

## **Long-Term Care Measurement & Reporting Scientific Expert Panel**

**Full report and indicators selected based on an environmental scan and a series of  
consultation process meetings from November 2008 to March 2009**

**June 17, 2009**

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## **Preamble**

In the fall 2008, at the request of the Ministry of Health and Long-term Care, the Ontario Health Quality Council [OHQC] initiated the process of developing a set of indicators that would begin to provide a public reporting mechanism and performance and quality improvement initiative for the long term care sector in Ontario. The purpose of this report is to describe the full indicator consultation and development process and to list the long term care indicators recommended by an internationally renowned scientific panel through a series of surveys and consultative discussions sessions from November 2008 to March 2009.

Briefly, the indicators that will be publicly reported for the province in November 2009 fall under the following OHQC attributes of a healthy performance measurement system and themes below. The three themes indicated with an asterisk\* will be reported at the facility level, for homes who volunteer, in November 2009.

### **Access:**

- Median days to placement from acute care, community and overall to long term care home

### **Effective care:**

- Maintaining and improving bladder/bowel function\*
- Providing appropriate mental health care
- Maintaining cognitive functioning
- Maintaining appropriate weight
- Preservation of activities of daily living
- Providing appropriate pain control

### **Safe care:**

- Avoidance of infection
- Avoidance of pressure ulcers\*
- Avoidance of falls\*
- Avoidance of restraint use
- Avoidance of potentially inappropriate prescribing
- Avoidance of abuse
- Avoidable emergency departments visits

### **Resident-centredness:**

- Staff responsiveness to concerns
- Encouraged to participate in decisions involving care as much as wanted

- Enough and meaningful activities
- Feel free to speak up/not afraid staff will punish resident
- Overall quality of care/services in the home
- Residents feel at home
- *Possible additions from survey results*

**Appropriately resourced:**

- Staff satisfaction measures
- Environmental scan on healthy work environments
- Worker injury rates

Indicator development will continue for the OHQC attributes of Equitable, Efficient, Appropriately resourced, Integrated and Focus on Population Health for subsequent reports (*Fall 2010*).

## **Background**

An independent review commissioned by the Ministry of Health and Long-term Care (MOHLTC) in September 2007, led by Shirlee Sharkey [St. Elizabeth Healthcare], was conducted to inform the *Long-term Care Homes Act 2007* which provides the government with the authority to regulate staffing standards in Ontario long-term care homes.

The final report, *People Caring for People: Impacting the Quality of Life and Care of Residents in Long-Term Care Homes* [a Report of the Independent Review of Staffing and Care Standards for Long-Term Care Homes in Ontario May 2008] provided holistic recommendations that focused on patient quality of life and care and positive staff work environments that went well beyond the governmental required reporting system that focused mainly on staffing levels. In fact, the report recommended that staffing levels not be the focus of the current *Long-term Care Homes Act 2007* at all.

Specifically, the recommendations included:

- I. Strengthen staff capacity for better care
  - A. Increasing staff capacity
  - B. Local staff plans and evaluation processes
  
- II. Strengthen accountability
  - A. Link need and accountability for quality resident outcomes
  - B. Quality measurement
  - C. Comparable information across the sector

In June 2008, the Ontario Health Quality Council was commissioned by the Ministry of Health and Long-term Care to facilitate a process to develop performance indicators for the long-term care sector that emphasized measurement for quality improvements reflected in the recommendations made in the Sharkee report above.

In the fall of 2008, the OHQC adopted a quality improvement approach to develop performance and reporting indicators that would be implemented over a minimum of three cycles. The core elements of the cycle were identified as:

1. Environmental scan of current quality improvement activities worldwide
2. Assemble a scientific consultation panel to identify and develop indicators that will be used in Ontario
3. Consultation with the Sharkee group
4. User testing of website used for reporting
5. Data analysis & identification of best practice benchmarks
6. Pre release sessions with LHINs and Long term Care sites
7. Public launch of the site (for each of the three cycles, i.e. Fall 2009, Fall 2010, Fall 2011)
8. Feedback/input to further develop and improve the website in the next cycle
  - a. New evidence (staff/outcome relationship)
  - b. New data sources (staff/resident/family satisfaction survey)

The first two activities are the focus of this report.

### **Environmental Scan:**

The first part of the process was to examine how quality improvement was being initiated and reported in other jurisdictions. To this end an environmental scan was developed to facilitate discussion about possible relevant themes that were reported elsewhere, how these themes were being captured and how indicators were being measured. The themes and the gaps were organized by the attributes of a high quality system, as defined by OHQC:

- Accessible
- Effective
- Safe
- Resident centred
- Equitable
- Efficient
- Integrated
- Appropriately resourced
- Focused on population health

An important part of this exercise was to highlight relevant gaps that were currently evident in reporting long-term care quality and the data gaps particular to Ontario in the development of useful indicators. The environmental scan report was complete and distributed to the scientific panel in October 2008.

**Scientific panel consultation process:**

The next part of the process was to assemble an internationally renowned panel and to solicit their opinions to get a full and relevant understanding of what performance measures would be useful in Ontario, given the experience of other jurisdictions. Three discussion sessions were subsequently planned – the first in November 2008, the second and third in January and March 2009.

