

# Long-Term Care

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Impressions and Observations  
2015/16 Quality Improvement Plans

*Let's make our health system healthier*

LONG-TERM CARE

# About Us

Health Quality Ontario is the provincial advisor on the quality of health care. We are motivated by a single-minded purpose: **Better health for all Ontarians.**

## Who We Are.

We are a scientifically rigorous group with diverse areas of expertise. We strive for complete objectivity, and look at things from a vantage point that allows us to see the forest and the trees. We work in partnership with health care providers and organizations across the system, and engage with patients to help initiate substantial and sustainable change to the province's complex health system.

## What We Do.

We define the meaning of quality as it pertains to health care, and provide strategic advice so all the parts of the system can improve. We also analyze virtually all aspects of Ontario's health care. This includes looking at the overall health of Ontarians, how well different areas of the system are working together, and most importantly, resident experience. We then produce comprehensive, objective reports based on data, facts and the voice of patients, caregivers and those who work each day in the health system. As well, we make recommendations on how to improve care using the best evidence. Finally, we support large-scale quality improvements by working with our partners to facilitate ways for health care providers to learn from each other and share innovative approaches.

## Why It Matters.

We recognize that, as a system, we have much to be proud of, but also that it often falls short of being the best it can be. Plus certain vulnerable segments of the population are not receiving acceptable levels of attention. Our intent at Health Quality Ontario is to continuously improve the quality of health care in this province regardless of who you are or where you live. We are driven by the desire to make the system better, and by the inarguable fact that better has no limit.

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# Executive Summary

On April 1, 2015, each of Ontario's over 620 long-term care homes submitted a Quality Improvement Plan (QIP) to Health Quality Ontario, marking the first year that the sector was required to make annual submissions. This collective participation builds on the momentum achieved in 2014/15, when [95 homes voluntarily submitted QIPs](#) as part of a phased rollout.

The QIPs submitted this year show that long-term care homes are working to better integrate quality improvement processes into their organizations and develop relationships with system partners. Through their QIPs, long-term care homes also show a tremendous commitment to providing higher-quality care to their residents, with 81% of homes planning to improve on three or more of the priority indicators. Some of the priority indicators that homes commonly focused on included reducing falls, improving appropriate prescribing of antipsychotic medications and reducing pressure ulcers. Although all homes are required by legislation to conduct resident experience surveys, only 60% of homes selected resident experience as a priority indicator for improvement within their QIPs.

The QIPs submitted in 2015/16 show that some homes should likely consider more ambitious targets for improvement. Nearly one-third (31%) of homes set targets for at least one of the priority indicators that were the same as their current performance, while 18% set targets for at least one of the priority indicators that were worse than their current performance. Looking ahead to the next QIP submission cycle, Health Quality Ontario encourages homes to reflect on their current performance for the priority indicators to determine whether there are opportunities for further improvement by setting stretch targets – forward-looking yet achievable results that surpass an organization's past performance.

This report is part of Health Quality Ontario's [Insights into Quality Improvement](#) series. In an effort to continue sharing information about strategies to improve care, it touches on the two components (narrative and work plan) of the QIPs that homes completed in 2015/16 and largely focuses on the change ideas selected by homes to address their quality improvement initiatives, allowing them to learn from each other.



## About This Report

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Over the past five years, health sectors across Ontario have submitted Quality Improvement Plans (QIPs). A process that initially began with Ontario's hospitals has now been extended to team-based interprofessional primary care organizations, Community Care Access Centres (CCACs) and long-term care homes.

The annual submission of QIPs demonstrates the ongoing commitment of more than 1,000 health care organizations in Ontario to deliver higher-quality care. These plans allow organizations to articulate their quality objectives, formalize their improvement activities and pinpoint precise ways of achieving those goals.

Each QIP details an organization's work on a set of priority indicators. These indicators align with the [Common Quality Agenda](#), a set of more than 40 metrics developed collaboratively by Health Quality Ontario and other health system partners. The Common Quality Agenda is an effort to focus performance reporting, lend greater transparency and accountability to the health system, and promote integrated, patient-centred care. It forms the foundation of Health Quality Ontario's yearly report, [Measuring Up, 2015](#), which shows how Ontario's health system is performing. Health care organizations can use the information available in [Measuring Up, 2015](#) and Health Quality Ontario's [Insights into Quality Improvement](#) series to gain a greater understanding of quality improvement from both a system-wide and organizational perspective.

The preparation and detail that goes into each QIP represents an impressive effort by each health care organization. Health Quality Ontario recognizes this work by carefully reading each QIP to examine and evaluate the data and change ideas provided. Using QIPs to highlight progress and identify areas in need of improvement is one way in which Health Quality Ontario works with the 1,076 health care organizations across all four sectors to improve the quality of care within the health system.

Health Quality Ontario hopes that the findings in this report will help inform decisions about quality care for people living in long-term care homes and will encourage further testing of innovations.

This report is part of Health Quality Ontario's ongoing [Insights into Quality Improvement](#) series. In an effort to share information about continuing improvements to care, it will touch on two of the components of the QIPs (narrative and work plan) submitted by long-term care homes, and will largely concentrate on the work plans that homes have developed for 2015/16.



# Introduction

In Ontario, more than 620 long-term care homes provide round-the-clock nursing and personal care for more than 78,000 residents at any one time.<sup>1</sup> Long-term care homes work collaboratively with system partners – along with residents and their families – to ensure that residents have access to safe, high-quality care.

The purpose of this report is to outline:

- The priorities and performance targets of long-term care homes in improving the quality of care
- The change ideas that could result in improvement
- The opportunities that exist for homes to learn from one another

This report focuses on seven priority indicators that have been identified for Ontario's long-term care homes. These priority indicators have been carefully selected to support Ontario's vision for a high-performing health care system. 92% of homes included three or more of these priority indicators in their 2015/16 QIPs. Homes that did not select a specific priority indicator typically indicated that they were not working on the indicator because they already had a high level of performance, or they were choosing to focus their efforts on other indicators for this cycle.

Health Quality Ontario recommends that homes consider including priority indicators in their QIPs in the future, particularly if their current performance on these indicators is worse than the provincial average. Homes should also consider including priority indicators if their current performance has already met the provincial average, but is worse than the established provincial benchmark (where applicable). Even when homes have achieved provincial benchmarks – markers of excellence to which organizations can aspire –

they can strive to sustain that high level of performance over multiple years, recognizing that better has no limit. For specific guidance, please consult [Health Quality Ontario's resources on setting performance targets](#).

The purpose of selecting priority indicators is to contribute to large-scale change across all long-term care homes, as well as across other health care sectors, by channelling resources to achieve and sustain improvements on select priorities. Progress relies on a multi-year commitment by homes to embed their improvement activities into their daily workflow and collaborate with system partners to contribute to change. Use of the original standardized definitions of priority indicators allows homes to compare change ideas in a common and consistent way so that they can determine whether those ideas actually lead to targeted improvements. In a small number of cases, homes have modified the definitions of priority indicators to account for regional differences and innovation. Homes opting not to include a recommended priority indicator should provide information about their rationale in the comments section of their QIP.

QIPs are one of many tools that homes are using to improve the quality of care for their residents. For that reason, homes are not expected to include all of their improvement activities in their QIPs. However, for future QIPs, Health Quality Ontario encourages more homes to describe their participation in large-scale quality improvement projects (such as the [national initiative to reduce inappropriate prescribing of antipsychotic medications](#), led by the Canadian Foundation for Healthcare Improvement), the results of annual resident-satisfaction surveys, and the corrective and preventive actions that have been implemented following critical incident reports and annual Resident Quality Inspections.

Health Quality Ontario provides resources for long-term care homes to use as they develop, implement and evaluate their QIPs. Many of these resources are available at the [QIP Navigator](#) website under the [Resources](#) tab:

- [Quality Compass](#) (includes resources for primary care, hospitals and CCACs, as well as information on how these organizations can work together)
- [Long-Term Care Benchmarking Resource Guide](#) (describes benchmarks for QIP and other long-term care indicators; soon to be refreshed with updated benchmarks)
- [Long-term care public reporting website](#) (provides risk-adjusted data allowing homes to compare their performance with their peers)
- [Long-term care physician practice reports](#) (reports that have been created using existing administrative health databases to give physicians customized data about their practice)
- Long-term care communities of practice
- [IDEAS Ontario](#) (an initiative designed to equip clinicians and administrators with knowledge, practical tools and skills to lead quality improvement initiatives)
- [QIP resources](#) (a website that includes sector-specific resources for developing QIPs)
- [Insights into Quality Improvement](#) reports (sector-specific reports and theme reports focused on cross-sector issues)

Becoming familiar with QIPs from other sectors is a great way for homes to develop and implement change ideas that better integrate care across their region. The [QIP Navigator](#) includes [long-term care home QIPs](#) as well as those submitted by individual hospitals, CCACs and team-based interprofessional primary care organizations. The QIP Navigator also has a search engine called [Query QIPs](#), which provides access to specific information contained in every QIP submitted to Health Quality Ontario.

Table 1 provides a breakdown of the number and percentage of homes that selected each of the seven priority indicators. The table presents the number of homes that selected the original, standardized definitions of each indicator as well as the number of homes that modified the definition of the indicator. The analyses presented in this report involve only the data from the original, standardized definitions of the indicators.

**Table 1. Number and percentage of homes that selected priority indicators**

Indicator	Number (percentage) of homes* <sup>†</sup> selecting either original or modified indicator definitions	Number (percentage) of homes <sup>†</sup> selecting only original indicator definitions
Falls	558 (89%)	546 (87%)
Antipsychotics prescribing <sup>‡</sup>	530 (85%)	522 (83%)
Pressure ulcers	524 (84%)	465 (74%)
Incontinence	451 (72%)	443 (71%)
Restraints	422 (67%)	391 (62%)
ED visits	413 (66%)	396 (63%)
Resident experience	379 (60%)	323 (52%)

\* While the analysis included in this column includes both original and modified definitions of the indicator, the analysis described throughout the report focuses only on original definitions of the indicators.

<sup>†</sup> Exclusion criteria applied (any indicators with 'n/a', 'x', 'y' etc. in work plan have been excluded in the numerator)

<sup>‡</sup> This chart and the analysis throughout this report include QIP changes received from long-term care homes in the resubmission period before August 31, 2015.

# Chapter One:

## Overarching Observations

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In addition to observations derived from an analysis of each priority indicator, the following overarching observations emerged from the QIP submissions.

