

Determinants of Quality in Ontario LTC Homes

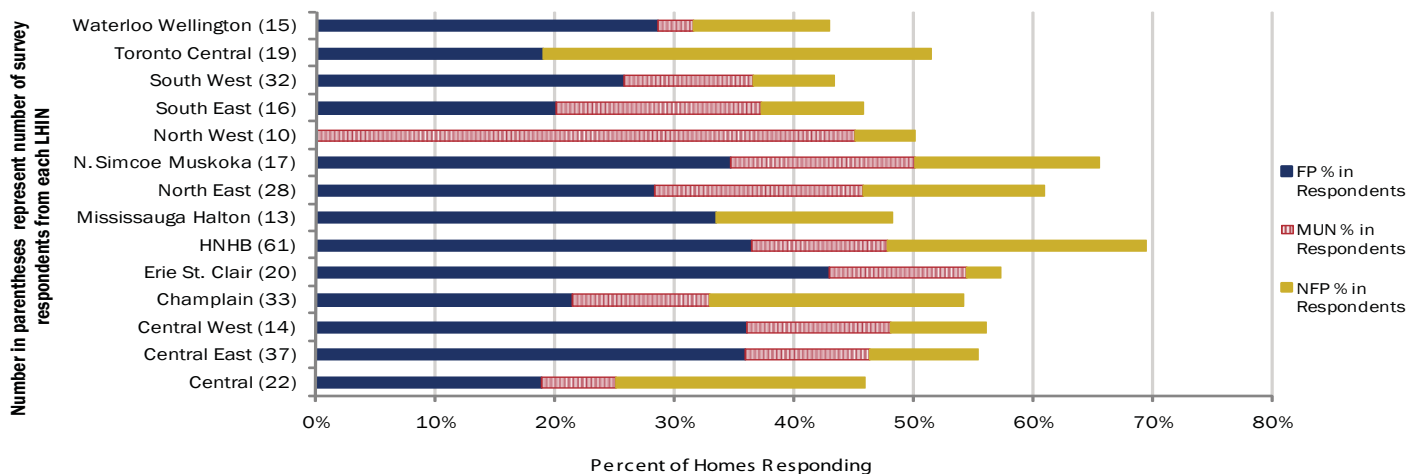
Phase 1: Senior Management Results

Quality in Long-Term Care (LTC) Homes includes quality of life and quality of care, resident safety and dignity. It requires a good place to work and results in a good place to live. Research is a key strategy to focus efforts to sustain and improve quality in Ontario LTC Homes.

“The Determinants of Quality in LTC Homes” research project launched in the summer of 2008 focuses on important quality factors such as leadership, employee skill-base, training and education. This project includes 2 phases. In July 2008, all LTC Home Administrators and Directors of Care in Ontario were surveyed on-line. In April 2009, we began surveying LTC employees (phase 2). This newsletter presents selected results from our Administrator and Director of Care survey (phase 1). Key findings from phase 2 will be distributed in a second newsletter.

The goal of this newsletter is to provide you baseline information about your Home, your LHIN and provincial results. The results presented here are based on the responses from the 334 Homes who responded to at least part of the survey (response rate of 54%). Summary scores that combine individual related question responses in the Administrator and Director of Care survey are reported. These summary scores are more representative than responses to individual questions. It is not within the scope of this newsletter to provide results for every question and every measure included in the survey. For more information, please visit our website: <http://www.hpme.utoronto.ca/about/research/kt/research/ltc.htm>.

Participation Rate by CCAC and Ownership



Due to strong support from Homes across the province, our data is representative of every LHIN and ownership type (for-profit, not-for-profit, municipal). For example, 175 for-profit (out of

353), 90 not-for-profit/charitable (out of 148) and 69 municipal (out of 118) Homes participated in the study.



