

# Long-Term Care

Impressions and Observations

2016/17 Quality Improvement Plans



# 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 themselves, 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, patient 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 we often fall short of being the best we can be. Truth be told, there are instances where it's hard to evaluate the quality of the care and times when we don't know what the best care looks like. Last but not least, certain vulnerable segments of the population are not receiving acceptable levels of attention. Our intent 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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# Introduction

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## Quality Improvement Plans

**A just, patient-centred health system that is committed to relentless improvement.** This is our vision for Ontario's health system as defined in [Quality Matters](#).

One way that organizations and providers demonstrate this commitment is by sharing their efforts to improve quality in the Quality Improvement Plans (QIPs) that they submit each year. The development of these QIPs and the work that is described within them represent a remarkable effort by health care organizations. In April 2016, more than 1,000 hospitals, long-term care homes, community care access centres, and interprofessional team-based primary care organizations across Ontario developed and submitted QIPs.

The QIPs include three components: the Progress Report, the Narrative, and the Workplan. In the Progress Report, organizations reflect on their quality improvement activities and achievements over the previous year. In the Narrative, organizations provide context about themselves and elaborate on key themes such as the collaborations they are forming and how they are working to engage patients/residents and their families/caregivers in their quality improvement work. Finally, in the Workplan, organizations identify the issues that are important to them and describe their plans to address these issues over the coming year. All submitted QIPs are [available](#) on Health Quality Ontario's website, representing a public commitment to quality improvement.

## Setting priorities for improvement

Each year, Health Quality Ontario works with multiple stakeholders to identify a handful of key quality issues to prioritize across the province, and defines specific priority indicators that organizations can use to track their performance on these key issues in their QIPs. These may reflect sector-specific priorities or system-wide, transformational priorities for which improvement depends on collaboration among sectors. In addition to these key issues, organizations are encouraged to identify issues that are important within their own organization or in a local context, and use the QIP as a tool to improve on these issues as well.

The priority issues and indicators correspond to the six dimensions of a quality health care system (*safe, effective, patient-centred, efficient, timely, and equitable*).<sup>1,2</sup> They also align with Health Quality Ontario's work in monitoring health system performance in the province, which is summarized in the [Common Quality Agenda](#) and our yearly report, [Measuring Up](#).

## About this report

The purpose of this report is to share what long-term care homes across the province are working on and how; to highlight a few inspiring initiatives; and to share where there is room for improvement in the province. The examples in this report are drawn from the careful review of each QIP to evaluate the data and change ideas described within.

Our analysis of the 2016/17 QIPs is presented in three chapters:

- **Chapter 1: Overarching Observations**, which describes our broad observations from the analysis and touches on key themes and issues for the long-term care sector
- **Chapter 2: Priority Issues/Indicators: Highlights from the 2016/17 QIPs**, which briefly summarizes performance on the priority indicators, some key change ideas that homes are using to improve on these indicators, and spotlight examples of innovative change ideas
- **Chapter 3: Moving Forward**, which summarizes our key observations, provides guidance on how homes can improve the quality of care they provide as they move forward, and links to a few key sources for readers who are looking for more information on the 2016/17 QIPs

## The long-term care sector

Ontario's more than 600 long-term care homes provide care to about 78,000 residents at any given time.<sup>3</sup> All long-term care homes are required to submit QIPs through their accountability agreements with their Local Health Integration Networks (LHINs). The 2016/17 submissions mark the second year that long-term care homes have submitted QIPs. This year, all 624 long-term care homes submitted QIPs.

# Chapter 1: Overarching Observations

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Our analysis of the 2016/17 QIPs has highlighted the considerable efforts long-term care homes in Ontario are taking to improve the care that they provide to their residents. There are many successes to celebrate, as well as areas for further improvement. This section presents the overarching observations from our analysis of the 2016/17 QIPs.

## **Homes have reduced potentially inappropriate antipsychotic use and decreased their use of restraints**

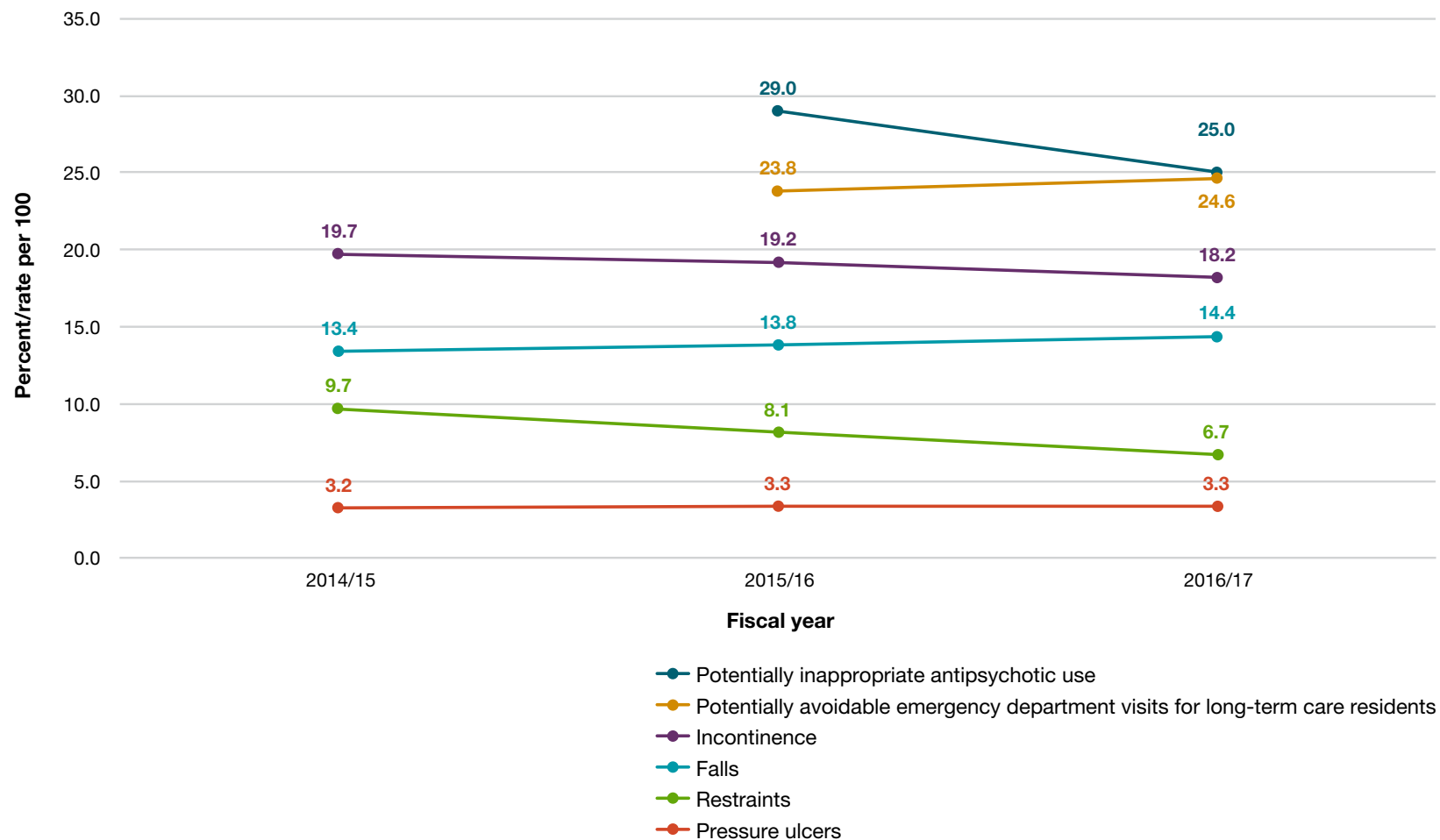
The long-term care sector has made significant progress in reducing potentially inappropriate antipsychotic use across the province. According to the unadjusted data included in the QIPs, provincial performance on this priority indicator improved from 29% in 2015/16 to 25% in 2016/17. This tremendous achievement reflects the excellent work of many homes implementing multiple quality improvement initiatives, each focusing on their resident needs and quality of life. Our work continues, however, as Health Quality Ontario has recently set a provincial benchmark of 19% on this indicator. Although this benchmark is risk-adjusted and cannot be directly compared with the QIP data (which is unadjusted), we encourage homes to monitor their risk-adjusted performance against this provincial benchmark (using the [Long-Term Care Home Performance website](#)) when setting their QIP goals for the year. According to the most recent public reporting data, the risk-adjusted provincial rate for potentially inappropriate antipsychotics use in long-term care was 22.9% in 2015/16.

