

## Chapter 3

### Section 3.04

Ministry of Health and Long-Term Care

# Long-Term-Care Home Quality Inspection Program

Standing Committee on Public Accounts Follow-Up on Section 3.09, 2015 Annual Report

In October 2016, the Standing Committee on Public Accounts (Committee) held a public hearing on our 2015 audit of the Long-Term-Care Home Quality Inspection Program (Program). The Committee tabled a report in the Legislature resulting from this hearing in May 2017. The report can be found at [www.auditor.on.ca/en/content/standingcommittee/standingcommittee.html](http://www.auditor.on.ca/en/content/standingcommittee/standingcommittee.html).

The Committee made 11 recommendations and asked the Ministry of Health and Long-Term Care (Ministry) to report back by the end of September 2017. The Ministry formally responded to the Com-

mittee on September 25, 2017. A number of issues raised by the Committee were similar to the audit observations in our 2015 audit, which we followed up on in 2017. The status of each of the Committee's recommended actions is shown in **Figure 1**.

We conducted assurance work between April 2, 2018, and June 29, 2018, and obtained written representation from the Ministry of Health and Long-Term Care that, effective October 31, 2018, it has provided us with a complete update of the status of the recommendations made by the Committee.

**Figure 1: Summary Status of Actions Recommended in May 2017 Committee Report**

Prepared by the Office of the Auditor General of Ontario

	# of Actions Recommended	Status of Actions Recommended				
		Fully Implemented	In Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable
Recommendation 1	2		2			
Recommendation 2	3	3				
Recommendation 3	1	1				
Recommendation 4	1	1				
Recommendation 5	2	2				
Recommendation 6	2	1	1			
Recommendation 7	2		2			
Recommendation 8	5	2	3			
Recommendation 9	2		2			
Recommendation 10	4	2	2			
Recommendation 11	1		1			
<b>Total</b>	<b>25</b>	<b>12</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>%</b>	<b>100</b>	<b>48</b>	<b>52</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Overall Conclusion

As of June 29, 2018, the Ministry had fully implemented 48% of the Committee's recommendations, and was in the process of implementing the remaining 52% of the recommendations. For example, the Ministry had fully implemented recommendations relating to areas such as consolidating past inspection data to determine a timetable for comprehensive inspections, and establishing formal targets for a number of its internal policies and procedures. The Ministry was in the process of implementing recommendations relating to areas such as improving the clarity of its inspection

reports, and developing a reporting strategy that allows the public to compare and rank homes' level of compliance and other quality-of-care indicators. The Ministry has confirmed that it will pursue these recommendations.

## Detailed Status of Recommendations

**Figure 2** shows the recommendations and the status details that are based on responses from the Ministry, and our review of the information provided.

**Figure 2: Committee Recommendations and Detailed Status of Actions Taken**

Prepared by the Office of the Auditor General of Ontario

Committee Recommendation	Status Details
<p><b>Recommendation 1</b> The Ministry of Health and Long-Term Care:</p> <ul style="list-style-type: none"> <li>develop a resource plan to ensure consistent distribution of resources province-wide, and regularly monitor and evaluate the actual performance of the Long-Term Care Homes Quality Inspection Program to determine if further action is required;</li> </ul> <p><b>Status: In the process of being implemented by March 2019.</b></p>	<p>At the time of our follow-up, the Ministry completed the recruitment for all positions recommended through the work of its organizational review and development of its resource plan. As well, the Ministry expanded the number of regional offices from five to seven in order to better distribute inspector resources. In addition, the Ministry has developed a number of management reports that are used by regional offices to track their performance. Management reports, which include statistics on inspection timeliness and inspector workload, are reviewed every month by management at regional offices. The Ministry targets development of a process to regularly monitor and evaluate the resource plan against actual performance by March 2019.</p>