Table of Contents

1 Overview	5 Resources for Quality Improvement
Administrator Responses	6 Employee Turnover
2 Culture	Director of Care Responses
3 Involvement in Quality Improvement	7 Clinical Quality Improvement Focus
4 Support for Quality Improvement	

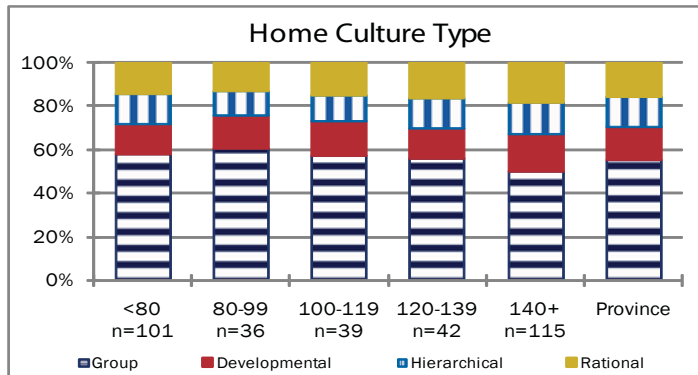
Culture

Home Culture Type

Culture is the values, beliefs, and norms of an organization that shape its behavior. In other industries, organizational culture has been shown to impact innovativeness and productivity. We used a “competing values” framework to measure Home culture. This means Administrators distributed 100 points between four descriptions according to how similar the statement was to their Home. Each description represents a culture “type”: 1) Group (emphasizes affiliation, teamwork, and participation), 2) Developmental (focuses on risk-taking innovation and change), 3) Hierarchical (reflects values and norms associated with bureaucracy), or 4) Rational (emphasizes efficiency and achievement). Studies in acute care hospital settings have shown that an even distribution of all culture types best supports QI. Our research project will examine the association between culture and quality.

Key Observations:

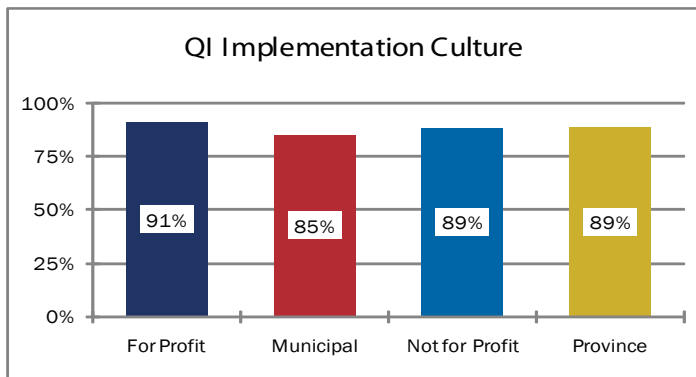
- Administrators in Ontario LTC Homes on average allocate their Homes as: 55% group culture, 15% developmental culture, 14% hierarchical culture, and 16% rational culture
- The largest Homes (more than 140 beds) reported the most balanced culture (50%, 17%, 15%, 18% respectively).



These results are based on 316 respondents.

“Our Home has a very family oriented culture whereby every person is considered a team player and necessary for the effective and smooth operation of the facility and resulting resident satisfaction.”

All quotes are Administrator responses to open-ended survey questions



These results are based on 322 respondents.

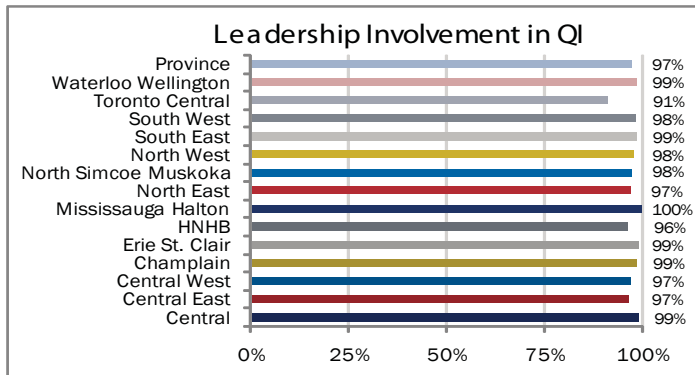
Quality Improvement Implementation Culture

Administrators indicated their agreement (strongly disagree to strongly agree) with whether any of 13 QI components were implemented in their Home. This provides information on the overall implementation of a QI culture in LTC Homes from Administrators perspective. Some QI components included in this scale are: organizational innovation, staff training, interdepartmental problem-solving, evidence-based quality-management practices, and organizational commitment to resident-directed care. A sample question is: “Our facility continuously evaluates our care and services to change future care and services”. The results represent the percent of questions your Administrator responded to with “agree” or “strongly agree”. LHIN and province results reflect the percentage of responses that were “agree” or “strongly agree”.

