

For Information

DATE: May 8, 2013

REPORT TITLE: **2012 LONG TERM CARE PERFORMANCE MANAGEMENT SYSTEM REPORT**

FROM: Janette Smith, Commissioner of Health Services

OBJECTIVE

To provide the key results of the Long Term Care Division performance management system for 2012.

REPORT HIGHLIGHTS

- Overall, resident satisfaction has been consistent over the last five years, with a rating of 8.3 out of 10 in the 2012 survey.
- Between 2010 and 2012, compliance findings from the Ministry of Health and Long-Term Care (MOHLTC) show a consistent improvement of 45 per cent across all five LTC Centres.
- The Region's LTC Centres remain well below the provincial average of 13.9 per cent for the use of physical restraints. This is one of four key indicators published on Health Quality Ontario's public website.
- Quality improvement initiatives in 2012 included introduction of Point of Care terminals to improve resident care and introducing Behavior Support Ontario Champion positions, to provide specialized care to residents with responsive behaviours.

DISCUSSION

1. Background

The County and Region of Peel have been caring for adults for more than 100 years. While the Long Term Care (LTC) division has embraced new legislative guidelines, advanced practices and innovative technologies for delivering care, the centres remain committed to their core mandate: to optimize the quality of life for residents and clients through services that are responsive to their needs, respectful of their person, and demonstrated to be effective.

Peel's five long term care centres, Peel Manor, Tall Pines, Davis Centre, Malton Village and Sheridan Villa, provide a home-like environment with 24 hour on-site nursing care and personal support to over 700 residents and 105 day service clients. The centres offer a

May 8, 2013

2012 LONG TERM CARE PERFORMANCE MANAGEMENT SYSTEM REPORT

continuum of services such as activities of daily living, therapeutic recreation programs, rehabilitation and restorative care, spiritual programs and palliative care.

The average resident (68 per cent) is 80 years or older and faces many challenges including multiple chronic diseases and problems with mobility, dementia, and incontinence. Over 75 per cent of residents are completely dependent on staff for activities of daily living, such as dressing, toileting and eating.

In 2011, Peel Long Term Care implemented the Performance Management Reporting System. Approved by Council in November 2011, its purpose is to support Council's obligations, as the Committee of Management, in monitoring Peel's compliance to *The Long Term Care Homes Act, 2007* (The Act) and its regulations. Further, the reporting system upholds the Region's commitment to providing high quality services with transparency and accountability.

2. Key Components of the Performance Management System

Peel Long Term Care's Continuous Quality Improvement program uses a comprehensive model of performance measures and processes, such as auditing and formal and informal feedback, that support quality improvements in care and service to residents and clients to:

- guide evidence-informed decisions;
- improve internal operational policies and programs; and
- ensure appropriate risk mitigation, and advance accountabilities.

In 2012, Long Term Care developed "stretch targets" for some indicators. Based on internal and external benchmarking exercises, the targets drive improvements in operational performance in a continually changing environment. It should be noted that in some areas benchmarks are not available yet.

The measures highlighted in this report include those required by external authorities, specifically the Ministry of Health and Long-Term Care (MOHLTC), and the Long Term Care Service Accountability Agreement with the Local Health Integration Networks (LHINs), as well as internal quality measures.

The system includes 17 quality indicators organized in the following five key domains to provide an over all picture of Long Term Care service results:

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

Long Term Care collects and monitors data on each performance measure at many levels across the division. Each Long Term Care centre's management team monitors and evaluates centre specific data monthly. Teams evaluate and discuss data trends quarterly, through the centre's Quality Committee, composed of an interdisciplinary cross-section of staff with client input. The Long Term Care Leadership Team reviews divisional data quarterly to inform strategic directions and decision-making. In addition, where available, Peel Long Term Care compares performance against selected Long Term Care sector peers and provincial benchmarking standards.

May 8, 2013

2012 LONG TERM CARE PERFORMANCE MANAGEMENT SYSTEM REPORT

3. Findings

A detailed report on data from all 17 measures is included in Appendix I. The following summarizes significant findings across the five key domains.

a) Client Satisfaction

A report to Council in March 2013 described Peel Long Term Care's positive resident satisfaction survey results for 2012. The score of 8.3 out of 10 for over all resident satisfaction with the quality of care is consistent with the results achieved over the last five years. While this survey provides insight into the needs and expectations of residents, in 2013 Peel Long Term Care will administer a caregiver satisfaction survey to provide further insights into the total "circle of care".

b) Employee Engagement

Staff attendance at the annual mandatory education sessions improved from 83 per cent in 2011 to 96 per cent in 2012. Staff participation in education on specific clinical and operational policies and programs is a requirement of The Act and an expectation of Peel Long Term Care.

