

Report Card for Inspection Results of Ontario Long-Term Care Homes in 2009

Introduction

Concerned Friends is pleased to provide our readers with the results of our analysis of the 2009 annual compliance review (inspection) reports of Ontario's long-term care homes. This year we reviewed 552 of the approximately 622 homes in the province. The annual reports from the remaining 70 homes had not yet been received at the time of writing. As usual, we have compared the results of this year's annual inspection reports with those of the past few years.

Background Information on the Compliance Review System

As part of our mission to advocate for improved quality of care for residents of long-term care homes in Ontario, Concerned Friends' volunteers review all the Compliance Review reports issued by the Ministry of Health and Long-Term Care (MOHLTC). Compliance advisors, employed by the Performance Improvement and Compliance Branch of the MOHLTC, conduct unannounced inspections of all long-term care homes in the province at least once a year to verify whether the homes are in compliance with existing legislation, regulations, standards and policies relating to the care and services provided to their residents. When compliance advisors find that a home does not meet one or more of these requirements, they issue findings of unmet standards or criteria. The home must then submit a Plan of Corrective Action to the MOHLTC for approval and implement the approved plan within an agreed-upon length of time. The results of each inspection are reported in the Compliance Review report, which must be posted for public viewing in the home. A copy of each report is also sent to the Legislative Library at Queen's Park, the appropriate Community Care Access Centre, the Ontario Association of Non-profit Homes and Services for Seniors, the Ontario Long Term Care Association, and Concerned Friends.

Compliance advisors have a nursing background and their annual review of long-term care homes covers all areas of care and services provided by the Home, including dietary and environmental standards. Sometimes a referral is made to a dietary and/or environmental advisor. In such cases a separate visit by the dietary or environmental advisor takes place and separate reports are issued. Occasionally, a team of advisors composed of the nursing compliance advisor, the dietary advisor, and the environmental advisor will do a joint annual review.

In addition to the annual inspections, compliance advisors make follow-up visits to the home to ensure compliance with the standards. In some cases, the Ministry will put a Home under increased monitoring which can involve monthly or weekly visits until the home is back in full compliance. In cases of continued noncompliance, the Ministry of Health and Long-term Care may impose sanctions, such as not allowing the home to admit new residents. Compliance advisors also respond to complaints from family members or the public by making unannounced visits to the home in question. All visits to the home by a compliance advisor result in a compliance review report.

Explanation of Terms

Standard Not Met (SNM) refers to the number of standards not met by the home as noted in the compliance review report. The number of violations refers to the number of unmet criteria listed under each unmet standard issued. Standards and criteria are the performance requirements of the Ministry for the provision of care, support and services to residents. According to the explanation in the compliance report, an SNM is issued

when conditions are observed that pose actual or potential serious risk to a resident's health, welfare or rights, or the conditions observed are not as serious, but are prevalent or recurring. Recommendations are also listed in the compliance reports beside the related standard. A recommendation related to a standard indicates that the deficiency does not meet the conditions for issuing an unmet standard, but could affect the quality of care, programs and services provided to the resident. Homes do not have to submit a plan of action for recommendations. We have been reporting on the recommendations as well as the number of unmet standards and violations because of our concern that many of the recommendations should really have been issued as unmet standards.

Analysis of Reports

Table 1 compares the numbers and percentages of violations and recommendations in eight different categories for 2008 and 2009. (See Appendix 1 for definitions of the categories.) We note a very small increase in the average number of violations per home in 2009 compared to the year 2008 — from 6.3 in 2008 to 6.8 in 2009. However, the average number of recommendations per home decreased from 2.21% in 2008 to 0.8% in 2009. The total number of recommendations issued for all the homes reviewed in 2009 was only 43, compared with 1,227 in the year before. This continues the trend of fewer recommendations being issued over the past few years and seems to indicate that compliance advisors are moving away from the subjectivity inherent in issuing recommendations as opposed to unmet standards.

As one would expect, the largest number of violations falls under the category of Nursing Services. At 51%, it is similar to last year's percentage of the total violations. The next highest number of violations is in the category of Environmental Safety, and is substantially higher than last year. Dietary violations, the third-highest category, seems to be substantially lower than in the previous year. This is a positive sign, as dietary concerns are important to residents. It is noteworthy that the number of violations in the Medication category has also fallen this year.