Key Observations:

- Overall, 89% of Ontario Administrators “agree” or “strongly agree” that a QI implementation culture exists in their Home.
- Home Administrators responded “agree” or “strongly agree” to between 29% and 100% of the questions.

Involvement in Quality Improvement



These results are based on 327 respondents.

“Because “quality” means different things to different people, we’re asking our residents, families and staff what it means to them.”

Employee Involvement in Quality Improvement

Empowering and involving employees in change processes should improve the impact of QI initiatives. We measured Administrators thoughts on whether QI processes are in place for employees and also if employees are supported and included in QI planning and implementation. A total of five statements were included such as: “Home employees are supported when they take risks to improve quality”.

Key Observations:

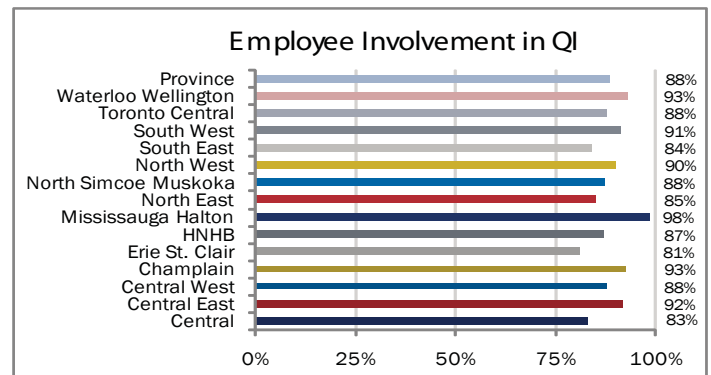
- 88% of Home Administrators “agree” or “strongly agree” that their employees are involved and included in QI.
- The percentage of Administrator responses that were “agree” or “strongly agree” range from 81% to 98% across LHINs.

Leadership Involvement in Quality Improvement

Sustaining a QI focus requires commitment and support from our LTC Home leaders. We assessed whether Administrators think their Home leaders develop and maintain a clear QI focus. To achieve this, Administrators agreement to a series of five statements such as: “The senior executives generate confidence that efforts to improve quality will succeed” was calculated. The score presented below represents Administrators overall agreement that their Home leadership is committed to QI.

Key Observations:

- Almost all (97%) participating Administrators “agree” or “strongly agree” that their leadership is involved in and supports QI.



These results are based on 327 respondents.

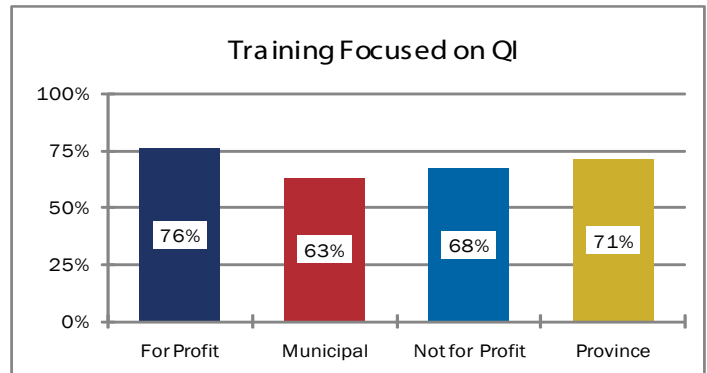
Support for Quality Improvement

Training Focused on Quality Improvement

Human resources are needed to implement and maintain QI activities. We asked Administrators whether QI education and training practices are provided for employees. An example statement includes: “Home employees are given education and training in how to identify and act on quality improvement opportunities”.

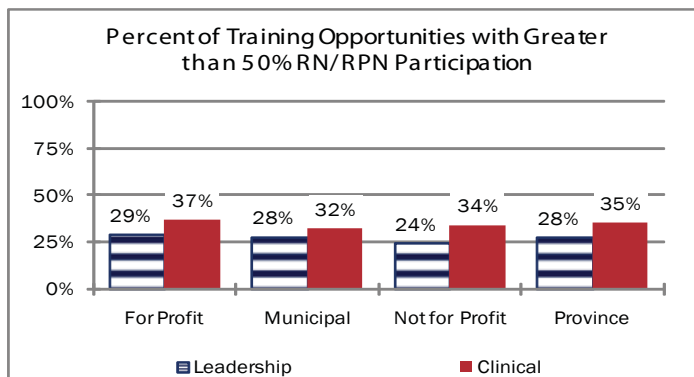
Key Observations:

- 71% of Home Administrators “agree” or “strongly agree” that 4 types of common QI education and training opportunities are provided.
- Among participants, 76% of for-profit Home Administrators; 68% of not-for-profit/charitable; and 63% of municipal Home Administrators “agree” to “strongly agree”.

