

HE- B1-1

Region of Peel

APPROVED AT REGIONAL COUNCIL
November 24, 2011

ITEMS RELATED TO HEALTH

HE-C. LONG-TERM CARE

HE-C1. **Long Term Care Homes Act – Performance Management System**
 Presentation by Carolyn Clubine, Director, Long Term Care

Deferred to the December 8, 2011 Regional Council meeting

2011-1223

For Information

DATE: October 12, 2011

REPORT TITLE: **LONG TERM CARE HOMES ACT - PERFORMANCE MANAGEMENT SYSTEM**

FROM: Janette Smith, Commissioner of Health Services

OBJECTIVE

To introduce the performance management system that will be used by the five Peel Long Term Care (LTC) Homes to support Council's obligations and responsibilities as the Committee of Management, in accordance with the *Long Term Care Homes Act, 2007* ("the Act").

REPORT HIGHLIGHTS

- Regional Council serves as the Committee of Management for the Region of Peel's five LTC Homes in accordance with the *Long Term Care Homes Act*.
- A performance management reporting system is established to support Council's obligations, in accordance with the *Act*.
- To ensure compliance to the *Act*, five key categories with specific measures from the Long Term Care performance management system will be reported to Regional Council annually.
- The Long Term Care Home Quality Inspection Program has been developed and implemented by the Ministry of Health and Long-Term Care (MOHLTC) as a means to test and certify compliance with the *Act* by all LTC homes.

DISCUSSION**1. Background**

As reported to Council in June 2011, the *Long Term Care Homes Act, 2007* came into effect on July 1, 2010. The *Act's* prescriptive legislation and regulations provide a strict governance framework for the long-term care sector in Ontario. On July 7, 2011, Regional Council confirmed their role as the Committee of Management of the Region's five LTC Homes in accordance with the *Act*.

As the Committee of Management, Regional Council must exercise reasonable care, diligence and skill, and ensure that Peel's LTC Homes comply with the *Act* and its regulations.

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2. Findings

The responsibilities of the Management Committee in its oversight of Peel's LTC Homes are fulfilled through a number of processes.

a. Continuous Quality Improvement Program

A Continuous Quality Improvement (CQI) Program is established in each Home operated by the Region of Peel. This Program includes:

- Audits of regulated requirements in the *Long Term Care Homes Act* to ensure care and services are provided consistent with expectations;
- Review assessment and management of risks;
- Documentation of events through incident reporting;
- Input is received and acted upon from residents and their representatives;
- Benchmarking of indicators and action planning for outlier results;
- Active implementation of evidence informed decision making;
- Improvement of work processes through quality circles and
- A complaints resolution process.

b. Performance Management System

Each LTC Home Administrator and their leadership team monitors the effectiveness of the services provided at the Home through monitoring the results of a performance measurement dashboard of over 70 indicators which was developed in 2008. This performance management system provides a systematic approach to integrate measurement of legislated requirements and Region of Peel priorities. It provides timely information to the Home's multidisciplinary team to identify and act to improve accountability and risk mitigation; resulting in improved resident safety and enhancing quality of care and service. Together the Continuous Quality Improvement program and the dashboard support a self monitoring culture; ensuring operational processes continually drive desired resident outcomes and compliment regulatory oversight.

In addition to internal performance monitoring at each Home, the LTC Division Management Team reviews benchmarking data quarterly to assess achievement of targets for performance and outcome of strategic activities. Corrective actions are planned and executed, including development of training and revision of work processes to achieve better results.

c. Health Quality Ontario

Across the LTC Sector benchmarking data is currently being compiled on 17 indicators by Health Quality Ontario. This agency was established by the Ontario government in 2005 (formerly Ontario Health Quality Council), as an independent body to monitor all aspects of Ontario's health system and promote continuous improvement. Health Quality Ontario is responsible for collecting and publicly reporting quality of care indicators using a series of quality measures related to the following attributes: access, effective care, safe care, and resident-focused care. Peel's LTC Homes have started reporting into this system through resident care information that is collected from residents' electronic health records.

