at peak times throughout the day. The chronic and complex care need of individual residents is dictated by their physical health condition and related need for medical care. Similarly, the level of personal care varies for each resident and is based on their mobility, dexterity and cognitive abilities. Personal resident care incorporates individualized personal care, including hygiene care and grooming, oral care, transferring and positioning, dining with dignity, end of life care, wound and skin care, pain management and mobility assistance. The peak staff demand is governed by the overall need of residents requiring higher levels of care over shorter periods of time, specifically during morning rise, meal times and evening retiring time periods. Overall, our resident personal care needs have steadily climbed across all of our LTC facilities. This trend is projected to continue into the foreseeable future.

The NPC and OA provincial funding envelopes are adjusted to account for the relative personal care needs within each facility, referred to as a Case Mix Index (CMI). Under regulation we must continue to collect CMI related data as part of our operational cost. However, in our opinion, the CMI adjustment factor process has been overwhelmed by the documentation requirements and costs for additional personal care within LTC facilities across the province and no longer reflects the financial realities of personal care needs within a long term care operation.

In general, regulatory coverage is the minimum staff required for each of the 32 residents. This base staffing level is also a significant input in the development of base operational funding (pre-CMI factor) from the province. Regulatory staffing requirements typically dictate the number of Registered Nurse (RN) and Registered Practical Nurse (RPN) and Personal Support Worker (PSW) staff required on duty, at any time of the day, for every 32 residents. It is important to recognize these are regulatory minimums and do not take into account the additional personal care needs discussed earlier. As such, minimum staffing levels tend to apply during night time hours when residents are typically asleep in their rooms. Facility optimization, while maintaining

regulatory compliance, can only be achieved by constructing facilities with floor configurations that maximize operating revenues and staff utilization. A Resident Home Area (RHA) that creates a single central area (nursing station, dining and common rooms) with resident rooms clustered in multiples of 8 or 16 to a maximum of 32 rooms per RHA is the most cost efficient. Such a configuration allows the maximum revenue stream and staffing operations at regulatory minimums. The LTC industry generally views optimal sized facilities as those in excess of 128 beds constructed within a 32 beds/RHA format because the operation is then large enough for economies of scale and consistent with the current provincial regulatory and funding regime.

The floor configuration at each of the Woodingford facilities is as follows:

- Woodstock - 4 RHA @ 27 residents, and  
2 RHA @ 26 residents  
160 residents  
Single common room within a two level facility
- Tillsonburg - 2 RHA @ 17 residents 34 residents
- Ingersoll - 2 RHA @ 17 residents 34 residents

With these configurations, none of the Woodingford facilities can achieve optimal staff utilization and maintain regulatory compliance. For Tillsonburg and Ingersoll to achieve optimal staffing would have required a configuration with a single pod in each facility centred within 32 resident rooms. For Woodstock, optimal configuration would have consisted of 5 pods @ 32 rooms each and a common room on both levels of the facility. Reducing the number of residents alone does not address the minimum staff coverage issue (E.g. 34 to 32) as the layout of the facility dictates proximity/operations and therefore regulatory compliance.

In the Woodstock site, four of the six Resident Home Areas are on the second floor while the largest room for common activities (the General Purpose Area) is located on the first floor. Assisting residents to this area for any activity that occurs is a labour intensive process, as the majority of the residents require assistance from staff to transfer from one floor to another.

With regard to rates of pay, generally public sector facilities tend to compensate approximately 30% higher than their private sector counterparts. This is driven by the interest arbitration and collective bargaining process along with the legislated pay equity requirements within the public sector. Similar and like positions for pay equity purposes is often a challenge. Within the County's current collective bargaining agreement, the Personal Support Worker pay comparator is the Road Operator position. This comparator is quite common amongst public sector LTC operations.

The size of the satellite locations in Tillsonburg and Ingersoll create other operational cost challenges that are included within the overall net costs identified earlier in the report. The most significant single issue of these is food service. Neither facility has on-site food preparation capability. Given the lack of immediate area options, food preparation is contracted to the Tillsonburg District Memorial Hospital (TDMH) and Alexandra Hospital (AH), as was planned from the outset. However, the regulatory requirements for food service at LTC facilities are inconsistent with acute care hospital operations. As such, the cost per resident-meal at our

satellite facilities is higher than our Woodstock operation and above what the provincial funding model assumes.

