Long-Term Care Asset Management Plan 2024

Hamilton

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2024 Asset Management Plan

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SUMMARY AND QUICK FACTS

SERVICE PROFILE

The mission of the municipal Long-term Care Homes, Macassa Lodge and Wentworth Lodge is to provide person-centred long-term care that promotes well-being and creates opportunities to maximize the quality of life of the 430 residents. Starting from the perspective that the Lodges serve as the resident's home and that the goal is to assist the resident to maximize their functional abilities to be as independent as possible.

ASSET SUMMARY

Replacement Value
$319M
GOOD CONDITION
Average Age of **24** years or **51%** of the average remaining service life

Average Asset Condition
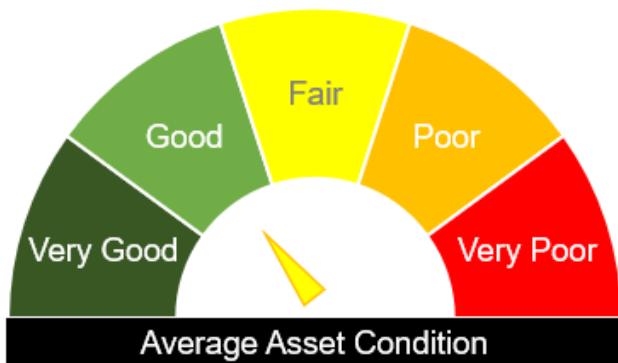
LEVEL OF SERVICE SUMMARY

- Majority of respondents felt the Lodges provide a homelike environment which is clean and inviting, with a welcoming atmosphere where residents feel safe and accepted.
- Majority of respondents are overall satisfied with the quality of care and services received.
- Most respondents were satisfied with Food Services and Laundry Services.
- 60% of Ontarians are willing to pay a 2% increase in personal tax towards improvements to the long-term care system.
- 43% of Ontarians agree to increase the minimum number of staff required to be on duty.

ASSET HIGHLIGHTS				
ASSETS	**QUANTITY**	**REPLACEMENT COST**	**AVERAGE CONDITION**	**STEWARDSHIP MEASURES**
Facilities	2	$312.7M	GOOD	Building Condition Assessments
Resident Care Equipment	1,284	$5.8M	FAIR	Nursing Equipment - 3rd Party Annual Inspections; All other - % Remaining Service Life (RSL)
Administrative	676	$0.6M	POOR	% RSL

DATA CONFIDENCE

VERY HIGH   MEDIUM   VERY LOW

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DEMAND DRIVERS

Population Change – Hamilton's population will continue to grow including increased growth in the 55+ age demographic. The demand for long-term care facilities is also expected to grow in Hamilton resulting in a rapidly growing waitlist for long-term care placements and increased pressure on the healthcare system, seniors, and their families/caregivers.

Legislative Change – The Ministry of Long-Term Care frequently makes changes to the requirements related to the operations of long-term care homes. These changes may have budgetary implications that must be incorporated into annual operating budgets to stay compliant.

RISK
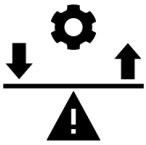
- Critical Assets are identified as the LTC Homes facilities, backup generators and staffing.

CLIMATE CHANGE MITIGATION

- 30 trees planted at Wentworth Lodge site;
- Building Automation Systems in place at both Lodges;
- All lighting fully retrofitted to LED; and,
- New "B" wing expansion includes provisions to achieve net-zero emissions.

LIFECYCLE SUMMARY

Asset Renewal Funding Ratio (Target should be 90%–110%)	98%
10-Year O & M & Renewal Funding Ratio (Target should be 90%–110%)	97%
Projected Funding Required to Eliminate Funding Gap (10 years)	$24.7M

Legend: Acquisition, Maintenance, Disposals, Operations, Renewal, Budget, 10-year Funding Gap
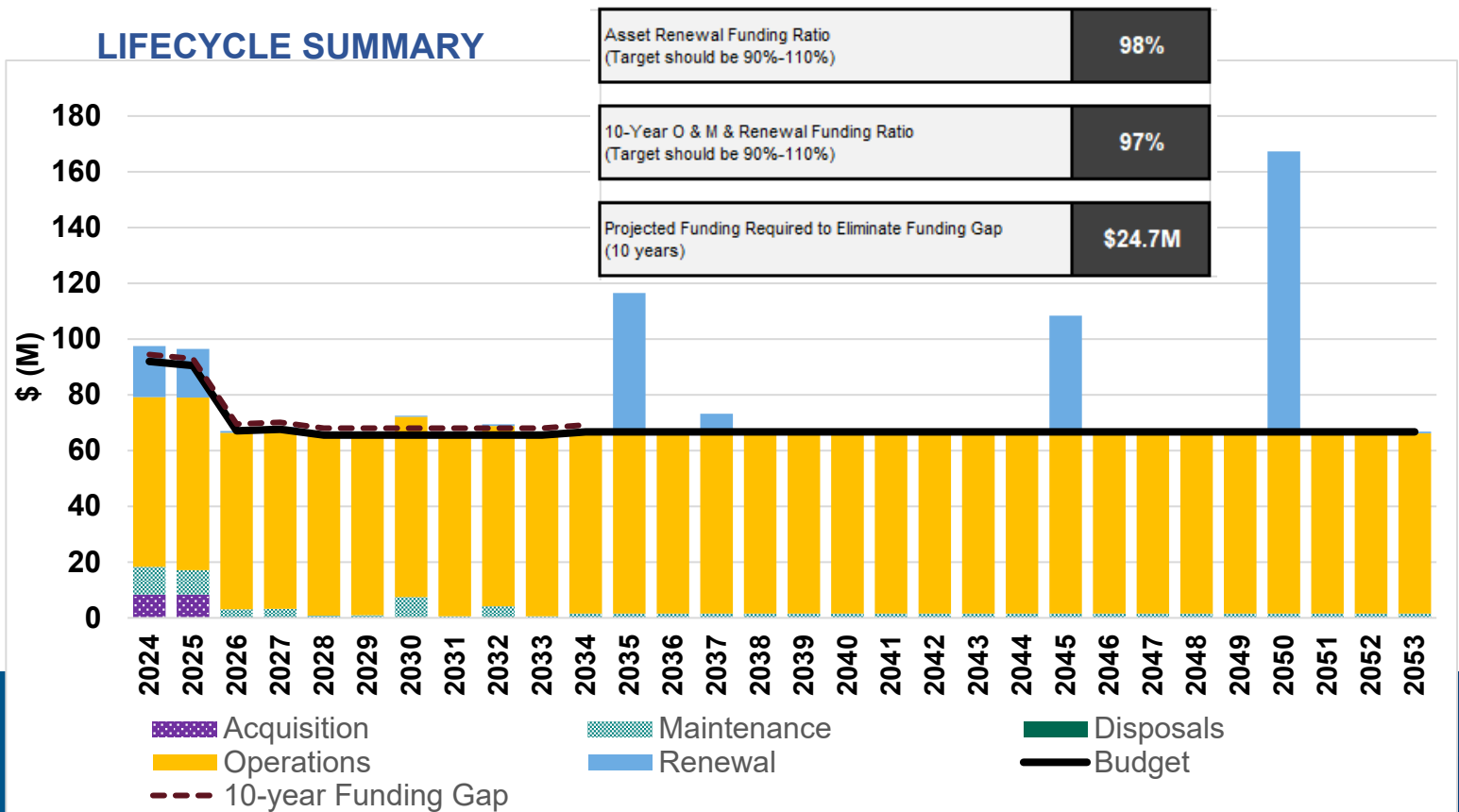
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1. INTRODUCTION

The **City of Hamilton** owns and operates two municipal not-for-profit Long-Term Care (LTC) Homes, Macassa Lodge (ML) and Wentworth Lodge (WL), that provide 24-hour nursing and personal care and access to health professionals for the residents. LTC Homes has 430 beds in private, semi-private, and ward two-person rooms. The purpose of this Asset Management Plan (AM Plan) is to ensure that Long-Term Care has the required assets to provide person-centred long-term care that promotes well-being and creates opportunities to maximize the quality of life for residents.

This AM Plan is intended to communicate the requirements for the sustainable delivery of services through the management of assets, compliance with regulatory requirements (i.e. O.Reg 588/17[1]) and required funding to provide the appropriate levels of service over the 2024-2053 planning period.

The **Long-Term Care** division assets include **facilities, resident care equipment and administrative assets**.

Since Sunday, February 25, 2024, the City of Hamilton experienced a cyber incident that disabled some of the IT systems. As a result, this AM Plan was created based on the data that was accessible at the time of publication.

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[1] Government of Ontario, 2017

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2. BACKGROUND

The information in this section is intended to provide background on the Long-Term Care service by providing a service profile, outlining legislative requirements, and defining the asset hierarchy used throughout the report. This section will provide the necessary background for the remainder of the AM Plan.

2.1 SERVICE PROFILE

Listed below are related documents reviewed in preparation of the Asset Management Plan:

- ***Asset Management Plan Overview Document;*** and,
- Macassa Lodge and Wentworth Lodge Building Condition Assessments.

Additional financial-related documents are identified in **Section 10** Plan Improvement and Monitoring.

The service profile consists of four main aspects of the service:
- Service History;
- Service Function;
- Users of the Service; and,
- Unique Service Challenges.

2.1.1 SERVICE HISTORY

Macassa Lodge and Wentworth Lodge both have a rich history of providing care to some of Hamilton's most vulnerable residents.

Construction began on the first Macassa Lodge facility by the City of Hamilton in 1895. It was built overlooking Hamilton Harbour as a House of Refuge. Macassa Bay was the original name of Hamilton Harbour and means "beautiful waters." The new Macassa Lodge was opened in May 1956 on the corner of Upper Sherman Avenue and Ninth Avenue (later named Macassa Avenue). While social attitudes towards care and facility design have certainly evolved over the past century and a half, Macassa Lodge's objective has remained constant -- We are committed to our people, dedicated to building a strong and healthy community, passionate about making a difference by providing quality care, and recognized for our excellence.

Wentworth Lodge has been a part of the Dundas community for more than 100 years. The original building was built and operated by the County of Wentworth in 1912 and provided housing to the aged and low-income residents. The original building was named the House of Refuge and housed 24 residents. It was renamed Wentworth County Home for the Aged around 1938 and in 1953 the name was changed to Wentworth Lodge. Over the years, the number of residents steadily increased to the current number of 160. Although the Wentworth Lodge of the

21st century is vastly different from its counterpart of 1912, the same philosophy of caring, community and tradition continues.

2.1.2 SERVICE FUNCTION

Macassa Lodge and Wentworth Lodge are not-for-profit municipal Long-Term Care homes. Both provide 24-hour nursing and personal care support and access to a doctor and other health professionals for its residents.

The Mission of both LTC Homes is to provide person-centred long-term care that promotes well-being and creates opportunities to maximize the quality of life of our 430 residents.

Rooms and basic services at the LTC Homes include:

- Nursing and personal care;
- Housekeeping and laundry services;
- Bedding and furniture;
- Personal hygiene supplies;
- Medical supplies and equipment;
- Meals;
- Pastoral services; and,
- Social and recreation programs.

Macassa Lodge, located in a residential area of Hamilton, is one of two long-term care facilities owned and operated by the City of Hamilton. The Lodge has 270 beds in private, semi-private, and two-person ward rooms. Macassa meets all Ministry of Long-Term Care standards and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF)[2].

Macassa Lodge's Adult Day Program (ADP) is a daily community support service for residents living in the community with some degree of cognitive impairment. The program also provides information, support, and respite time for caregivers. It offers social, recreational, intellectual, and physical activities. The activities are provided in a structured, supervised group setting. A hot nutritious lunch, refreshments, medication reminders and assistance with the activities of daily living are also provided.

Over the past 40 years, Macassa's Adult Day Program has provided over 40,000 Hamilton clients with a welcoming place to come and relax, meet friends, and engage in enjoyable and meaningful activities that help them maintain their current level of independence. We welcome over 30 clients daily from the surrounding area.

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[2] CARF International, 2024

Programming includes:

- Intergenerational programs with local schools and daycares;
- Social and cognitive programs; and,
- Creative programs.

Wentworth Lodge, located in a residential area of Dundas, is the second long-term care facility owned and operated by the City of Hamilton. Wentworth Lodge has 160 beds in private, semi-private, and two-person rooms. Wentworth Lodge meets all Ministry of Long-Term Care standards and is accredited by CARF[3].

Wentworth Lodge is part of the Dundas Meals on Wheels community services. WL provides hot, nutritious meals for people with disabilities, recuperating from surgery, or anyone not able to cook for themselves within the Dundas community. The meals are prepared at Wentworth Lodge and at lunchtime, Meals on Wheels delivers the meals to the client's own home or apartment. This supports and maintains our community relationship within Dundas.

The Fixing Long-Term Care Act and Municipal Act require that every upper or single-tier municipality in southern Ontario establishes and maintains at least one long-term care facility. The City of Hamilton is meeting and exceeding this requirement by operating two LTC Homes.

2.1.3 USERS OF THE SERVICE

Some of Hamilton's most vulnerable populations depend on Long-Term Care as residents whose care needs cannot be met in the community. Residents may require this level of support due to advancing age, disability, or declining health. Families of residents need the availability of long-term care services when the increasing health needs of their loved ones can no longer be managed at home.

The Lodges have a total of 430 beds which calculates to 11 percent of all long-term care beds available in Hamilton (total beds available as of January 2024 - approximately 3,820[4]). Yet, the Lodges (ML and WL) have 40 percent of the Hamilton Long-Term Care waitlist (681 people). During the application process for long-term care, each person can choose up to five homes in order of preference. Macassa or Wentworth Lodge has been selected as the first choice by about 20 percent of people waiting for Long-Term Care in Hamilton. The Lodges are also involved in Community Partnerships which support Meals on Wheels at WL and an Adult Day Program at ML.

Macassa Lodge and Wentworth Lodge value the individual characteristics of the residents they serve. The resident is recognized as the expert regarding their personal healthcare, choices, and risks. Starting from the perspective that the Lodges serve as the resident's home and that

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[3] CARF International, 2024
[4] Reports on Long-Term Care Homes, 2024

the goal is to assist the resident to maximize their functional abilities to be as independent as possible.

Based on the 2021 (2016) Census results[5], Hamilton's population is 569,353 (536,917), where the population average age is 41.5 years and 32.2 percent of the population is 55 years and over. Based on the Ontario population projections, in 2046 the 55+ age group is expected to be 30.64[6] percent of the total population while the overall population will increase by 43 percent. This will result in an approximate 1.8M increase in the 55+ age group demographic in Ontario. Based on the provincial projections, Hamilton can expect an approximate increase of 66,000 residents in the 55+ age group demographic. Currently, the municipal LTC Homes serve 0.075 percent of Hamilton's community with 430 total available beds. As the population grows this percentage is expected to decrease.

[5] Census Profile, 2021 Census of Population, 2021
[6] Ministry of Finance; Ontario Population Projections (2021)

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Figure 1: Map of Hamilton Long-Term Care Lodges

2.1.4 UNIQUE SERVICE CHALLENGES

LTC has several unique service challenges including:

- The LTC Homes are unable to admit all potential residents who require high care needs due to the facilities running at full occupancy. The city is experiencing a shortage of long-term beds resulting in lengthy wait lists for placement. In Ontario, long-term care homes are regulated and funded by the government and must be licensed by the Ministry of Long-Term Care (MOLTC). The ministry determines the number and location of long-term care beds in Ontario which can be a long and complicated process. The waitlist is expected to continue to grow if new beds are not available;

- ML-D wing, which houses 44 residents, has outdated room configurations where shared rooms/wards are the only available accommodations. These smaller shared spaces can lead to an increased spread of viral outbreaks, for example, COVID-19, and prolonged days in an outbreak. Also, these smaller spaces do not meet the new standards for door openings and turning radius with resident lifts for personal care services which impacts resident care;

- The LTC provides care and services 24 hours per day, 7 days a week to the residents requiring around-the-clock staffing. The region is experiencing a shortage of available trained staff, burnout of current staff, and an increase of experienced workers exiting the healthcare industry. Despite the investments made by the province, there is an anticipated shortfall of 33,000 nurses and Personal Support Workers (PSWs) in 2027 – 2028 across hospitals, long-term care and home care across the province[7];

- The nature of residents' needs is changing. An increase in bariatric requirements has a significant impact on how resources are used and how care is delivered. Diversity and cultural shifts are also affecting how services are now delivered. An increase in staffing and additional training are required to address these changes. Facilities may need to be retrofitted to support evolving needs; and,

- Currently, 83 percent of residents living at the two lodges have cognitive and/or mobility issues. This is an increasing trend across the region and province. Between 2019-2020 76[8] percent of people entering long-term care in Ontario had mild to severe cognitive issues, an increase of 25 percent since 2011. Furthermore, 80 percent of people needed support with activities of daily living, an increase of 67 percent since 2011.

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[7] Financial Accountability Office of Ontario, 2023
[8] Ontario Long Term Care Association, 2023

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2.2 LEGISLATIVE REQUIREMENTS

The most significant legislative requirements that impact the delivery of LTC Lodges services are outlined in *Table 1*. These requirements are considered throughout the report, and where relevant, are included in the levels of service measurements.

Table 1: Legislative Requirements

LEGISLATION OR REGULATION	REQUIREMENT
Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1 (includes O. Reg. 246/22: General)	Requirements related to the operations of long-term care homes including residents' rights, care and services, quality, admission of residents, councils, operation of homes, funding, licensing, municipal homes and First Nations homes, compliance, and enforcement, transitional and administration.
Ministry of Long-Term Care, Ministry of Health, Ontario under	Oversee long-term care in Ontario to ensure that residents get the quality of care and quality of life they need and deserve both now and in the future. This includes supporting the building of new homes and upgrading outdated homes, setting the legislation, regulations, and policies that all homes must follow, developing programs to attract and retain workers and inspecting homes and ensuring standards are met. The ministry administers the following legislation: Fixing Long-Term Care Act, 2021, Ontario Regulation 246/22, Connecting Care Act, 2019, and Health Protection and Promotion Act, s.78.
O. Reg. 493/17: Food Premises under	Applies to all food premises and provides regulations related to operation and maintenance, cleaning and sanitizing, sanitary facilities, food handling and commodities.
Municipal Act, 2001, S.O. 2001, C.25	Enables the municipality to govern its affairs as it considers appropriate and to enhance the municipality's ability to respond to municipal issues.

2.3 ALIGNMENT WITH COUNCIL PRIORITIES

As referenced in the *AM Plan Overview* in *Section 5.4,* Strategic Alignment, The City's strategic goals and objectives are shaped by internal drivers such as Council-approved strategies and plans, as well as external forces such as citizen expectations, and legislative and regulatory requirements. The specific legislative and regulatory requirements for service areas are provided in each AM Plan.

City objectives provide asset owners with direction regarding levels of service and asset investment priorities. This AM Plan will demonstrate how the City's objectives for non-core assets can influence levels of service and direct asset expenditures.

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2.4   ASSET HIERARCHY

In order to deliver person-centred long-term care that promotes well-being and creates opportunities to maximize the quality of life for residents, LTC Homes require assets. The LTC Homes service areas have been broken down into three asset classes for the purpose of this AM Plan:

- **Facilities**: refers to any City-owned facilities necessary to deliver LTC services;
- **Resident Care Equipment**: refers to all equipment used for service delivery including nursing equipment, dietary equipment, housekeeping and laundry equipment and furniture; and,
- **Administrative**: refers to different types of technology required to deliver the service including IT assets, audio/visual equipment as well as maintenance equipment.

The asset class hierarchy outlining assets included in this section is shown below in *Table 2*.

Table 2: Asset Class Hierarchy

SERVICE AREA	LONG-TERM CARE LODGES		
ASSET CLASS	FACILITIES	RESIDENT CARE EQUIPMENT	ADMINISTRATIVE
Asset	• Macassa Lodge • Wentworth Lodge	• Nursing Equipment • Dietary Equipment • Housekeeping and Laundry Equipment • Furniture	• IT Assets (includes cell phones, tablets, laptops, and desktops) • Audio/Visual Equipment • Maintenance Equipment

3. SUMMARY OF ASSETS

This section provides a detailed summary and analysis of the existing inventory information as of November 2023 including age profile, condition methodology, condition profile, and asset usage and performance for each of the asset classes. *Table 3* displays the detailed summary of assets for the LTC Homes service area. The sources for this data are a combination of data included in the City's database information. It is important to note that inventory information does change often and that this is a snapshot of the time of information available.

The City owns approximately **$319 million** in LTC assets which are on average in **GOOD** condition. Assets are a weighted average of **24 years** in age which is **51%** of the average remaining service life (RSL). The majority of the weighting for these averages comes from the facilities asset class. For most assets, this means that the City should be completing preventative, preservation and minor maintenance activities per the inspection reports as well as operating activities (e.g., inspection, cleaning) to prevent any premature failures.

Data confidence descriptions are outlined on *page 31* of the *Asset Management Plan Overview*. The overall replacement value data confidence for the registry is **Medium**. For Facilities, replacement costs are calculated using an internal Corporate Facilities and Energy Management (CFEM) tool which encompasses current market rates, building type and size and were escalated to include additional soft costs. The remaining replacement costs are generally based on Subject Matter Expertise (SME) or inflated values of original purchase/replacement cost estimates. In some of the asset classes, there is no current market data available for replacement value.

The Corporate Asset Management (CAM) Office acknowledges that some works and projects are being completed on an ongoing basis and that some of the noted deficiencies may already be completed at the time of publication. In addition, the assets included below are assets that are assumed and in service at the time of writing.

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Table 3 : Detailed Summary of Assets
*Weighted Average by Replacement Value

FACILITIES				
ASSET CATEGORY	**NUMBER OF ASSETS**	**REPLACEMENT VALUE**	**AVERAGE AGE (% RSL)**	**AVERAGE EQUIVALENT CONDITION**
LTC Lodges	2	$312.7M	24 years (52%)	2-GOOD
Data Confidence	Very High	Medium	High	High
SUBTOTAL		**$312.7M**	**24 years (52%)**	**2-GOOD**
DATA CONFIDENCE		**Medium**	**High**	**High**

RESIDENT CARE EQUIPMENT				
ASSET CATEGORY	**NUMBER OF ASSETS**	**REPLACEMENT VALUE**	**AVERAGE AGE (% RSL)**	**AVERAGE EQUIVALENT CONDITION**
Nursing Equipment	862	$2.5M	3.5 years (41%)	3-FAIR
Data Confidence	Medium	High	High	High
Dietary Equipment	267	$1M	19 years (12%)	3-FAIR
Data Confidence	Low	Medium	Medium	Low
Housekeeping and Laundry	123	$0.3M	14 years (0%)	3-FAIR
Data Confidence	Very Low	Medium	Low	Low
Furniture	32	$2M	20 years (0%)	4-POOR
Data Confidence	Low	Medium	Very Low	Low
SUBTOTAL		**$5.8M**	**13 years* (20%) ***	**3-FAIR***
DATA CONFIDENCE		**Medium***	**Medium***	**Medium***

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ADMINISTRATIVE				
ASSET CATEGORY	NUMBER OF ASSETS	REPLACEMENT VALUE	AVERAGE AGE (% RSL)	AVERAGE EQUIVALENT CONDITION
Audio/Visual Equipment	110	$0.82M	16 years (0%)	5-VERY POOR
Data Confidence	Low	Low	Low	Low
IT Assets	398	$0.4M	4.5 years (7%)	4-POOR
Data Confidence	High	High	High	Medium
Maintenance Equipment	168	$0.96M	9 years (53%)	3-FAIR
Data Confidence	Low	Medium	Low	Low
SUBTOTAL		$0.6M	7 years* (14%)*	4-POOR*
DATA CONFIDENCE		High*	Medium*	Medium*
TOTAL		$319M	24 years* (51%) *	2-GOOD*
DATA CONFIDENCE		Medium*	High*	High*

3.1   ASSET CONDITION GRADING

Condition refers to the physical state of assets and is a measure of the physical integrity of these assets or components and is the preferred measurement for planning lifecycle activities to ensure assets reach their expected useful life. Since condition scores are reported using different scales and ranges depending on the asset, *Table 4* below shows how each rating was converted to a standardized 5-point condition category so that the condition could be reported consistently across the AM Plan. A continuous improvement item identified in *Table 30*, is to review existing internal condition assessments and ensure they are revised to report on the same 5-point scale with equivalent descriptions.

