Compliance & Enforcement under LTCHA:
The LTC Quality Inspection Program

June 2010
Agenda

1. What is Long-Term Care Quality Inspection Process (LQIP)?

2. Annual Inspection
   • Adapting QIS to Ontario (RQI)

3. Complaint, Critical Incident and Follow-Up Inspection

4. July – December 2011 Timetable

5. What LTC Homes need to do to be ready

6. Q&A
LTC Quality Inspection Program (LQIP)

The LTC Quality Inspection Program is the Ministry of Health and Long-Term Care’s new Compliance and Enforcement program required under the LTCH Act, 2007 (LTCHA)

• Replaces the current Compliance Management Program, effective July 1, 2010.

• Focused on the enforcement of requirements for LTC homes in the LTCHA, regulation and associated agreements.

• Aligns the program with other Inspection, Investigation and Enforcement Ministries.

• Focuses on risk management, quality of care and quality of life for residents who live in a LTC home.
LQIP - Adapting QIS to Ontario

- Research showed that the Quality Indicator Survey (QIS) inspection system in the United States best reflected the goals for Compliance and Enforcement under the LTCHA.

- Tendered a Request for Proposal - Nursing Home Quality (NHQ) was successful vendor

- Adapting the QIS methodology, policies, procedures, education and technology to Ontario.

- Testing, conducting analysis and revising all aspects of the program.

- Truly a resident focused process = Resident Quality Inspection = RQI
Characteristics and Benefits of RQI

- Resident-centred process:
  - Talk to Residents first,
  - Observations, family and staff interviews, record review

- Resident responses and care outcomes guide the inspection process.

- Improved objectivity and consistency

- Extensive research by clinical experts to identify Quality of Life, Quality of Care indicators leading to potential non-compliance

- Greater automation to improve organization of inspection findings and enhanced documentation
Does RQI Work?

Feedback from four interviewed U.S. homes on QIS experience

• Greater fairness, standardization, clarity and focus in the process.

• Increased number of ‘non-compliances’, each example is a citation.

• Homes have changed their Quality Programs to identify, follow up on and address resident and family concerns; quality assurance mechanisms become critical.

• Education for LTCH staff and increased communication within the home is very important.

• Length of the inspection can be much longer than current program.
How are we adapting QIS to Ontario?

What are we doing to test the new inspection process:

• Teams of inspectors, administrative support and experts from Nursing Home Quality are testing the process over four weeks in eight homes in Ontario

• The Stage 1 survey process and Stage 2 Inspection Protocols are being tested to:
  - Conduct content analysis
  - Conduct convergence analysis
  - Conduct specificity and sensitivity analysis
  - Obtain feedback from residents, families, staff (LTC home and Ministry)
Feasibility Testing Timelines

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Sample Size</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>Up to 15</td>
<td>23++</td>
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<td>Duration</td>
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<td>5 days</td>
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<td>Date</td>
<td>May 4-7</td>
<td>May 17-21</td>
<td>May 25-28</td>
<td>June 7 - 11</td>
<td>July</td>
<td>Total</td>
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</table>
Next Steps:

• Revise the questions from the Stage 1 survey process

• Revise the Inspection Protocols in Stage 2

• Ensure Policies and Procedures reflect the steps required to support staff in applying the process consistently

• Continue to pilot test, improve and refine the process as the new inspection process is introduced

• Train and certify inspectors in the RQI methodology
Annual Inspections
Annual Inspection

• All homes will be inspected at least once per calendar year

• Transitional regulation allows initial annual inspection to be conducted between July 1, 2010 to December 31, 2011.

• Compliance with LTCHA, regulation and agreements will be determined.

• All non-compliance will require an inspector to take action and may result in the imposition of a sanction under the LTCHA by either the inspector or Director.

• Resident Quality Inspection (RQI) process will be used for annual inspections.
Annual Inspections - What changes?

