

**Association canadienne
des soins de longue durée**



**Canadian Association
for Long Term Care**



National Survey on the State of Long Term Care in Canada

Report Summarizing Results

2026

TABLE OF CONTENTS

EXECUTIVE INSIGHTS	3
Long-Term Care in Canada: A Sector in Transition.....	3
Strategic Insight 1	6
Strategic Insight 2	8
Strategic Insight 3	8
Strategic Insight 4	8
Strategic Insight 5	9
Strategic Insight 6	10
Strategic Insight 7	10
What the Findings Tell Us About the Future.....	10
INTRODUCTION	11
ASSOCIATION SURVEY	13
Category A: Association Profile	13
Category B: Workforce Environment.....	14
Category C: Funding and Capital	16
Category D: Information, Technology, and Innovation.....	18
Category E: Best Practices and Innovation	21
Category G: CALTC Engagement	22
LTC HOME OPERATION SURVEY	24
Section A: Organizational Characteristics	24
Section B: Workforce Characteristics and Capacity	26
Section C: Recruitment and Retention	31
Section D: Financial Pressures and Operations	35
Section E: Information Technology, Data, Artificial Intelligence, and Cybersecurity.....	37
Section F: Strategic Considerations	42
Section G: Promising Practices and Innovations.....	44
KEY TAKEAWAYS.....	46
CONCLUSION	49

EXECUTIVE INSIGHTS

Long-Term Care in Canada: A Sector in Transition

Introduction

The Canadian Association for Long-Term Care (CALTC) brings together long-term care associations and long term care home operators from across Canada to advance collaboration, knowledge exchange, advocacy and quality in long-term care. CALTC provides a national forum through which the experiences of jurisdictions, organizations and long-term care homes can inform one another and contribute to a stronger national dialogue on the future of long-term care in Canada.

Long-term care is delivered provincially and territorially, with significant differences in legislation, funding, regulation, workforce models, infrastructure and health-system integration across the country. Yet the challenges facing long-term care increasingly transcend jurisdictional boundaries.

Workforce shortages, immigration, capital development, increasing resident complexity, technology, cybersecurity, climate resilience, funding sustainability and regulatory expectations are issues being experienced across Canada. At the same time, jurisdictions and individual organizations are developing innovative responses to these challenges.

CALTC's role is therefore not to suggest that every jurisdiction should operate in the same way. Rather, it is to identify where there are common challenges, where there are opportunities to learn from one another, and where a collective national voice can help advance better outcomes for residents, families, staff and the organizations that provide care.

The 2026 National Long Term Care Survey is an important part of that role. It provides CALTC with an opportunity to listen to those operating long term care homes, as well as long term care associations, to understand what is happening across the country and identify the issues that require greater attention, collaboration and advocacy.

Why This Survey Matters

The COVID-19 pandemic fundamentally changed the conversation about long-term care in Canada. The pandemic exposed longstanding vulnerabilities in the sector and brought unprecedented public, political and policy attention to the conditions in which older Canadians live and receive care. These vulnerabilities had been long-standing points of advocacy for operators and long term care associations, and it has been promising since then to see governments across Canada make significant investments and introduce new policies, legislation, infrastructure initiatives, workforce programs and accountability measures intended to strengthen long-term care.

Several years beyond the height of the pandemic, an important question now emerges:

Are these changes translating into a stronger and more sustainable long-term care system in all Canadian jurisdictions, or are longstanding pressures continuing to outpace the sector's capacity to respond?

The 2026 CALTC survey was designed in part to explore this question. The survey builds on CALTC's 2023 internal members survey but expands considerably on the issues examined and reach. Separate surveys were undertaken with provincial and territorial associations and long term care home operators, providing both a system-level and an operational perspective. The 2026 survey examines workforce capacity, recruitment and retention, international recruitment, funding, capital development, digital transformation, data, interoperability, artificial intelligence, cybersecurity, climate resilience, innovation and sustainability.

The responses provide an important picture of a sector that has changed since 2023, but not necessarily in the way that might be expected. Some pressures appear to have eased. Workforce challenges, for example, were reported by associations as either stable or somewhat improved rather than worsening. Yet significant shortages remain across clinical and non-clinical positions. Similarly, most operators do not currently identify an immediate risk of insolvency, but a meaningful minority report current or potential financial vulnerability.

It is important to note that the absence of a crisis does not necessarily mean that the system is sustainable. A home can remain open while operating with persistent staffing pressures, aging infrastructure, unfunded obligations, increasing resident complexity and limited capacity to invest in modernization.



The 2026 survey therefore needs to be understood not simply as a snapshot of whether individual organizations are succeeding or struggling, but as an indication of the underlying capacity of the Canadian long term care system to meet the demands being placed upon it.

Should access to LTC and experience vary by where you live in Canada?

One of the questions CALTC believes Canada needs to confront is whether long-term care is beginning to produce increasingly significant differences in the experience of residents and the capacity of homes to deliver care.

Canada has never had a national model of long-term care, which makes sense considering that long-term care is not included under the Canada Health Act and falls under the jurisdiction of provincial and territorial governments. ***Differences among provinces and territories are expected and, in many cases, appropriate. However, there is an important distinction between appropriate variation and inequity in the capacity to provide care. The question is whether a person's access to high-quality long-term care is increasingly influenced by where they live, rather than by their needs. We can point to differences in hours of care, the number of long term care spaces per capita in each jurisdiction, wait lists of individuals waiting to move into long term care homes, access to technology and programs, and operational funding. These indicators matter and raise questions about equitable access and experiences in long term care in Canada.***

The risk is that Canada could gradually develop a system in which some homes and jurisdictions have the financial, human, technological and physical infrastructure required to modernize, while others are primarily focused on maintaining existing operations.

The survey provides early signals of this possibility.

Digital maturity varies considerably. Some organizations have dedicated data analysts and sophisticated digital systems, while others rely on manual processes and already-stretched managers. Capital access also varies with reports of approved long term care spaces for new beds that remain unbuilt because of funding challenges. Workforce conditions differ according to geography and local labour markets. Smaller organizations can face administrative and financial pressures.

This should be an area of continued national attention. Canada needs to understand not only how much long term care capacity it has, but the capacity of that system to deliver consistent, sustainable and high-quality care, and what happens in its absence. Examples of these concerns are already clear, as individuals are increasingly left waiting in hospitals for an opportunity to move into a long term care home.

The State of the Sector: A Systems Perspective

The 2026 survey presents a sector that is neither in the same position it was before the pandemic nor simply recovering from it, but shows it is evolving.

Many of the challenges identified in an internal members survey in 2023 remain firmly present. Workforce recruitment and retention, sustainable funding, infrastructure and data capacity continue to shape the operating environment. At the same time, the nature of those challenges is becoming more complex. The sector is increasingly caring for residents with complex needs while operating in an environment of higher expectations for quality, accountability, transparency and evidence-informed care. At the same time, long term care homes are being asked to modernize.

They are expected to become more digitally enabled, strengthen cybersecurity, use data more effectively, consider artificial intelligence, prepare for climate-related risks, modernize aging buildings, integrate newcomers into the workforce and respond to changing expectations around resident and family experience. These are important and necessary developments, but they also create a fundamental challenge of taking on several transformational needs while still managing current unresolved pressures. It is essential that expectations for long term care in Canada are matched by equal investment.

In spite of this, there is evidence that ***the sector is finding a way to adapt while delivering quality care. Operators and associations reported a remarkable range of initiatives intended to improve recruitment, retention, workforce development, resident care, infrastructure, technology and organizational performance.***

Educational partnerships and student placements are being used as pipelines into employment. long term care homes are experimenting with flexible scheduling, recognition programs, mentorship, professional development, wellness supports and career pathways. International recruitment is being used as an important source of workforce supply. Technology is being used to support documentation, communication, scheduling, clinical processes and family engagement. Organizations are investing in quality improvement, infrastructure modernization and new models of care. This is significant as it highlights that the sector itself is working towards solutions while also collaborating with government.

There is substantial innovation already occurring within Canadian long-term care, but the challenge is at a systems level to identify what works, understand why it works, provide the conditions necessary to sustain it, and see it adopted across jurisdictions.

Strategic Insight 1

Workforce: From Shortage to Workforce System

Workforce remains one of the defining issues for long term care, but the survey suggests the nature of the workforce challenge is changing.

Associations reported that workforce conditions had either remained stable or somewhat improved over the previous 12–14 months, yet shortages continue across a wide range of positions, including nurses, other clinical professionals, dietary, housekeeping and administrative roles. Rural and remote communities continue to experience particularly significant challenges.

For operators, competition with the rest of the healthcare system is now the leading recruitment barrier. Limited availability of full-time positions, housing, compensation, geography and workforce supply also contribute to recruitment challenges.

This suggests that the ***future workforce discussion cannot focus solely on recruiting more people but should shift toward building a sustainable long term care workforce system that addresses challenges strategically, not just operationally.*** This requires national consideration of recruitment strategies measured against supply and demand, full-time employment opportunities and scheduling flexibility, competitive compensation, work-integrated learning, immigration and settlement, career ladder, workplace culture, and leadership.

The survey demonstrates that operators are already pursuing this broader approach. Recruitment and retention strategies span educational partnerships, international recruitment, housing supports, scheduling changes, recognition, professional development, wellness, mentorship and onboarding.



Strategic Insight 2

Immigration: Recruitment Is Only the Beginning

International recruitment has become an important component of the long term care workforce strategy. However, the survey makes clear that bringing a worker to Canada is only the first step. Operators identified immigration and work-permit delays, language and workplace communication, retention, credential recognition, settlement supports and cultural integration among the major challenges associated with internationally educated and newcomer staff. It's clear that Canada needs to think about international recruitment with a robust retention strategy, and not simply an immigration strategy.

A successful pathway should extend from recruitment through to immigration, credential recognition, settlement, housing, orientation, workplace integration, mentorship, career development and long-term retention leading to permanent residency.

This is an area where federal, provincial and territorial responsibilities intersect directly with the operational realities of long term care.

Strategic Insight 3

Financial Sustainability: The Question Is What We Fund LTC to Do

Operators identified staff wages and benefits, capital repairs, food, overtime and utilities among their most significant financial pressures. Respondents also pointed to technology, recruitment and retention, workers' compensation, infection prevention and control and unfunded obligations. The issue is not simply that costs are rising, but that the cost and complexity of providing long term care are changing. Survey respondents described situations in which funding increases have not kept pace with wage growth, inflation, staffing requirements and resident acuity.

This suggests that future conversations about funding need to move to strategically consider if long term care home funding models reflect what governments expect long term care homes to deliver. Funding adequacy, predictability and flexibility are all important as we consider sustainability of the sector.