A review of the WSIB operating reserves indicated their adequacy at year end 2013. This allowed for a reduction to the annual WSIB contribution. Coupled with minor costing refinements incorporated into the 2014 Business Plan and Budget, the 2014 net tax levy impact for Woodingford Lodge was reduce by over \$500,000. Further, we believe that the recent organizational change to manage the building operations, maintenance and capital through our Public Works department will reduce overall facility costs to the Woodingford operation. Our expectation is that within the 2015 Business Plan and Budget process some cost reduction will be achieved by divesting some staff costs from the Woodingford facilities without reducing the level of service provided.

Further efficiencies within the operational realm are limited at each site by the current building configurations. Regardless, there is opportunity to work with MoHLTC, TDMH and AH to gain further efficiencies. Such discussions would explore overnight staffing, food and other service options with a view to further reduce the cost of operations. Some issues may require regulatory change or refinement. In pursuing these areas our intent will be to meet the principle of the regulation with reasonable and practical application.

### Guiding Principles for the Service Review

At the outset of any major review, a key first step is to identify what principles will be used to guide the work ahead. With this in mind, the Ad Hoc Committee identified three guiding principles for the service review:

- Maintain the 228 LTC beds currently in County operational control within the County of Oxford community
- Reduce County of Oxford tax levy impact through efficiency opportunities
- Consider viable alternative service delivery models

These principles highlight the desire to reduce the cost burden on the Oxford taxpayer while recognizing a desire to at least maintain the number of long term care beds available within our community.

### Re-purposing Tillsonburg/Ingersoll

Options to significantly reduce County LTC costs will include those that consider consolidation or transformation of the County of Oxford's current LTC operations. This was deemed necessary as a result of the partnership arrangements at the two satellite facilities. The lands at both sites is owned by the adjacent hospital and leased by the County of Oxford. The buildings are the property of the County of Oxford, both with remaining capital debt. For the purposes of our analysis, it was assumed that the highest cost risk to the County would be to retain the facility and re-purpose its use. A viability assessment of such re-purposing options was undertaken to ensure the practicality of alternate use of the satellite facilities.

Through brief consultation with key community partners and providers, it became evident that a variety of services would be valued in both communities. Such re-purposed uses identified as possible for the Tillsonburg and/or Ingersoll facilities included community support programs for:

- Child Care;
- Dementia Care / Behavioural Support Facility;
- Mental Health and Addictions (Senior and non-senior based programs);
- Retirement Home;
- Autism Support; and
- Supportive Living

This is not intended as a complete list of potential programming options. Rather, it represents some of the options available in a re-purposing strategy. Should re-purposing be necessary, the final use would need to be determined through a detailed review and consultation with various community stakeholders. The review would assess funding availability (provincial and private/not for profit), delivery options and community needs to the extent necessary for Council to conclude how re-purposing would work and the overall value to the community.

After concluding that there are a number of use options available, the potential cost and a funding scenario for a Supportive Living use was developed for the service review.

Re-purposing both Tillsonburg and Ingersoll facility

- Assumes a 2 facilities @ 28 beds/facility (convert to all singles)
- Remaining debt financing costs included within LTC costs
- Assume no ODSP clients as residents

Operating costs	\$1,276,000	
Provincial operating subsidy (housing)	(\$781,000)	
County costs	<u>\$495,000</u>	net

The above costs are related to the re-purposing of both the Tillsonburg and Ingersoll facilities as included within Options 2a, 2b and 3 found later in this report. Note that the programming costs are in addition to the identified LTC costs

Re-purposing Ingersoll facility

- Assumes a 28 beds/facility (convert to all singles)
- Remaining debt financing costs included within LTC costs
- Assume no ODSP clients as residents

Operating costs	\$638,000	
Provincial operating subsidy (housing)	(\$390,000)	
County costs	<u>\$248,000</u>	net

The costs related to re-purposing only the Ingersoll facility has been included within Option 2c found later in this report. Note that the programming costs are in addition to the identified LTC costs.

### Retaining Long Term Care Beds in Oxford

The South West Local Health Integration Network (SWLHIN) has identified south-west Oxford as under serviced area in regard to LTC bed availability.