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Results are available to Peel LTC staff for trend analysis against other Ontario long-term care homes to develop corrective actions should our results trend outside an acceptable range.

Reported indicator results allow Health Quality Ontario to make recommendations to government on evidence based standards of care, as well as inform the MOHLTC on the provision of funding for health services. While all LTC homes in Ontario are submitting data to the agency as of 2011, only some homes data is available to be viewed publicly. Peel LTC Homes' indicator results will be moved onto the public platform by spring, 2013.

d. Compliance Inspection System

Upon the coming into force of the *Long Term Care Homes Act, 2007* in July of 2010, the Ministry of Health and Long-Term Care introduced a new Quality Compliance Inspection System. This Quality Inspection Program was developed and implemented across the long term care sector as a means to test and certify compliance with the *Act*. All LTC homes are subject to annual inspections as well as inspections that are triggered by any complaint received by the MOHLTC, or reports filed by the home through a Critical Incident System monitoring system. All inspections are unannounced and are conducted by trained MOHLTC inspectors. In addition to direct observations of how care is delivered, the Quality Inspection Program requires that the annual inspection includes interviews of residents at each home (minimum 40 residents per home), residents' family members and staff.

Inspections are based on Mandatory Inspection Protocols to determine whether the standards of care set out in the *Act* are being met. These protocols include an in-depth review of eight key areas:

- Admissions process
- Dining
- Infection prevention and control
- Medication management
- Resident fees
- Quality improvement
- Residents' Council interview
- Family Council interview

All findings are presented in a report which is provided to the LTC Home, the Director of Long Term Care and the public. Areas of non-compliance are identified, including the level of severity, as part of one or more citations described in Appendix I. Appropriate actions to be undertaken, with expected target dates, are stated in the inspection report. An annual summary of the MOHLTC Compliance Inspections conducted at Peel's LTC will be part of the Performance Management report described below.

The Quality Inspection Program is extremely rigorous in nature. Compliance Transformation will result in a more accountable compliance inspection program that focuses on risk issues and resident care outcomes. In a presentation given by the Senior Manager, Compliance and Enforcement Performance Improvement and Compliance Branch of the MOHLTC in January 2011, entitled **Quality and**

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Compliance Monitoring under the New Long Term Care Homes Act, 2007, it was reported that during the pilot phase of the Quality Inspection Program in 2010 the MOHLTC found "Over 23 homes test piloted the process from May to July. Pilots are indicating higher number of non compliances ranging from 10 to 50".

While receiving reports of non-compliance may not be avoidable, the objectives are to focus on excellence in resident care and minimize the number and severity of non-compliance findings.

3. Region of Peel Council Governance

With the background of the monitoring processes and systems that are discussed above, an annual report including specific measures will be reported to Regional Council. These measures have been selected by LTC staff as a proxy for the full scope of the performance management systems that are in place.

Appendix II outlines the selected performance measures that fall into five key categories:

- Resident Focus
- Client Satisfaction
- Employee Engagement
- Financial
- Health Systems Participation

The measures selected for reporting to Council support the compliance oversight role of Council as a Committee of Management under the *Act*, and align with the Region's operational practices. In addition, the report to Regional Council will include results of the Ministry's Long Term Care Home Quality Inspection Program (Compliance) at each LTC Home.

Reports on the performance of the Region's LTC Homes are currently presented to Regional Council through several forms, including the Medical Directors' Annual report, the annual budget and the Resident Satisfaction Survey report. The Annual Performance Management report will be presented jointly with the Medical Directors' Annual report.

4. Other Accountabilities

The LTC sector continues to face the demands of layered accountability requirements. In addition to the expectations set out in the *Long Term Care Homes Act*, Peel's LTC Division works to meet other requirements including the LTC Service Accountability Agreements, financial and activity reporting for MOHLTC in a system known as Management Information System; Ministry of Labour regulations; and Accreditation standards. Staff continuously looks for opportunities to interconnect these different reporting requirements to achieve efficiency in reporting and in obtaining meaningful outcomes. Though challenging, Peel Long Term Care is committed to achieving and exceeding LTC stakeholder expectations by using the performance management system and Continuous Quality Improvement philosophy discussed throughout this report.