Financial sustainability remains one of the strongest themes in the survey.

Strategic Insight 4

Infrastructure: From Long Term Care Spaces to Sustainable Capacity

Canada needs more long term care capacity.

But the survey demonstrates that creating that capacity is considerably more complicated than approving additional long term care spaces.

Associations identified high construction costs, limited capital funding, financing barriers, government approval processes and operational uncertainty as significant obstacles to development. Two responding associations reported approved beds remaining unbuilt because of insufficient access to capital funding. At the same time, existing homes face significant maintenance and modernization requirements. This creates a two-sided infrastructure challenge that needs to consider not only how to finance the build and operations of a long term care home, but also, the staffing model to support it to ensure that it is sustainable. This shifts the focus from building long term care spaces to building sustainable capacity.

Strategic Insight 5

Digital Transformation: The Next Divide May Be Digital

Technology is becoming increasingly embedded in long term care, but the survey shows that digital transformation is uneven. Some homes have strong analytical capacity and sophisticated digital infrastructure. Others have access to data but lack the personnel, funding, interoperability or time required to use it effectively. It is essential that we consider not only enhancing data systems in long term care homes, but also the ability to use the data meaningfully. This requires considerations for technology investments, training, funding, leadership and change management.

Digital transformation also requires the consideration of artificial intelligence and cybersecurity. Artificial intelligence and advanced analytics remain at an early stage of adoption in long term care, as only a minority of respondents reported full implementation, but many more are piloting, considering or beginning to use these technologies. Current applications are concentrated primarily in documentation and administrative support, with emerging applications in quality monitoring, workforce planning and clinical decision support.

This suggests that long term care is approaching, not yet completing, a significant digital transition.

There are significant opportunities with a digital transformation in long term care homes, but it must occur thoughtfully. The survey respondents themselves identified the need for funding, training, dedicated IT and cybersecurity leadership, policy guidance, infrastructure and change management. They also highlighted privacy and the need to ensure that technology is useful rather than adopted simply because it is available.

For CALTC, the opportunity is to help shape the conversation before AI becomes widespread rather than after the fact.

Strategic Insight 6

Climate Resilience: A key Consideration for LTC Infrastructure Planning

Climate change represents a relatively new dimension of long term care planning. Nearly two-thirds of responding operators indicated that severe weather and changing climate had been considered strategically, particularly through emergency planning and infrastructure modernization. However, more than one-third had not yet incorporated climate considerations into strategic planning.

For long term care, climate resilience is not simply an environmental issue, as residents are among those most vulnerable to extreme heat, power outages and disruptions to essential services. It has become essential that the long term care sector prepare for this in building design, emergency preparedness, with important considerations for property insurance.

Strategic Insight 7

Innovation: The Sector is Leading

Perhaps one of the most encouraging findings is the breadth of innovation already occurring across long term care. Examples of innovation were shared that included workforce development, education, technology, clinical care and resident quality of life, culture and government-supported programming.

Training and education were the most frequently identified category of innovation among operators, followed by organizational practices and government policy or public investment. The opportunity now is to move further towards work-integrated learning models that fully mobilizes recruitment and retention strategies for long term care homes.

What the Findings Tell Us About the Future

Taken together, the survey suggests that ***Canadian long-term care is at an inflection point as we must move strategically towards a system design that respects jurisdictional uniqueness, supports the long-term sector sustainability and ensures that homes have the capacity to meet the long-term care needs of Canadians.***

It is encouraging that the long-term care sector is ready to evolve, with the right resources and supports. The next chapter for long-term care in Canada will require collaboration among all levels of government working closely with the long term care sector to realize our potential as global leaders. The challenge is for us to respond and work together.

INTRODUCTION

The Canadian Association for Long-Term Care (CALTC) brings together long-term care associations and providers from across Canada to support collaboration, knowledge exchange, advocacy, and the advancement of quality long-term care. CALTC's national Survey provides an important mechanism for understanding the experiences, priorities, and emerging challenges of long term care associations and home operators and identifies opportunities for collective action at the national level.

CALTC conducted an internal members Survey in 2023 to better understand key issues affecting the long term care sector, including demographics, staffing, recruitment, funding, data, and emerging best practices. The findings reinforced longstanding sector challenges, particularly workforce shortages and funding pressures, while identifying opportunities related to workforce innovation, infrastructure, data capacity, and knowledge sharing. The 2023 survey also demonstrated the value of collecting information directly from homes and associations to inform national advocacy and strategic priorities.

Building on this foundation, the 2026 National Survey was redesigned and expanded in scope to be open to all long term care home operators and associations, even if not in the direct membership of CALTC. The goal was to capture a more detailed understanding of current conditions across Canada's long term care sector. Two separate survey streams were developed: one for provincial/territorial long term care associations, focusing primarily on jurisdictional and system-level perspectives, and another for long term care home operators, focusing on organizational and operational experiences. The surveys combined quantitative questions with opportunities for respondents to provide qualitative context and examples.

The survey sample size for long term care home operators that responded to the survey represents 45,937 long term care spaces across the country, with the largest percentage of respondents coming from the maritime provinces, followed by British Columbia, and then Ontario. The majority of respondents are from homes that operate in English, but a small percentage of homes that operate in French outside of Quebec also participated. In all, survey respondents represent 9 of 13 Canadian jurisdictions.

The 2026 survey explores both persistent and emerging issues. These include workforce shortages, recruitment and retention, international recruitment and newcomer workforce integration, financial and capital pressures, data and digital capacity, cybersecurity, interoperability, artificial intelligence (AI), climate-related preparedness, promising practices and innovations, and opportunities for CALTC support and advocacy. The Association Survey provides perspectives on conditions and priorities across jurisdictions,

while the long term care Home Operator Survey captures experiences closer to the organizational and service-delivery level.

Where questions or concepts are sufficiently similar, this report also considers findings from the 2023 survey to identify areas of continuity or change. Comparisons should be interpreted cautiously because the 2026 survey differs substantially from the 2023 survey in its questions, response formats, scope, and number and composition of respondents. The comparisons are therefore intended to identify broad patterns and evolving priorities rather than measure change statistically over time.

Together, the findings provide CALTC with an updated evidence base for understanding the interconnected workforce, financial, technological, infrastructure, and policy conditions affecting long term care. They can support national advocacy, policy development, knowledge exchange, and identification of promising practices across jurisdictions.



ASSOCIATION SURVEY

Category A: Association Profile

A1. Jurisdiction

Which province or territory does your Association primarily represent?

Responses to the jurisdiction question represented four provinces across Canada: British Columbia, Manitoba, Ontario, and Prince Edward Island. British Columbia had the highest representation, accounting for two of the five recorded responses (40%), while Manitoba, Ontario, and Prince Edward Island each accounted for one response (20%). While the 2023 survey did not collect jurisdictional information in the same format, these findings provide useful context regarding the geographic representation of associations contributing to the 2026 survey.

A2. Membership Size

Approximately how many organizational members does your Association represent?

Four associations responded to the question regarding organizational membership size. Membership varied considerably among respondents. Two associations (50%) reported representing 200 or more organizational members, while one association (25%) represented 25–49 members and one (25%) represented fewer than 25 members. These findings demonstrate variation in the size of the responding provincial associations, with half representing relatively large organizational memberships. The 2023 survey similarly identified variation in association membership and reported that eight responding associations collectively represented 1,391 long term care homes. However, direct numerical comparison between the two surveys is limited because the 2026 survey measures the broader category of organizational members using membership-size ranges rather than asking how many long term care homes they represent.

A3 & A4. Composition of Membership

Approximately what proportion of your members are licensed long-term care homes?

Aside from Long Term Care homes, what other types of members do you have?

Four associations responded to the question regarding the proportion of their membership represented by licensed long-term care homes. Two associations (50%) reported that all or nearly all (90–100%) of their members are licensed long term care homes. One association (25%) reported that long term care homes account for about half (40–59%) of its membership, while one (25%) indicated that less than half of its members are homes. Among responses describing membership beyond homes, other member types included

assisted living, home health, independent living, commercial organizations, and associate members.

These findings are consistent with the broader membership profile identified in the 2023 survey. At that time, five of eight responding associations reported membership extending beyond long term care homes to other parts of the long-term care and continuing care continuum. The 2026 results similarly indicate that, while licensed long term care homes constitute a substantial proportion of association membership, some associations continue to represent a broader range of organizations and services across the care continuum.

A5. Languages of Communication

In which language(s) does your Association regularly communicate with members?

Four responses were received regarding the languages associations regularly use to communicate with their members. English accounted for three responses (75%), while French accounted for one response (25%). No responses were reported for Indigenous or other languages. These findings provide an indication of the languages currently used by responding associations in their regular member communications.

Category B: Workforce Environment

B6. Workforce Shortages

In your assessment, which workforce groups are currently experiencing shortages in LTC homes in your jurisdiction?

The results indicate that workforce shortages in long term care are affecting a broad range of occupational groups. Of the seven selections made, non-clinical staff such as dietary, housekeeping, and administration; other clinical professionals such as therapists and social workers; and widespread shortages across most roles were each selected twice (28.6% of all selections). Direct care staff, including RNs, LPNs, and PSWs, accounted for one selection (14.3%).

The findings suggest that workforce pressures are not confined to traditional direct care positions but extend across the broader long term care workforce. This is consistent with the 2023 survey, which also identified shortages beyond direct care roles, including food services, cooks, activity staff, social work, rehabilitation, administration, dietary, and management positions. The 2026 results continue to highlight the system-wide nature of workforce challenges in the long term care sector.

B7. Change Over Time

Over the past 12–14 months, have workforce challenges in Long Term Care worsened, improved, or remained stable?

Four associations responded to the question about changes in workforce challenges over the past 12–14 months. Responses were evenly divided, with two associations (50%) reporting no significant change and two (50%) indicating that workforce challenges had somewhat improved. No respondents reported that workforce challenges had worsened significantly or somewhat.

Comments from respondents indicate, however, that substantial workforce pressures remain. Shortages continue to affect roles across the senior care and living sector, with particularly acute challenges reported for direct care positions such as RNs and LPNs. Other clinical professionals and non-clinical roles, including dietary, housekeeping, and administration, were also identified as experiencing shortages, with challenges reported to be more pronounced in rural and remote areas. Among associations reporting improvement, reduced reliance on agency staff to fill shifts was identified as one positive development.

Although the 2023 survey did not ask an equivalent change-over-time question, it identified significant and widespread staffing shortages across both care and non-care roles. The 2026 findings suggest some signs of improvement in workforce conditions, but persistent shortages across multiple occupational groups indicate that workforce capacity remains an important challenge for the long term care sector.

B8. Federal Policy Levers

Which federal policy actions would your association like to see advance to improve workforce supply for Long Term Care?