The Province of Ontario is currently considering options to stimulate the revitalization of the remaining Class B and C facilities operating within the province. It is expected that such a program would provide a capital incentive for the upgrade of what are largely private sector LTC operations. Since many private operations are smaller facilities and/or were built prior to the current regulatory and funding regime, there is some thought that such a revitalization program will incent the desired upgrade of Class B/C facilities and force the consolidation of these facilities to achieve optimal size.

Within the County of Oxford there are an additional 561 LTC Class B and C beds operated by the private sector under license with the Province of Ontario. Of these, 80 LTC beds provided at the Bonnie Brae facility in Tavistock are being consolidated with another facility outside of Oxford County, reducing the privately operated LTC beds in the community to 481.

Any further consolidation of privately operated LTC beds carries a risk that LTC beds may be moved out of the County of Oxford. In keeping with the guiding principles, any option that considers re-purposing of either satellite facility would require the ability to retain the LTC beds within the Oxford community. Oxford County control of the destiny of any released LTC beds could be achieved through the province agreeing to the transfer/Ministry sale of 68 approved beds to private licensed beds, and use of 68 satellite approved beds in a County process to incent private sector consolidation. It is expected that a competitive process could be developed that would incent new private LTC facilities in Ingersoll and Tillsonburg and at least retain the current number of beds in Oxford County overall. However, at this time, no assurances have been provided by the MoHLTC that a municipality will have any influence at all regarding the retention of LTC beds in its community, other than those directly operated by the municipality.

### Discussions with MoHLTC and SWLHIN

Discussions with the MoHLTC and the SWLHIN have been helpful over the past year. The service review has been informed and encouraged through the open dialogue. The collective support from MoHLTC/SWLHIN, along with their understanding of the root need and cost issues of LTC in Ontario have been appreciated.

Notwithstanding, key provincial policy decisions and regulatory reform are necessary to proceed with substantive cost reductions to Woodingford Lodge operations including:

- Regulatory reform to:
  - Remove mandatory provision of LTC for all Ontario municipalities;
  - Remove impractical operational restrictions that increase operating costs;
  - Create a process to move LTC beds from public to private operation while allowing municipalities the ability to control the destiny of LTC beds in their community;
- Adjust provincial funding strategies to reflect key drivers to cost of care issues facing LTC operations.

**Options Available**

With the guiding principles in mind, a set of Preliminary Options were developed. These were screened by assessing each against the regulatory framework and their practical ability to reduce costs in a meaningful way. The results are summarized in Table 1.

**Table 1**  
**Preliminary Options**

<b>Option</b>	<b>Description</b>	<b>Assessment</b>	<b>Move Forward (Y/N)</b>
A. Status Quo	Maintain existing operations	Can meet all guiding principles when A & B considered as one alternative	Yes Option 1
B. Decrease Costs	Maintain current operations with reduced costs		
C. Single Facility	Operate a single facility (minimum compliance)	Can meet all guiding principles.	Yes Option 2
D. Revenue Creating Opportunities	Explore ability to charge additional fees for service	Very limited opportunity within regulatory and funding framework	No
E. Outsource	External contract operations	Limited opportunity for savings within collective bargaining regime	No
F. Phase Out	Reduce municipal number of municipal LTC beds	Potential to meet all guiding principles	Yes Option 3
G. Sell and Lease Back	Explore opportunity to monetize capital investment in buildings	Not practical given property lease arrangement at satellite sites	No

As a result of this initial screening, the focus of the detailed assessment relates to three options.

Option 1 - Status Quo

Option 2 - Single Facility

a) Expanded Woodstock

- Expand Woodstock (224 beds)
- Re-purpose 2 satellite sites

b) Existing Woodstock

- Reduce operation existing Woodstock (160 beds)
- Re-purpose 2 satellite sites

c) Maintain LTC operation in Tillsonburg facility (34 beds)

- Sell Woodstock facility to private operator
- Re-purpose Ingersoll site

Option 3 - Phase Out

Attachment 1 provides an overview of the findings found in the assessment of each option. Highlights of each option are summarized below.

