

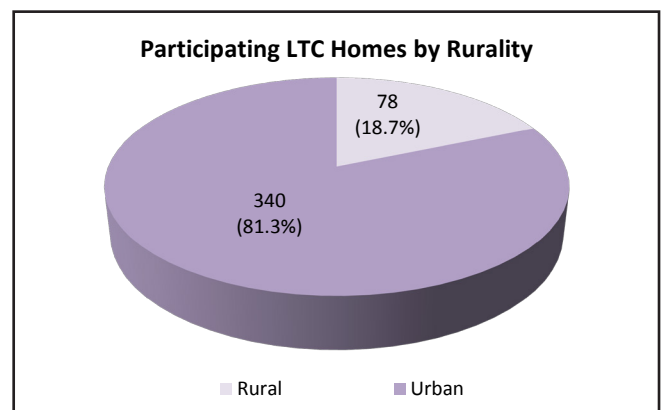
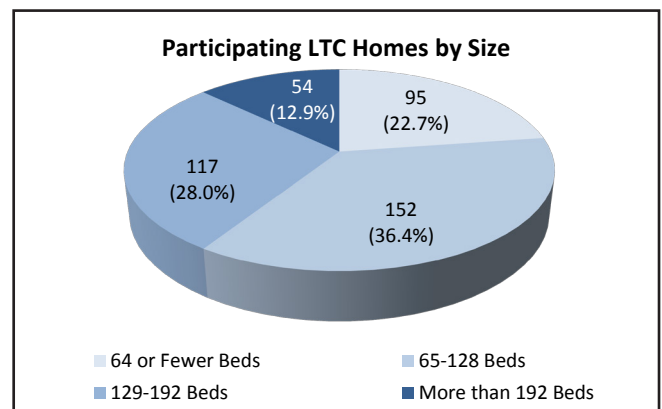
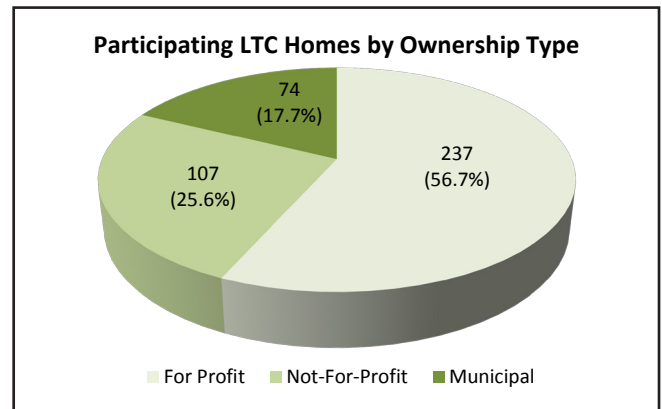
Determinants of Quality in Ontario LTC Homes

Over the past decade, an unprecedented amount of attention has been paid to improving the quality of Ontario's long-term care (LTC) homes. A variety of organizational supports and processes, including leadership, supervisory support, communication, and staff and resident engagement, promote the quality of care and services in LTC. Because LTC is a labour-intensive service industry, the quality of LTC is also impacted by the capacity and effectiveness of LTC staff. A variety of work attitudes, including job satisfaction and intent to turnover, therefore, also play an important role in the quality of LTC.

The *Determinants of Quality in Ontario Long-Term Care Homes* research project was launched in the fall of 2011. The aim was to increase our understanding of quality and quality improvement (QI) in Ontario's LTC homes. The first component of this research project was a staff survey measuring the organizational supports and processes for quality and QI and staff work attitudes described above. The *Excellent Care for All Act, 2010*, highlighted the importance of staff surveys as part of the quality improvement process. We hope that this report will begin to identify priority areas for quality improvement in the province.

All LTC homes in Ontario were contacted to seek their participation in this component of the research project. Participation was voluntary, and we are pleased to include results from two-thirds of Ontario's LTC homes in this report. To the best of our knowledge, this study involved one of the largest surveys of LTC staff in Canada. Results from this staff survey appear to be comparable to other surveys of Ontario LTC staff and LTC staff from other jurisdictions, including other Canadian provinces and the United States where similar measures of LTC quality have been used.

The success of this research project was dependent on the engagement and participation of Ontario's LTC homes' staff. We'd like to thank everyone who participated in this survey for their contribution to our understanding of quality in Ontario's LTC homes. You can find more information about the research project on our website: www.ltcsurvey.ca.



Key Observation:

- Participating homes were representative of Ontario's LTC homes. The distribution of the 418 participating homes was within 3% of the provincial distribution for ownership type, size and rurality.

What We Did

All LTC homes in Ontario were contacted to seek their participation in our research project. Personnel from each of the participating LTC homes distributed surveys to all of their full-time and part-time staff in all employment categories. More than 15,000 staff members from 418 homes returned their surveys. A minimum of 5 responses per home was required for inclusion in this report. Response rates within each home ranged from approximately 2% to 100% with an average of 26%.

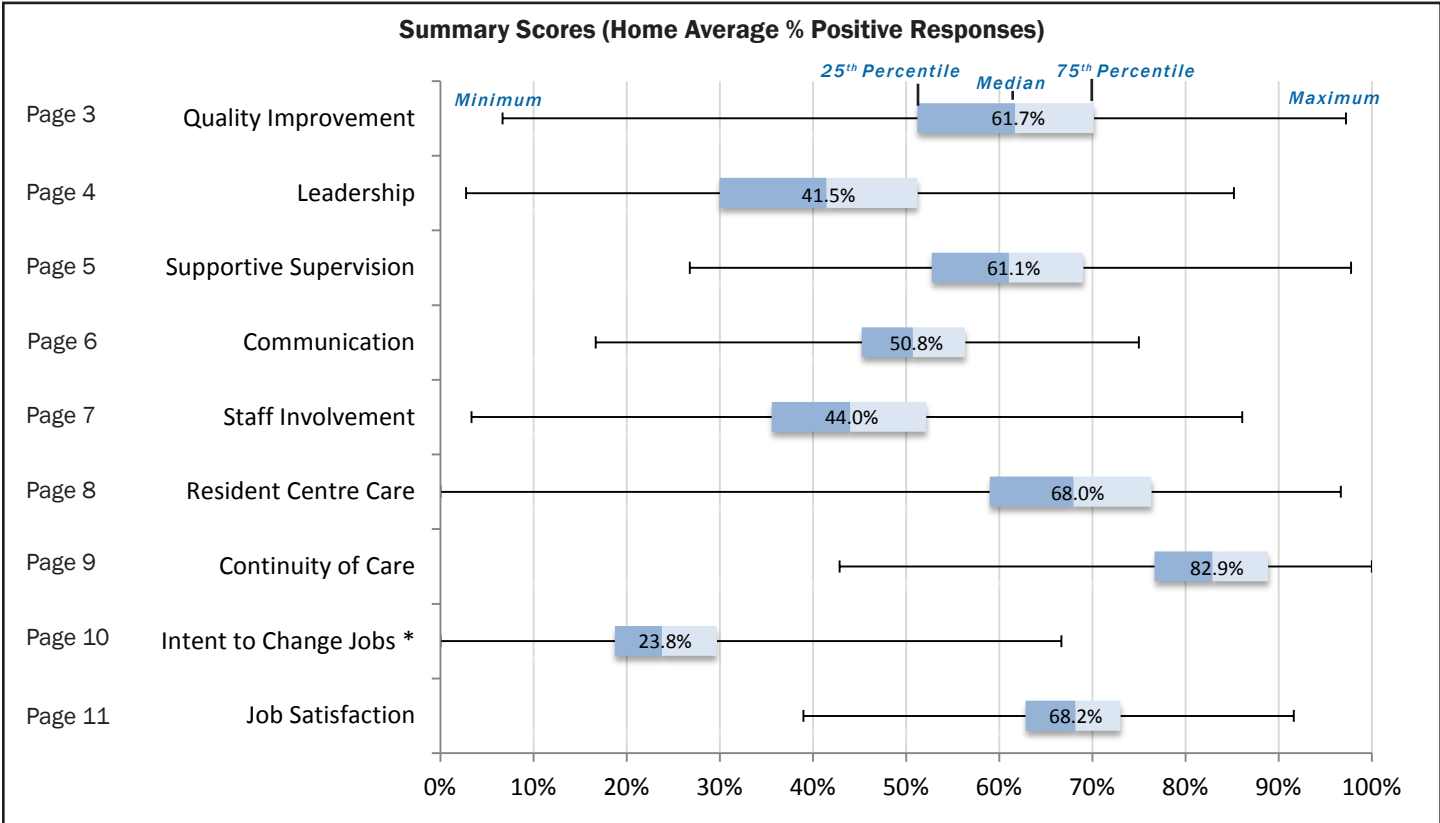
Survey questions were selected from tools that had been previously validated for use in health-care settings. This report presents the percent positive response (Often/Always, Agreed/Strongly Agreed, 7/8/9/10) for each question, as well as a summary score for each topic. Summary scores were initially developed for each respondent by calculating the percent of related questions within each topic that were answered positively. Summary scores were only calculated if respondents answered at least 50% of the questions within the topic. Respondent scores were averaged to the home-level to report provincial statistics. Unless otherwise indicated, the results presented below include responses from all employment categories.

The comparisons between ownership, size and rurality described in the key observations of each section below are statistically significant.

Interpreting Boxplots

Results are presented in boxplots. In each boxplot, the long bars on either side of the central box extend to the minimum and maximum home average percent positive score. The lower end of the coloured box represents the 25th percentile, meaning that 25% of the participating homes scored less than this, while the upper end of the coloured box represents the 75th percentile, meaning that 25% of the participating homes scored higher than this. Fifty percent of all homes scored within the range represented by the coloured box. The median score, which is also shown in the box, is the score at which point half of all homes scored below and half of all homes scored above. For example, in half of all homes surveyed, respondents, on average, agreed or strongly agreed with 61.7% of the questions on Quality Improvement. In the top 25% of homes surveyed, respondents agreed or strongly agreed with more than 70.2% of the questions on Quality Improvement. Whereas in the bottom quartile of homes, respondents agreed or strongly agreed with less than 51.2% of the questions on Quality Improvement.