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Table 4: Equivalent Condition Conversion Table

EQUIVALENT CONDITION GRADING CATEGORY	CONDITION DESCRIPTION	PERCENT OF REMAINING SERVICE LIFE (%RSL)	NURSING EQUIPMENT – 3-POINT SCALE	FACILITIES CONDITION INDEX (FCI)
1 Very Good	The asset is new, recently rehabilitated, or very well maintained. Preventative maintenance is required only.	>79.5%	N/A	N/A
2 Good	The asset is adequate and has slight defects and shows signs of some deterioration that has no significant impact on the asset's usage. Minor/preventative maintenance may be required.	69.5% – 79.4%	GOOD	< 5%
3 Fair	The asset is sound but has minor defects. Deterioration has some impact on asset's usage. Minor to significant maintenance is required.	39.5% - 69.4%	FAIR	>= 5% to < 10%
4 Poor	The asset has significant defects and deterioration. Deterioration has an impact on asset's usage. Rehabilitation or major maintenance is required in the next year.	19.5% -39.4%	POOR	>= 10% to <30%
5 Very Poor	The asset has serious defects and deterioration. The asset is not fit for use. Urgent rehabilitation or closure is required.	<19.4%	N/A	>= 30%

The following conversion assumptions were made:

- For assets where a condition assessment was not completed, but age information was known, the condition was based on the percent of remaining service life (administrative and resident care excluding Nursing Equipment items – lifts, transfer equipment, bath and shower chairs, tubs, slings, chargers, and batteries);
- For most of the Nursing Equipment assets, condition assessments were completed using a 3-point scale ranging from Good to Poor; and,
- Facilities Condition Index was based on ranges provided by the consultant who completed the Building Condition Assessment (BCA) which corresponds to a 4-point scale.

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3.2 ASSET CLASS PROFILE ANALYSIS

This section outlines the Age Profile, Condition Methodology, Condition Profile, and Performance Issues for each of the asset classes:

- The age of an asset is an important consideration in the asset management process as it can be used for planning purposes as typically assets have an estimated service life (ESL) where they can be planned for replacement. Some lower-cost or lower criticality assets can be planned for renewal based on age as a proxy for condition or until other condition methodologies are established. It should be noted that if an asset's condition is based on age, it is typically considered to be of a low confidence level. Although typically, age is used when projecting replacements beyond the 10-year forecast to predict degradation;

- Condition refers to the physical state of assets and is a measure of the physical integrity of assets or components and is the preferred measurement for planning lifecycle activities to ensure assets reach their expected useful life. Assets are inspected/assessed at different frequencies and using different methodologies to determine their condition which are noted in this section; and,

- Finally, there are often insufficient resources to address all known asset deficiencies, and so performance issues may arise which must be noted and prioritized.

3.2.1 FACILITIES PROFILE

3.2.1.1 AGE PROFILE

The City has two Long-Term Care Facilities, Macassa Lodge and Wentworth Lodge.

The age profile for the LTC Facilities assets is shown in *Figure 2*. For Facility assets, the data confidence for age is typically Very High, because this information was recorded during the construction or significant renovations of wings within the facilities. Both Lodges have evolved and expanded over the years, including significant renovations. A weighted average method was used based on square footage and year constructed (or substantially renewed) for each wing to calculate a revised average 'built year' of each facility to get an 'effective' age for the entire facility as shown in *Table 5* below. These significant renovations were considered renewals as they essentially reset the estimated service life for significant portions of the facility.

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Table 5: Facilities Revised 'Built Year' Weighted Average

WING NAMES	YEAR CONSTRUCTED/SUBSTANTIAL RENEWAL	TOTAL AREA (SQUARE FEET)	REVISED 'BUILT YEAR' WEIGHTED AVERAGE (BASED ON SQUARE FEET)
MACASSA LODGE			
A Wing	1995	56,130	474
C Wing	2000	75,000	635
D Wing	1985	20,377	171
E Wing	2000	40,210	340
K Wing OLD	1987	9,000	76
K Wing New Kitchen	2017	9,000	77
S Wing	2000	26,469	224
TOTAL SQUARE FOOTAGE:		**236,186**	**1998**
WENTWORTH LODGE			
Beech Avenue and Trillium Court	2007	42,502	656
Rose Court and Oak Lane	1985	39,256	599
Lilac Lane and Maple Lane	2007	48,366	746
TOTAL SQUARE FOOTAGE:		**130,124**	**2000**

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Figure 2: Facilities Age Profile
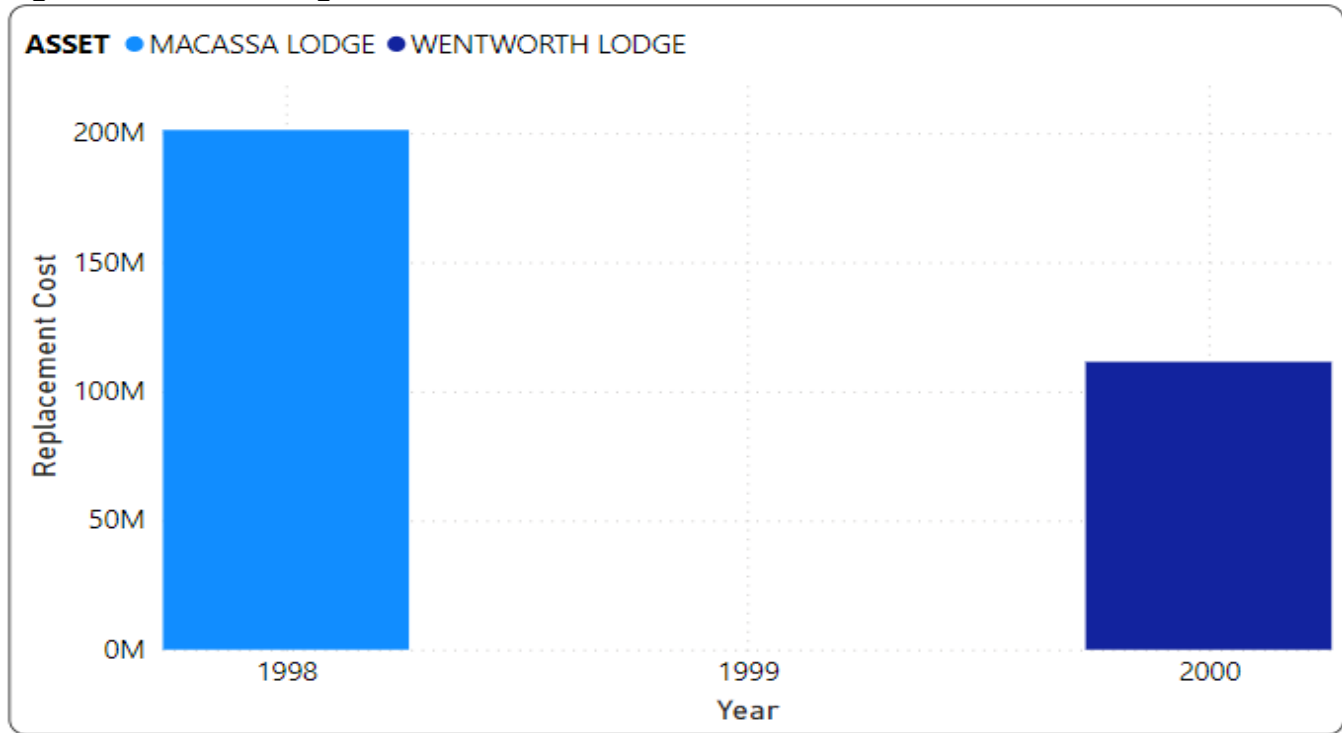
3.2.1.2 CONDITION METHODOLOGY & PROFILE

Condition for LTC Facilities is determined based on the results of a Building Condition Assessment (BCA) completed by the Corporate Facilities and Energy Management (CFEM) division. The BCA identifies necessary major and minor maintenance activities in a 10-year forecast with projected costs and outputs a detailed report outlining methodology, overall findings and conditions.

BCAs are completed on LTC Facilities every five years and output a score called a Facility Condition Index (FCI) which is considered to be a High confidence level source for condition. The FCI is calculated based on a ratio of the estimated cost of maintenance/repair work required on the facility to the total estimated replacement cost of the facility. The 10-year forecast from the BCA's was incorporated into the maintenance plan shown in *Section 8.2.*

The condition conversion from FCI to the standardized 5-point scale used in this AM Plan is shown in *Table 4*. As per *Table 4,* there is no FCI value that can give a Very Good condition rating.

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Table 6: Inspection and Condition Information

ASSET	INSPECTION FREQUENCY	LAST INSPECTION	CONDITION SCORE OUTPUT
Macassa Lodge	Every 5 years	2020	FCI (0%-100%)
Wentworth Lodge	Every 5 years	2020	FCI (0%-100%)

The condition profile for LTC Facilities assets is shown below in *Figure 3*. Both facilities that the Lodges occupy are in Good condition based on the results of the BCA. This shows that the renewals and investments in these facilities are being reflected in the overall condition score.

Figure 3: Facilities Condition Distribution
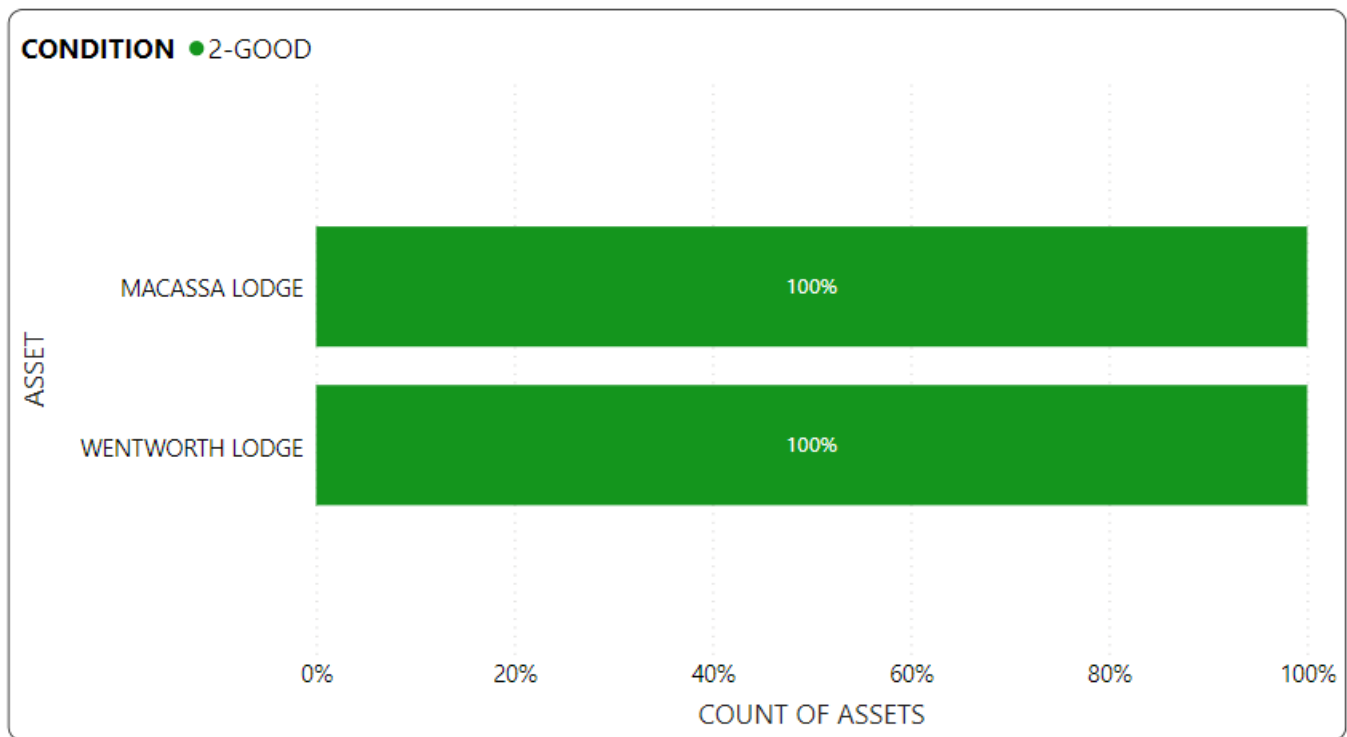
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3.2.1.3   ASSET USAGE AND PERFORMANCE

The largest performance issues with LTC Facilities involve poor condition of asset components. The known service performance deficiencies in *Table 7* are identified using information from the 2020 Building Condition Assessment (BCA) and discussions with LTC staff.

Table 7: Known Service Performance Deficiencies

ASSET	LOCATION	SERVICE DEFICIENCY	DESCRIPTION OF DEFICIENCY
Facilities	**Macassa Lodge**	Replacement – end-of-life	A-Wing Penthouses – Built-up Air Handling Units – AHU-1 and AHU-2 – unable to maintain required temperature if units fail.
		Replacement – end-of-life	Plumbing Piping (approx. five percent of the total square feet of supply piping every five years) – increased risk of losing water supply.
		Replacement – end-of-life	Primary Switchgear – Main Disconnect and Switchboard – increased risk of power outages.
		Replacement – end-of-life	D-wing Fan Coil Units (D3054) - unable to maintain the required temperature, units fail.
		Repair and resurfacing due to cracks	Parking Lots and Roadways – increased risk of personal injury.
		Outdated room configurations – D wing	Shared rooms/wards do not meet the new standards for door opening and turning radius with resident lifts.
	Wentworth Lodge	Replacement – end-of-life	Windows (Entire Building) – loss of energy efficiency and possible energy savings.

ASSET	LOCATION	SERVICE DEFICIENCY	DESCRIPTION OF DEFICIENCY
		Roof – approx. 20% remaining for replacement, end of life	Roofing – section with HVAC units makes roof replacement technically challenging as HVAC must be maintained during roofing replacement.
		Narrow room doors	Rose Court and Oak Lane – unable to fit beds through narrow doors.

3.2.2 RESIDENT CARE EQUIPMENT PROFILE

3.2.2.1   AGE PROFILE

The age profile of the LTC Resident Care Equipment assets is shown in *Figure 4*. An analysis of the age profile is provided below.

Overall, most of the Resident Care Equipment is reaching or just beyond the estimated service life. For Nursing Equipment assets, the data confidence for age is typically High because asset ages are formally tracked by a third party that performs regular testing, inspections and recommendations on the lift and transfer equipment. Lifts and transfer equipment have an estimated 10-year service life. Slings, batteries, and chargers have an estimated service life of five years. Based on ESL Nursing Equipment purchased in 2015 and prior will be coming up for renewal in the current year 2024.

Dietary Equipment age has a Medium confidence level with an overall average assets age of 19 years. Housekeeping and Laundry assets and Furniture assets age have lower confidence levels as most of the ages for these assets are unknown or assumed. The estimated service life for these asset categories ranges between one to thirty years.

The oldest equipment with a purchase date of the mid-1970s refers to an assortment of dietary equipment with an assumed purchase date of 1976 or before, it is unclear if this equipment still exists or has been replaced. A continuous improvement item has been added in *Table 30* to review the current asset registry and verify assets including their specifications, age and condition, and to track assets in a more formal and documented manner.

Figure 4: Resident Care Equipment Age Profile
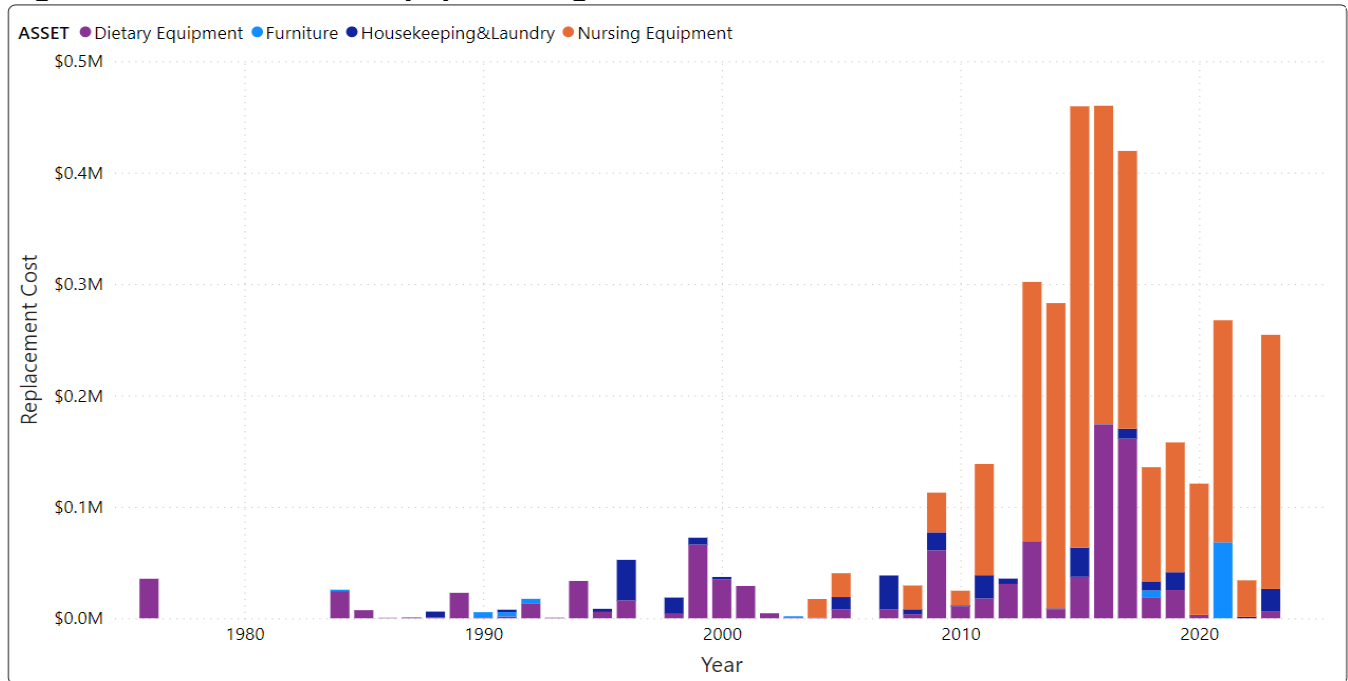
3.2.2.2   CONDITION METHODOLOGY & PROFILE

The majority of Resident Care Equipment does not have a formal condition process except for the Nursing Equipment. The Nursing Equipment is inspected annually by a third party and is given a condition score on a 3-point scale. The 3-point scale was used for the condition score for the other categories based on RSL percent where the age was known.

Table 8: Inspection and Condition Information

ASSET	LAST INSPECTION	DESCRIPTION	FREQUENCY	CONDITION SCORE OUTPUT
Nursing Equipment – (Resident Transfer Equipment: lifts, slings, bath and shower chairs, bathtubs, batteries, chargers)	**July 2023**	Assets are inspected by third parties/suppliers on an annual basis	Annual	Three Point Scale
Furniture	**Ad Hoc**	Ad Hoc	Ad Hoc	Replaced as needed

ASSET	LAST INSPECTION	DESCRIPTION	FREQUENCY	CONDITION SCORE OUTPUT
Dietary Equipment	**Ad Hoc**	Ad Hoc	Ad Hoc	Replaced as needed
Housekeeping and Laundry Equipment	**Ad Hoc**	Ad Hoc	Ad Hoc	Replaced as needed

The condition profile for LTC Resident Care Equipment assets is shown below in *Figure 5.* As mentioned in *Section 3.1*, the original condition grades were converted to a standardized condition category for report consistency. It is evident that most assets, where age or condition is known, are in Fair to Poor condition. Where age is unknown, assets are replaced as needed and are maintained in operating condition and generally not permitted to deteriorate below Fair condition based on expert staff opinion. As mentioned above, an assortment of Dietary Equipment has an assumed purchase date of mid-1970. For this AM Plan, it was decided to use the year 1976 for this grouping as these assets are beyond the ESL and are considered in Poor condition based on age. A continuous improvement item has been added to *Table 30* to review the current asset registry and verify all listed assets are still in service.

