



REPORT TO: Co-Chairs and Members of
Public Health and Social Services Committee

SUBJECT: Seniors Services Quality improvement Report
April 2007 to June 2008

RECOMMENDATION

That this Committee recommends to Regional Council that this report be received for information.

EXECUTIVE SUMMARY

- Seniors Services is continuously seeking ways to improve service to clients and their families, and to improve the cost effectiveness of services.
- Accordingly, updates are provided in this report on quality projects and related activity, including the following for the period covered by this report:
 - Strategic Planning – Community Consultation
 - Enhanced Community Support Services
 - Evaluation of Care and Services
 - Care Planning and Resident Assessment Initiatives
 - Reorganization and Additional Staff
 - Resident and Staff Safety
- The resident abuse data comparing 2007 and 2008 remain within normal variation when compared to data collected over several years.

FINANCIAL IMPLICATIONS

There are no financial implications directly associated with this report.

PURPOSE

This report has been prepared to provide

- a) an outline of improvements that are being implemented through the following:
 - quality improvement projects to meet and exceed Ministry of Health and Long Term Care (MOHLTC) Compliance Reviews and Accreditation Canada recommendations, and
 - projects to enhance resident care
- b) a table of quarterly data requested by the Public Health and Social Services Committee (i.e. year-to-date data on staff-to-resident abuse and comparison to previous year).

BACKGROUND

Each quarter, a quality improvement report is normally submitted to Committee and Council. In 2007 and 2008, a transition in personnel affecting the position of Education and Quality Improvement Manager precluded the submission of regular quarterly reports. The role of Senior Manager, Resident Care and Services, which came into effect in March 2008, has the responsibility of risk management and includes responsibility for preparing quarterly quality improvement reports.

Quality improvement reports seek to inform Councillors and encourage participation in well informed decisions that result in a continuing high standard of care and service by Seniors Services to the residents, clients and their families and to the community.

REPORT

Strategic Planning – Community Consultation

On March 20, 2008, Seniors Services held a half-day session engaging community stakeholders to help influence the direction of the Region's Seniors Services in years to come. The session produced a wealth of ideas and priority issues. The session involved the review of a previously drafted long-term care environmental scan, where stakeholders were asked to validate whether the issues were still applicable, and add any issues that may affect the long-term care environment either now or in the near future. This session also saw the introduction and explanation of the four proposed new strategic directions for Community Services, which were well received by the stakeholder group. In addition, the group's input led to the development of a fifth strategic direction relating to nurturing a culture of excellence. The five strategic directions also serve as performance objectives for all Seniors Services non-union staff.

The feedback obtained through the session has been added to the Seniors Services Operational Plan for 2008 which supplements the Strategic Plan and outlines the following:

- Objectives under each of the five strategic directions
- Action Plans
- Expected Outcomes
- Target Dates
- Leads/Linkages

Stakeholder input informs strategic and operational planning and related budgeting, decision making and quality outcomes.

Enhanced Community Support Services

Seniors Services staff have participated in numerous consultations with community stakeholders and identified various service gaps in community support services for seniors in Niagara. Accordingly, Seniors Services has initiated and has been successful with its applications for program funding enhancements to the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) for various community support programs. Base funding was received for 2008/09 from the LHIN's Aging at Home or Emergency Department Action Plan funds to expand or enhance existing Seniors Services programs including the following:

- Alzheimer Respite Companion Service
- Adult Day Service
- Supportive Housing
- Respite Care at the Adams Centre for Dementia Care

In addition, Seniors Services received base funding for 2008/2009 for a Nurse Practitioner to partner with the Niagara Health System (NHS) in providing support to all 31 long-term care homes in Niagara. The purpose of this additional Nurse Practitioner is to avoid unnecessary use of emergency departments and unnecessary hospitalization of long-term care residents and to facilitate early discharge of long-term care residents from hospital back to their long-term care home.

These program enhancements are 100% funded by the LHIN, with no additional fiscal contribution from the Region.

Evaluation of Care and Services

Seniors Services is constantly participating in internal and external reviews of the quality of its care and services. Internally, the Seniors Services Quality Council reviews quality indicator data and identifies corresponding quality improvement projects. Externally, Seniors Services seeks input on the quality of its performance from various other sources, including the following:

Resident/Family Satisfaction Survey

Niagara Region's Seniors Services is an active participant in the Ontario Municipal Benchmarking Initiative (OMBI). Seniors Services submits data in order to compare statistical indicators with the long-term care homes of the twelve other participating municipalities. One of the indicators for comparison is the resident/family satisfaction survey results. In the survey completed in 2007, respondents indicated their overall rating on the facilities' quality and their rating on recommending the facility for other family members or friends. Niagara Regions' homes continue to rate well in these overall ratings with results of 93% recommending the facilities for other family members or friends.

