

Key Observations
2014-15 Quality Improvement Plans
Long-Term Care Homes

Introduction

Ontario has now had close to four years of experience with Quality Improvement Plans (QIPs), which started in the hospital sector and, over the course of the last few years, extended to interprofessional primary care organizations, Community Care Access Centres (CCACs), and will soon be rolled out in Long-Term Care (LTC) Homes (some of which voluntarily submitted QIPs this year).

QIPs play a pivotal role in improving the quality of care that is delivered in Ontario. They allow organizations to formalize their quality improvement activities, articulate their goals, and identify concrete ways of achieving their goals.

In order to focus the quality improvement activities that will be underway in Ontario in the coming year, long-term care homes were asked to consider six priority indicators, and most addressed them in their plans. However, it is understood that organizations have their own priorities and are encouraged to consider and address them in their annual QIPs. To account for regional variation, organizations are free to set their own targets for improvement.

The purpose of this report is to provide information about what providers in Ontario are focusing on to improve quality of care, what change ideas may result in improvement, and where there may be opportunities to learn from others. The report will hopefully stimulate new ways of thinking about how to improve quality. It is designed to fuel conversations about quality among board members, senior leaders, individual clinical leaders and teams. It will provide a sector-specific look at the priority indicators of the 2014-15 QIPs. Future reports will strive to bring cross-sector perspectives and provide more detailed insights into quality issues.

Health Quality Ontario (HQP) is committed to ensuring that QIPs are an integral part of the coordinated quality effort in Ontario. We hope this report will help maintain momentum in quality improvement and help organizations benefit from one another's experiences throughout the quality journey.

A By-the-Numbers Look at Long Term Care Quality Improvement Plans

This is the first year that Long-Term Care (LTC) homes were invited to submit QIPs, and many did so on a voluntary basis. Next year, all LTC homes will be required to submit QIPs.



95 QIP Submissions

6 Priority Indicators

A closer look at the priorities: Here is a breakdown of priority areas selected by individual LTC homes

91% Minimize Use of Daily Physical Restraints (85 LTC homes)

89% Fewer Emergency Department Visits (83 LTC homes)

96% Fewer Falls (89 LTC homes)

90% Better Bladder Continence (84 LTC homes)

92% Fewer Pressure Ulcers (86 LTC homes)

85% Better Resident Experience (79 LTC homes)

A closer look at priorities:

We identified the following themes from the QIP submissions

1

Long-term care homes are aligning QIPs with regional and system level priorities

Some LTC homes analyzed home-level performance data and compared it to provincial benchmarks to drive measurable improvement initiatives.

- o 22 LTC homes included a total of 68 organizational specific indicators in their QIPs. Of these indicators, we observed the following themes: Staff and finance; medication and nutrition; care plans; restorative occupational therapy/physiotherapy; infection and immunization; activities of daily living; electronic medical records; and safety.

2

Long-term care homes are committed to working with their partners in other sectors to improve transitions of care and resident experience

83% of LTC homes indicated in their QIPs a strong focus on improving access and flow across the regional system by strengthening relationships between primary, specialty, community and acute care partners in an effort to integrate patient care and improve transitions across the care continuum.

- o Examples of partnerships include: Alzheimer's Society, Behavioural Supports Ontario programs, academic institutions, Registered Nurses' Association of Ontario, community behavioral geriatric outreach teams, Community Care Access Centres, Health Links, Community Psychogeriatric Teams and primary care practices.

3

Long-term care homes are identifying and addressing challenges that impede their efforts for quality improvement

Many LTC homes noted that they are struggling with the following challenges: recruitment and retention of staff, increasingly complex levels of care, budget restraints, after hours and weekend coverage for nurse practitioners and physicians, and issues associated with quality improvement.

- o These homes identified the following ways to mitigate these challenges: incorporating quality improvement into staff's everyday routine; eliminating waste; partnering with other agencies to increase quality improvement capacity; educating staff and engaging staff, residents, and families in quality improvement planning.

Resident Experience

There were no resident experience indicators defined for LTC homes for the 2014-15 QIPs. Some of the homes that included this priority area in their QIPs selected an overall satisfaction indicator, which came from a mix of validated survey tools and in-house surveys. Resident experience indicators will be available for the 2015-16 QIPs.

WHY IS IT A PRIORITY?

Long-term care homes are striving to ensure that every resident enjoys safe, effective, and responsive care in order to achieve the highest quality of life. Increasing the LTC sector's capacity for quality improvement can help realize this goal. Residents and staff in LTC homes can feel more empowered through education and information that enables residents to make their own decisions. Respecting each other's perspectives is an important part of quality improvement.

CHANGE IDEAS

- 44 homes plan to establish processes to ensure person-centered care is provided according to residents' needs, desires, and preferences, and that staff are sufficiently flexible to accommodate these individual conditions.
- 59 homes will develop and implement systems to support and sustain practice changes, including ongoing education, policies and procedures, and job descriptions.
- 50 homes will regularly measure resident experience via surveys and providing continuous feedback to individual LTC units.