Summary of Staff Survey Results



* Please note that lower intent to turnover scores are considered better.

Summary of Staff Survey Results

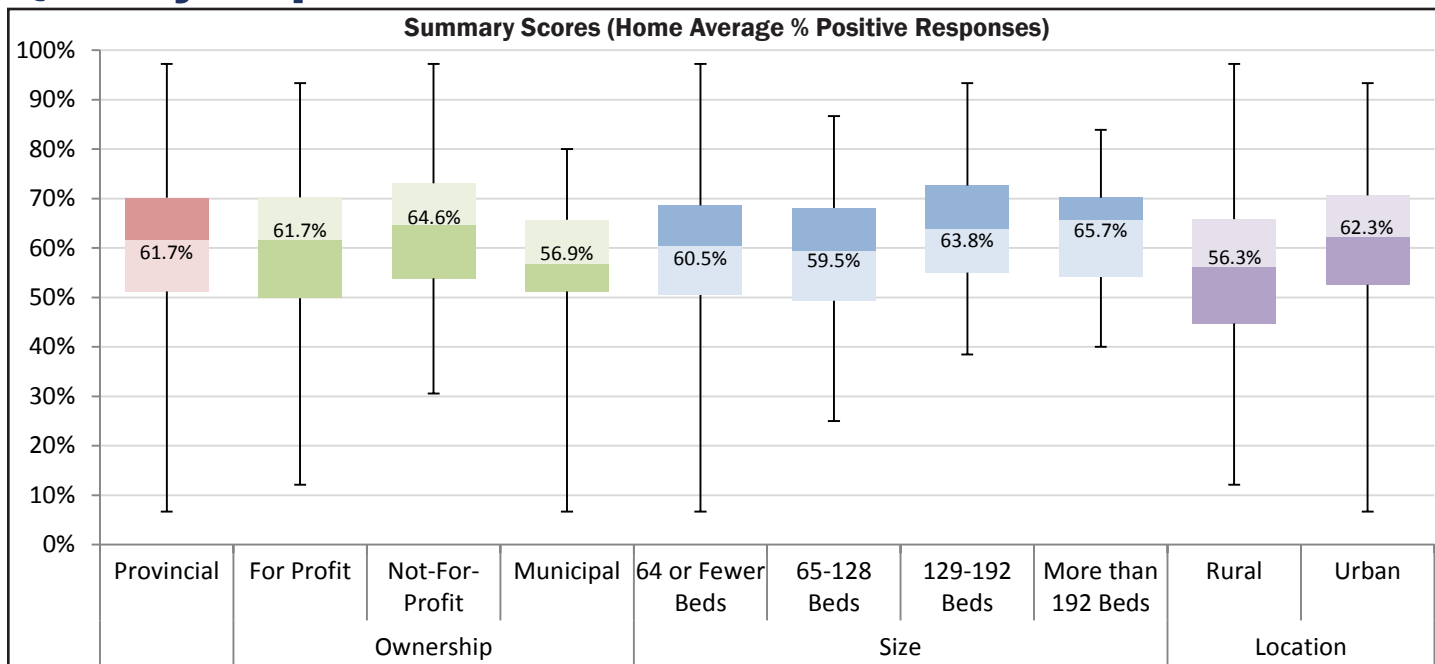
Overall, our most significant finding is that there was **substantial variability** between homes in all of the measures included in this report. As a result, while some homes in each ownership, size and rurality group achieved very positive staff perceptions of the organizational supports and processes for quality and QI, as well as staff work attitudes, there remains room for improvement in all groups.

- Overall, **Continuity of Care, Resident Centered Care** and **Overall Job Satisfaction** were the areas where staff provided the highest ratings.
- In Ontario LTC homes, the most room for improvement lies in **Leadership** and **Involvement of Staff in Planning and Practice**. For these measures, staff responded positively to fewer than half of all questions. It is believed that more consultation and involvement of staff through, for instance, town halls with senior management is necessary to achieve higher quality care and services in Ontario's LTC homes.

Key findings specific to each measure included in the staff survey are:

- Staff ratings of Resident-Centered Care showed that LTC Homes across the province were generally doing a good job of assessing resident needs and wishes, but using data to understand and address recurring problems and to plan new services are two areas with substantial opportunity for improvement.
- While approximately three quarters of respondents to the staff survey report a strong commitment to training, other quality improvement activities such as working with staff from different units and teams to solve problems and actively encouraging staff to deliver new resident care and services had lower ratings and represent important opportunities to better engage staff to improve quality.
- Staff respondents to the surveys reported low rates of demonstrated leadership qualities among senior management in Ontario LTC Homes. It may be that home leaders need to directly engage staff more actively and more frequently in the development and implementation of innovations in the Home.
- Across the province, two thirds of Ontario's LTC staff did not feel that they were involved in creating the vision for the future of their home.
- In the overall job satisfaction ratings, respondents indicated that they were least satisfied with their rewards and workload, but that they enjoy working with residents and believe their skills are good enough to do their jobs.

