What We Heard: Long-Term Care Quality Consultation 2008

A Common Vision of Quality in Ontario Long-Term Care Homes

Ontario

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Executive Summary

The Ministry of Health and Long-Term Care (MOHLTC) and the Seniors Health Research Transfer Network (SHRTN) hosted a consultation process to develop a common vision of quality in long-term care (LTC) homes that reflects all aspects of the resident's LTC experience. The consultation was organized by a planning committee with representation from LTC homes across the province, provincial LTC associations, Family Councils, Residents' Councils, government, SHRTN and Local Health Integration Networks (LHINs) as well as quality improvement leaders, researchers and data experts.

The consultation took place in five sessions between February 12 and April 10, 2008 in Toronto, Hamilton, Ottawa, London and Sudbury. In total there were over 600 participants with up to 60 per cent representing LTC homes and approximately 40 per cent representing the remaining stakeholder groups.

The purpose of this report is to synthesize the themes from the five sessions to reveal a common vision of quality in LTC homes. While the dialogues varied in their emphases, there was significant consensus on how participants describe quality, what the priorities are and how to move forward.

Five themes emerged that were common across the sessions:

1. Create an environment that promotes quality of life for residents.

Striving for quality of life for the resident was the single most dominant theme across all sessions. Quality of life was described as living with: dignity, respect, comfort, choice, security, happiness, pleasure, fun, individuality, self-worth, trust, security, safety, pride, reduced stress, autonomy, independence, and the resident's preferred culture, beliefs and language. An environment that promotes quality of life, therefore, means being responsive to individual needs of residents in terms of their preferences as well as ensuring physical needs are met. With emphasis on resident-centred care and the resident experience, transitioning to the LTC home emerged as an important area for improvement.

2. Make "home" a central part of the nursing home experience for residents and their families.

There was widespread consensus that quality LTC homes strive to create a homelike environment for residents. A homelike environment was described as nurturing "creature comforts" of home such as genuine human caring, the individual's sense of home, meaningful integration, family and quality food. Partnering with family members through open communication was identified as central to this theme because of the important role family members have in resident care. The use of language was seen as important and participants in one session identified the MOHLTC move to referring to LTC homes as "homes" rather than facilities or institutions as a positive step forward.

3. Build a community that supports quality LTC by leveraging partnerships and creating a positive image of LTC for residents and staff.

Participants expressed concerns that existing negative public perceptions are hampering quality in LTC homes. These negative perceptions are believed to affect recruitment and retention of needed staff which is a major quality concern for this sector. Building a community that supports quality includes integrating LTC homes within the community by engaging partners in quality care and enhancing the public image of LTC through positive promotion.

4. Create a culture of quality care and improvement.

The vision of quality in LTC includes a culture to support it. A quality culture for staff means they will feel proud of where they work and that they are part of a supportive environment where personal accomplishments are rewarded and opportunities are provided. A culture of quality is created by celebrating and communicating successes, and by learning from one another through leadership and open communication. This theme also represents the need to balance a desire for increased flexibility in the standards to enable more individualized care and recognition that standardization and streamlining have the potential to improve efficiencies. A culture of quality is also created by defining, measuring and assessing quality and improvement initiatives. Together, this theme represents the use of improvement techniques, leadership and collaborative approaches to free staff so that more time can be spent with residents.

Participants are receptive to steps that are currently underway to create a culture of quality such as enabling the use of objective benchmarks and common assessment through implementation of the Resident Assessment Instrument-Minimum Dataset (RAI-MDS). Participants also responded favourably to the opportunity to be involved in creating a common vision of quality through participation in the Summits.

5. Develop leadership, and align incentives and resources to support the quality vision in LTC.

The main message in this theme is that structures and processes need to be aligned and appropriately resourced in order to achieve the vision of quality. Major themes include: (a) improving direct care by increasing human resources capacity through recruitment, retention and improvement strategies; (b) establishing stable, flexible funding arrangements that appropriately align incentives to support quality and improvement; (c) creating a stronger pool of qualified staff through educational preparation; (d) building on existing front-line staff capacity; (e) providing necessary equipment and technology to achieve success; and (f) building stronger leadership capacity in the LTC home sector.

Quality of life and resident-centred care are central to the vision. Several structures and processes are identified as necessary to support the vision. Action items are also presented throughout the report representing participants' views on how to begin implementing the vision. Notably, these action items range from local level strategies to changes requiring system-wide resources or building stronger community partnerships. Appropriate staffing, strong leadership capability, effective communication at all levels and creating a culture that supports quality are among several themes that are fundamental to achieving the quality vision.

Background

The Ministry of Health and Long-Term Care (MOHLTC) and the Seniors Health Research Transfer Network (SHRTN) hosted an important consultation process to develop a common vision of quality in long-term care (LTC) that reflects all aspects of the resident's LTC experience. The consultation was organized by a planning committee with representation from LTC homes across the province, provincial LTC associations, Family Councils, Residents' Councils, government, SHRTN and Local Health Integration Networks (LHINs) as well as quality improvement leaders, researchers and data experts.