Use of restraints (measured as the percent of residents in the home who were physically restrained daily) has also been reduced substantially. According to the unadjusted data included in the QIPs, provincial performance on this priority indicator from 8.1% in 2015/16 to 6.7% in 2016/17. The risk-adjusted provincial benchmark for this indicator is 3%.

We offer our congratulations to the many homes who have given their residents higher quality of care and higher quality of life as a result of these improvements, and encourage homes to continue to strive for improvement on these indicators. Details on the changes in performance over time for the QIP indicators for 2016/17 are presented in Figure 1.

## **Homes are increasing their efforts to engage residents and their families in quality improvement**

The long-term care sector is very strong with engaging their Residents' Councils and Family Councils, and are increasing their efforts to engage them in quality improvement and the development of their QIPs. The percent of homes that described involving their Residents' Councils and Family Councils in the development of their 2016/17 QIPs increased to 92%, compared with 72% of homes in the 2015/16 QIPs. We encourage homes to continue to describe how their councils have contributed to the development of the QIPs.

**Figure 1. Average performance on the QIP indicators among all long-term care homes in Ontario, 2014/15 – 2016/17**

Data sources: Canadian Institute for Health Information Continuing Care Reporting System (falls, restraints, pressure ulcers, potentially inappropriate antipsychotic use, incontinence); Canadian Institute for Health Information (potentially avoidable emergency department visits for long-term care residents). These data are not risk-adjusted, and the trends in the performance on these indicators should be considered in the context of the increase in medical complexity of the resident population in long-term care homes in Ontario.<sup>4</sup>

## Homes are working to develop partnerships to support system integration

Partnerships with other organizations are important to ensure smooth transitions of care for residents or potential future residents of long-term care homes. The number of partnerships described in the 2016/17 QIPs increased compared with the 2015/16 QIPs. Homes most frequently cited partnerships when describing how they planned to improve on the potentially avoidable emergency department (ED) visits and pressure ulcers indicators. The most commonly cited partners were with Behavioural Supports Ontario (64%), community care access centres (59%), and hospitals (52%), followed by other long-term care homes (18%) and primary care organizations (13%).

## Some homes are describing their work to promote health equity in their QIPs

Health equity is an increasing focus in Ontario. In the 2016/17 QIPs, organizations were asked to share their work to promote health equity if they were currently working on this important issue. A total of 173 homes (28%) described their work on equity. Many of these homes described providing language supports such as translation and attention to health literacy. Some homes also described efforts to collect data regarding their residents' religious, cultural, and ethnic backgrounds to inform care. These homes should be commended for reflecting the integration of health care equity into their improvement initiatives in their QIPs.

## Homes have demonstrated an increase in their skills and use of quality improvement science

Although this is only their second year formally submitting QIPs, the long-term care sector has already demonstrated tremendous gains in terms of using quality improvement skills to develop, implement, and evaluate their QIPs. In the 2016/17 QIPs, many homes reported using quality improvement science (for example, root cause analysis or the five whys) to determine the most appropriate change ideas for the issue that they are focusing on. Homes are also actively collaborating with one another as well as with Health Quality

Ontario to improve their QIPs. For example, many homes are participating in the [Long-Term Care Community of Practice](#) hosted by Health Quality Ontario, where quality improvement is a frequent topic of discussion.

Homes have also improved in areas that were identified as requiring improvement in the 2015/16 QIPs. The number of homes that set retrograde targets (i.e., targets that were worse than their current performance) declined from 18% in the 2015/16 QIPs to 5% in the 2016/17 QIPs. In addition, a strong majority of homes (87%) continue to focus on the potentially inappropriate antipsychotic use indicator, which has been identified as an area of focus in the province.

## Homes are working to improve their efficiency and track their improvement using data

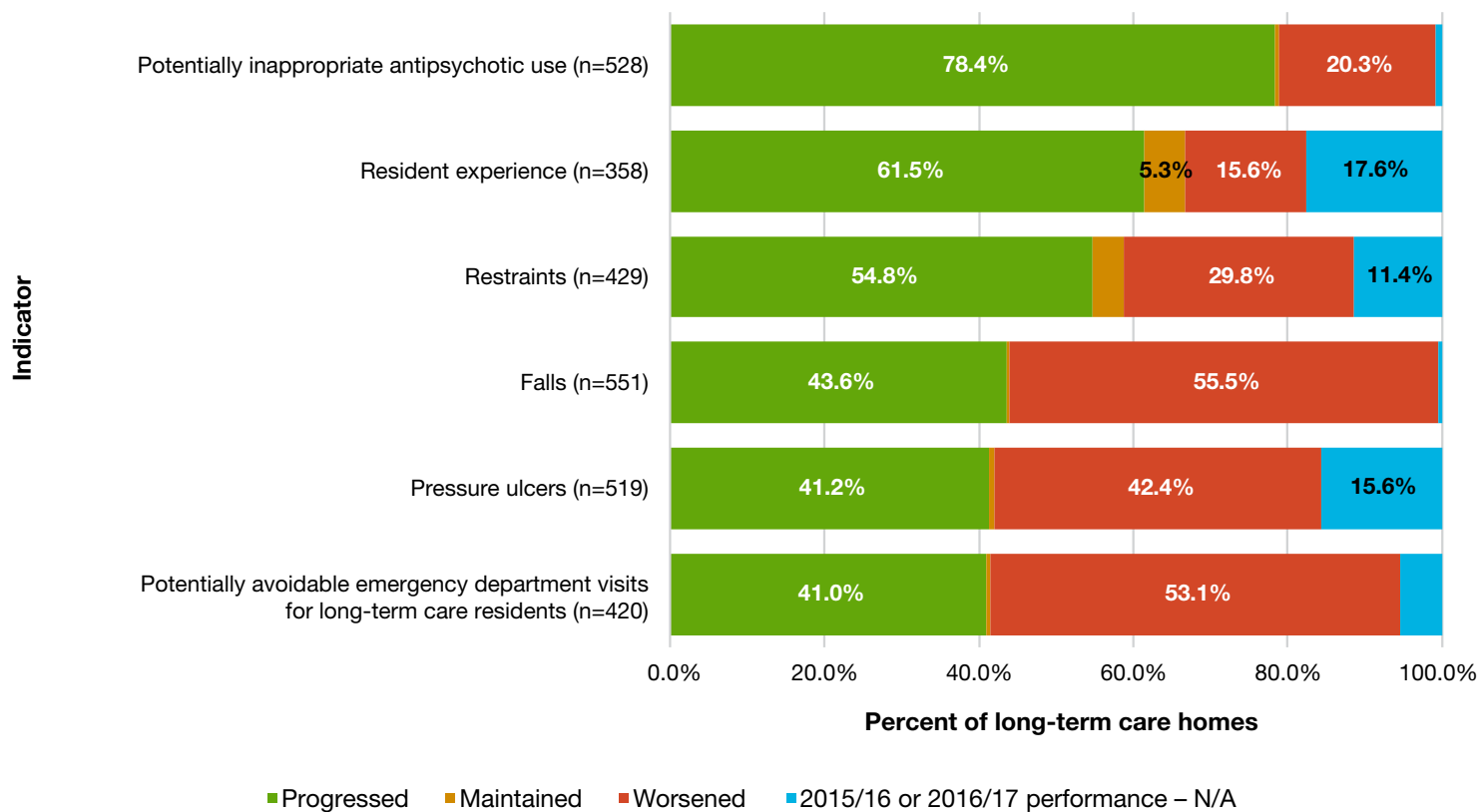
Homes are increasingly using their QIPs to support their existing plans to meet and go beyond regulatory requirements (e.g., committee work related to falls and pressure ulcers). Homes are also trying to improve on their coding accuracy, as evidenced by the inclusion of related change ideas for Resident Assessment Instrument – Minimum Data Set (RAI-MDS)-specific indicators (falls, pressure ulcers, incontinence, and potentially inappropriate antipsychotic use). Increasing the quality of this data will help homes understand these measures and be able to more accurately track improvement on them internally.