Different:
- 2 Stage Inspection Process
- Team inspections, different members
- All non-compliance cited under LTCHA, regulation and associated agreements
- Actions and/or Orders by inspector, Director based on risk
- Judgment Matrix to guide decisions on actions and/or orders
- Not all non-compliances require a plan of corrective action
Annual Inspections – What does not change?

Same:
- Unannounced inspection

Contains:
- Entrance Conference
- Tour of the LTCH
- Exit Conference

- Report given to licensee identifying non-compliance with a copy to the Administrator

- Public Version of the report
Overview of the Annual Inspection Process

Offsite Inspection Preparation

Onsite Inspection Preparation

Stage 1 Preliminary Inspection

Stage 1 Sample Selection (Census, Convalescent Care and RAI-MDS)

Home Tour

Entrance Conference

Stage 2 In-depth Inspection

Sample Reviews
- Interviews: Residents, Families/Significant Others & Staff Observation of the Resident Record Review

Mandatory Home Related Reviews

Resident Care Related Inspection

Triggered Home Related Inspection

Mandatory Home Inspection

Analysis & Decision Making Judgment Matrix

Exit Conference

Stage 2 In-depth Inspection
Annual Inspection Structure and Process

Stage 1 Sample Selection
- Census
- Convalescent Care
- RAI-MDS

Stage 1 Preliminary Inspection

Sample Reviews

Transition from Stage 1 to Stage 2
Stage 2 Sample

Stage 2 In-depth Inspection

Resident Care Related Inspection

Triggered Home Related Inspection

Mandatory Home Related Inspection

Stage 2 Analysis and Decision Making

Judgment Matrix

Exit Conference

1.5 - 2.0 Days
Dependent on # of Inspectors

Determined by the Outcomes of Stage 1
Annual Inspection: Stage 1 Overview in Home

Stage 1 Sample Selection
- Census (n=40)
- Convalescent Care (n=30)
- RAI-MDS (prior to 6 months of inspection)

Stage 1 Preliminary Inspection
- 136 questions
- Interviews (resident, family, staff)
- Observation of resident
- Record Reviews

Thresholds: Established rate for QCL indicators to determine the need for Stage 2 inspection

Transition from Stage 1 to Stage 2
Stage 2 Sample

Entrance Conference
Home Tour
Stage 1: Preliminary Inspection

1. Census Sample
   - Interviews
     - Staff - all residents
     - Residents - all interviewable residents
     - Family - 3 (non-interviewable residents)
   - Observations - all residents
   - Clinical record reviews (with new admission and hospitalization) - all residents

2. Convalescent Care Sample
   - Clinical record reviews (current and discharged residents)

3. MDS Sample
   - Analysis of quality of care and life indicators from MDS and risk indicators
Resident Screening Questions

• Are you from around here?
• Tell me a little about yourself?
• How long have you been here?
• What is the food like here?
Family Screening Questions

1. With whom did your relative/friend live with before coming to the home? If the resident did not live with you, how often did you see him/her?

2. Are you familiar with his/her preferences and daily routines when s/he was more independent and more able to make choices and express preferences?

3. How often do you visit the resident now? When do you visit (time of day, day of the week)
Stage 1 Questions

B. Choices (QP234)

1. Are you able to participate in making decisions regarding food choices/preferences?
   - No
   - Yes

2. Do you participate in choosing your bedtime?
   - No
   - Yes
   - Is this acceptable to you?
     - No
     - Yes

3. Do you participate in choosing when to get up?
   - No
   - Yes

4. Do you choose your dressing and bath schedule?
   - No
   - Yes

C. Dignity (QP212)

1. Do you feel the staff treats you with respect and dignity? For example, does staff take the time to listen to you and are staff helpful when you request assistance? (The focus of this question is how well staff interacts with the resident.)
   - No
   - Yes
Sample Stage 1 Questions

- Are you able to participate in making decisions regarding food choices/preferences?
- Do you participate in choosing your bedtime?
- Do you participate in choosing when you get up?
- Do you choose your dressing and bath schedule?
- Do you feel the staff treats you with respect and dignity? (for example, does the staff take time to listen to you and are staff helpful when you ask for assistance)
Quality of Care and Life Indicators (QCLIs)