Participants in this consultation process provided input to shape a common vision of quality in LTC, heard about and shared LTC quality success stories and collaborated in the development of a provincial LTC quality vision.

The consultation took place in five sessions held between February 12 and April 10, 2008 in Toronto, Hamilton, Ottawa, London and Sudbury. In total there were over 600 participants with up to 60 per cent representing LTC homes and approximately 40 per cent representing the remaining stakeholder groups.

The purpose of this report is to synthesize the themes from the five sessions to reveal a common vision of quality in LTC homes. Five themes emerged that were common across the sessions:

1. Create an environment that promotes quality of life for residents;
2. Make "home" a central part of the nursing home experience for residents and their families;
3. Build a community that supports quality in LTC by leveraging partnerships and creating a positive image of LTC homes for residents and staff;
4. Create a culture of quality care and improvement; and
5. Develop leadership, and align incentives and resources to support the quality vision in LTC.

The underlying principle used to develop common themes for a vision of quality was to be broad and inclusive so that most of the discussion would be encapsulated within the themes. While the discussions varied in their emphases, on certain issues there was significant consensus on the content (i.e., how participants describe quality, what the priorities are and how to move forward).

The report is organized so that themes 1-4 represent a vision of quality and theme 5 represents what could be described as a structural theme; detailing the necessary foundation to enable the vision. The objective of this report is to lay out what was heard in the Quality Summits in a format that inspires meaningful change with some direction for how to begin. Key themes, sub-themes, descriptions and quotations are provided in the pages that follow.

Themes: Toward a Vision of Quality

1. Create an environment that promotes quality of life for residents.

Striving for quality of life for the resident was the single most dominant theme across all sessions. Quality of life was described as living with: dignity, respect, comfort, choice, security, happiness, pleasure, fun, individuality, self-worth, trust, security, safety, pride, reduced stress, autonomy, independence, and the resident's preferred culture, beliefs and language.

> *"Provide quality to residents – centred around residents." (Sudbury)*

Three sub-themes further describe an environment that promotes quality of life for residents:

a) An environment that promotes quality of life by being responsive to the individual needs of residents.

Participants described the importance of preserving residents' individuality. This means making connections with their past to maintain continuity of routines, preferences and aspirations as much as possible. Quality of life includes preserving cultural norms, ethnic background and language. This theme reflects the need to preserve the resident's identity within the nursing home environment. Actions include making an effort to acquire information, getting to know the resident, taking the time to listen to them, understanding what is important to that individual and incorporating this into their care by honoring their wishes. The resident perspective is central to quality. It translates into giving residents a voice and encouraging them to be involved in decision-making where possible. An underlying message in this theme is a need to refocus on what is important to the resident; spending less time doing things that do not matter to the resident. Some participants identified that having to meet inflexible compliance requirements takes time away from meeting needs of residents. More broadly, other participants identified that building constraints (e.g., access to bathing facilities) and job design issues impose limitations on spontaneity and creativity needed to meet individual needs of residents.

> *"Put yourselves in their shoes. Seniors live in their own home for 50 years, surrounded by their previous things, then an illness makes them move to a strange place with strange people, they have to let go of these things and accept change and some residents have difficulty." (Toronto)*
>
> *"Show respect for residents and acknowledge the uniqueness of their individual life stories." (Hamilton)*
>
> *"Look for those small changes which can make a big difference for the resident." (Hamilton)*
>
> *"Residents should have a feeling of independence and autonomy." (Ottawa)*
>
> *"Maintain normalization of life in LTC following resident admission." (Ottawa)*
>
> *"For residents, LTC homes must work with them from the beginning to determine what makes the person who they are, define what is important to that person as a person and incorporate that feedback in their care." (London)*

b) An environment that promotes quality of life by ensuring that essential care needs are met through delivery of resident-centred quality care.

Notably, participants did not discuss clinical quality at length other than to identify that meeting health care needs is essential to enabling quality of life. That is, physical well-being enables residents to engage in whatever it is they enjoy, thereby contributing to their overall quality of life. Some participants described the importance of quality care as a "given" or a "necessity" to promote quality of life but is not sufficient to achieving quality of life. This theme also emphasizes that not all resident care needs are the same; variations

in functional status and conditions mean staff within the home have to do different things for different residents in order to keep them comfortable. For residents with higher or more complex needs, resources must meet the standards and increasing demands to improve their access to allied (e.g., vision, dental, and hearing) and specialized health professionals. This is of particular concern for residents with dementia, brain injury, psychiatric and behavioural disorders who have extensive and complex care needs. In one session, participants indicated that issues surrounding specialized populations require further deliberation with the MOHLTC and LHINs while participants in other sessions identified the need for more specialized units and training of staff to care for these residents. Ensuring that medical and dental needs are met helps residents to live pain free so they can better enjoy those around them. Resident-centred care is also age-appropriate. This highlights some challenges for homes that care for young people with complex care needs; not all residents in nursing homes are seniors. The challenge associated with providing quality care for mixed populations and residents with complex care needs is, therefore, an important and common concern raised by Summit participants.