#### *Option 1 – Status Quo*

The Status Quo option maintains the existing Woodingford facilities,

- Annual Costs exceed provincial funding subsidies by **\$7,800,000 per year**;
- Exceeds the regulatory requirement for LTC service provided by the municipality;
- Maintains the existing number of County controlled beds in the community;
- Does not influence (positively or negatively) the SWLHIN identified shortfall of LTC service in south-west Oxford;
- A number of operating cost drivers exist:
  - Satellite facilities are too small and less than optimal configuration at all facilities;
  - Regulatory requirements impact efficiency;
  - Staffing costs drivers include personal care needs of residents and public sector rates of pay;
- Provincial funding is not adequate, does not keep pace with costs and is not reflective of evolving chronic and personal care needs of residents.

Given the trend towards higher levels of care needed by our residents, it is expected that ongoing cost pressures will continue to exceed savings found. Thus while costs will be minimized, the cost associated with the status quo option will continue to rise over time unless significant change occurs in the provincial regulatory and funding regime.

Option 1 meets intent of guiding principles but requires provincial regulatory reform to further optimize operation within the physical capabilities of the existing facilities.

### *Option 2 – Single Facility*

The Single Facility Option could take any one of three approaches to achieve a single facility.

- a) Expand Woodstock to 224 beds
  - Re-purpose 2 satellite sites
- b) Reduce operation to 160 beds at Woodstock
  - Re-purpose 2 satellite sites
- c) Maintain LTC operation in one of Tillsonburg or Ingersoll facility (34 beds)
  - Sell Woodstock facility to private operator
  - Re-purpose one of Tillsonburg or Ingersoll sites

### *Option 2a – Single Facility at Woodstock (224 beds)*

Option 2a expands the Woodstock facility and re-purposes both the Tillsonburg and Ingersoll facilities. The loss of 4 LTC beds is viewed as minimal and allows for optimal operation within the expanded area of the facility.

- Annual Costs exceed provincial funding subsidies by **\$7,902,000 per year**
  - Increases annual operating cost by \$102,000;
- Can be accommodated by constructing a 2 storey addition in the south-west quadrant comprised of 2 pods @32 beds each;
- LTC costs include all debt costs
  - Does not eliminate remaining debt to finance Tillsonburg and Ingersoll (\$985,000/year);
- Adds new \$495,000 net annual programming costs for re-purposed use of Tillsonburg and Ingersoll facility– **See Re-purposing Tillsonburg/Ingersoll;**
- Estimated capital cost \$17 Million (\$602,000 net annually);
  - Assumes \$258,000 provincial capital subsidy transferred to expanded Woodstock facility;
- Exceeds the regulatory requirement for LTC service provided by the municipality;
- Maintains the existing number of County controlled beds in the community;
- Negatively impacts the SWLHIN identified shortfall of LTC service in south-west Oxford;
- A number of operating cost drivers will continue to exist:
  - Less than optimal configuration at expanded Woodstock facility;
  - Regulatory requirements impact efficiency;
  - Staffing costs drivers include personal care needs of residents and public sector rates of pay;
- Provincial funding continues to be inadequate, does not keep pace with costs and is not reflective of evolving chronic and personal care needs of residents.

Option 2a meets intent of guiding principles with regard to retaining LTC beds, however overall costs are increased. Ongoing efforts to reduce operational costs require provincial regulatory reform to further optimize operation within the physical capabilities of the expanded facility.



Option 2b – Single Facility at Woodstock (160 beds)

Option 2b retains the existing Woodstock facility and re-purposes both the Tillsonburg and Ingersoll facilities.

- Annual Costs exceed provincial funding subsidies by **\$5,800,000 per year**
  - Decreases annual operating costs by (\$2,000,000)/year;
  - Assumes additional cost due to loss of \$258,000 provincial capital subsidy for Tillsonburg and Ingersoll facility;
- LTC costs include all debt costs
  - Does not eliminate remaining debt to finance Tillsonburg and Ingersoll (\$985,000/year);
- Adds new \$495,000 net annual programming costs for re-purposed use of Tillsonburg and Ingersoll facility– **See Re-purposing Tillsonburg/Ingersoll;**
- Meets the regulatory requirement for LTC service provided by the municipality;
- Reduces the number of County controlled beds in the community;
- Negatively impacts the SWLHIN identified shortfall of LTC service in south-west Oxford. To address this issue requires provincial intervention and commitment - **See Retaining LTC Beds in Oxford.**
- A number of operating cost drivers will continue to exist:
  - Less than optimal configuration at existing Woodstock facility;
  - Regulatory requirements continue to impact efficiency ;
  - Staffing costs drivers include personal care needs of residents and public sector rates of pay;
- Provincial funding continues to be inadequate, does not keep pace with costs and is not reflective of evolving chronic and personal care needs of residents.