- 136 resident-centered outcome and process indicators in 34 care areas
- Each QCLI has a defined numerator, denominator and relevant exclusions
- Use structured yes/no interview questions, observations, and chart review items
Quality of Care and Life Indicators (QCLIs) - Assessment Source

- Resident Interview: 13%
- Resident Observation: 21%
- Family/Designate Interview: 12%
- Record Review: 10%
- Staff Interview: 6%
- MDS - includes Risk Indicators: 40%

Legend:
- Resident Interview (17)
- Resident Observation (28)
- Family/Designate Interview (16)
- Record Review (13)
- Staff Interview (8)
- MDS - includes Risk Indicators (54)
# Resident Interview Report

**Resident Interview Report**

*aa98160: Shady Oaks, Utopia, CO (change)*

## Filter

- **Start Date**: yyyy-mm-dd
- **End Date**: yyyy-mm-dd
- **Resident Groups**:
  - Second Floor
- **Resident Status**:
  - Exclude Inactive Residents

## Totals: Using 23 unique residents

- 5
- 6
- 5
- 0

## Report filtered by:

- Dates: Assessments for all dates
- Group(s):  
- Status: Active and Inactive Residents included

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Pass</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse (QP253)</td>
<td>96</td>
<td></td>
<td></td>
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<tr>
<td>Activities (QP208)</td>
<td>35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADL, ROM, Cleanliness and Grooming, Positioning (QP250)</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admission, Transfer, and Discharge Review (QP250)</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choices (QP234)</td>
<td>74</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental (QP254)</td>
<td>83</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dignity (QP212)</td>
<td>95</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thresholds

• The rate established to govern the decision of whether to conduct an in-depth Stage 2 inspection

• Value is absolute, not relative

• Rate is for the LTC home, not the resident
Summary Report

Filter
- Start Date [yyyy-mm-dd]
- End Date [yyyy-mm-dd]
- Resident Groups
  - [ ] Second Floor
- Resident Status
  - [ ] Exclude Inactive Residents

Totals: Using 254 unique assessments
- [ ] -5
- [ ] -3
- [ ] -22
- [ ] -0

Report filtered by:
- [ ] Dates: Assessments for all dates
- [ ] Groups:
- [ ] Status: Active and Inactive Residents Included

Report
- Abuse
  - [ ] Resident Interview
  - [ ] Family Interview
  - [ ] Resident Observation
- Accidents
  - [ ] Resident Observation
  - [ ] Staff Interview
  - [ ] Minimum Data Set
- Activities
Transition from Stage 1 to Stage 2

- Computer selects Stage 2 sample for all triggered areas where potential non-compliance is identified by the information collected in Stage 1

- Minimum of 3 residents to be reviewed from each triggered care areas

- Priority is residents currently residing in the home

- Review also includes closed record review (discharge or deceased residents)
Stage 2 In-depth Inspection

- Structured inspections of both resident and home related issues

- Integrate information from multiple sources:
  - Interviews
  - Observations
  - Record reviews
  - Policy and procedure reviews

- Application of Judgment Matrix prior to writing inspection report
Stage 2: Inspection Protocols (IPs)

- Tools for in-depth inspection in certain areas of risk
- Use in Stage 2 annual inspection
- Can be used for all inspection types:
  - complaints,
  - critical incidents; and
  - follow up inspections
Purpose of IPs

- Provide guidance to inspectors in collecting evidence during an inspection
- Provide consistent, organized and systematic review of risks and care outcomes
- Support the determination of compliance with the Long-Term Care Homes Act (LTCH Act) and its regulations
- All questions relate directly back to the LTCH Act.
IP Development Process

- Presidents of Residents’ Council
- Legal Team
- NHQ Team
- Inspectors during pilot
- Clinical Experts