Associations identified a range of federal policy actions that could help improve workforce supply in long term care. Of the 10 selections made, “immigration pathways to permanent residency for internationally educated professionals working in long term care ” was the most frequently selected action, accounting for three selections (30%). Labour mobility across regulated health professions and occupations and settlement and integration supports for LTC employers and newcomer staff were each selected twice (20%). Bilateral federal–provincial/territorial funding agreements focused on LTC recruitment and retention and a national strategy for domestic healthcare/LTC workforce development were each selected once (10%). An additional response called for reopened and dedicated immigration pathways for healthcare students and workers (10%).

Overall, the findings highlight immigration and the integration of internationally educated and newcomer workers as prominent areas for federal action, alongside labour mobility, targeted funding, and domestic workforce development. These priorities build on issues identified in the 2023 survey, which highlighted international recruitment, credential recognition, and retention of internationally educated healthcare professionals as important components of addressing long term care workforce challenges. The 2026 findings provide

greater specificity regarding the federal policy levers associations would like to see advanced to support workforce supply.

Category C: Funding and Capital

C9. Financial Pressures

What are the most significant financial pressures currently facing Long Term Care homes in your jurisdiction?

Associations identified a range of significant financial pressures currently facing LTC homes in their jurisdictions. Of the 12 selections made, rising operational costs were the most frequently identified pressure, accounting for four selections (33.3%). Within this category, respondents specifically identified food costs, energy and utilities, infection prevention and control, and medical supplies and products, particularly petroleum-based products, as areas of concern.

Defunding or withdrawal of funding, increasing resident acuity and complexity, and capital repairs and building modernization were each identified twice (16.7% of selections). Human resource costs, including recruitment, unfunded labour costs, overtime, and agency staffing, accounted for one selection (8.3%). Bad debt was also identified once (8.3%), although the respondent noted that it was not among the most significant pressures but continued to have some impact on LTC homes.

Overall, the findings demonstrate that financial pressures facing LTC homes are multidimensional, spanning day-to-day operating expenses, funding levels, increasing resident care needs, workforce costs, and infrastructure requirements. These findings build on the 2023 survey, which highlighted chronic underfunding and substantial variation in LTC funding across jurisdictions. The 2026 results provide further insight into the specific cost pressures currently contributing to financial challenges within the sector.

C10. Barriers to LTC Development

What are the most significant barriers to timely renewal or net-new development of LTC homes in your jurisdiction?

Associations identified multiple barriers to the timely renewal or net-new development of LTC homes. Of the 19 selections made, high construction costs and operational challenges limiting investment interest, including risks associated with staffing shortages and budget underfunding, were the most frequently identified barriers, each accounting for four selections (21.1%). Limited provincial capital funding subsidy programs available to long term care homes followed with three selections (15.8%).

Provincial government delays in issuing RFPs or capital development approvals, limited access to financing, and ineligibility for Canada Mortgage and Housing Corporation (CMHC) programs were each identified twice (10.5%). Respondents also identified additional barriers, including imposed collective agreements without funding assurances to cover additional costs or other unfunded requirements (5.3%), as well as the phasing out of funding for Ward 3+ spaces and uncertainty related to the macroeconomic environment and escalating financing and construction costs (5.3%).

Overall, the findings indicate that long term care development is constrained by a combination of capital, operational, financing, and policy-related factors rather than a single barrier. This builds on the 2023 survey, which identified considerable variation in provincial approaches to capital development and noted that long term care homes were generally required to secure their own capital financing. The 2026 findings provide greater detail on the interacting financial and system-level conditions that may limit the timely renewal and expansion of long term care infrastructure.

C11. Approved but Unbuilt Beds

Are there provincially/territorially approved Long Term Care beds that remain unbuilt due to insufficient access to capital funding?

Four associations responded to the question about provincially or territorially approved LTC beds that remain unbuilt due to insufficient access to capital funding. Two associations (50%) indicated that approved long term care beds remain unbuilt due to insufficient access to capital funding. One association (25%) selected “Not sure,” while one (25%) selected “Other.”

Overall, the findings indicate that insufficient access to capital funding is contributing to approved long term care beds remaining unbuilt in at least some jurisdictions. At the same time, the “Not sure” and “Other” responses suggest that the relationship between approved beds and capital availability may not be straightforward or consistently known across jurisdictions.

These findings build on the capital development challenges identified in the 2023 survey. That survey found considerable variation in provincial approaches to supporting new LTC construction and reported that homes were generally required to secure their own capital financing. The 2023 report consequently identified long term care infrastructure development and financing as areas requiring further attention. The 2026 findings provide additional evidence that access to capital remains a key constraint and, in some jurisdictions, may prevent already-approved long term care capacity from moving to construction.

C12. Advocacy Activity

Has your Association engaged in advocacy related to Long Term Care home development or redevelopment?

All four associations responding to this question (100%) reported that they have engaged in advocacy related to long term care home development or redevelopment. The approaches described included making submissions through provincial budget processes, raising questions and monitoring new development projects, meeting directly with government representatives, and writing to government ministers. Respondents also reported engaging with the media to highlight shortages of long term care homes and the need for new development, encouraging other sector organizations and stakeholders to advocate on the issue, and establishing a task group of long term care home members to engage with government on new capital funding programs and provide ongoing feedback.

The consistency of responses indicates that long term care development and redevelopment is an active advocacy priority across all responding associations. The findings also demonstrate that associations are using multiple advocacy channels, ranging from formal government engagement and consultation to media and broader stakeholder mobilization. This builds on the 2023 survey, which identified infrastructure development and capital financing as important areas for further advocacy. The 2026 findings demonstrate that provincial associations are actively pursuing these issues through a range of advocacy strategies.

Category D: Information, Technology, and Innovation

D13. Digital Maturity

How would you rate the overall digital maturity of Long Term Care homes in your jurisdiction?

Four associations responded to the question regarding the overall digital maturity of long term care homes in their jurisdictions. Half of respondents (50%) rated digital maturity as moderate, while one association (25%) rated it as low and one (25%) as high.

Overall, the findings indicate variation in digital maturity across the jurisdictions represented, with most responses falling within the low-to-moderate range and only one association reporting a high level of digital maturity. This suggests that, while long term care homes have developed some capacity to leverage digital technologies, there remains considerable opportunity to strengthen digital capabilities across the sector.

Although digital maturity was not directly assessed in the 2023 survey, that survey highlighted the growing importance of data systems in long term care and identified the need to better understand implementation costs, funding requirements, and the use of data to

support decision-making. The 2026 findings extend this earlier work by providing an initial indication of associations' perceptions of the broader digital maturity of long term care homes in their jurisdictions.

D14. Priority Data Gaps

Please rank the top three data gaps affecting Long Term Care policy and planning in your jurisdiction.

Associations identified several priority data gaps affecting long term care policy and planning. Workforce data (ranked 1st twice) and clinical and resident outcomes (ranked 1st once, ranked 2nd once) were the most frequently identified gaps. Compliance data and operational data were also important as they were each ranked 2nd once. Capital and infrastructure data and resident experience data were each ranked 3rd once.

The findings indicate that data needs span multiple dimensions of the long term care system, including workforce capacity, resident care and outcomes, operations, regulatory compliance, infrastructure, and resident experience. Workforce data remains particularly prominent, alongside an increased emphasis on information related to clinical and resident outcomes.

These findings show some continuity with the 2023 survey, in which workforce data was also identified as the highest-priority data gap, followed by operational and clinical data. Capital-related data gaps were also identified in 2023. The continued prominence of workforce data in 2026 suggests that access to comprehensive workforce information remains an important issue for long term care policy and planning. At the same time, the 2026 findings highlight a broader range of information needs, including compliance and resident experience data, indicating the multidimensional nature of current data gaps across the long term care sector.

D15. Cybersecurity and Data Protection

Has your Association supported members in cybersecurity or data protection activities?

Associations reported varying levels and types of activity to support members with cybersecurity and data protection. “Advocacy with governments or partners” and “expert programming at conferences or events” were each selected twice (28.6%). “No formal activity to date” was also selected twice (28.6%), while education or training accounted for one selection (14.3%). No selections were recorded for the development of guidance or position papers or other activities.

Overall, the findings indicate that some associations are supporting cybersecurity and data protection primarily through advocacy, knowledge sharing, and expert programming. At the

same time, the selection of “no formal activity to date” indicates that formal association-level engagement in cybersecurity and data protection is not yet consistent across the responding associations.

Cybersecurity and data protection were not specifically examined in the 2023 survey, preventing direct comparison over time. However, the 2023 survey highlighted the growing importance of data systems and the need to consider the resources and investments required to support data infrastructure in long term care. The inclusion of cybersecurity and data protection in the 2026 survey reflects an expanded focus on the digital capabilities and associated risks facing the long term care sector.

D16. Interoperability

In the past 24 months, has your association collaborated with members or external partners to produce any of the following related to interoperability or data sharing?

Associations reported several forms of collaboration with members or external partners related to interoperability and data sharing over the past 24 months. “Knowledge exchange events or forums” was the most frequently reported area of collaboration (50%). “Research or evaluation reports”, “technology or interoperability pilots”, and “interoperability of client service tools” were the second most frequently reported areas of collaboration (16.7%).

Overall, the findings suggest that association involvement in interoperability and data sharing has primarily focused on knowledge exchange, with some engagement in research, evaluation, and technology-focused initiatives. The range of activities indicates emerging efforts to improve how information and technologies connect across the long term care sector, although the relatively small number of reported activities suggests opportunities for further development in this area.

Interoperability was not specifically examined in the 2023 survey, so direct comparison over time is not possible. However, the 2023 survey highlighted the increasing importance of data systems and the need to consider how data are collected and used to support decision-making in long term care. The 2026 findings extend this focus by identifying interoperability and data sharing as specific dimensions of the sector's evolving digital environment.

D17. Artificial Intelligence (AI) and Advanced Analytics

Over the last 12 months, has your Association engaged with members on the use of AI or advanced analytics in Long Term Care?

Four associations responded to the question regarding engagement with members on the use of AI or advanced analytics in LTC over the past 12 months. Two associations (50%)

reported that they had engaged with members on AI or advanced analytics, while two (50%) reported no engagement in this area.

Among associations reporting engagement, activities included “information sharing or education”, “advocacy or policy engagement”, and “involvement in pilot projects or partnerships”. These findings indicate that AI and advanced analytics are beginning to form part of association-level discussions and activities within the LTC sector, although engagement is not yet consistent across all responding associations.

AI and advanced analytics were not specifically examined in the 2023 survey, so direct comparison over time is not possible. However, the 2023 survey highlighted the growing importance of data systems and the use of data to support decision-making in long term care. The 2026 findings extend this earlier focus by showing emerging association engagement with more advanced applications of data and digital technologies, including AI and advanced analytics.