From a health services perspective, some participants indicated that successes in offering services that meet the varying needs of residents include physiotherapy for mobility; social work for well-being; music and art therapy, nurse practitioners, pain and symptom management consultants. Therefore, quality care entails providing ongoing emotional, social, medical, dental, and physiological support. There was also discussion about the need for a multi-team approach or use of interdisciplinary teams to provide quality care.

In summary, quality of life entails different features for every resident, so being able to offer choices and options to residents was seen as a very important aspect of quality. Examples included choice of language and enabling first choice of home by delaying admission using home support services. Alignment of resident expectations and feasibility is integral to this theme. There was recognition that the vision of quality needed more discussion about what is acceptable to the resident and their families and what is feasible. There was also discussion about the need to acknowledge tradeoffs between empowering individual interests and competing collective interests or individual safety as in cases where individual preferences infringe on the rights of others' preferences (e.g., a resident's mobility is enhanced by a scooter, which could jeopardize the safety of other residents) or where individual preferences differ from medical care recommendations.

"…long-term care residents are not the same – some residents are highly functional, some need more help and some can't communicate at all…[quality] means different things for different residents in order to make them comfortable." (Toronto)

"Resources must meet the standards and demands in LTC for clients with higher needs." (Toronto)

"Addressing younger resident needs is an equal challenge for Family Councils." (Hamilton)

"Specialized education to meet the unique needs of residents has meant bringing more specialists into the home care environment." (Ottawa)

"Establish a bridge between the resources within LTC and the expectations of families and Family Councils – the health care system can't afford everything that is wanted in LTC homes." (Ottawa)

c) An environment that promotes quality of life by improving the resident experience when transitioning to the home.

The transition to a LTC home can be traumatic and stressful for some residents and their family members. This dominant theme identifies the need to redesign admission procedures so that the move to an LTC home is a seamless and quality experience for residents and families. Participants identified three key areas that support quality transitions to the home:

1. Ensure transfer of appropriate information about the resident on admission to LTC. Community Care Access Centres (CCACs) were identified as having information about the resident that would be valuable to LTC staff early in the process. This includes improving documentation between sectors.

2. Align hospital, CCAC, LHINs, medical laboratories and LTC home policies to be more resident/family focused, more integrated and more efficient. Creating a seamless system from the perspective of residents and families requires increased collaboration, communication and education with these other components of the system. Participants described the importance of having these sectors understand the complexities of LTC. It is also important for LTC to understand how the direction the LHINs are taking will ultimately affect residents.

3. Ensure the family is involved early in the transition by providing appropriate information and education at the right time. This includes providing support for the family members when a resident is first placed. Participants recognize that family members feel distress and guilt so answering their questions, discussing expectations, and maintaining open communication will help increase confidence in the care provided by the home. More broadly, some raised concerns about challenges placing residents in the appropriate care setting or the setting of choice and issues related to long waiting lists in some areas.

Another important theme is having clear communication about expectations held by the family and the residents. Providing a clear understanding between family and staff about the nature of the care that will be provided is an important aspect of quality. Establishing expectations through open communication early on will lay the foundation for open communication over time. Some participants recommend sharing policies and being open about service limitations so that residents and family members are better prepared for the experience.

"Provide clear understanding between family and staff about the quality of the service and care that will be provided." (Toronto)

"Increase collaboration with the hospital and LTC, so that when a resident is transferred – often in crisis – hospitals know what processes are used in LTC and vice versa." (Ottawa)

"Look for opportunities to offer seminars on what to expect in a LTC home. Help people understand what to expect when they come to a home so that they are better prepared for the transition." (Ottawa)

"Fix disconnect between acute care and what they think we can do and what we can actually do in LTC homes." (London)

"Obtain information on what a resident's current abilities are and what their goals are while living in the facility. On admission day we could ask resident, family member, power of attorney what they want to do. For example, the resident always enjoyed dancing and wants to continue, so that the LTC home can support this with programming." (Sudbury)

"Discuss expectations with everyone – including the resident and the family members. Long-term care has had a bad stigma in the past and residents or families are unsure of what to expect when they enter a LTC home." (Sudbury)

2. Make "home" a central part of the nursing home experience for residents and their families.

There was consensus that participants strive to create a homelike environment for their residents. The LTC home as "home" theme is further described as:

a) A homelike environment for residents means maintaining "creature comforts."

For the resident, maintaining creature comforts of "home" involves providing a genuine human touch in care and enabling the resident to have meaningful integration into the workings of the nursing home (e.g., involving residents in consultations and councils). Participants in one session suggested that use of language is central to creating a welcoming impression and emphasized that an important aspect of quality involves considering how you want staff, residents, family and visitors to *feel* when they visit an LTC home.

