

For Information

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DATE: April 12, 2012

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

FROM: Janette Smith, Commissioner of Health Services

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## OBJECTIVE

To provide the results of the Long Term Care Division's performance management reporting system established to support Council's obligations, as the Committee of Management for the Region's five long term care homes in accordance with *The Long Term Care Homes Act, 2007*.

## REPORT HIGHLIGHTS

- The Region of Peel's long term care performance management reporting system was presented and endorsed by Council to support its obligations and responsibilities as the Committee of Management to monitor the Region's five long term care homes compliance with the *Long Term Care Homes Act, 2007*.
- This is the first annual report to provide Regional Council with the results of the performance management reporting system. Further reports will be brought forward every year at this time.
- Data collected through the performance management reporting system will be used to:
  - Inform decision making;
  - Identify strengths and areas for improvement;
  - Indicate changes in performance; and
  - Benchmark performance against industry standards.
- Continuous monitoring of results through the performance management system will ensure that Long Term Care management and staff continue to deliver accountable, high quality care to the residents in Peel's Homes.

## DISCUSSION

### 1. Background

The Region of Peel operates five Long Term Care Centres: Davis Centre in Caledon, Peel Manor and Tall Pines in Brampton, and Sheridan Villa and Malton Village in Mississauga. These Centres provide a home-like environment with 24-hour on-site nursing care and personal support for people who can no longer live independently.

Seniors are entering long term care homes with increasingly complex chronic physical and cognitive health conditions requiring healthcare expertise and interventions which are high quality and responsive. Long term care beds fill an important gap, meeting the needs of

April 12, 2012

## LONG TERM CARE HOMES ACT - PERFORMANCE MANAGEMENT SYSTEM REPORT

seniors who are unable to live in the community with community-based and homecare supports, but who do not have the short term acute needs requiring hospital care.

By way of example of the personal care limitations of those living in long term care, 27 per cent of our residents at Peel long term care homes require total assistance with all eating and drinking activities, 67 per cent require total assistance with toileting, and 54 per cent are wheelchair bound. Layered on top of the physical care requirements is the mental impairment or altered cognitive function of up to 70 per cent of our residents. Approximately 65 per cent of our long term care residents are taking nine or more prescription medications, and the interdisciplinary care team has 15 distinct domains in which goals are developed to guide their daily work with each resident.

On July 7, 2011, Regional Council endorsed its role as the Committee of Management for the Region's five long term care homes, in accordance with *The Long Term Care Homes Act, 2007* (the "Act").

On November 24, 2011, Council endorsed the Peel Long Term Care Performance Management Reporting System developed to support Council's obligations and responsibilities to monitor Peel's long term care homes compliance with the Act and its regulations.

### a) Key Components of the Performance Management Reporting System

The Performance Management Reporting System was designed to integrate legislated measurement requirements, current performance measurement and monitoring systems in Peel and the Region of Peel's commitment to providing high quality services while maintaining transparency and accountability. There are three key components to the reporting system, which are built from the Long Term Care Division's program plan:

**Performance Measures:** The effectiveness of services and quality of care provided in the Region's five long term care homes is assessed through a series of performance measures used widely by this sector. This includes measures adopted by Peel Long Term Care for internal purposes as well as those required by external authorities including the Ministry of Health and Long-Term Care (MOHLTC), and the Local Health Integration Networks (LHINs).

**Monitoring Results:** Data collected on each of the performance measures is monitored and assessed monthly by each Long Term Care Home Administrator and their leadership teams. The Division's management team reviews program data findings quarterly and prepares performance reports annually for Regional Council. Where possible and applicable, data is compared to industry standards from Health Quality Ontario provincial benchmarking data.

**Continuous Quality Improvement:** Peel Long Term Care's Continuous Quality Improvement Program uses the information gathered through the processes listed above, audits, risk assessments, formal and informal feedback, evidence informed decision making, quality circles and a complaints resolution process, to guide decisions to improve internal policies and practices, programs and outcomes, advance accountability, improve risk mitigation and enhance quality of care and services.

April 12, 2012

## LONG TERM CARE HOMES ACT - PERFORMANCE MANAGEMENT SYSTEM REPORT

### b) Annual Report Measurement and Metrics

As reported to Council in the November 2011 report, 17 indicators organized into five categories will be reported annually to Regional Council:

- Client Satisfaction;
- Employee Engagement;
- Resident Focus;
- Financial; and
- Health System Participation.