Option 2b does not meet all guiding principles due to risk of loss of LTC beds in the community. To address this issue requires provincial intervention and commitment - **See Retaining LTC Beds in Oxford.** Financially, Option 2b improves the financial picture but requires provincial regulatory reform to further optimize operation within the physical capabilities of the existing Woodstock facility.

Option 2c – Single Facility at Tillsonburg (34 beds)

Option 2c retains the existing Tillsonburg facility, sells the Woodstock facility to a private operator and re-purposes the Ingersoll facility.

- Annual Costs exceed provincial funding subsidies by **\$1,500,000 per year**
  - Operational savings of \$6,300,000/year;
  - Assumes additional cost due to loss of \$129,000 provincial capital subsidy for Ingersoll facility;
- LTC costs include all debt costs:
  - Does not eliminate remaining debt to finance Tillsonburg and Ingersoll (\$985,000/year)
  - Assumes Woodstock facility debt negated by sale of facility

- Adds new \$248,000 net annual programming costs for re-purposed use of Ingersoll facility– **See Re-purposing Tillsonburg/Ingersoll**
- Meets the regulatory requirement for LTC service provided by the municipality
- Reduces the number of County controlled beds in the community.
- Does not influence (positively or negatively) the SWLHIN identified shortfall of LTC service in south-west Oxford
- A number of operating cost drivers will continue to exist
  - Less than optimal size at existing Tillsonburg facility
  - Regulatory requirements continue to impact efficiency
  - Staffing costs drivers include personal care needs of residents and public sector rates of pay
- Provincial funding continues to be inadequate, does not keep pace with costs and is not reflective of evolving chronic and personal care needs of residents

Option 2c does not meet all guiding principles due to risk of loss of LTC beds in the community. To address this issue requires provincial intervention and commitment - **See Retaining LTC Beds in Oxford**. Financially, Option 2c improves the financial picture considerably but requires provincial regulatory reform to further optimize operation within the physical capabilities of the existing Tillsonburg facility.

### Option 3 – Phase Out

The Phase-out option involves the systematic dissolution of County LTC operations, through the sale of Woodstock to a private operator and the re-purposing of the satellite facilities in Tillsonburg and Ingersoll

- Annual Costs exceed provincial funding subsidies by **\$ 985,000 per year**
  - Operational savings of \$6,815,000/year
  - Assumes additional cost due to loss of \$258,000 provincial capital subsidy for Tillsonburg and Ingersoll facility
- LTC costs include all debt costs
  - Does not eliminate remaining debt to finance Tillsonburg and Ingersoll (\$985,000/year)
  - Assumes Woodstock facility debt negated by sale of facility
- Adds new \$495,000 net annual programming costs for re-purposed use of Tillsonburg and Ingersoll facility– **See Re-purposing Tillsonburg/Ingersoll**
- Does not meet the regulatory requirement for LTC service provided by the municipality
- Reduces the number of County controlled beds in the community.
- Negatively impacts the SWLHIN identified shortfall of LTC service in south-west Oxford. To address this issue requires provincial intervention and commitment - **See Retaining LTC Beds in Oxford**.
- Operating cost drivers cease to be of concern
- Provincial funding continues to be inadequate, does not keep pace with costs and is not reflective of evolving chronic and personal care needs of residents

Option 3 does not meet all guiding principles due to risk of loss of LTC beds in the community. To address this issue requires provincial intervention and commitment - **See Retaining LTC Beds in Oxford**. Financially, Option 3 provides the greatest opportunity to reduce net costs for Long Term Care but requires provincial regulatory reform and influence necessary to mitigate risk of the loss of LTC beds in the community.