Stakeholder Consultation
Types of IPs

Resident Related
• Triggered

Home Related
• Triggered
• Mandatory
Resident-Related IP’s

1. Continence care and bowel management
2. Dignity, choice and privacy
3. Minimizing of restraining
4. Nutrition and hydration
5. Pain
6. Safe and secure home
7. Personal support services (ADL’s)
8. Recreation and social activities
9. Responsive behaviours
10. Skin and wound
11. Falls prevention
12. Infection prevention and control
Home Related IP’s - Triggered

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

1. Dining observation
2. Infection prevention and control
3. Quality improvement
4. Resident charges
5. Residents’ council interview
6. Family council interview
7. Medication administration
8. Safe and secure home
IP Template

• Each IP is linked directly to the appropriate section(s) of LTCHA or regulation

• Contains:
  • definition / description of key terms
  • Indication for use
  • Procedures

• Questions are focused on risks and negative care outcomes

• Probes are used to guide information collection to determine whether there is non-compliance with each IP question

• Reflecting inspection best practices:
  ✓ Assessment
  ✓ Interview (resident, family, staff)
  ✓ Record review
Resident-Related IP Template

Part A: Resident Risk and Care Outcomes
- Assessment
- Plan of Care
- Observations / Provision of Care
- Monitoring/ Evaluation/ Revision

Part B: Contributing Factors - optional
- Contributing Factors: Program
- Other related IP’s if applicable

Initial Record Review: RAI-MDS 2.0 data and other documents review
Resident/Substitute Decision Maker Interview
Staff Interviews
Transition from Stage 2 to Report Writing

• Inspector will accumulate all of non-compliances identified in Stage 2

• Each Non-compliance is assessed for
  • Severity, including severity of harm/potential for risk of harm
  • Scope, including scope of harm/potential for risk of harm
  • History of Non-Compliance with related and unrelated areas in LTCHA, its regulation and associated agreements as well as requirements under the old legislation, regulations and Program Manual

• Results are plotted on Judgment Matrix and the inspector uses this to decide on the range of appropriate Actions and/or orders to ensure compliance is achieved.
## Judgment Matrix

<table>
<thead>
<tr>
<th>Severity of Non-Compliance</th>
<th>Level 4</th>
<th>Level 3</th>
<th>Level 2</th>
<th>Level 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate Jeopardy/Risk</td>
<td>J</td>
<td>G</td>
<td>D</td>
<td>A</td>
</tr>
<tr>
<td>Actual Harm/Risk</td>
<td>K</td>
<td>H</td>
<td>E</td>
<td>B</td>
</tr>
<tr>
<td>Minimal Harm/Risk or Potential for Actual Harm/Risk</td>
<td>L</td>
<td>I</td>
<td>F</td>
<td>C</td>
</tr>
<tr>
<td>Minimum risk</td>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Isolated</td>
<td>Pattern</td>
<td>Widespread</td>
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</tr>
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**Scope of Non-Compliance**

Compliance History is considered when choosing the action/order in each box of the matrix

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**Ministry of Health and Long-Term Care**
**Action and Orders**

<table>
<thead>
<tr>
<th>Legend</th>
<th>Description</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>WN</td>
<td>Written Notification</td>
<td>s.152. 1.</td>
</tr>
<tr>
<td>VPC</td>
<td>Voluntary plan of correction (Licensee to prepare a written plan of correction for achieving compliance, to be implemented voluntarily).</td>
<td>s.152. 2.</td>
</tr>
<tr>
<td>DR</td>
<td>Director Referral – Inspector to issue a WN and make a referral to the Director</td>
<td>s.152. 4.</td>
</tr>
<tr>
<td>CO</td>
<td>Compliance Order</td>
<td>s.153</td>
</tr>
<tr>
<td>WAO</td>
<td>Work &amp; Activity Order</td>
<td>s.154</td>
</tr>
<tr>
<td>FS</td>
<td>Financial Sanction (Order that funding be returned or withheld)</td>
<td>s.155</td>
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<tr>
<td>MMO</td>
<td>Mandatory Management Order</td>
<td>s.156</td>
</tr>
<tr>
<td>RL</td>
<td>Revocation of License (when non-compliance with LTCH Act)</td>
<td>s.157(2)(a)</td>
</tr>
<tr>
<td>IM</td>
<td>Interim Manager</td>
<td>s.157 (4-6)</td>
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</table>
Inspection Report