The scientific panel was chaired by Ben Chan and included at various times:

<b>Panel members</b>
Geoffrey Anderson – University of Toronto; ICES
Andrea Bauman – McMaster University
Chaim Bell – ICES; St. Michaels Hospital
Arlene Bierman – ICES; St. Michaels Hospital
Katherine Berg – University of Toronto
Ben Chan, OHQC, Meeting Chair
Larry Chambers – Elisabeth Bruyere Research Institute
Brent Diverty - CIHI
John Hirdes – University of Waterloo
Vincent Mor – Brown University
John Morris – Harvard University
Gary Naglie – University Health Network; University of Toronto
Jeff Poss – University of Waterloo
Dorothy Pringle – University of Toronto; HOBIC Executive Lead
Paula Rochon – ICES; Womens College Hospital
Gary Teare – Saskatchewan Health Quality Council
Walter Wodchis – ICES; University of Toronto

The objectives for the panel were:

- To finalize the indicators for themes that could most feasibly be reported to the public in the fall 2009, provincially for most indicators and locally or by facility for selected indicators
- To choose the indicators that were most valid and reliable for future reporting
- To plan for future data collection/analysis to complete the indicator list for all identified themes
- To consider reporting mechanisms that may be informative to the public in the short term and long term

In making indicator choices the following points of discussion were considered:

- Whether an indicator is developed, easily derived (through CIHI or ICES for example) and readily used in the short term for reporting
- Trade off between incidence (meaningfulness) and prevalence (stability)
- Trade off between provincial and local level (LHIN) indicator or facility indicator
- Whether an indicator required development and whether data are available
- Whether an indicator required development and further data needed to be obtained
- Whether data needed to be collected for indicator to be derived

The panel agreed that:

- Indicator development and reporting activities should be synchronized across organizations for comparability and ease of interpretation by the public and the homes
- Indicator definitions for public reporting should be common across organizations
- Indicators should be useful for accreditation and accountability for the homes
- Burden of data collection should be minimized; routinely collected data should be used whenever possible
- Include all homes currently on MDS; by 2010 should be full coverage

The initial purpose of these discussions was to obtain consensus among the panel members about which themes and performance indicators would be best for public reporting and quality improvement for long term care homes and to suggest the methodology for indicator development based on previous experience and on the data available in Ontario. The foundation of these discussions came from responses from a survey that the panel members completed early November 2008, developed by the OHQC based on the environmental scan. Overall, the indicators that were discussed and selected were those that were:

- Meaningful and usable by long-term care homes for quality improvement
- Used by Centres for Medicare and Medicaid [US] and/or Canadian Institute for Health Information [CIHI]
- Adjusted using RAI methodology
- Potentially developed easily at CIHI or ICES

The decisions made for all the indicators are in the next section below. **Some themes/indicators were not discussed due to the priorities set out for the fall 2009 report and due to meeting time limitations [Appendix A]. The process to discuss how to deal with the remaining indicators will be forthcoming.**

# Indicator recommendations for public reporting in the fall 2009 by OHQC Attributes

## Effectiveness

People should receive care that works and is based on the best available scientific information.

Theme	Indicator selected for development	Numerator/denominator	Adjustment	Data source	Future development	Reporting level
<b>Maintaining or improving bladder/bowel function</b>	Incidence of worsening of bladder incontinence (based on last 14 days)	<b>Numerator:</b> Number of residents with worsening bladder incontinence over 90 days compared to previous assessment <b>Denominator:</b> All residents on most recent assessment and a prior assessment	Fully adjusted model; algorithm from John Morris	MDS		<b>In Nov.09, this will be reported at facility level for MDS early adopters who volunteer.</b>
<b>Providing appropriate mental health care</b>	Prevalence of depression without anti-depressant therapy (based on last 7 days)	<b>Numerator:</b> Number of residents with at least 3 symptoms of depression on most recent assessment who are not receiving anti-depressant therapy <b>Denominator:</b> All residents on most recent assessment	None	MDS		Nov 09: report at provincial level; examine for later use at facility level
	Prevalence of anti-anxiety/hypnotic drug use (based on last 7 days)	<b>Numerator:</b> Number of residents who received anti-anxiety or hypnotics on most recent assessment <b>Denominator:</b> All residents on most recent assessment, except those with psychotic or related conditions	None	MDS		Nov 09: report at provincial level; examine for later use at facility level
	Incidence of worsening depression (based on last 30 days)	<b>Numerator:</b> Number of residents whose Depression Rating Scale (DRS) increased in the last 30 days based most recent assessment and prior assessment. <b>Denominator:</b> All residents on most recent assessment and a prior assessment	None	MDS		Nov 09: report at provincial level; examine for later use at facility level
<b>Maintaining cognitive functioning</b>	Incidence of residents whose cognitive functioning improved since last assessment	<b>Numerator:</b> Number of residents whose cognitive functioning improved on most recent assessment <b>Denominator:</b> Number of residents in the facility on most recent assessment	Fully adjusted model; CIHI algorithm	MDS		Nov 09: report at provincial level; examine for later use at facility level
	Incidence of residents whose cognitive functioning declined since last assessment	<b>Numerator:</b> Number residents whose cognitive functioning declined on most recent assessment <b>Denominator:</b> Number residents in the facility on most recent assessment	Fully adjusted model; CIHI algorithm	MDS		Nov 09: report at provincial level; examine for later use at facility level