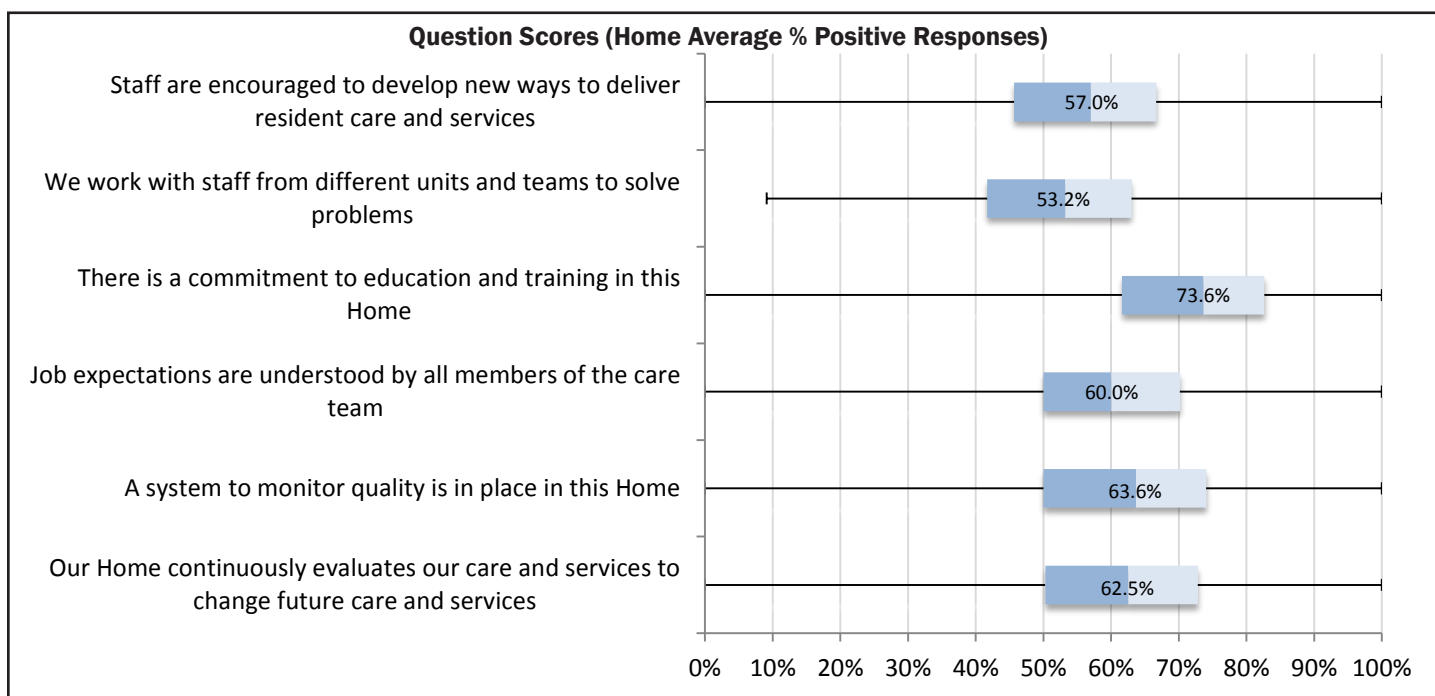
Quality Improvement



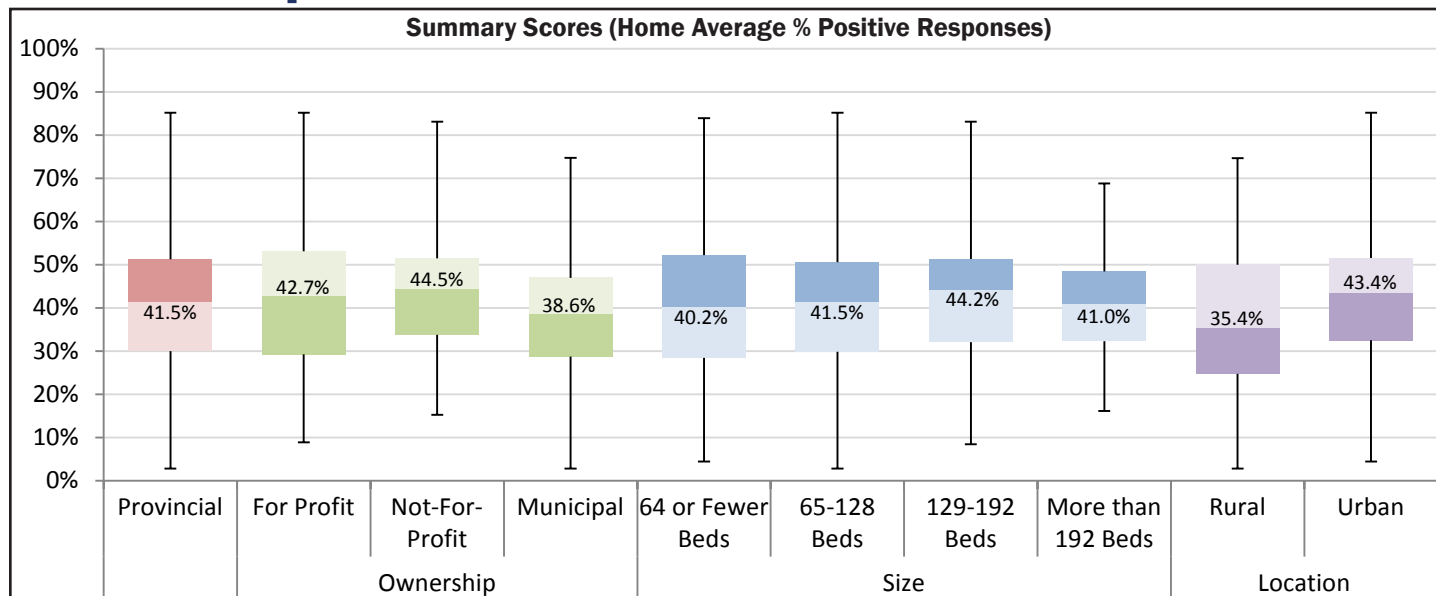
Quality improvement (QI) is more likely to occur in homes where there is a clarity of expectations, an empowered workforce, collaboration and teamwork, a commitment to education and training, and a focus on measuring the quality of care and services. To assess homes' capacity for QI, respondents were asked to rate their agreement, on a five-point scale, with various statements about how QI is currently occurring in their home. A longer version of this instrument was administered in 17 nursing homes for a Commonwealth Fund study to measure culture change in a US nursing home chain.

Key Observations:

- Summary scores ranged from 7% to 97% across Ontario LTC homes.
- Not-for-profit homes had the highest ratings of QI. Ratings were also higher in urban homes and those with more than 128 beds, though there was substantial variability within each group.
- Ratings of QI in Ontario LTC homes were marginally lower than those from the Commonwealth Fund study.



Leadership

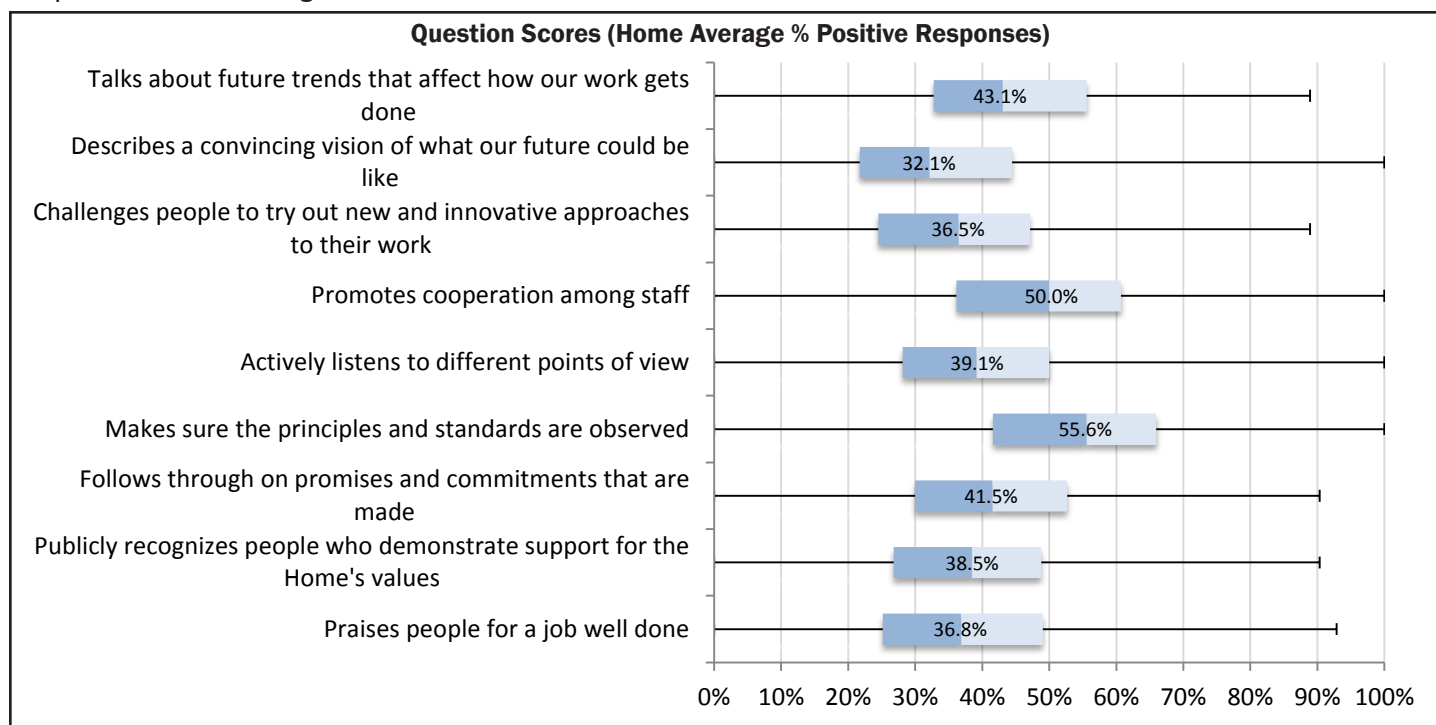


Leadership is the process of influencing individuals to realize desired objectives. In healthcare, three critical leadership actions and behaviours have been defined. These are cognitive leadership activities (challenging how things are and envisioning how things should be), behavioural leadership activities (acting on and achieving desired vision) and supportive leadership activities (encouraging others to focus on and achieve the desired vision). There is evidence from the scientific literature that these leadership practices influence the ability of an organization to be innovative, facilitate change, and attain higher levels of performance. Leadership practices were evaluated using an instrument developed for use in a wide range of disciplines and subsequently validated in long-term care. Responses from management are not included in this

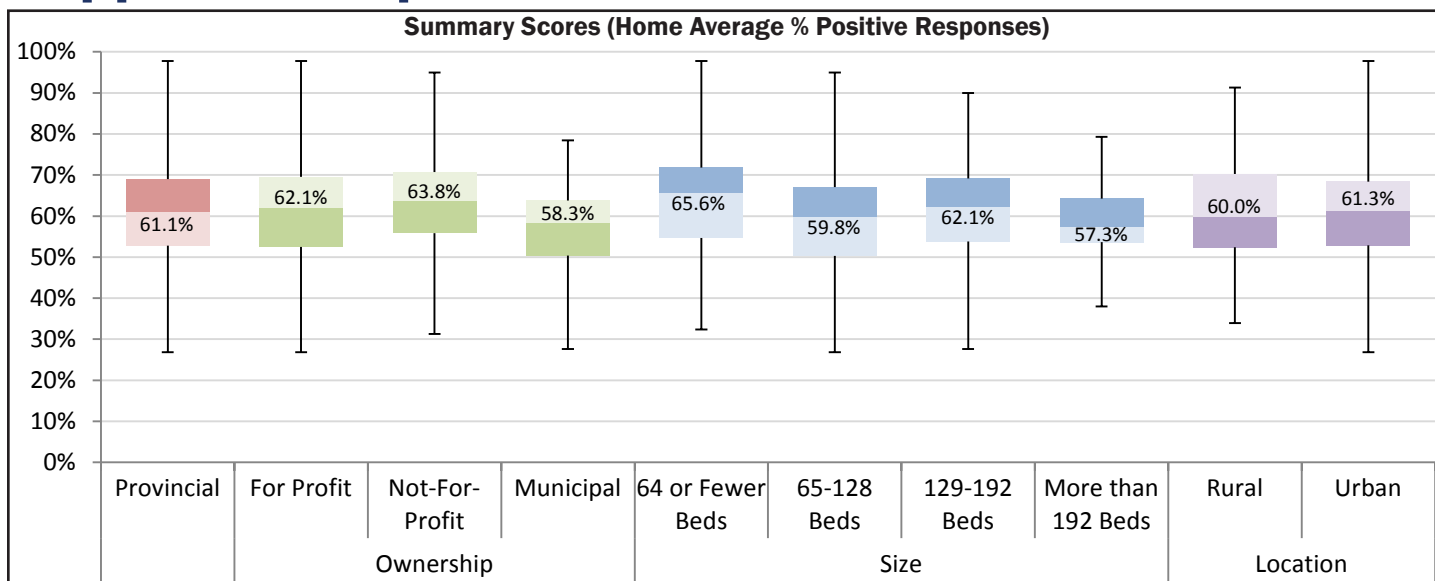
section because respondents were asked to rate their home's senior management.

Key Observations:

- Summary scores ranged from 3% to 85% across the province.
- Ratings of leadership were lowest in municipal and rural homes, though there was large variability within each group.
- There is room for Ontario's senior management to improve in all three areas of leadership, but most so in the supportive and cognitive leadership activities. This result affirms those from previous studies in Ontario that used the same instrument.