Accreditation Report

Accreditation Canada is a non-profit organization that establishes national standards for health service organizations, and monitors compliance of organizations that voluntarily participate in its comprehensive survey process. Surveyors reviewed the eight long-term care homes in November 2007 and awarded Senior Services Division and the homes "Accreditation with report" status (COM 20-2008). "Accreditation with report" means that the organization will maintain its accreditation status for the full three years, upon submission of two reports – the first required August 31, 2008. This report to Accreditation Canada will address eight recommendations from Accreditation's Required Organization Practices for Patient Safety. Four recommendations relate to infection control and the other four recommendations focus on planning, organizing, education and reporting patient safety issues. All eight issues have been addressed. The second report is due by February 28, 2009 and will address recommendations relating to emergency response procedures, the use of restraints, and formulating a formal quality improvement/risk management program.

Ministry of Health and Long-Term Care Compliance Reports

The Ministry of Health and Long-Term care maintains a Programs Standards Manual for long-term care homes and a corresponding enforcement system. Compliance officers are authorized to inspect facilities for compliance with the over 400 standards and to investigate complaints received from consumers or from members of the public. Annual inspections are conducted without prior notice by inspectors with nursing, environmental and nutritional credentials. Inspection and investigation results must be posted for public viewing in the homes and are posted on a Ministry website for universal access.

During 2007 and 2008, most of Niagara Region's homes had previously unmet standards removed relating to documentation and care planning. This was a result of the computerized documentation system implemented and increased staff diligence in documentation.

In March 2007, inspectors placed Linhaven under "enhanced inspection" (rather than "routine inspection") citing six areas of risk requiring improved management. During this period of enhanced inspection, the compliance inspectors were onsite at least every three months and reviewed progress and concerns with the Linhaven team. With the extensive support of the Seniors Services management team and staff, the Linhaven team was able to return the home to routine inspections by the fall of 2007.

Care Planning and Resident Assessment Initiatives

In 2007 and 2008, Seniors Services has made significant progress in clinical documentation and resident assessment, as evidenced by the following initiatives:

Clinical Documentation

Documentation of resident care plans and related progress notes on resident care by various professionals and caregivers is a significant component of providing quality care in long-term care homes. Good quality care planning improves communication on the residents' needs and preferences, and improves the probability of homes' success in meeting MOHLTC Compliance Standards and achieving higher Case Mix Index (CMI) results with corresponding increases in MOHLTC funding for resident care.

During 2007, Seniors Services staff introduced an intensive education program to registered staff that included the introduction of computerized care planning and the application of a consistent approach to documentation across all homes. Front-line staff were updated and educated on documenting and meeting the care needs of the residents. The education, consistent approach to documentation and comprehensive monthly auditing resulted in an increase in the CMI for all of the homes. The CMI increase amounts to nearly \$1.7 million and an increase in front-line care staff of 20.6 full-time equivalent Health Care Aides (COM 05-2008).

Resident Assessment

The MOHLTC is phasing in the Resident Assessment Instrument-Minimum Data Set (RAI-MDS), a standardized computerized assessment tool that will replace the current model of resident classification and CMI scores. This new system assesses residents' needs at regular strictly scheduled intervals and data is submitted quarterly with funding based upon this quarterly assessment. The system also supports quality improvement and accountability and in future the homes will be able to compare care results to all other long-term care homes across Canada and elsewhere. All long-term care homes in Ontario will be required to advance to this system by 2010. The MOHLTC has funded the start-up costs of this project including the position of a RAI Coordinator. The Woodlands of Sunset was accepted into Phase 5 of the MOHLTC RAI-MDS project. The position of RAI Coordinator is required to ensure that all assessments are completed accurately, on time and submitted to the Ministry correctly for funding. The Woodlands has completed the first of four phases of this program.

The MOHLTC will be requesting applications from homes in late August for the next start-up phase. Senior Services will be submitting applications to the Ministry for a number of its homes to begin RAI-MDS implementation in the fall 2008.

Reorganization and Additional Staff

In 2005, Accreditation Canada surveyors had identified the need for a senior position to provide nursing leadership and support for the Directors of Resident Care across the eight long-term care homes. A reduction of a building services management position allowed a redeployment of the approved staff complement to create the position of Senior Manager, Resident Care and Services. This position oversees a group of staff previously supervised by several managers to improve teamwork and coordinate care and services. Staff supervised by this position include two Registered Dietitians, Clinical Practice Manager, Manager Clinical Documentation and RAI, Registered Nurse - Infection Control, and the Education and Quality Improvement Manager. Working with all teams, this position ensures consistency and effectiveness of care and services at all eight long-term care homes and includes the overarching risk management lead for Seniors Services.

New or additional positions to improve care and services have been created from redeployed staff complement or from increased CMI funding. For example the Manager Clinical Documentation and RAI, which was introduced to help sustain the CMI funding increase over future years, was funded by additional CMI funds. The RAI Coordinator position at The Woodlands was funded by the MOHLTC. Additional home staff include 20.6 FTE HCA funded through increased CMI funding and 8.0 FTE Registered Practical Nurses (RPNs) funded through the LHIN

A special mentorship program has been established within each home to ensure hand-picked staff mentor new staff in the appropriate processes for quality care and service.