## 2. Key Findings

Data from all 17 measures is reported in the Appendix I. Analysis of some of these indicators with noteworthy findings is provided below.

### a) Client Satisfaction

Overall, resident satisfaction is measured and reviewed annually through a resident satisfaction survey. In 2011, Peel Long Term Care initiated a new resident menu satisfaction survey, which is unique within the long term care sector. The menu satisfaction survey focused on residents' satisfaction with meals and the dining experience. The results indicated that 72 per cent of participating residents were satisfied with overall menu quality and selection. This feedback will be used to support future menu development and dietary process improvements.

### b) Employee Engagement

As previously reported to Council in June 2009, the MOHLTC strives to immunize 70 per cent of all health care workers through its Universal Immunization Program. Vaccination of health care workers has been identified as an effective way to prevent the spread of communicable diseases (e.g. influenza) and protect high risk clients from the potentially harmful effects of these conditions. However, vaccination is not mandatory for health care workers in Ontario, as the desire to protect the health of long term care clients must be balanced against workers' autonomy and right to make personal decisions about their health.

Peel Long Term Care makes significant efforts to ensure that flu shots are available on all shifts and staff is educated about the importance of getting the immunization yearly. In 2011, 57 per cent of our long term care staff were immunized.

### c) Resident Focus

Long Term Care Centres operated by the Regional Municipality of Peel are the homes of the residents, as well as the place where their personal healthcare needs are provided. Peel Long Term Care Division's mandate is to optimize the quality of life of its residents and community clients through its quest for excellence and provision of services that are responsive, respectful and reliable.

Residents' health and safety is a priority for the Region's long term care homes. One area of focus is providing residents with a "least-restraint" environment. Data demonstrates a positive trend as the use of restraints declined from 2010 average number of residents of 8.87 per cent to 7.29 per cent in 2011. The Region is well below the provincial average of 16.1 per cent from April 2010 - March 2011 (Source: Health

April 12, 2012

## **LONG TERM CARE HOMES ACT - PERFORMANCE MANAGEMENT SYSTEM REPORT**

Quality Ontario). The Long Term Care Division Restraint Program was reviewed and reaffirmed in 2011.

The MOHLTC requires long term care homes to document "Critical Incident System" occurrences that result in harm or risk of harm, to the safety, security, welfare and/or health of a resident. In 2011, 82 incidents categorized by the MOHLTC as 'unplanned transfers to hospital due to injury' and 'medication incidents' were reported across all homes. This number increased from the 2010 total of 62, although it is comparable to 2009 in which there were 81. Of these, the greatest numbers (37) were falls. The Annual Medical Director's report, presented at a recent Regional Council meeting, discussed this result. Each occurrence is thoroughly investigated and actions are taken immediately to address concerns.

The Ministry introduced a new and rigorous inspection system in 2010. The Long Term Care Division's compliance inspection objectives focus on quality in resident care and services, and reducing the number and severity of non-compliance findings. Our progress in this area is evident in the 2011 results, showing a 35 per cent decline overall in compliance findings. Appendix II provides the compliance inspection and action plan in more detail.

### **d) Financial**

As established by the MOHLTC, long term care homes may allocate a percentage of resident beds to "preferred accommodations" for residents who would like a private room and are able to pay a preferred accommodation premium. In 2011, we exceeded our target to fill 23 per cent of total available beds as preferred accommodation beds.

### **e) Health Systems Participation**

In 2011, the division experienced a 1.03 hour per resident per month decline in volunteer support from the previous year. To improve this important area, the Health Services Department has undertaken a department wide Volunteer Services Review. In 2012, the Long Term Care Division will implement recommendations from the review focused on removing barriers to public participation. While participation of volunteers has decreased, a growing portion of volunteer hours is contributed by students affiliated with a wide range of academic institutions and educational programs.

## **3. Current Actions in Quality Improvement**

Peel Long Term Care is committed to respond to performance management results. It is important to celebrate successes, recognize processes that have achieved new or better outcomes, as well as to work on areas of improvement. Throughout 2011, we used performance management data to make improvements to our business processes and quality of care through projects, quality circles and incremental changes to work processes. These include several significant accomplishments:

- Full three year accreditation by the Council on Accreditation of Rehabilitation Facilities; and
- Establishment of the Special Behaviour Support Unit at Sheridan Villa.

Through data analysis, we also identified strengths and limitations in our operational processes, as well as emerging issues. Opportunities for quality improvement are continually sought out.