### 1. **Virtually all homes (99%) plan to improve on at least one of the priority indicators,** with more than 80% planning to improve on three or more.

In response to a request from the Ministry of Health and Long-Term Care, some homes (40) also submitted a revised version of their QIPs. This updated version reflected amended targets and change ideas related to the appropriate prescribing of antipsychotics.

### 2. **Homes are aligning and integrating their QIPs with other planning.**

- Ninety-six percent of homes described how their quality improvement activities were aligned with local, regional and health system priorities; of these, more than half (51% or 319 homes) explicitly connected their QIPs to their organizational strategic plans, accountability agreements with LHINs or accreditation documents.

### 3. **Most homes selected similar types of change ideas.**

- Homes tended to focus their change ideas on staff education, audit and feedback, resident assessments and implementation of best practices. These ideas reflect the expectations set by Ontario's [Long-Term Care Homes Act, 2007](#) as well as professional practice standards.
- Going forward, homes are encouraged to detail their customized use of best practices, assessments and education to address the specific needs of residents in their home. A more detailed description will help other homes learn about successful change ideas.

### 4. **Homes are working hard to deliver higher-quality care to an increasingly complex resident population.<sup>2</sup>**

- The most frequent challenge cited by homes was managing the increasing acuity and complexity of residents (53% of homes), with many homes identifying challenges in managing aggression and other behaviours (26% of homes).
- Many homes are responding to this challenge by implementing change ideas that reflect the unique challenges and needs of their particular resident populations.



**5. Cross-sector partnerships continue to be developed to improve care transitions and resident experience.**

- Of the 95% of homes that identified partners in other sectors, nearly one third (31% or 196 homes) described active quality improvement projects and partnerships with multiple sectors.
- 60% or 376 homes, mentioned partnerships with Behavioural Supports Ontario, making it the most frequent collaborator in integrating care and improving care transitions for seniors with responsive behaviours related to dementia and other neurological conditions.
- Other examples of partnerships included working with hospitals, other long-term care homes and community support services.

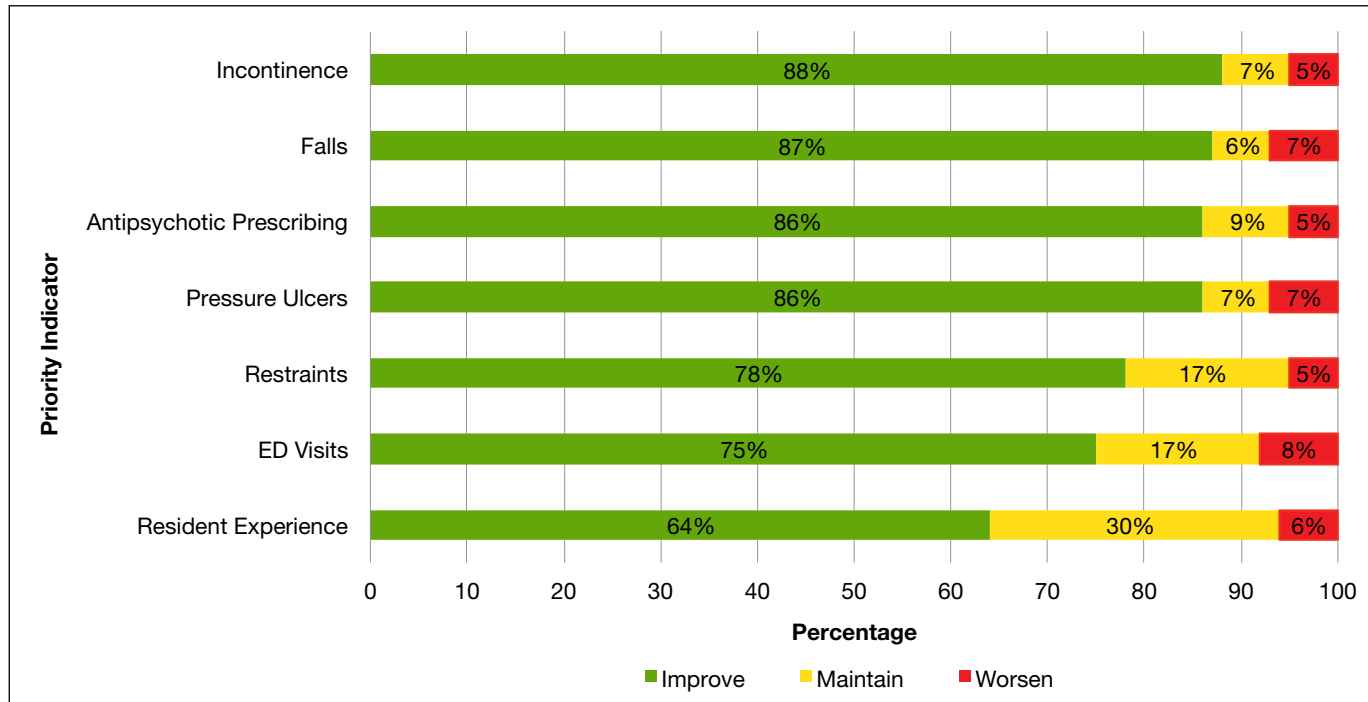
**6. Accountability structures are in place to monitor and report improvement activities.**

- 44% of all homes described regular tracking and monitoring of performance data that are shared with the governing structure of the long-term care home – e.g., board of directors, licensee, municipality, etc.
- While this reporting rate has room to improve, it reflects the degree of visibility and influence that QIPs have already gained in the first year of province-wide implementation.

**7. Setting progressive yet realistic performance targets is a challenge.**

- To achieve the established benchmarks, some homes are using the QIP to set more modest yet realistic targets over two years or more.
- While most homes aim to improve on priority indicators, many did not set stretch targets. In fact, a portion of homes set targets that were worse than their current performance. Eight percent of homes set targets that were worse than their current performance for falls; 7% for pressure ulcers; 6% for urinary incontinence; and 5% for use of restraints (Figure 1).
- A small number of homes appear to have set targets in the wrong direction for improvement. For example, some set targets of 100% for their falls indicator, without realizing that a lower percentage is better, with 0% being the theoretical best. This is apparent when the range of performance targets are presented for these indicators, as the upper limit of the range reaches 100%. While the theoretical best for some indicators, such as resident satisfaction, is 100%, a lower value represents better performance for indicators such as falls, pressure ulcers, incontinence and restraints. This year, Health Quality Ontario held a webinar for long-term care homes, titled Setting Strategic Indicator Targets for QIPs, to reduce confusion in preparation for the 2016/17 QIP submissions.
- Figure 1 shows the breakdown of homes that plan to improve, maintain or worsen their performance on each priority indicator in 2015/16. The data do not include homes that modified the standardized definition of each indicator.

**Figure 1. Percentage of homes that plan to improve, maintain or worsen their performance on each priority indicator in 2015/16**



- Homes that are setting their performance targets future QIPs should consider:
  - o Theoretical best (either 0% or 100%, depending on the direction for improvement for each indicator)
  - o Best result achieved in other provinces or countries
  - o Cutting a defect or waste in half over the current planning cycle<sup>3</sup>
  - o Performance achieved by provincial peers<sup>3</sup>

## Chapter Two:

# Working Within the Sector: Sector-Specific Advances on Priority Indicators

When Ontarians are in a long-term care home, the quality of their care is measured by a home's performance in key areas, such as the five priority indicators discussed in this chapter. These indicators – prescribing of antipsychotic medications, falls, pressure ulcers, restraints use and urinary incontinence – may point to quality issues in a home. For this reason, homes are encouraged to look beyond their performance on each indicator and consider the broader context surrounding each indicator, such as precipitating factors, sequences of events and process gaps that can contribute to falls, pressure ulcers and other quality-related issues.

For QIPs, homes report [unadjusted rates](#), which are best for tracking their own performance over time. To complement their quality improvement work, homes should understand how their performance compares with that of their peers by analyzing the [risk-adjusted](#) performance data contained in Health Quality Ontario's online [reported indicators by home](#), as well as the yearly report, [Measuring Up](#), and the Canadian Institute for Health Information's website called [Your Health System](#).

Ontario's [Long-Term Care Homes Act, 2007](#) and Regulation require all homes to have:

- A prevention and management program aimed at reducing or mitigating the incidence of falls and related injuries
- A skin and wound care program with weekly assessments to reduce the incidence of worsening pressure ulcers and other cases of altered skin integrity

- Registered nursing staff and/or physicians who assess the resident's condition and evaluate the effectiveness of the restraining at least once every eight hours and at any other time when necessary based on the resident's condition or circumstances.
- A program to address factors contributing to incontinence in residents

### Key findings:

- Most homes demonstrated their commitment to ensuring the appropriate use of antipsychotic drugs and minimizing the use of physical restraints by describing alternative practices in their QIPs.
- Homes are regularly tracking incidences of falls, wounds, restraints use and worsening incontinence and sharing that data with frontline staff. This practice enables everyone to gain insight and identify areas for improvement. At least 123 homes indicated in their QIPs that they plan to convene staff "huddles" after these events occur to perform a root-cause analysis so that they can identify further opportunities for improvement.
- A significant minority of homes have set targets that are worse than their current performance, especially for falls (8%), pressure ulcers (7%), urinary incontinence (6%) and restraints use (5%). Health Quality Ontario recommends that homes set targets to improve their current performance and consider stretch targets, particularly for indicators that have shown signs of early improvement, such as use of restraints and prescribing of antipsychotic medications.

- Homes also described efforts to improve the quality of their data so that they can better track and understand their performance. Homes are working to improve the reliability of their administrative data by checking that their coding and documentation of resident care are accurate and aligned with Health Quality Ontario's definitions of each priority indicator.

### ABOUT THIS INDICATOR: APPROPRIATE PRESCRIBING OF ANTIPSYCHOTIC MEDICATIONS

This indicator measures the percentage of residents whose most recent [Resident Assessment Instrument Minimum Data Set](#) (RAI-MDS) assessment shows that they have been prescribed antipsychotic medications even though they do not have a diagnosis of psychosis or experience delusions. The RAI-MDS provides a standardized way of evaluating the care needs of long-term care home residents. It is important to note that it can be appropriate to treat patients without psychosis or delusions with antipsychotics, because these medications can also be effective in relieving symptoms such as agitation and aggression. When used correctly, they can improve the quality of life in people with dementia.