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Figure 5: Resident Care Equipment Condition Profile
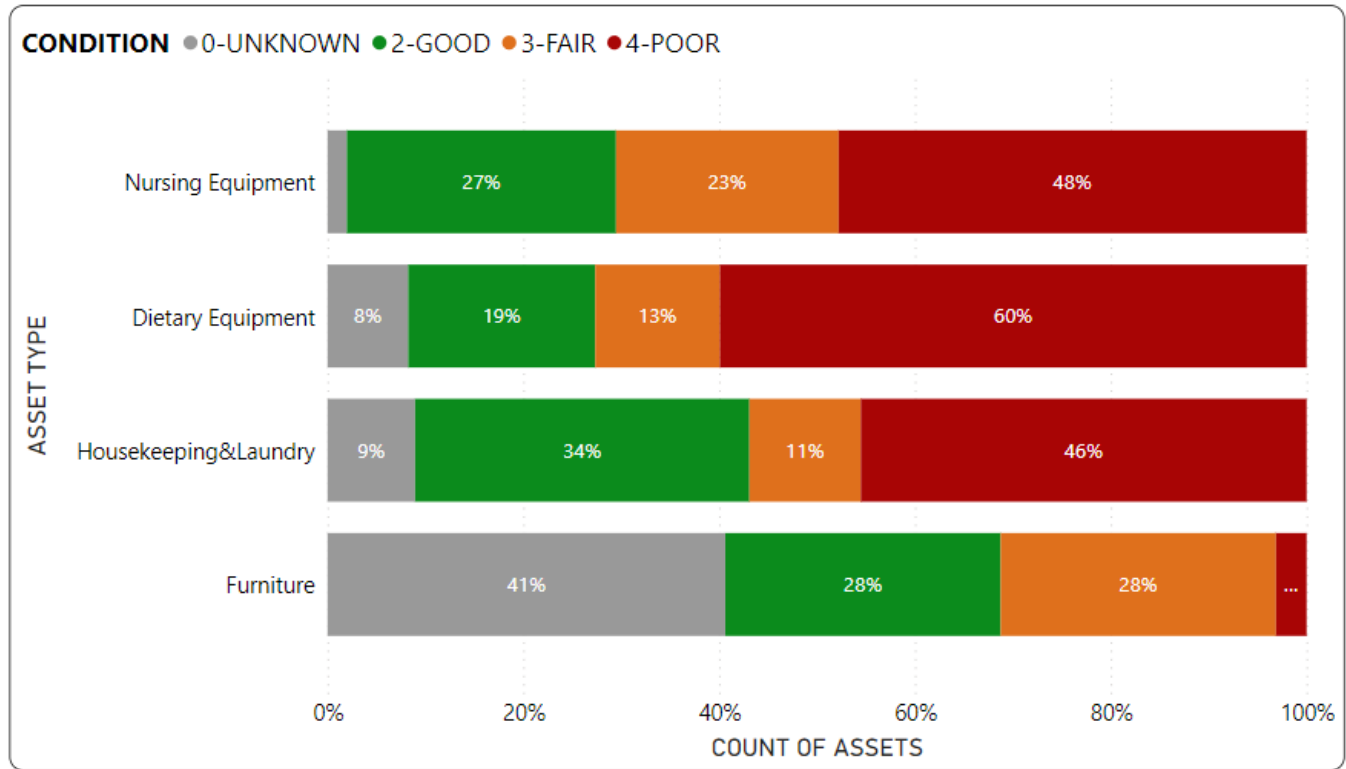
3.2.2.3 ASSET USAGE AND PERFORMANCE

The largest performance issues with Resident Care Equipment involve assets exceeding their ESL. The known service performance deficiencies in *Table 9* were identified using staff input.

Table 9: Known Service Performance Deficiencies

ASSET	LOCATION	SERVICE DEFICIENCY	DESCRIPTION OF DEFICIENCY
Call Bells	**ML and WL**	Wiring can fray over time. Call bells may not sound consistently. Replace at end of life.	Increased risk of injury due to delayed response. Decrease in resident satisfaction.
Bariatric equipment	**ML and WL**	A limited number of bariatric equipment.	Unable to accommodate increasingly complex needs of residents. Increased number of staff and staff time required to provide care.

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3.2.3 ADMINISTRATIVE PROFILE

3.2.3.1   AGE PROFILE

The age profile of LTC Administrative assets is shown in *Figure 6*. On average, IT Assets have an ESL of five years, meaning any equipment purchased before 2019 is beyond its estimated service life. The large spike in 2010 indicates some IT assets have not been replaced for over 10 years and are in Very Poor condition as shown in the condition profile based on ESL. These assets are currently listed in the Corporate IT asset registry and are subject to monthly fees for LTC Homes. During the writing of this AM Plan, it was discovered these items are no longer in service. A continuous improvement item has been added to *Table 30* to have LTC Homes complete a full review and verification of current IT assets against the Corporate IT registry. For Maintenance assets, the data confidence for age is typically Low because age is not tracked and is unknown. Audio/Visual Equipment is overall in Very Poor condition. The condition has been estimated based on the age of the asset and %RSL, where known.

Figure 6: Administrative Age Profile
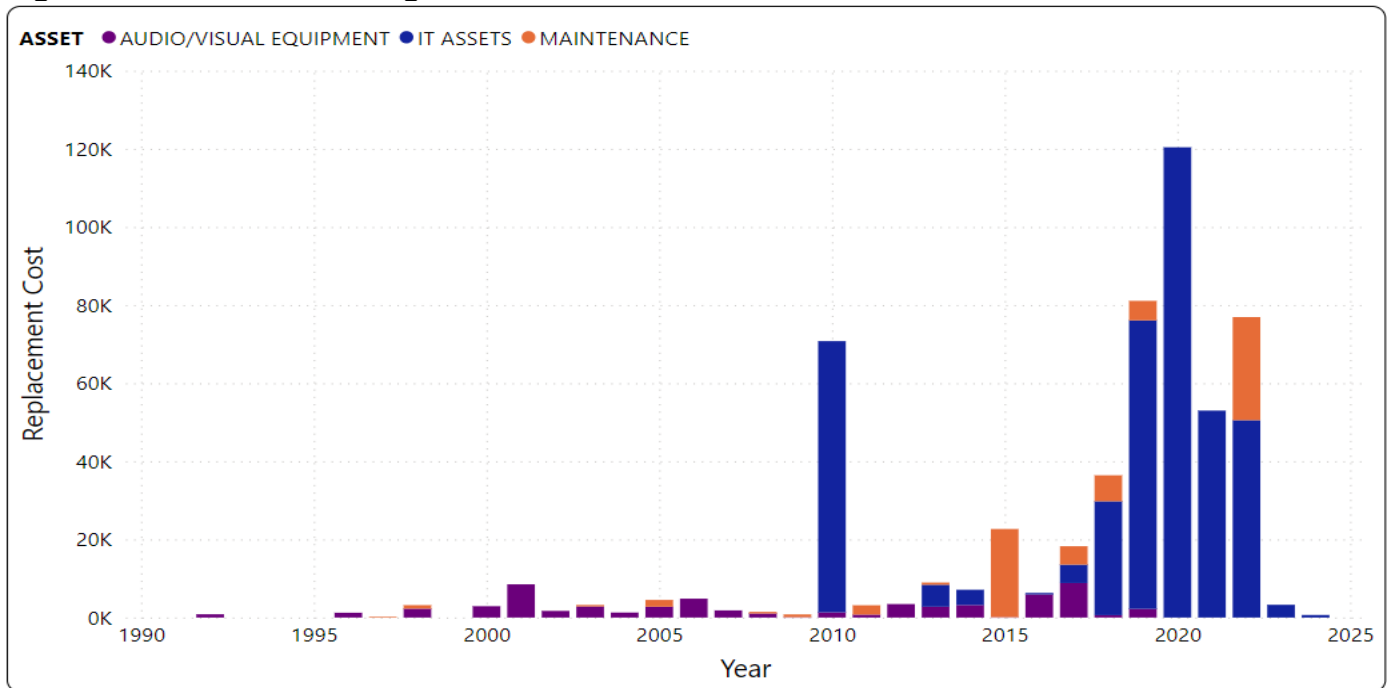
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3.2.3.2   CONDITION METHODOLOGY & PROFILE

The Administrative assets profile does not have a regular inspection program and the condition has been estimated based on the age of the assets where known. Overall, the assets are in Poor to Very Poor condition based on the percent of remaining service life (%RSL).

Table 10: Inspection and Condition Information

ASSET	INSPECTION FREQUENCY	LAST INSPECTION	CONDITION SCORE OUTPUT
IT Assets	Ad Hoc	Ad Hoc	N/A
Maintenance Equipment	Ad Hoc	Ad Hoc	Replaced as needed
Audio/Visual Equipment	Ad Hoc	Ad Hoc	Replaced as needed

The condition profile of the Administrative assets is shown in *Figure 7*. As mentioned in *Section 3.1*, the original condition grades were converted to a standardized condition category for report consistency. IT Assets rated in Very Poor condition refer to laptops purchased in 2010 and as mentioned above, a continuous improvement item has been added to review the Corporate IT asset registry with current IT inventory at both Lodges. Maintenance assets do not have condition assessment and many assets are missing age data. Audio/Visual Equipment is generally in Poor or Very Poor condition based on %RSL. Both Maintenance and Audio/Visual Equipment assets, are replaced as needed and are maintained in operating condition. Generally, these assets are not permitted to deteriorate below Fair condition based on expert staff opinion.

Figure 7: Administrative Condition Distribution
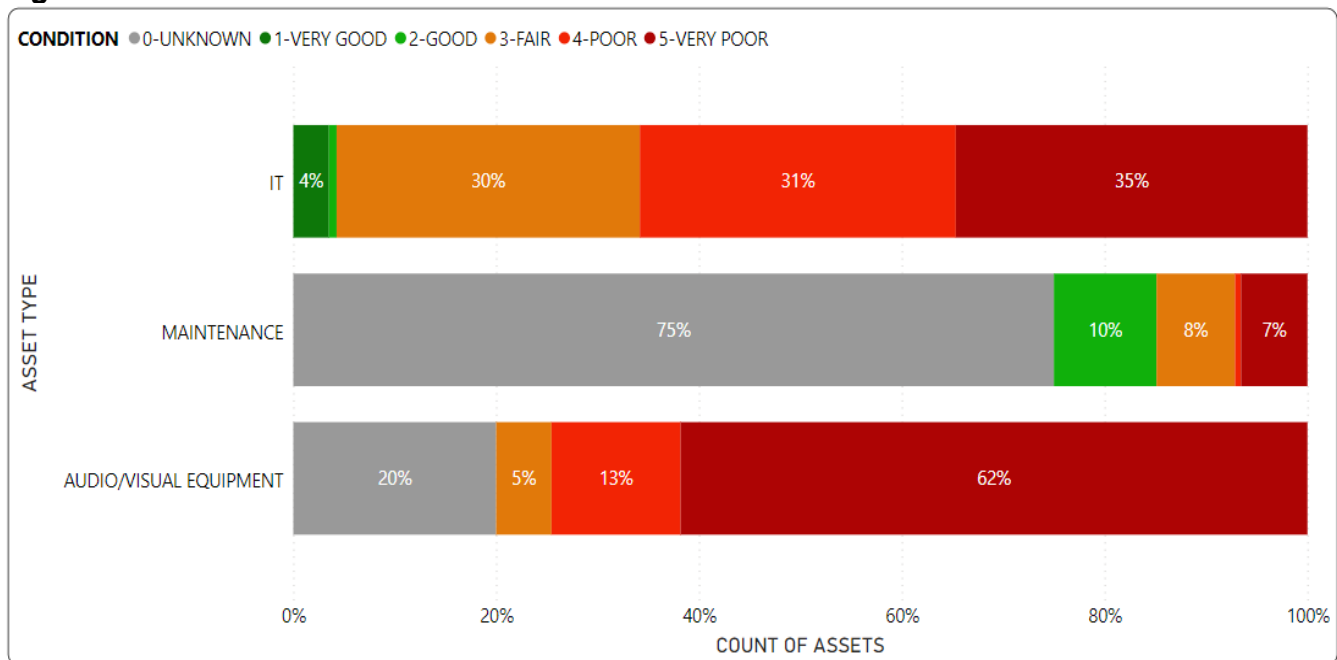
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3.2.3.3 ASSET USAGE AND PERFORMANCE

The largest performance issues with Administrative assets involve assets exceeding their ESL. The known service performance deficiencies in *Table 11* were identified using staff input.

Table 11: Known Service Performance Deficiencies

LOCATION	ASSET	SERVICE DEFICIENCY	DESCRIPTION OF DEFICIENCY
ML & WL	**Audio/Visual Equipment**	Replacement – end-of-life	Declining satisfaction with levels of service and resident expectations with technology.
	IT	Replacement – end-of-life	Increased deficiencies are possible with aging equipment. Potential for some software to not work as planned. The risk that hardware and other upgrades are not available with aging IT equipment.
	Maintenance Equipment	Replacement – end-of-life	Preventative maintenance will have to be delayed without correct or functional equipment. Risk for added costs if a contractor is required to service equipment.

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4. MUNICIPALLY DEFINED LEVELS OF SERVICE

Levels of service are measures of what the City provides to its customers, residents, and visitors, and are best described as the link between providing the outcomes the community desires, and the way that the City provides those services.

O.Reg 588/17[9] does not define levels of service for LTC assets and therefore the City has developed municipally defined levels of service. Levels of service are defined in three ways, customer values, customer levels of service and technical levels of service which are outlined in this section. An explanation for how these were developed is provided in *Section 6.5* of the *AM Plan Overview*.

4.1 SURVEY METHODOLOGY

To develop customer values and customer levels of service, LTC Homes completed internal Resident and Family Satisfaction Surveys. These surveys are completed annually, and results are compared year to year. A continuous improvement item, outlined in *Table 30*, for the next AM Plan update, is to investigate an external survey to gather data from the general City of Hamilton population and potentially former family members of residents as well as current and past visitors. CAM is aware of a 2021 Nationwide Angus Reid Survey on Long-Term Care in Canada[10]. This survey will be used to provide some additional insight into Long-Term Care views of the general public which helped to inform some from the broader public.

As part of the FLTCA legislation, every licensee of a long-term care home is required to complete an annual survey with residents, their families, and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home. LTC Homes completed their annual internal Satisfaction Survey October 1 – 31, 2023. Many residents have challenges completing the survey independently and the staff worked diligently with residents to assist in completing surveys. LTC also completes an independent food survey which also contributed to the development of Customer Values and Levels of Service. Results are also shared with the Resident and Family Councils. 2024-25 Continuous Quality Initiative Reports that speak to the 2023 overall satisfaction survey results for each lodge and can be found in *Appendix "A".* These reports provide high level results of the internal survey questions as required under O. Reg 246/22. The analysis in this AM Plan considered all questions that were included in the surveys.

The survey received submissions from 263 respondents and contained 32 questions related to the LTC Homes service delivery. Based on the number of responses, a sample size of 263 correlates to a 95 percent confidence level with a five percent margin of error based on an

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[9] Government of Ontario, 2017
[10] Angus Reid Institute, 2021

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approximate population size of 594. This was determined to be an acceptable confidence level to use to develop the customer values and customer performance measures for this AM Plan. It is important to note that respondents were allowed to opt out of questions, and so different questions may have different confidence levels depending on the opt-out rate for that question. Finally, about 80 percent of LTC Home residents are assessed to have a cognitive impairment and might need support to complete the survey. This may impact the comfort level of the respondent and may affect their answers as they are not anonymous when completing the survey.

While these surveys were used to establish customer values and customer performance measures, it is important to note that there were also limitations to the survey methodology which may reduce the confidence level in the survey data. CAM recommends that LTC Homes consider some modifications to the existing internal survey in order to improve the results by ensuring the response scales used to cover all possibilities (i.e., standardize to a 5-point Likert[11] Scale). This is a continuous improvement item identified in **Table 30.**

Table 12: Data Confidence Levels

GRADE	DATA CONSISTENCY (STANDARD DEVIATION)	CONFIDENCE LEVEL (MARGIN OF ERROR AT 95% CONFIDENCE IN SAMPLE SIZE)
Very High	0 to 0.5 – results are tightly grouped with little to no variance in response.	0% to 5% - minimal to no error in results, can generally be interpreted as is.
High	0.5 to 1.0 – results are tightly grouped but with slightly more variance in response.	5% to 10% - error has become noticeable, but results are still trustworthy.
Medium	1.0 to 1.5 – results are moderately grouped together, but most respondents are generally in agreement.	10% to 20% - error is a significant amount and will cause uncertainty in the final results.
Low	1.5 to 2.0 – results show a high variance with a fair amount of disparity in responses.	20% to 30% - error has reached a detrimental level and results are difficult to trust.
Very Low	2.0+ – results are highly variant with little to no grouping.	30%+ - significant error in results, hard to interpret data in a meaningful way.

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[11] A Likert scale is a rating scale used to measure opinions, attitudes, or behaviours. It consists of a series of five answer statements which are consistently written the same way (e.g., Very Good to Very Poor, Very Satisfied to Very Unsatisfied).

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4.2   CUSTOMER VALUES

Customer values are what the customer can expect from their tax dollar in "customer speak" which outlines what is important to the customer, whether they see value in the service, and the expected trend based on the 10-year budget. These values are used to develop the level of service statements.

Customer Values indicate:

- What aspects of the service are important to the customer;
- Whether they see value in what is currently provided; and,
- The likely trend over time-based on the current budget provision.

As previously mentioned, the customer values below were determined using the results from the LTC Internal Resident and Family Satisfaction Survey and some consideration of the Angus Reid 2021 National Survey[12] on long-term care.

Table 13: Customer Values

SERVICE OBJECTIVE				
CUSTOMER VALUES	CUSTOMER SATISFACTION MEASURE	CURRENT FEEDBACK	DATA CONSISTENCY GRADE (AS PER TABLE 12)	EXPECTED TREND BASED ON PLANNED BUDGET (10-YEAR HORIZON)
Residents want a homelike environment, which is clean and inviting.	Internal Satisfaction Survey (2023)	% of satisfied respondents ML - 94% WL - 95%	High	Maintain
Residents want a welcoming atmosphere where they feel safe and accepted.		% of satisfied respondents ML - 96% WL - 92%	High	Maintain

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[12] Angus Reid Institute, 2021

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SERVICE OBJECTIVE				
CUSTOMER VALUES	**CUSTOMER SATISFACTION MEASURE**	**CURRENT FEEDBACK**	**DATA CONSISTENCY GRADE (AS PER TABLE 12)**	**EXPECTED TREND BASED ON PLANNED BUDGET (10-YEAR HORIZON)**
Residents want an enjoyable dining experience (pleasant environment, service, quality, and variety of food).		% of satisfied respondents ML - 87% WL - 69%	High	Maintain/Increase
Residents want to communicate openly and freely to ensure their care and service needs are met and without fear of consequences.		% of satisfied respondents ML - 92% WL - 92%	High	Maintain
Residents want sufficient programs to meet their social, physical, cognitive, and spiritual needs.		% of satisfied respondents ML - 88% WL - 83%	Medium	Maintain
Residents want timely responses to call bells.		% of satisfied respondents ML - 68% WL - 64%	Low	Increase
Preferences for daily activities are respected and accommodated.		% of satisfied respondents ML - 90% WL - 79%	High	Maintain
Residents want staff to be available and helpful.		% of satisfied respondents ML – 86% WL – 85%	Medium	Maintain/Increase

4.3   CUSTOMER LEVELS OF SERVICE

Ultimately customer performance measures are the measures that the City will use to assess whether it is delivering the level of service the customer desires. Customer level of service measurements relate to how the customer feels about the City's LTC service in terms of their quality, reliability, accessibility, responsiveness, sustainability and, over the course, their cost. The City will continue to measure these customer levels of service to ensure a clear understanding of how the customers feel about the services and the value of their tax dollars.

The Customer Levels of Service are considered in terms of:

Condition	How good is the service? What is the condition or quality of the service?
Function	Is it suitable for its intended purpose? Is it the right service?
Capacity/Use	Is the service over or underused? Do we need more or less of these assets?

In *Table 14* under each of the service measure types (Condition, Function, Capacity/Use) there is a summary of the performance measure being used, the current performance, and the expected performance based on the current allocation.

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Table 14: Customer Levels of Service

TYPE OF MEASURE	LEVEL OF SERVICE STATEMENT	SOURCE	PERFORMANCE MEASURE	CURRENT PERFORMANCE	EXPECTED TREND BASED ON PLANNED BUDGET
Quality/ Condition	Ensure that LTC Homes assets are maintained in good condition.	Internal Satisfaction Survey (2023)	% of survey respondents who feel the Lodges provide a homelike environment which is clean and inviting.	ML - 94% WL - 95%	Maintain
		Confidence Level		Very High	
		Data Consistency		High	
	Residents and families are satisfied with the care and services provided by LTC Homes.	Internal Survey (2023)	% of survey respondents who are overall satisfied with the quality of the care and services.	ML - 95% WL - 90%	Maintain
		Confidence Level		Very High	
		Data Consistency		High	
Function	Ensure that food services meet resident needs.	Internal Satisfaction Survey (2023)	% of survey respondents who are satisfied with Food Services.	ML - 87% WL - 69%	Maintain/Increase
		Confidence Level		Very High	
		Data Consistency		High	
	Ensure laundry services meet resident needs.	Internal Satisfaction Survey (2023)	% of survey respondents who are satisfied with laundry services.	ML - 85% WL - 85%	Maintain
		Confidence Level		Very High	
		Data Consistency		High	
	Ensure that Long-Term Care residents are comfortable and feel safe.	Internal Satisfaction Survey (2023)	% of survey respondents that feel Lodges provide a welcoming atmosphere where residents feel safe and accepted.	ML - 96% WL - 92%	Maintain
		Confidence Level		Very High	
		Data Consistency		High	
Capacity	Ensure LTC Homes have enough reliable assets to respond to resident needs.	Internal Satisfaction Survey (2023)	% of survey respondents who agree that there are sufficient and appropriate resources within the home to address issues and concerns.	ML - 84% WL - 83%	Maintain
		Confidence Level		Very High	
		Data Consistency		Medium	
	Ensure LTC Homes have enough funding to improve long-term care services.	**Angus Reid Survey (2021)[13]**	% of survey respondents who are willing to pay a 2% increase in personal tax towards improvements to the Ontario long-term care system.	60% (or three-in-five)	N/A
		Confidence levels		Very High	
		Data Consistency		N/A	
	Ensure LTC Homes have a sufficient number of staff to provide long-term care services.	**Angus Reid Survey (2021)[13]**	% of survey respondents in Ontario who agree to increase the minimum number of staff required to be on duty.	43%	N/A
		Confidence levels		Very High	
		Data Consistency		N/A	

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[13] Angus Reid Institute, 2021

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4.3.1 CUSTOMER INDICES

The indices calculated to assess how customer expectations for a service align with the perceived performance for a service are listed below in **Table 15.** These indices are explained and analyzed in detail in the sections below. The "Service Importance Versus Performance Net Differential" and "Service Rates Versus Value for Money Net Differential" were not able to be calculated for LTC based on the available data.

Table 15: Customer Indices

CUSTOMER INDICES	AVERAGE RESULT
Net Promoter Score (%)[14]	67%

The information below is intended to provide context around the survey results to assist LTC Homes with areas to further investigate before proposing any new levels of service.

SERVICE IMPORTANCE VERSUS PERFORMANCE NET DIFFERENTIAL

This indices was not measured for this iteration of the Long-Term Care *Asset Management Plan.*

NET PROMOTER SCORE INDICE

The Net Promoter Score indices outline how likely an individual is to recommend a service to another person and measure customer loyalty. For municipal services, this score is difficult to interpret because oftentimes individuals do not have many alternatives for utilizing different services and also there may be internal biases for certain service areas, however, this score does provide valuable information if customers would recommend using the service or whether they may seek alternatives or avoid using the service altogether.

Likert[15] choices less than a score of 4 are considered 'Detractors' meaning that they would not recommend the service, while scores of 5 are considered 'Promoters' who would recommend the service, and scores of 4 are considered 'Passive' which means they do not have strong feelings about the service. Respondents who opted out by not answering or selecting 'Can't Say' were removed from the sample. Net Promoter score is calculated by subtracting (percentage of Promoters) and (percentage of Detractors). The Standard Deviation (σ) is calculated in percent, the same units as the Net Promoter Score.

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[14] A positive net promoter score indicates customers would recommend the service to others, a negative score indicates they would not, and a value close to 0 indicates a neutral feeling about the service.

[15] A Likert scale is a rating scale used to measure opinions, attitudes, or behaviours. It consists of a series of five answer statements which are consistently written the same way (e.g., Very Good to Very Poor, Very Satisfied to Very Unsatisfied).