Category E: Best Practices and Innovation

E20. Please describe up to two initiatives or innovations that have had a positive impact on LTC homes in your jurisdiction. (Examples: recruitment and retention, infrastructure development, IT modernization, or other innovations)

For each initiative, please indicate the type:

Type:

- **Training or education**
- **Government policy or public investment**
- **Internal organizational policy or practice**
- **Other innovation**

Associations identified a range of initiatives and innovations that have had a positive impact on long term care homes in their jurisdictions. Among the nine recorded responses, “training or education” initiatives and “internal organizational policies or practices” were the most frequently identified categories, each accounting for two responses (22.2%). Government policy or public investment was identified once (11.1%). Respondents also provided several specific examples of promising initiatives and innovations.

Workforce development was one prominent area of innovation. The Health Career Access Program (HCAP) was identified as a positive initiative that enables individuals with little or no previous healthcare experience to be hired and receive paid training as part of their employment. Technology-enabled models of care were also highlighted, including an LTC@home pilot that uses in-home monitoring technology to support virtual care, proactive care management, and home-support services.

Respondents also identified broader system and policy innovations. These included modernizing policies and funding to support seniors' hubs that could integrate long term care with services and infrastructure such as seniors' housing, staff housing, pharmacy, diagnostics, primary care, and home care. Another identified area of innovation involved streamlining administrative processes, reducing compliance burden, placing greater emphasis on quality improvement and resident quality of life, and increasing funding flexibility.

These findings demonstrate that innovation in long term care is occurring across multiple levels of the system, including workforce education and development, organizational practices, technology-enabled care, and government policy and funding. There is also continuity with the 2023 survey, which identified education and training partnerships, work-integrated learning, government-supported workforce initiatives, and changes to organizational practices as important examples of best practice. The 2026 findings broaden this picture by highlighting innovations related to virtual care, integrated seniors' hubs, regulatory burden, quality improvement, and funding flexibility.

Category G: CALTC Engagement

G21. Future Support

How could CALTC best support your Association over the next 2-3 years?

Associations identified several ways CALTC could support them over the next 2-3 years. A theme was maintaining opportunities for national collaboration and knowledge exchange. Respondents valued the current meeting schedule and emphasized the importance of sharing lessons, including both successes and challenges, and best practices across provinces. In particular, sharing information about major policy and system transformation initiatives was viewed as a way to inform and influence governments and policymakers across Canada.

Associations also identified an important role for CALTC in coordinating provincial interests around key pan-Canadian initiatives, including long term care implementation activities, CanSpark, and strategic engagement with the Canadian Institute for Health Information (CIHI). Another priority was for CALTC to identify and lead national funding opportunities that could benefit the long term care sector. National advocacy was also highlighted, particularly in relation to regulation and standards. One respondent emphasized the importance of CALTC helping to mitigate the risk that national regulations or standards could increase rather than reduce regulatory burden, especially in jurisdictions where long term care is already heavily regulated.

Overall, the findings indicate that associations value CALTC's role as a national platform for collaboration, knowledge exchange, coordination, and advocacy. The additional comment reinforced this perspective, with one respondent emphasizing the importance of being part of a national group and the value their association places on this opportunity. Looking ahead, the responses suggest that CALTC can continue to add value by connecting provincial experiences, coordinating collective interests on national initiatives, identifying funding opportunities, and representing association perspectives in national policy and regulatory discussions.



LTC HOME OPERATION SURVEY

Section A: Organizational Characteristics

A1. Scope of Response

Are you responding on behalf of:

- **An individual long-term care home**
- **A group of long-term care homes (owned or managed)**

Ninety-five long term care home operators responded to the question regarding the scope of their response. Most respondents, 65 (68.4%), responded on behalf of an individual long term care home, while 30 (31.6%) responded on behalf of a group of long term care homes that they own or manage. The findings indicate that the 2026 survey captures perspectives from both individual long term care homes and multi-home operators, with individual homes representing approximately two-thirds of respondents.

The 2023 survey did not distinguish respondents using the same categories, so a direct comparison is not possible. However, the 2023 survey included operators of varying organizational sizes, ranging from a single home to organizations operating multiple homes across one or more provinces. The 2026 results provide a clearer picture of the organizational context by explicitly distinguishing between individual-home and multi-home responses.

A2. Province/Territory of Operations

In which province(s) or territory(ies) are the home(s) located?

Responding long term care home operators reported operations across ten provinces and territories. New Brunswick had the largest representation, with 38 selections (33.9%), followed by British Columbia with 25 (22.3%) and Nova Scotia with 16 (14.3%). Ontario accounted for 12 selections (10.7%), while Alberta and Prince Edward Island each accounted for nine (8.0%). Saskatchewan, Manitoba, and Yukon each accounted for one selection (0.9%). No operations were reported in Quebec, Newfoundland and Labrador, the Northwest Territories, or Nunavut.

Overall, the findings show that the 2026 survey captured operators from a broad range of jurisdictions, although responses were concentrated in New Brunswick, British Columbia, and Nova Scotia. Compared with the 2023 survey, the geographic coverage was somewhat broader. In 2023, responding long term care home operators reported no operations in Saskatchewan, Quebec, Newfoundland and Labrador, or the territories. In 2026,

Saskatchewan and Yukon are represented, while Quebec, Newfoundland and Labrador, the Northwest Territories, and Nunavut remain unrepresented.

A3. Organizational Size

Please indicate the number of LTC homes, licensed beds and number of employees (all positions).

Collectively, responding long term care home operators reported operating 383 long term care homes, representing 45,937 licensed spaces and approximately 61,400 employees across all positions. These figures demonstrate the substantial organizational footprint represented in the 2026 survey and provide important context for interpreting the operational, workforce, financial, and technology-related findings presented in subsequent sections.

The organizational footprint captured in the 2026 survey is considerably larger than that reported in 2023. In the 2023 survey, eight responding long term care home operators collectively represented 26,639 beds and 42,117 employees. In comparison, the 2026 respondents reported 45,937 beds and 61,400 employees, representing about 72% more beds and 46% more employees than in the 2023 survey. The 2026 survey also reports 383 long term care homes; the 2023 report did not provide a collective total number of homes operated by respondents.

These differences should not be interpreted as growth in long term care capacity or employment between 2023 and 2026, as the composition and number of survey respondents differ between the two surveys. Rather, they indicate that the 2026 survey captures a larger footprint of the Canadian long term care sector, strengthening the breadth of operational perspectives represented in the findings.

A4. Geographic Context of Homes

Ninety-seven long term care home operators provided information about the geographic context of the homes they operate. Urban-only settings represented the largest group, with 43 responses (44.3%), followed by rural-only settings with 38 responses (39.2%). Twelve respondents (12.4%) reported operating homes in both urban and rural settings. Three respondents (3.1%) operated homes across urban, rural, and northern/remote settings, while one respondent (1.0%) reported operating in a northern/remote setting only.

Overall, the findings demonstrate substantial representation of both urban and rural long term care settings in the 2026 survey. While urban settings accounted for the largest single category, a considerable proportion of respondents operated in rural environments, either exclusively or alongside urban and northern/remote locations. This geographic diversity is

important when interpreting subsequent findings, as workforce availability, recruitment, infrastructure, access to services, and other operational conditions may differ across geographic contexts.

The 2023 survey did not specifically categorize long term care home operators according to urban, rural, or northern/remote settings. Therefore, a direct comparison between the 2023 and 2026 findings is not possible. The addition of geographic context to the 2026 survey provides greater detail about the operating environments represented in the results.

A5. Primary Language(s) of Operation

Ninety-seven responses were recorded regarding the primary language(s) of operation. English was the predominant language, accounting for 87 responses (89.7%), followed by French with nine responses (9.3%). One response (1.0%) identified another language. No responses were recorded for Indigenous languages.

Additional information provided in the survey indicates that some LTC homes operate in multilingual environments. Nine respondents identified an English–French combination, while individual responses also identified English in combination with Chinese, Jewish, or an international language.

Overall, the findings indicate that English is the predominant operating language among long term care homes represented in the 2026 survey, while also demonstrating the presence of bilingual and multilingual operating environments. The 2023 survey did not collect comparable information on the primary languages of operation, so a direct comparison over time is not possible. The inclusion of this question in 2026 provides additional context for understanding the linguistic diversity of the long term care homes represented in the survey.

Section B: Workforce Characteristics and Capacity

B6. Is your workforce unionized with a negotiated collective agreement?

Eighty-five long term care home operators responded to the question regarding workforce unionization and negotiated collective agreements. Nearly half of respondents (48.2%) reported that their workforce was partially unionized, while 42.4% indicated that all employees were unionized. A smaller proportion (9.4%) reported that their workforce was not unionized with a negotiated collective agreement. Overall, the findings indicate that unionization and collective bargaining arrangements are common among the long term care home operators represented in the 2026 survey, with more than nine in ten respondents reporting either full or partial unionization.

The 2023 survey also indicated a strong presence of collective bargaining arrangements among responding long term care home operators, with all five respondents to the

comparable question reporting collective agreements for care staff. However, direct comparison should be made cautiously because the 2023 question focused specifically on care staff, while the 2026 survey assesses unionization across the broader workforce and distinguishes between full and partial unionization. The 2026 findings therefore provide a more detailed picture of the range of collective bargaining arrangements within responding long term care homes.

B7. How important is the role of volunteers and the designated Support Person/Essential Care Partner in your home's daily operations?

Seventy-five long term care home operators provided responses regarding the importance of volunteers and designated Support Persons/Essential Care Partners in their homes' daily operations. More than one-third (34.7%) described their role as extremely important or essential, often characterizing these individuals as critical, indispensable, or integral to operations and resident care. A further 33.3% considered their role very important. Together, more than two-thirds of respondents (68.0%) viewed volunteers and Essential Care Partners as having a very important or essential role in their homes.

An additional 21.3% described their role as important or moderately important, particularly in supporting recreation, socialization, meals, and families, while viewing these contributions as supplementary to core operations. A smaller proportion (6.7%) considered their role somewhat important or limited, citing factors such as staffing models, collective agreements, inconsistent availability, or local circumstances. Only 4.0% described their contribution as minimal or not particularly important.

Overall, the findings demonstrate the substantial contribution of volunteers and designated Support Persons/Essential Care Partners to long term care home operations and resident well-being. While their level of involvement varies across homes, nearly nine in ten respondents (89.3%) characterized their contribution as at least important or moderately important. The 2023 survey did not specifically examine the role of volunteers or Essential Care Partners, making direct comparison over time unavailable.

