Determinants of Quality in Ontario LTC Homes Grant Summary
2011

Long term care (LTC) homes in Canada and internationally are under increasing scrutiny in response to concerns about rising costs and well-publicized quality issues. While not included in the Canada Health Act, LTC is highly regulated and largely publicly financed and is considered in most provinces to be part of the health care system. Government involvement in financing LTC stems from failure of the private insurance market, whereas regulations address a desire to protect society’s most vulnerable individuals. While governments have tended to be particularly vigilant in regulating and setting facility and care standards for LTC, there are clear limits to such enforcement. For example, such standards are typically viewed as a minimum standard and tend to only address structural factors and the more egregious quality problems.

Quality Improvement (QI) initiatives have also been developed and implemented by researchers, health care interest groups, foundations and organizations, including LTC Homes, in order to improve the quality of LTC. Following many different approaches including Plan-Do-Study-Act cycles, learning collaboratives, and occasionally direct training, these efforts seek to develop a more proactive approach to improving care and resident clinical and quality of life outcomes. While important, commendable and sometimes highly influential and impactful, these approaches are voluntary and lack the universal enforcement available to governmental authorities. In this regard, they may increase inequity in care across homes, as already high achievers may be those most attracted to such activities, creating even greater gaps between resident outcomes in ‘have’ and ‘have-not’ homes.

Ontario is currently a particularly active environment for both regulatory and QI approaches. The provincial government enacted a new Long Term Care Act that came into full force with regulations and a new approach to regulatory oversight as of July 1, 2010. The Ontario Ministry of Health and Long Term Care (MOHLTC) has the task of enforcing this new legislation. At the same time, Health Quality Ontario (HQO, formerly the Ontario Health Quality Council (OHQC)) has initiated a large and expanding multifaceted QI activity with Ontario Long Term Care Homes called “Residents First”. HQO has also commenced Public Reporting of LTC quality outcomes. The MOHLTC and HQO have a keen interest in understanding the impact of these extensive initiatives on LTC operators, staff, and residents.

This unique circumstance offers an ideal opportunity to examine the relative scope, strengths, limitations and effects of regulatory, public reporting and QI programs on resident, staff and home-level outcomes in LTC. The proposed study has the following specific aims:

A. To assess the effects of the LTC Homes Act, public reporting and Residents First programs in Ontario on LTC resident, staff and organizational outcomes.
B. To understand how and why LTC homes responded to the three programs.
C. To partner decision-makers with researchers to develop and act on a new understanding of how to improve quality in LTC homes.

This research will provide robust formative and evaluative evidence regarding the effects of and future directions for regulation and QI affecting over 80,000 residents in Ontario LTC as well as other jurisdictions seeking to improve their LTC quality. The research focuses on modifiable factors that affect the health of frail and vulnerable elderly persons living in LTC homes.