#### Understanding this indicator

Although there are situations in which prescribing of antipsychotics is appropriate, many experts are concerned about the inappropriate use of antipsychotics because they are associated with side effects that can affect the quality of life of residents. The drugs can cause increased drowsiness and a loss of energy and motivation.<sup>4</sup> In older adults, antipsychotics also appear to increase the risk of stroke, pneumonia, heart disease, kidney damage, diabetes and falls. Older adults with dementia who take certain antipsychotic drugs have a slightly higher chance of dying compared with those who are prescribed a placebo.<sup>5</sup>

[Looking for Balance](#), a recent Health Quality Ontario report involving 55,000 long-term care home residents, shows that on the whole, homes have slightly reduced their use of antipsychotic medications over the past several years, although variation was still observed across regions and homes.<sup>6</sup> Across Ontario, the percentage of long-term care home residents who are prescribed an antipsychotic medication has decreased over the past four years, from 32.1% in 2010 to 28.8% in 2013. This improvement demonstrates that homes

are committed to finding the most appropriate approaches to managing residents with responsive behaviours.

Alberta is trying innovative ways to reduce the use of antipsychotics in long-term care homes to a provincial average of 20%.<sup>7</sup> Provincial health officials are challenging long-term care staff to use alternative treatments, such as music, exercise and art, to calm agitated residents. Initial results from this project show that among a cohort of 250 residents, 35% were no longer using an antipsychotic.<sup>8</sup> In Ontario, multi-year goals are likely to be a more realistic approach for homes whose current performance on this indicator is well above the unadjusted provincial average of 29%.

A majority of homes that did not select the antipsychotic indicator were performing better than the provincial average (Figure 2). In Ontario, however, the provincial average is still high, especially compared with other provinces. In response to a letter from Ontario's Associate Minister of Health and Long-Term Care (Long-Term Care and Wellness) encouraging homes to reconsider their QIP targets for this indicator, 40 QIPs were resubmitted in August 2015. Of those, eight were from homes that had previously selected this indicator in April, but were now submitting updated targets, and 32 were from homes that had not previously selected it. The analysis included throughout this report includes the submissions received in August.

#### Analyzing this indicator

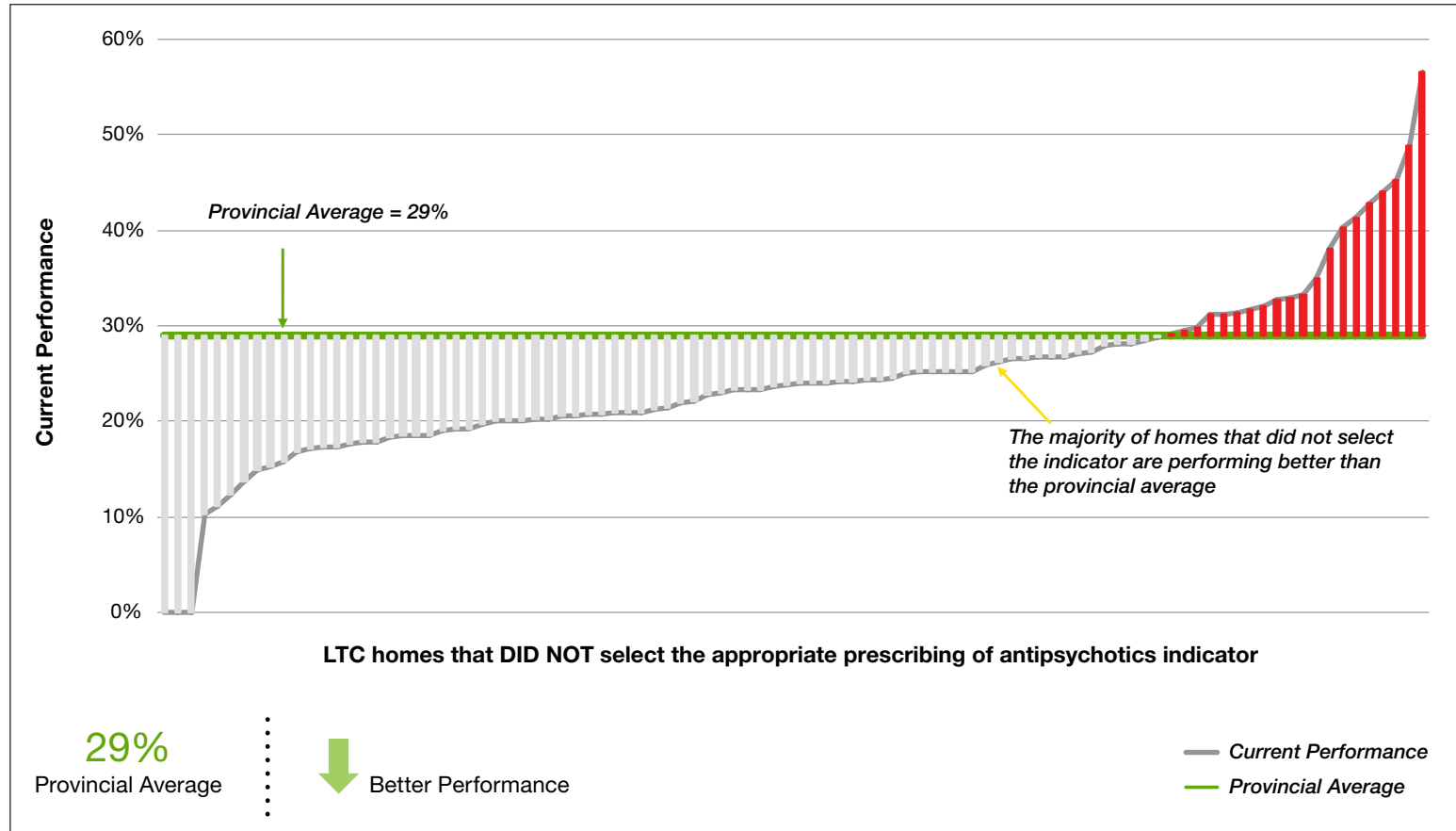
Of the 83% (522/627) of homes that selected this indicator (not including homes that modified the [definition of this indicator](#)):

- 86% (448/522) set a target to improve current performance
- 9% (47/522) set their current performance as the target for next year
- 5% (27/522) set a target that was worse than their current performance

**Current performance as stated in 2015/16 QIPs** (lower percentages indicate better performance):

- Unadjusted provincial average: 29%
- Unadjusted performance range: 3% to 69%

**Figure 2. Percent of residents on antipsychotics without a diagnosis of psychosis in long-term care homes that did not select the appropriate prescribing of antipsychotic medications indicator (n=97)**



#### Targeted performance as stated in 2015/16 QIPs:

- Unadjusted provincial average: 25%
- Unadjusted performance range: 0% to 100%

#### Advancing this indicator: Plans for the year ahead

Given the risks associated with the use of antipsychotic medications, experts recommend the following non-drug interventions as alternatives:

- Ensuring residents are comfortable and not hungry, and that pain has been assessed and treated
- Adjusting their surroundings
- Introducing social activities such as exercise programs or music therapy<sup>6,9</sup>

The most common change ideas in QIPs focused on:

- **Educating staff:** 256 homes plan to train staff to consider alternatives other than antipsychotics to manage behaviours.
  - **Burnbrae Gardens** plans to train staff to use standardized assessment tools, such as the Behaviour Assessment Tool and Dementia Observation System, (DOS) to monitor residents. Staff will also be trained to first consider pain control and recreational activities to manage responsive behaviours.
- **Audit and feedback:** 251 homes plan to monitor the appropriate use of antipsychotics and share that information with staff to drive lower rates of use.
  - **Ballycliffe Lodge Nursing Home** plans to audit the charts of residents on antipsychotic medications for appropriate use and review the charts of residents who exhibit responsive behaviours. The goal is to determine whether some residents could benefit from the option of alternative interventions prior to starting anti-psychotic medications.
- **Reviewing medications during interdisciplinary rounds:** 209 homes have described their plans to have a pharmacist review the chart of every resident who has been given antipsychotics to ensure the prescription is appropriate.
  - **The Westbury** plans to implement a psychotropic medication assessment tool that has been developed in-house.
  - **Cedarvale Lodge** plans to have registered staff identify residents who may be candidates for a reduction in antipsychotic medication prior to their quarterly medications review.
  - **Altamont Care Community** plans to complete an antipsychotics efficacy tracking form five days prior to a reduction or titration of medication.
  - **Queensway Nursing Home** is testing the reduction of antipsychotic medications with residents who do not exhibit behaviours.
- **Mon Sheong Home for the Aged** plans to assess the percentage of residents on PRN (as needed) antipsychotics, which are given as needed, and discontinue them if they are not used over a three-month period.
- **Providing staff with dementia-specific education and training:** At least 113 homes plan to train staff in nonpharmacological interventions, such as [U-First](#) and the [Montessori Way](#), that help enhance and support residents with complex physical, cognitive and mental health needs.
  - **Garden Terrace Long-Term Care Home** is training its staff to be more aware at an earlier stage of the potential triggers for responsive behaviours so that nonpharmacological approaches can be used to manage those behaviours.
  - **Greenwood Court** is working with the Alzheimer Society to train its staff in the Gentle Persuasive Approaches in Dementia Care, an interactive, one-day education program offered to health care aides, dietary aides and housekeeping staff on how to use a person-centred, compassionate approach when responding to the challenging behaviours associated with dementia.
- **Educating residents and family:** 83 homes plan to make residents and family members aware of the side effects and health risks of antipsychotics use.
  - Many **Revera Homes**, such as **Bay Ridges** and **Dover Cliffs**, are providing residents and families with best-practice fact sheets on the importance of reducing the use of antipsychotic medications.
- **Implementing responsive-behaviour huddles:** 41 homes plan to convene frequent meetings as a forum for frontline staff to stay informed, review work, problem-solve, and develop person-centred action plans for managing behaviours in residents.
  - At least 17 **Extendicare** homes plan to have their interdisciplinary care teams conduct huddles to identify residents who could benefit from the decreased use of antipsychotic medications.



- o **Seeking assistance from Behavioural Supports Ontario:** When reporting on the antipsychotic indicator, 42 homes plan to utilize the training and resources provided by the provincial program that helps homes manage aggressive and responsive behaviours in residents.