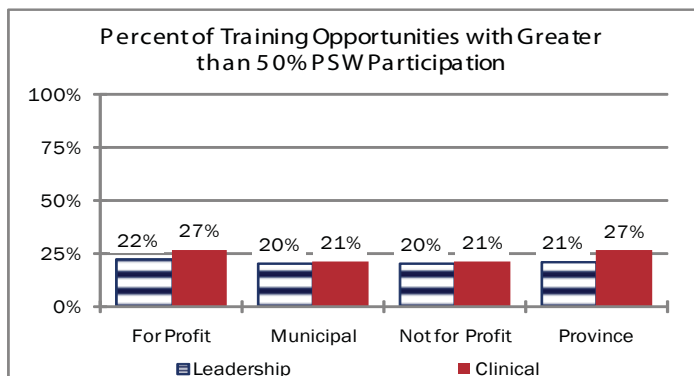


These results are based on 327 respondents.

“Education has been a real focus in the past two years, and implementing best practice activities and measuring improvement is the next step.”



These results are based on 295 responses received for Leadership and 296 for Clinical Care areas of continuing education.



These results are based on 293 responses received for Leadership and 295 for Clinical Care areas of continuing education.

Employee Participation in Continuing Education

For education opportunities to be successful, staff must participate. We asked Administrators the percentage of their RN, RPN, and PSWs employees that attend a variety of continuing education activities (e.g. formal in-service programs, internal/ external courses and conferences) supported by their organization. Continuing education activities were grouped into: 1) leadership (e.g. team building) and 2) clinical care (e.g. identifying and managing adverse events). Each continuing education activity where the majority (more than 50%) of direct care staff participated was added and an average “continuing education participation” score was calculated for each Home. The average results for nursing (RN and RPN) and PSWs are presented below.

Key Observations:

- Provincially, the percentage of nursing employees participating in continuing education (as reported by Administrators) is 28% and 35% for leadership and clinical areas respectively; the percentages for PSW employees are 21% and 27%.
- The most Administrators reported “Care management practices (e.g. PIECES, U-FIRST)” as the continuing education activity with the highest staff participation rate (75-100%) for RN and RPNs (35.9% of Homes) and PSWs (20.8% of Homes).
- Leadership areas (e.g. team building, leadership development) scored the highest in the “not offered in the last year” category according to Administrators for RN/RPNs (38.8%, 33.7%) and PSWs (41.2%, 65.7%).

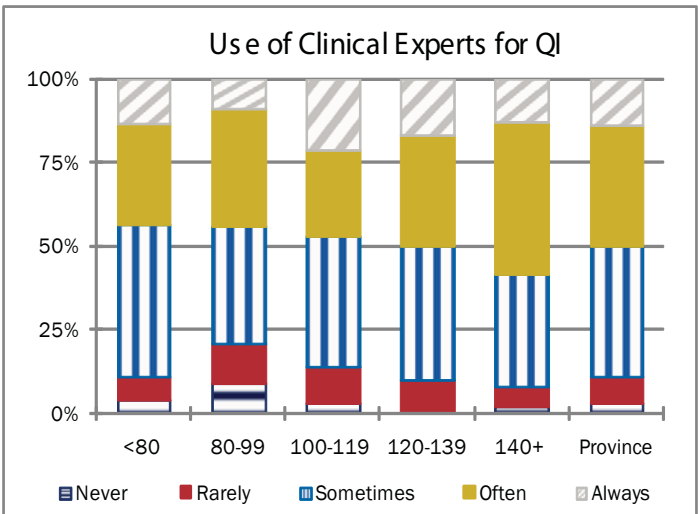
Resources for Quality Improvement

Use of Experts for Quality Improvement Initiatives

We asked Administrators if they use clinical experts/consultants based within their Homes, organization, or outside the Home organization for quality improvement initiatives. Administrators indicated the frequency (never, rarely, sometimes, often, always) a clinical expert/consultant is used for QI initiatives. This frequency is presented below in addition to the average percentage of Administrators reporting use of a clinical expert/consultant for each frequency according to your LHIN and Ontario.