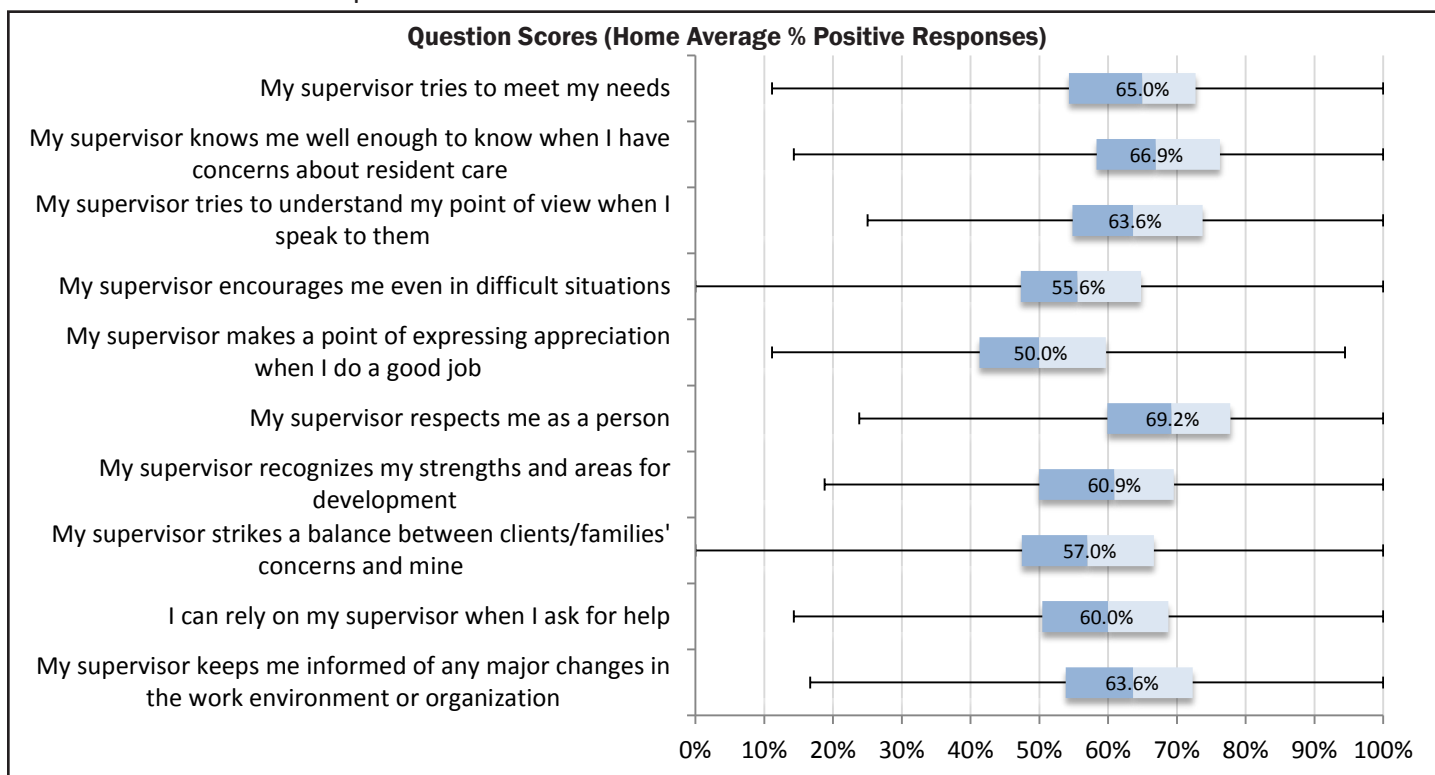
Supportive Supervision



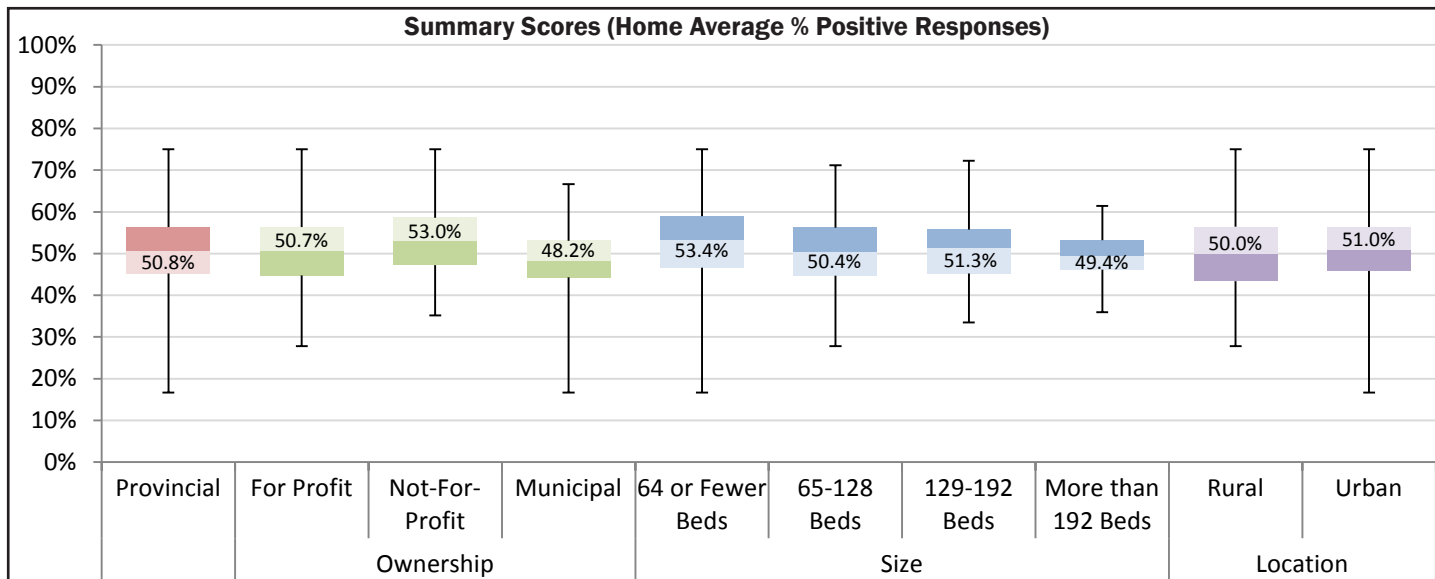
Supportive supervisors are empathic and reliable. Effective supervisors respect their subordinate’s uniqueness and are able to build strong, trusting relationships with their staff. They are available to their staff and inform them of changes in the work environment. Previous studies have shown the critical role that supportive supervisors play in the areas of job satisfaction, emotional health and turnover of LTC staff. Supervisory support was measured using a pared down version of an instrument developed for use in Ontario’s LTC homes. Responses from management are not included in this section because respondents were asked to rate their supervisors.

Key Observations:

- Summary scores ranged from 27% to 98%.
- Municipal homes had the lowest ratings of supportive supervision, though there was substantial variability within each group.
- A majority of respondents from Ontario’s LTC homes believed their supervisors were both empathic and reliable, affirming the results of a previously conducted study in Ontario LTC homes.



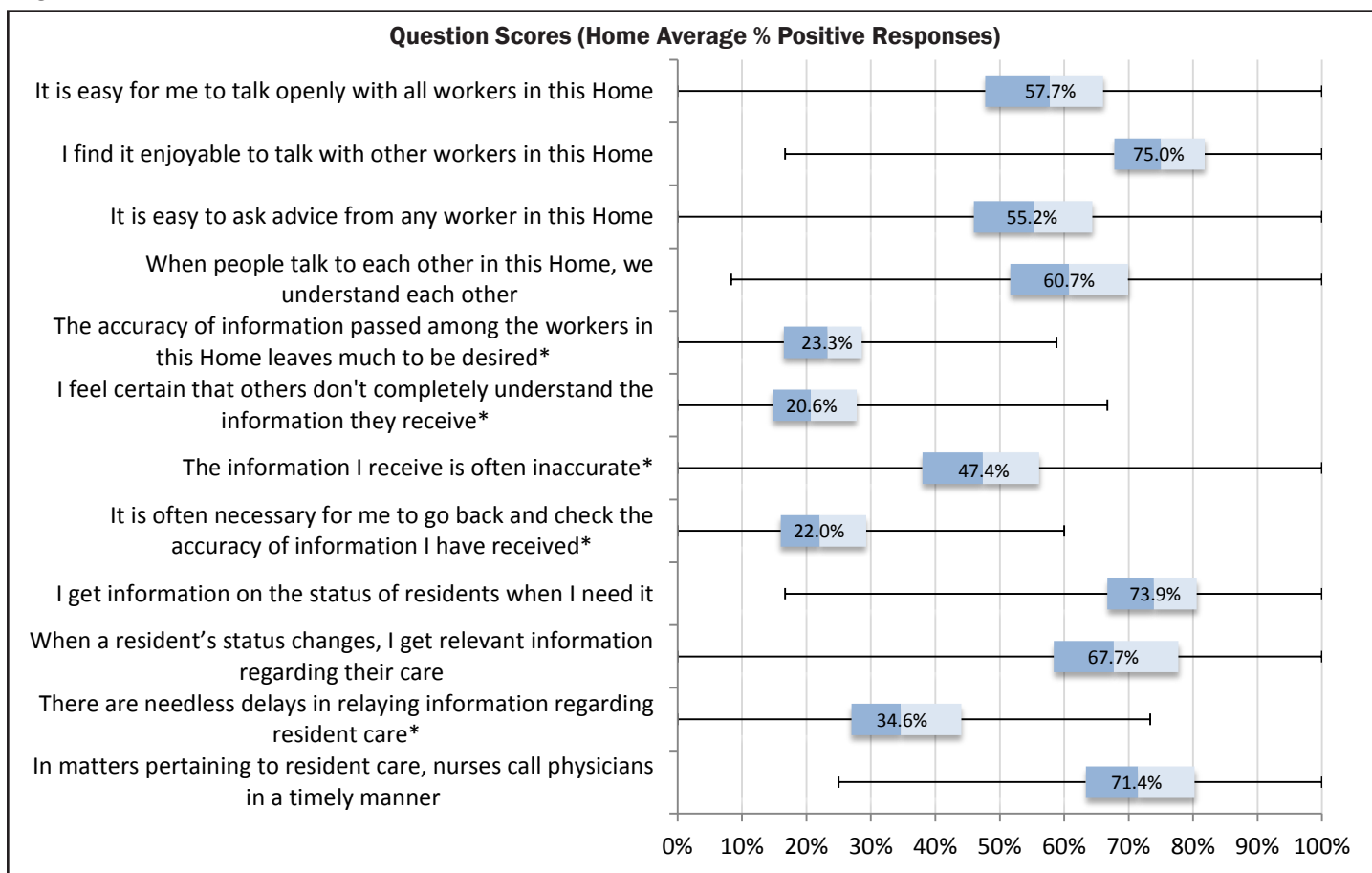
Communication



Effective communication is open, timely and accurate. Staff are able to say what they want without fear of repercussion in organizations with open communication. Information is relayed promptly and correctly in organizations with timely and accurate communication. Previous studies have found that where there is effective communication, there is lower staff turnover, as well as improved home outcomes. The instrument used in this survey was previously validated for use in a variety of healthcare settings, including LTC.