## Looking back: Change in performance from the 2015/16 QIPs

Figure 2 shows the percent of homes that chose each priority indicator and progressed, maintained, or worsened their performance compared to the previous year. The indicator on which the highest percentage of homes improved was potentially inappropriate antipsychotic use. This was also the indicator on which the highest percentage of homes met or exceeded the target they had set in their 2015/16 QIP. These results are encouraging, given the focus on this indicator as a particular priority for the province. The indicators on which the highest percentage of homes worsened were falls and potentially avoidable ED visits.



**Figure 2. Percentage of long-term care homes in Ontario that progressed, maintained, or worsened their performance between their 2015/16 QIP and their 2016/17 QIP on the priority indicators, as reported in the Progress Reports of the 2016/17 QIPs**



*This figure shows the direction of difference between the performance in the 2015/16 QIPs compared with the 2016/17 QIPs, using unadjusted QIP data for each indicator.*

## Looking forward: Selection of priority indicators and target setting for the coming year

### Selection of priority indicators

There was a fairly wide range in the percent of homes that selected the priority indicators (Table 1). The indicators with the highest selection rates were falls (88%) and potentially inappropriate antipsychotic use (87%), while the indicator with the lowest rate of selection was restraints (67%).

Identifying potentially inappropriate antipsychotic use as a specific priority for long-term care in the 2015/16 QIPs signalled the importance of this issue. We are now reaping the results of the collective national and provincial efforts to reduce potentially inappropriate prescribing, as described in Health Quality Ontario's most recent [Measuring Up report](#). Moving forward, the number of priority QIP indicators for 2017/18 has been reduced to three: potentially inappropriate antipsychotic use, potentially avoidable ED visits, and resident experience.

### Target setting

Long-term care homes have improved with regard to appropriate target setting, as shown by the decline in the number of homes that set retrograde targets (5% of homes in the 2016/17 QIPs versus 18% of homes in the 2015/16 QIPs). Homes set their own targets for improvement, and typically cited provincial averages, provincial benchmarks (where available), or their past performance as their target justification. The LHINs have also influenced the target setting for certain indicators (particularly the potentially avoidable ED visits indicator). Generally, homes used their past performance to guide their target setting when no specific guidance was provided (e.g., for the resident experience indicator). Most homes set targets for between 1% and 5% improvement compared with their current performance.

For the indicators for which Health Quality Ontario has set benchmarks, some homes are setting targets using benchmarks that are meant for risk-adjusted data. Homes should remember that QIP data are not risk-adjusted, and resident acuity heavily affects performance on these indicators. Thus, homes should use the risk-adjusted data to compare their performance with other organizations, but should set targets in their QIPs based on data on their previous year's performance on the unadjusted data.

**Table 1. Selection of priority indicators and direction of target setting for the coming year, as reported in the Workplans of the 2016/17 QIPs**

Indicator	Homes that selected the indicator according to the original definition in the QIP Workplan, n (%)	Homes that selected the indicator according to the original definition in the QIP Workplan and set a target to improve on the indicator, n (%)*
Reduced potentially inappropriate antipsychotic use	541 (87%)	503 (93%)
Reduced potentially avoidable ED visits	451 (72%)	399 (88%)
Reduced falls	552 (88%)	506 (92%)
Reduced use of restraints	415 (67%)	316 (76%)
Reduced pressure ulcers	522 (84%)	428 (82%)
Improved resident experience	One or more questions; summarized on page 21	One or more questions; summarized on page 21

\*Homes for which the target setting direction could not be calculated (e.g., those reporting their current performance as "collecting baseline") were excluded from this analysis.

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## Chapter 2: Priority Issues/Indicators: Highlights from the 2016/17 QIPs

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This section of the report contains highlights on homes' performance on the priority issues/indicators for the 2016/17 QIPs.

We present a summary of organizations' approaches to improving on each issue/indicator, including key change ideas. We also present one or more spotlights on homes with exceptional or well-executed change ideas. We encourage homes to review these key change ideas and consider whether any might be suitable for adoption in the future.

### Safe care: Falls, pressure ulcers, and restraints

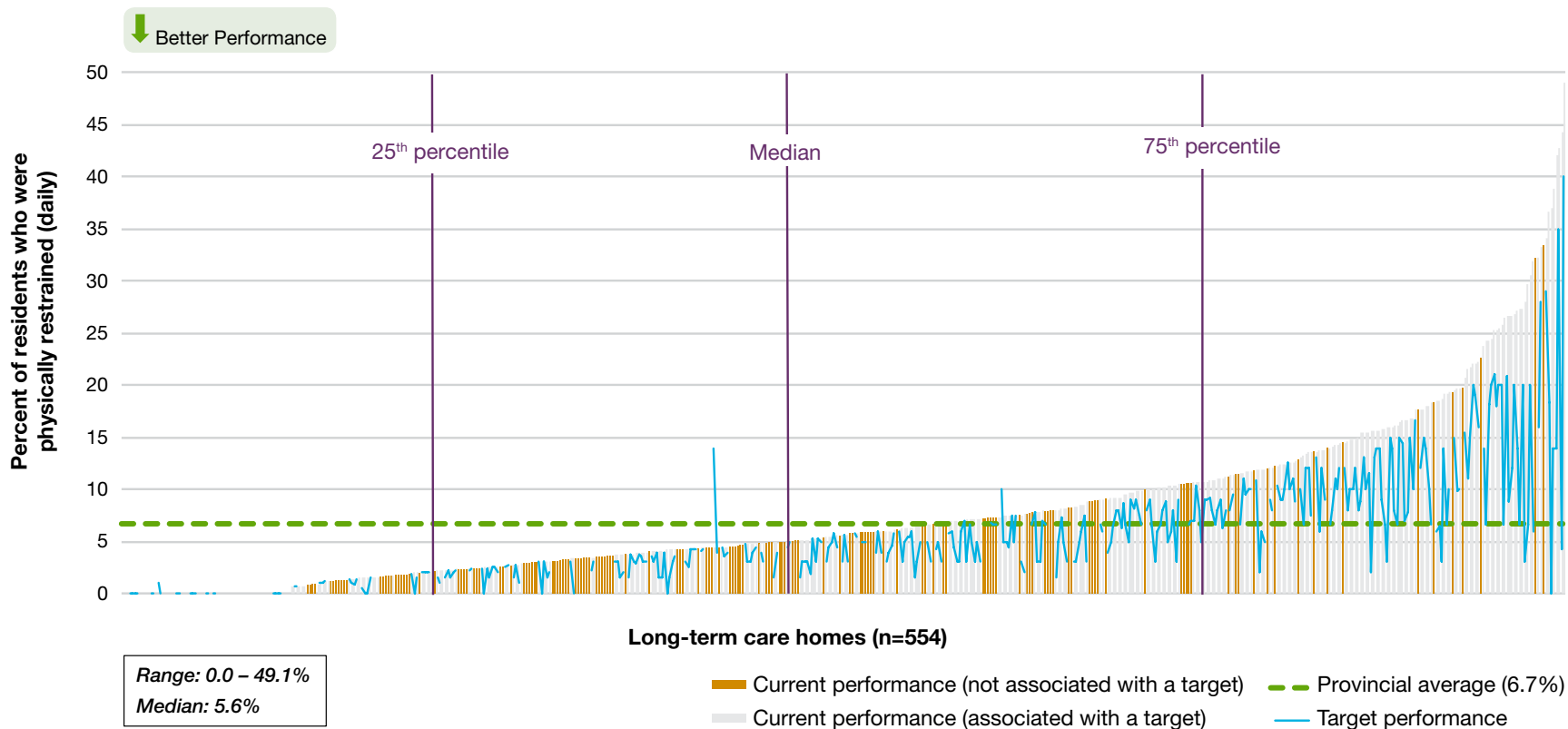
These indicators measure:

- the percentage of residents who had a recent fall (in the last 30 days)
- the percentage of residents who had a pressure ulcer that recently got worse
- the percentage of residents who were physically restrained (daily)

### Progress and current performance

The long-term care sector has made significant improvements on the restraints indicator between the 2015/16 QIPs and the 2016/17 QIPs, moving from 8.1% in 2015/16 to 6.7% in 2016/17. Provincial performance on the falls indicator worsened slightly between the 2015/16 QIPs and the 2016/17 QIPs, from 13.8% in 2015/16 to 14.4% in 2016/17. Provincial performance on the pressure ulcers indicator was maintained at 3.3%. More homes improved than worsened with restraints, while more homes worsened than improved with falls and pressure ulcers. As Figure 3 shows, most homes planned to improve (reduce) their use of restraints, and many, regardless of their current performance, have set stretch targets to improve. In fact, some homes have successfully removed restraints from their home (those with "0" as their current performance, noted on the left side of the graph). However, there remains significant room for improvement on this indicator, given the relatively high restraint use by the homes in the lowest-performing quartile.