Key Observations:

- 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 Homes Administrators of these Homes, 59% do so “often” or “always”.



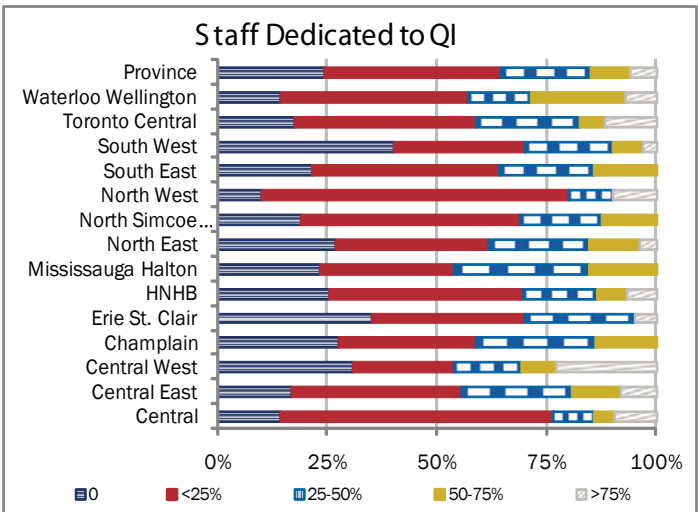
These results are based on 322 respondents.

Staff Dedicated to Quality Improvement

Do you have a staff member responsible for quality improvement initiatives? If so, what proportion of their time does the person responsible for QI have dedicated to this task? LHIN and provincial responses to these 2 questions are presented as the percentage of Administrators reporting: 1) no staff member responsible for QI; 2) less than 25%; 3) 25 to 50%; 4) 50 to 75%; 5) greater than 75% of a staff member’s time is dedicated to QI initiatives.

Key Observations:

- 76% of participating Administrators report their Home has a staff member responsible for QI initiatives.
- The most common amount of a staff member’s time allocated to QI reported by participating Administrators was 25 to 50% (40% of respondents).



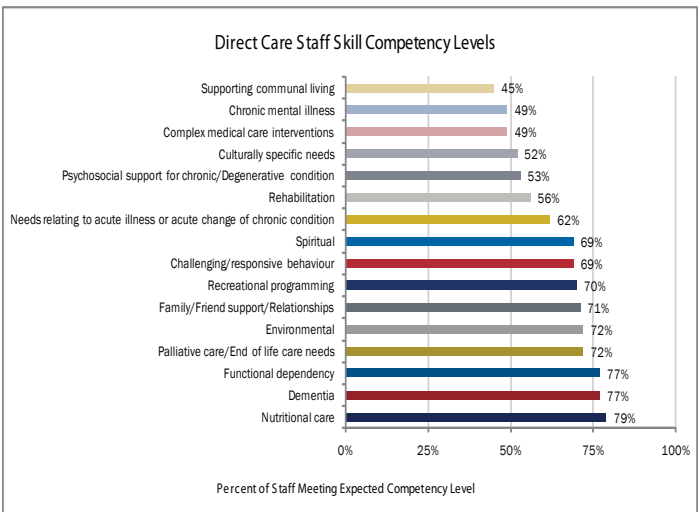
These results are based on 318 respondents.

Skill Competency Among Direct Care Staff

Administrators were requested to tell us the percentage of their direct care staff (RN, RPN, PSW) currently meeting or exceeding expected skills or competencies as described by the Home. A series 16 competency areas such as complex medical care interventions, rehabilitation, and spiritual were included. The figure below reflects the percentage of direct care staff meeting or exceeding skills or competencies defined by the Homes themselves.

Key Observations:

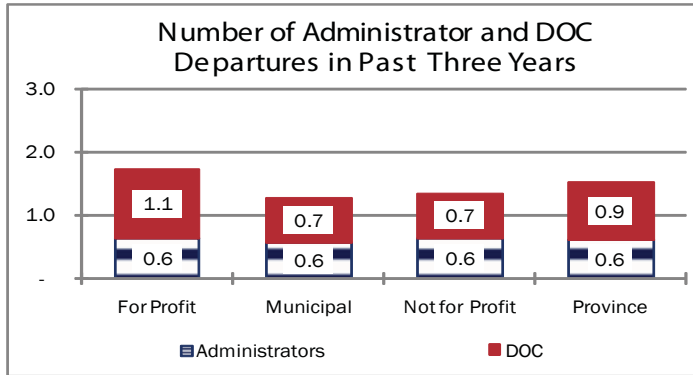
- According to Administrators, 63% of direct care staff met or exceeded expected skill and/or competencies across all 16 competencies.
- Results ranged across LHINs from 48 to 74% of direct care staff meeting or exceeding expected skill and/or competencies.