Others describe the importance of creating a home environment by honouring residents when they arrive as well as when they leave and recognizing that when a resident passes away it is a loss felt by everyone including staff and other residents. It is the people, passion, and humanity that provide day-to-day care, and a sense of family that makes it a home; people make the experience. This theme includes descriptors of quality LTC homes as places where people are friendly, the residents have someone to talk to, that provide culturally appropriate care, with a good reputation, and good medical care, in which opportunities for activities, and a clean, safe and secure environment exist for all residents.

Within this "homelike" theme is quality food. Participants described food as representing comfort, togetherness, culture, family, health, love, celebration, and traditions. Also, for more rural communities, providing adequate and coordinated transportation options to access required services is essential to the rural resident's quality experience in LTC.

Participants in one session identified the MOHLTC move to referring to LTC homes as "homes" rather than facilities or institutions as a positive step that is working. Participants in another session suggested that inflexibility with routines established by current compliance approaches fosters an institutional environment rather than supporting resident-centred care.

"[When] evaluating a home – the smell of the home – homemade food smells made a difference in choosing homes." (Toronto)

"[Quality is] creating the being at home feeling." (Toronto)

"It is the people, passion, humanity...the people that provide day-to-day care, sense of family that makes it a home." (Toronto)

"What's working: Move by MOHLTC toward creating more homelike environments in LTC homes." (London)

"Honour our residents from the day they arrive to the day they leave (e.g., memorial service)." (Sudbury)

b) A homelike environment involves partnering with residents and their families by fostering open communication.

As one participant said: "*...when we admit the resident we are admitting the family.*" The central aspect of this theme is that the vision of quality for LTC homes includes communication with and involvement of family members and substitute decision-makers. Staff recognizes their role in helping family members make sense of information and helping them through their decision-making – which contributes to quality care and quality of life for the resident. There was consensus on supporting the roles of Family Councils (and the Network) in all aspects of the LTC home experience including in transitions, orientation, quality improvement activities and family conferences. Central to this theme is the need for open and continuous positive dialogue between families and LTC staff. Other descriptors include creating an open-door culture between residents,

families and staff/management and fostering collaboration among residents, family members and staff. The implication is that more time allocated specifically to families is needed.

"When we admit the resident we are admitting the family." (Hamilton)

"Improve resident-family decision-making. Communicate with the substitute decision-makers so they can make sense of the information, write down information, answer questions so they can make well grounded appropriate decisions." (Toronto)

"Find ways to encourage the families to get more involved." (Hamilton)

"Keep families informed so that they have the influence on how compliance standards are applied to their family members who are residents in LTC homes – it is really important that families and residents realize they don't lose control of their life when they go into long-term care facilities." (Sudbury)

"Involve Family Council in orientation of new family members. It will increase confidence in the LTC home's care by demonstrating its commitment to family involvement from the beginning." (Sudbury)

3. Build a community that supports quality LTC by leveraging partnerships and creating a positive image of LTC for residents and staff.

This theme represents concerns about the impact that public and community perceptions of negativity and isolation have on nursing home staff ability to provide quality care. These negative perceptions are believed to affect recruitment and retention of needed staff which is a major quality concern for this sector. It takes a community to foster quality of life for individuals in LTC homes and participants identified that a vision of quality involves stronger relationships with partners, increased involvement in communities and an improved public image. Two sub-themes further describe the importance of leveraging partnerships to achieve quality:

a) Integrate LTC homes within the community by engaging partners in care.

Community support is essential for providing quality LTC. LTC homes want to become more involved and collaborative with their communities. Participants expressed ideas for bringing the community inside the LTC home. Examples include hosting meetings with outside groups on an ongoing basis, developing stronger relationships with colleges and universities so that the home is part of the broader community and integrating LTC into other community activities such as day care centres, and high school volunteers. There is interest in engaging children in LTC homes. Underlying these suggestions is the objective to increase community interest in the elderly and ultimately to shift our culture to one that values the elderly rather than one that sets them aside. Some identified the need to include researchers in the community partnership as well. Participants generated a list of community partners who were identified as integral to achieving the quality vision. A compiled list of strategic partners is provided in Appendix A.

"All levels need to work together and teams need to work together." (Toronto)

"Embrace the idea of LTC homes as good citizens. Become involved and active members of the community. For instance, our home introduced a group of children with social issues to our resident; they came to our home, learned life skills; this was not about us but what our home gave to our community." (Hamilton)

"Integrate LTC within the community. 75 per cent of residents never have anyone visiting them on an on-going basis. [We could] implement a "main street" concept where LTC homes have outside groups meeting within the home." (Ottawa)

"Connect within homes/other sectors/for profit/not-for-profit homes, the ministry and across provinces to share knowledge and to build a community." (Ottawa)

b) Foster a positive public image of LTC by re-branding the sector and ongoing positive promotion.