Committee Recommendation	Status Details
<ul style="list-style-type: none"> <li>ensure that complaints and critical incidents are addressed within timeline benchmarks. <b>Status:</b> In the process of being implemented by March 2019.</li> </ul>	<p>In 2017, the Ministry updated its complaint and critical incident policies with formal targets for when inspections must be conducted. The targets are:</p> <ul style="list-style-type: none"> <li>High-risk complaints and critical incidents, which result in immediate jeopardy or risk to the patient, are still required to have an immediate inspection.</li> <li>Medium-risk complaints and critical incidents are assessed on how much harm or risk there is to the patient. If assessed as resulting in significant actual harm or risk to the patient, the complaint or critical incident must be inspected within 30 business days. Alternatively, if the actual harm or risk to the patient is more than minimal, but below significant, the complaint and critical incident must be inspected within 60 business days.</li> <li>Low-risk complaints and critical incidents, which pose minimal harm or risk to the patient, must now receive an inquiry within 90 business days—an improvement over the Ministry’s previous informal target of 120 business days.</li> </ul> <p>In 2017, the Ministry completed 46% of required complaint inspections by the target due date, which is no different from its performance in 2016. In 2017, the Ministry completed 38% of required critical incident inspections by the target due date, which is only slightly better than its performance in 2016 of 35%. Almost all of the complaints and critical incidents that were not inspected by the target due date had been assessed as medium-risk, with the actual harm or risk to the patient below significant. As the Ministry shifted to a risk-based approach and prioritized its resources to higher-risk issues, it performed better in inspecting high-risk complaints and critical incidents: over 80% were inspected by the target due date in 2017. While the Ministry intends on meeting its benchmark for high-risk complaints and critical incidents in all cases, it is in the process of re-evaluating its benchmarks by setting a percentage of cases to be completed within the targeted timelines for medium- and low-risk complaints and critical incidents by March 2019.</p>
<p><b>Recommendation 2</b> The Ministry of Health and Long-Term Care:</p> <ul style="list-style-type: none"> <li>ensure that all inspections are tracked and monitored for timeliness; <b>Status:</b> Fully implemented.</li> <li>perform ongoing secondary reviews of complaints and critical incidents received by the Program’s central intake unit to ensure that reasons for not conducting an inspection are justified and documented; <b>Status:</b> Fully implemented.</li> </ul>	<p>As mentioned, each regional office uses management reports to track and monitor the timeliness of complaint, critical incident, and follow-up inspections. In addition, regional offices track comprehensive inspections separately to ensure that every long-term-care home receives either a full or risk-focused comprehensive inspection each year (see <b>Recommendation 3</b> for a description of risk-focused comprehensive inspections).</p> <p>In February 2017, the Program updated its complaint and critical incident policies to require its centralized intake unit to perform reviews on 5% of complaint and critical incident cases closed without an inspection to confirm that the rationale was both justified and documented. The updated policies also require the centralized intake unit to perform monthly reviews of complaint and critical incident cases and to forward these cases to regional offices for inquiry or inspection.</p> <p>In April 2017, staff in the centralized intake unit began performing and documenting these reviews using standardized checklists. Reviewers consolidate and summarize the results and trends identified in these reviews in a log maintained by the centralized intake unit. The Ministry intends to use this information to identify areas where inspectors require further education and needed improvements to its policies and procedures.</p>