April 12, 2012

## **LONG TERM CARE HOMES ACT - PERFORMANCE MANAGEMENT SYSTEM REPORT**

Some current areas of focus include:

- Introduction of new technology to improve resident care processes, as well as the accuracy and integrity of resident documentation;
- Improvement of Dietary Services processes, and outcomes that meet resident expectations;
- Development of improvement projects in each of the five long term care homes, which are specific to their operations and are driven by metrics; and
- Process reviews under way in 2012 include: Nursing Department roles and responsibilities, and environmental cleaning practices in Housekeeping service.

We will continue to move forward with the improvement cycle in 2012 as this work builds on informed decision making and planning, and supports the Long Term Care mandate.

### **4. Public Reporting of Long Term Care Compliance**

In February 2012, the MOHLTC launched a Public Reporting website to provide consumers with information on the performance of long term care homes. In accordance with the *Long Term Care Homes Act*, public versions of compliance inspection reports from all long term care homes in Ontario will be published. While this will provide the public with access to long term care homes performance information, the reports will be not posted until about two months after the date of inspection. The Region's long term care homes post public compliance reports in all of our homes immediately after receipt.

### **5. Public Reporting through Health Quality Ontario**

Health Quality Ontario has published Provincial Results for some of our Performance Management Indicators for 2009/2010. We have included their results where applicable in our Appendix I. Starting in 2012, more Ontario long term care homes will be encouraged to publically report on a variety of key performance indicators from resident care to wait time placements and staff worker injuries.

April 12, 2012

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


**CONCLUSION**

Peel Long Term Care Centres provide a home-like environment with 24-hour on-site nursing care and personal support for people who are no longer able to live independently due to the complex chronic physical and cognitive health conditions. Long Term Care management and staff are committed to delivering accountable, high quality care to the residents in Peel's homes. Continuous monitoring of results ensures that actions are taken to adjust processes to maintain this standard.



Janette Smith  
Commissioner of Health Services

**Approved for Submission:**



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D. Szwarc, Chief Administrative Officer

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c. Legislative Services

LONG TERM CARE HOMES ACT - PERFORMANCE MANAGEMENT  
SYSTEM REPORT

APPENDIX I

Performance Indicator	Indicator Definition	Peel Region 2011	Peel Region 2010	Provincial Results *	Commentary
<b>Client Satisfaction</b>					
Resident Satisfaction	Residents satisfied with the overall quality of care at the Centre	8.3 out of 10	8.2 out of 10	Not Available	All homes consistently earn high levels of resident satisfaction
Meal Satisfaction	Percentage of residents satisfied with the quality of food offered at the Home	72%	No data	Not Available	Newly created assessment tool
Accreditation	Final Accreditation Result (every 3 years)	Full 3 year accreditation (2011-2014) with Commission on Accreditation of Rehabilitation Facilities (CARF)	Not applicable	Full Accreditation	Commendation for Sheridan Villa's Special Behaviour Support Unit (see Council report June 9, 2011)
<b>Employee Engagement</b>					
Mandatory Training	Percentage of staff attendance at mandatory education classes	83% (target 90%)	84%	Not Available	In order to increase participation a variety of learning tools are under development
Staff Immunization	Percentage of staff receiving influenza annually	57% (target 70%)	56%	MOHLTC stretch goal is 70%	Long Term Care results highest of all health sector. Staff education and promotional campaign undertaken each fall

HE - B1-7

**APPENDIX I**

April 12, 2012

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

Performance Indicator	Indicator Definition	Peel Region 2011	Peel Region 2010	Provincial Results *	Commentary
Employee Satisfaction	Percentage of employees who indicate on the Region's annual employee engagement survey that they are satisfied or very satisfied with their present job	69%	64%	Not Available	Building Employee Satisfaction Together survey completed annually by all Region of Peel staff
<b>Resident Focus</b>					
Pressure Ulcers	Percentage of residents with new pressure ulcers (stage 2 or higher)	2.34%	2.18%	2.80%	Peel Long Term Care results are lower than provincial average supporting that quality services are provided
Microbial Surface Contamination Quality Testing	Percentage sampling results that meet or exceed bacterial count target	79.5%	No data	Not Available	Leading practice which provides evidence of infection control practices
Restraint Use	Percentage of residents who were physically restrained	7.29% (target 10%)	8.87%	16.10%	Philosophy of "least restraint". Trend is significantly better than province wide average

HE-81-8

\*Health Quality Ontario data for April 2010 to March 2011

\*\*Health Quality Ontario data for April 2009 to March 2010 is the most current information reported.