B8. Compensation Levels

What are the approximate average hourly wage ranges for the following care positions?

(Registered Nurses (RNs), Licensed Practical Nurses (LPNs/RPNs), Personal Support Workers (PSWs), and Other care roles)

Reported hourly wage ranges varied considerably by care role. For Registered Nurses (RNs), 103 responses were recorded. Nearly half (46.6%) reported average hourly wages of \$50 or

more, while 41.7% reported wages of \$40–49. Together, these two categories accounted for 88.3% of RN responses. Smaller proportions reported wages of \$35–39 (2.9%) or below \$35 (2.9% combined), while 5.8% were not sure.

For Licensed Practical Nurses/Registered Practical Nurses (LPNs/RPNs), 68 responses were recorded. The large majority (80.9%) reported average hourly wages of \$35–39, followed by 7.4% reporting \$40–49. The remaining responses were distributed across the lower wage ranges or “Not sure,” each representing relatively small proportions.

For Personal Support Workers (PSWs), 74 responses were recorded. Most respondents (68.9%) reported average hourly wages of \$25–29, while 20.3% reported \$30–34 and 8.1% reported less than \$25. Only 2.7% reported \$35–39, and none reported PSW wages of \$40 or more. Among the 46 responses for other care roles, wages were more widely distributed, with the largest proportion reporting less than \$25 per hour (39.1%), followed by \$25–29 (26.1%); 17.4% were not sure.

Overall, the findings demonstrate a clear wage gradient across the major care roles represented in long term care, with RNs concentrated in the highest wage ranges, LPNs/RPNs predominantly in the \$35–39 range, and PSWs predominantly in the \$25–29 range. Compared with the 2023 survey, the PSW results suggest some upward movement in reported compensation. In 2023, five responding long term care home operators reported PSW wages ranging from \$17.83 to \$25.00 per hour, with an average of \$22.25. In 2026, nearly nine in ten PSW responses (89.2%) fall between \$25 and \$34 per hour. However, this comparison should be interpreted cautiously because the 2023 survey collected specific mid-step wage rates under collective agreements, whereas the 2026 survey asks for approximate average wage ranges and includes a substantially broader group of respondents.

B9. Immigration Pathways Used

If your organization employs newcomers, what are the most common immigration pathways they have used?

long term care home operators reported using a range of immigration pathways for newcomer employees. Of the 133 selections recorded, the Atlantic Immigration Program was the most frequently identified pathway, accounting for 30 selections (22.6%). This was followed by the Provincial Nominee Program, with 22 selections (16.5%), and the Post-Graduation Work Permit, with 21 selections (15.8%). A further 20 selections (15.0%) indicated that immigration pathway information was not collected or not known.

The Temporary Foreign Worker Program accounted for 15 selections (11.3%), while 11 selections (8.3%) identified other pathways. These included Labour Market Impact

Assessment (LMIA)-related pathways, open work permits, permanent residence pathways for Hong Kong residents, skilled worker programs, and other recruitment or immigration arrangements. Six selections (4.5%) indicated that no newcomers were employed. The Francophone Mobility Program accounted for four selections (3.0%), the Economic Mobility Pathways Pilot (EMPP) for three (2.3%), and the Rural and Northern Immigration Pilot for one (0.8%).

Overall, the findings demonstrate that newcomer employees enter the long term care workforce through a diverse mix of federal and provincial immigration pathways. The Atlantic Immigration Program was the most frequently identified pathway; however, this finding should be interpreted in the context of the geographic distribution of survey respondents. Long term care homes located in New Brunswick, Nova Scotia, and Prince Edward Island accounted for 56.3% of the provincial/territorial selections reported in the survey, which likely contributed to the prominence of this regional immigration pathway. The Provincial Nominee Program and Post-Graduation Work Permit were also frequently identified, indicating that responding long term care organizations draw on multiple pathways to employ newcomer workers. At the same time, the relatively frequent selection of “not collected/not known” suggests a potential gap in some organizations’ ability to track the immigration pathways used by newcomer employees.

The 2023 survey did not ask long term care home operators to identify specific immigration pathways, so a direct comparison is not possible. However, international recruitment and the integration and retention of internationally educated workers were identified as important workforce issues in 2023. The 2026 findings provide greater detail by identifying the specific immigration mechanisms through which newcomer employees are entering the long term care workforce.

B10. International Recruitment

In the past 24 months, what challenges has your organization experienced when recruiting or integrating internationally educated staff into long-term care roles?

Long term care home operators identified a range of challenges associated with recruiting and integrating internationally educated staff over the past 24 months. Of the 228 selections recorded, immigration, visa, or work permit processing delays were the most frequently identified challenge, accounting for 42 selections (18.4%). Language or workplace communication barriers followed with 37 selections (16.2%), while retention challenges after arrival accounted for 30 selections (13.2%). Credential recognition or professional licensing processes were also prominent, with 28 selections (12.3%).

Challenges related to access to settlement supports, including housing, transportation, and community integration, accounted for 21 selections (9.2%), while workplace cultural integration or discrimination concerns accounted for 19 (8.3%). Financial costs associated with international recruitment or onboarding were selected 17 times (7.5%). Another 17 selections (7.5%) indicated that the organization had not recruited internationally during the previous 24 months, while only three selections (1.3%) indicated that no significant challenges had been experienced.

Thirteen selections (5.7%) identified other challenges. Comments highlighted issues such as difficulties renewing immigration or permanent residency status; inability to guarantee sufficient weekly hours to meet immigration requirements; constraints associated with collective agreements and availability of full-time positions; housing affordability and commuting; employees returning temporarily to their home countries; competition from better-funded health authorities; and internationally educated staff leaving to pursue further education, higher credentials, or other employment. Respondents also identified challenges related to Canadian work experience, professional expectations, independence in practice, knowledge gaps, and cultural awareness.

Overall, the findings demonstrate that international recruitment is influenced by an interconnected set of immigration, professional, organizational, settlement, communication, and retention challenges. The results build on the 2023 survey, which also identified international recruitment and retention of internationally educated workers as important workforce issues. The 2026 findings provide considerably greater detail, showing that successful international recruitment involves not only bringing workers into Canada, but also supporting professional recognition, workplace integration, settlement, and longer-term retention.

B11. Integration Experiences of Internationally Educated Staff

Based on your organization’s experience in the past 24 months, in your observation, what challenges have internationally educated, or newcomer employees faced when integrating into long-term care roles in your organization?

Long term care home operators identified a broad range of challenges experienced by internationally educated or newcomer employees when integrating into long-term care roles. Of the 290 selections recorded, “language proficiency or workplace communication expectations” was the most frequently identified challenge, accounting for 49 selections (16.9%). This was followed by “understanding Canadian workplace practices or care standards”, with 44 selections (15.2%), and “limited access to housing, transportation, or community settlement supports”, with 33 selections (11.4%).

Several other integration challenges were also prominent. “Orientation or onboarding to long term care roles in Canada”, “professional credential recognition or role alignment”, and “social integration with colleagues or teams” each accounted for 26 selections (9.0%). “Experiences of bias, discrimination, or cultural misunderstanding”, “family reunification or personal settlement challenges”, and “workload expectations or scope-of-practice differences” were each identified 19 times (6.6%). “Limited access to mentorship, supervision, or peer supports” accounted for 12 selections (4.1%).

Ten selections (3.4%) indicated that the organization had not recruited internationally during the previous 24 months, while four (1.4%) selected “Don’t know/Not sure.” Three other challenges (1.0%) were reported, including “living in rural Alberta”, “contracted-out arrangements”, and “skills-related concerns”. Notably, no respondents selected “No significant integration challenges identified.”

Overall, the findings demonstrate that integrating internationally educated and newcomer employees into long term care is a multidimensional process. Communication and adaptation to Canadian workplace practices emerged as particularly prominent challenges, but the results also highlight the importance of settlement conditions, credential and role alignment, workplace relationships, onboarding, and organizational support. These findings complement the findings regarding Question B10 by showing that workforce integration challenges continue beyond recruitment and immigration processes and involve the broader work and social environment in which newcomer employees establish their roles.

The 2023 survey did not examine integration experiences in this level of detail, although it identified retention of internationally educated nurses and international recruitment as important workforce issues. It also highlighted initiatives supporting internationally educated professionals through credential recognition, placements, bursaries, and recruitment programs. The 2026 findings extend this earlier work by identifying the specific workplace and settlement challenges that can influence successful integration and retention of internationally educated and newcomer employees in long term care.

Section C: Recruitment and Retention

C12. Bed Closures

Does your home have any beds closed due to staffing shortages?

Eighty-three long term care home operators responded to the question regarding bed closures due to staffing shortages. The large majority, 79 respondents (95.2%), reported having no beds closed for this reason. Four operators (4.8%) indicated that beds were closed due to staffing shortages. Among the additional information provided, one respondent reported 30 closed beds, while another indicated that staffing constraints prevented the

organization from fully opening its capacity and required some beds to be leased to the health authority.

Overall, the findings indicate that staffing-related bed closures were relatively uncommon among responding long term care home operators, although they were occurring in a small number of organizations. Where closures do occur, however, the responses suggest that workforce shortages can constrain available long term care capacity and prevent homes from fully utilizing their licensed or planned beds.

The findings are broadly consistent with the 2023 survey, when all five long term care home operators responding to a similar question reported that they did not have beds closed due to staffing shortages at that time. Some 2023 respondents nevertheless noted previous admission freezes or awareness of bed closures in other homes. The 2026 results provide evidence that staffing-related closures remain uncommon among respondents but are present in some long term care homes, highlighting the potential for workforce shortages to translate into reduced system capacity.

C13. Recruitment Barriers

Which recruitment barriers has your home experienced?

Long term care home operators identified multiple barriers affecting recruitment. Of the 286 selections recorded, “competition from hospitals or the public sector, including staffing agencies” was the most frequently identified barrier, accounting for 57 selections (19.9%). This was followed by “limited availability of full-time roles”, with 40 selections (14.0%), and “competition from other long term care providers, including staffing agencies”, with 34 selections (11.9%). “Insufficient applicants” accounted for 28 selections (9.8%), while “lack of affordable housing” and “wage or benefit competitiveness” accounted for 27 (9.4%) and 25 (8.7%) selections, respectively.

Geographic and working-condition factors were also evident. “Rural or northern location” accounted for 22 selections (7.7%), while “shift patterns” and “immigration or credential delays” each accounted for 12 (4.2%). “Sector reputation or public perception” was identified 11 times (3.8%), and “limited training capacity” four times (1.4%). Fourteen selections (4.9%) identified other barriers.