Committee Recommendation	Status Details
<ul style="list-style-type: none"> <li>inform complainants and their family members within 30 days of inspection results or why an inspection was not conducted, and document the action taken.</li> </ul> <p><b>Status: Fully implemented.</b></p>	<p>The Ministry updated its policies and procedures to reflect how the Program will update complainants on the status of their complaints at specific points in the inspection. For example, inspectors must now contact complainants within two business days after completing an inquiry or inspection. In addition, to ensure that inspectors are adhering to these requirements, the Ministry has made improvements to its inspection software. Inspectors must document their method of contacting the complainant and their conversations with them before their inspection software will allow the inspection to be marked as completed in the system.</p>
<p><b>Recommendation 3</b></p> <p>The Ministry of Health and Long-Term Care consolidate and analyze past inspection results to determine a timetable for future comprehensive inspections.</p> <p><b>Status: Fully implemented.</b></p>	<p>In May 2016, the Ministry hired a consultant to analyze and review data collected from comprehensive inspections to identify options to develop a shorter, risk-focused alternative to the full comprehensive inspection. The results of the consultation produced a new approach whereby homes that are low-risk may receive a shorter, risk-focused comprehensive inspection.</p> <p>Compared to a full comprehensive inspection, the risk-focused comprehensive inspection involves interviewing and examining a smaller number of residents, has one less mandatory inspection protocol, and only nine inspection protocols out of the full 21 inspection protocols can be triggered. As a result, the risk-focused comprehensive inspection is shorter in duration, lasting about three to five days (versus eight days for a full comprehensive inspection), and requires fewer inspectors (two inspectors versus three to four for a full comprehensive inspection).</p> <p>In August 2016, the Ministry began performing these risk-focused comprehensive inspections in addition to full comprehensive inspections. According to its policy, medium- to high-risk homes must continue to receive a full comprehensive inspection every year. In contrast, low-risk homes may receive the new, shorter risk-focused comprehensive inspection each year, but must still receive a full comprehensive inspection at least once every three years. The Ministry still intends to perform either a full or a risk-focused comprehensive inspection at all long-term-care homes every year.</p>
<p><b>Recommendation 4</b></p> <p>The Ministry of Health and Long-Term Care work with the Office of the Fire Marshal and Emergency Management and municipal fire departments to regularly share information on an ongoing basis with the Ministry on homes' non-compliance with fire safety regulations, focusing on homes that have not yet installed automatic sprinklers.</p> <p><b>Status: Fully implemented.</b></p>	<p>In May 2016, the Ministry entered into a memorandum of understanding (MOU) with the Office of the Fire Marshal and Emergency Management (Office) to establish a formal protocol of exchanging information relating to the fire safety of long-term-care homes. According to the MOU, the Office is responsible for notifying the Ministry of any orders issued to close a long-term-care home resulting from a failure to comply with fire safety legislation. In addition, the Office will advise municipal fire departments to contact the Ministry regarding any long-term-care home that is chronically or willfully non-compliant with the fire code. Since entering into the MOU, the Ministry and the Office have shared information with each other on a number of occasions.</p> <p>The Ministry was unable to provide us with an updated number of long-term-care homes that do not have automatic sprinklers installed. However, the Ministry has shared its list of the 200 homes that did not have automatic fire sprinklers at the time of our 2015 audit with the Office and municipal fire departments to help better carry out its mandate.</p>