Theme	Indicator selected for development	Numerator/denominator	Adjustment	Data source	Future development	Reporting level
<b>Maintaining appropriate weight</b>	Prevalence of weight loss <i>(based on last 10 days and 6 months)</i>	<b>Numerator:</b> : Number of residents with weight loss of 5% or more in last 30 days or 10% or more in last 6 months on most recent assessment <b>Denominator:</b> All residents in home on most recent assessment (excluding planned weight loss, end stage palliative and hospice)	None	MDS		Nov 09: report at provincial level; examine for later use at facility level
<b>Preservation of ADL</b>	Incidence of worsening function in daily activities using the long form (global measure including eating, moving in bed, locomotion, dressing and personal hygiene etc) <i>based on last 7 days</i>	<b>Numerator:</b> Number of residents with worsened ADL (eating, moving in bed, locomotion, dressing and personally hygiene) based on the full form (global measure) on most recent assessment  <b>Denominator:</b> All residents who have most recent and previous assessments (excluding those who cannot decline because they are already totally dependent or who were comatose on the previous assessment) on most recent assessment and a prior assessment	Fully adjusted (RUGS CMI)	MDS long form		Nov 09: report at provincial level; examine for later use at facility level
	Incidence of residents with some worsening of ADL using the mid-loss (locomotion, transfer and walk in corridor)	<b>Numerator:</b> Number of residents with worsened locomotion, transfer and walk in corridor ability (medium loss ADL) on most recent assessment <b>Denominator:</b> All residents in home on most recent assessment	No adjustment	MDS		
<b>Providing appropriate pain control</b>	Prevalence of moderate to severe pain <i>(based on last 7 days)</i>	<b>Numerator:</b> Number of residents who had daily moderate or severe pain on most recent assessment <b>Denominator:</b> All residents with most recent assessment excluding those who can not report on most recent assessment	One point change in the MDS pain scale  Fully adjusted – check with CIHI	MDS		Nov 09: report at provincial level; examine for later use at facility level
	Incidence of worsening pain <i>(based on last 7 days)</i>	<b>Numerator:</b> Number of residents who had worse pain on most recent assessment compared to previous assessment <b>Denominator:</b> All residents on most recent assessment and a prior assessment	One point change in the MDS pain scale  Fully adjusted – check with CIHI	MDS		

## Safety

People should not be harmed by an accident or mistakes when they receive care.

Theme	Indicator selected for development	Numerator/denominator	Adjustment	Data Source	Future Development	Reporting
<b>Avoidance of infection</b>	Prevalence of indwelling catheters <i>(based on last 14 days)</i>	<b>Numerator:</b> Number residents with indwelling catheter on most recent assessment <b>Denominator:</b> All residents in home on most recent assessment	Risk adjusted	MDS	Panel did not address this theme specifically, but agreed on these two measures as being important to include along with bladder function	Nov 09: report at provincial level; examine for later use at facility level
	Prevalence of urinary tract infections <i>(based on last 30 days)</i>	<b>Numerator:</b> Number of residents with urinary tract infection on most recent assessment <b>Denominator:</b> All residents on most recent assessment	Risk adjusted	MDS		Nov 09: report at provincial level; examine for later use at facility level
<b>Avoidance of pressure ulcers</b>	Prevalence of worsening pressure ulcers (stage 2 to 4)	<b>Numerator:</b> Number of residents with pressure ulcers(stage 2 to 4) that fail to improve over the quarter <b>Denominator:</b> All residents on most recent assessment and a valid prior assessment	Use current hi/low stratification from CIHI. Transition to interRai risk adjustment once CIHI implements in2010-11	MDS	Adjusted for hospital transfers	<b>In Nov.09, this will be reported at facility level for MDS early adopters who volunteer.</b>
	Incidence of stage 2-4 pressure ulcers	<b>Numerator:</b> Number of residents with new stage 2 to 4 pressure ulcers over quarter <b>Denominator:</b> All residents on most recent assessment	TBD	MDS		
<b>Avoidance of falls</b>	Incidence of fall in the past 30 days prior to assessment	<b>Numerator:</b> Number of residents who had falls in the last 30 days on most recent assessment <b>Denominator:</b> All residents on most recent assessment (excluding admission assessment and those who went to the hospital)	Fully adjusted model; excludes initial assessment	MDS		<b>In Nov.09, this will be reported at facility level for MDS early adopters who volunteer.</b>
	Emergency dept visits for falls per 100 resident years by LHIN	<b>Numerator:</b> Number of residents who went to emergency departments for falls <b>Denominator:</b> Number of residents in long term care homes in a year	Age and sex adjusted	NACRS / ICES		<b>Present results for falls, use of restraints, and preservation of ADLs to get full picture of what is happening in the home.</b>
<b>Avoidance of use of restraints</b>	Prevalence of daily physical restraint <i>(based on last 7 days)</i>	<b>Numerator:</b> Number residents who were physically restrained daily on the most recent assessment (including: trunk, limb, chair prevents rising) <b>Denominator:</b> Number residents in facility on most recent assessment	No adjustment	MDS		Nov 09: report at provincial level; examine for later use at facility level
	Prevalence of restraints use at least once over past 7 days	<b>Numerator:</b> Number residents restrained at least once over the past 7 days (using the quarterly assessment) on most recent	No adjustment	MDS		

Theme	Indicator selected for development	Numerator/denominator	Adjustment	Data Source	Future Development	Reporting
		assessment <b>Denominator:</b> Number residents in facility in last 7 days on most recent assessment				
<b>Avoidance of potentially inappropriate prescribing</b>	Prevalence of antipsychotic drug use in the absence of psychotic and related conditions (schizophrenia or other psychosis) <i>(based on last 7 days)</i>	<b>Numerator:</b> Number residents who had been prescribed antipsychotic at least once over 7 days who haven't been dx with schizophrenia or other psychosis <b>Denominator:</b> All residents on most recent assessment except those with psychotic or related conditions	Fully adjusted model	MDS for now and moving to ODB	Use indicator developed by ICES  Indicator that includes information about people with conditions who have been prescribed inappropriately	Nov 09: report at provincial level; examine for later use at facility level
	Prevalence of residents who have been prescribed one of Beers drugs (to be avoided in elderly) in the year (long acting)	The Beers drug list will be based on the CIHI most recent items and the AHRQ's list of "Never" use drugs	To be determined	MDS for now and moving to ODB	Patterns of Beers list prescribing by facility; ODB information; Enables comparison to other provinces	Nov 09: report at provincial level; examine for later use at facility level
<b>Avoidance of abuse</b>	Prevalence of behavioural symptoms affecting others (verbal, physical, socially inappropriate)	<b>Numerator:</b> Number residents with behavioural symptoms affecting others on most recent assessment <b>Denominator:</b> Number residents in the home on most recent assessment	No adjustment	MDS		Nov 09: Provincial level – manage the messages; examine for later use at facility level
	Incidence of worsening resident behaviour <i>(based on last 7 days)</i>	<b>Numerator:</b> Number residents whose behaviour was worse than previous assessment <b>Denominator:</b> All residents on most recent assessment and a prior assessment	Fully risk adjusted	MDS		Nov 09: report at provincial level; examine for later use at facility level
<b>Avoidable ED visits</b>	Potentially avoidable ED visits by facility	According to Gary Teare's methodology	No adjustment	NACRS		Nov 09: report at provincial level; examine for later use at facility level
	Low acuity (unnecessary) ED visits by LHIN	According to Mike Schull's methodology (CIHI uses this one)	No adjustment	NACRS		
<b>Adherence to regulatory standards</b>	Number of regulations not adhered to annually	Link to MOHLTC website				
	Number of verified complaints per home	Link to MOHLTC website				