Table 1: Number and Percentage of Violations & Recommendations by Category

	Violations				Recommendations			
	2008		2009		2008		2009	
	Number	%	Number	%	Number	%	Number	%
Nursing Services	1775	50.5	1936	51.4	497	40.5	39	91
Medication	309	8.7	250	6.6	74	6.0	1	2.3
Resident Activities/Programming	7	0.2	11	0.3	41	3.3	0	0
Dietary	439	12.5	327	8.7	146	11.9	0	0
Environmental Safety/Hazards/Security	525	14.9	654	17.4	122	9.9	2	4.4
Environmental Maintenance	132	3.8	234	6.2	105	8.6	0	0
Facility Management	197	5.6	187	5.0	126	10.3	0	0
Quality Assurance	134	3.8	166	4.4	116	9.5	1	2.3
Total Violations	3518	100	3765	100	1227	100	43	100
Total Homes	555		552		555		552	
Average Per Home	6.34		6.8		2.21		0.8	

Table 2 shows the Violations and Standards Not Met within each of the five MOHLTC Service Areas for 2009 and 2008. (See Appendix 2.) There continues to be a wide range among the different areas. As in 2008, the Ottawa area had the lowest average number of violations and standards not met in 2009. Hamilton again had the highest average

number of violations and standards not met. The range in 2009 was from an average of 2.97 violations per home in the Ottawa Service Area to 11.13 in the Hamilton Service Area. The average number of standards not met ranged from 1.5 in the Ottawa Service Area to 3.6 in the Hamilton Service Area. The range seems a little smaller in 2009 as compared with 2008. Concerned Friends does not understand why there should be such large variation among the five service areas. It raises concerns about the consistency in the way homes are inspected across the province and points to the importance of ongoing training that is consistent for all compliance advisors in all areas.

Table 2: Totals By Service Area 2008/2009

	Total Homes Reviewed		Total Violations		Average Violations/ Home		Total Standards Not Met		Average SNM/Home	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
Toronto	104	93	824	987	7.9	10.61	252	320	2.4	3.44
Hamilton	113	130	1551	1448	13.7	11.13	530	468	4.7	3.60
Ottawa	151	162	296	482	1.9	2.97	171	189	1.1	1.16
Sudbury	52	49	432	353	8.3	7.20	135	100	2.6	2.04
London	135	118	415	495	3.1	4.19	188	208	1.4	1.76
Overall	555	552	3518	3765	6.33	6.82	1276	1285	2.30	2.33

Table 3 compares the violations, standards not met, and recommendations for the last four years of our reporting. (We did not publish a Report Card in 2006 due to lack of resources.) Total and average numbers of violations and unmet standards are up somewhat from last year, but still below the high of 2007. As mentioned earlier, the number of recommendations in 2009 dropped precipitously from the previous year, as it had the year before. The numbers are so small as to be irrelevant, and we are pleased to be able to omit the recommendations column from Table 4 this year.

Table 3: Comparison of Total Violations, SNM and Recommendations

Year	Total Homes Reviewed	Total Violations	Average Violations/ Home	Total SNM	Average SNM/ Home	Total Recommendations	Average Rec/ Home
2009	552	3765	6.82	1285	2.33	43	0.07
2008	555	3518	6.33	1276	2.30	1227	2.21
2007	572	4114	7.19	1552	2.71	2876	5.03
2005	570	3611	6.34	1596	2.80	2393	4.20

In Table 4 we compare the frequency of the number of violations and standards not met in 2009 with the previous year. In 2009, 31% (or 170) of the homes whose reports we reviewed had no unmet standards on their annual inspections. We congratulate all those homes for their excellence in providing care to their residents that meets or exceeds the standards. Also, 413 homes, or 75% of the homes reviewed, had three or less unmet standards on their annual report, which indicates that they were achieving reasonable performance results.