Participants identified a need to change messages given to the media, alter the image of LTC, promote the good things that are happening and demystify fear of entering an LTC home by creating the perception that LTC homes are places to live, not to die. Other positive descriptors include: LTC is part of life planning, LTC operators are good citizens. For LTC homes, this includes marketing with integrity so as to create no false promises and leveraging the role of LHINs and CCACs in renewal and positive promotion. There is an opportunity to increase positive marketing about all the good "things" being done in LTC.

> *"Change the message given to media. Change the image of LTC. The only time you hear about LTC is when it is negative. There are good things happening in LTC homes, demonstrate as organizations that LTC is a good place, a place to live not die." (Ottawa)*
>
> *"Develop communication or marketing strategies from a societal perspective. [Introduce] incentive programs linking education systems, making it a more appealing place to go to." (Sudbury)*

4. Create a culture of quality care and improvement.

This theme reflects the enthusiasm for improvement that was clearly demonstrated by participants in all sessions. Underlying this theme is recognition that the vision of quality in LTC includes a culture to support it. A quality culture for staff means they will feel proud of where they work and feel they are part of a supportive environment, where personal accomplishments are rewarded and opportunities are provided. Participants want to see frameworks and quality standards defined; and benchmarks and measurement tools implemented. Most important to participants is a willingness to evaluate themselves within a constructive and enabling context; not a punitive one. Underlying this theme is also the concept that quality improvements involve meaningful change that is resident-centred. Residents continue to be at the centre of quality improvement and evaluation. This means that quality initiatives stem from changes designed to meet the needs of residents. Residents and families are to be involved in evaluation of the homes and the pace of change should not affect the resident care in negative ways.

> *"[We need to] focus on making a difference around issues that are important to residents as the basis of quality improvement. Initiatives flow from quality from the residents' perspective." (Hamilton)*
>
> *"[We could] benchmark best practices between homes to share progress. The MOHLTC to facilitate a platform to ensure a benchmark." (Ottawa)*
>
> *"Create a quality culture for staff to feel proud of their duties, where they feel part of a team in a blameless environment, where personal accomplishments are rewarded and opportunities are provided." (Ottawa)*
>
> *"Encourage and acknowledge creativity in moving to a quality improvement environment – out-of-the box thinking, action oriented, leadership empowerment." (Sudbury)*

Several sub-themes emerged that participants identified as contributing to building a culture that supports quality:

a) A culture of quality is created by celebrating and communicating successes.

Simply stated, participants recognize that celebrating success and sharing positive accomplishments is a simple step in creating a culture of improvement. Nested within this theme is the idea that leadership and innovative practices are shared, celebrated and valued within the community of LTC homes.

> *"Celebrate what works. Best practices, networks and leaders learn from each other." (Toronto)*
>
> *"Create an information line for compliments rather than just complaints." (London)*

b) A culture of quality is created by learning from one another.

There is widespread enthusiasm for sharing and learning. There is also recognition that many aspects of quality improvement are working well (e.g., SHRTN's best practices, accreditation). Knowledge transfer can be facilitated with the use of best practice coordinators or coaching teams to support implementation. What works best needs to float to the top because there are few resources for trial-and-error within each LTC home. This is why creating infrastructures for knowledge sharing are integral and why SHRTN's work is well received. Participants in one session identified that the scope of learning about best practices need not be limited to local sources but should span across provincial, national and international borders. A culture of quality also requires open dialogue and leadership to improve uptake of initiatives. Some identified the value in holding the Summits because they provide opportunities for members of the LTC community to work and learn together. Therefore, a culture of open communication, leadership and incentives supporting knowledge sharing are integral to the vision.

Within this theme includes interest in disseminating research knowledge, sharing strategies and resources. Resources are described as: specialized staffing, equipment, expertise, recruiting resources and in-service education programs.

> *"Celebrate what works. Best practices, networks and leaders learn from each other." (Toronto)*
>
> *"[The] culture of communication needs to shift – [we need] incentives for facilities to share stories and learn from the success and the learning of others." (Toronto)*

c) A culture of quality is created by standardizing where needed.

There was some discussion about the need for greater flexibility with standards so that staff can spend more time accommodating individual needs of residents. There was also discussion in the sessions about the need to improve efficiencies to enable more time doing what matters to residents. Recognizing that a tension exists between desired flexibility to meet individual needs and the benefits associated with standardization and streamlining, this theme represents a need to strike the right balance in the right places. Some of the areas that seem to have consensus include streamlining charting requirements, standardizing complaints processes and simplifying documentation; all with the intent to increase the quality of time spent caring for residents.

> *"Standardize processes within LTC homes so that staff members don't have to think how to handle specific situations – without losing the personal touch." (Ottawa)*
>
> *"Refocus on what is important when a resident is admitted. Now, when a person enters our home there is a huge amount of required paperwork; we don't know who they are anymore." (London)*
>
> *"Introduce flexibility in routines and standards that control these routines. [Being] too routine focused and, as a result, institution focused rather than supporting resident-centred care." (London)*
>
> *"Give LTC homes some flexibility within current standards to meet unique resident needs. [For example] residents are used to eating at a certain time when they lived in their own homes or foods being prepared certain ways whether for personal preference or as part of their cultural background." (Sudbury)*
>
> *"Accommodating resident preferences may be counter to the current standards for care in LTC homes." (Sudbury)*

d) A culture of quality is created by defining, measuring and assessing quality and improvement.