These results are based on 244 respondents.

Employee Turnover

Employee retention may be important for sustaining the benefits of quality improvement initiatives. High employee turnover is a well-established concern in Long-Term Care. While Canadian research is limited, the U.S. reports an average annual turnover of 45% among long-term care workers with an estimated cost of approximately \$4.1 billion. In addition to costs, recent research identifies turnover impacts overall employee commitment as well as quality of care and services (e.g. continuity of care) for residents.



These results are based on 257 respondents.

Administrator and Director of Care/ Director of Nursing Turnover

LTC Home leadership is primarily Administrator and Director of Care/Director of Nursing (DoC/DoN). To examine leadership turnover, we asked Home Administrators the number of Administrators and DoCs that left the Home over the past 3 years. Here we present the number of departures for each position in your Home as well as the average number of departures over the past 3 years for your LHIN and the province.

Key Observations:

- Administrator departures in the past 3 years were slightly less common than DoC/DoN departures (0.62 versus 0.89).
- 13% of participating LTC Homes reported that 2 or more Administrators departed in the past 3 years while 23% reported 2 or more DoC/DoN departures in the past 3 years.

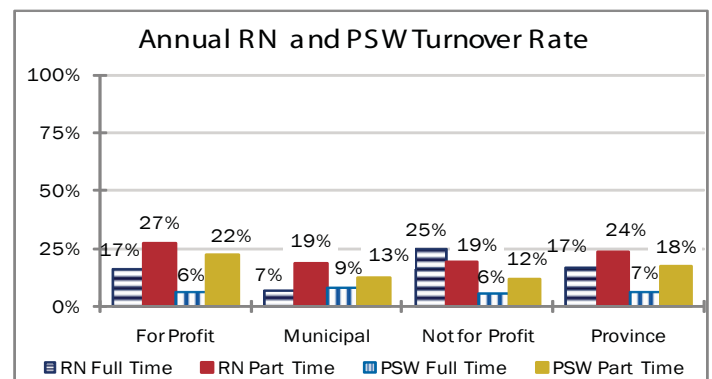
“Continuity of staff, is the most important factor in the provision of Quality. Recruitment over the past 20 years has been improved with our liaison through local Community College.”

Direct Care Staff Turnover

To measure turnover, we examined professional nursing staff (RN & RPN) and PSW separately and according to: 1) full-time (FT) and 2) part-time (PT) employment.

Key Observations:

- The average rate of turnover for nursing staff FT was 17% and 29% for PT; PSW FT was 7% and 18% for PT.
- The highest turnover occurs among PT direct care staff. This ranges across LHINs from 6% to 34% for PT nursing and 5% to 33% of PSW staff.
- Among FT nursing staff, not-for-profit/charitable Homes report the highest turnover at 25%. Full time PSW turnover is fairly consistent across ownership types ranging from 6% (for-profit and not-for-profit) to 9% (municipal).



These results are based on 193 and 191 responses to RN full time and RN part time turnover questions respectively; and 195 and 194 responses to PSW full time and PSW part time turnover questions respectively.