Table 4: Frequency of Total Number of Violations and Standards Not Met

	Violations				Standards Not Met			
	2008		2009		2008		2009	
	# of homes	% of homes	# of homes	% of homes	# of homes	% of homes	# of homes	% of homes
0	203	36.58	167	30.3	206	37.12	170	30.79
1	49	8.83	43	7.8	86	15.49	97	17.57
2	43	7.75	39	7.1	76	13.69	86	15.39
3	32	5.77	36	6.5	57	10.27	60	10.87
4	27	4.86	29	5.3	31	5.58	55	9.96
5	15	2.70	26	4.7	28	5.50	31	5.62
6-10	60	10.81	99	17.8	51	9.18	40	7.25
11-15	47	8.47	45	8.2	18	3.24	11	1.99
16-20	30	5.41	29	5.3	1	0.18	2	0.36
21-25	18	3.24	12	2.2	1	0.18		
26-30	11	1.98	9	1.6				
31+	20	3.60	18	3.2				
Totals	555	100	552	100	555	100	552	100

On the other hand, 18 (3.2%) homes had 31 or more violations, down slightly from the year before, but still a shocking statistic. Seven per cent of homes (39) had over 20 violations in 2009, compared to 8.8% (49) in 2008, a small improvement. It may be that recent efforts by the MOHLTC to focus on substandard homes where residents could be at risk are showing some results, however preliminary. However, there is still much room for improvement. All residents in long-term care homes should be assured the same quality of care, regardless of where they live. No one should have to live in an inadequate or unsafe home.

Comments

The past year has been a time of intense preparation for change on the part of the MOHLTC and in particular the Performance Implementation and Compliance Branch, as they prepare for implementation of the new LTC Act and regulations on July 1, 2010. The current standards against which homes are measured will be replaced by the new regulations and the inspection system will be transformed. Annual inspections will focus on risk indicators, and will include interviews with residents, families and staff. As a result of the new inspection process, we expect that the inspection reports will look quite different, and therefore our report card next year will likely look quite different as well. This initiative, in conjunction with others such as the Ontario Health Quality Councils' Residents First initiative and the Behavioural Support Systems Project (which is working on improving the care of persons with complex, potentially aggressive behaviours), should result in a significantly improved long-term care homes system.

Although when we compare the performance of the long-term care system in 2009 to previous years we see little significant improvement, we are cautiously optimistic that the initiatives outlined above will bring about positive change in the near future. However, we see no indication that the Ministry is prepared to deal with the critical issue of chronic under-funding of the long-term care system. We understand the rationale behind

implementing system improvements before putting additional funding in place. Nevertheless, the current funding system is unsatisfactory and outdated. Tools are available now to implement an improved funding system based on the assessed needs of residents. Concerned Friends is aware that the Ministry is currently reviewing the mechanisms of the long-term care funding system, however we believe that the current funding system should be replaced by an improved system that ensures all residents actually receive quality care based on their assessed needs.

Recommendation

This year we have only one recommendation for the Ministry of Health and Long-term Care:

- We strongly urge the Ministry to build upon the impressive work that is being undertaken in long-term care and move quickly to implement an improved funding system that ensures residents will receive care that meets their assessed needs.

APPENDIX 1: Category Definitions

Nursing Services: Assessment of residents, care plans, documentation, positioning and mobility, restraint use, management of pain, pressure sores and disruptive behaviour, staff/resident interactions, and the general delivery of care.

Medication: Problems with the ordering, documenting, dispensing and evaluation of medication use.

Resident Activities/Programming: Inappropriate or insufficient programming of activities.

Dietary: Issues related to nutrition, adequacy of food and fluids, and disorganized meal service.

Environmental Safety/Hazards: Includes infection control, any practice that could contribute to risk or injury, such as water temperature safety, disaster plans, and resident identification.

Environmental Maintenance: Includes maintenance, housekeeping, personal laundry management and general cleanliness.

Facility Management: Includes inadequate or inappropriate staffing, lack of or poorly defined contracts with service providers or residents.

Quality Assurance: Issues related to professional development, interdisciplinary care plan meetings, response to resident and family councils' concerns.

APPENDIX 2: Ministry of Health and Long Term Care Performance Improvement and Compliance Branch Service Area Offices

1. Toronto (Toronto Central, Central and North Simcoe Muskoka LHINs)
2. Sudbury (North East and North West LHINs)
3. Ottawa (Central East, South East and Champlain)
4. London (Erie St. Clair and South West LHINs)
5. Hamilton (Waterloo Wellington, Hamilton Niagara Haldimand Brant, and Mississauga Halton LHINs)

The toll-free LTC Action line is 1-866-434-0144.
MOHLTC website <http://www.health.gov.on.ca>