Resident Experience

WHAT WE'RE SEEING:

The majority of change ideas focused on creating an environment of caring, educating staff, leaders, families and residents, and implementing audits (process and structures).

FAST FACTS



79

The number of LTC homes that selected this indicator

Emergency Department (ED) Visits

While some ED visits may be necessary and appropriate, tracking each visit and listing the reasons behind it help support quality improvement efforts toward reducing avoidable visits. For many homes, the target this year will be to identify a baseline.

WHY IS IT A PRIORITY?

Emergency department visits among seniors can be hard for the individuals affected and their families and exact a high cost on Ontario's health system, as they can mean the beginning of a loss of independence and a serious deterioration in quality of life.

CHANGE IDEAS

- 21 homes will be supporting ongoing staff education and mentoring, especially for personal support workers (training staff to monitor for signs of deterioration, such as dehydration, to identify problems earlier).
- 39 homes will identify alternate ways to provide early treatment for common conditions, including congestive heart failure and chronic obstructive pulmonary disease.
- Educate residents and families about interventions to reduce necessity for emergency department visits (e.g., promoting safe mobility, alternatives to restraints, continence management, pain management, palliative and care options).
- Employing an interdisciplinary team approach and ensuring all staff have access to resources, supplies, and huddling to discuss high risk residents and changes to care plan.

Emergency Department Visits

WHAT WE'RE SEEING: The majority of change ideas focused on the following:

- **Prevention-focused:** identifying at-risk residents
- **Resident-focused:** providing early treatment in the LTC home (developing and implementing strategies to manage sudden acute episodes or changes in condition)
- **Home-focused:** establishing protocols for clinical feedback (weekly huddles, reporting and following up on changes in residents' conditions, test results, changes in care plans, etc.)

FAST FACTS



83

The number of LTC homes selected this indicator

Falls

Residents can experience serious consequences after a fall, including injuries that limit independence and increase care needs. As a result, falls affect other parts of the health care system, often leading to more emergency department visits, hospitalizations, and surgeries. For many homes, the target this year will be to identify a baseline.

WHY IS IT A PRIORITY?

Between April 2012 and March 2013, about one in seven LTC residents across Ontario experienced a fall. Although some falls are unavoidable, the *Long-Term Care Homes Act, 2007*, requires all long-term care homes in Ontario to have a falls prevention and management program to reduce the incidence of falls and the risk of injury.

CHANGE IDEAS

- 53 homes are conducting ongoing risk assessments and monitoring falls.
- 64 homes are implementing prevention and treatment initiatives such as falls prevention programs, medication reviews, multidisciplinary rounds, and administering vitamin D.
- Managing underlying health problems that increase the risk of falling.
- Conducting supervised exercise and physiotherapy programs to help residents improve their balance and muscle strength.
- Closely monitoring for medication side effects, such as disorientation or dizziness.

Falls

WHAT WE'RE SEEING: A majority of change ideas concentrated on the following:

- **Prevention-focused:** assessing risk for falls; preventing and treating osteoporosis; screening for cognitive impairment
 - **Resident-focused:** reviewing medications; documenting toileting routines; using assistive devices (hip protectors, mobility aides); implementing exercise programs
 - **Home-focused:** modifying and optimizing environmental factors to reduce falls
- Installing proper lighting, grab bars and handrails to make for a safer home.
 - 14 homes will be expanding the use of assistive devices, such as canes, walkers or grab bars.
 - Avoiding incontinence so people do not fall when rushing to the washroom.

FAST FACTS



89

The number of LTC homes that selected this indicator

Bladder Incontinence

Incontinence can have a negative impact on the health, dignity and overall quality of life for residents. It can lead to loss of independence and is associated with a higher risk of other conditions, such as pressure ulcers. For many homes, the target this year will be to identify a baseline.

WHY IS IT A PRIORITY?

The assessment and management of urinary incontinence (UI) in long-term care facilities is an important issue, due to its prevalence and its association with morbidity and increased costs. In addition to the physical, emotional, and financial toll it can take on residents and caregivers, UI also exacts a high cost on the province's health system. The annual direct and indirect costs associated with urinary incontinence in Canada are estimated at \$1.5 billion.¹

CHANGE IDEAS

- 62 homes are implementing protocols and processes to support compliance with continence management plans, as well as regularly reviewing individual plans.
- 35 homes are implementing the use of individualized toileting routines and plans.
- 25 homes are educating staff, residents, and family members to ensure understanding and adherence to continence management plans.
- 5 homes are focusing on key processes such as reviewing medications, implementing exercise plans, and monitoring fluid intake to decrease falls incidence.