### Recommended Plan

Only Option 1 – Status Quo meets the intent of the guiding principles established at the outset of the review process. It is therefore recommended that Option 1 – Status Quo remain the preferred Woodingford Lodge delivery model.

Going forward staff is committed to continued efforts to review operating costs and to identify and implement practical operational savings. This commitment is evident by the improved financial planning incorporated into the 2014 Business Plan and Budget which reduced the net tax levy impact for Woodingford Lodge by over \$500,000. Further, we believe that the recent organizational change to manage the building operations, maintenance and capital through our Public Works department will reduce overall facility costs to the Woodingford operation. Our expectation is that within the 2015 Business Plan and Budget process some cost reduction will be achieved by divesting some staff costs from the Woodingford facilities without reducing the level of service provided.

Further efficiencies within the operational realm are limited at each site by the current building configurations. Regardless, there is opportunity to work with MoHLTC, TDMH and AH to gain further efficiencies. Such discussions would explore overnight staffing, food and other service options with a view to further reduce the cost of operations. Some issues may require regulatory change or refinement. In pursuing these areas our intent will be to meet the principle of the regulation with reasonable and practical application.

### Conclusions

The Woodingford Lodge facilities are well run, well respected operations that provide excellent resident care. The service review has concluded that the three facilities (Woodstock, Tillsonburg and Ingersoll) should continue to operate largely as they do today. Notwithstanding, ongoing operational savings will be pursued through improved service delivery coordination with Tillsonburg District Memorial Hospital and Alexandra Hospital.

In addition, the County of Oxford should pursue provincial regulatory reform that:

- Removes mandatory provision of LTC for all Ontario municipalities
- Removes impractical operational restrictions that increase operating costs
- Creates a process to move LTC beds from public to private operation while allowing municipalities the ability to control the destiny of LTC beds in their community.

## **SIGNATURE**

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Approved for submission:

Original signed by

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**Peter M. Crockett, P.Eng.**  
**Chief Administrative Officer**

## **ATTACHMENTS**

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Attachment 1 – Options Assessment

Options Assessment

Option	Description				Assessment			
	County Operated Beds	Guiding Principles (Yes/No)	Regulatory Compliance	Annual Tax Levy Cost (Savings)	Pros	Cons	Issues	
1) Status Quo	228	Yes	Exceeds	<p><b>\$7,800,000</b></p> <p>Nursing an Personal Care (NPC) \$4,000,000            Other Accommodation (OA) \$2,100,000            Capital financing \$1,700,000</p>	<p>Meets service review guiding principles</p> <p>Does not negatively impact SWLHIN identified shortfall of LTC beds in south-west Oxford</p> <p>Protects, to extent possible, risk of LTC bed consolidation in private sector</p>	<p>Operating Cost Drivers</p> <ul style="list-style-type: none"> <li>Less than optimal facility configuration</li> <li>Satellite facilities are too small</li> <li>Regulatory requirements               <ul style="list-style-type: none"> <li>Minimum staffing requirements (overnight)</li> <li>Various operating regulations (Food, documentation etc.)</li> </ul> </li> <li>Staffing Costs               <ul style="list-style-type: none"> <li>Public sector rates of pay (pay equity)</li> <li>Personal care needs of residents</li> </ul> </li> </ul>	<p>Provincial funding not adequate</p> <ul style="list-style-type: none"> <li>Moderate annual increases do not keep pace with costs</li> <li>Not reflective of evolving chronic and personal care needs of residents</li> <li>Significant cost savings require regulatory reform</li> <li>Potential savings opportunities through enhanced relationship with TD/HR/IAH</li> </ul>	
2) Single Facility a) Expanded Woodstock	224	Yes	Exceeds	<p><b>\$7,902,000</b></p> <p>Overall Cost Increase \$102,000            Operations Savings (\$758,000)            Capital costs \$602,000            Tillsenburg/Ingersoll debt costs increase \$258,000</p>	<p>Minor improvement to operation efficiency opportunities achieved through reconstruction</p> <p>Protects, to extent possible, risk of LTC bed consolidation in private sector</p>	<p>Minor annual cost increase</p> <p>Counter to SWLHIN identification of south-west Oxford as low LTC service area</p> <p>Provincial capital subsidy for Tillsenburg and Ingersoll lost</p> <p>New programming costs for re-purposed use of Tillsenburg and Ingersoll facility</p> <p>Does not eliminate remaining debt to finance Tillsenburg and Ingersoll</p>	<p>New programming costs not included in LTC costs</p> <p><b>\$495,000 Net</b>  <b>\$1,276,000 Gross</b></p> <p>See Re-purposing Tillsenburg/Ingersoll</p> <p>Provincial funding not adequate</p> <ul style="list-style-type: none"> <li>Moderate annual increases do not keep pace with costs</li> <li>Not reflective of evolving chronic and personal care needs of residents</li> <li>Significant cost savings require regulatory reform</li> </ul>	