This theme represents consensus about the need to operationally define, monitor and improve quality in LTC. Participants suggest a culture of quality and improvement for participants entails industry benchmarking and self-evaluation. There was consensus that benchmarking is necessary; a process in which organizations evaluate various aspects of their processes in relation to the best practice, usually within their own sector. Participants are looking to the MOHLTC to facilitate the establishment of common benchmarks and indicators for quality. Benchmarks must be measurable, objective, achievable, feasible and within the resources available in the homes. Who does the monitoring – whether it is monitored internally in LTC homes, across the sector or through public reporting on quality outcomes – was not really explicit in the sessions. It is clear, however, that participants are interested in learning from evaluations. Participants are also motivated to learn from one another about *how to achieve* those common benchmarks, again within the resources available. There is interest in sharing best practices, learning from one another and sharing their progress on key indicators. Participants in one session suggested the need for provinical performance indicators that are common in which homes can be compared. There was consensus that implementation of the Resident Assessment Instrument-Minimum Dataset (RAI-MDS), a common assessment tool, is a step in the right direction.

Participants also expressed the importance of including families, staff, residents and stakeholders in the evaluations and in formalizing feedback mechanisms. Feedback includes receiving information as well as developing more systematic ways of providing information to family members about indicators of quality care and performance. Resident satisfaction is central to interest in measuring quality of life and some emphasize that resident satisfaction be distinguished from satisfaction of family members. Quality measurement systems should be objective, transparent and frequent enough so that LTC home staff can learn and make necessary changes within a culture that is constructive and supportive.

In terms of improvement, some described the need to expand continuous quality improvement (CQI) programs to more services, make them more results oriented, have more resident and family involvement, focus on outcomes or quality of life, and increasing communication and education for staff about CQI. Participants in one session suggested the idea of tracking complaints and examining trends and root causes.

Finally, there was some common discussion about aligning standards, accreditation, quality and compliance into a more integrated framework.

"Create a quality framework. Measure the quality framework so you know you have achieved it." (Toronto)

"The chosen measurement system needs to be transparent in order for all to learn from it; also, compliance reports only get updated about once a year which is not enough." (Hamilton)

"...ability to share key indicators; sharing among LTC homes will allow them to improve their process." (Ottawa)

"Develop common benchmarks and indicators, work within the resources available to your home. Be creative." (Ottawa)

"Focus on the resident when measuring quality of long-term care. We tend to focus on families/other stakeholders that speak for residents; we need to be creative in finding ways to capture resident feedback." (London)

"Develop evaluation measures to assess quality in LTC homes – families, staff and residents [to be] part of evaluation to improve. Determine how to measure improvement taking into account a wide range of perspectives." (Sudbury)

e) Refocus and reframe the role of the ministry's compliance program given the quality vision.

This theme was included to capture how participants described the role of compliance staff as they discussed the quality vision for LTC. Three points summarize this discussion:

i. Interest in associating compliance process with more positive change and less punitive action;
ii. Create incentives and rewards to improve quality and learn from one another; and
iii. Allow compliance advisors to become more enablers than enforcers of standards. For example, having their roles include sharing best practice knowledge across homes, enabling access to resources, and communicating successes as well as complaints.

> *"The compliance advisor role – would like to be more of a support role to administrators and identify things that need to change and how to access resources but not be punitive." (Toronto)*
>
> *"Create a user-friendly compliance system to improve quality and re-design compliance reviews so that they are done in a positive rather than punitive way." (Hamilton)*
>
> *"Change the culture of compliance to consistently act as advisors and enablers and not as enforcers." (Ottawa)*
>
> *"Change compliance program to be more of a partnership role. Look at successes of other homes, document successes and positives on formal report and post, use information line for positive remarks not just complaints." (London)*
>
> *"Continue a partnership with the compliance officer when dealing with an individual resident and their unique care needs." (Sudbury)*

5. Develop leadership, and align incentives and resources to support the quality vision in LTC.

This theme represents broad strategies that were identified by participants to address structural gaps in LTC homes. The main message in this theme is that structures and adjacent processes need to be aligned, realigned and appropriately resourced in order to achieve the vision of quality. Major themes include: (a) increasing human resources to improve direct care. This includes developing strategies for recruiting, retaining and improving staff; (b) establishing funding arrangements and aligning incentives with quality improvement; (c) creating a stronger pool of qualified staff through educational preparation; (d) building on existing front-line staff capacity; (e) providing equipment and technology needed to achieve success; and (f) building stronger leadership capacity in the LTC home sector.