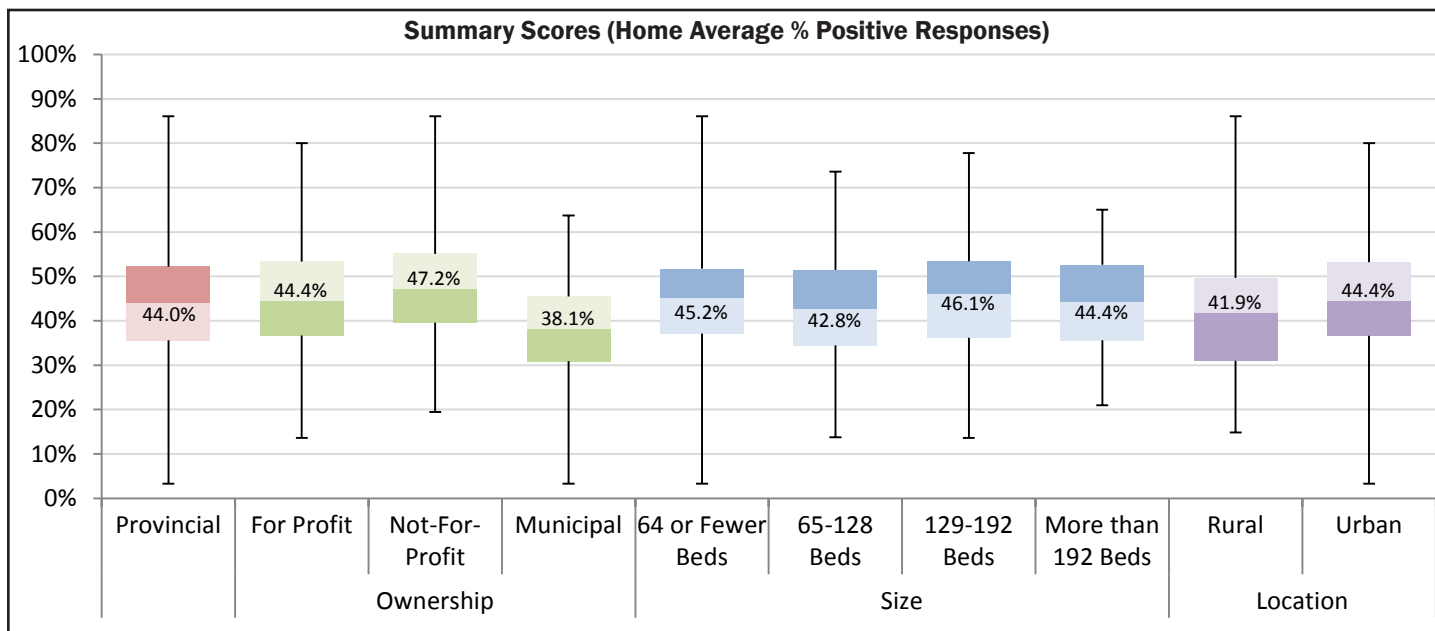
Key Observations:

- Summary scores ranged from 17% to 75%.
- Overall, respondents reported that it was enjoyable to talk with other workers in their home and that they received information on the status of residents when they need it.
- Of the three characteristics of effective communication, accuracy had the most room for improvement, affirming results of a study conducted in LTC facilities in the United States.



* Starred questions were negatively phrased. For these questions, scores indicate the percent of respondents selecting Strongly Disagree and Disagree.

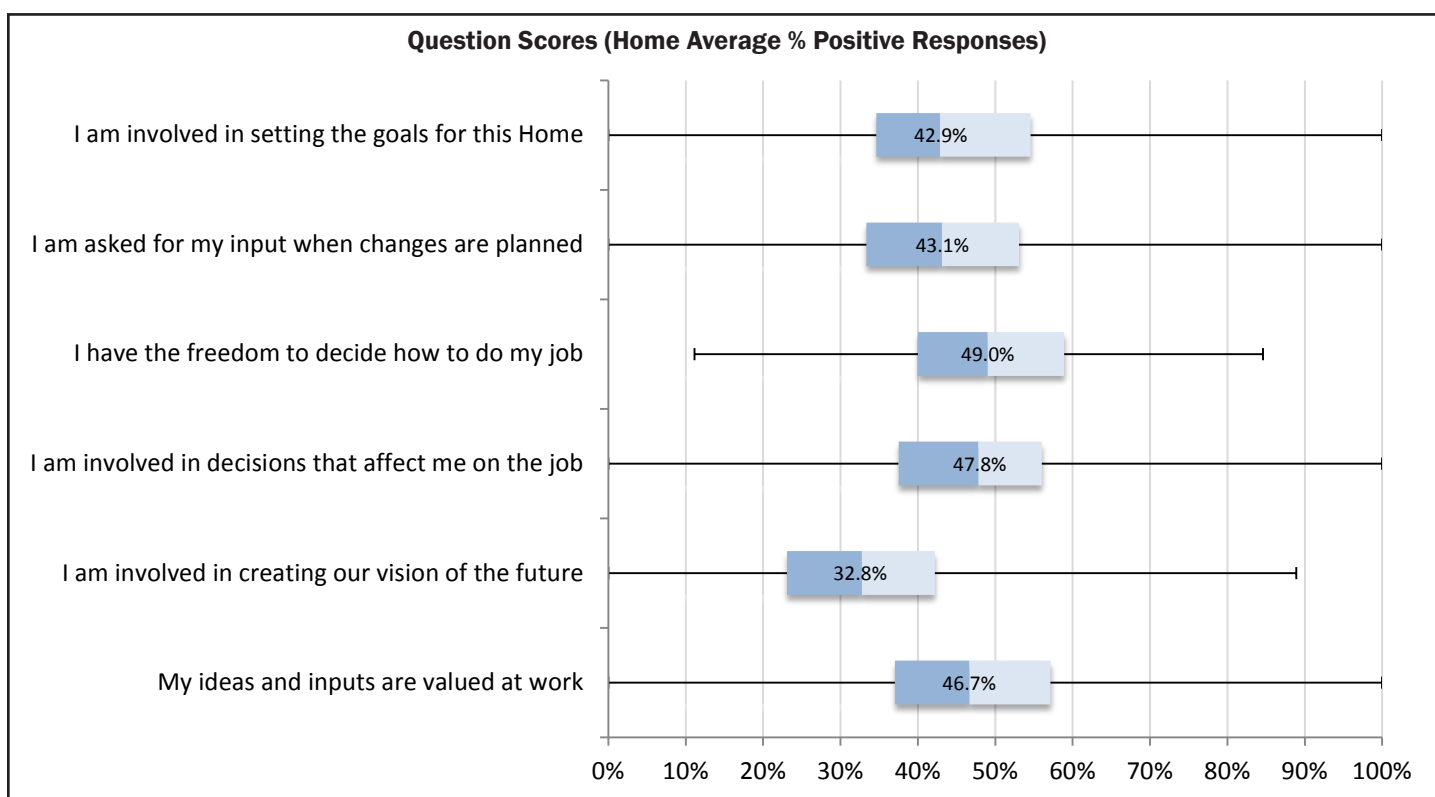
Staff Involvement



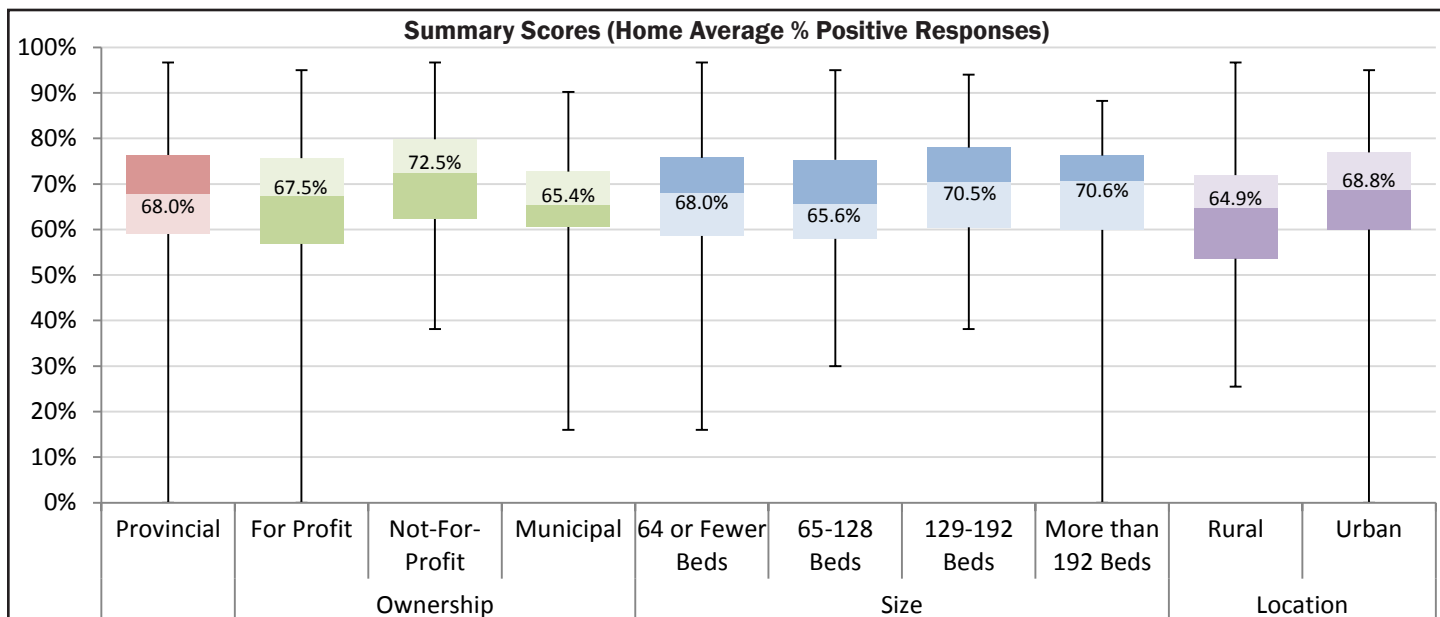
Empowerment involves, in part, allowing staff a degree of freedom when performing their work and seeking their input in the organization’s goals and processes. Previous studies have found that staff empowerment strategies are effective in promoting job satisfaction and commitment, and staff retention, as well as promoting QI. The survey asked respondents to rate their agreement with six statements relating to their involvement in organizational planning and practice.