LTC staff were asked in the annual employee engagement survey about how satisfied they are with their present job at the Region of Peel. In LTC there is a drop of 6 per cent which is consistent with results across the Corporation. Staff have just received these results and are undertaking further analysis.

c) Resident Focus

In September 2012, Health Quality Ontario (HQP) began reporting centre specific results on four performance indicators for all Ontario Long Term Care Homes. These performance indicators are risk adjusted by HQO to allow for comparison across all Long Term Care Homes in the sector. For that reason, these indicators are not equal comparators to Peel Long Term Care's indicators, but function as proxy measures. All four of the indicators were reported to Regional Council in April 2013 as part of the Medical Directors' Annual Report. The over all Performance Management System Report indicators in Appendix I highlights two of those indicators: restraint use and pressure ulcers. The other two reported in April are percentage of residents who had a recent fall and percentage of residents with worsening bladder control.

Peel's Long Term Care Centres are committed to providing residents with a "least restraint" environment. The divisional average for use of physical restraints declined from 8.9 per cent in 2010 to 7.3 per cent in 2011, and increased in 2012 (8.7 per cent). The Region continues to remain below the provincial average of 13.9 per cent for restraint use (source: Health Quality Ontario, April 2011-March 2012).

To ensure our services continue to be responsive, respectful and reliable, the division launched an improvement project to review, evaluate and enhance our resident care programs, including the Least Restraints program. Three Centres have also created interdisciplinary quality circles to analyze centre specific results and practices for restraints use.

May 8, 2013

2012 LONG TERM CARE PERFORMANCE MANAGEMENT SYSTEM REPORT

In 2011, Peel Long Term Care was a leader in the adoption of evidence-based practices set out by the Provincial Infectious Disease Advisory Committee to reduce and/or eliminate the risk of infectious outbreaks. Each centre began microbial testing of surfaces to ensure proper disinfection and minimal microbial contamination. This compliments traditional visual and more subjective auditing for surface cleanliness to one that is objective. In 2012, audit results indicated, after cleaning, 96.26 per cent of all surfaces were disinfected at a microbial level.

The Division's compliance inspection objectives focus on quality of resident care and services, and reducing the number and severity of findings cited by MOHLTC Compliance Inspectors. Following the introduction of the new standards under the *Long Term Care Homes Act* (528 Standards with multiple embedded requirements), there has been a 45 per cent improvement overall when compliance inspections were conducted. Specifically, the number of times where Peel LTC was found not in compliance with all of the Standards by MOHLTC Inspectors has reduced from 76 in 2010 to 42 in 2012. Trend data is not yet available for comparison across the Long Term Care Sector.

d) Financial

Long Term Care Centres allocate a percentage of resident beds to "preferred accommodations". These beds are for residents who would like a private room and can pay a preferred accommodation premium. In 2012, we exceeded our target to fill the available beds designated as preferred accommodation beds, 23 per cent of total resident beds. Commencing 2013, the Long Term Care leadership team increased the number of target preferred accommodation beds to 29 per cent of total long term care resident beds.

e) Health System Participation

The Special Behavioural Support Unit opened in 2010 to support residents with responsive behaviours that require individualized care and specialized treatment. The program received the highest commendation for its focused dementia care and innovative layout by Council on Accreditation of Rehabilitation Facilities during Peel's Accreditation, 2011-2013. In 2012, the average length of treatment increased to 196 days from 177 days in 2011. Treatment plans and timelines vary based on each resident's specific care needs. Over the past year, residents admitted to the unit are more medically complex and have higher acuity levels. In addition, admitted residents are in the advanced stages of their illness and therefore, determining the right treatment plan is more involved and requires more time.

There has been a drop in volunteering since 2010. The Health Services Department leadership have completed a review and put in place new supports designed to improve the participation of community volunteers in a number of departmental programs and services.

