



**OANHSS**

**LTCHA Implementation**  
MEMBER SUPPORT PROJECT

**Quality and Compliance  
Monitoring under the New  
*Long-Term Care Homes Act*  
(*LTCHA*), 2007**

**For Board and Council Members and Senior Managers**  
*Presented by Avanthi Goddard*  
**January 20, 2011**

**Ontario Association of Non-Profit Homes & Services for Seniors**

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# Presentation Objectives

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**At the completion of this presentation you will have an understanding of:**

- ✓ the new Ministry of Health and Long-Term Care (MOHLTC) Long-Term Care Quality Inspection Program (LQIP) in support of the LTCHA
- ✓ the key changes to be implemented within the LQIP inspection and reporting process
- ✓ Areas to consider in fulfilling your quality oversight and management role

# Table of Contents

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1. Key Points of this presentation
2. MOHLTC Long Term Care Quality Inspection Program (LQIP) and Protocols
3. MOHLTC Quality Inspection Process
4. Public Reporting on LTC Quality of Care
5. Suggested board actions for supporting your management team as they prepare your home operations for LQIP

# 1. Key Points of this Presentation

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# Key Points

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- The Long Term Care Quality Inspection Program (LQIP) is based on the operational requirements as defined by the LTCHA and Regulation
- As such, compliance to the LTCHA is regulated - and the LQIP is a more detailed, standardized and prescriptive operational audit system than the previous MOHLTC compliance system
  - The LQIP represents a standards against which the MOHLTC will inspect the home's operations
  - LQIP takes a resident's first focus
  - Includes an order system with consequences for non compliant standards dependent on risk levels

# Key Points...cont'd

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- Ensuring compliance to LTCHA is a key facet of the home's mission to provide a safe, comfortable, home-like environment and supports a high quality of life for all residents, and therefore a focus on quality
- The inspection process includes a review of the home's Continuous Quality Improvement (CQI) system that supports the management of quality
- There is an increased expectation for residents to be involved in the quality improvement process
- LQIP includes direct communication of inspection findings to Administrator, Residents' Council, and also a representative of the governing/oversight body

# Key Points...cont'd

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- The public reporting aspect of LQIP is only one mechanism of reporting publicly on a home's performance
  - There are additional ways your home can monitor its performance individually, and in relation to other homes
  - There is alignment between the Inspection Protocols and publicly reported indicators via Ontario Health Quality Council
- Board members can undertake different actions to support the Administrator and Management Team to comply with the LTCHA, depending on the existing or planned CQI system

# 2. MOHLTC Long-Term Care Quality Inspection Program and Protocols

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# The New Long-Term Care Quality Inspection Program

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- The new MOHLTC program is referred to as **Long-Term Care Quality Inspection Program (LQIP)**, replaces the former “Compliance Program”
- There are various components of the LQIP including:
  - New Inspection Process (2 stage process, mandatory and triggered)
  - New Inspection Protocols (33)
  - New tools (e.g. Annual Inspection template)
- Focuses on the enforcement of requirements in the LTCHA, regulation and associated agreements.
- Focuses on risk management, quality of care and quality of life for residents
- LQIP in development and improvement phase from 2010 to 2012

# Characteristics and Benefits of new LQIP

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- Resident-centered process:
  - Talk to residents via Residents' Council, first
  - Observations, family and staff interviews, record review
  - Review sample of resident's care plans or clinical records
- Resident responses and care outcomes guide the inspection process
- Improved objectivity and consistency

# Characteristics and Benefits of new LQIP...cont'd

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- Extensive research by clinical experts to identify Quality of Life, Quality of Care indicators leading to potential non-compliance
- Greater automation within inspection system to improve organization of inspection findings and enhanced documentation
- Increased authority/power of the Director (MOHLTC) to issue orders ranging from requiring an immediate improvement, posing limits on a home, or at the most extreme - revoking of a licence