Key Observations:

- Summary scores ranged from 3% to 86%.
- Ratings of staff involvement in planning and practice were lower in municipal homes, though there was large variability within each group.
- Two thirds of Ontario’s LTC staff did not feel that they were involved in creating the vision for the future of their home.



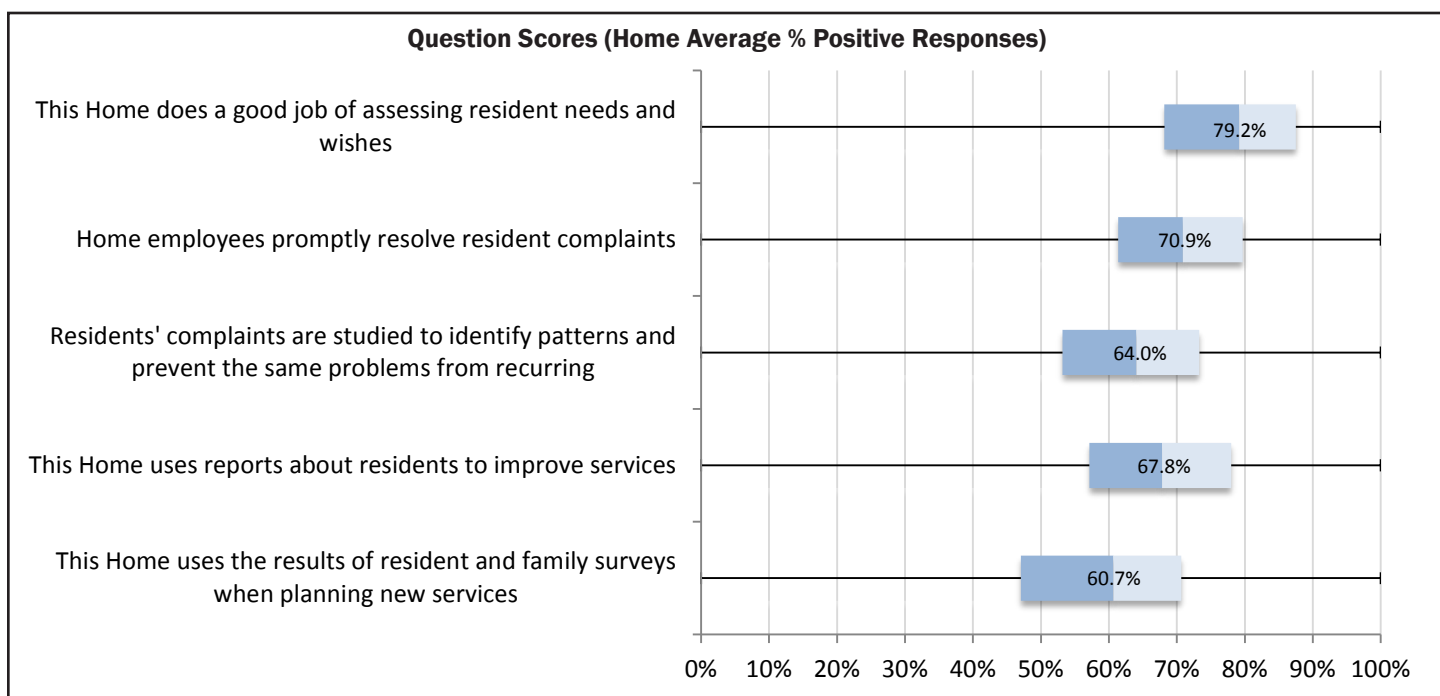
Resident-Centred Care



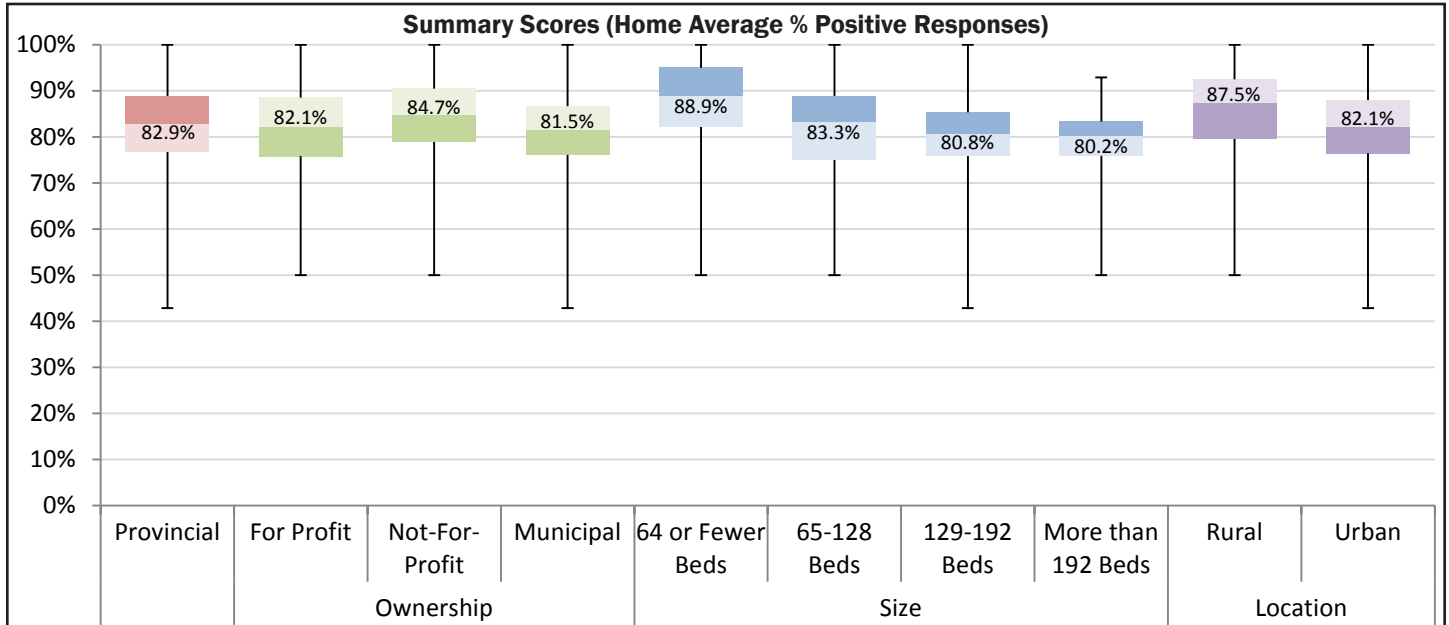
It is important for LTC Homes to ensure that the resident voice is heard when assessing the quality of care and services. To accomplish this, there is a consensus that objective information should be gathered using structured resident assessment tools, and resident and family surveys. We measured resident centred care using a tool developed for use in hospitals that was subsequently validated in a variety of health-care settings in the United States. It was adapted for use in LTC for this survey.

Key Observations:

- Staff reported resident-centred care ranged from 0% to 97% across LTC homes.
- Ratings of resident-centred care were higher in not-for-profit and urban homes, though there was large variability within each group.
- While Ontario’s LTC homes were, generally, doing a good job of assessing resident needs and wishes, more structured feedback using resident and family surveys when planning new services is required.
- Resident-centred care was marginally higher in Ontario LTC homes as compared to results of a study previously conducted in hospitals and primary care settings in the United States.