Committee Recommendation	Status Details
<p><b>Recommendation 5</b> The Ministry of Health and Long-Term Care:</p> <ul style="list-style-type: none"> <li>establish clear policy guidelines for inspectors to use in setting appropriate time frames for homes to comply with orders addressing risk and non-compliance areas; <b>Status: Fully implemented.</b></li> <li>periodically review whether policy guidelines are consistently followed by regional offices. <b>Status: Fully implemented.</b></li> </ul>	<p>In November 2016, the Ministry updated its policies and procedures to provide clearer guidelines for setting appropriate time frames for homes to comply with orders addressing risks and non-compliance areas. The policies and procedures now include a tool that inspectors use to set time frames for homes to comply with orders based on whether an order is classified as high-risk or not, and the non-compliance area. The policy defines a high-risk order as an order that meets at least one of the following three criteria:</p> <ul style="list-style-type: none"> <li>The order concerns (a) significant actual harm(/risk) to a resident.</li> <li>The order concerns a recurring issue.</li> <li>The order is associated with a Director Referral.</li> </ul> <p>Time frames are shorter for high-risk orders, and for certain key risk non-compliance areas. For example, a home must rectify a high-risk order relating to abuse or neglect within seven days of the date of issuance. In contrast, homes generally have 90 to 120 days to rectify orders that do not concern a high risk, which is the case for most non-compliance areas.</p> <p>In April 2018, the Program began selecting one comprehensive inspection, one complaint inspection and one critical incident inspection per regional office to review each month for whether they complied with policies and procedures. To facilitate these reviews, the Program has developed a checklist with a number of items that are linked to key policies and procedures. For example, one of the items requires the reviewer to determine if the inspector selected the appropriate non-compliance area and risk-level time frame to establish the compliance due date. At the time of our follow-up, the Ministry had performed about 20 of these reviews of whether inspections complied with Program policies and procedures.</p>
<p><b>Recommendation 6</b> The Ministry of Health and Long-Term Care:</p> <ul style="list-style-type: none"> <li>establish formal targets for conducting follow-up inspections; <b>Status: Fully implemented.</b></li> <li>regularly track and monitor follow-up inspections to ensure that targets are met. <b>Status: In the process of being implemented by the end of 2018.</b></li> </ul>	<p>In November 2016, the Ministry updated its policies and procedures to include a formal target for when to conduct follow-up inspections on compliance orders. According to the Ministry’s policy, high-risk orders must be followed up on within 30 business days of the order’s due date being passed. All other orders must be followed up on within 60 business days of the order’s due date being passed.</p> <p>At the time of our follow-up, regional offices were using a monthly management report to track and monitor whether inspectors conducted follow-up inspections within the targeted time frame. However, because the management report does not distinguish between high-risk and other orders, the Ministry could not confirm whether high-risk orders were being followed up within their targeted time frame. Automation of the management report and improvements to allow it to segregate high-risk orders will be completed by the end of 2018. In addition, the Ministry is still in the process of working with the regional offices to develop a process and solution to ensure corrective actions are taken and monitored when targets are not met. At the time of our follow-up, the Ministry was planning to have this process in place by the end of 2018.</p>

Committee Recommendation	Status Details
<p><b>Recommendation 7</b> The Ministry of Health and Long-Term Care:</p> <ul style="list-style-type: none"> <li>• develop a reporting strategy that allows the public to compare and rank homes' level of compliance and other quality-of-care indicators against the provincial average; and</li> <li>• consolidate inspection results together with information about quality of care at long-term care homes from other organizations such as Health Quality Ontario and the Canadian Institute for Health Information with Ministry inspection results to provide a broader picture of each home's performance.</li> </ul> <p><b>Status: In the process of being implemented by December 2019.</b></p>	<p>In April 2018, the Ministry began publicly reporting the performance level of individual long-term-care homes on its website. The calculation of a home's performance status considers types and number of instances of non-compliance. Repeat violations are tracked and scored substantially higher as part of the calculation. If homes continuously improve their performance in all areas over an 18-month period, this will result in a lower overall score and thus an improved performance level. Homes now receive one of the following performance levels:</p> <ul style="list-style-type: none"> <li>• in good standing;</li> <li>• improvement required;</li> <li>• significant improvement required; or</li> <li>• licence revoked.</li> </ul> <p>The Ministry intends to perform a complete refresh of the current website based on the feedback and recommendations it received from its July 2017 meeting with key stakeholders in the long-term-care sector.</p> <p>At the time of our follow-up, the Ministry had developed a methodology to calculate an overall performance level for each home in the province, which uses a combination of quarterly compliance data and other quality indicators produced by the Canadian Institute for Health Information. These quality indicators are also publicly posted by Health Quality Ontario.</p> <p>The Ministry intends to update the performance levels, first posted in April 2018, on a quarterly basis and refine the methodology in 2019. The Ministry is planning to link the public to HQO's website through the improvements under way on the Ministry's public website by December 2019.</p>
<p><b>Recommendation 8</b> The Ministry of Health and Long-Term Care:</p> <ul style="list-style-type: none"> <li>• establish formal targets for reporting inspection results to both long-term care home licensees and the public; <b>Status: Fully implemented.</b></li> <li>• monitor actual reporting timelines against targets and take corrective action when targets are not met; <b>Status: In the process of being implemented by the end of 2018.</b></li> </ul>	<p>In April 2017, the Ministry updated its policies and procedures to include a formal target for when to report inspection results to both home operators and the public. The target to deliver an inspection report to the operator is 20 business days after the completion of the inspection, and the target to post the report on the Ministry's website is 30 business days after the completion of the inspection.</p> <p>At the time of our follow-up, the Ministry had processes in place to monitor the actual reporting timelines against its targets. Administrative staff at each of the regional offices are responsible for producing monitoring reports that are reviewed by management at regional offices on a regular basis. However, the Ministry did not have a process in place to monitor whether corrective actions were being taken when targets were not met. At the time of our follow-up, the Ministry was developing a process to ensure corrective actions are taken and monitored when reporting targets are not met. The Ministry was planning to have this process in place by the end of 2018.</p>