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The LTC Homes Internal Residents and Family Satisfaction Survey (2023) did not use the Likert[15] Scale for the survey questions. Instead, the following scale was used: 1 – Strongly Agree, 2 – Agree, 3 – Disagree, 4 – Strongly Disagree, 5 – Unknown, this scale is missing a "middle" choice of Neither Agree nor Disagree. Respondents were allowed to opt out by not answering questions and were removed from the sample. Scores of 1 were considered 'Promoters', while scores 3 and 4 were considered 'Detractors'. Scores of 2 were considered 'Passive' therefore, were not included in the calculations.

The Net Promoter Score using the above methodology for calculations resulted in a positive 67 percent score. This means that an individual is 67 percent likely to recommend these services to others. The confidence level was Very High for this question and data consistency results were Medium level, as per *Table 12*. This indicates strong customer loyalty and willingness to recommend LTC Homes to others.

SERVICE RATES VERSUS VALUE FOR MONEY INDICE

The Service Rates versus Value for Money indices are used to determine if the rate an individual is paying for a service correlates with the perceived value for money.

An external survey was not completed for LTC to gather data from the general population, from families of former service users or visitors of the Lodges. As a result, the service rates versus value-for-money indices could not be calculated. This analysis was based on the existing Internal Resident and Family Satisfaction survey from October 2023 and the Nationwide Angus Reid 2021[16] survey on the long-term care industry nationwide.

The internal survey results indicated overall high satisfaction with the services provided at the two municipal LTC Homes. The results of the Nationwide Angus Reid[16] survey provided perspective from the public on the overall long-term care industry and included both, municipally and privately operated long-term care homes. When asked about willingness to pay two percent more in personal taxes towards improvements to the long-term care system, in Ontario 60 percent of respondents indicated willingness to pay more. These respondents were not direct users of services at Macassa Lodge or Wentworth Lodge and were responding to the current state of the LTC industry which was extremely affected by the recent COVID-19 pandemic. Based on the national Angus Reid[16] Poll it seems that the overall long-term care sector in the province is not meeting the desired outcomes and 60 percent of taxpayers are willing to pay more taxes to fund improvements in this area.

4.3.2 TECHNICAL LEVELS OF SERVICE

Technical levels of service are operational or technical measures of performance, which measure how the City plans to achieve the desired customer outcomes and demonstrate effective performance, compliance, and management. The metrics should demonstrate how the City delivers its services in alignment with its customer values; and should be viewed as possible

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[16] Angus Reid Institute, 2021

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levers to impact and influence the Customer Levels of Service. The City will measure specific lifecycle activities to demonstrate how the City is performing in delivering the desired level of service as well as to influence how customers perceive the services they receive from the assets.

Technical service measures are linked to the activities and annual budgets covering Acquisition, Operation, Maintenance, and Renewal. Asset owners and managers create, implement and control technical service levels to influence the service outcomes.[17]

Table 16 shows the activities expected to be provided under the current 10-year Planned Budget allocation and the Forecast activity requirements being recommended in this AM Plan.

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[17] IPWEA, 2015, IIMM, p2|28.

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Table 16: Technical Levels of Service

LIFECYCLE ACTIVITY	LEVEL OF SERVICE	ACTIVITY MEASURE	CURRENT ACTUAL PERFORMANCE (2023)	CURRENT TARGET PERFORMANCE (2024)	PROPOSED 10-YEAR PERFORMANCE
Acquisition	Increase Municipal LTC beds to improve response to demand.	Number of new beds acquired.	0	+20	No additional bed acquisitions are planned.
		Budget	n/a	$16.7M	0
	Increase resident care with additional Personal Support Worker (PSW) (28 positions), Registered Nurse (RN) (1.4 FTE) and Registered Practical Nurse (RPN) (4.08 FTE) due to legislative change to increase direct care minutes per resident.	Additional FTE PSW, RN and RPN for both Lodges.	0X	+28 FTE - PSW (ML 17, WL 11) +1.4 FTE – RN +4.08 FTE - RPN	No additional FTEs are planned at this time.
		Budget	0	$2,811,534	0
Operation	Educate all staff on Resident Rights.	% completed.		100%	100%
		Budget	Not yet quantified		
	Reduce antipsychotic medication use.	% of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment.	ML – 25.84% WL – 23.54%	ML – 25.50% WL – 21.50%	Not yet quantified
		Budget	Not yet quantified		
	Reduce the percentage of residents experiencing worsened pain.	% of LTC residents experiencing worsened pain.	ML – 17.90% WL – 14.3%	ML – 17% WL – 13.80%	Not yet quantified
		Budget	Not yet quantified		
	Apply a Lifecycle Approach to ensure optimum costs are achieved over the whole life of the asset.	Actual Operating Expenditures vs Planned Budget.	99%	90-100%	90-100%
		Budget	$12,972,000 (Net budget)	Not yet quantified	
	Reduce the percentage of resident falls.	% of LTC residents who fell (2022 / 2023).	ML – 18.2% WL – 17%	ML – 14% WL – 16.6%	Not yet quantified
		Budget	Not yet quantified		
	Reduce Emergency Department (ED) visits/admissions.	Number of ED visits for modified list of ambulatory care-sensitive conditions per 100 long-term care residents.	ML – 14.55% WL – 8.38%	ML – 14.10% WL – 8%	Not yet quantified
		Budget	Not yet quantified		
Maintenance	Ensure that LTC Lodges facilities are well maintained.	% FCI	ML: 4.35% WL: 1.03%	< 5%	< 5%
		Budget	2024 Operating Budget Facilities 3.4M 2024 Capital Budget $4.3M	Not yet quantified	
	Ensure monthly inspections for generators are completed.	% completed.	100%	100%	100%
		Budget	Performed by Contractor	Performed by Contractor	
	Ensure preventative and maintenance program for Food Services and Housekeeping and Laundry Services equipment is completed.	TBD	Not currently measured	TBD	TBD
		Budget	Not yet quantified		
Renewal	Ensure staff have enough reliable Resident Care assets to meet resident and family needs.	Overall Resident Care Equipment Condition is Fair or Better.	Fair/Poor	Fair or higher	Fair or higher
		Budget	2024 Operating Budget $236K 2024 Capital Budget $836K	Not yet quantified	

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4.3.3 PROPOSED LEVELS OF SERVICE DISCUSSION

CONDITION / QUALITY

Based on the Customer Levels of Service *Table 14* and Technical Levels of Service *Table 16*, it is evident that typically customer expectations match LTC Homes service levels, given the strongly agree and agree ratings given to most survey questions.

Survey respondents thought that overall LTC Homes had a very satisfactory performance. The majority of survey respondents strongly agreed that LTC Homes were clean and safe. In reference to Technical Levels of Service *Table 16*, the LTC Homes Facilities Condition Index indicated a Good condition rating, which is the highest possible. These indicators are not exactly aligned, but overall, the outcomes are consistent to conclude that there is a match between the Technical LOS and Customer LOS. The overall satisfaction with quality of care and services was very high at both lodges as well. This Customer Level of Service can be linked to the Technical Level of Service section via the targets for all operations activity measures and acquisition measures of increase of FTEs to provide increased resident care time as per new legislation. Current performance aligns with current targets set out for these activity measures indicating a match between Technical LOS and Customer LOS.

FUNCTION

Survey respondents were satisfied or very satisfied with the overall services provided by LTC Homes. One area where respondents had lower satisfaction was food services, particularly at Wentworth Lodge. A difference in satisfaction with food services between the two lodges was also noted. This correlates with the Technical LOS for renewal of equipment, dietary and housekeeping/laundry, where the majority of equipment is in Fair or Poor condition based on %RSL. The development of KPIs for preventative maintenance of resident care equipment should be considered to improve satisfaction. During the writing of this report, LTC staff started to investigate to understand the differences in customer sentiment around food services between the two lodges and as a result introduced a new menu at Wentworth Lodge. Initial feedback received through internal audits and Resident Council meetings supports an increase in resident satisfaction with the dining experience. After completion of the 2024 internal satisfaction survey consider proposing different levels of service if satisfaction results are still lower and difference in satisfaction between the two lodges still exists.

CAPACITY

Respondents generally indicated they agree that there are sufficient and appropriate resources within the home to address issues and concerns. The Angus Reid Nationwide[18] survey results show that 43 percent of respondents in Ontario agree to increase the minimum number of staff required to be on duty. Recent legislation change has increased the required direct resident care hours from three hours and fifteen minutes per day per resident to four hours, an increase of 45

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[18] Angus Reid Institute, 2021

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minutes per resident. Incremental implementation of the increased care time started in 2022 with completion anticipated by the end of 2025. This change should improve future satisfaction once it is fully implemented, and residents begin to see the change in the level of service required by legislation.

5. FUTURE DEMAND

Demand is defined as the desire customers have for assets or services and that they are willing to pay for. These desires are for either new assets/services or current assets.

The ability for the City to be able to predict future demand for services enables the City to plan ahead and identify the best way of meeting the current demand while being responsive to inevitable changes in demand. Demand will inevitably change over time and will impact the needs and desires of the community in terms of the quantity of services and types of services required.

5.1   DEMAND DRIVERS

For the LTC Homes service area, the key drivers are population growth in the 55+ age demographic, and legislative changes.

5.2   DEMAND FORECASTS

The current position and projections for demand drivers that may impact future service delivery and use of assets have been identified and documented in **Table 17**. Growth projections have been shown on **Page 45** of the **AM Plan Overview** document.

Where costs are known, these additional demands as well as anticipated operations and maintenance costs have been encompassed in the Lifecycle Models in **Section 8.0**.

5.3   DEMAND IMPACT AND DEMAND MANAGEMENT PLAN

The impact of demand drivers that may affect future service delivery and use of assets is shown in **Table 17**. Demand for new services will be managed through a combination of managing existing assets, upgrading of existing assets and providing new assets to meet demand and demand management. Demand management practices can include non-asset solutions, insuring against risks, and managing failures.

Opportunities identified to date for demand management are shown in **Table 17**. Climate change mitigation and adaptation is included in **Section 7.0.**

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Table 17: Demand Management Plan

DEMAND DRIVER	CURRENT POSITION	PROJECTION	IMPACT ON SERVICES	DEMAND MANAGEMENT PLAN
Population Growth	• LTC waitlist for Hamilton (27 total LTC homes) at 1,851, including 411 in the crisis category (2021).	• 2554 beds by 2035 - based on an expected 38% increase in demand for LTC spaces in Ontario by 2035[19].	• Longer wait times for LTC placement. • Pressure to admit new residents. • Pressure on the healthcare system. • Pressure on families and caregivers. • No available funding for additional expansions. • Unable to add new beds without Ministry of Long-Term Care approval.	• Build new assets – ML is to build 20 new LTC beds by the end of 2026. • Work with community partners to enhance aging at home. • Add new FTEs. • Increase operating budget. • Tap into available provincial funds for LTC. • *To Note:* Currently, the City of Hamilton is meeting the legislated requirement with a provision of one municipally owned and operated LTC home.
	• 0.075% - Municipal LTC beds to the current population of the City of Hamilton (430 beds/570K population).	• An additional 154 beds between 2026-2054/or 5.5 beds/year would be needed to maintain the current Level of Service.		
Demographic Change / Ageing Population 55+[20]	• 183K (2021)	• 250K (2046)	• Increasing waitlists and longer wait times for LTC placement. • Pressure to admit new residents. • Pressure on the health care system. • Pressure on families and caregivers. • More complex care needs resulting in higher level of care requirements.	• Build new assets – ML is to build 20 new LTC beds by the end of 2026. • Work with community partners to enhance aging at home. • Add new FTEs. • Increase operating budget. • Tap into available provincial funds for LTC.
Legislation / Regulatory changes to LTC personal care hours as mandated by MOHLTC	• 3 hours 15 minutes	• 4 hours	• Human health resource challenge. • Improved public perception of LTC. • Reduced wait time for bell call response. • Improved care for the aging population.	• Work with local education institutes to increase staffing pools. • Add Full Time Equivalent (FTE) hours. • Increase operating budget and funding to meet legislated requirements.
Legislated Requirement – Fixing Long-Term Care Act	• As per legislation, every LTC facility staff complement to include one full-time Infection Control Practitioner (ICP) position.	• Starting in 2023, legislation requires one FTE ICP per facility.	• Currently, insufficient budget to support ICP FTEs past 2025. • Increase in outbreaks and longer days in an outbreak. • Negative reputation. • Non-compliance with legislation. • Decrease in residents' satisfaction and quality of life.	• Two new FTEs for ICP, one at each location, have been implemented. • External funding is available until the end of 2025.
Negative LTC reputation post-pandemic	• Average number of days in outbreak: • ML – 159 (2022) WL - 130 (2023)	• Reduce outbreak occurrences and days in an outbreak. • Improve reputation.	• Negative press and perception of the LTC sector during the pandemic resulted in an overall negative reputation. • Increase in outbreaks and days in an outbreak.	• Two dedicated FTEs for Infection Prevention and Control (IPAC) as per new legislation (one FTE per home). • Provide staff education on IPAC. • Complete regular audits.

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[19] Ontario Long Term Care Home Association, 2023

[20] Ministry of Long-term Care regulations for admission to long-term care homes require meeting the following criteria: 18 years of age or older; have a valid Ontario Health Card; have health care needs that cannot be met with any combination of caregiving in the home or community; and, have health care needs that can be met in a long-term care home.

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DEMAND DRIVER	CURRENT POSITION	PROJECTION	IMPACT ON SERVICES	DEMAND MANAGEMENT PLAN
			• Staff shortages due to illness. • Decreased satisfaction for residents and families/caregivers. • Pressure on the healthcare system.	• Completed voluntary CARF Accreditation survey in 2023. • Technology designed to track outbreaks, determine trends, and improve strategies has been implemented.
D Wing - outdated room configurations	• "D" Wing -100% C Class accommodations (two-person ward rooms).	• Maintain legislated split of 60%/40%, preferred vs basic room accommodations. • Ministry Home Design Standards require a larger accessible turning radius size, wider doors for accessibility, smaller sub-division of total number of occupants per resident home and larger dining space per resident.	• Current accommodations do not meet the new standards for door openings and accessible turning radius. • Increase in viral infections and outbreaks can be attributable to smaller shared spaces.	• Planned "B" Wing renovations to convert spaces to more architecturally private and to meet the legislated requirement of 60%/40% split between preferred versus basic rooms. • Update spaces to meet the new standard for door opening and turning radius. • Access any available provincial funds for LTC. • D wing feasibility study to be completed.
Change in care needs and expectations	• MLTC standards	• The desire for more custom options for meals, mealtimes, recreational amenities and social programs. More resident-driven care (on-demand/flexible), providing boutique-style experience versus an institutional model. • Increase in bariatric needs.	• Insufficient operating budget to accommodate increasing needs. • Decreased satisfaction for residents and families/caregivers. • Challenges to accommodate unique diet types and varying allergy management. • Outdated recreation programming. • Increase in level of care for increasing care needs. • Longer wait times to accommodate increasingly complex needs. • Space design and equipment unable to meet required accommodations.	• Member of AdvantAge Ontario – a community-based, not-for-profit organization dedicated to supporting the best possible aging experience. • Specialized equipment, "Obie" (interactive gaming console for seniors) has been purchased to enhance recreational programming. • If funding is available, acquire specialized equipment, integrate different bed classifications to create a more integrated community, and match-built facilities to resident needs, i.e., expansions for wider doors. • Additional training and staff to be able to provide specialized care. • Apply for funding from the Local Priorities Fund to support the purchase of bariatric beds and mattresses and wider spreader bars for lifts.
Health Equity - caring for different identities/backgrounds/ lived experiences	• Introducing the concepts of diversity and inclusion in workplace to staff and key stakeholders through in-house training.	• More diverse populations within the community of long-term care such as Indigenous Peoples, Black, racialized, 2SLGBTQIA+ communities, Francophone and high-priority populations.	• Decreased satisfaction for residents and families/caregivers if different care needs and expectations are not met.	• A Cultural Competency and Diversity Plan is in place and reviewed annually. The plan comprises strategies to raise awareness and reduce disparities which include culture and language, age, gender, spiritual beliefs, socioeconomic status, and race. • Training and support for staff and specialized workshops including IDEA training for leadership staff.

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5.4   ASSET PROGRAMS TO MEET DEMAND

The new assets required to meet demand may be acquired, donated, or constructed. For LTC, assets are **typically acquired or constructed.**

At this time there are approximately **$16.7 million** in assets acquired over the next 5 years and currently, there are no additional planned or anticipated acquisitions over the 30-year planning period as discussed in *Section 8.1*. Acquiring new assets will commit LTC to ongoing operations, maintenance, and renewal costs for the amount of time that the service is required. These future costs have been estimated at a high level in the Lifecycle Models in *Section 8.0* but should be quantified further for future iterations of the report for consideration in developing higher confidence forecasts of future operations, maintenance, and renewal costs for inclusion in the long-term financial plan

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6. RISK MANAGEMENT

The purpose of infrastructure risk management is to document the findings and recommendations resulting from the periodic identification, assessment and treatment of risks associated with providing services from infrastructure, using the fundamentals of International Standard ISO 31000:2018 Risk management – Principles and guidelines.

Risk Management is defined in ISO 31000:2018 as: 'coordinated activities to direct and control with regard to risk'[21].

The City is developing and implementing a formalized risk assessment process to identify risks associated with service delivery and to implement proactive strategies to mitigate risk to tolerable levels. The risk assessment process identifies credible risks associated with service delivery and will identify risks that will result in loss or reduction in service, personal injury, environmental impacts, a 'financial shock', reputational impacts, or other consequences.

The risk assessment process identifies credible risks, the likelihood of those risks occurring, and the consequences should the event occur. The City utilizes two risk assessment methods to determine risk along with subject matter expert opinion to inform the prioritization. Hamilton is further developing its risk assessment maturity with the inclusion of a risk rating, evaluation of the risks and development of a risk treatment plan for those risks that are deemed to be non-acceptable in the next iteration of the plan.

6.1   CRITICAL ASSETS

Critical assets are defined as those which have a high consequence of failure causing significant loss or reduction of service. Critical assets have been identified and along with their typical failure mode, and the impact on service delivery, are summarized in *Table 18*. Failure modes may include physical failure, collapse, or essential service interruption.

Table 18: Critical Assets

CRITICAL ASSET	FAILURE MODE	IMPACT
Facilities	Facility unusable (fire, flood, structural)	Unable to provide resident care services. Possible relocation of residents to an emergency site.
Generator	Physical Failure	Unable to provide resident care services in case of power outages. Possible relocation of residents to an emergency site.

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[21] ISO 31000:2009, p 2

CRITICAL ASSET	FAILURE MODE	IMPACT
Staffing	Pandemic/infection - mass numbers of staff unable to work	Unable to provide resident care services.

By identifying critical assets and failure modes an organization can ensure that investigative activities, condition inspection programs, maintenance and capital expenditure plans are targeted at critical assets.

6.2   RISK ASSESSMENT

The risk assessment process identifies credible risks, the likelihood of the risk event occurring, the consequences should the event occur, the development of a risk rating, evaluation of the risk and development of a risk treatment plan for non-acceptable risks.

An assessment of risks associated with service delivery will identify risks that will result in loss or reduction in service, personal injury, environmental impacts, a 'financial shock', reputational impacts, or other consequences.

Critical risks are those assessed with 'Very High' (requiring immediate corrective action), and 'High' (requiring corrective action) risk ratings identified in the Infrastructure Risk Management Plan. The residual risk and treatment costs of implementing the selected treatment plan are shown in *Table 19*. It is essential that these critical risks and costs are reported to management. Additional risks will be developed in future iterations of the plan and are identified in *Table 30* in the continuous improvement section of the plan.

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Table 19: Risks and Treatment Plans

SERVICE OR ASSET AT RISK	WHAT COULD HAPPEN	RISK RATING	RISK TREATMENT PLAN	RESIDUAL RISK	TREATMENT COSTS
Resident Services interruption	Emergency event (loss of power, loss of network, water, staff shortages).	High	Review the Emergency and Business Continuity plans annually. Have contingency materials on hand. Scenario exercises with staff and community partners for possible emergency events. Complete monthly generator inspections.	Low	Internal resources and contractor cost for monthly generator inspections.

6.3   INFRASTRUCTURE RESILIENCE APPROACH

The resilience of our critical infrastructure is vital to the ongoing provision of services to customers. To adapt to changing conditions the City needs to understand its capacity to withstand a given level of stress or demand and to respond to possible disruptions to ensure continuity of service. We do not currently measure our resilience in service delivery, and this will be included in the next iteration of the AM Plan.

Resilience covers the capacity of the City to withstand any service disruptions, act appropriately and effectively in a crisis, absorb shocks and disturbances as well as adapt to ever-changing conditions. Resilience is built on aspects such as response and recovery planning, financial capacity, climate change risk, assessment, and crisis leadership.

6.4   SERVICE AND RISK TRADE-OFFS

The decisions made in AM Plans are based on the objective of achieving the optimum benefits from the available resources.

The following table outlines what activities LTC cannot afford to do over the next 10 years with their existing budget and provides the associated service and risk tradeoffs.

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Table 20: Service and Risk Trade-offs

WHAT WE CANNOT DO (WHAT CAN WE NOT AFFORD OVER THE NEXT 10 YEARS?)	SERVICE TRADE-OFF (HOW WILL NOT COMPLETING THIS AFFECT OUR SERVICE?)	RISK TRADE-OFF (WHAT RISK CONSEQUENCES ARE WE UNDERTAKING?)
Expand capacity beyond what is currently planned and funded (20 beds). All LTC expansions require Council's direction and Ministry of Long-term Care approval.	The city-wide wait list for LTC will continue to grow. The level of service to the general public will decline as the population grows the percentage of municipal LTC beds to population ratio will not be maintained.	Reputational risk. More pressure on the health care system and families/caregivers. A growing number of seniors will require home care.
Increase resident care hours beyond legislated requirements for care standards and provincially allocated funding.	Improve resident care beyond current minimum standards and offer additional quality of life enhancement.	Reputational risk. Longer times to respond to call bells. Residents needing a high level of care will experience increased waiting times to accommodate their complex needs.

7. CLIMATE CHANGE AND MITIGATION

Cities have a vital role to play in reducing the emission of greenhouse gases (mitigation), as well as preparing assets for the accelerating changes we have already begun to experience (adaptation). At a minimum, the City must consider how to manage our existing assets given the potential climate change impacts for our region.

Changes to Hamilton's climate will impact City assets in the following ways:

- Affect the asset lifecycle;
- Affect the levels of service that can be provided and the cost to maintain;
- Increase or change the demand on some of our systems; and,
- Increase or change the risks involved in delivering service.

To quantify the above asset/service impacts due to climate change in the Asset Management Plan, climate change is considered as both a future demand and a risk for both mitigation and adaptation efforts. These demands and risks should be quantified and incorporated into the lifecycle models as well as levels of service targets.