### ★ Spotlight

- **Lakeside Long-Term Care Centre** has helped newly admitted residents with dementia and their families by:
  - o Compiling a “life-story” book, which allows everyone involved in looking after the residents to know more about them and the supports that they would like. The book is then shared with staff across all disciplines to ensure that they are aware of the habits and wishes of residents who may not be able to express themselves due to dementia-related symptoms.
  - o Compiling as much information about a resident as possible from family members, rehabilitation centres and hospitals so that any responsive behaviours and associated triggers can be managed more effectively.
  - o Implementing a Montessori-based program that engages the senses of residents with dementia and helps them rediscover the world around them. The program has successfully reduced responsive behaviours on the home’s secure unit by 25%. The program is to be expanded to other floors where there are residents with behaviour issues.

### ABOUT THIS INDICATOR: FALLS

This indicator measures the percentage of residents who have had a fall recorded within 30 days of their most recent RAI-MDS assessment.<sup>10</sup>

### Understanding this indicator

Prevention of falls remains a high priority among long-term care homes. Residents of long-term care homes are often frail, and the risk of a negative outcome due to a fall is very high. In older adults, falls often cause serious head injuries and fractures.<sup>11,12</sup> In Canada, hospital admissions from hip fractures are more common among residents of long-term care than among seniors living at home.<sup>13</sup> About half of all older adults who fracture their hips never walk again.<sup>14</sup>

With other parts of the country now reporting rates of falls within long-term care homes, Ontario has started to make interprovincial comparisons. According to 2014/15 data, the average percentage of residents experiencing falls in Ontario (14.8%) is lower than those reported in British Columbia (16.1%) and Alberta (15.2%).<sup>15</sup> Meanwhile, Saskatchewan (13.2%) and Newfoundland and Labrador (11.2%) have achieved fewer falls. These interprovincial variations suggest that while Ontario’s rate of falls has decreased, there remains further room for improvement.

According to a recent study conducted in British Columbia, patients and residents commonly fall, not when they slip or trip, but when they lose their balance.<sup>16</sup> A momentary loss of balance can occur during a transition, such as sitting down or getting up. Understanding the sequence of events that leads to falls can provide staff with insight into the most effective approaches to balance assessments, which are an important part of a comprehensive falls prevention strategy.

### Analyzing this indicator

Of the 87% (546/627) of homes that selected this indicator (not including homes that modified the [definition of the indicator](#)):

- 87% (474/546) set a target to improve their current performance
- 6% (31/546) set their current performance as the target for next year
- 7% (41/546) set a target that was worse than their current performance

More homes selected worsening performance targets in 2015/16 for falls than for any of the five priority indicators discussed in this chapter.

**Current performance as stated in 2015/16 QIPs** (lower percentages indicate better performance):

- Unadjusted provincial average: 14%
- Unadjusted performance range: 4% to 30%

**Targeted performance as stated in 2015/16 QIPs:**

- Unadjusted provincial average: 12%
- Unadjusted performance range: 0% to 100%

**Advancing this indicator: Plans for the year ahead**

The most common change ideas in QIPs focused on:

- **Being proactive:** Some homes plan to proactively address the factors that contribute to falls by modifying the physical surroundings of the facility, or better managing the conditions of individual residents. Although falls cannot be eliminated completely, homes plan to focus their efforts on reducing risk without restricting the independence of residents. For example, some homes plan to:
  - o Perform purposeful rounds similar to those conducted in hospitals.
    - **Perley and Rideau Veterans Health Centre** has supported the training of personal support workers to conduct hourly “comfort-and-risk” rounds to identify and respond to the needs of residents who require pain management, changes in positioning or easy access to their personal belongings.
    - **Grove Park Home for Senior Citizens** is training its frontline staff to do similar types of rounds as part of an organization-wide strategy to prevent falls.
  - o Put up signs at the exit of residents’ rooms, or in a prominent place on the unit. Homes use these signs as a visual reminder for staff to identify and respond to residents’ needs before leaving them, thus avoiding the need for residents to ambulate and increase their risk of falling.

- **Audit and feedback:** 304 homes described this commonly used strategy to improve professional practice, which involves tracking incidents of falls within a specific time frame (audit) and sharing that data with staff (feedback) so that everyone gains insight from them and identifies areas for improvement. These homes also plan to discuss their audit results at their quality committees so that areas for improvement can be identified. As part of the audit and feedback process, at least 15 homes also described plans to review coding practices and documentation to ensure that they have accurately captured every resident who has had a fall.

- o **Pinehaven Nursing Home** uses a “falls clock” to show staff the number of days that a unit has gone without a fall. The data from the clock are then shared with staff at the home’s falls committee, who identify factors that may have contributed to falls and areas for improvement.
- o 123 homes mentioned convening “fall huddles” with their staff to identify all of the factors and root causes that may have contributed to a resident’s fall.

- Other commonly cited change ideas included:

- o Staff education (262 homes)
- o Risk assessment for falls (262)
- o Optimizing environmental factors (116)
- o Reviewing medications (90)
- o Strength and balance exercises (88)
- o Education of residents and family members (73)
- o Use of hip protectors (31)
- o Mobility aids (29)

### ★ Spotlight

- **Craigholme** has noticed a higher rate of falls during certain periods of the day, such as lunch or break time, when staffing levels are lowest. As a result, the home has increased the number of care staff on duty during those periods. The home plans to measure its performance based on the number of falls recorded during those high-risk periods.

### ABOUT THIS INDICATOR: PRESSURE ULCERS

This indicator measures the percentage of residents with a [stage 2 to 4 pressure ulcer](#) that worsened, as noted in their most recent RAI-MDS assessment.

#### Understanding this indicator

In 2014/15, 3.1% of Ontario long-term care residents experience a worsening pressure ulcer, an increase from 2.8% in 2010/11.<sup>17</sup> When a resident lies or sits in one position for too long, pressure or friction can damage the skin, resulting in tissue injuries that can worsen as they move deeper into the underlying tissue or bone. Pressure ulcers are painful and can become infected. Strategies to prevent pressure ulcers can cost substantially less than their treatment.

One way to prevent pressure ulcers is to regularly change the physical position of bedridden or chair-bound residents. Although current requirements outlined in the Regulation under Ontario's [Long-Term Care Homes Act, 2007](#), require residents to be turned every two hours or more frequently as required, a [recent study supported by Health Quality Ontario](#)<sup>18</sup> found that turning moderate- and high-risk residents (defined according to the [Braden Scale for Predicting Pressure Sore Risk](#)) every three or four hours is just as effective when high-density foam mattresses are used. In fact, less frequent turning allows residents to have more sleep and more time for other activities. It also reduces the risk of injury to staff from moving the residents.

#### Analyzing this indicator

Of the 74% (465/627) of homes that selected this indicator (not including homes that modified the [definition of the indicator](#)):

- 86% (400/465) set a target to improve their current performance.
- 7% (33/465) set their current performance as the target for next year.
- 7% (32/465) set a target that was worse than their current performance.

**Current performance as stated in 2015/16 QIPs** (lower percentages indicate better performance):

- Unadjusted provincial average: 3%
- Unadjusted performance range: 0% to 12%

#### Targeted performance as stated in 2015/16 QIPs:

- Unadjusted provincial average: 3%
- Unadjusted performance range: 0% to 50%

#### Advancing this indicator: Plans for the year ahead

The most common change ideas in QIPs focused on:

- **Training and educating staff:** 371 homes plan to train more personal support workers, rather than rely only on registered staff, on how to identify stage 1 pressure ulcers. At some homes, early identification triggers follow-up assessments by an interdisciplinary team. Any signs of skin damage or wounds are documented and changes are made to the care plan as needed.

- **Audit and feedback:** 241 homes plan to monitor the number of residents who developed pressure ulcers and share that information with frontline staff to improve prevention and early-identification strategies. At many homes, the audits include a review of administrative coding and documentation to ensure staff have accurately captured every resident who has had a worsening pressure ulcer, based on the [definition of the term](#). These homes also plan to discuss their audit results at their quality committees so that areas for improvement can be identified.
- **Assessment:** 218 homes plan to focus on ongoing assessment of pressure ulcers to ensure they conform to evidence-based treatment practices. Another 148 homes plan to focus on early identification and reporting of stage 1 pressure ulcers. Strategies to prevent the ulcers from worsening include:
  - o Using pressure-relieving mattresses and padding (85 homes)
  - o Turning residents according to a regular schedule (84 homes)

### ★ Spotlight

- **Perley and Rideau Veterans Health Centre** trains its personal support workers to conduct hourly “comfort-and-risk” rounds to ensure each resident is checked for positioning, pain management and continence – part of a strategy to prevent pressure ulcers as well as falls. The home also has a Skin and Wound Assessment Team (SWAT), which rapidly assesses and treats wounds before they develop into pressure ulcers. One of the SWAT members is a dermatologist, who is available to assess and treat damaged skin and wounds.
- **Banwell Gardens Care Centre** are trialling the use of technology to better document and assess wounds. Instead of relying on written descriptions of wounds, which can be imprecise and lack measurements of wound size or depth, a 3D thermal camera will be used to more accurately categorize wounds. For residents who are being treated for pressure ulcers, it is hoped that the camera will help to determine the rate of healing over time.

- **Cummer Lodge** has moved beyond simply implementing change ideas within its own walls to reduce pressure ulcers. It is working toward a joint protocol with a local hospital to ensure both institutions have common policies and procedures for tracking and documenting the number of residents with worsening pressure ulcers.

### ABOUT THIS INDICATOR: DAILY USE OF PHYSICAL RESTRAINTS

This indicator measures the percentage of residents who were physically restrained on a daily basis, as documented in their last RAI-MDS assessment.

In the past, restraints were used in long-term care homes to prevent falls and injuries.<sup>19</sup> However, recent research shows that the use of restraints can actually increase the risk of falls, injury and death in residents, who also experience increased confusion and emotional distress as a result of being restrained. In addition to losing their autonomy and dignity, residents put in restraints can lose physical function, which can contribute to infections, pressure ulcers and agitation.<sup>20,21</sup>

Some variation exists in reporting because of different interpretations among homes about what constitutes physical restraint. For example, some homes include the use of personal assistance services devices, tilt chairs and bedside rails in their restraint count, while others do not. This report uses the [Canadian Institute for Health Information’s definition of physical restraints](#).

In addition to identifying alternatives to physical restraints, homes should examine alternatives to antipsychotic medications to make sure that by decreasing physical restraints they are not increasing the use of antipsychotics.