**Figure 3. The percentage of residents who were physically restrained (daily) among long-term care homes in Ontario, 2016/17 QIPs**

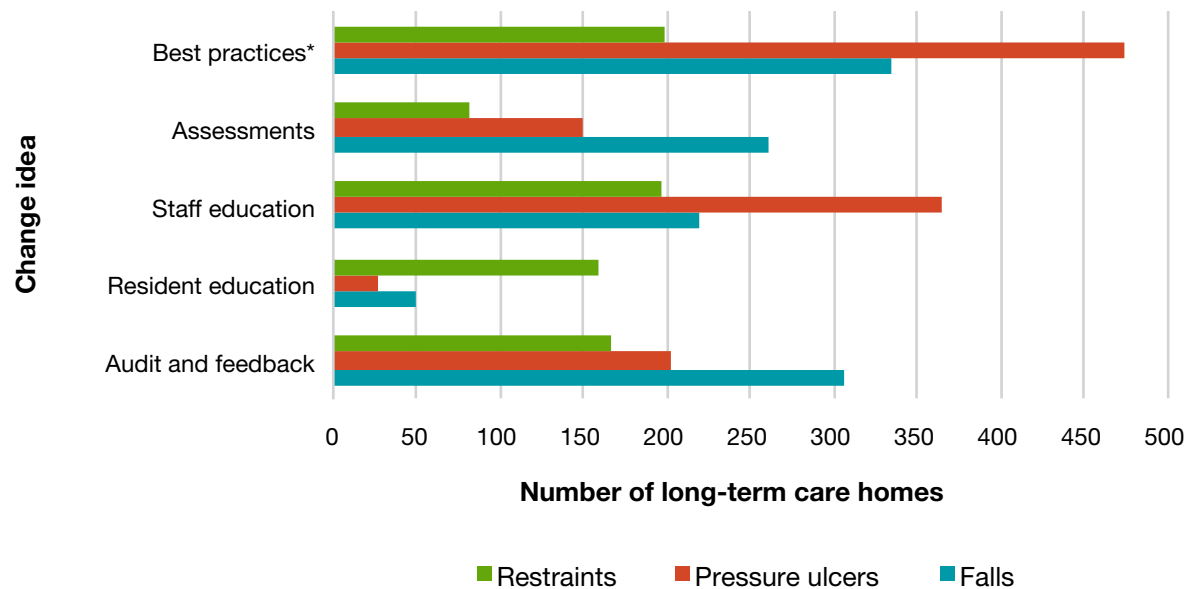


Data is provided for all long-term care homes in Ontario, except homes for which data are suppressed and homes that reported that they are collecting baseline data. Orange bars indicate homes that did not select the indicator in their 2016/17 QIP.

### Approaches to improving performance on these indicators

Similar to the 2015/16 QIPs, homes are typically using assessments, audit and feedback, staff education, and implementation of common best practices to address falls, pressure ulcers, and restraints. The most common change ideas cited for the safe care indicators are presented in Figure 4.

**Figure 4. The most common change ideas cited to address the safe care indicators planned for implementation in 2016/17**



“Best Practices” as identified by Health Quality Ontario’s Quality Compass were measured for each indicator, in descending order of frequency, as follows: **Falls:** optimize environment, strength and balance, medication review, individual toileting routines, hip protectors, mobility aids, prevent/treat osteoporosis, screen for cognitive impairment. **Pressure ulcers:** early identification of Stage 1 pressure ulcers, optimal nutrition, regular turning schedule for high-risk residents, pressure-relieving mattresses and padding, identify contributing factors to pressure ulcer development and prevent recurrence, standardize treatment for each pressure ulcer stage, employ best practices for bedridden residents, protect and promote skin integrity from excessive moisture and incontinence, minimize shearing forces, minimize use of restraints. **Restraints:** Least restraints and interprofessional collaboration.

### Falls

The change idea for falls that was most commonly cited by homes that improved and least commonly cited by homes that worsened was the use of mobility aids (14 improved, of which six met or exceeded their target, while only six worsened in performance).

### Pressure ulcers

The change idea for pressure ulcers that was most commonly cited by homes that improved and least commonly cited by homes that worsened was early identification of stage 1 pressure ulcers (41 improved, of which 22 met or exceeded their target, while only 29 worsened in performance). For homes that set an improvement target for this indicator, 51% have set a target within 1% of their current performance and 49% have set a target >1% of their current performance; these targets may be appropriate for this metric given the relatively small percent of residents affected.

### Restraints

The change ideas most commonly cited among homes that improved and least commonly cited among homes that worsened were staff education (72 improved, of which 42 met or exceeded their target, while only 29 worsened in performance), resident education (67 improved, of which 37 met or exceeded their target, while only 24 worsened in performance), audit and feedback (56 improved, of which 37 met or exceeded their target, while only 28 worsened in performance), and inter-professional collaboration (18 improved, of which nine met or exceeded their target, while only nine worsened). For homes that set an improvement target, most have set a target between 1%–5% of their current performance.

### A note on our analysis of change ideas

We analyzed each change idea to determine what proportion of the homes that successfully implemented the change idea improved or worsened in their performance. Some change ideas, although evidence-based (e.g., staff education), were equally cited by homes that improved and homes that worsened. Other change ideas, however, were cited by many homes that improved, and only a few that worsened.

There are many different reasons why evidence-based change ideas aren't always associated with indicator improvement. To improve the odds, homes may wish to reflect on how *ready* they were to implement their change idea, how *appropriate* the change idea was in meeting the needs of their resident population and how *vigilant* they were on following through with their change idea plans. Homes are also encouraged [visit our website](#) to read QIPs from other homes and to learn about tools and resources that might help them, including the [Long-Term Care Community of Practice](#).

### Examples of change ideas

Many homes described change ideas that address more than one of the safe care indicators:

- At **PeopleCare Hilltop Manor**, the number of falls decreased as they removed the majority of their bed rails. They plan to further reduce use of bed rails within their home.
- **Fairview Lodge** is trying to link improving on falls with their continence program by introducing a new bowel routine, including appropriate timing for laxative, suppository, and enema delivery to reduce both falls and worsening continence.

Also, homes are increasingly using quality improvement science to address their challenges:

- **West Lake Terrace** used the Five Whys (an approach based in quality improvement science) to understand root causes of falls, which was effective to design and implement interventions for preventing future falls.
- **Lakeside Long-Term Care Centre** conducts root cause analyses at their Falls Committee Meeting and instituted a huddle for residents who have had a fall or near miss.

### Spotlights

**Lakeland Long Term Care Services Corporation** is implementing a Trending Down program aimed at reducing the use of all restraints, which involves a great deal of education among staff as well as the residents and their families on the use of restraints in long-term care homes and their associated risks. This is the second year Lakeland is implementing this change idea; they have already seen an improvement in their performance from 5.5% of residents who were physically restrained in their 2015/16 QIP to 2.8% in the 2016/17 QIP, surpassing their target of 3%.

**Macassa Lodge** has also achieved a significant decrease in their use of restraints over the last three years, moving from a previous performance of 14% to a current performance of 9.6%, surpassing their target of 10%. Information sharing and consultation with front-line staff creates buy-in to decrease the use of restraints. A culture change has occurred within the home to challenge the default to restraints to reduce falls. Residents, substitute decision-makers, and staff are more aware of the risk issues associated with restraints. The home plans to continue to build on these positive efforts, increase interdisciplinary collaboration, and document their journey.