## ***Resident Centred (The final list for November 2009 reporting is to be confirmed)***

*Healthcare providers should offer services in a way that is sensitive to an individual's needs and preferences.*

Theme	Indicator selected for development	Question from Ontario LTC Survey [U of T study, Appendix C)	Reporting to	Reporting
<b>Staff responsiveness to concerns</b>	Responses from residents and families who completed the Ontario Long term Care Survey	Do staff members promptly answers your call?	Public	Nov 09: report at provincial level;  Require implementation of standardized surveying across all homes to be able to report this at facility level in the future.
<b>Encouraged to participate in decisions involving care as much as wanted</b>		Are you encouraged to participate in decisions?		
<b>Enough and meaningful activities</b>		Are there enough activities during the week and weekend?		
<b>Feel free to speak up/not afraid staff will punish resident</b>		Do you feel free to speak up when you are unhappy?		
<b>Overall quality of care/services in the home</b>		Would you recommend this home to others?		
<b>Residents feel at home</b>		Do you feel at home?		

## ***Appropriate Access***

*People should be able to get the right care at the right time in the right setting by the right healthcare provider.*

Theme	Indicator selected for development	Numerator/denominator	Adjustment	Data Source	Future Development	Reporting
<b>Appropriate access to Long term Care homes</b>	Median days to placement from acute care, community and overall to long term care homes	Median number of days	None	ICES		Provincial & LHIN level

## ***Appropriately resourced***

*The health system should have enough qualified providers, funding, information, equipment, supplies and facilities to look after people's health needs.*

Theme	Indicator selected for development	Numerator/denominator	Adjustment	Data Source	Future Development	Reporting
<b>Staff satisfaction</b>	To be confirmed			[one-time study by U of T)	<b>To be determined from W.Wodchis study</b>	Nov 09 by province -- Require implementation of standardized surveying across all homes to be able to report this at facility level in the future.
<b>Healthy work environments</b>	To be confirmed				<b>To be determined from G.Lowe study</b>	
<b>Worker injury rates</b>	To be confirmed			<b>WSIB</b>	<b>Need to identify actual indicators</b>	

## Appendix A: Indicators DEFERRED for further discussion next year

### Safety

People should not be harmed by an accident or mistakes when they receive care.

Theme	Indicator options based on environmental scan and panel discussion	CMS	CIHI	Survey selection 1 <sup>st</sup> choice (%) [scientific panel recommendation]	Survey selection 2 <sup>nd</sup> choice (%) [scientific panel recommendation]	Data source and availability	Recommended for reporting in Nov. 2009 at provincial level (unless otherwise noted)	Future development / other comments
Medication errors	For future							Chaim Bell [ICES/St. Mikes] is doing work on medication reconciliation in LTC
Infections	Prevalence of wound infection  Prevalence of pneumonia  Indicators relating to 'super bug' infections (c. difficile, MRSA, VRE)							
Avoidance of potentially inappropriate prescribing	Incidence of new starts of anti-psychotics associated with deaths in absence of schizophrenia or psychosis				ICES	MDS for now and moving to ODB	Provincial indicator only; to be reported starting Fall 2010	Will be determined during expert panel discussions that will be organized by ICES beginning over the summer 2009
	Incidence of new starts of Benzodiazepines in absence of conditions that are associated with falls				ICES	MDS for now and moving to ODB	Provincial indicator only; to be reported starting Fall 2010	Will be determined during expert panel discussions that will be organized by ICES beginning over the summer 2009

### Equitable

People should get the same quality of care regardless of who they are and where they live.

#### Comments on indicator selection from survey:

% low income compared to general resident population (subsidy)?

Theme	Indicator options based on environmental scan and panel discussion	CMS	CIHI	Survey selection 1 <sup>st</sup> choice (%) [scientific panel recommendation]	Survey selection 2 <sup>nd</sup> choice (%) [scientific panel recommendation]	Data source and availability	Recommended for reporting in Nov. 2009 at provincial level (unless otherwise noted)	Future development / other comments
Urban/rural stratification of	What measure should be used? Census low income cut off?			x – scientific				Where to get data?

Theme	Indicator options based on environmental scan and panel discussion	CMS	CIHI	Survey selection 1 <sup>st</sup> choice (%)	Survey selection 2 <sup>nd</sup> choice (%)	Data source and availability	Recommended for reporting in Nov. 2009 at provincial level (unless otherwise noted)	Future development / other comments
all relevant measures	RIO? Other?			panel discussion				Stratify by young old and old/old?  More discussion necessary

### **Efficient**

The health system should continually look for ways to reduce waste, including waste of supplies, equipment, time, ideas and information.