Respondents identified other recruitment challenges. They described difficulties competing with public-sector employers that can offer higher wages, better benefits, more full-time positions, or greater scheduling flexibility. Rural transportation, expensive housing, childcare availability for shift workers, limited organizational resources for recruitment and onboarding, insufficient funding for staffing, and challenges recruiting qualified LPNs/RPNs and other care staff were also highlighted. Several respondents raised concerns about

applicant qualifications and practical preparedness, while others described immigration and work-permit constraints, collective agreement requirements, and challenges retaining internationally recruited employees after they obtain permanent residency or other employment opportunities.

Overall, the findings indicate that recruitment challenges in long term care arise from the interaction of labour-market competition, employment conditions, workforce supply, geographic and community infrastructure, funding, and regulatory or immigration factors. The results show considerable continuity with the 2023 survey, when operators identified lack of applicants and funding for wages and benefits as leading recruitment barriers, followed by wage competition, affordable housing, and sector reputation. The 2026 findings provide a more detailed picture and particularly highlight competition from hospitals and the public sector and limited access to full-time positions as prominent current recruitment pressures.

C14. Recruitment Strategies Used

What recruitment/staffing strategies has your home used?

Long term care home operators reported using a diverse range of strategies to address recruitment and staffing needs. Of the 231 selections recorded, “educational partnerships” was the most frequently reported strategy, accounting for 46 selections (19.9%). “Social media campaigns” followed with 39 selections (16.9%), while “international recruitment” accounted for 32 selections (13.9%). “Signing bonuses” was selected 24 times (10.4%), and both “referral bonuses” and “staffing agencies” accounted for 23 selections each (10.0%). “Housing or relocation supports” received 18 selections (7.8%), while “flexible scheduling” accounted for 15 (6.5%). Other recruitment strategies accounted for 11 selections (4.8%).

The qualitative responses provide further insight into the perceived effectiveness of these approaches. “Educational partnerships” and “student placements” emerged as a particularly strong theme, with respondents describing partnerships with universities and colleges, student practicums, PSW/CCA placements, and preceptorship arrangements as effective pathways for recruiting new employees. Several respondents noted that students who complete placements within a home can transition successfully into employment. “International recruitment” was also frequently described as effective, particularly when combined with immigration support or participation in government-organized recruitment initiatives. However, experiences were mixed, with one respondent raising concerns about international recruitment agencies and others describing challenges retaining internationally recruited staff after substantial investments in housing, orientation, and relocation.

Operators also described strategies tailored to local workforce conditions, including providing or helping employees secure housing, prioritizing access to daycare, offering childcare and family supports, paying portions of student loans, mileage reimbursement, retention bonuses, traditional advertising and word-of-mouth recruitment, and targeted recruitment for specific homes. Flexible and stable scheduling, including options for eight- or 12-hour shifts, supportive management, and a positive organizational culture were also described as contributing to recruitment and employee referrals. Some respondents noted, however, that limited operational funding constrained their ability to offer recruitment incentives.

Overall, the findings indicate that long term care homes are using a variety of recruitment strategies, combining education-sector partnerships, digital recruitment, international recruitment, financial incentives, staffing agencies, scheduling flexibility, and practical supports such as housing and childcare. Educational partnerships stand out both as the most frequently selected strategy and as one of the approaches most consistently described as effective in the qualitative responses.

There is notable continuity with the 2023 findings. The earlier survey similarly highlighted partnerships with colleges, student placements, work-integrated learning, international recruitment, and “earn and learn” approaches as promising workforce strategies. The 2026 findings reinforce the value of these approaches while also illustrating the broader range of recruitment strategies long term care operators are now using and the contextual factors, such as housing, childcare, scheduling, organizational culture, and funding, that can influence their effectiveness.

C15. Retention Strategies Used

What strategies have been implemented to improve retention in your home?

Long Term Care home operators reported implementing a wide range of strategies to improve workforce retention. Of the 356 selections recorded, “recognition programs” was the most frequently identified strategy, accounting for 46 selections (12.9%). “Scheduling improvements and education or training on the job (“earn and learn” concept)” followed, each with 39 selections (11.0%). “Professional development supports” accounted for 35 selections (9.8%), while “mental health or wellness supports” accounted for 34 (9.6%) and “mentorships or preceptorships” for 31 (8.7%).

Other commonly reported approaches included “enhanced onboarding”, with 29 selections (8.1%); “Career pathways or internal advancement”, with 27 (7.6%); and “wage or benefit enhancements”, with 26 (7.3%). “Supports for internationally educated staff” accounted for

22 selections (6.2%), while “increased full-time positions” accounted for 19 (5.3%). Nine selections (2.5%) identified other retention strategies.

The qualitative responses provide additional examples of retention efforts. These included linking professional licensing requirements with internal education, providing additional education sessions, introducing clinical skills training and simulation laboratories, creating psychologically safe workplaces, strengthening workplace culture, and offering staff appreciation activities, education bursaries, and reimbursement for professional licensing fees. Improved staffing ratios were also identified as a retention strategy. At the same time, one respondent noted that limited financial resources prevented the organization from offering recruitment or retention incentives beyond standard employee onboarding, while another described ongoing educational initiatives as financially difficult to sustain.

Overall, the findings suggest that long term care operators are approaching retention through multiple dimensions of the employee experience rather than relying primarily on compensation. Recognition, scheduling, workplace education, professional development, wellness, mentorship, onboarding, and career development all feature prominently. This indicates that workforce retention is being addressed through a combination of employment conditions, professional growth, workplace culture, and organizational support.

The findings are consistent with several themes identified in the 2023 survey. The earlier report highlighted improved scheduling, increased full-time positions, employee mental health and well-being, professional development, recognition and orientation programs, and greater workforce flexibility as promising approaches to retention. The 2026 results reinforce these themes while providing a more detailed picture of the range of retention strategies currently being implemented by long term care home operators.

Section D: Financial Pressures and Operations

D16. Financial Pressures

What are the most significant financial pressures your home manages?

Long Term Care home operators reported managing a wide range of financial pressures. Of the 400 selections recorded, “staff wages and benefits” and “maintenance or capital repairs” were the most frequently identified pressures, each accounting for 54 selections (13.5%). These were followed by “food costs”, with 49 selections (12.3%); “staff overtime”, with 46 (11.5%); and utilities or energy costs, with 41 (10.3%). Together, these findings highlight substantial pressures associated with both workforce expenditures and the day-to-day costs of operating and maintaining long term care homes.

Other financial pressures included “technology or data systems”, with 30 selections (7.5%); “recruitment and retention costs”, with 27 (6.8%); “workers’ compensation premiums” and “unfunded obligations”, each with 23 (5.8%); and “infection prevention and control-related costs”, with 18 (4.5%). “Agency staffing costs” and “bad debt” each accounted for 14 selections (3.5%). Seven selections (1.8%) identified other financial pressures.

The qualitative responses reinforce a broader concern that available funding is not keeping pace with the actual cost and complexity of providing long term care. Respondents described funding increases that lag behind wage growth and inflation, insufficient funding for care hours and staffing, structural deficits, and unfunded employee benefits and other obligations. Several comments specifically noted a gap between funded hours of care and the staffing required to meet increasingly complex resident needs. Respondents also described pressures associated with absenteeism and overtime, agency or travel nurses, workers’ compensation, insurance, technology and cybersecurity, and administrative support.

Infrastructure emerged as another significant concern. Operators of older homes described substantial costs associated with aging buildings, including elevators, foundations, air conditioning, and other necessary upgrades, while noting that existing capital programs may not adequately support renovations that do not add new beds. Some respondents also emphasized that smaller homes face particular pressures because limited administrative funding requires senior leaders to cover multiple functions, such as human resources, payroll, accounting, IT, education, and infection control.

Overall, the findings indicate that financial pressure in long term care is multidimensional and interconnected, involving workforce costs, operating expenses, infrastructure, technology, increasing resident care needs, and gaps between government funding and actual expenditures. The 2023 survey similarly identified substantial variation in long term care funding and raised concerns about chronic underfunding, with responding operators reporting considerable differences in per-resident-day and food budgets. The 2026 findings provide a more detailed picture of where these pressures are being experienced and suggest that funding adequacy should be considered not only in terms of overall allocations, but also in relation to labour costs, resident acuity, infrastructure requirements, technology, and other evolving operational demands.

D17. Is your home at risk of insolvency?

Sixty-eight long term care home operators responded to the question regarding risk of insolvency. The large majority, 59 respondents (86.8%), reported that their home was not at risk of insolvency. However, six respondents (8.8%) indicated a potential risk of insolvency,

while three (4.4%) reported that their home was at risk. Taken together, nine respondents (13.2%) identified either current or potential insolvency risk.

Comments from respondents identifying a potential risk provide important context. Several indicated that their organizations could become insolvent if base funding does not increase or if a more sustainable funding model is not introduced. A long term care home mentioned that *“If no further funding other than base, would be insolvent in approximately 10 years.”* Another home emphasized that *“within 3 years, yes. If funding doesn't change.”* The anticipated timeframe varied considerably, ranging from approximately six months to ten years. One respondent indicated that insolvency could occur within six months without renewed or more equitable funding, while others anticipated potential insolvency within three or ten years if funding conditions remained unchanged. Another respondent noted that corporate financial backing currently protects the organization from potential insolvency.

Overall, while most responding long term care operators do not currently consider their homes at risk of insolvency, the findings indicate financial vulnerability among a subset of organizations. Importantly, the qualitative responses suggest that insolvency risk is not necessarily an immediate condition but may emerge over time if government funding fails to keep pace with operating requirements. When considered alongside the financial pressures identified in D16, these findings highlight the importance of stable, adequate, and sustainable funding for the longer-term financial viability of long term care homes.

The 2023 survey did not directly ask long term care home operators about insolvency risk, so a direct comparison over time is not possible. However, the 2023 report identified chronic underfunding and substantial variation in per-resident-day and food budgets as important financial concerns. The 2026 survey results build on this earlier analysis by showing that, for some operators, persistent funding pressures may ultimately affect the financial sustainability of their homes.

Section E: Information Technology, Data, Artificial Intelligence, and Cybersecurity

E18. Funding for Information and Data Systems

How are information technology and data systems funded within your organization?

Long Term Care home operators reported different approaches to funding information technology and data systems. Of the 90 selections recorded, “funding through the general operating budget” was the most frequently reported approach, accounting for 39 selections (43.3%). This was followed by “no dedicated funding”, with 31 selections (34.4%). Only 11 selections (12.2%) indicated the use of “dedicated budget lines” for information technology and data systems. Six selections (6.7%) indicated that respondents were not sure how these systems were funded, while three (3.3%) identified other funding arrangements.