Option	Description		Assessment					Issues
	County Operated Beds	Guiding Principles (Yes/No)	Regulatory Compliance	LTC Annual Tax Levy Cost (Savings)	Pros	Cons		
2) Single Facility b) Existing Woodstock only	160	No	Yes	\$5,800,000 Overall savings (\$2,000,000) Operations Savings (\$2,288,000) Tiltsburg/Ingersoll debt costs increase \$258,000	Moderate annual savings	Counter to SWI/HIN identification of south-west Oxford as low LTC service area Risks loss of 68 LTC beds in community Provincial capital subsidy for Tiltsburg and Ingersoll lost New programming costs for re-purposed use of Tiltsburg and Ingersoll facility Does not eliminate remaining debt to finance Tiltsburg and Ingersoll	New programming costs not included in LTC costs <b>\$495,000 Net</b> <b>\$1,276,000 Gross</b> See Re-purposing Tiltsburg/Ingersoll Risks LTC beds in Oxford community without Provincial Commitment - See Retaining LTC Beds in Oxford Provincial funding not adequate • Moderate annual increases do not keep pace with costs • Not reflective of evolving chronic and personal care needs of residents Significant cost savings require regulatory reform	
2) Single Facility c) Existing Tiltsburg only	34	No	Yes	\$1,500,000 Overall Savings (\$6,300,000) Operations Savings (\$6,429,000) Ingersoll debt costs increase \$129,000	Very significant annual savings	Risks loss of 34 LTC beds in community Provincial capital subsidy for Ingersoll lost New programming costs for re-purposed use of Ingersoll facility Does not eliminate remaining debt to finance Ingersoll	Ability to sell Woodstock facility • maintaining 160 LTC beds • ability to eliminate debt on Woodstock through sale New programming costs not included in LTC costs <b>\$248,000 Net</b> <b>\$638,000 Gross</b> See Re-purposing Tiltsburg/Ingersoll Risks LTC beds in Oxford community without Provincial Commitment - See Retaining LTC Beds in Oxford Provincial funding not adequate • Moderate annual increases do not keep pace with costs • Not reflective of evolving chronic and personal care needs of residents Significant cost savings require regulatory reform	

Option	Description	Assessment				Pros	Cons	Issues
		County Operated Beds	Guiding Principles (Yes/No)	Regulatory Compliance	Annual Tax Levy Cost (Savings)			
3) Phase Out	Transition to no County operated LTC beds Sell Woodstock facility to private operator Re-purpose Ingersoll facility	0	No	No	\$985,000  Overall Savings (\$6,815,000) Operations Savings (\$7,073,000) Tillsenburg/Ingersoll debt costs increase \$258,000	Greatest annual savings opportunity	Non-compliant with requirement to operate LTC facility  Counter to SWL-HIN identification of south-west Oxford as low LTC service area  Risks loss of 68 LTC beds in community  Provincial capital subsidy for Tillsenburg and Ingersoll lost  New programming costs for re-purposed use of Tillsenburg and Ingersoll facilities  Does not eliminate remaining debt to finance Tillsenburg and Ingersoll	Ability to sell Woodstock facility • maintaining 160 LTC beds • ability to eliminate debt on Woodstock through sale  Requires regulatory change to remove the mandatory provision of LTC for all Ontario municipalities, as currently the case with Northern Ontario municipalities  New programming costs not included in LTC costs <b>\$495,000 Net</b> <b>\$1,276,000 Gross</b>  See Re-purposing Tillsenburg/Ingersoll  Risks LTC beds in Oxford community without Provincial Commitment - See Retaining LTC Beds in Oxford