Theme	Indicator options based on environmental scan and panel discussion	CMS	CIHI	Survey selection 1 <sup>st</sup> choice (%)	Survey selection 2 <sup>nd</sup> choice (%)	Data source and availability	Recommended for reporting in Nov. 2009 at provincial level (unless otherwise noted)	Future development / other comments
Avoidable hospitalizations				Suggested through scientific panel survey				On a system level

### **Resident Centred:**

Healthcare providers should offer services in a way that is sensitive to an individual's needs and preferences.

### **Notes from scientific panel discussion [March 6, 2009]:**

In discussing indicators that describe resident and family perspectives, the scientific panel sought the expertise of Walter Wodchis and others who are leading resident survey activities in Ontario. In assessing scales and measurement options to describe how residents feel about their living environment, the panel agreed that the scales should:

- Be comparable provincially, nationally and internationally
- Be reflective of best practices
- Highlight resident *and family* perspectives independently

Walter Wodchis shared a document that compared the suite of questions in the survey that his team is implementing in the homes in Ontario (the Ontario LTC Survey) and the suites developed by NH CAHPS and interRAI [Appendix B]. The

group decided to examine the results from the analysis from the Ontario LTC Survey and decide on how to publicly report on resident centredness at that time.

The panel recommended that the analyses examine developing composite indices that would rely on:

1. the degree of variation between residents and between home
2. the attributes [or set of attributes] that best predict a low or high home rating.

The survey themes that correspond to the issues that were highlighted by the environmental scan and the Sharkee report are listed below. Currently in the Ontario LTC Survey, there are 30 responses from each of the 30 homes that participated. There are complementary resident and family surveys in the field but there is little correlation in the responses from the two.

<b>Staff responsiveness to concerns</b>	Dignity attribute in the Ontario LTC Survey	<b>Dignity attribute:</b> *Do staff call you by name? *Is your personal and physical privacy respected? *Do you have opportunities to help or support others? *Do the day to day things you do make you feel worthwhile? *Do the staff ever make you feel like you are a burden? *Do the staff ever take advantage of you? *Do you ever feel ignored by the staff? *Are you treated the way you want to be treated?
<b>Encouraged to participate in decisions/involved in care as much as wanted</b>	Questions in the Autonomy attribute in the survey	*Are you encouraged to participate in decisions about your care? *Can you choose when to have your bath or shower? *Can you make your own choices? *Do staff respect your wishes? *Do the staff involve you in decisions about your care?
<b>Enough and meaningful activities</b>	Meaningful Activity attribute	*Are you told about what activities and outings are available? *Do you participate in activities here? *Are there enough trips and outings? *Is there enough entertainment? *Are there enough activities for you that use your mind? *Are there enough activities for you on the unit? *Are activities offered at the right time for you? *Do you get the help you need with activities? *Are you satisfied with how you spend your time at this home?
<b>Feel free to speak up/not afraid staff will punish resident</b>	Autonomy attribute	*Do you feel you can express your feelings and opinions around here? *Are you free to come and go as you please? *Are you ever forced to do things that you don't want to do? *Will staff get back at you if you say or do something they don't like?
<b>Overall quality of care/services in the home</b>	Overall Quality Attribute	*Would you recommend this Long Term Care home to others? *Overall how would you rate the quality of care and services in this home? *Are you ever unhappy with the care you get at this home? *Do you get the care you need at this home? *Do you feel free to speak up to staff when you are unhappy with your care?
<b>Residents feel at home</b>	Comfort and Environment Attributes	<b>Comfort:</b> *Is this a comfortable place to live?

		<p>*Is your room how you would like it to be?          *Does the noise around here bother you?          *Des this place need fixing up (repairs, decorating, painting)?          *Does the small around here bother you?          *Do you feel at home here?</p> <p><b>Enjoyment:</b>          *Are there enough different kinds of foods for you to choose from?          *Can you get the type of foods you like to eat?          [other food related questions]</p>
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**Appropriately resourced**

*The health system should have enough qualified providers, funding, information, equipment, supplies and facilities to look after people's health needs.*

**Comments on indicator suggestion from survey:**

Case mix staffing levels most useful

Adequate staff with appropriate expertise available 24/7

Theme	Indicator options based on environmental scan and panel discussion	CMS	CIHI	Survey selection 1 <sup>st</sup> choice (%)	Survey selection 2 <sup>nd</sup> choice (%)	Data source and availability	Recommended for reporting in Nov. 2009 at provincial level (unless otherwise noted)	Future development / other comments
<b>Are there enough staff to provide care and to maintain the dignity of residents</b>	Number of nursing hours/resident/day	x						
	Number of certified nursing assistant hours/resident/day	x						
	Total direct staff FTE/case mix adjusted resident day			Suggested by survey respondent				
<b>Absenteeism/ work injuries</b>				x – panel discussion			WSIB	
<b>Staff quality of life*</b>	Preliminary ideas for discussion: *Exit (intention to exit, turnover, absenteeism, vacancy rate) *Global staff satisfaction (overall satisfied, recommend to others) *Workload, staffing levels, stress, burnout *Compensation, benefits (vacation, sick leave, job security)			x – panel discussion			Field Survey ? Sharkey group	