> *"Align the quality of care and the system – scarce resources and need for more staff – to meet expectations of families and clients." (Hamilton)*
>
> *"Determine what care can be reasonably handled in a LTC home given current funding; define the level of care that is acceptable and can be safely provided in a LTC home." (Hamilton)*

The following sub-themes further describe the need to examine underlying structures that enable the quality vision:

a) Increase human resources to improve direct care:

i) Increase staffing ratios to enable more time for staff to be responsive to resident needs.
While this is a commonly raised concern for LTC, within the context of the current LTC quality vision, it reflects the need to provide consistency and continuity of staff; and to provide adequate time to support individual needs of residents in a quality LTC home environment.

ii) Increase the qualified workforce capacity through province-wide recruitment and retention strategies.
This theme includes acknowledgement that strategies must not only address current staffing capacity concerns but also anticipate future needs. There was a lot of discussion and several ideas proposed about this theme. They include:

- Leverage the Personal Support Worker (PSW) role through increased training. Some describe interest in examining skill-building programs to upgrade PSW skills to Registered Practical Nurses (RPNs) or to "extended PSWs." Participants emphasize that PSWs are interested in these opportunities. There was also some discussion about removing barriers for foreign trained PSWs to work in Ontario.
- Bridge programs for RPNs to train as Registered Nurses (RNs).
- Focus on the incentive component. For example, pay nurses competitively with hospital pay rates, implement signing bonuses, and employee wellness programs.
- Recruitment strategies focus on investments in new nursing graduates such as offering career development opportunities in LTC (e.g., off-site orientation day for new nursing graduates, summertime employment programs, student tours with registered staff and paying for professional fees to attract them into the LTC sector).
- Recruitment strategies that focus on late career nurses such as increasing positions to utilize these nurses as mentors or to recruit at local schools and positively promote the LTC employment sector.
- Improve utilization of RPNs. More differentiation between the RN and RPN will provide better care and better use of staff.
- Increase recruitment and utilization of volunteers to free up time from PSWs.
- Improve on high school volunteer programs to engage students early.
- Share resources between Canada and the United States for long-term care. There are websites and projects that are transferable.

> *"Develop a recruitment strategy to attract and retain good people to come into the LTC sector." (Hamilton)*
>
> *"Put resources into hiring the best people." (Hamilton)*
>
> *"Create incentive programs to attract and retain all levels of staff from the ground up. LTC is not "sexy – make it more attractive." (Sudbury)*

b) Establish stable and flexible funding arrangements for professionals and programs and align incentives for quality and improvement.

This theme represents discussions specific to allocation of funding and incentives for quality improvement that are responsive to the variation and complexity of resident care needs. The main points include:

i) Realign incentives for quality and improvement
Align funding to increase incentives for improving care. For example, the resident classification system that results in the assignment of a Case Mix Index to a LTC home lowers pay when resident independence improves. In contrast, within a quality improvement framework, LTC homes would be rewarded when care results in improved resident outcomes. There was consensus that the current reimbursement system needs to better incentivize quality emphasizing that lack of incentives exist for quality and improvement. This was identified as a serious barrier to quality improvement that requires immediate attention.

> *"If residents need less care, funding goes down and staff goes down, however, the staff might need more time to get the resident ready to participate in quality of life activities. If the resident remains immobile and requires heavy care, the funding goes up. However is this quality? The home is negatively rewarded for increased resident quality of life and mobility." (London)*

ii) Provide more stability and flexibility in the funding envelope

Participants expressed a need to examine the potential role of nurse practitioners, to increase dietary staff and to increase investments that support availability of physicians, recreational therapists and gerontology nurses. The main point is an expressed interest in allocating flexible funding so nursing homes can staff as needed, drawing from a diverse range of professionals and care providers based on resident needs. Other discussions included: a need to increase base funding to guarantee security for staff which creates better staff morale and continuity of care; revisit the effectiveness of the one-year funding cycle, and; that targeted funding was identified as too limiting as homes cannot apply funding to areas of greatest need in the individual nursing home.

> *"Allocate flexible funding for staffing as needed." (Ottawa)*
>
> *"Improve staff levels in other dimensions of resident care. One recreational therapist is shared across several units – how can you provide quality care when focused on so many? Quality of programming is important for resident quality of life." (Sudbury)*

c) Create a stronger pool of qualified staff through educational preparation.

This theme focuses on the educational foundation required to enter the LTC home environment. Strategies include:

- Integrate long-term care more comprehensively in nursing education for RNs, RPNs and PSWs. Create more appeal to work in this environment at entry level. Have more active input into these programs to increase preparation and interest. Include training on how to care for residents with cultural diversity. Have more opportunities for LTC internships at the end of training so that employment opportunities in this sector are more salient as graduates enter the workforce.
- Integrate gerontology more comprehensively into physician education programs.
- Increase training of non-registered staff including PSWs. Current level is not enough.
- More training for areas requiring specialization (e.g., dementia).

