



Quality of care provided in long-term care facilities (LTC) is an important social issue. To improve quality of care, Canada is moving in the direction of public reporting. In this paper, we discuss current efforts to assess and report LTC home quality, and provide an overview of quality assessment initiatives in Canada as compared to the United States. We include a thorough description of the new Ontario Ministry of Health and Long-Term Care web-based public reporting feature, and discuss some possible future attempts at improving this tool to incorporate quality indicators.

Key words: public reporting, quality, long-term care homes

Public Reporting on Quality of Long-Term Care Homes in Ontario

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Introduction

The quality of long-term care (LTC) is an important social issue and has received much attention in the academic literature and public sphere. In the United States, studies indicate that 25% of all LTC facilities have deficiencies that have either caused or had the potential to cause serious harm to residents.^{1,2,3,4,5} In Canada, media have reported examples of poor quality of care in some LTC homes.⁶

To improve these homes' quality of care, Canada is moving in the direction of public reporting. In this paper, we discuss current efforts to assess and report LTC home quality, and provide an overview of quality assessment initiatives in Canada as compared to the United States.

Long-Term Care Home Reporting and Quality Assessment in Canada Public Reporting Website

Monitoring and reporting the quality of care in LTC facilities is still in its infancy in Canada. Only three provinces (Alberta, Manitoba, and Ontario) currently have in place legislation mandating reporting of abuse or neglect in LTC facilities.⁷

Ontario has taken the important first step of implementing public reporting via the Ministry of Health and Long-Term Care (MOHLTC) website.^{8,9} This website is intended to guide consumers to choose the best possible care for themselves or

loved ones. Currently, the public reporting website offers a profile of each facility, outlines the findings of inspections, and provides information on verified concerns. The website also has a comparison function, so that information on several homes can be examined side-by-side. Provincial averages are also provided, so that the viewer can see how his or her chosen home compares to the larger aggregate.

i) Home Profile

The Home Profile section provides information on how the institution is classified; who the operator is; and how the home is structured.⁹ For example, information is given on health region, district health councils (local health planning organizations), and administrators. Type of operator is also described. There are various types of operators, including charitable organizations, municipalities and corporations, partnerships, and sole proprietors. Charitable and municipal homes are non-profit; other LTC homes may be either for-profit or non-profit. Information is also provided on the total number of licensed or approved beds, whether the home has a management firm to run its day-to-day operations, and on resident and family councils (autonomous and self-determining groups that serve an advocacy function). Finally, information is given on home structure; LTC homes are built to design standards set by the MOHLTC.

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These standards aim to ensure that facility structure is optimized for the care needs of residents.⁹

ii) Inspection Findings

Inspection findings refer to those findings of Ministry-appointed inspectors who inspect all Ontario LTC homes at least once a year.⁹ The purpose of these inspections is to make sure LTC home operators are in compliance with existing legislation, regulations, standards, and policies. The results of these findings are then made available to the public on the Ontario website. Specifically, viewers can access (1) the

number and type of unmet standards/criteria and (2) citations under the law. Provincial averages are also provided, so that viewers can make comparisons. The provincial average is the average number of citations issued per LTC home operator within the specified reporting period.

Unmet standards refer to a failure to meet requirements for LTC facilities in Ontario. The requirements related to standards and policies can be found in the Long-Term Care Facility Program Manual in the form of standards and supporting criteria. There are 18 Sections in the Long-Term Care Facility Program Manu-

al. These 18 sections identify standards for such services as Dental Services, Nursing Services, Resident Safeguards (relating to the promotion of residents' rights and autonomy), and Facility Organization and Administration. A full list is provided in Table 1. Each section may contain one or more standards, with supporting criteria, which outline minimum requirements. Overall, there are 37 standards and 426 supporting criteria. LTC home operators must adhere to these standards. When inspectors find that a home has failed to meet requirements, they issue a "finding" of unmet standard(s)/criteria