Theme	Indicator options based on environmental scan and panel discussion	CMS	CIHI	Survey selection 1 <sup>st</sup> choice (%)	Survey selection 2 <sup>nd</sup> choice (%)	Data source and availability	Recommended for reporting in Nov. 2009 at provincial level (unless otherwise noted)	Future development / other comments
	<ul style="list-style-type: none"> <li>*Recognition of work, feel listened to, awards</li> <li>*Management-employee relations (respect, fairness, good communication, feel valued, use employee's skills, feedback)</li> <li>*Training, professional development</li> <li>*Career advancement</li> <li>*Safe work environment, injuries</li> <li>*Adequate equipment, supplies, physical environment</li> <li>*Organizational culture, vision, mission, values (identifiable, inspiring, believe in it)</li> <li>*Teamwork, communication, role clarity, good colleagues</li> <li>*Autonomy, control over environment</li> </ul>							
<b>Strong leadership</b>	Formal education of administrator/care director			x – panel discussion; Suggested by scientific panel survey				

### Access

*People should be able to get the right care at the right time in the right setting by the right healthcare provider.*

### Comments on indicator selection from survey:

Capacity corresponding to need

Support for family during waiting time (caregiver/stress literature)

Theme	Indicator options based on environmental scan and panel discussion	CMS	CIHI	Survey selection 1 <sup>st</sup> choice (%)	Survey selection 2 <sup>nd</sup> choice (%)	Data source and availability	Recommended for reporting in Nov. 2009 at provincial level (unless otherwise noted)	Future development / other comments
<b>Wait time for people in highest need category</b>	CCAC wait time lists (acute care and from community)			x – panel discussion		CPRO - ICES		Technical points: we have begun to use the CPRO data. A number of people listed on wait lists are dead, nearly ¼ at least in the Central CCAC are referred from different CCAC

Theme	Indicator options based on environmental scan and panel discussion	CMS	CIHI	Survey selection 1 <sup>st</sup> choice (%)	Survey selection 2 <sup>nd</sup> choice (%)	Data source and availability	Recommended for reporting in Nov. 2009 at provincial level (unless otherwise noted)	Future development / other comments
	Wait to appropriate level of care in desired location < 3 months			Suggested by survey respondent				than the CCAC of the home. Agree with this idea but there are currently no clear definitions of 'appropriate'? "Desired" ... is that by application to LTC? People may not know/feel they have a choice?
<b>Access to occupational/ physical therapy</b>	Availability 7 days/week			x – panel discussion				PT/OT are mostly ordered in from the CCAC ? so availability depends on CCAC

### **Integrated**

*All parts of the health system should be organized, connected and work with one another to provide high quality care.*

Theme	Indicator options based on environmental scan and panel discussion	CMS	CIHI	Survey selection 1 <sup>st</sup> choice (%)	Survey selection 2 <sup>nd</sup> choice (%)	Data source and availability	Recommended for reporting in Nov. 2009 at provincial level (unless otherwise noted)	Future development / other comments
<b>Transfer of resident information from facility to facility</b>	Transfer from facility to facility			x – panel discussion				This is part of LHIN mandate. They should fund study on how best to routinely measure this.
<b>Communication between facility, primary care and specialists</b>	Addition from OHQC Board							

### **Population focus**

*The health system should work to prevent sickness and improve the health of the people of Ontario.*

**Comments on indicator selection from survey:**

Staff flu vaccine rate over 85%

Reportable outbreaks – MOHLTC has this info (flu, c. difficile etc)

Theme	Indicator options based on environmental scan and panel discussion	CM S	CIHI	Survey selection 1 <sup>st</sup> choice (%)	Survey selection 2 <sup>nd</sup> choice (%)	Data source and availability	Recommended for reporting in Nov. 2009 at provincial level (unless otherwise noted)	Future development / other comments
<b>Prevention of communicable diseases</b>	% given influenza vaccine during the flu season from October to March	x		x – panel discussion				
	% given pneumococcal vaccination in past 5 years	x						
	% staff who rcvd influenza vaccine during the flu season from October to March							

**PLUS: Noted for next iteration**

Theme	Indicator options based on environmental scan	CMS	CIHI	OHQC 2009 Report Indicator	Data source and availability	Use in Ontario reporting 2009
<b>What are the resident characteristics?</b>	Age, sex, conditions					
<b>What are the characteristics of the facility?</b>	Number of approved beds	x			MOHLTC	One recommendation to report this soon
	Room configuration	x				
	Type of ownership Is the home accredited?	x			MOHLTC	Recommendation to report this soon
	Family and resident councils					Do they meet? How effective are they in meeting resident needs?

## Appendix B: Lists of Drugs not to be used in the Elderly – Beers/CIHI list; ICES list; AHRQ lists

### LIST OF DRUGS NOT TO BE USED IN THE ELDERLY

**Instructions:** Please think about which list would be most meaningful for reporting drugs that should not be used in the elderly in Ontario.

**a. Beers/CIHI 2003; b. ICES; c. AHRQ - Never; d. AHRQ - Never + Rarely; e. AHRQ - Never + Rarely + Some indications**

Beers List 2003 / CIHI - Drugs not to be used	ICES list of drugs not to be used	AHRQ <sup>†</sup> - Never	AHRQ <sup>†</sup> - Rarely appropriate	AHRQ <sup>†</sup> - Appropriate for some indications
Anti-histamines: chlorpheniramine, diphenhydramine (Benadryl), hydroxyzine (Atarax), cyproheptadine*	√	x	x	√
Stimulant laxatives on long-term basis, except in presence of chronic pain requiring opioids (bisacodyl (Dulcolax), cascara)	√	x	x	x
amiodarone (Cordarone)	x	x	x	x
amitriptyline (Elavil)	avoid if >25 mg/d	x	x	√
amphetamines & anorexic agents	√	x	x	x
barbiturates except phenobarbital (pentobarbital, secobarbital)	√	√	x	x
belladonna alkaloids (Donnatal)	√	√	x	x
Benzodiazepines - short acting: alprazolam (Xanax), flurazepam (Dalmane), lorazepam (Ativan), oxazepam (Serax), temazepam (Restoril), triazolam (Halcion) above max dose for elderly (which is usually 1/2 max dose in younger adults)	only flurazepam included	x	x	x
Benzodiazepines, long-acting: chlordiazepoxide (Librium), diazepam (Valium)	√	x	√	x
carisoprodol (Soma) *	√	x	√	x
chlorpropamide (Diabinese)	√	√	x	x
cimetidine (Tagamet)	√	x	x	x
clonidine (Catapres)	√	x	x	x
clorazepate (Tranxene)	√	x	x	x
cyclobenzaprine (Flexeril)	x	x	√	x
dessicated thyroid	√	x	x	x