4. Current Quality Improvements Initiatives

Peel LTC uses performance management findings, trends and analysis of the findings of this report to both focus and drive quality improvement initiatives. Quality practice across all health services providers are also used to drive improvements. These initiatives uncover new and better ways of doing our work to enhance care and services for our residents, or to increase satisfaction and achieve better clinical outcomes. Several significant quality accomplishments in 2012 include:

May 8, 2013

2012 LONG TERM CARE PERFORMANCE MANAGEMENT SYSTEM REPORT

- Implemented Point of Care technology to improve accuracy of resident documentation, and advance quality and delivery of care;
- Developed a comprehensive 'bed entrapment prevention program' to optimize bed safety for our residents and mitigate the risk of bed entrapment. Clinical staff assesses all residents for risks associated with the use of bed rails. In addition, the centres test bed systems across seven potential zones of entrapment to ensure compliance with Health Canada safety guidelines and reduce risk of incidents related to resident safety in bed;
- Malton Village and Tall Pines dietary departments converted from a retherm/cook-chill system to a conventional, same day cooking system, successfully achieving the goal of improving resident satisfaction with the quality of dietary services. It also supports implementation of a divisional dietary system that offers long term efficiencies for the Region; and
- Implemented Behaviour Support Ontario positions at all five centres, funded by the Central West and Mississauga Halton LHINs. These dedicated Behaviour Support Champions provide specialized care to residents with responsive behaviours associated with complex and challenging mental health and dementia conditions.

Some areas of focus for 2013 include:

- The launch of a 'clinical excellence program' in January 2013, which focuses on improving the quality and delivery of resident care and maximizing the knowledge and skills of LTC clinical staff. Using evidence-based practices, staff are conducting in-depth reviews and evaluations of our thirteen resident care programs and accompanying documentation processes. All front line nursing staff will participate in re-education and training for all programs. This initiative will also positively influence the Centres' Case Mix Index (CMI), a key driver of provincial funding;
- The elevator entrapment critical incident at the end of 2012 prompted a third party safety and security review in all of our centres;
- The division will undergo accreditation by the Council on Accreditation of Rehabilitation Facilities. Peel LTC will need to demonstrate that we use the performance management data collected to manage and improve business practices and service delivery according to Council's standards; and
- Each of the five LTC Centres, are identifying improvement projects specific to their operations driven by their particular metrics.

May 8, 2013

2012 LONG TERM CARE PERFORMANCE MANAGEMENT SYSTEM REPORT

CONCLUSION

Peel Long Term Care will continue to improve its performance management system to monitor and evaluate our resident care services; facilitate continuous improvement and evidence-based decisions within the division; and provide Council with performance updates to fulfill Council's governance accountability.



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Approved for Submission:



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APPENDIX I

May 8, 2013

2012 LONG TERM CARE PERFORMANCE MANAGEMENT SYSTEM REPORT

APPENDIX I

Long Term Care Homes Act- Performance Management
System Report

Performance Indicator	Indicator Definition	Peel Region 2012	Peel Region 2011	Peel Region 2010	Comments*
Client Satisfaction					
Resident Satisfaction	Residents satisfied with the overall quality of care at the Centre	8.3 out of 10	8.3 out of 10	8.2 out of 10	
Meal Satisfaction	Percentage of residents satisfied with the quality of food offered at the Home	Survey not available	72%	No data	In 2012 the Menu Survey was not completed as kitchen renovations and dining procedure changes were being implemented. A Menu Satisfaction Survey will be conducted in 2013.
Accreditation	Final Accreditation Result (every 3 years)	Next accreditation audit in 2013	Full 3 year accreditation 2011- 2013 with Commission on Accreditation of Rehabilitation Facilities (CARF)	2008- 2010 Accreditation Canada	

APPENDIX I

May 8, 2013

2012 LONG TERM CARE PERFORMANCE MANAGEMENT SYSTEM REPORT

Performance Indicator	Indicator Definition	Peel Region 2012	Peel Region 2011	Peel Region 2010	Comments*
Employee Engagement					
Mandatory Training	Percentage staff attendance at mandatory education classes	96.18%	83%	84%	Target in 2012 was to achieve 100% attendance.
Staff Immunization	Percentage of staff receiving influenza annually	64.87%	57%	56%	Provincial results for 2012/13 for LTC staff immunization rate was 74.2% as reported by Public Health Ontario.
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	63%	69%	64%	