If climate change mitigation/adaptation projects have already been budgeted, these costs have been incorporated into the lifecycle models. However, many asset owners have not yet quantified the effects of the proposed demand management and risk adaptation plans described in this section, and so associated levels of service and costs will be addressed in future revisions of the plan. This has been identified as a continuous improvement item in **Table 30.**

7.1 CLIMATE CHANGE MITIGATION

Climate Mitigation refers to human intervention to reduce GHG emissions or enhance GHG removals (e.g. electric vehicles, net-zero buildings). The City of Hamilton's Community Energy + Emissions Plan[22] (CEEP) includes five Low-carbon Transformations necessary to achieve the City's target of net-zero GHG emissions by 2050:

- Innovating our industry;
- Transforming our buildings;
- Changing how we move;
- Revolutionizing renewables; and,
- Growing Green.

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[22] Newbold, Skidmore, Chessman, Imhoff, & McDowell, 2022

Mitigation Demand Analysis

These transformations were incorporated into the climate mitigation demand analysis for this service area by:

- Identifying the City's modelled targets for the low carbon transformations that applied to the service/asset;
- Discussing the impact the targets would have on the service/asset; and
- Proposing a preliminary demand management plan for how this modelled target will be achieved by 2050.

As previously mentioned, due to the high level of uncertainty with the demand management plans for climate change, the cost of the demand impacts below have not been included in the lifecycle models or levels of service at this time. The demand management plans discussed in this section should be explored by asset owners in more detail following the AM Plan, and new projects should incorporate GHG emissions reduction methods, and changes which will be incorporated into future iterations of the AM Plan. This has been identified as a continuous improvement item in *Table 30.*

Moving forward, the Climate Lens tool discussed in the ***AM Plan Overview*** will assess projects based on these targets and will assist with the prioritization of climate mitigation projects.

Table 21: Climate Change Mitigation Transformation

CLIMATE CHANGE MITIGATION TRANSFORMATION	MODELLED TARGET	IMPACT TO SERVICE OR ASSET	DEMAND MANAGEMENT PLAN
Revolutionizing Renewables	By 2050, 95% of organic waste will be sent to anaerobic digestion for local energy use.	Currently, organic waste is not sorted at LTC Homes.	Investigate and develop a possible implementation strategy and plan for organic waste collection considering: • How to physically collect and store the waste; • Space allocation for waste bins, indoor and outdoor; • Staff and resident training; and, • Collection frequency.

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CLIMATE CHANGE MITIGATION TRANSFORMATION	MODELLED TARGET	IMPACT TO SERVICE OR ASSET	DEMAND MANAGEMENT PLAN
	By 2050, 50% of municipal buildings will add rooftop solar PV, covering 30% of the building's electrical load.	Initial upfront capital costs for solar PV are required. Roof or structural upgrades might be required.	• Work with the Corporate Facilities and Energy Management division to incorporate any solar PV into LTC buildings where appropriate. • Investigate solar opportunities for new buildings.
Growing Green	Planting 50,000 trees a year through to 2050.	Increase in natural assets and shade.	• Working with Partnership for Environmental Action by Clinicians and Communities for Healthcare Facilities (PEACH) Healthy Ontario supported the planting and establishing of 30 trees at Wentworth Lodge. Macassa Lodge is on hold pending reconstruction. • Leading initiative to drive the program to the other 25 long-term care homes in the City. • Identify additional spaces to accommodate trees in the future.
Transforming Our Buildings	By 2050, all municipal buildings will be retrofitted to achieve 50% energy efficiency relative to 2016.	Conversion of existing building components may not be straightforward. Possible interruption to services during implementation.	• Existing - BAS (Building automation system) is in place at the Lodges. All lighting has been fully retrofitted to all LED. • Facilities will need to be assessed to determine the feasibility of the proposed conversion. • Funding will need to be acquired to retrofit buildings.

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CLIMATE CHANGE MITIGATION TRANSFORMATION	MODELLED TARGET	IMPACT TO SERVICE OR ASSET	DEMAND MANAGEMENT PLAN
			Staff will need to be trained on any new systems.
	By 2050, all new municipal buildings achieve net-zero emissions.	The "B" wing project budget includes provisions to achieve net-zero emissions. Ensure that climate change strategies are incorporated in building the new "B" wing.	• Involve Climate Change staff leads to drive key acquisitions when construction begins for the "B" wing. • Work with CFEM to make this building as energy efficient as possible. • Future buildings would follow city policy in this area.
	Post-retrofits, switch buildings to heat pumps for space and water heating by 2050.	Conversion of existing building components may not be straightforward. Possible interruption to services during implementation.	• Facilities will need to be assessed to determine the feasibility of the proposed conversion. • Funding will need to be acquired to retrofit buildings. Staff will need to be trained on any new systems. • The new "B" wing will have heat pumps with gas fired back up for peak demand periods.

MITIGATION RISK ANALYSIS

The risk of not completing climate change mitigation projects was modelled in the Climate Science Report for the City of Hamilton completed by ICLEI Canada, a risk analysis has not been completed in this AM Plan for climate mitigation projects (ICLEI Canada, 2021).

CURRENT MITIGATION PROJECTS

Mitigation projects LTC is currently pursuing are outlined below in *Table 22.* The "B" Wing Expansion project is included in the budget and quantified in the lifecycle models.

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Table 22: Asset Climate Mitigation Projects

PROJECT	CLIMATE CHANGE MITIGATION TRANSFORMATION	PROJECT DESCRIPTION	CLIMATE CHANGE IMPACT
"B" Wing Expansion	Transforming our Buildings	Heat Pumps with natural gas backup.	GHG emissions reduction.
		Renewal will be constructed using energy-efficient building techniques.	Reduction in energy consumption and GHG emissions.

CLIMATE MITIGATION DISCUSSION

At this time, LTC has already made progress toward some of the modelled target transformations as discussed below.

Transforming our Buildings and Growing Green

LTC has begun to move toward the *Transforming our Buildings* targets. Both lodges have installed the Building Automation System (BAS). The BAS improves the performance of heating, ventilation air conditioning and other systems while reducing energy consumption. LTC facilities had also completed LED retrofit throughout the buildings and outdoor spaces reducing electricity and subsequently GHG production.

As shown in *Table 22*, the "B" Wing Expansion project takes into consideration the Climate Lens tool and the new wing will include heat pumps with natural gas back-up as well as include other energy-efficient building techniques.

To support the *Growing Green* initiative, WL, working together with Partnerships for Environmental Action by Clinicians and Communities for Healthcare facilities (PEACH), has supported planting, and establishing 30 trees on the property and is expanding this program beyond city-owned facilities.

7.2   CLIMATE CHANGE ADAPTATION

Climate Adaptation refers to the process of adjusting to actual or expected climate and its effects (e.g. building facilities that can handle new climate loads).

The impacts of climate change may have a significant impact on the assets we manage and the services we provide. Climate change impacts on assets will vary depending on the location and

the type of services provided, as will the way in which those impacts are responded to and managed.[23]

In 2021, the City of Hamilton completed a Vulnerability and Risk Assessment Report[24] guided by ICLEI's Building Adaptive and Resilient Communities (BARC) Framework as part of the Climate Change Impact Adaptation Plan (CCIAP) (ICLEI, 2021). The BARC Framework identified thirteen high-impact areas.

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[23] IPWEA Practice Note 12.1 Climate Change Impacts on the Useful Life of Infrastructure
[24] City of Hamilton & Local Governments for Sustainability Canada, 2021

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Adaptation Demand Analysis

Table 23: Managing the Demand of Climate Change on Assets and Services

ADAPTATION IMPACT STATEMENT	BASELINE (1976-2005)[25]	AVERAGE PROJECTED CHANGE in 2021-2050[25] (Assuming RCP4.5[26] SCENARIO)	POTENTIAL IMPACT ON ASSETS AND SERVICES	DEMAND MANAGEMENT PLAN
Increased instances of heat-related issues due to extreme heat.	16.1 average days where the temperature is 30 degrees Celsius or more.	34.4 average days where the temperature is 30 degrees Celsius or more.	▪ High risk to resident health at long-term care homes causing health and safety consequences due to almost certain increased heat waves.	▪ Maintain natural assets that may provide shade. ▪ Assign summer fluid intake tasks on hot days and provide easy access to fluids. ▪ Monitor residents for signs of dehydration. ▪ Upgrade heat pumps to cool spaces more efficiently (planned to be acquired for "B" wing project). ▪ Inspection and Maintenance Program for HVAC systems (PM Program). ▪ Emergency callout provisions in the contract.
Dryer, hotter and longer summers may affect the health and safety of vulnerable local populations.	71.6 days the average length of the hot season.	102 days the average length of the hot season.	▪ High risk to resident health at long-term care homes causing health and safety consequences due to longer summers.	▪ Provide air conditioning units in all areas. ▪ Ensure cooling units are maintained and working. ▪ Inspection and Maintenance Program for HVAC systems (PM Program). ▪ Emergency callout provisions in the contract.
Increased intensity and frequency of ice storms lead to increased hazardous roads, pathways, and sidewalk conditions.	187 mm average total winter precipitation.	204 mm average total winter precipitation.	▪ High risk for falls/injury to residents, staff and visitors. ▪ Staff shortages. ▪ Some services might be cancelled, i.e., the Adult Day Program.	▪ Increase snow removal contract. ▪ Increase salting of pathways/parking. ▪ Increased vigilance of staff on entrances/pathways. ▪ Available salt bins for everyone's use.
Prolonged power outages during winter months due to an increase in ice storms resulting in public safety concerns.	187 mm average total winter precipitation.	204 mm average total winter precipitation.	▪ Lack of power to provide all services. ▪ Staff shortages.	▪ Back-up generator. ▪ Complete monthly generator inspections. ▪ Review Emergency Evacuation Plans and Business Continuity Plans annually. ▪ Work with care partners and emergency management. ▪ Drill responses with staff and residents.
Increase in average annual temperatures (especially in the summer) leading to increased food insecurity in the region (i.e., decrease in local crop yields, food cost fluctuations, etc.)	13.1 degrees Celsius average annual temperature.	15.1 degrees Celsius average annual temperature.	▪ Increase operating budget. ▪ Decline in resident food service satisfaction. ▪ Increased demand for Meals on Wheels. ▪ Increased accommodation rates.	▪ Member of Golden Horseshoe Food and Farming Alliance (GHFFA) - local purchasing initiatives for food to support local agriculture. This supports the reduction in GHG by avoiding long-distance shipping and provides a more diverse supply network.

[25] ICLEI Canada, 2022

[26] RCP4.5 Scenario: Moderate projected Green House Gas concentrations, resulting from substantial climate change mitigation measures. It represents an increase of 4.5 W/m2 in radiative forcing to the climate system. RCP 4.5 is associated with 580-720ppm of CO_2 and would more than likely lead to 3°C of warming by the end of the 21st century.

ADAPTATION RISK ANALYSIS

Additionally, the City should consider the risks for the asset or service as a result of climate change and consider ways to adapt to reduce the risk. Adaptation can have the following benefits:

- Assets will withstand the impacts of climate change;
- Services can be sustained; and,
- Assets that can endure may potentially lower the lifecycle cost and reduce their carbon footprint.

Similarly, to the exercise above and using the risk process in **Section 6**, asset owners:

- Reviewed the likelihood scores in the Vulnerability and Risk Assessment Report for the adaptation impact occurring;
- Identified the consequence to the asset/service if the event did happen to develop a risk rating; and,
- If the risk was identified as high, the asset owner produced a preliminary risk adaptation plan shown below in **Table 24.**

It is important to note that due to the high level of uncertainty with the climate change risk adaptation plans, the cost of mitigating the risks below has not been included in the lifecycle and financial models at this time. The adaptation plans discussed in this section should be explored by asset owners in more detail following the AM Plan, and new projects should consider these risks during the planning and design processes. Future changes will be incorporated into future iterations of the AM Plan. Moving forward, the Climate Lens tool will assess projects based on these targets and will assist with the prioritization of climate adaptation projects. This has been identified as a continuous improvement item in **Table 30.**

Table 24: Adapting to Climate Change

ADAPTATION IMPACT STATEMENT	SERVICE OR ASSET AT RISK DUE TO IMPACT	WHAT COULD HAPPEN	RISK RATING	RISK ADAPTATION PLAN
No Adaptation Risks identified at this time				

CURRENT ADAPTATION PROJECTS

Currently, LTC does not have any current or past climate change adaptation-specific projects identified. The impact of climate change on assets and how the City will adapt is a new and complex discussion and further opportunities will be developed in future revisions of this AM Plan.

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CLIMATE ADAPTATION DISCUSSION

INCREASED TEMPERATURES

There are many projections related to increased temperature including heat waves, rising temperatures, increase in average temperatures, and longer summers. As a result, there is a higher risk to resident health at long-term care homes due to dehydration and heat. The older population is particularly vulnerable to the impacts of heat. During hot weather periods increased fluid intake and monitoring are required to keep residents safe. All air conditioning units should be maintained in working condition by continuing regular maintenance and inspection programs, and emergency contingency plans in place in the event of air conditioning failures or prolonged loss of power that could affect the ability to control temperature in facilities.

INCREASE IN ICE STORMS

An increase in ice storms can lead to increased power outages which can lead to service interruptions. Regular backup generator inspections and maintenance are required to minimize the consequences of the outages. Emergency evacuation plans as well as the Business Continuity plan are up to date and reviewed regularly for preparedness. The older population is also at greater risk of life-altering injuries from slips and falls. Increases in ice storms can lead to slippery surfaces that can increase injury risk.

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8. LIFECYCLE MANAGEMENT PLAN

The lifecycle management plan details how the City plans to manage these assets at the agreed levels of service and at the accepted lifecycle costs while excluding inflationary values. The costs included in the lifecycle management plan include costs from both the Capital and Operating budgets. Asset management focuses on how taxpayer or ratepayer dollars are invested by lifecycle activities and not by budget allocation. Since both budgets contain various lifecycle activities, they have been consolidated together and separated by lifecycle activity in this section.

As a result of this new process, there may be some areas where the budget was not able to be broken down perfectly by lifecycle activity. Future AM Plans will focus on improving the understanding of Whole Life Costs and funding options. However, at this time the plan is limited to those aspects. Expenditure on new assets and services will be accommodated in the long-term financial plan but only to the extent that there is available funding.

At the time of writing the following budgets were used to develop the budget component of the lifecycle management plan:

- 2024 – 2027 Long Term Care Preliminary Operating budget and multi-year outlook which is revised annually and typically contains operations, minor maintenance and minor renewal activities;
- 2024 – 2027 CFEM – Lodges Preliminary Operating budget and multi-year outlook which is revised annually and typically contains operations, maintenance and minor renewal activities;
- The remainder of the 30-year budget was assumed based on the status quo for years 2028 – 2033 and an average of the previous 10 years was used for the remainder of the 30-year planning period;
- 2024 Approved Capital budget, including three years into the future for asset renewals, acquisitions, and major maintenance activities for facility and equipment assets. This included the **HSC 20050 Macassa Lodge – Redevelopment Project** Financing Plan for "B" wing expansion; and,
- Budgets used were **gross budgets** as the impact of revenues collected by LTC Homes will be considered as part of the Long-Term Financial plan impact, as such any funding gap identified is not necessarily attributed directly to the levy and may be recovered in part by increased government funding and/or accommodation costs.

LTC Homes do not have a 10-year Capital budget and forecast, and a continuous improvement item to create one has been noted in *Table 30*.

8.1   ACQUISITION PLAN

Acquisition reflects new assets that did not previously exist or works which will upgrade or improve an existing asset beyond its current capacity. They may result from growth, demand, legal obligations or social or environmental needs.

CURRENT PROJECT DRIVERS – 10-YEAR PLANNING HORIZON

The City prioritizes capital projects based on various drivers to help determine ranking for project priorities and investment decisions. As part of future AM Plans, the City will continue to develop its understanding of how projects are prioritized and ensure that multiple factors are being considered to drive investment decisions in the next iteration of the AM Plan. These drivers will include legal compliance, risk mitigation, O&M impacts, growth impacts, health and safety, reputation, and others. These drivers should be reviewed during each iteration of the AM Plan to ensure they are appropriate and effective in informing decision-making.

Table 25: Priority Ranking Criteria

CRITERIA	WEIGHTING
A ranking criteria is not available at this time for LTC.	

CONSTRUCTED OR PURCHASED ACQUISITIONS

For LTC Homes, assets are typically acquired through the purchase or construction of new assets. Over the next 30-year planning period, LTC Homes will acquire approximately **$16.7 million** of constructed assets which can either be new assets which did not exist before or expansion of assets when they are to be replaced.

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Figure 8: Acquisition (Constructed) Summary
All Figure Values are shown in 2023 Dollars.
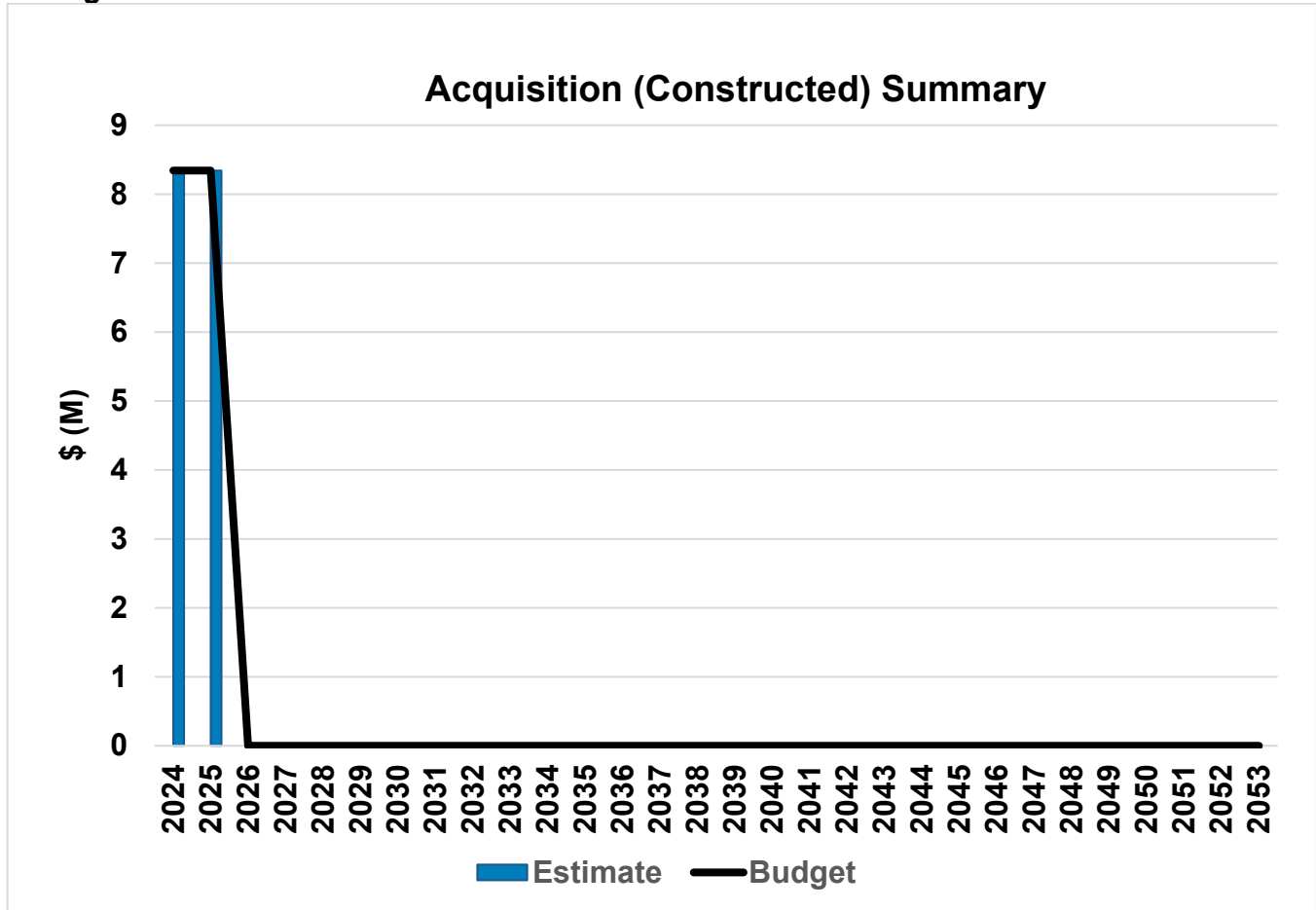
Major acquisition expenditures over the next 30 years include:

- **Approved acquisitions -** Macassa Lodge "B" Wing Expansion ($16.7 million); and,

The City has sufficient budget for the approved acquisition of "B" Wing Expansion at this time. This does not address all future asset needs that may need to be constructed to ensure service levels are maintained over the long term. The current LOS of 430 municipal LTC beds accounts for approximately 0.075 percent of the current City of Hamilton's population. To maintain this LOS and anticipated population growth, the City would need to acquire about 155 new beds over the next 30 years. With competing needs for resources across the entire city, there will be a need to investigate trade-offs and design options to further optimize asset decisions and ensure intergenerational equity can be achieved. The City of Hamilton will continue to monitor its purchased and constructed assets annually and update the AM Plan when new information becomes available. The lack of future acquisition projects is not due to a lack of demand for new assets but rather details of future acquisitions are not defined at this time.

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ACQUISITIONS SUMMARY

Forecast acquisition costs are summarized in **Figure 9** below and show the cumulative effect of asset acquisitions over the next 30-year planning period.