The licensee inspection report will contain:

• A listing of all non-compliances identified during the inspection

• The corresponding action or order as determined by the inspector using:
  • the judgement matrix; and
  • the grounds for selecting each action or sanction

• Time frames for corrective action related to orders

• Any specific activities required by the inspector will be listed in the body of the order, including in the case of a compliance order:
  • Requirement to come into compliance,
  • Any specific activities to do or refrain from doing; and
  • The need, if any, to submit a plan of corrective action.

A copy of the Inspection Report and any orders will be given to the person in charge of the home at the time of the exit interview and the inspection report and a copy of any orders sent to the licensee.
Director Review of Inspector’s Order

- Licensee may request Director to review a compliance, or work and activity order issued by an Inspector, (section 163).

- A request for a review must be in writing.

- The Director review process is a review of written material only, it is not an ‘oral’ (face-to-face) review.

- Upon review of an Inspector’s order, the Director may rescind, confirm or alter the Inspector’s order, or Director may substitute his or her own order for that of the Inspector.

- A request for a review does not stay an order unless a stay is requested by the licensee, and the Director orders so, in writing, having being satisfied that a stay will not cause harm or a risk of harm to a resident.
Director Review of Inspector’s Order - procedures

- The licensee must submit a written request for a Director’s review within 28 days of being served the Inspector’s order.

- The request must be served on the Director in person or sent by registered mail or fax. A “Request for Director Review” form is available to licensees to assist in the request. (This information will be noted on the Order)

- The request should include:
  - The portion of the order that the licensee is requesting the Director review
  - Any submissions that the licensee wishes the Director to consider
  - The decision or remedy being requested, and
  - The licensee’s address for service.
Director Review of Inspector’s Order - procedures

• No additional submissions from the licensee will be accepted unless the Director requests additional materials in order to complete the review.

• The Director may request that the Inspector and SAO manager provide information with respect to the inspection and or the order.

• The Director will send an ‘Acknowledgement of a Review’ to the licensee within five (5) working days of receipt of the request.

• When the Director has made a decision with respect to the Inspector’s order the Director will serve the licensee and the LHIN with notice of the decision, and the reasons for the decision if the order is confirmed or altered.

• If the Director does not serve the licensee with a copy of the Director’s decision within 28 days of receiving the request for review, the Director shall be deemed to have confirmed the original order.
Director Review of Inspector’s Order - procedures

• A record of the Director’s review will include:
  • The request for a review, including a copy of all submissions filed, and
  • The Director’s decision which shall include reasons if the order is confirmed or altered.

• If the licensee wishes to appeal the Director’s decision to the HSARB, the licensee shall give the HSARB and the Director a notice of appeal within 28 days from the day the Licensee was served with a copy of the Director’s decision that is being appealed.
## Director’s Decisions/Orders