# Purpose of Inspection Protocols (IP)

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- Provide guidance to inspectors in collecting evidence (information/data) during an inspection
- Enable a consistent, organized and systematic review of risks and care outcomes
- Support the determination of compliance with the Long-Term Care Homes Act (LTCHA) and its regulations
- All questions relate directly back to alignment with the LTCHA
- There are 33 Inspection Protocols

# Types and Number of Protocols

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## Inspection Protocols

Home Related

Resident  
Related

Mandatory

9

Triggered

14

Triggered

10

# Mandatory Inspection Protocols

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1. Training and Orientation
2. Dining
3. Admission Process
4. Family Council Interview
5. Infection Prevention and Control
6. Medication Inspection
7. Quality Improvement
8. Resident Charges
9. Resident Council Interview

# Quality Improvement Protocol

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A **System** for Continuous Quality Improvement (CQI) and Utilization Review is Required by the Mandatory Inspection Protocol on Quality. The MOHLTC is looking for evidence of a home's formalized and documented system of CQI. At minimum, LTC homes must have a :

- CQI Contact person
- CQI Committee members , **if any**
- Dates of CQI meetings

# Quality Improvement Protocol

## ...cont'd

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- Written description of quality improvement and utilization review system
    - *With goals, policies, protocols, process to address initiatives, interdisciplinary, communication processes,*
    - *Annual Satisfaction surveys for residents/SDM, and families, role of residents' Council and Family Council in development of survey, results, improvements*
  - Records of Improvements (Carried Out/Underway/Results)
  - At Minimum, Annual Satisfaction Survey results (Residents/Families)
- (Appendix C in Tools and References Document)*



# Residents' Council Protocol

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- Each Home is expected to have a Resident Council
  - Homes are expected to utilize Residents' Council as one mechanism to enable residents to raise and document concerns (or complaints) and these are to be documented and responded to within specified time frames
- Resident Interview is held early during Inspection Process
- Questions asked during inspection relate to the requirements and Fundamental Principles of the LTCHA and Regulation
- This protocol aligns with the Quality Improvement and Complaints Protocols
- Validates the use of Satisfaction Survey results

*(Appendix C in Tools and References Document)*

# What are the Triggered IPs?

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## Resident Related

1. Continence care and bowel management
2. Dignity, choice and privacy
3. Minimizing of restraining
4. Nutrition and hydration
5. Pain Management
6. Personal support services (ADLs)
7. Recreation and social activities
8. Responsive behaviours
9. Skin and wound
10. Falls prevention

## Home Related

1. Housekeeping
2. Laundry
3. Maintenance
4. Admission and discharge
- 5. Critical incident response**
6. Emergency plans
7. Food quality
8. Hospitalization and death
9. Prevention of abuse and neglect
- 10. Reporting and complaints: Retaliation**
11. Safe and secure home
12. Snack observation
13. Sufficient staffing
14. Trust accounts

# Critical Incident Response Inspection Protocol

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- Results in harm or risk to safety, security, welfare and/or health of resident, staff member and/or the home
- To be reported to the Director (MOHLTC):
  - An emergency situation, Unexpected death
  - Missing resident , regardless of time, injury
  - Injury for which person is taken to hospital
  - Outbreak, Contamination of drinking water
  - Environment hazard
  - Missing/unaccounted for controlled substance
  - Medication incident/adverse drug reaction where resident is taken to hospital
- The home must meet specified documentation requirements  
*(Appendix C in Tools and References Document)*

# Reporting & Complaints Inspection Protocol

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- New reporting requirements of complaints by homes to the MOHLTC (Reg 79/10 Section 107)
    - Adapting to reflect changes from LTCHA
    - Mandatory reporting
  - Policy and procedure for complaints
    - Specified turn around time for responses
    - Documentation requirements
    - Relationship to other IPs, Residents' Council Interviews
  - Inspector/MOH Director role with respect to complaints
  - Quarterly trend analysis for CQI purposes
- (Appendix C in Tools and References Document)*

# 3. MOHLTC Quality Inspection Process

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(Note: the content in this section is derived from “Understanding Your Inspection Report/Orders: The LTC Quality Inspection Program”, Karen Slater, Ministry of Health and Long-Term Care, November 23, 2010. Included in resource documents.)