Table 1: A Description of the Ontario Long-Term Care Home Reporting Website

Ontario	
Home Profile	<p>Information provided on:</p> <ul style="list-style-type: none"> Address Health region Community care access centre Administrator Operator Type of operator (e.g., charitable vs. for-profit) Management firm Home structure (including number of beds) Existence of approved short-stay beds Existence of family or residents' council Accreditation from the Canadian Council of Health Services Accreditation (CCHSA)
Inspection Findings	<p>Information provided on:</p> <ul style="list-style-type: none"> Number of citations under legislation Number of unmet standards/criteria regarding the following: <ul style="list-style-type: none"> Dental services Diagnostic services Dietary services Environmental services Facility organization and administration Foot care services Medical services Nursing services Volunteer services Pharmacy services Recreation and leisure services Resident care and services Resident safeguards Social work services Spiritual and religious program Staff education Therapy services Other approved services Comparison to provincial average for citations and unmet standards/criteria
Verified Concerns	<p>Information provided on number of verified concerns in the following areas:</p> <ul style="list-style-type: none"> Abuse Diet Environment Facility organization/administration Other Verified Concerns (Actual) Verified Concerns /100 Beds Provincial Average /100 Beds Financial Medical care Resident care Resident rights

to the LTC home operator.⁹ Once a finding is issued, it must be resolved within the period of time stated in the home's Plan of Corrective Action. Otherwise, inspectors will re-issue the finding.

A citation under legislation is issued when a LTC home is in violation of the legislation or regulations governing it.⁹ Legislative requirements are outlined in the Nursing Home Act, the Homes for the Aged and Rest Homes Act, and the Charitable Institutions Act. The number provided on the website is the total number of citations issued against the LTC home for the reporting period. If a home is issued a citation, it must submit a Plan of Corrective Action to the MOHLTC and implement the approved plan within a specified timeframe.

iii) Verified Concerns

A verified concern is a concern reported to the Ministry that is found to be true after an investigation by the MOHLTC.⁹ Unlike inspection findings, which are obtained through a government review process, concerns are generated by the public. There are several types of concerns. Activation Concerns refer to recreation, spiritual, and religious programs; therapy services; and volunteer services. Abuse Concerns refer to any physical or mental abuse, including resident-to-resident; resident-to-staff; staff-to-resident; and any other related concerns such as family-to-resident abuse or misuse of Power of Attorney. Environment Concerns refer to maintenance, housekeeping, and laundry services; Facility Organization and Administration Concerns refer to home organization, programs, and services, including Quality and Risk Management programs at the institution. Other concerns include Financial Concerns (related to the organization or administration of home financial services); Medical Care Concerns (related to the ability to meet residents' medical needs); Resident Care Concerns (related to meeting, monitoring, and evaluating residents' needs with respect to care); and Residents' Rights Concerns. This last group refers to the 19 rights enumerated in the "Residents' Bill of Rights," which can be found on the Ministry website.⁹ It includes such items as the right to be treated with courtesy and respect; the right to be

adequately sheltered, fed, clothed, groomed and cared for; and the right to privacy in treatment.

With respect to public reporting, verified concern numbers are adjusted and reported as a rate per 100 beds. This facilitates comparative evaluation among institutions. For example, the website explains that 50-bed homes and 300-bed homes would be adjusted as if they were 100-bed homes.

Quality Assessment

The current website is well designed, and it enables the viewer to access and compare important information on Ontario LTC homes. However, the public reporting website in Ontario currently lacks quantitative information on quality assessment. While reporting legislative violations is important, reporting and comparison of actual quality indicators would be an even better measure of nursing home quality. Many quality issues important to potential residents and their families—for example, the number of residents with excessive weight loss—may not be provided for in the legislation.

i) Quality Assessment in the United States

The United States is at the forefront of long-term care quality assessment worldwide. The American Nursing Home Compare website¹⁰ provides information on the assessment of individual quality measures in LTC homes, such as the percent of residents at a given home who are physically restrained.