<table>
<thead>
<tr>
<th>Section in Act</th>
<th>Description of Decision / Order</th>
<th>Power to review held by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>104(3)</td>
<td>Director may <strong>order</strong> an amendment or impose conditions on license if beds are unoccupied for 14 days and the licensee did not have permission for them to be unavailable.</td>
<td>Appeal Board</td>
</tr>
<tr>
<td>135(1)</td>
<td>Director may <strong>order</strong> a municipality or municipalities or a board of management maintaining a municipal home or joint home to undertake renovations, additions or alterations to the home</td>
<td>Appeal Board</td>
</tr>
<tr>
<td>136</td>
<td>Director may take control of, operate or manage a Mun. Home</td>
<td>Minister</td>
</tr>
<tr>
<td>137(2)-(7), s. 138(3).</td>
<td>Taking control of municipal home</td>
<td>Minister appointed person</td>
</tr>
<tr>
<td>153(1)</td>
<td>Compliance <strong>Order</strong></td>
<td>Appeal Board</td>
</tr>
<tr>
<td>154(1)</td>
<td>Work and Activity <strong>Order</strong></td>
<td>Appeal Board</td>
</tr>
<tr>
<td>155(1)</td>
<td><strong>Order</strong> that funding be returned or withheld</td>
<td>Appeal Board</td>
</tr>
<tr>
<td>156(1)</td>
<td>Mandatory Management <strong>Order</strong></td>
<td>Appeal Board</td>
</tr>
<tr>
<td>157(1)</td>
<td><strong>Order</strong> to revoke a license</td>
<td>Appeal Board</td>
</tr>
<tr>
<td>163(5)</td>
<td>Upon review Director may make decision to rescind, confirm or alter the Inspector’s <strong>Order</strong></td>
<td>Appeal Board</td>
</tr>
</tbody>
</table>
Appeal to HSARB

• The Health Services Appeal and Review Board (HSARB) is established by the Ministry of Health Appeal and Review Boards Act, 1998 to conduct appeals and reviews under fourteen different statutes. The Appeal Board is an independent tribunal.

• The Licensee may appeal the Director’s decision or a Director’s order to HSARB by giving HSARB a notice of appeal within 28 days from the day the licensee was served with the order or decision that is the subject of appeal.

• The LTC Homes Act requires HSARB to “promptly appoint a time and place for a hearing”. In the case of an order revoking a Licence, HSARB must commence the hearing within 90 days of the day HSARB receives the notice of appeal, unless the parties agree to a postponement.

• Appeal to Divisional Court
• Any party to the proceedings before the Appeal Board may appeal from its decision to the Divisional Court in accordance with the rules of court.
Complaint, Critical Incident and Follow-up and Other Inspections
Information Received by the Director

Section 25:
Outlines the requirements for when the Director shall have an inspection or inquiry to be conducted if information is provided from any source:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
5. Misuse or misappropriation of a resident’s money.
6. Misuse or misappropriation of funding provided to a licensee under this Act.
7. A failure to comply with a requirement under this Act.
8. Any other matter provided for in the regulations. 2007, c. 8, s. 25 (1).
(Note – there are currently no other matters in the regulations)
What is an Inquiry?

Inquiry
• Conducted when an inspector needs to determine if the information received is actually related to a requirement under the LTCHA.

Process
• Contact or visit a home or person to determine if the issue of concern is directly related to a requirement under the LTCHA
• Once the inspector determines that the issues is of direct relation to a requirement under the Act, the inspector will decide on course of action:
  • Proceed to an inspection
  • Discuss with SAO Manager and Director the disclosing of the information to the licensee and/or Resident’s Council;
  • Close the file

• No report is left regarding an inquiry
Immediate Inspection

Section 25 (2)
The inspector acting under subsection (1) shall immediately visit the long-term care home concerned if the information indicates that any of the following may have occurred:

1. Anything described in paragraph 1, 2 or 3 of subsection (1) that resulted in serious harm or a risk of serious harm to a resident. – Improper or incompetent care, Abuse or Unlawful conduct.

2. Anything described in paragraph 4 of subsection (1). - Retaliation

3. Any other matter provided for in the regulations.  2007, c. 8, s. 25 (2).  – Currently nothing
Inspections

• All other complaint, critical incident and mandatory report inspections will be conducted as soon as possible based on triaging by the Service Area Office.

• Inspections may include more than one inspector depending on the issue.

• Inspectors will use any of their powers as identified in sections 146, 147 and 148 of the LTCHA required to conduct an inspection to ensure compliance.
What will happen during any Inspection?