Incontinence

WHAT WE'RE SEEING:

The majority of the change ideas focused on monitoring fluid intake, documenting individualized toileting routines, reviewing medications, and improving exercise and education.

¹ Ontario Health Technology Advisory Committee. Behavioural Interventions for Urinary Incontinence in Community-Dwelling Seniors: An Evidence-Based Analysis. Toronto: Ontario Health Technology Assessment Series; 2008. Vol. 8, No. 3. Available from: http://www.hqontario.ca/english/providers/program/mas/tech/reviews/pdf/rev_aic_ui_20081002.pdf

FAST FACTS



84

The number of LTC homes that selected this indicator

Pressure Ulcers

Residents who develop pressure ulcers are at risk of serious health complications, such as infections and severe pain. For many homes, the target this year will be to identify a baseline.

WHY IS IT A PRIORITY?

Pressure ulcers are a common and painful health condition, particularly among people who are elderly or physically impaired. In addition to avoiding the pain and adverse health outcomes associated with pressure ulcers, strategies to prevent pressure ulcers may cost substantially less than treatment. By one estimate, treatment costs may be as much as 2.5 times the cost of prevention.² The *Long-Term Care Homes Act, 2007*, requires all long-term homes in Ontario to have a wound program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective wound care interventions.

CHANGE IDEAS

- 28 homes are identifying residents who are at risk of developing pressure ulcers using tools such as RAI MDS and Braden Scale.
- 63 homes are using preventive strategies, which generally fall into the categories of: repositioning/support surfaces (e.g., low air loss mattresses; alternating pressure mattresses; sheepskin, foam, and other types of overlay); skin care (including moisturizers and management of incontinence); and nutrition (i.e., nutritional supplements).
- 21 homes are utilizing best practices to protect and promote skin integrity including examining each pressure ulcer incident to determine cause and effect and identifying contributing factors to prevent worsening.

Pressure Ulcers

WHAT WE'RE SEEING:

The majority of change ideas focused on assessment (ongoing assessment and monitoring, early identification), prevention (training, education, pressure relieving devices), and treatment (best practices, protect and promoting skin integrity).

- Assessing clients who are restricted to bed and/or chair, or those experiencing surgical intervention, for pressure, friction and shearing in all positions and during lifting, turning and repositioning.
- Providing staff opportunities for education and training on best practices related to pressure ulcer identification and huddles with interdisciplinary teams to identify required changes to the care plan.

² Agency for Healthcare Research and Quality. Pressure Ulcer Risk Assessment and Prevention: A Comparative Effectiveness Review, Jan 2012, available from: <http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=926>

FAST FACTS



86

The number of LTC homes that selected this indicator

Daily Physical Restraints

Some homes use restraints as a way of managing potentially harmful resident behaviours, such as wandering or aggression. Residents who display these behaviours often have dementia or other cognitive impairments and can sometimes pose a risk to themselves or others. However, restraints are known to cause injury and even accidental death, and they are also associated with social isolation and reduced quality of life. For many homes, the target this year will be to identify a baseline to decrease daily physical restraint use.³

WHY IS IT A PRIORITY?

A common myth about restraints is that restraints can prevent injury. However, research and evidence is starting to show the exact opposite, and that injury to an individual can increase with use of restraints. Many long-term care homes in Ontario use a least restraint philosophy, which acknowledges a resident's quality of life and strives to maintain a resident's dignity.

CHANGE IDEAS

- Ensuring LTC teams understand the legislative and legal requirements of restraint policy and usage, and developing policies and manuals for practice.
- 47 homes plan to provide education to staff, residents, families, and frequent visitors about least restraint use and how to effectively use alternative strategies to minimize restraint use.
- 34 homes will be monitoring and tracking physical restraint use to determine patterns and develop strategies to address findings.
- Employing alternative strategies including de-escalation and crisis management as the first and second intervention strategies.

Daily Physical Restraints

WHAT WE'RE SEEING:

The majority of the change ideas focused on least restraint policy, staff education (tools, alternative, etc.), interprofessional collaboration, least restrictive restraints, and ongoing assessment.

- Prioritizing leadership across all organizational and health care sector levels to create a move toward restraint-free environments.

³ HQO recognizes that this indicator and the change ideas presented refer exclusively to the use of physical restraints. It is widely recognized that the restraints used in skilled nursing facilities can be physical, chemical, or environmental (Cinahl Information Systems. Restraints: Minimizing Usage in Skilled Nursing Facilities. Evidence-based Fact Sheet. June 7, 2013). For the 2015-16 QIP, an indicator for appropriate prescribing, and more specifically, the potentially inappropriate use of antipsychotic drugs in long-term care, will be available. Please refer to the 2015/16 QIP Indicator Specifications Document for more information (<http://www.hqontario.ca/quality-improvement/quality-improvement-planning>).

FAST FACTS



85

The number of LTC homes that selected this indicator

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