### Understanding this indicator

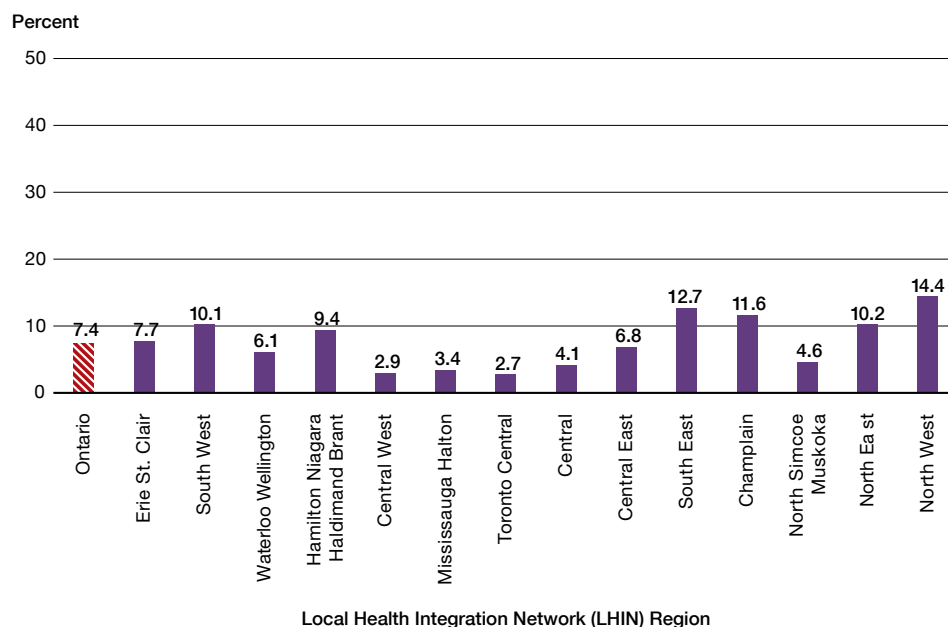
In caring for older people, it is sometimes necessary to limit their movement to protect them from injury or ensure a treatment is completed. However, many homes have implemented least-restraint policies to limit their use only as a last resort.

The use of restraints is an exceptional event. The most up-to-date evidence<sup>20</sup> shows that less invasive alternatives can actually improve the safety of residents, while giving them a better quality of life.

In Ontario, the rate of long-term care residents who are restrained daily has declined substantially, from 16.1 in 2010/11 to 7.4 in 2014/15. However, the most recent Ontario data indicate that rates vary substantially across the province (see Figure 3), suggesting a strong need for improvement.<sup>22</sup>

**Figure 3. Percent of long-term care home residents in daily physical restraints, in Ontario, by LHIN region, 2014/15.<sup>22</sup>**

FIGURE 3  
Percentage of long-term care home residents in daily physical restraints,<sup>†</sup> in Ontario, by LHIN region, 2014/15



Data source: Continuing Care Reporting System eReports, provided by the Canadian Institute for Health Information. <sup>†</sup>Risk-adjusted.

### Analyzing this indicator

Of the 62% (391/627) of homes that selected this indicator (not including homes that modified the [definition of this indicator](#)):

- 78% (306/391) set a target to improve their current performance
- 17% (64/391) set their current performance as the target for next year
- 5% (21/391) set a target that was worse than their current performance

**Current performance as stated in 2015/16 QIPs** (lower percentages indicate better performance):

- Unadjusted provincial average: 8%
- Unadjusted performance range: 0% to 47%

### Targeted performance as stated in 2015/16 QIPs:

- Unadjusted provincial average: 8%
- Unadjusted performance range: 0% to 100%

### Advancing this indicator: Plans for the year ahead

The 2015/16 QIPs showed that many homes are moving toward a “zero restraints” policy, recognizing that improvement on this priority indicator is also linked to improvement in others, such as resident satisfaction and appropriate antipsychotic prescribing.

A small number of homes (25) also described plans to improve the reliability of their data by ensuring that coding practices and documentation accurately capture every resident with a physical restraint. Additionally, homes are auditing their records to ensure that alternatives to restraints are regularly considered.

While the Regulation under the *Long-Term Care Homes Act, 2007* requires a physician or registered nursing staff to monitor residents at least every [eight hours](#) to determine if the continued use of restraints is still appropriate, a number of homes described additional reviews conducted quarterly. Some, such as **North Centennial Manor**, identify residents with restraints, contact their substitute decision-makers quarterly to discuss alternatives and encourage trial periods during which the restraints are removed.

The most common change ideas in QIPs focused on:

- **Educating staff:** 234 homes plan to train staff to consider best practice alternatives to restraints.
- **Audit and feedback:** 209 homes plan to monitor the frequency of restraints use, conduct a review of administrative coding and documentation to ensure staff have accurately captured every resident with a physical restraint, and share the audit results with staff to drive lower rates of use.
  - **Albright Garden Homes** is auditing the frequency of restraints use with the goal of finding less invasive alternatives, reviewing the types of medications that residents take and identifying any potential comorbidities or responsive behaviours that contribute to restraints being used.
- **Minimizing restraints as a required practice:** 189 homes described plans to leverage mandatory annual training to help improve or maintain performance on this indicator. This annual training, which is required under provincial regulations, focuses on appropriate use of restraints, their associated risks and the consideration of less restrictive alternatives. The training modules typically cover topics such as Ontario's regulatory requirements, the home's own policies and procedures as well as decision aids that can help registered staff hone their clinical judgement.
- **Educating residents and families:** 164 homes plan to inform residents and substitute decision makers about the potential harm of restraints and encourage them to consider a trial period during which less restrictive restraints would be used.
  - **Mount Nemo Christian Nursing Home** identifies residents who could benefit from a trial period during which less restrictive restraints are used and discusses those options with them and their family members.
  - **North Centennial Manor** instructs its RNs to identify residents for whom restraints are used and to contact their next of kin quarterly to discuss alternatives to restraints.

## ABOUT THIS INDICATOR: URINARY INCONTINENCE

This indicator measures the percentage of residents with worsening bladder control during a 90-day period, as documented in their last RAI-MDS assessment.

### Understanding this indicator

Urinary incontinence can have a negative impact on the health, dignity and overall quality of life of residents. The assessment and management of incontinence in long-term care homes is an important issue, given its prevalence and association with other conditions, such as pressure ulcers. Incontinence is one reason why older people are admitted into long-term care homes.

### Analyzing this indicator

Of the 71% (443/627) of homes that selected this indicator (not including homes that modified the [definition of this indicator](#)):

- 88% (388/443) set a target to improve their current performance
- 7% (30/443) set their current performance as the target for next year
- 5% (25/443) set a target that was worse than their current performance



**Current performance as stated in 2015/16 QIPs** (lower percentages indicate better performance):

- Unadjusted provincial average: 19%
- Unadjusted performance range: 5% to 44%

**Targeted performance as stated in 2015/16 QIPs:**

- Unadjusted provincial average: 17%
- Unadjusted performance range: 0% to 100%

### Advancing this indicator: Plans for the year ahead

Homes are using a variety of data to help them understand the factors contributing to incontinence and its causes and effects. Progress on these initiatives and their impact on residents with urinary incontinence will be reported in the [progress reports for the 2016/17 QIPs](#).

The most common change ideas in QIPs focused on:

- **Individualized toileting routines and plans:** 254 homes plan to implement this evidence-based practice:
  - o **Broadview Nursing Centre** identifies and assesses residents who could benefit from scheduled toileting plans<sup>23</sup> and encourages the home's physician and pharmacist to identify factors, such as urinary tract infections, medications use and underlying health conditions, that could contribute to worsening incontinence.
  - o **Altamont Care Community** uses an electronic wearable continence pad embedded with sensors that tracks urine-voiding patterns in real-time, then converts the data into computerized reports. The reports, reviewed by a nurse manager, provide more accurate assessments of residents' incontinence patterns and enable individualized toileting plans to be created.

- **Educating staff:** 233 homes plan to make staff aware of the factors that contribute to incontinence and best practices for toileting. In addition, 45 homes plan to inform residents and families.
  - o **Henley House** plans to initiate a complete review of its existing continence program to identify areas for improvement. This review, to be conducted by the QIP team, will identify all residents with incontinence to determine if they are appropriate for scheduled toileting or prompt voiding routines – if they don't already have such practices in place. In consultation with frontline staff and identified residents, a plan will be drawn up. The home also plans to train personal support workers on why incontinence occurs, how to care for residents with incontinence, the importance of following a toileting schedule and the proper documentation of incontinence care.
  - o **Anson Place Care Centre** is educating staff, residents and families about the urinary tract and how disease processes, aging and certain medications can affect continence.
  - o **Centennial Place Long-Term Care Home** is using task times for staff to document voiding episodes and compile more accurate information about a resident's voiding patterns. The home plans to re-educate care staff about what constitutes incontinence and modify the documentation process to more accurately capture measures of resident incontinence.
  - o **Chester Village** is planning to educate front line staff on the anatomy and physiology of the bladder and the importance of Kegel exercises to promote continence.

- **Audit and feedback:** 222 homes plan to assess residents and implement protocols and processes to support implementation of toileting plans that promote continence.
  - o **Banwell Gardens Care Centre** is implementing scheduled toileting plans for residents that could benefit from them to improve their physical function, dignity and quality of life. The plans will be reviewed during weekly meetings of interdisciplinary care teams.
- **Other significant change ideas** focus on key processes such as:
  - o Assessing the continence function of residents (61 homes)
  - o Keeping voiding diaries (24)
  - o Improving the accuracy of coding and documentation for residents with worsening incontinence (22)
  - o Implementing new bladder-control products (22)
  - o Monitoring fluid intake (18)
  - o Implementing [Kegel exercise plans](#) (17)

### ★ Spotlight

- **Hellenic Home – Scarborough** plans to review call-bell reports to determine the toileting preferences of residents. By analyzing these data, the home is able to identify “high users” and appropriate patterns of care. This practice is an example of a simple, inexpensive approach to quality improvement that other homes in the province can easily monitor and emulate.
- **Grove Park Home** plans to collect and review data on frequently incontinent residents to determine if they are at a higher risk of urinary-tract infections (UTIs) and skin breakdown, which can lead to pressure ulcers. Unlike most homes that address only one indicator at a time, this home is working simultaneously on three interrelated indicators – UTIs, pressure ulcers and incontinence. By strategically examining the impact that incontinence has on UTIs and skin breakdown, the home aims to prevent the painful and costly development of pressure ulcers.

