Determinants of Quality in Ontario LTC Home: Quality Improvement Focus

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Walter P. Wodchis¹; Natalie Ceccato¹; Chen Wu¹

1. Health Policy, Management and Evaluation, University of Toronto
Funded by: Canadian Institutes of Health Research and Canadian Health Services Research Foundation
• We know LTC Homes are committed to ongoing quality improvement.

So…
• What are homes doing to support staff and support QI activity?
Determinants of Quality in Ontario LTC Homes Project
Project Overview

- The study has 2 phases

  Phase 1: Survey of LTC Home Senior Managers

  Phase 2: Survey of all staff in LTC Homes
Phase 1: Approach

- Administrators of all Ontario Homes were sent an e-mail requesting each Home’s Administrator and DoC/DoN to complete an on-line survey.
  - Follow-up emails (3) and a phone call
  - Between July and October 2008.

- The survey included information on:
  - Home and management characteristics,
  - Quality improvement activities,
  - Human resource practices,
  - Staffing levels and turnover
  - Clinical practices
Phase 1: Respondents

LTC Homes in Study Sample (Participation Rate)

- Not-for-Profit and Charitable (90/148=61%)
- Municipal (69/118=58%)
- For-Profit (175/353=50%)

Size of Pie is Percent of Sample; Labels show Ownership (n in sample / N in
Focus of Today

What do homes do to support Quality Improvement?

1. Is QI education and training provided to employees?
2. Are experts or consultants used for QI initiatives?
3. Is there staff dedicated to QI, if so, how much of their time is allocated for QI?
QI Education and Training Provided to Employees

- We asked Administrators how much they agreed (strongly disagree to strongly agree) with a series of 4 statements relating to whether QI education and training practices are provided for employees. e.g.
  - “Home employees are given education and training in how to identify and act on quality improvement opportunities”.
QI Education and Training Provided to Employees: Percentage of “Agree” or “Strongly Agree”

- For-Profit: 76%
- Municipal: 63%
- Not-For-Profit: 68%
Use of Expert/Consultant for QI Initiatives

- Administrators were asked if/how frequently a clinical expert/consultant based within the Home or outside the organization was used for QI initiatives.
Use of Expert/Consultant for QI Initiatives

- Approximately 14% of Administrators report they “always” use clinical experts for QI initiatives.

- Larger homes (more than 140 beds) indicate using a clinical expert for QI initiatives the most often. Among participating large Homes, 59% of Administrators reported “often” or “always” use an expert.
Use of Clinical Experts/Consultants for QI Initiatives

Percentage of Administrators

Home Ownership Type

For-Profit
Municipal
Not-For-Profit

Always
Often
Sometimes
Rarely
Never
Staff Dedicated to QI

- Does this Home have a person responsible for quality improvement initiatives? If so, what proportion of time does the person responsible for QI have dedicated to this task?
Staff Dedicated to QI

- Most Administrators (76%) report their Home has a staff member dedicated to QI.

- The most common amount of time for QI is 25%-50% with 40% of Administrators indicating this.

- Across the LHINs, it was uncommon to find a staff member allocated to QI full-time (range 0 to 23%).
<table>
<thead>
<tr>
<th>LHIN (Number of Homes)</th>
<th>Number of Homes</th>
<th>No Staff</th>
<th>1-74% of time</th>
<th>Full-time (&gt;75%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Champlain</td>
<td>33</td>
<td>28%</td>
<td>72%</td>
<td>0%</td>
</tr>
<tr>
<td>Mississauga Halton</td>
<td>13</td>
<td>23%</td>
<td>77%</td>
<td>0%</td>
</tr>
<tr>
<td>North Simcoe Muskoka</td>
<td>17</td>
<td>19%</td>
<td>81%</td>
<td>0%</td>
</tr>
<tr>
<td>South East</td>
<td>16</td>
<td>21%</td>
<td>79%</td>
<td>0%</td>
</tr>
<tr>
<td>South West</td>
<td>32</td>
<td>40%</td>
<td>57%</td>
<td>3%</td>
</tr>
<tr>
<td>North East</td>
<td>28</td>
<td>27%</td>
<td>69%</td>
<td>4%</td>
</tr>
<tr>
<td>Erie St. Clair</td>
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<td>35%</td>
<td>60%</td>
<td>5%</td>
</tr>
<tr>
<td>HNHB</td>
<td>61</td>
<td>25%</td>
<td>68%</td>
<td>7%</td>
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<tr>
<td>Waterloo Wellington</td>
<td>15</td>
<td>14%</td>
<td>79%</td>
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</tr>
<tr>
<td>Central East</td>
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<td>17%</td>
<td>75%</td>
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</tr>
<tr>
<td>Central</td>
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<td>14%</td>
<td>76%</td>
<td>10%</td>
</tr>
<tr>
<td>North West</td>
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<td>10%</td>
<td>80%</td>
<td>10%</td>
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<tr>
<td>Toronto Central</td>
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<td>18%</td>
<td>70%</td>
<td>12%</td>
</tr>
<tr>
<td>Central West</td>
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<td>31%</td>
<td>46%</td>
<td>23%</td>
</tr>
</tbody>
</table>
Conclusion

- These results help us to understand how Ontario homes currently focus on QI.
  - identify priority areas to facilitate QI including resources and programs that support and sustain a QI focus.
Next Steps:

• Currently distributing survey results back to homes.

• Will have provincial report based on survey responses.

• Phase 2 of the Determinants of Quality in LTC Homes project is now underway!

• When combined with employee and resident perspectives the survey data reported here will identify which home supports provide the greatest impact on staff and resident care.
Questions & Comments

Thank you to all the Homes participating in our research, our study partners and funders.