# Annual Inspections

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## New under LQIP:

- Two Stage Team-Based Inspection Process
- Copy of Inspection Report provided to a representative of oversight body, and Summary Report is provided to Resident Council
- All non-compliance cited under LTCHA, regulation and associated agreements (LHIN Agreements)
- Actions and/or Orders by inspector, Director based on risk
- Judgment Matrix to guide decisions on actions and/or orders (*Appendix E*)
- Not all non-compliances require a plan of corrective action

# Annual Inspections...cont'd

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## What Stays the Same:

- Unannounced inspection
- Contains:
  - Entrance conference with inspectors
  - Tour of the LTCH
  - Exit conference with inspectors
- Written report identifying non-compliance and any actions or orders with a copy to the Administrator at the exit interview
- Public version of the report on MOHLTC website

# Annual Inspection Process

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- All homes will be inspected at least once per calendar year
- New Inspection Protocols within LQIP will be used for annual inspections
- Transitional regulation allows initial annual inspection to be conducted between July 1, 2010 to December 31, 2011.
- Compliance with LTCHA, regulation and agreements will be determined.
- All non-compliance will require an inspector to take action and may result in the imposition of a sanction under the LTCHA by either the inspector or Director.
- Complaint, Critical Incident and Follow up Inspection process can occur at any time



# Two Stage Inspection Process

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## **Stage One:**

Evaluation of pre-defined quality indicators  
(combination of audits, observations + responses to questions – interviews with residents, family, staff)

## **Stage Two:**

Focused investigation which is triggered when a threshold in a care area is exceeded as identified from the “Stage One” process

# The Inspection Process By Inspectors

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## 1. Stage 1: Preliminary Inspection

- Census Sample
  - Interviews of residents (40), Family (3), Staff
  - Observations of residents
  - Clinical records reviews
- Convalescent Care Sample (30) if applicable
- Resident Assessment Instrument -Minimum Data Set (RAI-MDS) Sample Dataset

## 2. Stage 2

- Requiring further investigation, information gathering
- Not considered a non compliance at this stage

## 3. Analysis of compliance Application of Judgment Matrix (*Appendix E*)

- Severity of Non Compliance (Level 1 minimal risk to Level 4 Immediate Jeopardy Risk)
- Actions required by Home depends on Severity

## 4. Inspection Report prepared and submitted (new format)

# The Inspection Report: Contents

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## General Information:

- Licensee and public copy
- Date(s) of inspection
- Inspection number
- Type of inspection
- Name of Long-Term Care Home
- Name of Inspector(s)

## Inspection Summary:

- Purpose and type of inspection
- Titles of individuals spoken to
- Activities undertaken during the inspection
- Inspection protocols used
- Findings of non-compliance, if any
- Number of non-compliance identified and type of action taken by inspector for each non-compliance
- Any corrected non-compliance

# If Non-Compliance is Found

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- Inspectors use the 'Judgment Matrix' tool to determine the most appropriate action(s)/order(s) to issue in relation to a finding of non-compliance (*Appendix E*)
- The judgment matrix tool outlines the following factors that must be considered:
  - *severity of the non-compliance*
  - *scope of the non-compliance*
  - *compliance history of the home*
- The inspectors use their professional judgment to assess the criteria and make a decision on the action or order
- There are 5 types of orders (See Tools and references for details)
  - 2 of which issued by the Inspector or director
  - 3 of which only by the Director

# 5 Types of Orders, Parties that Issue Orders, and Actions Required

Type of Order	Action	Issued By
Compliance Order (CO)	Order licensee to (a) do / refrain from doing anything to achieve compliance, or (b) prepare, submit and implement plan for achieving compliance	Inspector or Director
Work and Activity Order (WAO)	Order licensee to (a) allow ministry employees or agents/contractors under ministry authority to perform any work/activity at LTC home that is necessary, in the opinion of the person issuing the order, to achieve compliance; (b) pay reasonable costs of the work/activity	Inspector or Director
Financial Sanction (FS)	Order funding be returned or withheld	Issue by Director
Mandatory Management Order (MMO)	Order licensee (at licensee's expense) to retain one or more persons (approved by Director) to manage/assist in managing LTCH	Issue by Director
Revocation of License (RL)	Order revoking a license (and where required, order providing LTCH to be occupied and operated by interim manager)	Issue by Director