APPENDIX I

May 8, 2013

2012 LONG TERM CARE PERFORMANCE MANAGEMENT SYSTEM REPORT

Performance Indicator	Indicator Definition	Peel Region 2012	Peel Region 2011	Peel Region 2010	Comments*
Resident Focus					
Pressure Ulcers	Percentage of residents with new pressure ulcers (stage 2 or higher)	2.25%	2.34%	2.18%	The provincial results from Health Quality Ontario from April 2011- March 2012 for worsening pressure ulcers is 2.8%. This is a slightly different indicator than what Peel LTC monitors to date. In January 2013, Peel LTC adopted the HQO measure.
Microbial Surface Contamination Quality Testing	Percentage of sampling results that meet the acceptable bacterial count	96.33%	79.5%	No data	We are one of the first LTC homes in Ontario to complete this testing, so provincial LTC bench mark does not exist at this time.
Restraint Use	Percentage of residents who were physically restrained	8.71%	7.29%	8.87%	The provincial results from Health Quality Ontario from April 2011- March 2012 for physical restraints is 13.90%. Our internal LTC stretch target is < 7%.
Weight Loss (unplanned)	Percentage of residents who had unexplained weight loss	1.68%	1.65%	1.76%	Our internal target is < 1.75%.

APPENDIX I

May 8, 2013

2012 LONG TERM CARE PERFORMANCE MANAGEMENT SYSTEM REPORT

Performance Indicator	Indicator Definition	Peel Region 2012	Peel Region 2011	Peel Region 2010	Comments*
Critical Incident	Number of unplanned transfers to hospital due to injury, and medication incidents as reported to MOHLTC on Critical Incident System (CIS)	60	82	62	The majority of all injuries resulting in transfer to hospitals are falls related. There were 2 medication incidents in 2011 and none in 2012. Our effort to reduce falls has increased in 2013 with focused education and quality improvement team initiatives.
Compliance Inspection Summary	Total compliance Findings (all types)	42	50	76	One comprehensive inspection comprised of 68 inspector days at one centre, and a number of shorter duration inspections by MOHLTC representative
Financial					
LTC Service Accountability Agreement	Percent Occupancy	98.95%	98.85%		Percent Occupancy and Compliance Status are two of four Pan LHIN indicators included the 2013-2015 Long Term Care Service Accountability Agreement (LSAA). A full description was presented to Council on March 21, 2013 in Service Accountability Agreement for Long Term Care Homes Council report.
	Compliance Status-separate Compliance Inspection Summary				
Preferred Accommodation	Percentage preferred accommodation fees collected against the target	125.24%	111.50%	99.0%	Internal target is to have filled 100% of our targeted preferred accommodation beds.

APPENDIX I

May 8, 2013

2012 LONG TERM CARE PERFORMANCE MANAGEMENT SYSTEM REPORT

Performance Indicator	Indicator Definition	Peel Region 2012	Peel Region 2011	Peel Region 2010	Comments*
Health System Participation					
Community Care Access Centre (CCAC) Accommodation Priority Wait List	Number of individuals on the wait list for a basic bed in each Peel LTC centre	Sheridan Villa - 306 Malton Village - 83 Peel Manor - 85 Tall Pines - 148 Davis Centre - 74	62% of our current clients chose our center for their first choice in 2011	62% of our current clients chose our center for their first choice in 2010	The performance indicator has changed to better reflect the most accurate information available from CCAC. All of our LTC homes are preferred homes as evidenced by the number of clients on the CCAC waitlist. Tall Pines is the first choice for all clients seeking LTC in Central West CCAC, and Sheridan Villa is the second highest choice in the Mississauga Halton CCAC. Davis Centre, Malton Village and Peel Manor are in the top half of all clients seeking LTC in Central West CCAC.
Special Behaviour Support Unit (SBSU)	Average length of treatment	196 days	177 days	Not applicable	This indicator calculation has been refined over the past year to better identify the length of treatment time for each SBSU resident. The length of treatment time does not include the time a resident waits in SBSU for suitable long term care accommodations post treatment. The 2011 average length of treatment was previously incorrectly reported as 115.1 days and has been corrected in this document, 177 days.

APPENDIX I

May 8, 2013

2012 LONG TERM CARE PERFORMANCE MANAGEMENT SYSTEM REPORT

Performance Indicator	Indicator Definition	Peel Region 2012	Peel Region 2011	Peel Region 2010	Comments*
Volunteer Services	Volunteer hours per resident (average)	6.69 hours average	6.97 hours average	8 hours average	A study was conducted in 2011/12 to support improvements in volunteer program and encourage an increase in volunteer numbers. Recommendations are being implemented in 2013 to have a centralized intake office and volunteer database.

* Targets or benchmarks are provided for some indicators where they have been established.