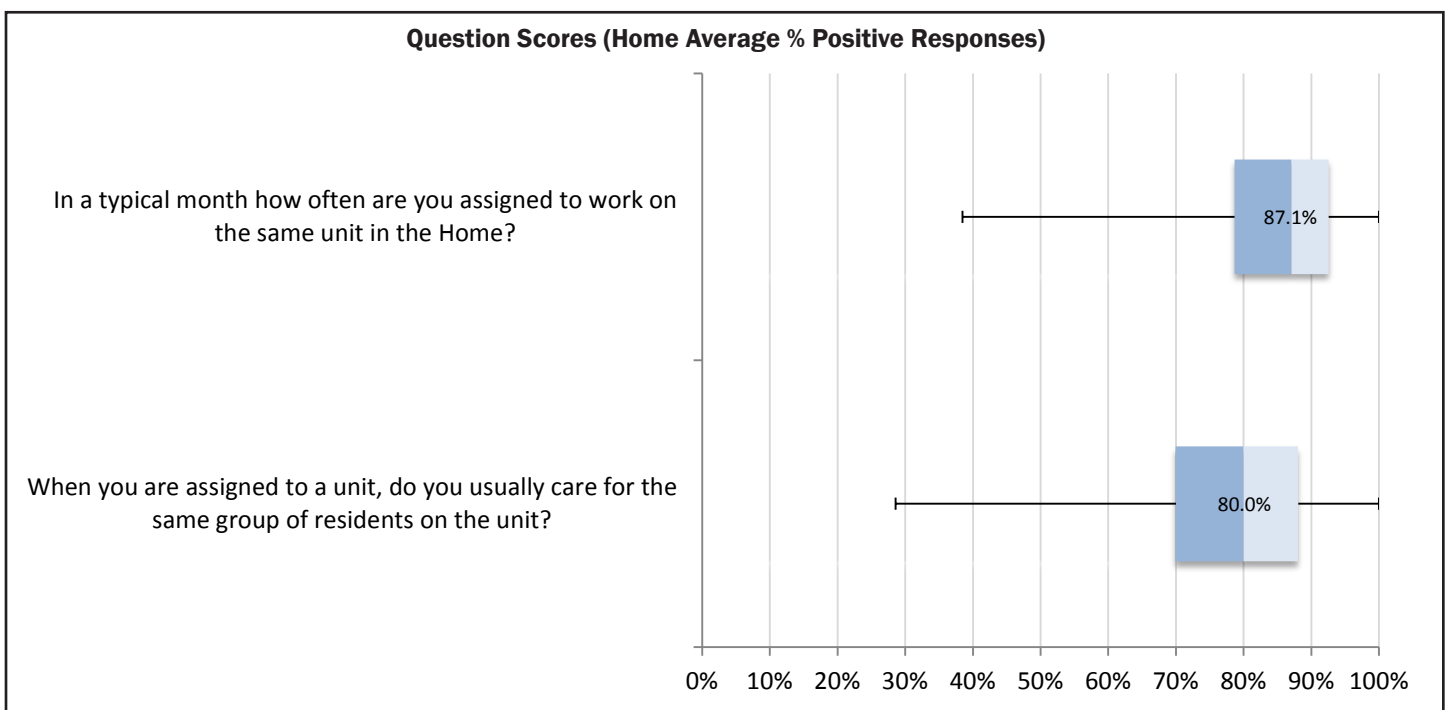
Continuity of Care



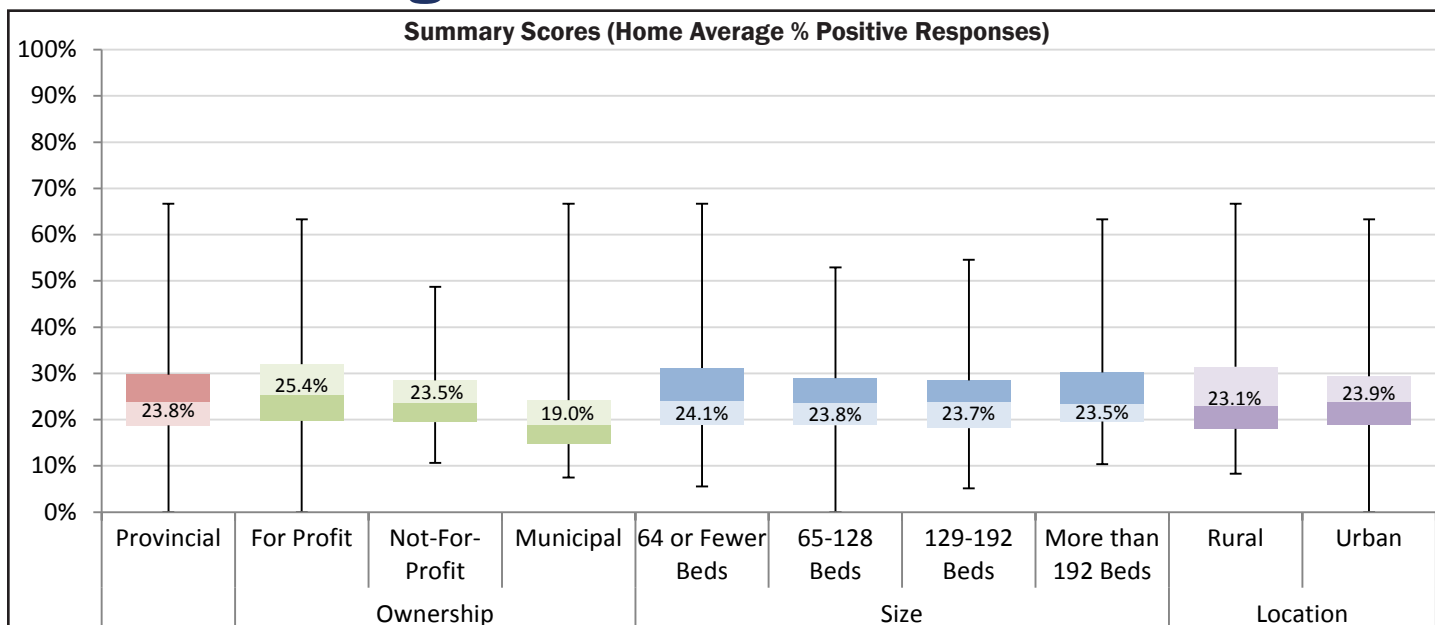
Continuity of care can promote positive resident and staff outcomes. Assigning staff to the same unit promotes stable team membership, thereby enhancing effectiveness and increasing satisfaction among its members. When staff are assigned to the same group of residents, they are able to develop relationships and a knowledge base specific to the residents for which they are caring. The survey asked staff to answer two questions related to continuity, one with respect to the unit on which they work, and the other with respect to the residents they care for. Results presented below are from direct care staff only.

Key Observations:

- Summary scores ranged from 43% to 100%.
- Small homes (less than 64 beds) had higher ratings of continuity of care.
- Overall, most staff reported that they provide care to the same residents on an ongoing basis.



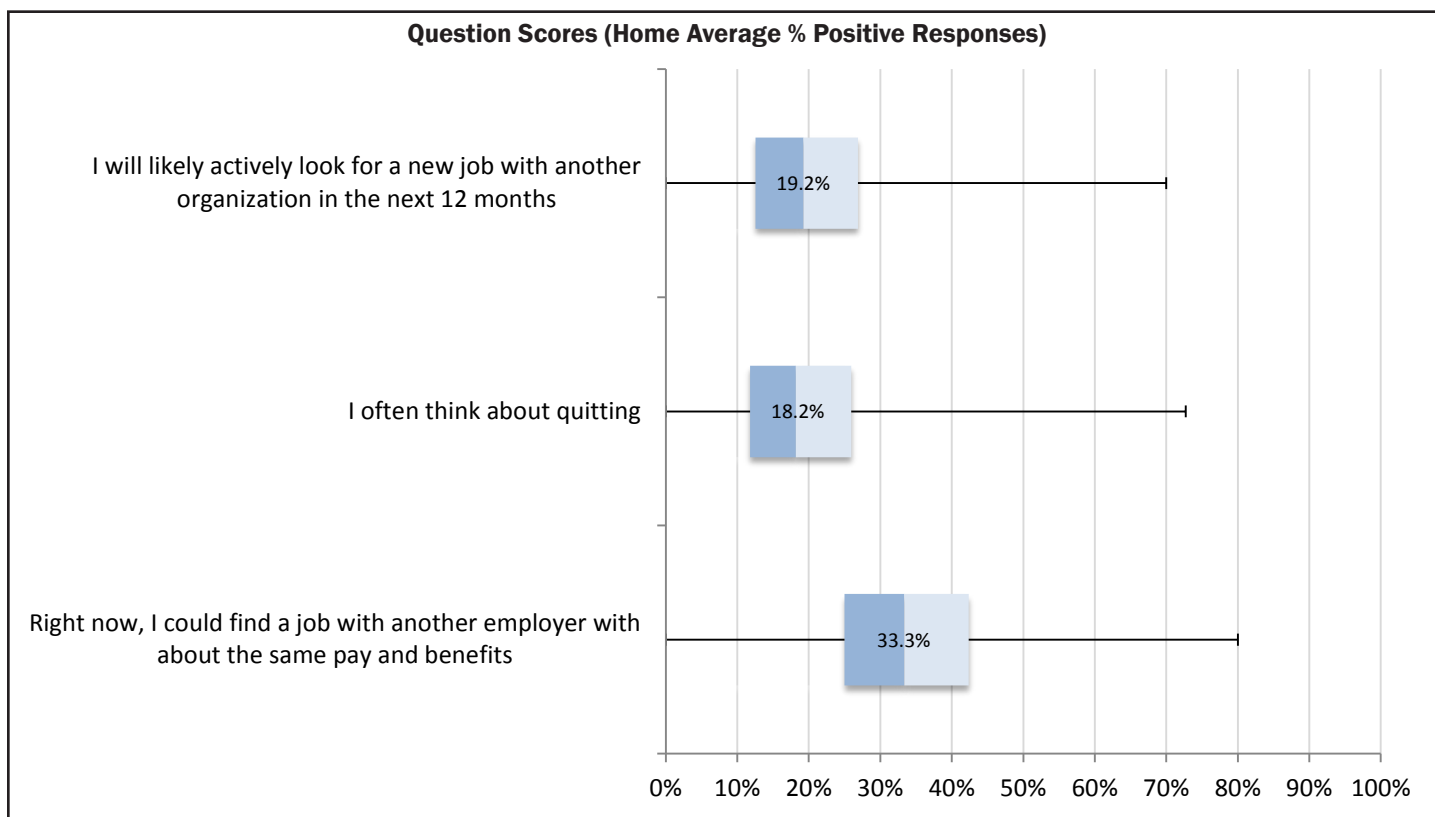
Intent to Change Jobs



High turnover among staff is an important indicator of dissatisfaction and is costly to LTC management. High turnover is associated with decreased continuity of care and poor resident outcomes. Respondents were asked to indicate the likelihood that they would look for a new job in the next 12-months using a 4-point scale, and to rate their agreement, on a five-point scale, that they often think about quitting and that they could find another job.