# Review and Appeal of Order

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- If the Home disagrees with the Order, it needs to inform the Director **within 28 days** from receiving the order, in writing
- If the Home still disagrees with the Directors decision, an appeal can be made to Health Services Appeal and Review Board (HSARB), within 28 days
- If the Home still disagrees with the HSARB decision, an appeal can be made to Divisional Court

# Insights from MOHLTC Pilot Inspections (Summer/Fall 2010)

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- Over 23 homes test piloted the process from May to July
- Revisions to tools, inspection protocols, policies and procedures
- Inspectors were trained – *a shift from compliance advisors to compliance inspectors*
- MOHLTC continues to improve and refine the new inspection process as it is introduced
- Pilots are indicating *higher number of non compliances ranging from 10 to 50*

# 4. Public Reporting on LTC Quality of Care

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# Reporting Mechanisms: Quality Performance, Accountability and Transparency

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## Public Reporting

- Ontario Health Quality Council reporting (Full Report and Reporting on LTC Indicators via OHQC website)
- Home's Annual Report (including home's performance reporting on strategic goals and quality indicators)
- Accreditation Results
- MOHLTC Quality Inspection Results (MOHLTC Website)
- LHIN Accountability Requirements

# Public Reporting: Who is the Ontario Health Quality Council (OHQC)?

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- Independent agency created under the Commitment to the Future of Medicare Act, 2005, role expanded in the Excellent Care for All Act, 2010
- Mandate is to report to the public on the quality of health care in Ontario and support its improvement
  - Makes recommendation to health care organizations on standards of care based on clinical practice guidelines /protocols
  - Makes recommendations to the Minister of Health regarding provision of funding for health care and medical devices

# Public Reporting: Who is the Ontario Health Quality Council (OHQC)?

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- Identified indicators for LTCH reporting
- OHQC obtains homes' data from Canadian Institute Health Information (CIHI, RAI-MDS reporting)
- Residents First Initiative, the provincial initiative to strengthen quality improvement in long-term care homes, supported by OHQC
  - Offers quality improvement tools and training opportunities for staff

# What is RAI-MDS?

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- In 2007 homes in Ontario began to use a common electronic assessment tool to develop a holistic residents care plan (quality of care and quality of life)
- Tool called *Resident Assessment Instrument- Minimum Data Set*, used by about 30 countries
- Administered on admission, quarterly, significant change in health status and annually
- Data sent to CIHI
- Reports sent to OHQC, Ministry, Home

# Connection between LQIP Inspection Protocols and OHQC Indicators

Key Topics	Indicators
Falls (IP)	<p>Percentage of LTC residents who had a fall in the last 30 days</p> <p>Rate of falls among LTC senior residents (aged 65+) resulting in an emergency department visit or in-patient hospitalization per 100 resident years</p> <p>Percentage of CCC residents who do not have a recent prior history of falling, but fell in the last 90 days</p>
Pressure Ulcers (IP)	Percentage of residents with a new pressure ulcer (stage 2 or higher)
Bladder Incontinence (IP)	Percentage of CCC residents with less bladder control
Drug Safety (IP)	<p>Number of elderly LTC residents prescribed the following: A drug that should be avoided in the elderly (Beers list) A drug that should never be given in the elderly (AHRQ list)</p> <p>Percentage of elderly LTC residents prescribed the following:</p> <ul style="list-style-type: none"> <li>– An antipsychotic drug without a psychotic condition</li> <li>– Certain anti-anxiety or hypnotic drugs not supported by a specific diagnosis</li> </ul> <p>Percentage of new LTC home residents (aged 65 and above) started on certain drugs where there was no clear reason to use them</p> <p>Percentage of physicians who routinely give their patients a written list of the medications they are currently taking</p>
Restraint Use (IP)	Percentage of residents who were physically restrained
Behavioural Issues (IP)	Percentage of LTC residents whose behaviour has recently† worsened