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CONCLUSION

Embracing the Region's goal to strive for continued excellence, the Long Term Care Division commits to report to Regional Council annually on key performance measures and Compliance Inspection outcomes that will enable Council to fulfill its duties as the Committee of Management for the five Regional LTC Homes. The first LTC Performance Management report will be presented to Council in spring, 2012.



Janette Smith
Commissioner of Health Services

Approved for Submission:



D. Szwarc, Chief Administrative Officer

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c. Legislative Services

APPENDIX I

Citation of Non-Compliance

| Citation | Definition |
|---|--|
| Written Notification | The inspector may issue a written notification to the licensee/home. The licensee decides what action to take. There is no requirement to develop an action plan and timeline for the ministry. The ministry will expect to see compliance at their next unannounced inspection of the home. |
| Voluntary Plan of Correction | The inspector can make a written request for the licensee/home to prepare a written plan of correction for achieving compliance to be implemented voluntarily. The licensee/home is not required to submit the plan to the ministry. There is no required compliance date set out in the inspection report. The ministry expects to see compliance on the next unannounced inspection of the home. |
| Compliance Order | The inspector may order a licensee/home to: a. Do anything, or refrain from doing anything to achieve compliance with a requirement under this Act or; b. Prepare, submit and implement a plan for achieving compliance with a requirement under this Act. The licensee/home is required to follow the order to achieve compliance with the LTCHA. There are timelines for compliance documented on the Order. |
| Work and Activity Orders | The inspector may order a licensee: a. To allow employees of the ministry, or agents or contractors acting under the authority of the ministry, to perform any work or activity at the LTC home that is necessary, in the opinion of the person making the order, to achieve compliance with a requirement under this Act; and b. To pay the reasonable costs of the work or activity. The licensee/home is required to follow the order to achieve compliance with the LTCHA. There are timeline for compliance documented on the Order. |
| Written Notification with a Referral to the Director | The inspector may issue a written notification to the licensee/home and refer the matter to the Director for further action. This would be done when there are actions that need to be taken that are only in the scope of the Director. There may be further action the Director will require of the licensee/home. |

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APPENDIX II

LTC Performance Management System

| <i>Long Term Care Home Act Key Categories</i> | LTC Performance Management System Indicators | Indicator Definition |
|---|--|--|
| Resident Focus | Critical Incident | Number of unplanned transfers to the hospital due to injury and medication incidents as reported to the Ministry on the Critical Incident System (CIS) |
| | Pressure Ulcers | Percentage of residents with a new pressure ulcer (stage 2 or higher) |
| | Microbial Surface Contamination Quality testing | Percentage of Bio-reveal Surface Sampling Results (RLU) in resident areas |
| | Restraint Use | Percentage of residents who were physically restrained |
| | Weight Loss (unplanned) | Percentage of residents who had unexplained weight Loss |
| | Compliance Inspection Summary | Overall LTC annual results and action plan summary (Refer to Appendix II) |
| Client Satisfaction | Resident Satisfaction | Percentage of residents satisfied with the overall quality of care at the Centre |
| | Meal Satisfaction | Percentage of residents satisfied with the quality of the food offered at the Home |
| | Accreditation | Final Accreditation Result (every 3 years) |
| Employee Engagement | Mandatory Training | Percentage of staff attendance at the mandatory in-service |
| | Staff Immunization | Percentage of staff receiving influenza annually |
| | Building Employee Satisfaction Together (B.E.S.T.) Survey | Key Drivers as per Region of Peel |
| Financial | LTC Service Accountability Agreement | Under Development |
| | Preferred Accommodation | |
| Health System Participation | Community Care Access Centre(CCAC): Accommodation Priority Wait List | Percentage of individuals on the wait list for a LTC bed that are requesting one of the five Peel homes as first priority |
| | Special Behaviour Support Unit: | Under Development |
| | Volunteer Services | Volunteer hours per resident |