Nursing Home Compare and the quality measures are part of the Nursing Home Quality Initiative, introduced in 2002 by the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The nursing home quality measures come from resident assessment collected routinely on all LTC residents at specified intervals during their stay. The information collected refers to the residents' physical and clinical conditions and abilities. There are 15 quality measures, including 12 for chronic patients and three for post-acute care patients. The

chronic measures include percent of residents who have moderate to severe pain and the percent of high-risk residents who have pressure sores. A full list of quality measures is provided in Table 2.

The quality measures are based on data from the Minimum Data Set (MDS) Repository. The MDS is a "standardized, primary screening and assessment tool of health status; it measures physical, medical, psychological, and social functioning of nursing home residents."¹¹ The MDS is collected at regular intervals for every resident in a CMS certified nursing home. Information is collected on the resident's health, physical functioning, mental status, and general well-being. Nursing homes utilize this data to assess residents' needs and develop individualized plans of care. CMS Regulations require that a MDS assessment

Table 2: CMS Quality Measures Reported on the CMS Website

Long-Term Measures

Percent of residents

- whose need for help with daily activities has increased
- who have moderate to severe pain (high-risk) who have pressure sores (low-risk) who have pressure sores
- who were physically restrained
- who are more depressed or anxious (low-risk) who lose control of their bowels or bladder
- who have/had a catheter inserted and left in their bladder
- who spent most of their time in bed or in a chair
- whose ability to move about in and around their room worsened
- with a urinary tract infection
- who lose too much weight

Short-Term Measures

Percent of short-stay residents

- with delirium
- who had moderate to severe pain
- with pressure sores

be performed at admission, quarterly, annually, and whenever the resident experiences a "significant change in status."¹⁰

ii) Potential Canadian Quality Indicators


Several potential quality indicators could be used in Canadian long-term care homes. Currently, Canadian LTC homes utilize the Alberta Resident Classification System (RCS) to collect data on the status of residents.¹² Ontario adopted the Alberta Resident Classification System in 1993 for funding long-term care facilities. It classifies patients into one of seven groups based on four activities of daily living (eating, toileting, transferring, and dressing), two behaviours of daily living indicators (potential for injury to self or others and ineffective coping), and two continence indicators (urinary and bowel continence).¹³ The seven categories are labeled A through G, with A requiring fewer resources and G requiring the most. This data could theoretically be transformed into basic quality indicators reportable to the public.

Another, even better option is the adoption of the MDS system in Canada, and the associated development of American-style quality indicators. In Canada, MDS was implemented in Saskatchewan for long-term care facilities in 1997, and for Ontario chronic care facilities in 1996.^{14,15} An admission data set is compiled for all chronic care patients, and this set is updated quarterly. The Ontario Long-Term Care Association has expressed interest in the adoption of MDS for Ontario long-term care homes in the near future.¹²

A review of the relevant literature suggests that there are other potential indicators of quality that could be used in Ontario and the rest of Canada. For example, drug-based indicators are a possible option, as they could be assessed using current national or provincial databases. The Beers Criteria¹² and the Quality Indicators for Assessing Care of Vulnerable Elders (ACOVE indicators)¹³⁻¹⁵ are examples of quality indicators that have been measured using these data. For instance, the Beers Criteria assess whether or not patients are using any of a list of medications considered by an expert panel to be inappropriate

for older adults.¹² Dhalla *et al.*¹⁵ used the Beers criteria to compare the prevalence of inappropriate prescribing before and after LTC admission using a cohort of all residents in Ontario LTC facilities. For each patient in the cohort, a subset of the Beers criteria was used to characterize and compare the prevalence of inappropriate prescribing before and after LTC admission. The proportion of patients receiving a prescription for at least one inappropriate drug decreased from 25.4% before LTC admission to 20.8% afterward. Most patients who had been prescribed an inappropriate agent before nursing home entry had that agent discontinued after admission. Other studies^{16,17} have also successfully used drug-based indicators to estimate quality of care. This is promising for future Canadian efforts at quality indicator development.

Conclusion

Quality of care in LTC centres is an important issue in Canada. Ontario's recent implementation of public reporting of inspection results is an important step toward accountability in long-term care. The current U.S. system for assessing quality may serve as a model for Canada in the future. 

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