# Connection between LQIP Inspection Protocols and OHQC Indicators

Key Topics	Indicators
LTC Wait Times	<ul style="list-style-type: none"><li>Median number of days to LTC home placement.</li><li>Percentage of residents placed into LTC who got their first choice of home the first time around</li><li>Relationship between ALC bed days and LTC wait times</li><li>Percentage of clients placed into an LTC home with high or very high MAPLe<sup>++</sup> scores</li></ul>
Avoidable ED visits	<ul style="list-style-type: none"><li>Number of avoidable emergency department visits per 100 LTC residents per year</li><li>Number of low acuity emergency department visits per 100 LTC residents per year</li></ul>

# Connection between LQIP Inspection Protocols and RAI-MDS

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## LQIP Inspection Protocols

- Used by MOH Inspectors
- Similar topic areas being assessed using in RAI-MDS tools
- Compliance reports for public posting or reporting on the MOHLTC website

## RAI-MDS

- Indicators are developed by the data base
- Implementation is in the early phases
- The standardized assessment tool, used for initial and periodic assessments during residents' stay
- CIHI and OHQC plan to utilize data for public reporting and comparing clinical and resident care trends in LTC Homes

# 5. Suggested Board/Council CEO/ Senior Management Actions

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# Suggested Board Actions for Monitoring Compliance with LTCHA

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- Be familiar with the following:
  - MOHLTC Long-Term Care Quality Inspection Program (LQIP)
  - MOHLTC Inspection Protocols
  - *Long-Term Care Homes Act, 2007 (LTCHA)* and Regulation
- Provide leadership and support to the Management Team as the home takes steps to ensure compliance
  - For example, ensure that the structures and roles are in place to plan, implement, and evaluate quality improvement activities (*Appendix D*)
- Support the Administrator/Management Team to make the key changes required in the home to be compliant with the LTCHA
  - For example, ask the right questions in terms of readying the home for the new LQIP Inspection System (*Appendix G*)

# Suggested Board Actions for Monitoring Compliance with LTCHA

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- Advocate on behalf of the Home to address barriers in implementing the LTCHA
- Consider the Fundamental Principles of the LTCHA and the resident focus when making policy and governance decisions (*Appendix A*)
- Understand the types of orders within the Inspection System, including the risk levels/rationale used to determine severity of order, through the application of the Judgment Matrix (*Appendix C – Tools and Resources*)

# Summary Points

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- The Long Term Care Quality Inspection Program (LQIP) is an evolving program, but will likely yield an increase in areas of non-compliance, due to the level of detail.
- A key consideration is the risk levels associated with areas of non-compliance and the timing and effectiveness of the improvement plan
- While all homes have their own structures and roles for quality improvement, the new LQIP requires homes to have a formalized and documented Continuous Quality Improvement (CQI) system
- Strong involvement and communication with the Resident's Council (and Family Council, if in place) is an essential element of a CQI system

# More Summary Points

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- In their oversight role, licensee, sole proprietor, partner, officer of the corporation, chair of the board or mayor, warden chief officer of municipality will now directly receive MOHLTC Inspection Reports.
- As such, one will need to anticipate and consider the effectiveness of the Management Team's proposed action plans to address improvements.
- The LQIP provides a set of minimum set of benchmarks for measuring a home's operational performance.
- As part of the CQI System, each home can decide upon the additional indicators and mechanisms for analyzing and reporting on the quality performance of LTC Home.