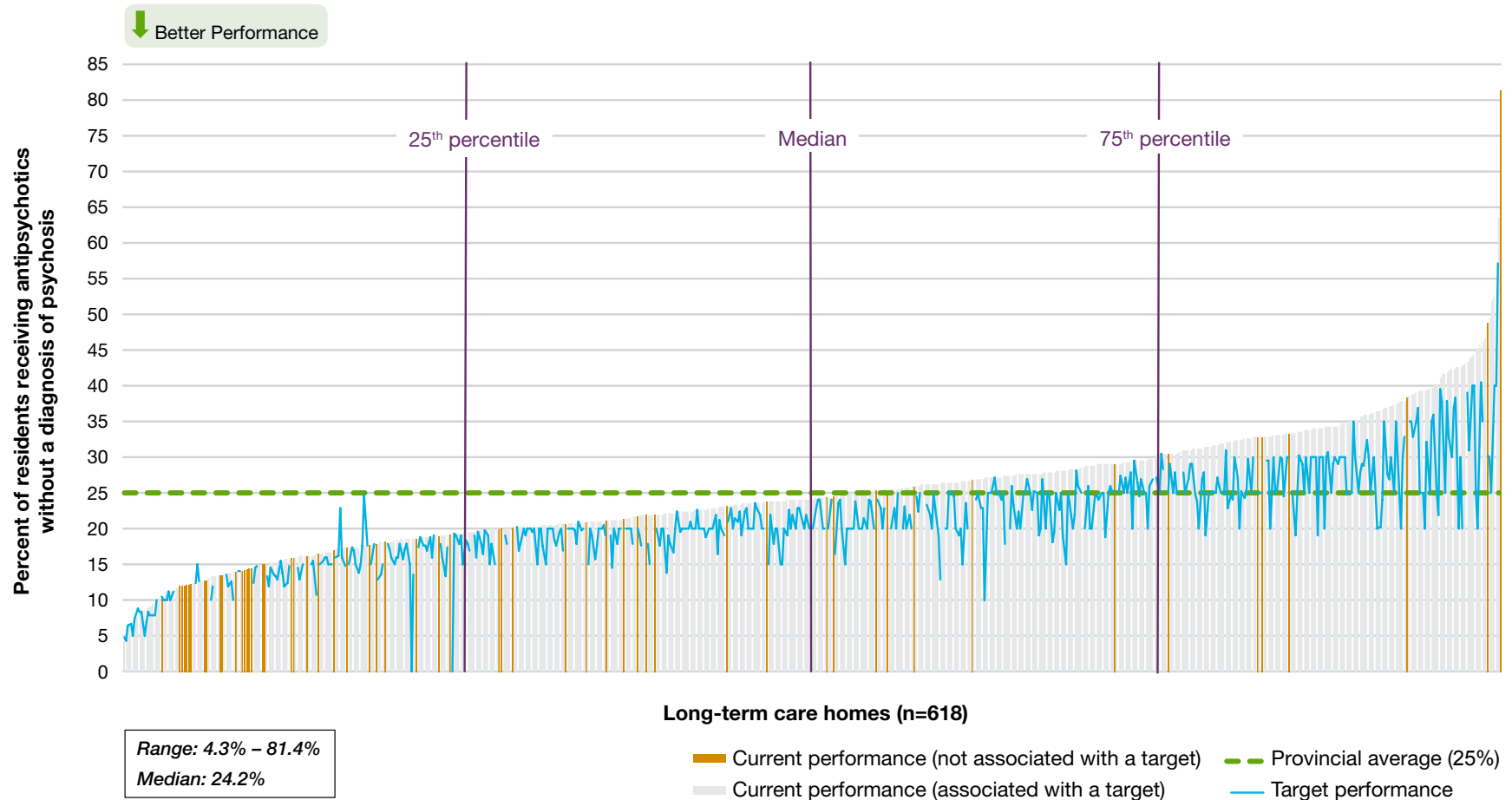
## Medication safety: Potentially inappropriate antipsychotic use in long-term care

This indicator measures the percentage of residents receiving antipsychotics without a diagnosis of psychosis. Exclusion criteria have been expanded to include those experiencing delusions.

### Progress and current performance

According to the unadjusted data included in the QIPs, provincial performance improved from 29% in 2015/16 to 25% in 2016/17. This downward trend is also evident in the most recent [public reporting data](#) available (which shows a current performance of 22.9%; however, this data is risk-adjusted and should not be directly compared with QIP data). Figure 5 shows homes' current performance and the targets they have set for the coming year.

**Figure 5. The percentage of residents receiving antipsychotics without a diagnosis of psychosis among long-term care homes in Ontario, 2016/17 QIPs**



Data is provided for all long-term care homes in Ontario, except homes for which data are suppressed and homes that reported that they are collecting baseline data. Orange bars indicate homes that did not select the indicator in their 2016/17 QIP.



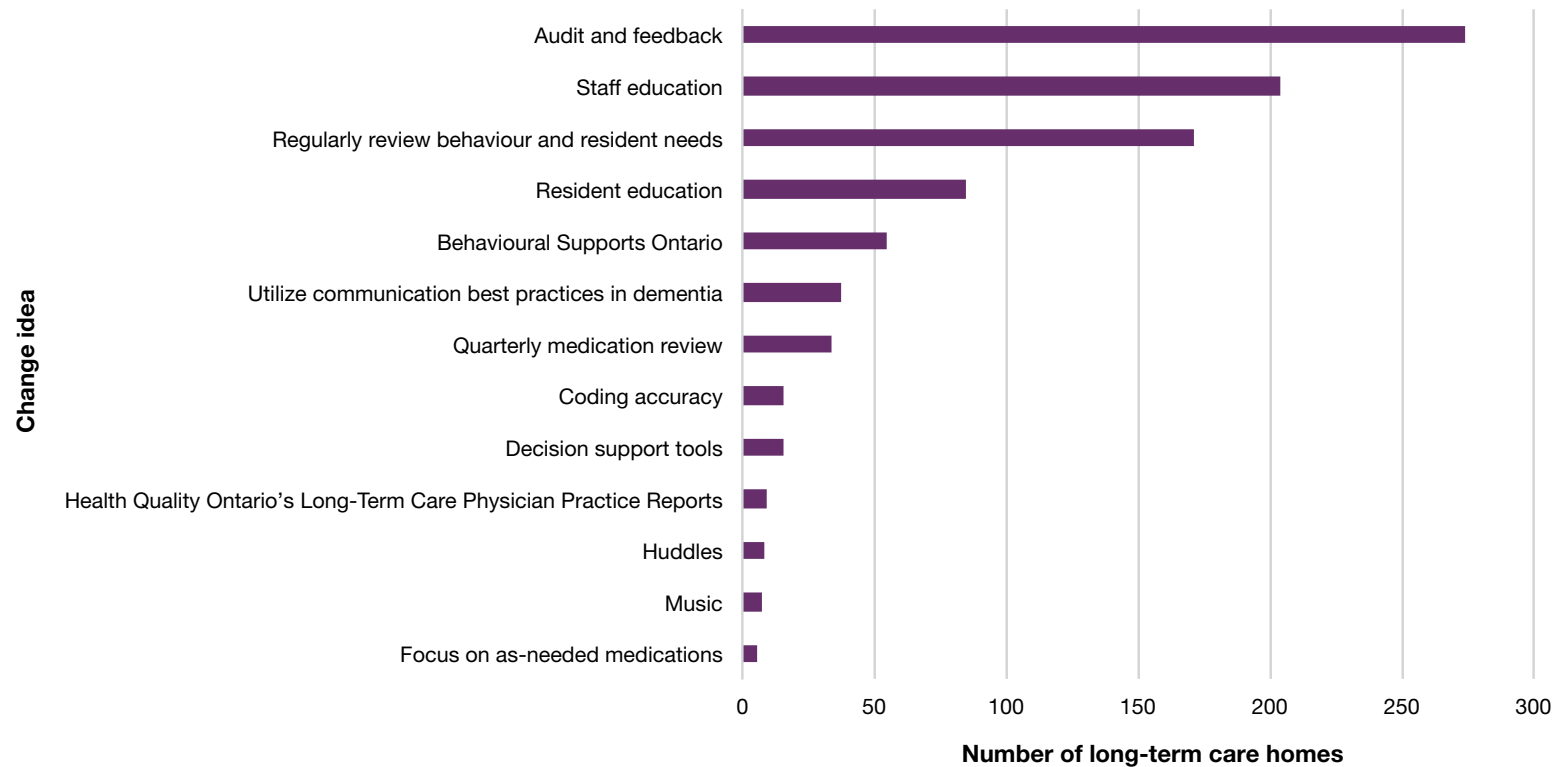
The range of performance on this indicator is still very wide (4.3% to 81.4%). A high proportion (93%) of homes that are working on this indicator set targets to improve. Among the organizations that set targets to improve, 59% have set a target between 1%–5% of their current performance and 21% have set a target between 5%–10% of their current performance.