> *"Acknowledge mix of populations in LTC. Have nurses trained to meet the needs of special populations in LTC." (Hamilton)*
>
> *"Continue to provide training and development opportunities like dementia care training and funding for staff backfill so that LTC staff can attend training sessions without compromising resident care." (Ottawa)*

d) Build on existing front-line staff capacity through training and satisfying work environments.

Quality is most closely determined by front-line staff and their capacity to provide quality care. Participants describe staff as committed to quality and in need of support to improve care. Some themes in this area include:

- Increase training and backfill support. There was widespread consensus on the need to provide additional training opportunities and remove barriers for learning. One example is to provide backfill during and after training to help consolidate and disseminate learning. Some identify the need to train on paid time. Programs like PIECES, a dementia training and assessment tool, are working well. The main message is that resident care is not compromised while staff is striving for improvements. Participants in one session focused on ensuring a more uniform level of quality by increasing in-house training especially for PSWs and specialized staff.

- Improve communication between staff, management, Family Councils, residents and their families. More communication training and allotting time to communicate more effectively was a need that pervaded all sessions.
- Improve programs that promote staff health and wellness. These programs are intended to address concerns with burnout, injury and declining motivation to work in the sector. Some examples include: increase the use of "hi-lo" beds and lifts to reduce injury, and provide more time off.
- Enhance staff recognition and reward programs. Recognize staff and appreciate the good things that happen, not just pointing out the negative. Recognize the level of expertise required of the RN who may be the only RN in the building on a shift.

> *"Provide adequate staffing levels to avoid burnout and backfill for training." (Toronto)*
>
> *"Address workers' health. They're leaving the profession because they are burnt out. How can we mentor leadership if people are burnt out?" (Hamilton)*

e) Provide equipment and technology needed to achieve success.

This theme represents the need for technology to enhance communication and collaborations, integrated computer systems, and increased funding for medical and diagnostic equipment. One site identified that personal digital assistants (PDAs) are working well to facilitate the use of best practice guidelines. LTC homes operating in rural communities require resources to address transportation and other issues related to geographic isolation.

f) Build stronger leadership capacity in the LTC home sector.

Participants in all sessions identified the need for stronger leadership capacity. The leadership theme includes recognizing individual people as leaders as well as the LTC homes that are leaders in innovation, performance or best practices. Raising the profiles of leaders in the sector will enable others to learn from them which will further enable the spread of strategies for improvements.

Other leadership themes include:

- Support leadership education and development by providing time and resources. One idea proposed is to provide scholarships for LTC leaders to enhance their management skills by training at colleges or universities.
- Review competency of leaders more formally and include peer review, role modeling and mentoring in performance management programs for current and developing leaders in LTC homes.
- Identify best practices for leaders to strive toward in LTC.
- Foster leadership excellence in all staff in the LTC home. Educate RNs more formally in leadership roles.

> *"Increase leadership within our homes – vision, time, and capacity to lead." (Hamilton)*
>
> *"Provide resources to current leadership. Hospitals identify huge lack of bench strength to move forward. No one has lack of bench strength more than long-term care." (Hamilton)*
>
> *"Give leadership within the home the authority and accountability to use the resources to achieve quality within the home." (Ottawa)*
>
> *"Leadership strength and presence translates to quality environments in LTC homes." (London)*

Conclusions

This report identifies five themes that emerged from the consultation process. These themes provide a foundation for a common vision of quality for LTC homes in Ontario. Quality of life and resident-centred care are central to the vision. Several structures and processes are identified as necessary to support the vision. Action items are presented throughout the report representing participants' views on how to begin implementing the vision. Notably, these action items range from local level strategies to changes requiring system-wide resources or building stronger community partnerships. Appropriate staffing, strong leadership capability, effective communication at all levels and creating a culture that supports quality are among several themes that emerge as fundamental to achieving the quality vision.

Appendix A: Compiled List of Strategic Partners

- Ambulances
- Associations – RNAO, other professionals, PSWs, OLTCA, OAHNSS, Ontario Association of Residents' Councils, The American Society of Quality
- Colleges and Universities
- Community Care Access Centres (CCACs)
- Community Groups – especially for younger populations (e.g., mental health)
- Coroner's Office
- Drug companies
- Each other
- Educational consultants (e.g., for training on managing behavioural issues)
- Family and Resident Councils in LTC homes
- Front-line staff
- Government Ministries: Ministry of Education, Ministry of Health and Long-Term Care
- Hospitals
- Institute for Healthcare Improvement
- Institute for Work and Health
- Insurance companies (specifically with oral health)
- Local Health Integration Networks (LHINs)
- Media
- Medical community
- Municipalities
- Pharmacies
- Physicians
- Provincial initiatives (e.g., stroke, dementia)
- Regulated Health Colleges – College of Nurses of Ontario
- Residents and their families
- Security companies
- Seniors Health Research Transfer Network (SHRTN)
- Societies (e.g., Alzheimer's Society)
- Technology providers (e.g., wandering person bracelets)
- Transportation services
- Unions – Personal Support Workers
- Volunteers

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