# Questions and Comments

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# Appendices

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- Appendix A: Fundamental Principles of the Act
- Appendix B: Overview of LTCHA 2007
- Appendices C to H: Included in Quality Monitoring by Boards - Appendix - Tools and Resources document

# Appendix A: Fundamental Principles of the LTCHA

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## The people of Ontario and their Government:

- Believe in **resident-centred care**;
- Remain **committed to the health and well-being** of Ontarians living in long-term care homes now and in the future;
- Strongly support **collaboration and mutual respect** amongst residents, their families and friends, long-term care home providers, service providers, caregivers, volunteers, the community and governments to ensure that the care and services provided meet the needs of the resident and the safety needs of all residents;
- Recognize the principle of access to long-term care homes that is based on assessed need;
- Firmly believe in **public accountability and transparency** to demonstrate that long-term care homes are **governed and operated** in a way that reflects the interest of the public, and promotes effective and efficient delivery of high-quality services to all residents;



# Appendix A: Fundamental Principles of the LTCHA...Cont'd

## The people of Ontario and their Government:

- Firmly believe in clear and consistent standards of care and services, supported by a **strong compliance, inspection and enforcement** system;
- Recognize the **responsibility to take action** where standards or requirements under this Act are not being met, or where the care, safety, security and rights of residents might be compromised;
- Affirm our commitment to preserving and promoting quality accommodation that provides a **safe, comfortable, home-like environment and supports a high quality of life** for all residents of long-term care homes;
- Recognize that long-term care services must respect diversity in communities;
- Respect the requirements of the *French Language Services Act* in serving Ontario's Francophone community;
- Recognize the importance of fostering the delivery of care and services to residents in an environment that **supports continuous quality improvement**;
- Are committed to the promotion of the delivery of long-term care home services by not-for-profit organizations.

# Appendix B: Overview of the LTCHA 2007

## RESIDENT CARE & SERVICES

1. **Plans of care** [2]
  - Admission care plan
  - Plan of care
2. **Prevention of abuse and neglect** [3]
  - Policy to promote zero tolerance
  - Police notification
3. **Minimizing Restraining** [3]
  - Written policy to minimize
  - Prohibited devices
  - Conditions to include in plan of care
  - In-restraint requirements
  - Record keeping
  - (Transfer to secure unit)
4. **Programs and services** [3]
  - 8 resident care/services programs
  - 4 required interdisciplinary, clinical programs
  - 3 misc programs
  - Infection control
  - Quality improvement of care/services
  - Satisfaction surveys
5. **Admissions** [5]
  - Specialized units
  - (Secure units)
6. **Absences and discharge** [5]
  - Restrictions on discharge

## RESIDENT RIGHTS AND FINANCES

1. **Resident bill of rights** [5]
  - Enforcement of bill of rights
  - Mission statement
2. **Resident and family councils** [6]
  - Assistance
  - Non-interference
3. **Information for residents** [6]
  - Package of information
  - Posting of information
4. **Resident charges** [6]
  - Accommodation
  - Non-accommodation services
  - Monthly statement
5. **Regulated documents** [7]
  - Resident agreements
  - Written consent forms
  - Voidable agreements
  - Coercion prohibited
6. **Trust accounts** [8]
  - Accounts
  - Written policy
  - Authorizations

## ADMINISTRATION AND OPERATIONS

1. **Senior staff** [8]
  - Positions
  - Qualifications
  - On-site requirements
2. **Training and screening** [9]
  - Criminal reference checks
  - Orientation
3. **Complaints and Reports** [9]
  - Written complaints procedure
  - Investigation and reports
  - Whistle-blower protection
  - Critical incidents
4. **Drugs and pharmacy** [10]
5. **Quality Improvement, Compliance & enforcement** [10]
6. **Licensing** [11]
  - Beds available for occupancy
  - Restriction on transfers
7. **Records and reports** [11]
  - On-site retention
8. **Facility related requirements** [11]
  - Design
  - Approval for construction
  - Emergency plans

# Appendices C- H: Tools and Resources

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See “Appendices - Tools and Resources” document OANHSS Member website for the following Appendices:

- C. MOHLTC Inspection Protocols Related to Resident Council Interview, Reporting Complaints, Quality Improvement, and Critical Incident Reporting
- D. Quality Committees and Roles – Samples
- E. The Inspection Report Judgement Matrix and Orders
- F. Quality Monitoring Frameworks, Indicators and Scorecards – Samples
- G. Quality System Strengthening -Types of questions to ask
- H. Useful Links and Resources