Resident and Staff Safety

Seniors Services utilizes several vehicles to monitor staff and resident safety data and to identify corresponding quality improvement initiatives. For example, the Seniors Services Quality Council reviews safety quality indicators and the Senior Manager Resident Care and Services reviews quality indicator reports, with resultant initiatives and outcomes such as the following:

- There is regular review of resident and staff safety at Quality Council quarterly meetings and at the Seniors Services Management Team semi-monthly meetings. This review includes frequency and severity of staff lost time incidents, identified cause of staff and resident injuries, with the establishment of a corresponding action plan for improvement.
- The ongoing tracking of quality indicators during the period covered by this report has led to actions to improve quality of care to residents. For example, the examination of critical incidents data identified a higher than normal number of resident fractures in two homes. Follow-up is underway with a more detailed examination of practices within the identified homes and with the implementation of corresponding improvement plans. Also, the examination of resident falls data has led to the creation of a dedicated follow-up team.

- The Central Occupational Health and Safety Committee (comprised of management and front-line staff from all eight homes) meets quarterly in addition to the required Joint Occupational Health and Safety Committee at each long-term care home site. The Central committee identifies trends of concerns across all sites and develops action plans that have resulted, for example, in re-education and training of nursing staff in 2008 on the proper use of lifts and proper transfers of residents to reduce injuries to both staff and residents.
- The Gentle Persuasive Approach is a well recognized protocol promoted within the long term care industry for staff working with residents with dementia. It is person-centered and compassionate using a gentle persuasive approach in response to residents who have challenging behaviours associated with dementia. Using a multi-disciplinary approach, each long-term care home has scheduled education for a minimum of two training days in 2008 for identified staff. Funding for training and staff replacement was drawn from the additional CMI revenues in 2008.
- Orientation for new employees with Seniors Services has been changed in April 2008 to increase the amount of time spent on resident behaviours associated with dementia. This will better prepare the new staff to understand the needs of the residents and minimize the risk of injuries, while improving the quality of life for residents.

Abuse Data – April 1, 2007 to June 30, 2008

Seniors Services has been proactive over the years in nurturing a culture that promotes dignified treatment of residents/clients, prevents resident/client abuse, and has zero tolerance for any transgressions against these principles. Seniors Services has developed an Abuse-Free Long-Term Care Environment Policy, which covers all partners in care (i.e., residents, staff, families, volunteers, students and visitors) to further the development of this culture. This policy is reviewed with all new staff at orientation.

The resident abuse data for April 2007 to June 2008 are appended in Appendix 1. The data remains within normal variation when compared with data collected over several years.

Submitted by:

Approved by:

Brian Hutchings
Commissioner, Community Services

Mike Trojan
Chief Administrative Officer

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Appendix 1: Indicators for 2007 and first quarter 2008 data on Staff to Resident Abuse data

LOCATION: Seniors Division Total

YEAR: 2008

HOME/PROGRAM SELECTED INDICATORS - RESIDENT ABUSE/AGGRESSION**REVIEW QUARTERLY WITH STAFF TEAMS/ADMINISTRATOR****Submit to Administrator Quarterly for Report to Public Health & Social Services Committee**

INDICATORS		First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTALS
RESIDENT ABUSE						
1. a)	Total # VERBAL substantiated (e.g. complaint validated)	0				0
b)	Total # PHYSICAL substantiated (e.g. complaint validated)	1				1
c)	Total # with outcome of discipline					
	- warning	0				0
	- suspension	0				0
	- termination	1				1
	- other (specify)	0				0
d)	# OF RESIDENTS WITH PHYSICAL INJURY FROM ABUSE					
	- No treatment	0				0
	- First aid	0				0
	- Medical treatment in Home	0				0
	- Hospital treatment	0				0

Submit to Administrator at end of each Quarter for review and Quality Report to Community and Health Services Committee

LOCATION: Seniors Division Total YEAR: 2007

HOME/PROGRAM SELECTED INDICATORS - RESIDENT ABUSE/AGGRESSION

REVIEW QUARTERLY WITH STAFF TEAMS/ADMINISTRATOR

Submit to Administrator Quarterly for Report to Public Health & Social Services Committee

INDICATORS	Data Source	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTALS
RESIDENT ABUSE						
1. a) Total # VERBAL substantiated (e.g. complaint validated)		1	2	3	0	6
b) Total # PHYSICAL substantiated (e.g. complaint validated)		0	0	1	0	1
c) Total # with outcome of discipline						
- warning		0	2	2	0	4
- suspension		1	0	0	0	1
- termination		0	0	2	0	2
- other (specify)		0	0	0	0	0
# OF RESIDENTS WITH PHYSICAL INJURY FROM ABUSE						
d) - No treatment		0	0	0	0	0
- First aid		0	0	0	0	0
- Medical treatment in Home		0	0	0	0	0
- Hospital treatment		0	0	0	0	0