## Chapter Three:

# Reaching Out and Working Together: Cross-Sector Improvements on Priority Indicators

This chapter examines how Ontario's long-term care homes are working with other health system partners to enhance quality when residents transition between different types or settings of care. Seniors, particularly those with complex needs, benefit from smooth transitions of care. Currently, the indicator that is used to measure the integration of the long-term care sector with other sectors of the health system is the number of potentially avoidable visits to the emergency department (ED) for every 100 long-term care home residents.

An integrated health system, in which providers across all sectors are organized, connected and working together, is key to providing high-quality care. Continued progress in reducing potentially avoidable ED visits will depend on the strength of collaborations among partners in primary care, specialty care, community care and acute care.

### Key findings:

- Although 95% of homes described collaborations with health system partners in other sectors in the Narrative section of their QIPs, few described change ideas to reduce potentially avoidable ED visits that actually involved those partners. Some homes described how they are preparing to launch cross-sector partnerships.
- Data quality is a concern for many homes, which are collecting their own information to monitor performance on this indicator. Due to potential discrepancies, some homes are collaborating with hospitals to clarify the reasons residents were transferred to and discharged from EDs.
- A number of homes have either partnered with hospital-based nurse practitioners, or hired their own nurse practitioners to offer a range of on-site assessments and services for residents. Data from recent research and previous pilot projects in Ontario suggest that this strategy may be effective in reducing avoidable ED visits.<sup>24</sup>

## ABOUT THIS INDICATOR: POTENTIALLY AVOIDABLE ED VISITS

ED visits are sometimes necessary and appropriate. Other times, they can be avoided if residents are treated in a timely and effective way. This indicator measures the number of ED visits for every 100 long-term care home residents, based on a [modified list of ambulatory care sensitive conditions \(ACSC\)](#).

Examples of the most common ACSC include congestive heart failure and chronic obstructive pulmonary disease. This indicator is not risk-adjusted, meaning the reported rate does not take into account the characteristics of residents that could increase their chances of going to an ED.

### Understanding this indicator

Data from long-term care homes in Ontario, Alberta and the Yukon show that while one in three residents visits an ED annually, approximately one-third of these visits (amounting to more than 21,000 visits annually) are potentially avoidable.<sup>25</sup>

The 2015/16 QIPs show that the rate of potentially avoidable ED visits varies between 0 and 72 visits per 100 long-term care home residents. Such substantial variation suggests that there are opportunities for improvement.

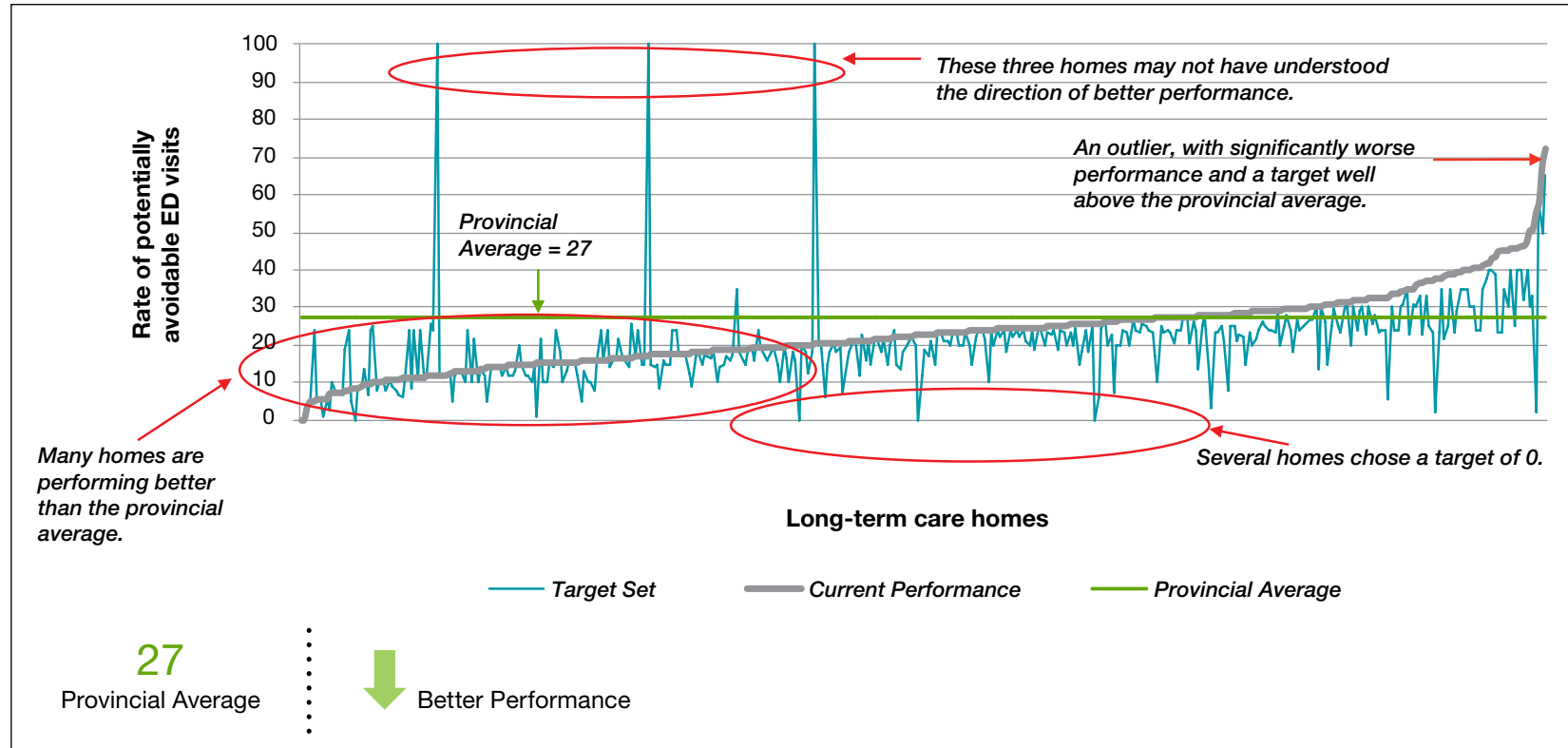
Ontario has made it a high priority to reduce potentially avoidable ED visits by long-term care home residents. By tracking each visit and listing the reasons behind it, homes can identify at-risk residents as well as alternative ways to provide early treatment for common conditions, such as congestive heart failure and chronic obstructive pulmonary disease.

### Analyzing this indicator

Of the 63% (396/627) of homes that selected this indicator:

- 75% (297/396) set a target to improve their current performance
- 17% (67/396) set their current performance as the target for next year
- 8% (32/396) set a target that was worse than their current performance

**Figure 4. Comparison of targets to current performance for homes that selected potentially avoidable emergency department visits as a priority indicator (n=396)**



**Notes on this graph:** Figure 4 shows the considerable variation in both current performance and target selection. Given the wide range of performance values reported in the QIPs, homes should consider setting stretch targets for improvement. Homes shown below the grey line set targets to improve their performance, while homes shown above the grey line set targets that were worse than their current performance. The provincial average for this indicator is high and is not an ideal performance target to use for multi-year quality improvement efforts.

**Current performance as stated in 2015/16 QIPs** (lower rates indicate better performance):

- Unadjusted provincial average: 24
- Unadjusted performance range: 0 to 72

**Targeted performance as stated in 2015/16 QIPs:**

- Unadjusted provincial average: 20
- Unadjusted performance range: 0 to 100

**Advancing this indicator: Plans for the year ahead**

The most frequently cited change ideas in QIPs focused on:

- **Educating staff:** 190 homes plan to train and mentor staff, especially personal support workers, to watch for signs of deterioration, such as dehydration.
  - o **River Glen Haven Nursing Home** plans to improve the pre-assessment of ED transfers by promoting a comprehensive knowledge of the advance directives level 4 and 3 among their registered staff and using SBAR (Situation, Background, Assessment and Recommendation) to improve communication.
- **Audit and feedback:** 177 homes plan to track each ED visit, list the reasons behind it and share that information with staff to drive improvement.
  - o **Exeter Villa** plans to track and document the number of:
    - Overall monthly ED visits
    - ED visits that, in retrospect, could have been avoided
    - ED visits that were actively avoided
    - ED transfers that resulted in hospital admission compared with those that resulted in return to the home

The home plans to review the data monthly and quarterly to devise corrective actions and change resident care plans.

- o **Lakeview Manor** plans to monitor and analyze all transfers to the ED and correlate them with Palliative Performance Scale scores, advance care and treatment plans. The home will audit and review completed SBAR forms quarterly and review diagnosis at transfer, medical reason for transfer, underlying medical conditions, diagnosis and treatment at the ED, hospital admissions following transfer and recurrences. The home also plans to correlate that data with the [modified list of ACSCs](#) developed for Ontario's long-term care homes population.

- **Educating residents and families:** 95 homes plan to inform residents and families about interventions that could reduce ED visits. They include:
  - o Promoting safe mobility
  - o Providing alternatives to physical restraints
  - o Managing continence and pain
  - o Offering community-based options for palliative care
    - **Terrace Lodge** plans to provide information about palliative and end-of-life resources to residents with a Palliative Performance Scale score of 30%
- **Bringing more health services to residents:** 82 homes plan to involve nurse practitioners, nurse-led outreach teams (NLOT) from hospitals, and nurse practitioners supporting teams averting transfers (NPSTAT) to offer a range of assessments and services on-site – prescribing medications, ordering laboratory and diagnostic testing, implementing treatments, counselling families, delivering palliative care, certifying death – to avoid unnecessary transfers to hospital.
  - o **River Glen Haven Nursing Home** plans to have its NLOT conduct resident rounds before weekends and hold bi-weekly meetings to determine if support is needed to prevent ED transfers. The team will also provide education to the home's registered staff on how to manage complex diseases. Additionally, the team plans to trial the use of a mobile X-ray program to help reduce the need for residents to be transferred to the ED.
- **Recognizing at-risk residents:** 78 homes plan to identify residents who may have chronic medical conditions that put them at higher risk of being sent to the ED.
  - o **Queensway Nursing Homes** plan to implement the “Stop and Watch” program and the use of SBAR tools to assist with early identification of a resident's change in status. The home also plans to track all hospital transfers to identify those residents at higher risk of readmission.