This is based on data from 377 Ontario Long Term Care Homes using the Resident Assessment Instrument-Minimum Data Set (RAI-MDS) system, collected by the Canadian Institute for Health Information (CIHI).



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

Performance Indicator	Indicator Definition	Peel Region 2011	Peel Region 2010	Provincial Results *	Commentary
Weight Loss (unplanned)	Percentage of residents who had unexplained weight loss	1.65% (target 1.79%)	1.76%	7.1% **	Every resident's weight is recorded monthly. Peel result trending well below provincial average
Critical Incident	Number of unplanned transfers to hospital due to injury, and medication incidents, as reported to MOHLTC through Critical Incident System (CIS)	82	62	Not Available	Falls Prevention Program will undergo a detailed review and update according to clinical best practices
Compliance Inspection Summary	Total Compliance Findings (all types)	50	76	Not Available	New Inspection system introduced in 2010 (See Appendix 2 for detail)
<b>Financial</b>					
Long Term Care Service Accountability Agreement	Under development				LHINs revising Long Term Care Service Accountability Agreements in 2012
Preferred Accommodation	Percentage of preferred accommodation fees collected against the target	111.5% (target 100%)	99.0%	Not Available	Fee is \$18 for private and \$8 for semiprivate. New targets are set for 2012

HE-81-9

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

Performance Indicator	Indicator Definition	Peel Region 2011	Peel Region 2010	Provincial Results *	Commentary
<b>Health System Participation</b>					
Community Care Access Centre (CCAC) Accommodation Priority Wait List	Percentage of individuals on the wait list for a Long Term Care bed that are requesting one of the five Peel homes as first priority	62% of our current clients chose our centre for their first choice in 2011 **	62% of our current clients chose our centre for their first choice in 2010 **	Not Available	Applications are prepared by Community Care Access Centre
Special Behaviour Support Unit (SBSU)	Total average length of stay	115.1 days for completion of treatment plan (target 120 days)	Not applicable	Not Applicable	Goal set by LHIN is 120 days for completion of treatment plan.
Volunteer Services	Volunteer hours per resident (average)	6.97 hours	8 hours	Not Applicable	Local expectations of the volunteer experience and the unique environments at the homes have not been well aligned. Review is underway

HE-81-10

\*\* Results from our annual Resident Satisfaction Survey. In the 2010 survey all respondents were asked "Is the Centre where you presently live your first choice when you started looking for a home"; and in 2011 only respondents who became a resident at the Centre in the past 12 months were asked this question (approximately 84 respondents)

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

**APPENDIX II**

**2011 Compliance Inspection Summary- Annual Results**

<b>Number of Inspections by Type</b>	<b>Total Compliance Findings *</b>	<b>Key Areas for Improvement</b>
Complaint 9	Written Notification 26	<ul style="list-style-type: none"> <li>• Food Quality</li> <li>• Nutrition and Hydration</li> <li>• Falls Prevention</li> <li>• Skin and Wound Care</li> <li>• Infection Prevention and Control</li> <li>• Accommodation Services/Housekeeping and Maintenance</li> <li>• Personal Support Services</li> <li>• Pain Management</li> </ul>
Critical Incident 7	Voluntary Plan of Correction 22 (paired with Written Notification for same finding)	
Follow up 6		
Annual Inspection 0	Compliance Order 2	

\* Severity is based on risk, breadth and gravity: Written Notification is lowest

**Quality Improvement Action Plan Summary**

- Education initiatives were implemented to ensure better understanding of *Long Term Care Homes Act* requirements. Training in all areas of Long Term Care (LTC) is being expanded to support provision of high quality care and services to residents.
- Several capital projects are in progress to improve resident and building environments.
- The Divisional Dietary System Plan was initiated. Phase I, in 2011, focused on the divisional selection of products. Phase II, in 2012, includes an operational production review.
- Another key project involved the testing and validating of the Peel LTC Hydration Program, which incorporates an interdisciplinary approach and nutritional best practice guidelines to ensure each resident maintains proper fluid intake daily.
- Resident Care Clinical programs will undergo a detailed review and update according to clinical best practices and to validate alignment with Ministry of Health and Long-Term Care requirements.
- Two new documentation technologies, Point of Care and Electronic Medication Administration Records, will be introduced in 2012. This will help Peel LTC staff to increase the amount of time spent with residents, enhance service response times and improve the quality and delivery of care.