dicyclomine (Bentyl)	√	√	x	x
digoxin (Lanoxin) - avoid dose >.125 mg/d	x	x	x	x
dipyridamole (Persantine) - avoid only short-acting form	x	x	x	√
disopyramide (Norpace, Norpace CR)	√	x	x	√
doxazosin (Cardura)	x	x	x	x
doxepin (Sinequan)	√	x	x	x
ergot mesyloids (ergotamine)	√	x	x	√
estrogens, oral	x	x	x	x
ethacrynic acid (Edecrin) *	x	x	x	x
ferrous sulfate (iron) - avoid only if dose >325 mg	x	x	x	x
fluoxetine (Prozac) on daily basis	√	x	x	x
guanethidine (Ismelin) *	x	x	x	x
indomethacin (Indocin, Indocin SR)	√	x	x	√
ketorolac (Toradol)	x	x	x	x
meperidine (Demerol)	√	√	x	x
methocarbamol (Robaxin) *	√	x	√	x
methyldopa (Aldomet)	√	x	x	√
methyltestosterone (Android, Virilon, Testrad)	x	x	x	x
mineral oil	x	x	x	x
nifedipine (Procardia, Adalat) - avoid only short acting form	√	x	x	x
nitrofurantoin (Microdantin)	x	x	x	x
Non-COX selective NSAIDs (naproxen (Naprosyn), oxaprozin, piroxicam) on long-term basis	x	x	x	x
orphenadrine (Norflex)	√	x	x	x
oxybutynin (Ditropan) - avoid only immed rls form	x	x	x	√
pentazocine (Talwin)	√	√	x	x
perphenazine-amitriptyline (Triavil)*	√	x	x	x
promethazine (Phenergan)	√	x	x	x
propantheline (Pro-Banthine)	√	√	x	x
propoxyphene (Darvon) and combination products	√	x	√	x
reserpine (Serpalan, Serpasil) - avoid dose >.25mg/d *	x	x	x	√
thioridazine (Mellaril)	√	x	x	x
ticlopidine (Ticlid)	√	x	x	√
tripeleennamine *	√	x	x	x
* = available in Canada but not on ODB formulary (i.e. not paid for by govt drug insurance for seniors)				

**Drugs not in Canada**

clidinium-chlordiazepoxide (Librax)	√	x	x	x
cyclandelate (Cyclospasmol)	√	x	x	x
chlorzoxazone (Paraflex)	√	x	√	x
dexchlorpheniramine (Polaramine)	√	x	x	x
guanadrel (Hylorel)	√	x	x	x
hyoscyamine	√	x	x	x
halazepam (Paxipam)	√	x	x	x
isoxsuprine (Vasodilan)	√	x	x	x
meprobamate (Miltown, Equanil)	√	x	x	x
mesoridazine (Serentil)	√	x	x	x
metaxalone (Skelaxin)	√	x	√	x
Neoloid	√	x	x	x
quazepam (Doral)	√	x	x	x
trimethobenzamide (Tigan)	√	x	x	x

† Based on Zahn et al. JAMA 2001; 286(22):2823-9.

## Appendix C – Items in Kane QOL Categories

Distributed by Walther Wodchis for scientific panel discussion to determine indicators for Resident Centred indicators (see page xx above)

**\*Added to the Ontario LTC Survey  
(Wodchis, Murray March 3, 209)**

<i>SWC</i>	<i>NH CAHPS</i>	<i>interRAI</i>
<b>Comfort</b>		
Is this a comfortable place to live?	Is the area around your room quiet at night?	
Is your room how you would like it to be?	Are you bothered by noise in the Home during the day?	I am bothered by the noise here.
Does the noise around here bother you?	What number would you use to rate how comfortable the temperature is in this Home?	
Does this place need fixing up (for example, repairs, decorating, or painting)?	What number would you use to rate how clean this Home is?	
Does the smell around here bother you?		
* Is this home a comfortable place to live?	* * Is this home a comfortable place to live?	This place feels like home to me.
* Do you feel at home here?	* * Do you feel at home here?	I get the services I need.
		I would recommend ____ (this site/this organization) to others.
		I can easily go outdoors if I want.
		I tend to be happier than most other people.
<b>Privacy</b>		
Do you have enough privacy?	If you have a visitor, can you find a place to visit in private?	I can be alone when I wish
When the staff come to your room do they tell you what they have come for?	Do the staff make sure you have enough personal privacy when you dress, take a shower, or bathe?	When I have company, I can visit in private
		My privacy is respected when people care for me.
		My personal information is kept private.
<b>Spiritual Wellbeing</b>		
Are your spiritual or religious needs met here?		

## Security

Are your personal belongings safe here?

\* Do you feel your possessions are safe at this home?

\* Do your clothes get lost or damaged in the laundry?

\* Do you feel safe and secure?

Do the staff answer promptly when you call?

What number would you use to describe how safe and secure you feel in this Home?

\* Do you feel your possessions are safe at this home?

\* Do your clothes get lost or damaged in the laundry?

\* Do you feel safe and secure?

What number would you use to rate how quickly the staff come when you call for help?

I feel my possessions are safe.

I feel safe when I am alone.

If I need help right away, I can get it.