- **Ensuring staff members have the appropriate tools to do their job:**

51 homes plan to implement decision-support tools. The tools allow aides to quickly alert nursing staff of changes in a resident's condition. This real-time early-warning system can significantly reduce incidents in which changes in a resident's condition would otherwise be reported too late, or perhaps not at all, resulting in avoidable ED visits.

- o **Bella Senior Care Residents Inc.** implemented a decision-support tool to assist with the early identification of residents with a change in condition. The home also trained its nursing staff to recognize signs and symptoms of deterioration in residents; created a follow-up plan for residents who return from an ED; and implemented a review process to determine whether the transfer to hospital could have been prevented.

- **Establishing protocols for clinical feedback:** 42 homes plan to implement weekly huddles to report and follow up on changes in residents' conditions, test results or care plans.

- **Other change ideas** include:

- o Treating common conditions early (41 homes)
- o Using a transfer tool (25)
- o Conducting routine tests on-site (13)
- o Training staff, through the [IDEAS](#) program, to apply quality improvement principles to the reduction of ED visits (4)

Although 95% of homes reported having collaborations with health system partners in other sectors, the most common change ideas for this indicator, which measures how effectively homes work with other health system partners, focused less on cross-sector partnerships and more on process changes within each home. To strengthen future QIPs, Health Quality Ontario recommends that more homes harness cross-sector partnerships to improve performance on this indicator.

### ★ Spotlight

- **Woodbridge Vista Care Community** is working with the ethicist at William Osler Health System on a project to minimize potential errors related to resident consent, capacity and substitute decision-making. The current process lead to care that is not always wanted by the resident or is not beneficial, including transfer to hospital. The goal of this project is to replace the current process with a personalized care plan for identified residents. The other goal is to create new service options for these residents, such as providing easier access to palliative care delivered at the home rather than in a hospital.
- **Wellesley Central Place** is working with teams of mobile ED nurses from Toronto Western Hospital and Toronto Eastern Hospital. The nurses provide on-site assessments and treatment for residents who might otherwise require an ambulance transfer to an ED. This partnership with the hospitals and Regional Geriatric Program of Toronto has already decreased the number of residents who are transferred unnecessarily. A broader range of ambulatory services that could be available on-site is being considered, including the use of a mobile X-ray machine for non-urgent scans.

## Chapter Four:

# Listening to Residents and Families: Resident Satisfaction and Engagement

The care that the health system provides should be driven by, and responsive to, the needs of Ontarians. A key component of continuous quality improvement is incorporating the “voice of the customer.” The principles of the Residents’ Bill of Rights described in the provincial [Long-Term Care Homes Act, 2007](#) commits the sector to engage residents and families in quality improvement efforts. While it is not always possible to capture resident experience directly, the goal is to ensure that every resident enjoys safe, effective and responsive care that helps him or her achieve the best possible quality of life.

This chapter explores how residents perceive the quality of the accommodation, care, services, programs and goods that they receive from long-term care homes.

### Key findings:

- Although all homes are required by legislation to conduct resident experience surveys, only 60% of homes selected resident experience as a priority indicator for improvement within their QIPs. These homes selected either the original, or a modified definition of this indicator.
- Many homes focused on improving survey methodology rather than specifically describing how resident experience would be improved. This may be because this was the first year in which QIPs were formally submitted.

### ABOUT THIS INDICATOR: RESIDENT EXPERIENCE

This indicator currently measures two domains of the long-term care experience as perceived by residents:

- **Having a voice and being able to speak up about the home:** The percentage of residents who respond positively to either one of the following questions or statements:
  - o “What number would you use to rate how well the staff listen to you?”\*
  - o “I can express my opinion without fear of consequences.”†
- **Overall satisfaction:** The percentage of residents responding positively to either one of the following questions or statements:
  - o “Would you recommend this nursing home to others?”\*
  - o “I would recommend this site or organization to others.”†

\* [NHCAHPS Long-Stay Resident Survey questions](#)

† [Inter-RAI Quality of Life Survey questions](#)

### Understanding this indicator

Gaps may exist between residents' experience of care and the experience that they or their family would like them to have. Sometimes, homes can address these gaps by educating residents and their families about the options available to them and involving them in the development and implementation of care plans. Other times, homes can simultaneously improve the experiences of residents, families and the staff who care for them by encouraging everyone to develop meaningful relationships.

True involvement by residents and families requires an ongoing commitment by homes to:

- Listen to what residents and families have to say
- Take their values, beliefs, culture and feelings into consideration
- Engage them in shaping and directing change, moving beyond the existing resident and family councils to more co-leadership and participation in quality improvement activities

### Analyzing this indicator

Sixty percent (379) of homes selected this indicator using the original definition. Table 2 provides a breakdown based on the two domains. More homes selected the domain "Overall satisfaction" (38%) than "Having a voice and being able to speak up" (21%).

Provincial statistics on performance averages for this indicator are not described in this report because a significant number of homes are still collecting baseline data.

**Table 2. Breakdown of homes that selected each domain within the resident experience indicators and provided 2015/16 performance targets (excludes homes that used their own survey questions)**

	Number (percentage) of homes that included the indicator	Number (percentage) of homes targeted to improve performance	Number (percentage) of homes targeted to maintain performance	Number (percentage) of homes targeted to worsen performance
Having a voice and being able to speak up	134 (21%)	88 (66%)	36 (27%)	10 (7%)
Overall satisfaction	236 (38%)	159 (67%)	63 (27%)	14 (6%)

### Current performance as stated in 2015/16 QIPs:

- Unadjusted performance range: 0% to 100%

### Targeted performance as stated in 2015/16 QIPs:

- Unadjusted performance range: 0% to 100%

### Advancing this indicator: Plans for the year ahead

Because this is the first year that homes have been required to publicly report their QIPs to Health Quality Ontario, many plan over the next year to modify the methods by which they develop their surveys. The goal is to generate data from a broader, more representative sampling of residents to drive improvement activities.

Two standardized, validated survey tools are currently used to measure long-term care home residents' experiences within Health Quality Ontario's online QIP reporting interface, called Navigator. One is the [Nursing-Home Consumer Assessment of Healthcare Providers and Systems](#) (NHCAHPS). The other is the [inter-RAI Quality of Life](#) (QOL) survey. Homes have the discretion to choose which tool they prefer to use. Homes are encouraged to select validated questions to support a more rigorous evaluation and system-level review.

Of the homes that selected "Having a voice and being able to speak up about the home", a relatively small number selected one of the standardized survey tools (8% or 49 homes used the NHCAHPS; 8.5% or 53 homes used the inter-RAI QOL). Significantly more (22% or 135 homes) chose to design their own in-house survey. Of the homes that selected "Overall satisfaction", 15% (93 homes) used the NHCAHPS, and 8% (51 homes) used the inter-RAI QOL. Although conducting annual resident and family satisfaction surveys is a provincial requirement, only 60% of homes chose this indicator.

Some of the most common change ideas that homes plan to implement in 2015/16 are listed below. Even among the homes that identified specific aspects of resident experience that would be the focus of their improvement activities – food and meals, staffing, relationships, safety and security, respect and dignity, autonomy – few provided any details about what actions would be taken to address these issues. However, many homes are in the early stages of defining the determinants of resident satisfaction. The 2016/17 QIP will be an opportunity for these homes to share the results of their work in this emerging area of quality improvement.

The most frequently cited changes ideas in QIPs focused on:

### Domain 1: Having a voice and able to speak up

- Educating staff about the right of residents to speak up without fear of reprisals (59 homes)
  - **Maxville Manor** plans to continue educating staff about the importance of respectful, open communications with residents.
- Improving the communication of survey results with residents and families (42)
  - **St. Jacques Nursing Home** plans to move from "good" to "excellent" by strengthening their relationship with Resident and Family Councils, involving them in the survey process and developing clear expectations of resident and family-centred experiences.
- Educating residents and families about their right to provide feedback without fear of reprisals (23)
  - **Grey Gables Home for the Aged** plans to improve resident and family awareness of the complaint procedures by engaging frontline staff and senior leaders in the process. Success for the home means that by December 31, 2015, 100% of new residents will have met the senior leadership within the first week of moving in; 100% of residents surveyed will know the name of the staff providing their care; and 100% of residents surveyed can express their opinion without fear of consequences. Staff members plan to wear nametags regularly and introduce themselves during every resident interaction. Additionally, senior leaders plan to host three information sessions for residents to discuss the terms of their care and the processes for expressing concerns and suggestions.

- Encouraging more resident and family involvement in planning and operations (12)
  - **Rideaucrest Home** plans to involve residents in an initiative to redecorate the dining rooms.
- Addressing residents' feedback about food and meals (9)
  - **Mon Sheong Home for the Aged** plans to ask residents to suggest a dish that they would like, which would then be integrated into the weekly specials menu. The goals of this initiative are to expand the food choices offered to residents and improve their dining experience.
- Encouraging meaningful relationships among staff residents and families (8)
  - **Hillsdale Estates** plans to assign all of their personal support workers to provide care consistently to the same group of residents so that both staff and residents get to know each other and improve the continuity of care.
- Addressing residents' feedback about safety and security (8)
  - **Village of Glendale Crossing** plans to provide residents with a forum to express concerns about all aspects of living in the residences.
  - **Cooksville Care Centre** plans to record all complaints or concerns identified by residents in their satisfaction surveys and have the home's quality improvement coordinator identify the top three. After that, the home plans to develop a quality improvement initiative to address those concerns.
- Adjusting staffing complements to improve access and support (7)
  - **Trilogy Long-Term Care** plans to have the same staff provide care consistently to the same residents to foster familiarity, relationship building and continuity of care.
- Promoting respect and dignity (5)
  - **Carleton Lodge** is training its personal support workers in how to provide resident-centred care. The training includes five mandatory modules based on the dignity, independence, privacy, preference and safety (DIPPS) philosophy.
- Enabling residents to make their own decisions (4)
  - **Yee Hong Centre for Geriatric Care** plans to simplify the language used in care plans so that residents and families can better understand the services provided and be better engaged. The homes within this centre plan to establish a working group to review the current care plans, then collaborate with the interprofessional team, residents and families to revise them. The goal is to revise 30% of care plans by December 31, 2015.