Figure 9: Acquisition Summary
All Figure Values are shown in 2023 Dollars
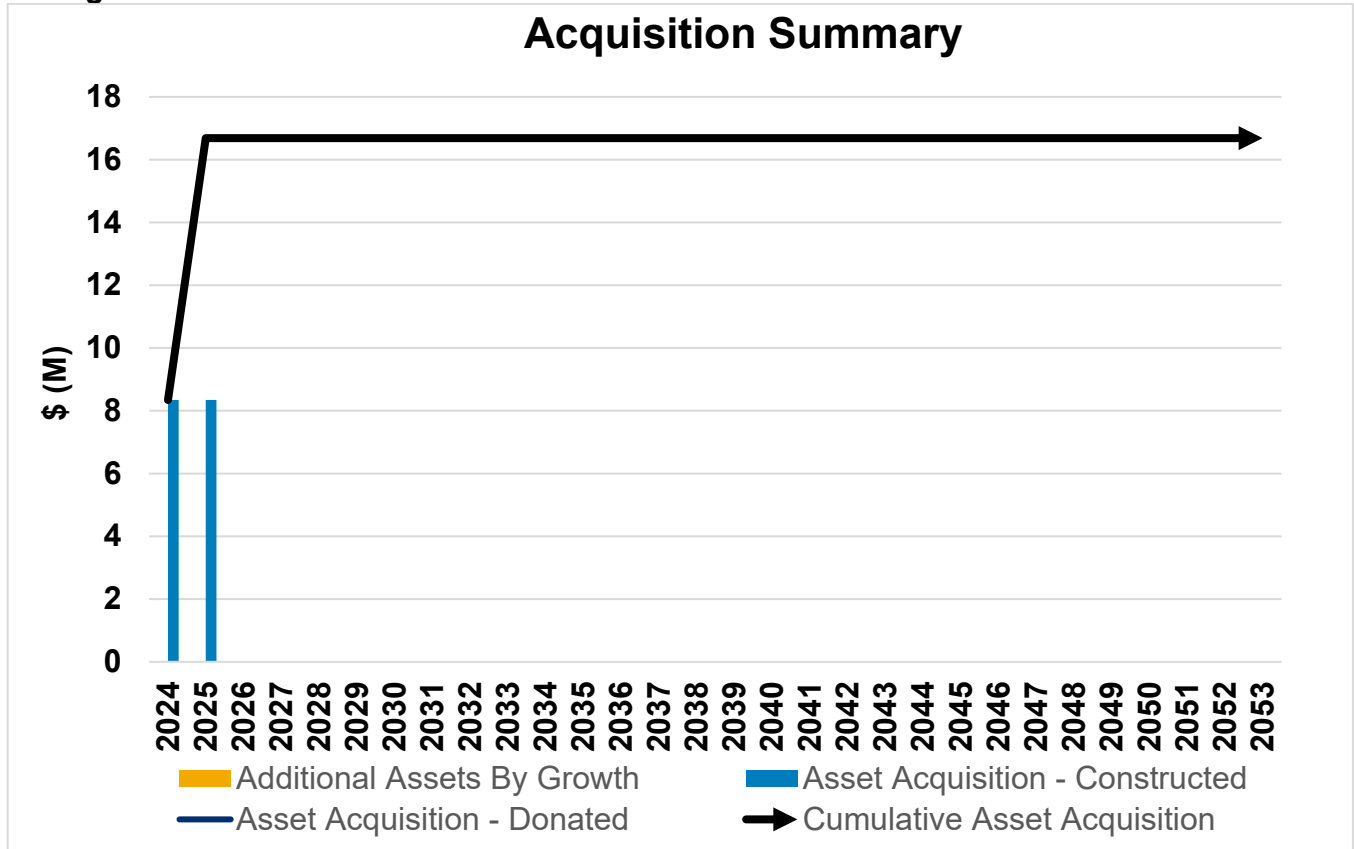
When Hamilton commits to constructing new assets, the municipality must be prepared to fund future operations, maintenance, and renewal costs. Hamilton must also account for future depreciation when reviewing long-term sustainability. When reviewing the long-term impacts of asset acquisition, it is useful to consider the cumulative value of the acquired assets being taken. The cumulative value of all acquisition work, including assets that are constructed and contributed shown in **Figure 9** above. The City will need to address how to best fund these ongoing costs as well as the costs to construct the assets while seeking the highest level of service possible.

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8.2   OPERATIONS AND MAINTENANCE PLAN

Operations include all regular activities to provide services. Daily, weekly, seasonal, and annual activities are undertaken by staff to ensure the assets perform within acceptable parameters and to monitor the condition of the assets for safety and regulatory reasons. Examples of typical operational activities include operating assets, utility costs, inspections, and the necessary staffing resources to perform these activities. LTC Homes is largely a people and operations-driven service and the majority of the costs required to deliver the service are employee-related costs. Some of the major operational investments over the next 10 years include:

- **$53.5 million** allocated for employee-related costs in 2024 (i.e., salaries, wages, benefits, training, etc.).

Maintenance should be viewed as the ongoing management of deterioration. The purpose of planned maintenance is to ensure that the correct interventions are applied to assets in a proactive manner and to ensure they reach its intended useful life. Maintenance does not significantly extend the useful life of the asset but allows assets to reach their intended useful life by returning the assets to a desired condition.

Examples of typical maintenance activities include equipment repairs and component replacements along with appropriate staffing and material resources required to perform these activities. For the purposes of this AM Plan, maintenance also includes component renewal of the facilities, i.e. kitchen renewals, HVAC replacements or roofing replacements are considered as Maintenance in the AM Plan as they contribute to the overall Asset, the Facility (entire building) reaching the estimated service life.

Proactively planning maintenance significantly reduces the occurrence of reactive maintenance which is always linked to a higher risk to human safety and higher financial costs. The City needs to plan and properly fund its maintenance to ensure the LTC assets are reliable and can achieve the desired level of service.

Major maintenance projects LTC Homes plans to complete over the next four years include:

- **$1.8 million** for ML – Refurbishment of "A" wing (2025 – 2026);
- **$2.6 million** for ML and WL – Facilities Mechanical Infrastructure Lifecycle Renewal, (2024 – 2027);
- **$1.5 million** for ML – Carpet Removal (2023 – 2026); and,
- **$0.5 million** for ML – Facilities Equipment Replacement for Net Zero (2024).

These investments for maintenance are intended to allow these assets to reach their estimated service life and minimize reactive maintenance costs. It should be acknowledged that these forecasted costs do not yet fully include the recommended works that need to be undertaken to ensure the entire inventory of assets will achieve their desired service lives and level of service.

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Deferred maintenance (i.e. works that are identified for maintenance activities but unable to be completed due to available resources) will be included in the infrastructure risk management plan in future iterations once those works have been identified and prioritized.

Figure 10: Operations and Maintenance Summary
All Figure Values are shown in 2023 Dollars.
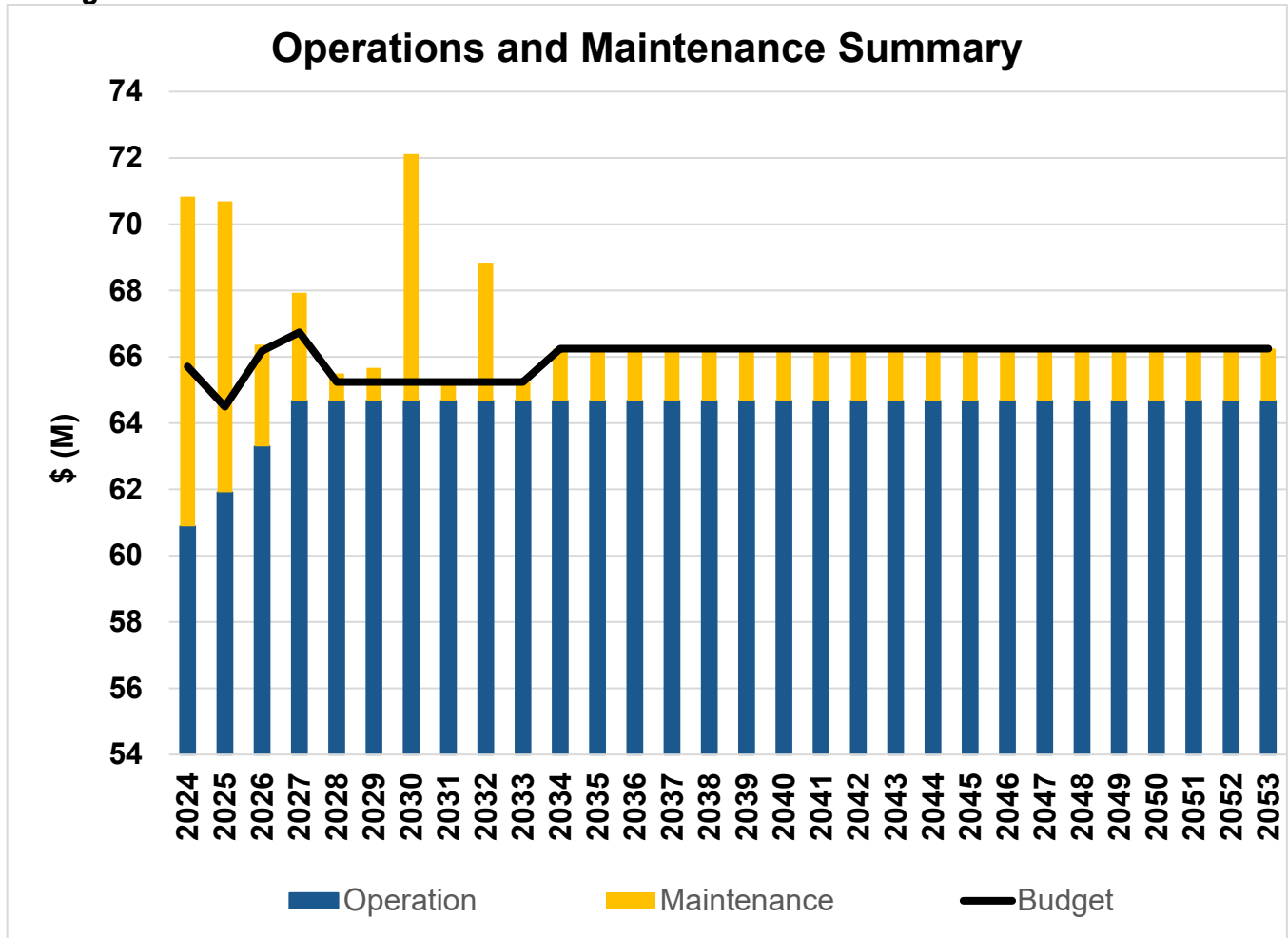
The deferred facility maintenance amounts between 2024 – 2032 are due to budget constraints within the Corporate Facilities and Energy Management division over time. It is important to note that priority and planned repairs are being completed on these facilities, and both facilities are overall in good condition.

The maintenance backlog shown in *Figure 10* includes the following major repair work based on the BCA's:

- 2024:
    - $2.2 million - ML windows replacement, entire building;
    - $1 million - ML "A" wing penthouses built-up air handling unit(s) replacement; and,
    - $420 thousand - ML repair of parking lots and roadways.

- 2025:
    - $680 thousand - ML sheet vinyl floor finishes replacement, entire building;
    - $660 thousand - ML boilers replacement;
    - $570 thousand - ML absorption chillers replacement;
    - $970 thousand - ML "C" wing penthouse and "E" wing mechanical room built-up air handling unit(s) replacement; and,
    - $450 thousand - ML washroom accessories replacement.

- 2027:
    - $570 thousand - ML common spaces wall finishes upgrade; and,
    - $350 thousand - WL floor finishes replacement.

- 2030:
    - $2.4 million - ML all passenger elevators replacement;
    - $1.1 million - ML all plumbing fixtures for washrooms and shower rooms;
    - $570 Thousand - WL heating and cooling unit(s) replacement; and
    - $470 Thousand - WL exterior walls repair/replacement.

- 2032:
    - $1.3 million – WL replacement of approximately 20 percent of the total roof;
    - $1.5 million – WL floor and wall finishes replacement; and,
    - $660 thousand – WL ceiling finishes replacement.

This backlog should be investigated following the completion of this AM Plan to ensure accuracy as well as ensure critical components have been prioritized, which has been identified as a continuous improvement item in *Table 30*.

As the City continues to develop condition profiles and necessary works are identified based on their conditions, it is anticipated that these operation and maintenance forecasts will change. Future iterations of this plan will provide a more thorough analysis of operations and maintenance costs.

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8.3   RENEWAL PLAN

Renewal is major works which does not increase the asset's design capacity but restores, rehabilitates, replaces, or renews an existing asset to its original service potential. Works over and above restoring an asset to its original service potential is considered to be an acquisition resulting in additional future operations and maintenance costs

Asset renewals are typically undertaken to either ensure the assets' reliability or quality will meet the service requirements set out by the City. Renewal projects are often triggered by service quality failure and can often be prioritized by those that have the highest consequence of failure, have high usage, have high operational and maintenance costs and other deciding factors.

The typical useful lives of assets used to develop projected asset renewal forecasts are shown in *Table 26* and are based on the estimated design life for this iteration. Future iterations of the plan will focus on the Lifecycle approach to ESL which can vary greatly from design life. Asset useful lives were last reviewed in 2023 however they will be reviewed annually until their accuracy reflects the City's current practices.

LTC does not have a detailed asset registry for all assets, the renewals for many assets were based on subject matter expertise.

Table 26: Useful Lives of Assets

ASSET SUBCATEGORY	ESTIMATED SERVICE LIFE (YEARS)
Facilities	50
Nursing Equipment	6
Dietary Equipment	22
Furniture	16
Housekeeping and Laundry Equipment	12
Maintenance Equipment	19
Audio/Visual Equipment	14
IT Assets	5

The estimates for renewals in the AM Plan were based on the register method which utilizes the data from the City's asset registry to analyze available lifecycle information and then determine the optimal timing for renewals based on the ESL.

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RENEWAL RANKING CRITERIA

Asset renewal is typically undertaken to either:

- Ensure the reliability of the existing infrastructure to deliver the service it was constructed to facilitate (e.g., Facilities can process required volumes); or
- To ensure the infrastructure is of sufficient quality to meet the service requirements (e.g., Vehicles are reliable).[27]

Future methodologies may be developed to optimize and prioritize renewals by identifying assets or asset groups that:

- Have a high consequence of failure;
- Have high use and the subsequent impact on users would be significant;
- Have higher than expected operational or maintenance costs; and,
- Have the potential to reduce life cycle costs by replacement with a modern equivalent asset that would provide the equivalent service.[28]

SUMMARY OF FUTURE RENEWAL COST

Forecast renewal costs are projected to increase over time if the asset stock increases. The forecast costs associated with renewals are shown relative to the proposed renewal budget in *Figure 11.*

In the figure below, Generation 1 (Gen 1) costs refer to renewals that occur for the first time in the model based on the estimated service life and Generation 2+ (Gen 2+) costs refer to renewals that have occurred twice or more based on the estimated service life.

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[27] IPWEA, 2015, IIMM, Sec 3.4.4, p 3|91.
[28] Based on IPWEA, 2015, IIMM, Sec 3.4.5, p 3|97.

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Figure 11: Forecast Renewal Costs
All Figure Values are shown in 2023 Dollars.
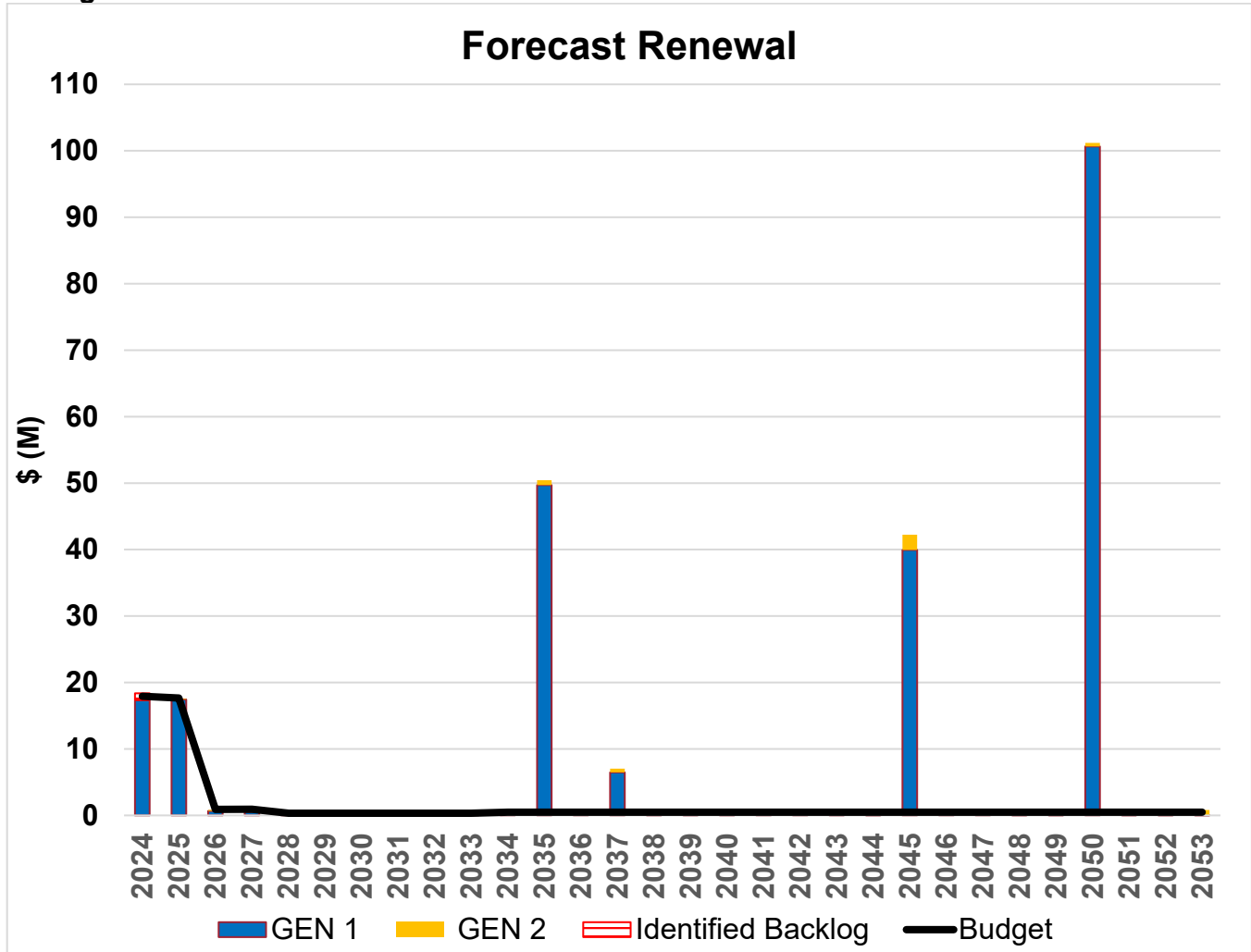
The significant spikes in 2024/5, 2035, 2037, 2045 and 2050 are for facility renewals for different wings within the two facilities as renewal typically takes place on a wing-by-wing basis.

In addition, the amount in the model above highlighted in red in 2024 represents the cumulative backlog of deferred work needed to be completed that has been identified through its current estimated service life per *Table 26*. This backlog represents just over $1 million of deferred works that have accumulated and have created a backlog of necessary works.

Major renewal backlog items include:

- $449 thousand in Nursing Equipment;
- $188 thousand in IT Assets; and,
- $153 thousand in Dietary Equipment.

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The planned renewals over the four-year horizon include:
- $33 million - renewal portion of Macassa Lodge "B" wing (this project is split between the renewal of 44 existing beds and acquisition of 20 additional beds); and,
- $2.6 million – ML and WL nursing equipment lifecycle renewal.

There is insufficient budget to support all the planned renewals over the 10-year horizon. This may change once a more detailed asset inventory and formalized condition assessment process is undertaken and it may be necessary to adjust the renewal backlog if some assets are found to be in worse or better condition than originally anticipated.

Since properly funded and timely renewals ensure the assets perform as expected, LTC Homes is performing satisfactorily by replacing assets at the suggested interval with an appropriate budget. Deferring renewals creates risks of higher financial costs, decreased availability, and decreased satisfaction with asset performance. It is recommended to continue to analyze asset renewals based on criticality and availability of funds for future AM Plans.

8.4   DISPOSAL PLAN

Disposal includes any activity associated with the disposal of a decommissioned asset including sale, possible closure of service, decommissioning, disposal of asset materials, or relocation. Disposals will occur when an asset reaches the end of its useful life. The end of its useful life can be determined by factors such as excessive operation and maintenance costs, regulatory changes, obsolescence, or demand for the asset has fallen.

Assets identified for possible decommissioning and disposal are shown in *Table 27*. A summary of the disposal costs and estimated reductions in annual operations and maintenance of disposing of the assets are also outlined in *Table 27*. Any costs or revenue gained from asset disposals is included in future iterations of the plan and the long-term financial plan.

Table 27: Assets Identified for Disposal

ASSET	REASON FOR DISPOSAL	TIMING	DISPOSAL COSTS	OPERATIONS & MAINTENANCE ANNUAL SAVINGS
None	None	None	None	None

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8.5 LIFECYCLE COST SUMMARY

The financial projections from this asset plan are shown in *Figure 12*. These projections include forecast costs for acquisition, operation, maintenance, renewal, and disposal. These forecast costs are shown relative to the proposed budget.

The bars in the graphs represent the forecast costs estimated to minimize the life cycle costs associated with the service provision. The proposed budget line indicates the estimate of available funding. The gap between the forecast work and the proposed budget is the basis of the discussion on achieving a balance between costs, levels of service and risk to achieve the best value outcome.

Figure 12: Lifecycle Summary
All Figure Values are shown in 2023 Dollars

Lifecycle Summary

Asset Renewal Funding Ratio (Target should be 90%-110%)	98%
10-Year O & M & Renewal Funding Ratio (Target should be 90%-110%)	97%
Projected Funding Required to Eliminate Funding Gap (10 years)	$24.7M

Legend: Acquisition, Maintenance, Disposals, Operations, Renewal, Budget
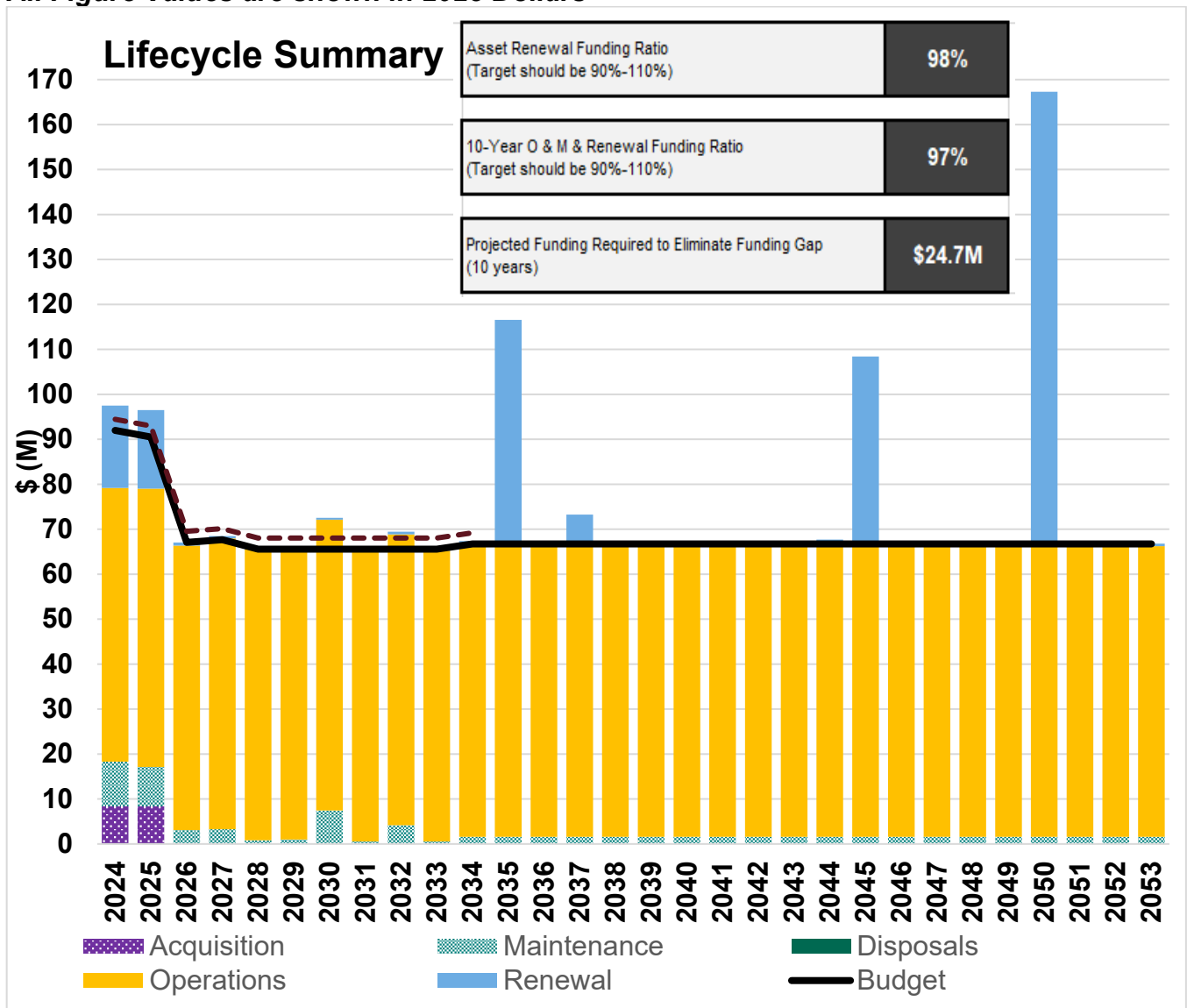
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There is typically sufficient budget to address the planned lifecycle activities for the 2024-2027 planning period, except the unfunded facilities maintenance amounts over the next 10 years which should be addressed over time. The operating impact of the "B" wing expansion has been incorporated into the budget starting in 2024 which considers additional FTEs. LTC Homes will also need to consider allocating funding to future facility renewals to be able to maintain the current levels of service. The 10-year Operations, Maintenance and Renewal funding gap is explained in *Section 9.1*.