Committee Recommendation	Status Details
<ul style="list-style-type: none"> <li>implement procedures to ensure that all inspection reports are posted on its public website; <b>Status: Fully implemented.</b></li> <li>ensure that reports are clearly written to provide the public with better information for decision-making on long-term care homes; and</li> <li>summarize and report the number of instances identified of non-compliance for individual homes and on a provincial basis, and when these were rectified. <b>Status: In the process of being implemented by December 2019.</b></li> </ul>	<p>In February 2017, the Ministry developed and implemented a new quality assurance process to ensure that it posts all completed inspection reports on its public website. Administrative assistants in each regional office use a tracking spreadsheet that records all inspection reports completed by inspectors. Completed reports are uploaded to the website every week, and administrative assistants in each regional office are required to verify that all inspection reports in the spreadsheet are posted onto the Ministry’s website. The administrative assistants are then required to enter the date of verification into the spreadsheet as proof of their review.</p> <p>In July 2017, the Ministry met with key stakeholders in order to obtain their feedback on the development of an executive summary that will be included in each inspection report. The goal of the executive summary is to use plain language and more visual cues to help users better understand the findings of inspection reports and the relative performance of long-term-care homes. For example, the Ministry intends to include an overall inspection rating in each report to help users understand the severity of the instances of non-compliance identified during the inspection. In addition, the executive summary will also report the number and type of instances of non-compliance identified during the inspection and compare these to provincial averages. The Ministry intends to complete the development of the executive summary for inclusion in inspection reports by the end of 2018.</p> <p>As mentioned in <b>Recommendation 7</b>, the Ministry intends to perform a complete refresh of its current suite of websites. Currently, the Ministry has two websites where users can find information on long-term-care homes—one for inspection reports and another for a high-level summary of the home, which includes the number of instances of non-compliance issued for each individual home and compares it to the provincial average. However, the summary does not report how many instances of non-compliance and compliance orders are outstanding, and whether or not (and when) they were rectified. The Ministry informed us that additional work on creating a one-stop website is under way and that it intends to complete it by the end of 2019.</p>
<p><b>Recommendation 9</b> The Ministry of Health and Long-Term Care collect:</p> <ul style="list-style-type: none"> <li>information needed to help the Ministry establish targets for inspectors’ workload and efficiency and to assess whether the current allocation of inspectors is appropriate; <b>Status: In the process of being implemented by the end of 2018.</b></li> </ul>	<p>In March 2018, the Ministry completed its organizational changes, which resulted in an increase to the number of regional offices—from five to seven. In addition, the Program is centrally producing and distributing management reports to each regional office on a regular basis. One of these management reports focuses specifically on inspector workload. At the time of our follow-up, the Program was in the process of analyzing and monitoring inspector workload in order to establish targets for inspector workload and efficiency. The Ministry expects to complete its analysis and develop an action plan by the end of 2018.</p>