Overall, the findings indicate that information technology and data systems are predominantly financed through existing operational resources rather than dedicated funding mechanisms. The relatively small proportion of selections indicating dedicated budget lines, together with the substantial proportion reporting no dedicated funding, suggests that long term care homes may need to accommodate digital and data-related expenditures alongside competing operational priorities.

These findings show continuity with the 2023 survey. At that time, operators reported receiving specific funding for some systems, including InterRAI MDS, InterRAI LTCF, Management Information Systems, and staff scheduling systems, but also noted that many LTC homes used data systems without dedicated funding and instead financed them through their global budgets. The 2026 findings provide a broader view of this issue and reinforce the importance of considering sustainable funding for information technology and data infrastructure as the sector's digital and data requirements continue to expand.

E19. Digital and Data Capacity

How would you describe your home's capacity to analyze data generated by your home to inform strategic planning, policies, processes, and care planning?

Seventy-eight long term care home operators responded to the question regarding their capacity to analyze organizational data to inform strategic planning, policies, processes, and care planning. Responses indicate considerable variation in data capacity across long term care homes. Strong capacity was the most frequently reported level, identified by 23 respondents (29.5%), closely followed by moderate capacity, reported by 22 (28.2%). Sixteen respondents (20.5%) rated their capacity as limited and 12 (15.4%) as very limited, while only five (6.4%) described their capacity as very strong. Overall, 35.9% of respondents reported strong or very strong capacity, while an equal proportion (35.9%) reported limited or very limited capacity.

The additional comments suggest that access to data does not necessarily translate into capacity to analyze and use it effectively. Several operators reported access to electronic health records, Inter-RAI, CIHI data, clinical reporting systems, Power BI, and other digital tools. Some described investments in dedicated data analysts, IT teams, or quality-improvement roles that support more systematic use of data. However, a recurring theme among operators with lower capacity was the lack of dedicated human resources and time for data analysis and quality improvement. In some homes, data analysis is performed manually using spreadsheets or is added to the responsibilities of already stretched managers and senior leaders. A long term care home highlighted that *"We have limited human resources to be able to do strategic planning, policies, care planning. I have worked*

60+ hours per week over the past year in order to move ahead with strategic planning, person-centred care and rewrite policies that were more than 10 years old or write policies that do not exist. We have no funding for someone to do policies, KPI or strategic planning.” Another recurring issue was fragmentation and limited interoperability between information systems. Respondents described separate clinical, human resources, payroll, accounting, and health authority systems that do not readily exchange information, requiring manual data transfer and analysis. An long term care home pointed out that *“We do not have systems which can do this. We have separate systems for Human Resources, Payroll, Accounting and Resident Care. Any integration would be manual.”* Several comments also identified the financial and staff-resource requirements associated with implementing or upgrading digital systems.

Overall, the findings suggest an uneven digital and data environment across responding long term care homes. While some organizations have developed substantial analytical infrastructure and expertise, others have access to data but lack the integrated systems, dedicated personnel, funding, or organizational capacity required to translate those data into actionable information for planning and improvement. The 2023 survey highlighted the growing importance of data systems and the need to understand both their implementation costs and how data can support decision-making in long term care. The 2026 findings extend this earlier work by demonstrating that analytical capacity and the ability to convert available data into meaningful organizational insight remain important considerations alongside investment in the technology itself.

E20. Use of Advanced Analytics or AI

Does your organization use AI-enabled tools or advanced analytics?

Seventy-seven long term care home operators responded to the question regarding the use of AI-enabled tools or advanced analytics. More than one-third, 28 respondents (36.4%), reported that their organization does not currently use these technologies. Twenty-two (28.6%) reported pilot or limited use, while 18 (23.4%) indicated that their organization was considering their use. Seven respondents (9.1%) reported that AI-enabled tools or advanced analytics were already implemented, and two (2.6%) were not sure. Overall, the findings indicate an emerging area of adoption: while only 9.1% reported full implementation, a further 51.9% reported either limited/pilot use, or that adoption was under consideration.

Among the 84 selections identifying areas of application, “documentation or administrative support” was the most frequently reported use, accounting for 34 selections (40.5%). “Quality monitoring or risk identification” followed with 19 selections (22.6%), while “workforce planning or scheduling” accounted for 16 (19.0%). “Resident safety or clinical

decision support” was identified 12 times (14.3%). Three selections (3.6%) identified other uses, with comments referring primarily to office and administrative activities, including policy review, meeting minutes, presentations, memos, and physician use.

Overall, the findings suggest that AI and advanced analytics are at an early but evolving stage of adoption among responding long term care operators. Current applications are concentrated primarily in documentation and administrative support rather than resident-facing clinical decision support. At the same time, the substantial proportion of operators piloting or considering these technologies suggests potential for further adoption. The 2023 survey did not specifically assess AI or advanced analytics; therefore, direct comparison over time is not possible. However, the 2026 findings extend the 2023 focus on data systems and data-informed decision-making by demonstrating how more advanced digital capabilities are beginning to be incorporated into long term care operations.

E21. Cybersecurity Preparedness

How would you assess your organization’s cybersecurity preparedness?

Seventy-six long term care home operators responded to the question regarding their organization’s cybersecurity preparedness. Half of respondents (50.0%) assessed their preparedness as moderate, while 25 respondents (32.9%) rated it as high and five (6.6%) as very high. At the other end of the scale, five respondents (6.6%) rated their preparedness as low and three (3.9%) as very low. Overall, 39.5% of respondents reported high or very high preparedness, compared with 10.5% reporting low or very low preparedness.

The additional comments indicate several recurring approaches to cybersecurity. Operators described relying on dedicated internal IT personnel, external IT providers, corporate or health-system IT services, and cybersecurity insurance. Specific protective measures included multi-factor authentication, firewalls and threat monitoring, access controls, cybersecurity awareness training, contingency planning, and ongoing monitoring of potential threats. A long term care home stated that *“We rely on two-step authentication for access to our system.”* Some respondents also reported that previous cybersecurity incidents had prompted significant investments and greater organizational attention to cybersecurity. At the same time, funding and organizational capacity emerged as recurring constraints. Several respondents indicated that cybersecurity positions, external IT services, insurance, and protective measures must be financed through general operating budgets or are otherwise unfunded. A long term care home highlighted that *“We have a dedicated IT manager who oversees our cybersecurity, but we have to use general funding to support this position and risk management and privacy.”* Limited staff time and cybersecurity awareness were also identified as barriers. Respondents further recognized

that cybersecurity threats continue to evolve, meaning that preparedness requires ongoing investment and adaptation rather than a one-time intervention.

Overall, the findings suggest a moderate but uneven level of cybersecurity preparedness across responding LTC homes. While many organizations have established technical safeguards, external partnerships, insurance, and internal expertise, others face resource and capacity constraints that may limit further improvement. Cybersecurity was not specifically examined in the 2023 survey, making direct comparison unavailable. Its inclusion in the 2026 survey reflects the increasing importance of cybersecurity as LTC homes become more dependent on digital information systems and technologies.

E22. Resources Needed

What additional resources would most support cybersecurity, data sharing, or AI adoption?

LTC home operators identified a range of additional resources needed to support cybersecurity, data sharing, and AI adoption. Of the 232 selections recorded, “direct funding” was the most frequently identified need, accounting for 46 selections (19.8%). This was closely followed by “staff training or education funding”, with 44 selections (19.0%), and “dedicated IT or cybersecurity leadership”, with 38 selections (16.4%). “Policy or regulatory guidance” was also prominent, accounting for 33 selections (14.2%). Other identified needs included “tools to support communication with residents and families”, with 26 selections (11.2%); “shared services or infrastructure”, with 24 (10.3%); and “change management support”, with 18 (7.8%). Three selections (1.3%) identified other resources, including an encrypted messaging platform for communication with physicians and dedicated staff to support HR/IT policies and education.

The additional comments reinforce several patterns. Funding and internal capacity were recurring concerns, with some operators reporting that IT and cybersecurity support is not specifically funded and must be sustained through existing operating budgets. An long term care home highlighted that *“Government does not fund IT for long term care. We have had to find our own internal ways to sustain these supports.”* Respondents also described limited internal expertise and staff capacity as barriers to expanding data sharing or adopting AI. A long term care home explained that *“We have identified the need to increase our cyber threat protection and have implemented a number of software solutions as well as cyber threat training. However, we simply do not have internal expertise or capacity to consider data sharing or AI adoption. I should clarify, however, that we share data from our resident care system with CIHI.”* Other comments highlighted the need for stronger cybersecurity protection and training, improved access to electronic medical record systems, coordinated

change management, and careful attention to privacy when using AI with resident or staff information. One respondent also cautioned against promoting AI adoption without considering its usefulness and environmental implications.

Overall, the findings suggest that advancing digital capabilities in long term care will require more than access to new technologies. Operators identified a combination of dedicated funding, skilled personnel, workforce education, policy guidance, infrastructure, and change-management capacity as necessary supports. This complements the findings from E18–E21, indicating that financial and organizational capacity may shape long term care homes’ ability to strengthen cybersecurity and move from basic data systems toward more advanced digital and AI-enabled capabilities. While the 2023 survey did not examine these resource requirements directly, it similarly highlighted the need to understand the costs and funding required to implement data systems in long term care.

Section F: Strategic Considerations

F23. Have the impacts of severe weather and changing climate been strategically considered for your home?

Seventy-eight long term care home operators responded to the question regarding whether the impacts of severe weather and changing climate had been strategically considered for their homes. Nearly two-thirds, 48 respondents (61.5%), indicated that these impacts had been considered, while 30 (38.5%) reported that they had not.

Among the 86 selections describing how these issues were being addressed, “emergency response planning for events (wildfires, floods, and wind events)” was the most frequently identified approach, accounting for 36 selections (41.9%). “Infrastructure modernization and energy efficiency” followed with 30 selections (34.9%). “Carbon footprint reduction” accounted for 11 selections (12.8%), while consideration of climate-related issues as part of property insurance renewal accounted for six (7.0%). Three selections (3.5%) identified other approaches.

The additional comments illustrate some of the practical challenges associated with climate adaptation. One operator described efforts to manage extreme heat through measures such as covering skylights, providing cold water and popsicles, using fans, and managing windows and blinds, while advocating for government support to finance air conditioning upgrades. Hurricane risk planning was also identified, while another respondent indicated that climate impacts had been considered but had not required changes.

Overall, the findings indicate that severe weather and changing climate are becoming strategic considerations for a majority of responding long term care operators, particularly through emergency preparedness and infrastructure adaptation. However, more than one-

third reported that these impacts had not yet been strategically considered. The findings also suggest that climate resilience can involve substantial infrastructure and financial requirements, particularly where existing facilities require modernization to manage risks such as extreme heat. Because the 2023 survey did not specifically address severe weather or climate change, the 2026 results provide a new baseline for understanding climate-related preparedness and adaptation within responding long term care homes.