The City will continue to improve its lifecycle data, and this will allow for informed choices as to how best to mitigate impacts and how to address the funding gap itself. This gap in funding future plans will be refined over the next three years to improve the confidence and accuracy of the forecasts.

9. FINANCIAL SUMMARY

This section contains the financial requirements resulting from the information presented in the previous sections of this AM Plan. Effective asset and financial management will enable the City to ensure LTC provides the appropriate level of service for the City to achieve its goals and objectives. Reporting to stakeholders on service and financial performance ensures the City is transparently fulfilling its stewardship accountabilities.

Long-term financial planning (LTFP) is critical for the City to ensure the network lifecycle activities such as renewals, operations, maintenance, and acquisitions can happen at the optimal time. The City is under increasing pressure to meet the wants and needs of its customers while keeping costs at an affordable level and maintaining its financial sustainability.

Without funding asset activities properly, the City will have difficult choices to make in the future which will include options such as higher costs, reactive maintenance and operational costs, reduction of service and potential reputational damage.

Aligning the LTFP with the AM Plan is critical to ensure all of the network's needs will be met while the City is finalizing a clear financial strategy with measurable financial targets. The financial projections will be improved as the discussion on desired levels of service and asset performance matures.

9.1   SUSTAINABILITY OF SERVICE DELIVERY

There are two key indicators of sustainable service delivery that are considered within the AM Plan for this service area. The two indicators are the:

- Asset renewal funding ratio (proposed renewal budget for the next 10 years / forecast renewal costs for next 10 years); and,
- Medium-term forecast costs/proposed budget (over 10 years of the planning period).

ASSET RENEWAL FUNDING RATIO

Asset Renewal Funding Ratio[29]   **98%**

The Asset Renewal Funding Ratio (ARFR) is used to determine if the City is accommodating asset renewals in an **optimal** and **cost-effective** manner from a timing perspective and relative to financial constraints, the risk the City is prepared to accept and targeted service levels it wishes to maintain. The target renewal funding ratio should be ideally between **90% - 110%** over the entire planning period. A low indicator result generally indicates that service levels are achievable, however, the expenditures are below this level in some service areas predominantly

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[29] AIFMM, 2015, Version 1.0, Financial Sustainability Indicator 3, Sec 2.6, p 9.

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due to underinvestment, including a lack of permanent infrastructure funding from senior levels of government, as well as large spikes of growth throughout the years.

If assets are not renewed at the appropriate timing, it will inevitably require difficult trade-off choices that could include:

- A reduction of the level of service and availability of assets;
- Increased complaints and reduced customer satisfaction;
- Increased reactive maintenance and renewal costs; and,
- Damage to the City's reputation and risk of fines or legal costs.

The lack of renewal resources will be addressed in future AM Plans while aligning the plan to the LTFP. This will allow staff to develop options and long-term strategies to address the renewal rate. The City will review its renewal allocations once the entire inventory has been confirmed and amalgamated.

MEDIUM-TERM – 10 YEAR FINANCIAL PLANNING PERIOD

10-Year Operations, Maintenance and Renewal Financial Ratio 97%

Although this AM Plan includes forecast projections to 30 years, the higher confidence numbers are typically within the first 10 years of the lifecycle forecast. The 10-year Operations, Maintenance and Renewal Financial Ratio compares the Planned Budget with the Lifecycle Forecast for the optimal operation, maintenance, and renewal of assets to provide an agreed level of service over the next 10-year period. Similarly, to the ARFR, the optimal ratio is also between **90-110%**. A low ratio would indicate that assets are not being funded at the rate that would meet the organization's risk and service level commitments.

The forecast operations, maintenance and renewal costs over the 10-year planning period is **$71.9 million** on average per year. Over time as improved information becomes available, it is anticipated to see this number change. The proposed (budget) operations, maintenance and renewal funding is **$69.4 million** on average per year giving a 10-year funding shortfall of **$2.5 million** per year or **$24.7 million** over the 10-year planning period. This 10-year funding shortfall is mostly due to facilities maintenance needs identified in the Building Condition Assessments in *Section 3.2* which are currently not fully funded and should be prioritized based on the criticality of components. This accounts for approximately $23.9 million. The remainder of the shortfall is comprised of $0.4 million in Nursing Equipment, $0.2 million in IT assets and $0.2 million in Dietary Equipment. This funding shortfall should be reviewed to prioritize replacement by criticality of these assets.

This indicates that **97%** of the forecast costs needed to provide the services documented in this AM Plan are accommodated in the proposed budget, which is within the 90-110% range. Therefore, it can be concluded that the LTC is funding their assets at an acceptable rate and that the service will be sustainable over time. Note, that these calculations <u>exclude</u> acquired assets.

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Funding an annual funding shortfall or funding 'gap' should not be addressed immediately. The overall gap in funding city-wide will require vetting, planning and resources to begin to incorporate gap management into the future budgets for all City services. This gap will need to be managed over time to reduce it sustainably and limit financial shock to customers. Options for managing the gap include:

- Financing strategies – increased funding, block funding for specific lifecycle activities, long-term debt utilization, potential estimates of additional Ministry of Long-term Care funding;
- Adjustments to lifecycle activities – increase/decrease maintenance or operations, increase/decrease frequency of renewals, limit acquisitions or dispose of underutilized assets;
- Influence level of service expectations or demand drivers; and,
- Review revenue generated by LTC Homes.

These options and others will allow Hamilton to ensure the gap is managed appropriately and ensure the level of service outcomes the customers desire.

Providing sustainable services from infrastructure requires the management of service levels, risks, forecast outlays and financing to eventually achieve a financial indicator of **90-110%** for the first years of the AM Plan and ideally over the 10-year life of the Long-Term Financial Plan.

9.2   FORECAST COSTS (OUTLAYS) FOR THE LONG-TERM FINANCIAL PLAN

Table 28 shows the forecast costs (outlays) required for consideration in the 30-year long-term financial plan.

Providing services in a financially sustainable manner requires a balance between the forecast outlays required to deliver the agreed service levels with the planned budget allocations in the operational and capital budget. The City will begin developing its long-term financial plan (LTFP) to incorporate both the operational and capital budget information and help align the LTFP to the AM Plan which is critical for effective asset management planning.

A gap between the forecast outlays and the amounts allocated in the financial plan indicates further work is required on reviewing service levels in the AM Plan (including possibly revising the long-term financial plan).

The City will manage the 'gap' by continuing to develop this AM Plan to guide future service levels and resources required to provide these services in consultation with the community. Options to manage the gap include reduction and closure of low-use assets, increased funding allocations, reduce the expected level of service, utilize debt-based funding over the long term, adjustments to lifecycle activities, improved renewals and multiple other options or combinations of options.

Table 28: Forecast Costs (Outlays) for the Long-Term Financial Plan

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Forecast Costs are shown in 2023 Dollar Values

YEAR	ACQUISITION	OPERATION	MAINTENANCE	RENEWAL	DISPOSAL
2024	$8,343,059	$60,884,972	$9,951,579	$18,330,408	$0
2025	$8,343,059	$61,915,020	$8,778,889	$17,446,324	$0
2026	$0	$63,296,260	$3,068,712	$673,234	$0
2027	$0	$64,671,952	$3,262,146	$540,618	$0
2028	$0	$64,671,952	$824,860	$689,626	$0
2029	$0	$64,671,952	$994,415	$495,655	$0
2030	$0	$64,671,952	$7,450,753	$412,004	$0
2031	$0	$64,671,952	$568,160	$495,736	$0
2032	$0	$64,671,952	$4,167,283	$597,409	$0
2033	$0	$64,671,952	$568,160	$526,056	$0
2034	$0	$64,671,952	$1,576,060	$1,111,792	$0
2035	$0	$64,671,952	$1,576,060	$50,297,960	$0
2036	$0	$64,671,952	$1,576,060	$949,676	$0
2037	$0	$64,671,952	$1,576,060	$6,995,995	$0
2038	$0	$64,671,952	$1,576,060	$431,704	$0
2039	$0	$64,671,952	$1,576,060	$435,805	$0
2040	$0	$64,671,952	$1,576,060	$635,511	$0
2041	$0	$64,671,952	$1,576,060	$561,496	$0
2042	$0	$64,671,952	$1,576,060	$364,307	$0
2043	$0	$64,671,952	$1,576,060	$467,721	$0
2044	$0	$64,671,952	$1,576,060	$1,448,031	$0
2045	$0	$64,671,952	$1,576,060	$42,166,340	$0
2046	$0	$64,671,952	$1,576,060	$781,474	$0

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YEAR	ACQUISITION	OPERATION	MAINTENANCE	RENEWAL	DISPOSAL
2047	$0	$64,671,952	$1,576,060	$681,097	$0
2048	$0	$64,671,952	$1,576,060	$715,620	$0
2049	$0	$64,671,952	$1,576,060	$448,145	$0
2050	$0	$64,671,952	$1,576,060	$101,042,352	$0
2051	$0	$64,671,952	$1,576,060	$451,823	$0
2052	$0	$64,671,952	$1,576,060	$600,913	$0
2053	$0	$64,671,952	$1,576,060	$548,298	$0

9.3   FUNDING STRATEGY

The proposed funding for assets is outlined in the City's operational budget and 10-year capital budget.

These operational and capital budgets determine how funding will be provided, whereas the AM Plan typically communicates how and when this will be spent, along with the service and risk consequences.   Future iterations of the AM Plan will provide service delivery options and alternatives to optimize limited financial resources.

9.4   VALUATION FORECASTS

Asset values are forecast to increase as additional assets are added into service. As projections improve and can be validated with market pricing, the net valuations will likely increase significantly despite some assets being programmed for disposal that will be removed from the register over the 30-year planning horizon.

Additional assets will add to the operations and maintenance needs in the longer term. Additional assets will also require additional costs due to future renewals. Any additional assets will also add to future depreciation forecasts. Any disposals of assets would decrease the operations and maintenance needs in the longer term and remove the high costs of renewal obligations. At this time, it is not possible to separate the disposal costs from the renewal or maintenance costs, however, this will be improved for the next iteration of the plan.

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9.5   ASSET VALUATION

The best available estimate of the value of assets included in this AM Plan is shown below. The assets are valued at estimated replacement costs:

Replacement Cost (Current/Gross)	$319,020,519
Depreciable Amount	$319,009,504
Depreciated Replacement Cost[30]	$140,734,224
Depreciation	$ 6,916,222
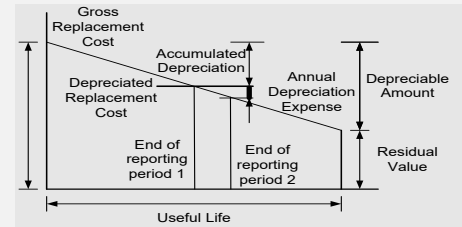
The current replacement cost is the most common valuation approach for specialized infrastructure assets. The methodology includes establishing a comprehensive asset registry, assessing replacement costs (based on market pricing for the modern equivalent assets) and useful lives, determining the appropriate depreciation method, testing for impairments, and determining remaining useful life.

As the City matures its asset data, these valuations will likely fluctuate significantly over the next three years, and they should increase over time based on improved market equivalent costs as well as anticipated cost changes due to climate change mitigation and adaptation strategies.

9.6   KEY ASSUMPTIONS MADE IN FINANCIAL FORECASTS

In compiling this AM Plan, it was necessary to make some assumptions. This section details the key assumptions made in the development of this AM plan and should provide readers with an understanding of the level of confidence in the data behind the financial forecasts.

Key assumptions made in this AM Plan are:

- Operational forecasts are based on current budget allocations and are the basis for the projections for the 30-year horizon and do not address other operational needs not yet identified;
- Maintenance forecasts are based on current budget allocations and do not identify asset needs at this time. It is solely based on planned activities;
- Replacement costs were based on historical costing. They were also made without determining what the asset would be replaced with in the future; and,
- Modelling is done at the Gross budget level and does not include offsetting revenue, grants or other funding sources that may be available.

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[30] Also reported as Written Down Value, Carrying or Net Book Value.

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9.7   FORECAST RELIABILITY AND CONFIDENCE

The forecast costs, proposed budgets, and valuation projections in this AM Plan are based on the best available data. For effective asset and financial management, it is critical that the information is current and accurate. Data confidence is defined in the ***AM Plan Overview***.

Table 29: Data Confidence Assessment for Data Used in AM Plan

DATA	CONFIDENCE ASSESSMENT	COMMENT
Demand Drivers	**Low**	SME opinion of potential demand based on historical knowledge.
Growth Projections	**Medium**	Based on Greater Golden Horseshoe Growth Forecasts as outlined in the ***Asset Management Plan Overview.***
Acquisition Forecast	**Low**	Acquisition forecast based on approved capital budget ("B" wing expansion). A 10-year capital budget is not available.
Operation Forecast	**Low**	Currently, the budget is based on four years of preliminary budget (2024 - 2027) and the remaining years are forecasted with zero growth. Category allocation based on SME opinion.
Maintenance Forecast	**Low**	Currently, the budget is based on four years of preliminary budget (2024 - 2027) and the remaining years are forecasted with zero growth. Category allocation based on SME opinion.
Renewal Forecast - Asset Value	**Medium**	Renewal forecast asset values are based on SME opinion.
Renewal Forecast - Asset Useful Life	**High**	With the exception of the facilities and nursing equipment assets, the useful life has been based on SME opinion.
Renewal Forecast - Condition Modelling	**High**	With the exception of the facilities and nursing equipment assets, no formalized condition assessment for other asset types exists.
Disposal forecast	**Very Low**	Current disposal information is largely rolled into renewal. Continuous improvements are required to ensure accurate data is available.

The estimated confidence level for and reliability of data used in this AM Plan is considered to be a **Medium** confidence level.

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10.   PLAN IMPROVEMENT AND MONITORING

10.1 STATUS OF ASSET MANAGEMENT PLANS

ACCOUNTING AND FINANCIAL DATA SOURCES

This AM Plan utilizes accounting and financial data. The sources of the data are:

- 2024 – 2027 Preliminary Operating Budgets;
- 2024 Approved Capital Budget;
- **HSC 20050 Macassa Lodge – Redevelopment Project Financing Plan**;
- Building Condition Assessment Reports;
- Asset Management Data Collection Templates;
- Audited Financial Statements and Government Reporting (FIR, TCA etc.);
- Financial Exports from internal financial systems; and,
- Historical cost and estimates of budget allocation based on SME experience.

ASSET MANAGEMENT DATA SOURCES

This AM Plan also utilizes asset management data. The sources of the data are:

- Data extracts from various city applications and management software;
- Asset Management Data Collection Templates;
- Tender documents, subdivision agreements and projected growth forecasts as well as internal reports;
- Condition assessments;
- Subject matter expert opinion and anecdotal information; and,
- Reports from the mandatory inspections, operational and maintenance activities internal reports.

10.2 IMPROVEMENT PLAN

It is important that the City recognize areas of the AM Plan and planning processes that require future improvements to ensure both effective asset management and informed decision-making. The tasks listed below are essential to improving the AM Plan and the City's ability to make evidence-based and informed decisions. These improvements span from improved lifecycle activities, improved financial planning, and plans to physically improve the assets.

The Improvement Plan *Table 30* below highlights proposed improvement items that will require further discussion and analysis to determine feasibility, resource requirements and alignment to current work plans. Future iterations of this AM Plan will provide updates on these improvement plans.

Long-Term Care
2024 Asset Management Plan

Table 30: Improvement Plan

#	TASK	RESPONSIBILITY	RESOURCES REQUIRED	TIMELINE
1	Review existing internal condition assessments and ensure they are revised to report on the same 5-point scale with equivalent descriptions.	LTC staff	Internal Resources	Q4 2025
2	Review the current asset registry process and make improvements for data collection to include verification of assets, asset specifications, quantity, age and condition. Implement consistency between both lodges where available and follow the newly developed City Data Standard.	LTC staff and CFEM support	Internal Resources - 250 FTE hours $12,500	Q4 2025
3	Complete a full review and verification of current IT assets against the Corporate IT asset registry.	LTC staff	Internal Resources	Q2 2025
4	Complete an external survey to gather data from the general City of Hamilton population and potentially former family members of residents and visitors.	LTC Director and Administrators. Support from CAM	Internal Resources - 15 FTE hours $1200	Q1 2026
5	Explore modifications to the existing internal survey in order to improve the results by ensuring the response scales used to cover all possibilities (i.e., standardize to a 5-point Likert[31] Scale)	Quality and Privacy Manger	Internal Resources - 15 FTE hours $1,200	Q3 2024
6	Annual review of Demand Drivers and Risk Assessment.	LTC/CFEM	Internal Resources	Annually
7	Develop a 10-year multi-year Capital budget using asset renewal principles to identify a budget for renewal and acquisitions.	Finance/LTC/CFEM	Internal Resources	1 year (2025-2026)
8	The demand management plans discussed should be explored by asset owners in more detail following the AM Plan, and new projects should incorporate GHG emissions reduction	LTC/Climate Office/CFEM	Internal Resources	TBD

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[31] A Likert scale is a rating scale used to measure opinions, attitudes, or behaviours. It consists of a series of five answer statements which are consistently written the same way (e.g., Very Good to Very Poor, Very Satisfied to Very Unsatisfied).

Long-Term Care
2024 Asset Management Plan

#	TASK	RESPONSIBILITY	RESOURCES REQUIRED	TIMELINE
	methods, and changes which will be incorporated into future iterations of the AM Plan.			
9	Incorporate Climate Mitigation and Climate Adaptation into future versions of the AM Plan once costs are better defined.	LTC/CFEM	Internal Resources	TBD
10	Implement or re-establish a preventative maintenance program at both LTC lodges for food service and housekeeping and laundry equipment to reduce reactive maintenance.	Food Service and Housekeeping team leads. CFEM support.	Internal Resources - 20 FTE hours $1000	Q4 2024
12	Update the AM Plan at regular intervals.	CAM/LTC	Internal Resources	When an update is scheduled
13	Climate Lens tool to be used to assess future projects and prioritize climate adaptation projects.	LTC/CFEM	Internal Resources	TBD
14	Investigate maintenance backlog as indicated in the BCAs to ensure accuracy and to ensure critical components have been prioritized.	LTC/CFEM	Internal Resources	TBD

10.3 MONITORING AND REVIEW PROCEDURES

This AM Plan will be reviewed during the annual budget planning process and revised to show any material changes in service levels, risks, forecast costs and proposed budgets as a result of budget decisions.

The AM Plan will be reviewed and updated on a regular basis to ensure it represents the current service level, asset values, forecast operations, maintenance, renewals, acquisition and asset disposal costs and planned budgets. These forecast costs and proposed budget will be incorporated into the Long-Term Financial Plan once completed.

Long-Term Care
2024 Asset Management Plan

10.4 PERFORMANCE MEASURES

The effectiveness of this AM Plan can be measured in the following ways:

- The degree to which the required forecast costs identified in this AM Plan are incorporated into the long-term financial plan;
- The degree to which the one-to-ten-year detailed works programs, budgets, business plans and corporate structures consider the 'global' works program trends provided by the AM Plan;
- The degree to which the existing and projected service levels and service consequences, risks and residual risks are incorporated into the Strategic Planning documents and associated plans; and,
- The Asset Renewal Funding Ratio achieving the Organizational target (this target is often 90 – 110%).