**Domain 2: Overall Satisfaction**

- Communicating the survey results more effectively to residents and families (66 homes)
  - o **Woodhall Park** plans to improve communications with residents and their substitute decision makers about the significance of giving and receiving feedback on their care experience.
- Training staff to focus on residents' needs while completing their care tasks (54)
  - o **Woodingford Lodge – Ingeroll** plans to train staff to personalize their care and service so that they respond to the individual needs of each resident.
- Addressing residents' feedback about food and meals (38)
  - o **Fairview Mennonite Home** plans to focus on improving the pleasure of the dining experience, which includes hospitality, ambience, menu choices and the timeliness of meal delivery.
  - o **Carleton Lodge** plans to improve its resident satisfaction survey results by improving the dining experience.
  - o **Hamilton Continuing Care** plans to respond to residents' concerns about the noise level in the dining room at meal times by educating all dining-room staff about what it means for residents to dine pleasurably. Any complaints will be brought to the residents' council each month. The goal is to improve resident satisfaction survey results related to noise level to 85% by March 2016.
- Increasing activity options for residents (22)
  - o **Deerwood Creek Care Community** plans to increase staffing ratios in the evenings, which will result in more social activities being offered to residents.
- Encouraging more resident and family involvement in planning and operations (22)
  - o The **Village of Riverside Glen** plans to recruit residents who are interested in participating as guides in tours of the facility, which are offered to new residents, family members, volunteers and team members. A staff member will conduct the tour with a resident at least once a month. The home also plans to increase opportunities for residents to participate in hiring new staff members.
- Educating residents and family (20)
  - o **Élisabeth Bruyère Residence** plans to share the results from its resident quality-of-life survey with residents and families.
- Ensuring staffing levels are sufficient to provide a consistent standard of care for all residents (11)
  - o **Lee Manor Home** linked their work on their staff plan with their efforts to improve resident experience. Their QIP described developing a master schedule for all departments to ensure staffing levels meet its objective of providing a consistent level of care for all residents.
- Encouraging meaningful relationships among staff, residents and families (11)
  - o **Shalom Village** plans to encourage all newly admitted residents and their families to use creative and effective methods to share each resident's life story and care preferences with staff. The goal is to facilitate relationship building between residents and staff.



- Addressing residents' feedback about physical comfort (7)
  - o **Providence Manor** is using the NRC Picker resident satisfaction survey to monitor the percentage of positive responses by residents who say they were helped when they were in pain or discomfort.

### ★ Spotlight

- **Pinehaven Nursing Home** ensures that all quality improvement initiatives are conceived, implemented and evaluated with their residents rather than for them. The home also promotes the participation of residents and families on various committees and councils. It actively shares:
  - o Ministry inspection reports of the home
  - o Quarterly performance results
  - o Accreditation results
  - o Concerns and successes in the home
- **The Village of Glendale Crossing** hosts an annual "Conversation Café" in advance of its corporate retreat. Residents, team members and family members are encouraged to evaluate how the home is meeting its stated goals of empowering residents, providing them with flexible living arrangements and fostering authentic relationships among residents and staff. The home regularly hosts events that are organized and run by residents. Over the next year, residents will be involved for the first time in the selection committees to hire new staff members at the home.
- **Fairview Nursing Home** has a resident with a nursing background who has been appointed by her fellow residents as a peer educator. Her role is to educate other residents about key topics that relate to their care and quality of life.
- **Almonte Country Haven** regularly engages residents and families in quality improvement program. At quarterly meetings, the home's leaders provide all of their stakeholders with updates on improvement activities, including a summary of how the home is performing over time and compared with other homes across the province. The meetings are also a chance for residents, family and staff members to provide input on the development of new quality improvement activities.
- **Terrace Lodge** is actively giving residents a voice and working to improve their satisfaction by:
  - o Reviewing the survey results and adjusting the questions asked to accurately capture the resident experience
  - o Increasing the number of resident and family experience surveys completed
  - o Reviewing the home's processes for registering and handling requests, concerns and complaints, including how feedback from residents is communicated to staff, acted upon, monitored and audited to identify areas for improvement

## Moving Forward

Ontario's long-term care homes have demonstrated their commitment to improve the quality of care for all residents by developing and publicly reporting their QIPs for the first time in 2015/16. These plans featured provincial priorities such as:

- Reducing the rate of falls, pressure ulcers, avoidable ED visits and inappropriate prescribing of antipsychotic medications
- Minimizing the daily use of physical restraints
- Improving the management of urinary incontinence
- Providing residents with a better care experience

The success of province-wide efforts, such as the efforts to reduce the percentage of long-term care home residents who are prescribed antipsychotic medications, demonstrate the momentum and results that can be achieved when the entire sector focuses its attention on specific quality improvement activities. Further improvements are expected with the increasing uptake of [long-term care physician practice reports](#).

Here are some concluding thoughts to guide the sector through its next cycle of improvement activities.

**Develop more cross-sector partnerships.** For future QIPs, organizations in all sectors – including long-term care homes – should consider opportunities to link their efforts with those in other parts of the health system. For example, when reviewing the QIPs of their local hospitals, homes are encouraged to identify common goals and change ideas and establish cross-sector partnerships that drive improvement activities for priority indicators such as potentially avoidable ED visits. A number of homes have either partnered with

hospital-based nurse practitioners or hired their own nurse practitioners to offer a range of on-site assessments and services for residents. Data from recent research and previous pilot projects in Ontario suggest this strategy is effective in reducing the number of avoidable ED visits.<sup>24</sup>

**Strongly consider focusing on priority indicators, particularly when performance is lower than that of peers.** The priority indicators for QIPs are determined by identifying those areas of care that require large-scale improvement when Ontario's performance is compared with that of other jurisdictions or when there are substantial variations in care across the province. With this objective in mind, Health Quality Ontario recommends that homes select every priority indicator – unless they are performing significantly better than the provincial average, or have reached and sustained established provincial benchmarks.

**Set stretch targets that are forward-looking yet realistic.** Nearly one-third of homes (31%) set targets for at least one of the priority indicators that were the same as their current performance, and 18% set targets for at least one of the priority indicators that were worse than their current performance (not including homes that modified the provincial definitions of each indicator). Homes are encouraged to establish not only progressive, achievable targets, but also stretch targets – forward-looking yet achievable results that surpass an organization's past performance – which are fundamental to quality improvement. Evidence shows that homes with ambitious targets achieve larger improvements than those with minimal targets.<sup>26</sup> For guidance on setting targets, consult Health Quality Ontario's [Long-Term Care Benchmarking Resource Guide](#).

**Share your change ideas with your peers.** A majority of homes are committed to developing more effective alternatives to antipsychotic drugs, physical restraints and ED visits. The [IDEAS program](#) and Health Quality Ontario's [Query QIPs](#) website are useful resources for homes to learn from each other about which change ideas work and why. Homes should also consult the site when considering their own performance targets, the performance of their peers and that of their cross-sector partners. Health Quality Ontario encourages all homes to reflect on their current performance and select priority indicators if there are opportunities to improve.

**Continue to engage residents and families in improving the care experience.** Although homes are required to complete satisfaction surveys with residents and their families, more needs to be done to engage residents and families in the quality improvement initiatives of each home. Effective engagement of residents and families involves an ongoing commitment by homes to listen to what residents and families have to say, take their perspectives into consideration, and partner with them in shaping and directing change.

Homes are also encouraged to follow the [Quality Matters](#) framework for health system improvement, which includes a patient engagement process called [Quality Is ...](#). In addition, homes should consult Health Quality Ontario's [Patient Engagement Tools and Resources](#).

**Momentum is building within the long-term care home sector for a culture shift extending beyond compliance to commitment.** Compliance is driven externally by regulatory authorities and focuses on meeting minimum requirements. QIPs, by contrast, rely on voluntary and internally driven activity. Quality-driven organizations strive to not only exceed minimum standards, but also identify opportunities for improvement that go beyond the limited scope of regulations and law. Homes are encouraged to take charge of their priorities for quality improvement by implementing clear and specific aims, concrete and measurable goals and evidence-based change ideas. In future QIPs, homes also have an opportunity to consider how their quality improvement efforts can strategically address interrelated indicators that, when addressed simultaneously, can produce cumulatively dramatic results.

This report has attempted to capture the creativity, innovation and determination of homes to implement the evidence-based change ideas contained in each QIP. The ideas described in this report are designed to inspire homes in their drive towards continuous quality improvement. By using this report as a reference, homes have the opportunity to learn from each other and apply this learning to their own organizations. The goal is to find ever more efficient and resident-friendly ways to deliver services while improving the health outcomes of all Ontarians.

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## Committed to Quality Improvement

We promote ongoing quality improvement aimed at substantial and sustainable positive change in health care, fully leveraging emerging evidence and public reporting to help identify improvement opportunities. We then help build the health system's capacity for quality improvement by supporting the collection and use of data for improvement, sharing insights into innovations that are working to make improvement and promoting skills development in quality improvement. We actively support the development of a culture of quality and connect the quality improvement community to learn from each other.

## Quality Matters

[Quality Matters](#) is an initiative at Health Quality Ontario designed to bring everyone in the health system to a shared understanding of quality health care and a shared commitment to act on common goals.

*Quality Matters* takes a two-pronged approach. One involves a patient engagement process called *Quality Is...* that allows patients, caregivers and the public to help shape the quality-care agenda. A second involves a deep dive by an expert panel into understanding health quality, delivering system-wide quality and developing a culture of quality. The panel's first report, *Realizing Excellent Care For All*, builds the case for a provincial quality framework and lays out key factors to consider.

This is just the start. In the months ahead, we will continue to engage with patients, experts and those across the system. *Quality Matters* will result in a road map, informed by patients and the public, to help policy makers, clinicians and health system leaders build a quality-first health system in Ontario.

Learn more about *Quality Matters* by visiting [www.hqontario.ca](http://www.hqontario.ca)

## The Common Quality Agenda

The Common Quality Agenda is the name for a set of measures or indicators selected by Health Quality Ontario in collaboration with health system partners to focus performance reporting. Health Quality Ontario uses the Common Quality Agenda to focus improvement efforts and to track long-term progress in meeting health system goals to make the health system more transparent and accountable. The indicators promote integrated, patient-centred care and form the foundation of our yearly report, *Measuring Up*. As we grow our public reporting on health system performance, the Common Quality Agenda will evolve and serve as a cornerstone for all of our public reporting products. Health Quality Ontario is the operational name for the Ontario Health Quality Council, an agency of the Ministry of Health and Long-Term Care.

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