### Approaches to improving performance on this indicator

The most frequently cited change ideas to improve on this indicator are presented in Figure 6. The change ideas most common among homes that improved and least common among homes that worsened were:

- Review behaviour/resident needs (92 homes improved, while 24 worsened)
- Resident education (40 homes improved, while only 2 worsened)
- Staff education (121 homes improved, while only 24 worsened)

**Figure 6. The most common change ideas cited to address potentially inappropriate antipsychotic use planned for implementation in 2016/17**



## Examples of change ideas

**Harmony Hills** is committed to reducing the number of residents on antipsychotic medications without a supporting diagnosis. Their interdisciplinary team reviewed residents who were prescribed antipsychotic medications and identified residents who could be titrated and discontinued off these medications. The home shared a story of one resident whose antipsychotic medications were titrated and eventually discontinued. While on antipsychotic medications, this resident lived on the secured home area and was physically and verbally aggressive, suicidal, resistive to care, and falling frequently. Now, this resident lives on an unsecured home area, has regained a passion for wood carving and poetry writing, and exhibits no responsive behaviours.

At **Trillium Court**, front-line staff are all trained in managing responsive behaviours, and the Montessori program is used. Their Registered Nurse Champion is a Behavioural Supports Ontario lead. Front-line staff are trained in identifying behaviours that could benefit from the use of antipsychotic medications, and for those who will not benefit from medications, other programs are initiated. Attending physicians receive education from the pharmacist. The home also participated in the [Antipsychotic Reduction Collaborative](#), with the end result being an overall reduction of prescribed antipsychotic medications.

**Hope Street Terrace** worked with the Centre for Effective Practice in the Academic Detailing Service Program, as part of Canadian Foundation for Healthcare Improvement's Antipsychotic Reduction Collaborative. Through this project, this home is being supported through one-on-one visits with an Academic Detailer who will work to deliver objective, evidence-informed information on best practices to optimize clinical care. As a result of these efforts, their performance on this indicator was below the Ontario average and within the best-performing 25<sup>th</sup> percentile.

**Niagara Health System, Welland Hospital Site**, Extendicare Unit has implemented the Music & Memories program to manage behaviours without pharmaceutical interventions. The home has approached Brock University to work with the home as part of Inter-professional Education for Quality Improvement Program quality initiatives to study the effect of the Music & Memories program to determine whether a relationship exists between the use of music and the reduction in the use of antipsychotics.

**Caressant Care Harriston** notes that their attending physicians are encouraged to review Health Quality Ontario's Long-Term Care Practice Report to facilitate their own move to best practice. Quarterly data review and presentation to Professional Advisory Committee for multidisciplinary review, including physicians and pharmacists as well as home staff such as nursing, dietary, and behavioural supports, will support these efforts.



Physicians in long-term care homes should consider signing up for [Long-Term Care Physician Practice Reports](#), which provide regular feedback on their prescribing patterns and enable them to compare their performance with their peers'.

## Effective transitions: Potentially avoidable ED visits for long-term care residents

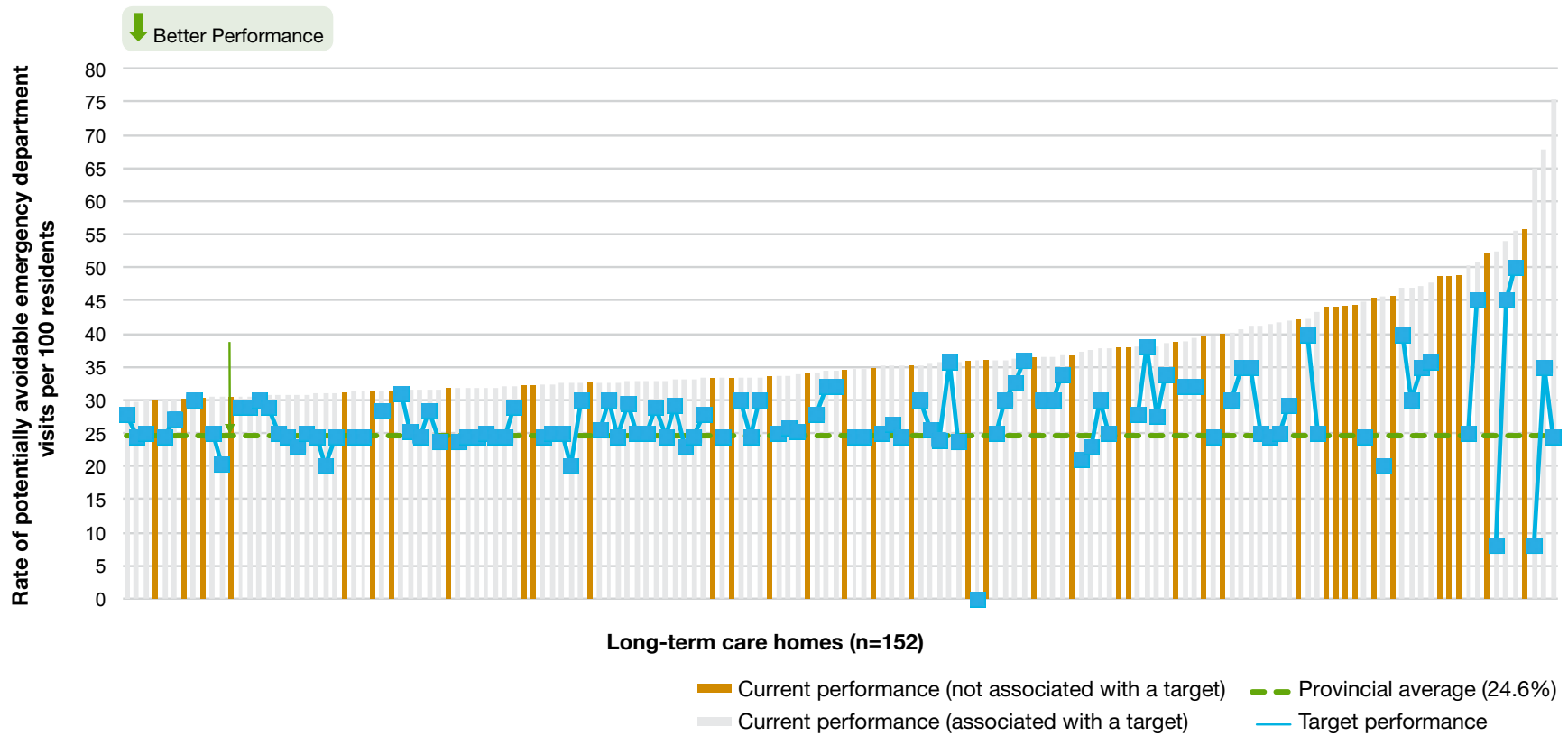
This indicator measures the number of ED visits for a modified list of ambulatory care-sensitive conditions per 100 long-term care residents.

## Current performance

Unadjusted data used in the QIPs reveal that provincial performance on this indicator has worsened slightly, from 23.8 in 2015/16 to 24.6 in 2016/17. For homes that set an improvement target, 191 (48%) set a target between 1%–5% of their current performance and 109 (27%) set a target between 5%–10% of their current performance.

We observed that approximately one quarter of the homes in the quartile with the highest rate of potentially avoidable ED visits per 100 residents did not select this indicator for their 2016/17 QIP (39 of the 152 homes in this quartile did not select the indicator; Figure 7). We also observed that many homes in this quartile are setting targets to reach the provincial average (as seen by the cluster of targets set around the provincial average line), which is an appropriate target considering their performance on this indicator.