Long-Term Care
2024 Asset Management Plan

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2024 Asset Management Plan

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12. APPENDIX "A" – MACASSA LODGE AND WENTWORTH LODGE CONTINUOUS QUALITY INITIATIVE REPORT

2024-25 Continuous Quality Initiative Report – Macassa Lodge

Date: April 2, 2024

Prepared by: Jaimie Williams, Manager of Quality Improvement & Privacy (Designated Quality Lead)

Introduction
The Mission, Vision, and Values for Macassa Lodge, Wentworth Lodge and the Adult Day Program of the City of Hamilton is outlined below and reflects our home's commitment to continuous quality improvement because we continuously strive to optimize the quality of life of our residents by providing exceptional care and services. Annual improvement initiatives also focus on improving one or more of the six quadrants of health quality per Ontario Health. They are: Safe, Effective, Patient-centred, Efficient, Timely, and Equitable. **Macassa Lodge, Wentworth Lodge, and the Adult Day Program: City of Hamilton** *CORE PURPOSE*   For the benefits of adults requiring long term care and community-based services, we provide care and accommodation in a not-for-profit organization in order to maximize their quality of life. *VISION*   We are committed to our people, dedicated to building a strong and healthy community, passionate about making a difference by providing quality care and recognized for our excellence. *MISSION*   We provide person-centered, long-term care that promotes well-being and creates opportunities to maximize the quality of life of our residents. *VALUES*   (1) Engaged empowered employees (2) Sensational Service (3) Collective Ownership (4) Steadfast integrity (5) Courageous change

1

Strategies to improve the quality of care and services are embedded throughout Macassa Lodge's Operational Plans such as:
Strategic Plan
Accessibility
Cultural Competency
Risk Management, and
Information Technology

Improvement initiatives are also embedded in Macassa Lodge's Strategic Plan, which focuses on seven Corporate Priorities for the City of Hamilton:
1) Community engagement and participation
2) Economic growth and prosperity
3) Healthy and safe community
4) Our people and performance
5) Clean and green
6) Built environment/infrastructure
7) Culture and diversity

Requirement Under O. Reg 246/22	Summary
Continuous quality improvement initiative report **168.** (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year **no later than three months after the end of the fiscal year** and, subject to section 271, **shall publish a copy of each report on its website.**	Fiscal year ends: March 31, 2024 Report due: June 30, 2024
(2) The report required under subsection (1) **must contain the following information:**	Jaimie Williams, Manager of Quality Improvement and Privacy (designated Quality Lead)

2

1. The **name and position of the designated lead** for the continuous quality improvement initiative	
2. A written **description of the home's priority areas for quality improvement**, **objectives, policies, procedures, and protocols for the continuous quality improvement initiative** for the next fiscal year.	For the coming fiscal year 2024-2025, Macassa Lodge's priority areas for quality improvement as outlined in the annual Quality Improvement Plan will address the four areas of focus below: 1) Access & Flow – Reduce Avoidable Emergency Department Transfers 2) Equity – Provide a Safe and Inclusive Environment (where residents feel safe and included) 3) Experience – Improve Resident and Family Experience 4) Safe & Effective – Reduce Falls and Reduce Utilization of Antipsychotic Medication without a Diagnosis of Psychosis Organizational objectives, policies, procedures, and protocols that govern the continuous quality improvement initiative are reviewed/revised at least annually as necessary, and are subject to the following legislation: • Fixing Long term Care Homes Act, 2021 • Ontario Regulation 246/22 made under the Fixing Long Term Care Homes Act, 2021 • Excellent Care for All Act, 2010 • Long Term Care Home Service Accountability Agreement, and • (CARF) Accreditation standards
3. A written **description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.**	When developing Macassa Lodge's annual Quality Improvement Plan, the steps below are used to ensure a sustainable plan is in place that includes SMART goals that are Specific, Measurable, Achievable, Relevant, and Time-based: 1) Understand and prioritize opportunities for improvement 2) Develop improvement initiatives 3) Implement improvement initiatives 4) Monitor successes and challenges 5) Pivot if/when necessary

3

A number of reliable data sources are reviewed by several organizational teams and committee's including but not limited to:

-Regular and Extended Quality Improvement Committee's
-Resident's Council
-Family Council
-Program/Department specific teams
-Professional Health Advisory Committee
-Organizational Leadership Team

Reliable data sources are not only reviewed in the fall, when planning for the annual quality improvement plan begins, but throughout the year as part of the homes quality improvement program to monitor and measure successes and challenges. Data sources that are reviewed include but are not limited to:

- Performance Indicator Data from Canadian Institute for Health Information (CIHI)
- Ontario Health Quality Improvement Plan Indicator Matrix
- Annual Resident/Family Satisfaction Survey outcomes
- Trends identified from complaints received from residents, families, staff, and stakeholders
- Trends identified from Critical Incidents (reportable to Ministry of Long-Term Care)
- Inspection outcomes from Ministry of Long-Term Care, Ministry of Labour, and Public Health
- Infection Prevention and Control audits
- Any identified emergent issues internally or externally
- Commission on voluntary Accreditation of Rehabilitation Facilities (CARF) survey outcome
- Avoidable Emergency Department transfer rates

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4. A written **description of a process to monitor and measure progress, identify, and implement adjustments, and communicate outcomes** for the home's priority areas for quality improvement in the next fiscal year.	The process to monitor and measure successes and challenges, identify, and implement adjustments, and communicate outcomes is reflected in Macassa Lodge's annual Quality Improvement Committee Schedule/Workplan. This schedule lists priority agenda items that need to be discussed each month and includes a template for committee members to document progress for each quality improvement indicator and initiative, as well as barriers, and if adjustments need to be made. QIP progress and outcomes are communicated by the Manager of Quality Improvement and Privacy each month at Resident and Family Council meetings, and department meetings as appropriate. A copy of the Quality Improvement Plan, monthly progress, and Continuous Quality Improvement committee minutes are posted publicly in an accessible location in the home on the Quality Improvement Communication board for all residents, family members, staff, and visitors to read. Paper based copies are available upon request. Further, copies of the annual Quality Improvement Workplan, Narrative, and Continuous Quality Initiative Report are posted on our home's website.
5. A written record of, i. the **date the survey required under section 43 of the Act was taken** during the fiscal year,	In 2023, the annual resident and family satisfaction survey was completed between October 1 and November 30.
ii. the **results of the survey taken** during the fiscal year under section 43 of the Act, and	**2023 overall satisfaction results for Macassa Lodge are as follows:** 1) I am able to communicate openly and freely in order to ensure that my care and service needs are met without fear of consequences. **92%** 2) I am involved in decisions relating to my care. **87%** 3) The staff in each department take time to listen to my concerns. **88%**

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	4) I am treated with respect and in a courteous and fair manner. **94%** 5) Overall, I am satisfied with the quality of the care and service. **95%** 6) I would recommend this home to others. **96%**
iii. **how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated** to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.	The results of the 2023 resident and family satisfaction survey were communicated verbally at the following Council/Committee meeting dates: 1) Resident's Council – January 9th, 2024 2) Family Council – January 16th, 2024 3) Regular Quality Improvement Committee – January 18th, 2024 4) Management Team – January 29th, 2024 Copies of the annual resident and family satisfaction survey results were posted in the home in January 2024.

6. A written record of,
 	
 i. **the actions taken** to improve the long-term care home, and the care, services, programs, and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, **the dates the actions were implemented and the outcomes** of the actions,
	As a result of verbal communications provided to the Resident Council, Family Council, Regular Quality Improvement Committee and Management Team in January 2024, the following actions to address opportunities for improvement will be taken to improve care, services, programs, and goods for the three priority areas below:
	
	 1) **Improve Timely Response to Call Bells:**
	    a) Communicate about expectations around call bell response at department meetings
	    b) Provide information/education about call bell response times and staffing levels in the home
	
	 2) **Improve Volunteer Services:**

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a) Investigate if barriers to volunteer recruitment can be removed or reduced. I.e., costs associated with mandatory TB testing and vulnerable sector screening
b) Create a marketing/recruitment plan
c) Implement volunteer succession plan
d) Create annual volunteer report that describes # of active volunteers, # of volunteer hours given, what volunteers do at Macassa Lodge, and how volunteers improve resident quality of life
e) Update website – application process

3) Improve Familiarity of Resident and Family Councils:
a) Hold Meet & Greet in spring to educate/inform new residents and families about the role of the Councils and how to become a member
b) Provide information (handout) about Resident and Family Councils at care conferences

A full record of dates the actions were completed/implemented is posted in the home on the Quality Improvement Communication board for all residents, family members, staff, and volunteers to read.

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ii. **any other actions taken** to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,

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None

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iii. the **role of the Residents' Council and Family Council, if any, in actions taken** under subparagraphs i and ii,

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Actions to address opportunities for improvement identified by the annual resident/family satisfaction survey were reviewed at Resident's Council on April 9th, 2024. There were no additions or changes to proposed initiatives

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	suggested; however, residents are able to bring suggestions forward at any time.
	The same actions were shared with members of the Family Council via email on March 21st, 2024. A request for recommendations and advice was extended to members; however, none were received.
iv. the **role of the continuous quality improvement committee in actions taken** under subparagraphs i and ii, and	The Continuous Quality Improvement Committee members met in January to review the outcome of the annual resident and family satisfaction survey and to discuss action items to address opportunities for improvement. The Committee discussed options for priority areas to focus our quality improvement initiatives in 2024. We considered the importance to Residents and Families, likelihood of success of our efforts, identified extra costs associated and the positive impact from the initiatives. The Committee has decided to focus on all three priority areas this year, based on Project Priority calculations. 1) Improve Timely Response to Call Bells 2) Improve Volunteer Servicves 3) Improve Familiarity with Resident/Family Councils The QI Committee utilized the PICK QI exercise to then brainstorm potential initiatives based on the three Priority Areas from the Prioritizer QI Tool. The Committee categorized potential initiatives into the PICK Tool based on low to high benefits, and low to high efforts for each initiative. Our focus areas will be driven from the "Implement" and "Challenge/Planning" quadrants, with the "Possibe" and "Kybosh" sections being considered at a later time.

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v. **how, and the dates when, the actions taken under subparagraphs i and ii were communicated** to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.	Progress with regards to quality improvement initiatives and actions taken to address priority areas identified by the annual resident/family satisfaction survey are provided monthly at Resident Council, Family Council and Quality Improvement Committee meetings. A documented record of actions taken, dates actions were implemented, and outcomes will be maintained at Macassa Lodge and posted on the Quality Improvement Communication board for all residents, family members, volunteers, and staff members to read.
(3) The licensee shall ensure that a copy of the report is **provided to the Residents' Council and Family Council, if any.**	A copy of the Resident and Family satisfaction report was offered to members of the Resident and Family Councils and provided to those who requested it. Additionally, a copy of the report, including actions to address opportunities for improvement is posted publicly in the home on the Quality Improvement Communication board with a notation that copies are available upon request to the Manager of Quality Improvement and Privacy.
Records of improvements 169. Every licensee of a long-term care home shall ensure that the continuous quality improvement initiative required under section 42 of the Act includes a record maintained by the licensee setting out the names of the persons who participated in evaluations of improvements in the report required under section 168 of this Regulation.	All members of Macassa Lodges Regular and Extended Quality Improvement Committee's participate in developing, monitoring, and evaluating the annual quality improvement initiative/plan. Additionally, members participate in the development, application and evaluation of the annual resident/family satisfaction survey including identification of action items to address opportunities for improvement. Macassa Lodge's **Regular Quality Improvement Committee** meets on a monthly basis and is comprised of the following Leadership Team members: Lisa Phelps, Administrator Alecia Matteson, Director of Nursing Jaimie Williams, Manager of Quality Improvement & Privacy (Chair) Andrea Ciparis, Administrative Support Christine Gallagher, Supervisor-Housekeeping and Laundry

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	Brian Bettencourt, Director of Food Services and Senior Project Manager
	Mike Stallard, Supervisor of Administration
	Vince Guetter, Superintendent Facilities Operations & Maintenance
	Denise Kendall, Supervisor of Resident Services and Adult Day Program
	Kory Bothen, RAI Coordinator
	Lisa Sargent, Nurse Leader
	Gabrielle Miguel, Nurse Leader
	Victoria Vandermeulen, Nurse Leader
	Camelia Burlea, Nurse Leader
	Azra Gaertnei, Infection Control Practitioner
	Macassa Lodge's **Extended Quality Improvement Committee** members meet quarterly. In addition to members of the Leadership team listed above, Extended Committee members also include:
	Dr. Joginder Khera, Medical Director
	Portia Machonisa, Nurse Practitioner
	Edwina Brako, Nurse Practitioner
	Personal Support Worker – TO BE DETERMINED
	Alia Arif, Registered Dietitian
	Sameer Kapadia, Care Rx Pharmacist Consultant
	M.O., Resident's Council President
	Family Council Members:
	Linda Nishimura
	Susan Fyfe
	Diane Zanin
	Brenda Folk
	Tami Henderson
	Wendy Kowalski
	Dwight Crump
	Julia Gizzarelli

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2024-25 Continuous Quality Initiative Report – Wentworth Lodge

Date: April 2, 2024

Prepared by: Jaimie Williams, Manager of Quality Improvement & Privacy (Designated Quality Lead)

Introduction
The Mission, Vision, and Values for Wentworth Lodge, Macassa Lodge and the Adult Day Program of the City of Hamilton is outlined below and reflects our home's commitment to continuous quality improvement because we continuously strive to optimize the quality of life of our residents by providing exceptional care and services. Annual improvement initiatives also focus on improving one or more of the six quadrants of health quality per Ontario Health. They are: Safe, Effective, Patient-centred, Efficient, Timely, and Equitable. **Wentworth Lodge, Macassa Lodge, and the Adult Day Program: City of Hamilton** *CORE PURPOSE* For the benefits of adults requiring long term care and community-based services, we provide care and accommodation in a not-for-profit organization in order to maximize their quality of life. *VISION* We are committed to our people, dedicated to building a strong and healthy community, passionate about making a difference by providing quality care and recognized for our excellence. *MISSION* We provide person-centered, long-term care that promotes well-being and creates opportunities to maximize the quality of life of our residents. *VALUES* (1) Engaged empowered employees (2) Sensational Service (3) Collective Ownership (4) Steadfast integrity (5) Courageous change

Strategies to improve the quality of care and services are embedded throughout Wentworth Lodge's Operational Plans such as:
Strategic Plan
Accessibility
Cultural Competency
Risk Management, and
Information Technology

Improvement initiatives are also embedded in Wentworth Lodge's Strategic Plan, which focuses on seven Corporate Priorities for the City of Hamilton:
1) Community engagement and participation
2) Economic growth and prosperity
3) Healthy and safe community
4) Our people and performance
5) Clean and green
6) Built environment/infrastructure
7) Culture and diversity

Requirement Under O. Reg 246/22	Summary
Continuous quality improvement initiative report **168.** (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year **no later than three months after the end of the fiscal year** and, subject to section 271, **shall publish a copy of each report on its website.**	Fiscal year ends: March 31, 2024 Report due: June 30, 2024
(2) The report required under subsection (1) **must contain the following information:**	Jaimie Williams, Manager of Quality Improvement and Privacy (designated Quality Lead)

2

1. The **name and position of the designated lead** for the continuous quality improvement initiative	
2. A written **description of the home's priority areas for quality improvement**, **objectives, policies, procedures, and protocols for the continuous quality improvement initiative** for the next fiscal year.	For the coming fiscal year 2024-2025, Wentworth Lodge's priority areas for quality improvement as outlined in the annual Quality Improvement Plan will address the four areas of focus below: 1) Access & Flow – Reduce Avoidable Emergency Department Transfers 2) Equity – Provide a Safe and Inclusive Environment (where residents feel safe and included) 3) Experience – Improve Resident and Family Experience 4) Safe & Effective – Reduce Falls and Reduce Utilization of Antipsychotic Medication without a Diagnosis of Psychosis Organizational objectives, policies, procedures, and protocols that govern the continuous quality improvement initiative are reviewed/revised at least annually as necessary, and are subject to the following legislation: • Fixing Long term Care Homes Act, 2021 • Ontario Regulation 246/22 made under the Fixing Long Term Care Homes Act, 2021 • Excellent Care for All Act, 2010 • Long Term Care Home Service Accountability Agreement, and • (CARF) Accreditation standards
3. A written **description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.**	When developing Wentworth Lodge's annual Quality Improvement Plan, the steps below are used to ensure a sustainable plan is in place that includes SMART goals that are Specific, Measurable, Achievable, Relevant, and Time-based: 1) Understand and prioritize opportunities for improvement 2) Develop improvement initiatives 3) Implement improvement initiatives 4) Monitor successes and challenges 5) Pivot if/when necessary

3

	A number of reliable data sources are reviewed by several organizational teams and committee's including but not limited to: -Regular and Extended Quality Improvement Committee's -Resident's Council -Family Council -Program/Department specific teams -Health Advisory Committee -Organizational Leadership Team Reliable data sources are not only reviewed in the fall, when planning for the annual quality improvement plan begins, but throughout the year as part of the homes quality improvement program to monitor and measure successes and challenges. Data sources that are reviewed include but are not limited to: - Performance Indicator Data from Canadian Institute for Health Information (CIHI) - Ontario Health Quality Improvement Plan Indicator Matrix - Annual Resident/Family Satisfaction Survey outcomes - Trends identified from complaints received from residents, families, staff, and stakeholders - Trends identified from Critical Incidents (reportable to Ministry of Long-Term Care) - Inspection outcomes from Ministry of Long-Term Care, Ministry of Labour, and Public Health - Infection Prevention and Control audits - Any identified emergent issues internally or externally - Commission on voluntary Accreditation of Rehabilitation Facilities (CARF) survey outcome - Avoidable Emergency Department transfer rates

4

4. A written **description of a process to monitor and measure progress, identify, and implement adjustments, and communicate outcomes** for the home's priority areas for quality improvement in the next fiscal year.	The process to monitor and measure successes and challenges, identify, and implement adjustments, and communicate outcomes is reflected in Wentworth Lodge's annual Quality Improvement Committee Schedule/Workplan. This schedule lists priority agenda items that need to be discussed each month and includes a template for committee members to document progress for each quality improvement indicator and initiative, as well as barriers, and if adjustments need to be made. QIP progress and outcomes are communicated by the Manager of Quality Improvement and Privacy each month at Resident and Family Council meetings, and at department meetings as appropriate. A copy of the Quality Improvement Plan, monthly progress, and Continuous Quality Improvement committee minutes is posted publicly in an accessible location in the home on the Quality Improvement Communication board for all residents, family members, staff, and visitors to read. Paper based copies are available upon request. Further, copies of the annual Quality Improvement Workplan, Narrative, and Continuous Quality Initiative Report is posted on our home's website.
5. A written record of, i. the **date the survey required under section 43 of the Act was taken** during the fiscal year,	In 2023, the annual resident and family satisfaction survey was completed between October 1 and November 30.
ii. the **results of the survey taken** during the fiscal year under section 43 of the Act, and	**2023 overall satisfaction results for Wentworth Lodge are as follows:** 1) I am able to communicate openly and freely in order to ensure that my care and service needs are met without fear of consequences. **92%** 2) I am involved in decisions relating to my care. **85%** 3) The staff in each department take time to listen to my concerns. **85%**

5

	4) I am treated with respect and in a courteous and fair manner. **89%** 5) Overall, I am satisfied with the quality of the care and service. **90%** 6) I would recommend this home to others. **83%**
iii. **how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated** to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.	The results of the 2023 resident and family satisfaction survey were communicated verbally at the following Council/Committee meeting dates: 1) Resident's Council – January 17th, 2024 2) Family Council – January 24th, 2024 3) Regular Quality Improvement Committee – January 18th, 2024 4) Management Team – January 29th, 2024 Copies of the annual resident and family satisfaction survey results were posted in the home in January 2024.

6. A written record of,
 	
i. **the actions taken** to improve the long-term care home, and the care, services, programs, and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, **the dates the actions were implemented and the outcomes** of the actions,
	As a result of verbal communications provided to the Resident Council, Family Council, Regular Quality Improvement Committee and Management Team in January 2024, the following actions to address opportunities for improvement will be taken to improve care, services, programs, and goods for the three priority areas below:
	
	1) **Provide Pleasurable Dining**
	   a) Director of Food Service to complete education on pleasurable dining
	   b) Increase themed meals (2024-25 QIP)
	   c) Complete annual satisfaction survey in sprig instead of fall
	   d) Ask about meal service satisfaction at care conferences
	   e) Audit meal service satisfaction at point of service

6

	2) Improve Timely Response to Call Bells:
	   a) Communicate about expectations around call bell response at department meetings
	   b) Audit call bell response
	
	3) Improve Volunteer Services:
	   a) Investigate if barriers to volunteer recruitment can be removed or reduced. I.e., costs associated with mandatory TB testing and vulnerable sector screening
	   b) Create marketing/recruitment plan
	   c) Inquire with City of Hamilton Public Health if/how we can support TB testing at the Lodge
	   d) Update website – application process
	
	A full record of dates the actions were completed/implemented is posted in the home on the Quality Improvement Communication board for all residents, family members, staff, and volunteers to read.

ii. **any other actions taken** to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,	None
iii. the **role of the Residents' Council and Family Council, if any, in actions taken** under subparagraphs i and ii,	Actions to address opportunities for improvement identified by the annual resident/family satisfaction survey were reviewed at Resident's Council on April 17th 2024. There were no additions or changes to proposed initiatives suggested; however, residents are encouraged to bring suggestions forward at any time.

	The same actions were shared with members of the Family Council April 24th 2024. A request for recommendations and advice was extended to members; however, none were received.
iv. the **role of the continuous quality improvement committee in actions taken** under subparagraphs i and ii, and	The Continuous Quality Improvement Committee members met in January to review the outcome of the annual resident and family satisfaction survey and to discuss action items to address opportunities for improvement. The Committee discussed options for priority areas to focus our quality improvement initiatives in 2024. We considered the importance to Residents and Families, likelihood of success of our efforts, identified extra costs associated and the positive impact from the initiatives. The Committee has decided to focus on all three priority areas this year, based on Project Priority calculations. 1) Provide Pleasurable Dining Experience 2) Improve Timely Response to Call Bells 3) Improve Volunteer Servicves The QI Committee utilized the PICK QI exercise to then brainstorm potential initiatives based on the three Priority Areas from the Prioritizer QI Tool. The Committee categorized potential initiatives into the PICK Tool based on low to high benefits, and low to high efforts for each initiative. Our focus areas will be driven from the "Implement" and "Challenge/Planning" quadrants, with the "Possibe" and "Kybosh" sections being considered at a later time.
v. **how, and the dates when, the actions taken under subparagraphs i and ii were communicated** to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.	Progress with regards to quality improvement initiatives and actions taken to address priority areas identified by the annual resident/family satisfaction survey are provided monthly at Resident Council, Family Council and Quality Improvement Committee meetings. A documented record of actions taken,

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	dates actions were implemented, and outcomes will be maintained at WentworthLodge and posted on the Quality Improvement Communication board for all residents, family members, volunteers, and staff members to read.
(3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.	A copy of the Resident and Family satisfaction report was offered to members of the Resident and Family Councils and provided to those who requested it. Additionally, a copy of the report, including actions to address opportunities for improvement is posted publicly in the home on the Quality Improvement Communication board with a notation that copies are available upon request to the Manager of Quality Improvement and Privacy.
Records of improvements 169. Every licensee of a long-term care home shall ensure that the continuous quality improvement initiative required under section 42 of the Act includes a record maintained by the licensee setting out the names of the persons who participated in evaluations of improvements in the report required under section 168 of this Regulation.	All members of Wentworth Lodge Regular and Extended Quality Improvement Committee's participate in developing, monitoring, and evaluating the annual quality improvement initiative/plan. Additionally, members participate in the development, application and evaluation of the annual resident/family satisfaction survey including identification of action items to address opportunities for improvement. Wentworth Lodge's **Regular Quality Improvement Committee** meets on a monthly basis and is comprised of the following Leadership Team members: Karen Allcroft, Administrator Sherril Boecking, Director of Nursing Jaimie Williams, Manager of Quality Improvement & Privacy (Chair) Mary-Kay Jolin, Administrative Support Jennifer Young, Supervisor-Housekeeping and Laundry Jaimie Journeaux, Director of Food Services Kim Walker, Supervisor of Resident Services & Administration Vince Guetter, Superintendent Facilities Operations & Maintenance Deborah Lauper-Stewart, RAI Coordinator Marietta Miguel, Nurse Leader

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	Geraldine Valesco, Nurse Leader Nilmini Amarasekera, Infection Control Practitioner Wentworth Lodge's **Extended Quality Improvement Committee** members meet quarterly. In addition to members of the Leadership team listed above, Extended Committee members also include: Dr. Rittu Singh, Medical Director Anisa Guled, Nurse Practitioner Edwina Brako, Nurse Practitioner Personal Support Worker – TO BE DETERMINED Rola Shewayhat, Registered Dietitian Sameer Kapadia, Care Rx Pharmacist Consultant A.E., Resident's Council President A.C., Resident's Council member Family Council Members: F.A. L.P.

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