F24. What would make the most significant difference in supporting your home's long-term sustainability?

Long Term Care home operators identified a broad range of factors that could make a significant difference in supporting the long-term sustainability of their homes. Of the 359 selections recorded, “stable and sufficient government funding or reimbursement rates” was the most frequently identified factor, accounting for 64 selections (17.8%). This was followed by “access to a skilled and stable workforce (recruitment, retention, training)”, with 54 selections (15.0%), and “improved physical infrastructure or facility upgrades”, with 44 selections (12.3%).

Workforce development and digital capacity were also prominent. “Enhanced staff training, professional development, or certification opportunities” accounted for 38 selections (10.6%). “Adoption of technology or digital health tools” and “enhanced financial management or cost-efficiency supports” each accounted for 37 selections (10.3%). “Stronger regulatory or policy frameworks that reduce administrative burden” received 30 selections (8.4%), while “access to partnerships with health system or community providers” accounted for 28 (7.8%). “Support for culturally safe and inclusive care practices” received 20 selections (5.6%). Seven selections (1.9%) identified other factors.

The additional comments reinforce the importance of funding, workforce capacity, infrastructure, and leadership. Respondents called for funding that adequately covers negotiated wage and benefit costs and provides greater flexibility to respond to changing resident care needs and operational realities. A long term care home stated that they need “*greater flexibility in funding models to respond to changing resident care needs and operational realities.*” Aging buildings, infection-control challenges associated with multi-bedrooms, and the institutional design of older facilities were also identified. Other comments emphasized appropriate compensation to attract and retain LTC leadership, additional staffing and education to manage increasingly complex resident needs and behaviours, and collaborative care and physician models.

Overall, the findings demonstrate that operators view long-term sustainability as a multidimensional system challenge rather than solely a financial issue. Stable funding and

a skilled workforce emerged as the leading priorities, but their effectiveness is interconnected with infrastructure, education, technology, regulation, leadership, partnerships, and evolving resident needs. These findings reinforce several concerns identified in the 2023 survey, particularly chronic funding pressures, workforce recruitment and retention challenges, and infrastructure needs. The 2026 results broaden this perspective by identifying the combination of resources and system conditions operators consider necessary to sustain long term care homes over the longer term.

Section G: Promising Practices and Innovations

G25. Please describe initiatives or innovations that have had a positive impact on your organization. (Examples: recruitment and retention, infrastructure development, IT modernization, or other innovations)

Long Term Care home operators reported a diverse range of initiatives and innovations that have positively affected their organizations. Among the 105 initiative-type selections, “training or education” was the most frequently identified category, accounting for 41 selections (39.0%). “Internal organizational policies or practices” accounted for 30 selections (28.6%), followed by “government policy or public investment” with 28 (26.7%) and other innovations with six (5.7%).

The description of the initiatives or innovations reveals several recurring themes. Workforce education and professional development featured prominently, including Gentle Persuasive Approaches (GPA), U-First, musculoskeletal injury prevention, person-centred care education, palliative care training, e-learning, mentorship, preceptorship, and combinations of online and in-person education. Respondents described these initiatives as supporting staff skills, confidence, workplace safety, management of responsive behaviours, and the experience of newly hired employees. An LTC home highlights that *“Access to an affordable training program for all staff is extremely important for staff morale and for continuous refreshers. Budgets don't currently reflect a robust training program.”*

Information technology and digital transformation represented another important area of innovation. Examples included electronic health records, electronic medication administration records (eMAR), electronic documentation and forms, wound-care applications, digital scheduling and human resources systems, family communication platforms, and organizational policies governing AI use. Operators reported that some of these technologies reduced administrative workload, improved access to information, and supported communication and documentation. An LTC home emphasized that *“Making our forms electronically fillable has streamlined both our hiring/HR practices and our admission/resident care practices. Implementing technology (electronic documentation,*

eMAR, wound care app, HR platform, intranet policy/form portal) in place of paper processes has reduced workload and made information more accessible across the organization.”

Other recurring themes included recruitment and retention, infrastructure modernization, person-centred and clinical care innovation, and organizational quality improvement. Examples included government-supported international recruitment, student placements, mentorship programs, permanent wage enhancements, additional staffing, HVAC and facility upgrades, reduced use of antipsychotic medications, new approaches to medication administration, quality-improvement initiatives, and models designed to strengthen personalized care and resident quality of life. Government funding and policy support were also described as important enablers of several initiatives, particularly workforce programs, staffing enhancements, infrastructure improvements, and capital development. Some operators also highlighted research partnerships with universities and exploration of emerging technologies, while noting that implementation may require appropriate funding, ethical guidance, regulatory support, and operational frameworks.

Overall, the findings demonstrate that promising practices in long term care are occurring across multiple interconnected areas of the work system, rather than through a single type of innovation. Education and workforce development were particularly prominent, but positive change was also associated with technology, organizational practices, government investment, infrastructure, care models, and partnerships. These findings show considerable continuity with the 2023 survey, which similarly identified education and training, government-supported workforce initiatives, organizational innovations, new staffing models, and technology-related practices as promising approaches. The 2026 findings provide a richer picture of how these initiatives are being implemented within long term care homes and illustrate the importance of combining workforce, organizational, technological, clinical, and system-level supports to sustain improvement.

KEY TAKEAWAYS

The 2026 survey demonstrates that many of the challenges identified in 2023 remain important, but it also reveals how the long term care operating environment is evolving. Workforce, funding, and infrastructure pressures continue to interact with newer challenges involving digital transformation, cybersecurity, AI, climate resilience, and increasing complexity of resident needs.

Key takeaways include:

Workforce capacity remains a system-wide challenge.

Associations continue to identify shortages across clinical and non-clinical roles, while operators report recruitment pressures related to competition with hospitals and the public sector, availability of full-time positions, housing, compensation, geography, and workforce supply. International recruitment is an important workforce strategy, but immigration processes, credential recognition, communication, settlement, workplace integration, and longer-term retention remain interconnected challenges.

Recruitment and retention require multiple, complementary strategies.

Operators are using educational partnerships, international recruitment, social media, incentives, housing and relocation supports, scheduling changes, recognition programs, professional development, mentorship, wellness supports, and enhanced onboarding. Educational partnerships and workforce development are also prominent among the promising practices reported by respondents. This reinforces the 2023 finding that workforce challenges cannot be addressed through a single intervention.

Financial sustainability remains a central concern.

Associations and operators identified pressures involving labour costs, food, utilities, overtime, infrastructure and capital repairs, technology, increasing resident complexity, and other unfunded obligations. Stable and sufficient government funding was the most frequently identified factor operators believed would support long-term sustainability. Although most operators did not report an immediate insolvency risk, 13.2% identified either current or potential risk, indicating financial vulnerability within a subset of responding organizations.

Infrastructure and capital pressures affect both existing and future long term care capacity.

Associations identified high construction costs, capital funding limitations, financing constraints, government approval processes, and operational uncertainty as barriers to development. Two of four responding associations reported approved beds remaining unbuilt because of insufficient access to capital funding. Operators also identified maintenance, capital repairs, and facility upgrades as significant financial and sustainability concerns.

Digital transformation is progressing unevenly across long term care.

Some homes report strong analytical capabilities and sophisticated digital infrastructure, while others lack dedicated personnel, integrated systems, funding, or capacity to meaningfully analyze the data they collect. General operating budgets remain the dominant source of funding for information and data systems, and dedicated funding is comparatively uncommon.

AI and cybersecurity are emerging strategic priorities.

AI and advanced analytics remain at an early stage of adoption, with documentation and administrative support currently the most common application. Cybersecurity preparedness is generally moderate to high among respondents, but funding, expertise, training, policy guidance, infrastructure, and change-management capacity were identified as important requirements for further progress. These issues represent a significant expansion of the data and technology concerns identified in 2023.

Climate resilience is becoming part of long term care strategic planning.

Nearly two-thirds of responding operators reported strategically considering severe weather and changing climate, most commonly through emergency response planning and infrastructure modernization. However, more than one-third had not yet incorporated these considerations, suggesting an emerging area for sector planning and support.

Innovation is occurring across multiple levels of the long term care system.

Associations and operators reported promising initiatives involving education and training, workforce development, organizational practices, technology-enabled care, infrastructure, quality improvement, government investment, and new models of care. The findings suggest that successful innovation often depends on interactions among organizational capacity, workforce development, policy, funding, and technology rather than on isolated interventions.

Overall, the 2026 findings suggest that the major issues affecting long term care should not be considered independently. Workforce availability, funding, infrastructure, resident complexity, digital capacity, regulation, and organizational sustainability are closely interconnected. Addressing one area may therefore depend on coordinated action across several others.



CONCLUSION

The 2026 CALTC National Survey provides an expanded picture of the conditions, challenges, and innovations shaping long-term care across Canada. Compared with the 2023 survey, the 2026 survey captures a substantially broader organizational footprint among long term care home operators and examines a wider range of issues through separate Association and long term care Home Operator perspectives. Responding operators collectively represented 383 LTC homes, 45,937 licensed beds, and approximately 61,400 employees, providing substantial operational context for the findings.

Several challenges identified in 2023 remain important. Workforce recruitment and retention, adequate and sustainable funding, infrastructure requirements, and data capacity continue to affect the sector. The 2026 findings provide greater detail on these issues and demonstrate how they interact. Workforce challenges, for example, are linked not only to the availability of workers but also to compensation, full-time employment opportunities, housing, immigration pathways, settlement supports, education, workplace integration, and competition across the healthcare system.

At the same time, the survey identifies an expanding set of strategic considerations for long term care. Cybersecurity, interoperability, AI and advanced analytics, climate resilience, increasing resident complexity, and the resources required for digital transformation are becoming increasingly relevant to the operation and sustainability of long term care homes. These emerging issues add new dimensions to the workforce, funding, infrastructure, and data challenges identified in the 2023 report.

Importantly, respondents also reported substantial innovation across the sector. Educational partnerships, workforce development programs, new recruitment and retention approaches, technology-enabled care, organizational improvements, infrastructure modernization, quality-improvement initiatives, and government-supported programs demonstrate that long term care organizations and associations are actively adapting to changing conditions.

Taken together, the findings reinforce the importance of viewing long term care sustainability as a system-level issue. Workforce, funding, infrastructure, technology, regulation, community resources, and models of care interact to shape the capacity of long term care homes to provide sustainable, high-quality care. The 2026 survey therefore provides CALTC with an evidence base for prioritizing national advocacy, supporting knowledge exchange across jurisdictions, identifying and sharing promising practices, and engaging governments and partners on the interconnected conditions required for a sustainable long term care sector.