**Figure 7. The rates of potentially avoidable emergency department visits per 100 residents for long-term care homes in the 25<sup>th</sup> percentile for performance in Ontario, 2016/17 QIPs**



*This graph shows the current performance and target setting among the long-term care homes in the quartile with the highest rate of potentially avoidable emergency department visits per 100 residents. Orange bars indicate homes that did not select this indicator in their 2016/17 QIP.*

### Approaches to improving performance on this indicator

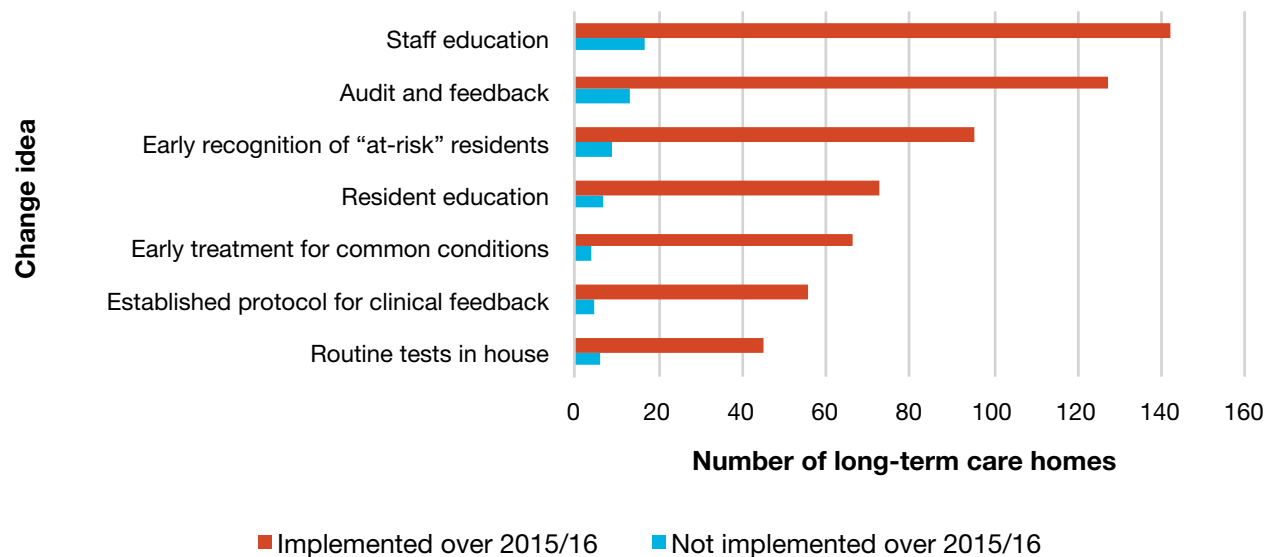
Homes have taken a similar approach to improving this indicator as they have with others. Staff education as well as audit and feedback have been implemented most frequently, followed by best practices, resident education, and focused assessments (Figure 8).

### Spotlight

- Bay Haven Nursing Home:** The Intravenous Therapy Project allows residents to receive intravenous antibiotics at the home instead of in the hospital. They have estimated that this project saved 43 hospital days in 2015, corresponding to \$32,696 in hospital expenses.

- Seniors' Health Centre:** The home plans to use a Sienna tracking form to include more detailed information including rationale, i.e., reason for transfer, admission outcome, shift trends, and whether the transfer was initiated as a family directive or by the health team. The home planned to implement the PointClickCare ED transfer portal in 2016 to support effective transitions to and from their home.

**Figure 8. The most common change ideas cited to address potentially avoidable emergency department visits planned for implementation in 2015/16**



## Resident experience

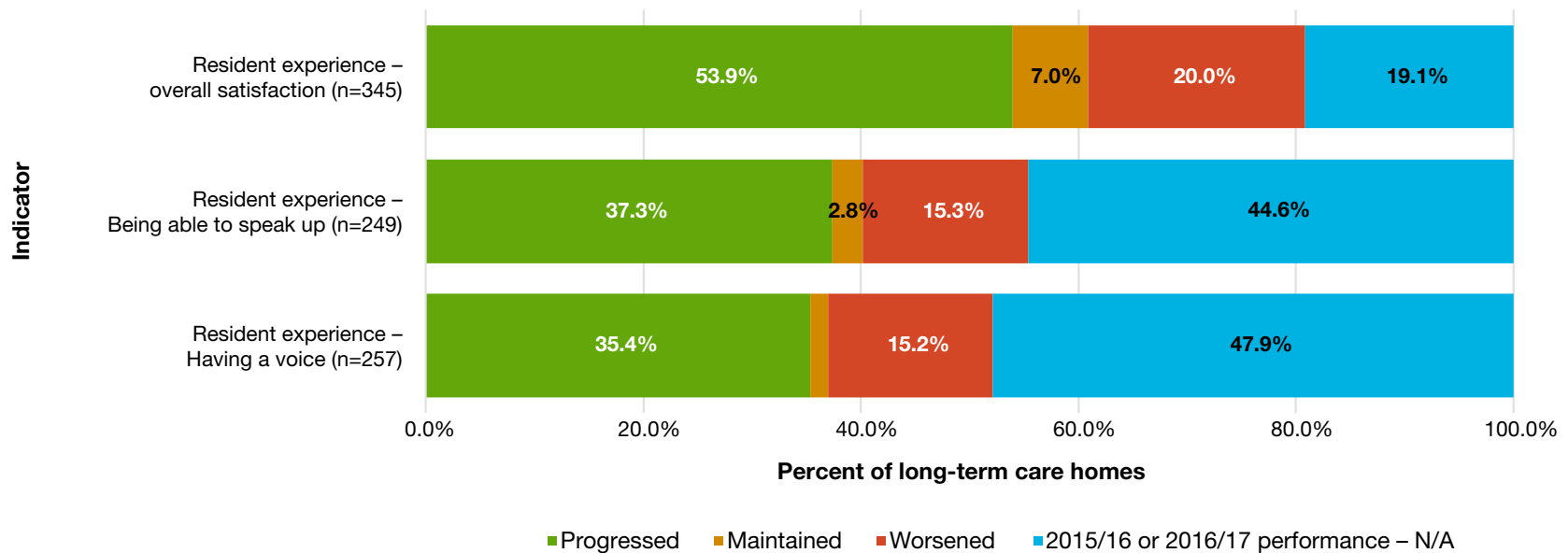
This set of indicators measures:

- Having a voice: What number would you use to rate how well the staff listen to you? (*Nursing Home Consumer Assessment of Healthcare Providers and Systems [NHCAHPS]*)
- Being able to speak up: I can express my opinion without fear of consequences. (*interRAI*)

- Overall satisfaction (measured using two questions):
  - Would you recommend this nursing home to others? (*NHCAHPS*)
  - I would recommend this site or organization to others. (*interRAI*)

Homes should be interpreting the results of these surveys and designing approaches to improvement in collaboration with residents and their families (e.g., through Residents' Councils and Family Councils). Figure 9 and Table 2 reflect the improvement homes have made with resident experience indicators as well as the targets made to improve their current performance. While a significant proportion of homes worsened on this indicator, most homes aimed to improve the following year.

**Figure 9. Percentage of long-term care homes in Ontario that progressed, maintained, or worsened their performance on the resident experience indicators between their 2015/16 QIP and their 2016/17 QIP, as reported in the Progress Reports of the 2016/17 QIPs**



The large proportion of N/A values reflects the many homes that are currently collecting baseline data for these indicators and were not yet able to report on progress being made.

**Table 2. Selection of the resident experience indicators and direction of target setting for the coming year, as reported in the Workplans of the 2016/17 QIPs**

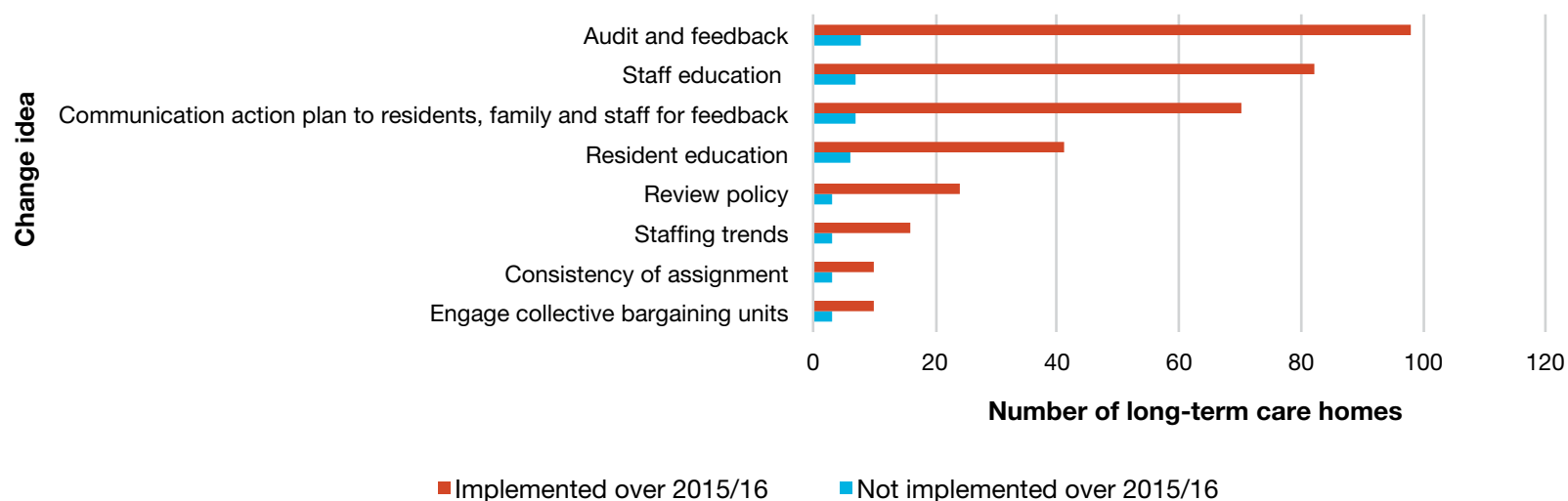
Indicator	Homes that selected the indicator according to the original definition, n (%)	Homes that selected the indicator according to the original definition and set a target to improve on the indicator, n (%)*
Having a voice	230 (37%)	99 (43%)
Being able to speak up	303 (49%)	156 (51%)
Overall satisfaction	378 (61%)	211 (56%)