People ask before using my things.

I feel safe around those who provide me with support and care.

## Functional Independence

Do the staff help you to look nice?

Do the staff help you with any of the following: to dress, bathe, shower OR go to the toilet?

SCREENER

Do the staff help you with any of the following: to dress, take a shower, OR bathe? SCREENER

Are you able to move around alone - not in a wheelchair?

If you wanted to, can you turn yourself over in bed without help from another person?

Are you ever left sitting or laying in the same position so long that it hurts?

Are you able to move your arms to reach things that you want?

We'd like to find out about whether you can reach the things you need to in your room. Can you reach the call button by yourself?

Is there a pitcher of water or something to drink where you can reach it by yourself?

## Enjoyment [food]

Is the resident tube fed?

Are there enough different kinds of food to choose from?

Can you get the type of foods you like to eat?

Is the taste of the food o.k.?

Is the temperature of the food o.k.?

Are you given the right amount of food?

When you are hungry is food available?

First, what number would you use to rate the food here at this Home?

Do you ever eat in the dining room (or communal area)?

When you eat in the dining room (or communal area), what number would you use to rate how much you enjoy mealtimes?

I like the food here.

I enjoy mealtimes.

I get my favorite foods here.

I have enough variety in my meals.

I can eat when I want.

## Meaningful Activity

Are you told about what activities and outings are available?

Do you participate in activities here?

Are there enough trips and outings?

Is there enough entertainment?

Are there enough activities for you that use your mind?

Are there enough activities for you on the unit?

Are activities offered at the right time for you?

Do you get the help you need with activities?

\* Are you satisfied with how you spend your time at this home?

Are there enough organized activities for you to do on the weekends?

Are there enough organized activities for you to do during the week?

I have enjoyable things to do here on weekends.

I do things that keep me mentally active.

\* Are you satisfied with how you spend your time at this home?

I can take part in activities off the unit.

I participated in meaningful activities in the past week.

If I want, I can participate in religious activities that have meaning to me.

## Non-Kane Category - Staff

Are the staff skilled and knowledgeable?

\* Do the staff who care for you change too often?

\* Can you remember, did staff make you feel welcome when you first came to the home?

Overall, what number would you use to rate the care you get from the staff?

\* Do the staff who care for you change too often?

\* Can you remember, did staff make you feel welcome when you first came to the home?

What number would you use to rate how well the staff explain things in a way that is easy to understand?

Staff respond quickly when I ask for assistance.

My services are delivered when I want them.

The care and support I get help me live my life the way I want.

Staff act on my suggestions.

My services are delivered when I want them.

## Dignity

Do the staff call you by name?

Is your personal and physical privacy respected?

Do you have opportunities to help or support others?

Do the day to day things you do make you feel worthwhile?

Do the staff ever make you feel like you are a burden?

Do the staff ever take advantage of you?

Do you ever feel ignored by the staff?

Are you treated the way you want to be treated?

What number would you use to rate how respectful the staff are to you?

What number would you use to rate how well the staff listen to you?

What number would you use to rate how gentle the staff are when they're helping you?

Staff pay attention to me.

## Autonomy

Are you encouraged to participate in decisions about your care?

Do YOU decide what you are going to do each day?

Do you feel you can express your feelings and opinions around here?

Are you free to come and go as you please?

Are you ever forced to do things that you don't want to do?

Will staff get back at you if you say or do something they don't like?

Can you choose when to have your bath or shower?

Are you free to make your own choices?

Do the staff respect your wishes?

Do the staff involve you in decisions about your care?

Can you choose what time you go to bed?

Can you choose what activities you do here?

Can you choose what clothes you wear?

I am treated with dignity by the people involved in my support and care.

I can express my opinion without fear of consequences.

I am careful about what I say around staff.

I decide when to go to bed and get up.

I can go where I want on the "spur of the moment."

Staff respect what I like and dislike.

I can have a bath or shower as often as I want.

I decide how to spend my time.

I decide how my money is spent.

I control who comes into my room.

Staff take the time to have a friendly conversation with me.

Some of the staff know the story of my life.

Staff talk to me about how to meet my needs.

I consider a staff member my friend.

Staff are open and honest with me.

Another resident here is my close friend.

I have people who want to do things together with me.

People ask for my help or advice.

I play an important role in people's lives.

I have opportunities for affection or romance.

## Relationships

Do the staff show you that they care about you?

Do the staff try to understand what you're feeling?

\* Are people working here interested in the things you've done in your life?

\* Do the people who work here know you as a person?

\* Are people working here interested in the things you've done in your life?

\* Do the people who work here know you as a person?

## Non-Kane Category – Medical Care and Treatment

Are you helped if you are in pain or uncomfortable?

Do you visit a doctor for medical care outside the Home?

Can you talk to a doctor when you need to?

Do you receive the treatments and medication you need?

If you are not feeling well, do you get the medical help you need?

Do you receive therapy if you need it?

Do you see any doctor for medical care inside the Home?

Is a doctor available to you when needed?

Do you ever take any medicine to help with aches or pain?

What number would you use to rate how well the medicine worked to help with aches and pain?

What number would you use to rate how well the staff help you when you have pain?

Would you recommend this Long Term Care home to others?

Overall, how would you rate the quality of care and services in this home?

\* Are you ever unhappy with the care you get at this home?

\* Do you get the care you need at this home?

\* Do you feel free to speak up to staff when you are unhappy with your care?

\* \* Would you recommend this Long Term Care home to others?

\* \* Overall, how would you rate the quality of care and services in this home?

\* \* Are you ever unhappy with the care you get at this home?

\* \* Do you get the care you need at this home?

\* \* Do you feel free to speak up to staff when you are unhappy with your care?

Overall, what number would you use to rate this Home?