Committee Recommendation	Status Details
<ul style="list-style-type: none"> <li>demographic information necessary to engage in long-term planning for the needs of an increasing number of seniors. <b>Status: In the process of being implemented by March 2023.</b></li> </ul>	<p>As part of its action plan for seniors (“Aging with Confidence”), the Ministry reviewed census data, demographic projections and research studies, and carried out a public opinion survey of Ontario seniors to determine how best to meet their needs. In light of this work, the Ministry has committed to creating 15,000 new long-term-care beds by March 2023. The Province will prioritize placing individuals with the highest need, as well as those within hospitals who are ready to be discharged and require a long-term-care home. Over the next decade, the Ministry intends to create a total of over 30,000 new long-term-care beds, which includes the first 15,000 beds committed by March 2023, to keep pace with the growing and changing needs of an aging population.</p> <p>In order to support regional planning and decision-making, the Ministry is in the process of collecting and mapping long-term-care home data to a geographical information system. This system will, among other things, allow the Ministry to view the number of long-term-care homes by Local Health Integration Network (LHIN) and sub-LHIN, the geographic distribution of long-term-care home applicants on the wait list, and the geographic distribution of the number of patients waiting to be discharged from hospitals and requiring a long-term-care home. The Ministry expects to complete this work by March 2023.</p>
<p><b>Recommendation 10</b> The Ministry of Health and Long-Term Care:</p> <ul style="list-style-type: none"> <li>establish quality assurance procedures, including peer reviews and the use of post-audit checklists;</li> <li>conduct regular management reviews of inspectors’ work and document the results; <b>Status: Fully implemented.</b></li> <li>consolidate and evaluate results from quality reviews to use for training purposes; <b>Status: In the process of being implemented by the end of 2018.</b></li> </ul>	<p>As mentioned in <b>Recommendation 5</b>, in April 2018, the Program began selecting one comprehensive inspection, one complaint inspection and one critical incident inspection per regional office on a monthly basis to review whether they complied with policies and procedures. To facilitate these reviews, the Program has developed a checklist with a number of items that are linked to key policies and procedures. For example, one of the items requires the Program to determine if the inspector selected the appropriate non-compliance area and risk-level time frame to establish the compliance due date. At the time of our follow-up, the Ministry had performed about 20 of these reviews of whether inspections complied with Program policies and procedures.</p> <p>The Ministry is in the process of analyzing and reviewing the data it collects from its post-inspection reviews to determine further education needs of inspectors. As discussed, post-inspection reviews at regional offices were implemented in April 2018. Since they were so recently implemented, the Ministry had not collected enough data to determine what areas at regional offices may need further improvement. The Ministry expects to collect enough data to complete its review of post-inspection review data by the end of 2018.</p>

Committee Recommendation	Status Details
<ul style="list-style-type: none"> <li>establish a process for rotating inspectors within each region. <b>Status: In the process of being implemented by March 2019.</b></li> </ul>	<p>The Ministry has inspectors working between and across various parts of the province that are not considered their home region. In addition, the Ministry supports working across and between regions to alleviate higher workload demands or resource shortages where required, and endeavours to rotate different inspectors throughout homes to ensure inspectors are not always inspecting the same homes and creating an actual or perceived bias. All Ministry inspectors must comply with O. Reg. 381/07, which relates to conflict-of-interest rules for public servants. Furthermore, the Ministry’s Inspection Branch requires that inspectors not return to a home within one year of having worked there. The Ministry considered these accountability measures to mitigate any actual or perceived bias on the part of inspectors in their role in providing neutral and fair assessments during the inspection process.</p> <p>At the time of our follow-up, the Ministry was working to establish a formal process that reflects its current practice to rotate inspectors, where possible, by March 2019.</p>
<p><b>Recommendation 11</b></p> <p>The Ministry of Health and Long-Term Care ensure that the Local Health Integration Networks (LHINs) use the inspection results provided by the Long-Term Care Home Quality Inspection Program to monitor the performance of long-term care homes through their service accountability agreements. <b>Status: In the process of being implemented by April 2019.</b></p>	<p>At the time of our follow-up, the Ministry did not have a policy requiring Local Health Integration Networks (LHINs) to incorporate the results of inspections in monitoring the performance of long-term-care homes through their service accountability agreements. However, the Ministry noted that the 2018-2021 Ministry-LHIN Accountability Agreement was being negotiated at the time of our follow-up and that it was working to identify additional compliance indicators for inclusion in the LHIN-Service Accountability Agreements with long-term-care homes by April 2019.</p>