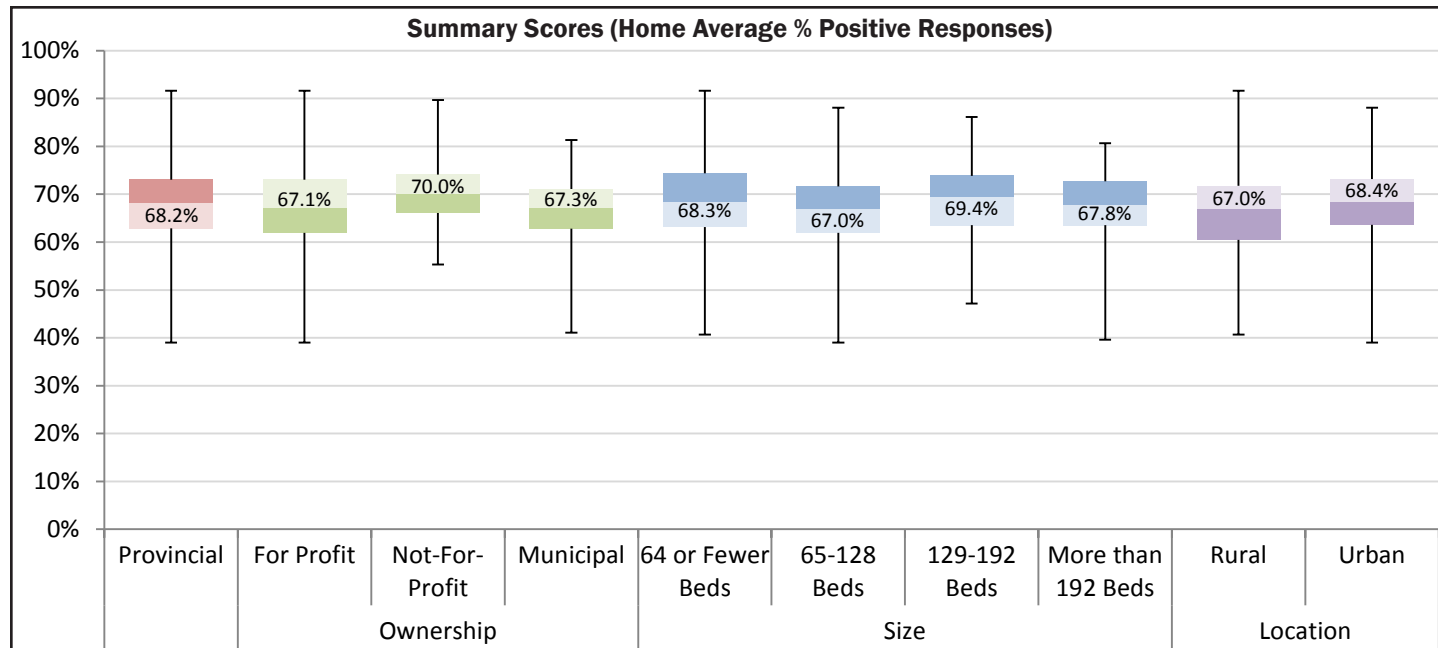
Key Observations:

- Summary scores ranged from 0% to 67%.
- Ratings of intent to change jobs was lowest in municipal homes and highest in for-profit homes, though there was substantial variability within each group.
- Ratings of intent to change jobs was slightly higher than the actual turnover rates of LTC staff measured previously.



* Please note, the lower the % positive response the lower the proportion of staff intending to change jobs. A lower score is, therefore, considered better.

Job Satisfaction



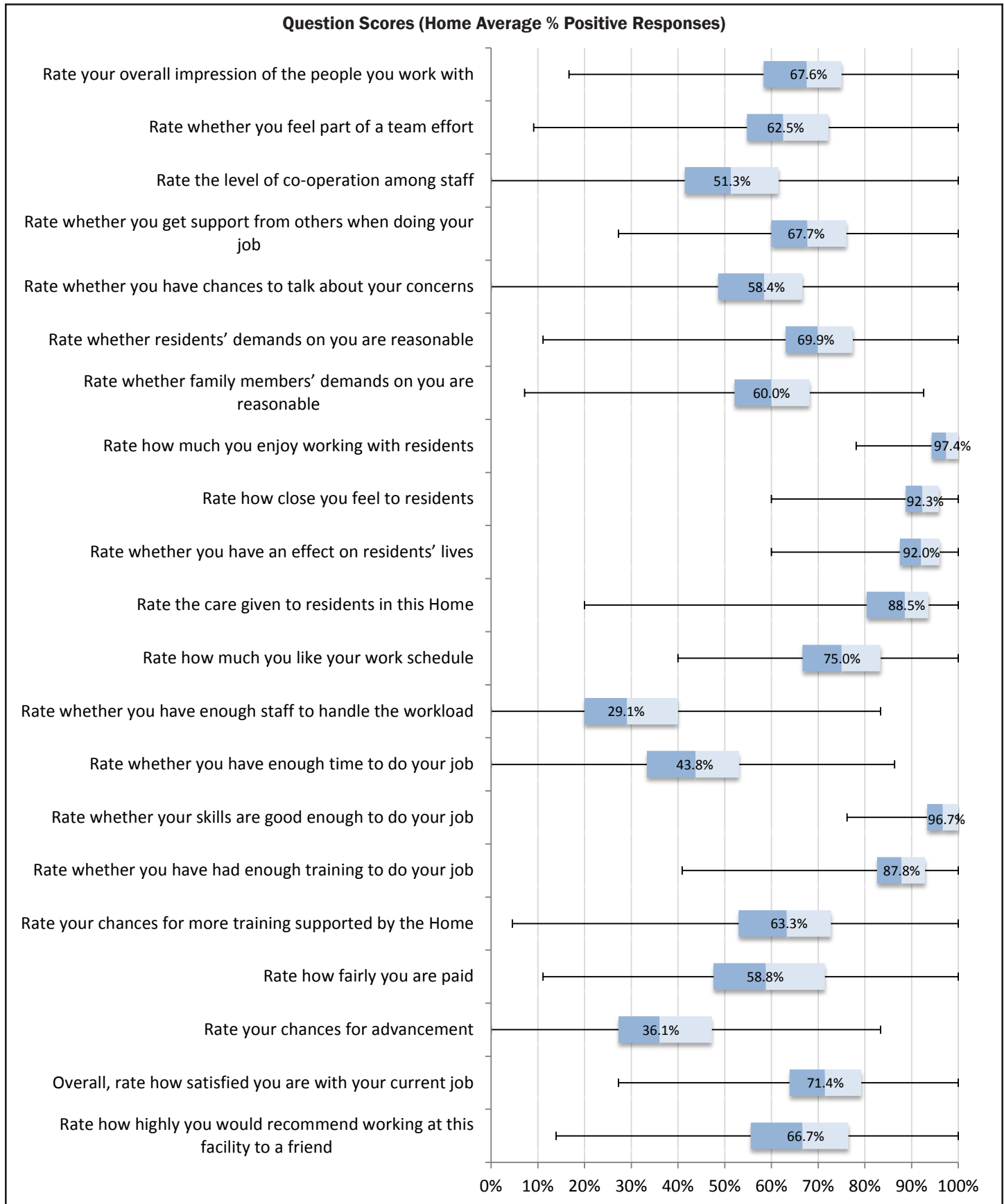
There are several areas of the work environment that LTC staff feel are important and give them satisfaction. These include their coworkers, work demands, work content, workload, training, rewards and quality of care. The scientific literature shows that job satisfaction is positively related to job performance and is also associated with lower turnover. The instrument used in the survey was developed for use in LTC homes in the United States. Respondents were asked to rate how they feel, on a scale of 1 to 10, about a variety of statements describing the above areas of their work environment. 7 or above was considered a positive response to these questions.

Key Observations:

- Summary scores ranged from 39% to 92%.
- Ratings of overall job satisfaction were higher in not-for-profit homes.
- Ratings of job satisfaction in Ontario were generally higher than those found by a survey of LTC staff in the United States using the same instrument.
- Respondents were least satisfied with their rewards and workload, but indicated that they enjoy working with residents and believe their skills are good enough to do their jobs. A study involving LTC staff in the United States revealed similar areas of job satisfaction and dissatisfaction.

Detailed item responses are shown on the next page

Job Satisfaction



Next Steps

Support for quality improvement is critical to optimizing the experience of staff and residents in LTC. The high level of response to this survey is indicative of the importance being placed on quality in Ontario's LTC homes. We hope that these results will begin to identify priority areas for quality improvement. In our next steps, these data will be linked to resident-level clinical data and an Administrator/Director of Care survey completed in the fall of 2012. We will use these combined data to assess the impact of three province-wide approaches to improving the quality of LTC. You can find more information about the research project on our website: www.ltcsurvey.ca. We wish to thank everyone who participated in this staff survey, including staff from the City of Toronto Long-Term Care Homes and Services.

Study Team



Institute of Health Policy, Management and Evaluation
UNIVERSITY OF TORONTO

Walter P. Wodchis (P.I.), Whitney Berta, Katherine McGilton (Lawrence S. Bloomberg Faculty of Nursing), Brent Parker, Kevin Walker



Tim Burns, Ben Chan, Michelle Rey, Gail Dobeil, Stephanie Soo



Dan Buchanan



Paula Neves



Larry Chambers



Donna Fairley



Phyllis Hymmen

and Karen Slater from the Ministry of Health and Long-Term Care.