- Unannounced
- Inspector(s) will interview residents/persons with potential knowledge of the issue identified in the complaint, critical incident or other type of inspection.
- Inspector(s) will review and copy any relevant record or other thing.
- Inspector(s) will make observations.
- Inspector(s) will use their inspection powers to inspect.
- Use all relevant Inspection Protocols to guide the inspection.

- All actions/activities will assist the inspector in determining compliance with the LTCHA.
Follow-Up Inspections

• Planned by SAO based on the compliance dates for actions and orders

• Not all outstanding non-compliances will be followed-up at the same time

• At each annual inspection, any non-compliances that are outstanding will be addressed.

• Adapting RQI methodology to follow-up inspections once testing and piloting is completed
  • Sample sizes
  • Any necessary Stage 1 questions
Identification of Non-compliance

Section 149 (3)

If the inspector finds that the licensee has not complied with a requirement under this Act, the inspector shall document the non-compliance in the inspection report. 2007, c. 8, s. 149 (3).

Impact:
• Increased number of non-compliances on the inspection report.
• All non-compliances will result in a written notification, at a minimum
Determining Actions and Orders

O Regulation 79/10, section 299 (1)
- Each finding of non-compliance is assessed for:
  - Severity, including severity of harm/potential for risk of harm
  - Scope, including scope of harm/potential for risk of harm
  - History of Non-Compliance with related and unrelated areas in LTCHA, its regulation and associated agreements as well as requirements under the old legislation, regulations and Program Manual

- Results are plotted on Judgment Matrix to support the Inspector in determining Action/and or order to require of the licensee to ensure compliance is achieved.
Critical Incidents and Critical Incident System

O. Regulation 79/10 Section 107
• New requirements for reporting re: Critical Incidents

Changes to Critical Incident System:

• Adapting to reflect the changes from the LTCHA

• Include the licensee reporting for Mandatory Reporting

Notification will be provided as changes are made to the Critical Incident System – in the meantime – licensees are still obligated to report as per the regulation
Director’s Review of Orders

• If an inspector issues an order to a licensee, the licensee will be provided with information on the order to initiate a Director’s review.

• The Director’s review is a paper process review based on information received from the licensee

• The licensee will receive a copy of the Director’s decision within 28 days
  • If no decision is received by the licensee, the order is automatically confirmed.
Transition for Ministry Inspectors

- Significant amount of change for Ministry Inspectors

Types of Training:
- Legislation
- Interviewing, Evidence Gathering, Note-taking
- IT
- Long Term Care Quality Inspection Program (LQIP) Policies and Procedures
- IP training
- Master Training for Master Trainers
- RQI Training for Inspectors
LQIP Supporting the Culture Shift

The QIP will support the Quality Agenda in LTC Homes in a number of ways:

• Inspections will refocus attention on residents.

• Inspection practices will follow a consistent and research-based approach.

• Clear, predictable practices that providers can implement will allow homes to focus on problem solving and continuous improvement.

• Ministry resources can be focused on homes demonstrating highest risk.

• Inspections will generate rich data directly relating to resident experience to identify non-compliance, trends in practice and provide methods to monitor and improve performance.
Agenda

1. What is Long-Term Care Quality Inspection Process (LQIP)?

2. Annual Inspection
   1. Adapting QIS to Ontario (RQI)

3. Complaint, Critical Incident and Follow-Up Inspection

4. What LTC Homes need to do to be ready

5. Q&A
What LTC Homes Need to Do to Be Ready

• Print and read the Long-term Care Homes Act

• Identify what is different in the requirements from what is currently in place

• Develop a plan to implement the processes/adapt policies/educate staff, etc to put in place the requirements

• Adapt your CQI processes as required

• Review the materials/tools coming out re the new legislation and from Compliance team as it is made available - eg inspection protocols, etc
Who to call

• Inspection Protocols will be posted on www.ltchomes.net

• If you have questions, email LTCHA@ontario.ca

• A copy of the Act and regulations can be obtained at http://www.e-laws.gov.on.ca
Questions