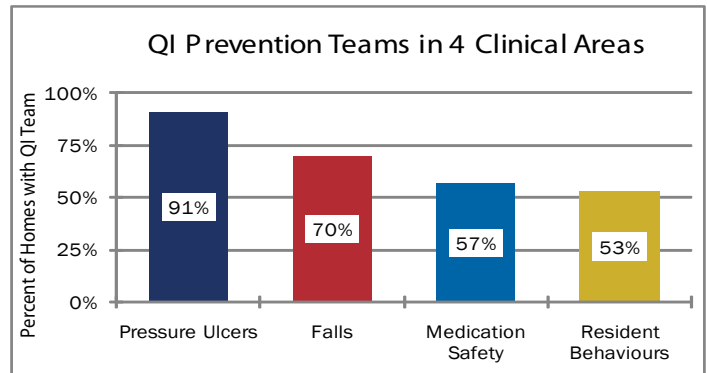
Clinical Quality Improvement Focus

Existence of QI Prevention Teams in 4 Clinical Areas

QI prevention teams are encouraged as an effective way to promote and implement evidence-based best practice. To examine the use of QI prevention teams, we asked Directors of Care (DoC) whether an active QI team was in place (yes or no) for: 1) falls, 2) pressure ulcers, 3) resident responsive behaviours, and 4) medication safety. These 4 areas were chosen because: 1) they are specific areas of clinical/bedside activity impacting the care of LTC Home residents, 2) literature reviews and stakeholder consultations support these as prominent issues, 3) these areas have specific evidence-based practice items around them. We calculated the average number of active teams in your LHIN and the province.

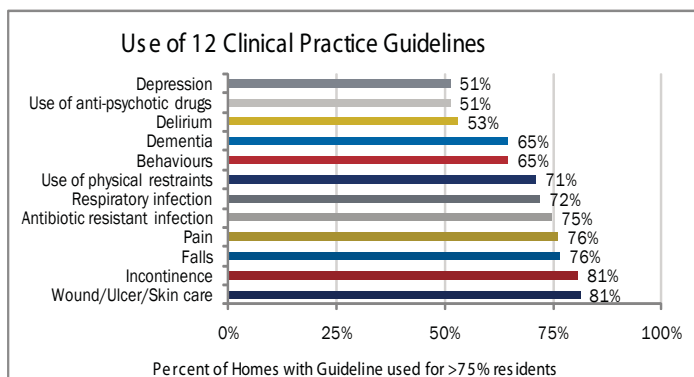
Key Observations:

- According to DoCs in Ontario: 70% of participating LTC Homes have a prevention team for falls; 91% for pressure ulcers; 53% for resident responsive behaviours; and 58% have a medication safety team in place.
- The number of QI prevention teams in place did not differ between Home ownership types.



These results are based on 221 respondents.

“We are in the process of adding a Best Practice Guidelines Coordinator to our staff and hope to start with revamping our special care dementia unit.”



These results are based on 217 respondents.

Use of 12 Clinical Practice Guidelines

Practice guidelines are recommended for use in caring for residents in LTC Homes to standardize care. We asked DoCs the extent practice guidelines were currently available for resident care (for 12 clinical issues or conditions) within their LTC Home. Examples of clinical areas or conditions included are: Use of Physical Restraints, Use of Anti-psychotic Drugs, Dementia, Wound/Ulcer/Skin Care, Falls, and Depression. Here we present the number of guidelines for which the Homes responded that the majority (more than 75%) of their eligible residents were cared for using a clinical practice guideline (CPG).

Key Observations:

- On average, DOCs reported over 8 clinical practice guidelines were used for the majority of eligible residents.
- The number of CPGs implemented range from 6 to 10.
- The most common guidelines implemented are Wound/Ulcer/Skin Care and Incontinence with 81% of Homes reporting both of these CPGs are used to care for more than 75% of their eligible residents.
- Use of Anti-psychotic Drugs, Delirium, and Depression guidelines were the least implemented with 52%, 54%, and 52% of Administrators reporting using these for the majority of their eligible residents.

Homes are committed to the concept of continuous quality improvement in LTC. Support for Quality Improvement is critical to ensure the dignity and appropriate experience of our residents and staff. The high response to this survey is indicative of the importance being placed on quality in Homes. These results begin to identify priority areas for quality and performance improvement activity in the province. 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.

Thanks to you!

Study Team



Canadian Health Services Research **Foundation**
Fondation canadienne de la recherche sur les services de santé



SENIORS HEALTH RESEARCH TRANSFER NETWORK
Linking Caregivers, Researchers & Policy Makers



OANHSS



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Next Steps

Phase 2 of the research project is now underway! Now we focus on LTC Home employees perspectives about quality. To achieve this, we are surveying all employees at over 75 LTC Homes across the province to understand what enables staff to provide quality care.

For more information please visit our “Determinants of Quality in Ontario LTC Homes” website at: <http://www.hpme.utoronto.ca/about/research/kt/research/ltc.htm> or e-mail us at ltsurvey@utoronto.ca.