\*Homes for which the target setting direction could not be calculated (e.g., those reporting their current performance as “collecting baseline”) were excluded from this analysis.

**Approaches to improving performance on these indicator**

Homes are most frequently using audit and feedback as well as staff education as change ideas to improve on these indicators, followed by best practices, resident education, policy review, and staffing trends (Figure 10).

**Figure 10. The most common change ideas cited to address resident experience planned for implementation in 2015/16**



### Examples of change ideas

The **O'Neill Centre** and **Vermont Square** both plan to work to ensure that residents who have severe cognitive impairment and/or who are confined to their beds receive equitable access to recreational programming.

Through collaboration with management, residents, maintenance and the activity staff, **Teck Pioneer Residence** redeveloped their rooftop terrace to be more usable by their residents. A glass railing was installed to ensure resident safety, and a cedar pergola was built to withstand strong winds. Comfortable and accessible furniture was installed. The home now holds many events on the terrace when the weather is suitable. The home highlights a pub night where a band played on the terrace as a stand-out event. A picture is available in their QIP Narrative and below.



*A photograph shows the redeveloped rooftop terrace at Teck Pioneer Residence.*



# Chapter 3: Moving Forward

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## **Celebrating success and maintaining momentum**

The 2016/17 QIPs mark the second year of formal submissions from the long-term care sector. We have seen truly remarkable improvements from long-term care homes even over this short time. Significant improvements in the potentially inappropriate antipsychotic use indicator as well as restraints reflect homes' commitment to improving on these issues. We have seen an increase in the use of quality improvement science throughout the QIPs as well. Homes are also increasingly collaborating with organizations in other sectors, involving their Family Councils and Residents' Councils in their quality improvement initiatives, and engaging staff in this work as well. We encourage homes to maintain this trajectory toward improvement moving forward.

## **Engaging residents and their families**

Working with residents and their families to improve the quality of care is particularly important for the long-term care sector. In the 2016/17 QIPs, we observed an increase in the number of homes that reported involving their Resident/Family Councils in the development of their QIPs. This is an important way for residents and their families to be involved, and will facilitate the movement toward patient/resident-centred care in Ontario.

Health Quality Ontario has a wealth of resources prepared to guide organizations in their engagement initiatives. One resource that homes may find particularly informative is our report, [Engaging with Patients: Stories and Successes from the 2015/16 Quality Improvement Plans](#). In addition, we have produced a guide, [Engaging with Patients and Caregivers about Quality Improvement: A Guide for Health Care Providers](#), which focuses specifically on patient/resident engagement in quality improvement and QIP development.

## **Developing partnerships to support effective transitions in care**

In their QIPs, hospitals described the fewest partnerships with long-term care compared to other sectors. Homes are encouraged to spark more partnerships with local hospitals to facilitate hospitals' need to reduce alternate level of care and reduce potentially avoidable ED visits, and facilitate homes' need to reduce post-hospitalization pressure ulcers. Homes and hospitals can use the QIP as an opportunity to discuss collaborative change ideas that are mutually beneficial and improve both the quality of care and residents' experience across transitions.

## **Promoting health equity**

Homes should continue to work to ensure that their residents are receiving equitable care. According to Health Quality Ontario's [snapshot on health equity in the 2016/17 QIPs](#), some homes have reported that they are working toward providing care for their residents according to their cultural, linguistic, and spiritual preferences, while others are collecting data related to these preferences. Other homes are working to ensuring equitable access to recreational programming for residents with cognitive or physical disabilities.

Moving forward, homes may find the [Health Equity Impact Assessment tool](#) to be useful as they plan programs and initiatives. Health Quality Ontario's [health equity plan](#) provides more information on health equity in Ontario and what we plan to do to address it.



## Selecting indicators to work on and setting targets for improvement

We encourage homes to reflect on their current performance when they are selecting indicators and setting targets for their quality improvement activities. Homes should consider working on indicators for which their performance is worse than the provincial average. It may be helpful for homes to consider both [risk-adjusted and unadjusted data](#) during this process.

With regard to setting targets for improvement, we were pleased to observe that far fewer homes set retrograde targets in the 2016/17 QIPs compared with the 2015/16 QIPs. We encourage homes to refer to Health Quality Ontario's [QIP guidance document](#) and [Long-Term Care Benchmarking Resource Guide](#) for more information on how to set appropriate targets for the QIPs.

## A focus on emerging themes/issues

Several themes are becoming increasingly prominent in Ontario, and include palliative care, mental health, opioid use and prescribing practices, and workplace safety. We encourage long-term care homes in Ontario to consider how they can improve on these issues, as they may be incorporated into the QIP (as indicators or narrative topics) or other initiatives in coming years.

As a specific example, homes could review [quality standards](#) as they are released and consider how they might use these standards to guide quality improvement work. In the future, we envision that the quality standards and QIP priority issues will be closely aligned. Homes might also consider how their participation in other quality improvement initiatives that may be related to these issues might best be integrated into their QIPs.

Overall, the 2016/17 QIPs demonstrate that long-term care homes are not simply recognizing that opportunities for improvement exist, but are taking meaningful action towards improvement, engaging their residents, families and partners and learning from successes and failures along the way. It is this commitment to relentless improvement that will result in a just, person-centred health system for all. Ontarians.

## The 2016/17 QIP Program Evaluation Survey

In May 2016 – shortly after the 2016/17 QIPs were submitted – we conducted a survey of QI leads, Executive Directors, CEOs, administrators and Board Chairs to ask about their opinions and experiences with preparing and supporting QIPs in their organizations.

Respondents in the long-term care sector generally reported positive opinions on the QIPs:

- The majority of Executive Directors and administrators (72%) indicated that the QIP supports their organization to improve performance.
- The majority of Board chairs indicated that the QIP encourages the organization to talk about quality and quality improvement (95%).

Thank you to those homes that responded to the survey.

## Where to go for more information

This report is intended to be a summary of our observations, not a detailed description of all of the information in the 2016/17 QIPs. There is a vast amount of data presented in these QIPs that is not discussed in this report.

Here are a few key sources for more information on the 2016/17 QIPs and tools for improvement while developing next year's QIPs:

- **Query QIPs** and **Download QIPs**: The Query QIPs tool allows the user to search within all submitted QIPs using filters such as keyword, LHIN or indicator. For example, users might search the Workplans of all QIPs for a particular indicator to read how homes plan to improve on that indicator, or might search for “equity” in any section of the QIPs to identify how homes are supporting health equity across the province. The Download QIPs tool is a searchable database of all QIPs submitted to Health Quality Ontario, and allows the user to read the full text of any QIP that they are interested in.
- **The indicator library**: This resource is a fully searchable library that includes all indicators on which Health Quality Ontario reports. Each indicator page includes a description of the indicator, its technical specifications, information on its alignment with similar indicators, information about and/or links to data sources, and other details about the indicator.
- **Quality Compass**: This evidence-informed, searchable tool presents best practices, change ideas, targets and measures, and tools and resources for the priority indicators selected for the coming year's QIPs, as well as for other common indicators.
- **Measuring Up**: Health Quality Ontario's yearly report on health system performance presents data on indicators described in the **Common Quality Agenda**, which largely align with the priority and additional indicators described in the QIPs.

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