

Land Acknowledgement - morning

Good morning. My name is Vanda Urban, and I am a third-generation settler of German ancestry. I would like to begin by acknowledging that the land on which we gather, and that I am privileged to call my home for the past 35 years, is the unceded territory of the syilx peoples, in a community colonially known as Kelowna. Today, we also have people joining us from six other First Nations across Interior Health. They include the Dãkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, and T̓silhqot'in Nations.

I am thankful for being a visitor on this land and strive to be mindful of the connection it holds to the Indigenous peoples of this territory, as well as the animals and plants with whom I share this space.



Measuring Quality Care for Individuals Living in LTC

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BC Health Quality Matrix

7 Dimensions of Quality

Respect- Listening to residents and honoring their choices, needs, and values

Safety- Aiming to prevent residents from getting injured and helping them feel safe

Accessibility- Residents can easily reach services and the help they need

Appropriateness- Care is matched to a resident's needs and situation

Effectiveness- Care that helps residents reach their health care goals

Equity- Everyone gets the care they need, no matter who they are or where they live

Efficiency- Using resources wisely so residents get the most benefit



Putting Residents First

How we Measure Quality Care

Quality of Service (Structure)

- **Organizational Structure:** staff availability based on knowledge and skills
 - **Governance:** ensuring care is safe and equitable for all residents
 - **Environment:** safe, clean, comfortable
 - **Human Resources:** well trained staff who know their role based on best practice
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Quality of Care (Process)

- **Care Management:** giving residents the right care
 - **Coordination of Care:** – working together in delivering care
 - **Communication:** documenting care so all team members are well informed
 - **Involvement:** residents help make choices in their own circle of care
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Quality of Life (Outcomes)

- **Physical, Emotional, Intellectual Well-being:** residents feel healthy, happy and safe
 - **Abilities/daily functioning:** residents can do daily activities to best of their ability
 - **Spiritual and Social Connections:** feeling connected to others and beliefs are supported
 - **Meaningful Participation:** residents/families take part in care decisions and activities
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Long-Term Care Quality Framework BC MoH Policy Directive

Goals:

- **Helps the province track and report how well Long-Term Care Homes are doing**
- **Monitors care regularly to make sure that it is safe and of high quality**
- **Gathers reliable information to help make better policies and decisions in the future**
- **Helps everyone understand what "Quality of Care" means to Long-Term Care**
- **Supports improvements to make Long-Term Care better across British Columbia**

Domains of Quality	Dimension of Quality						
	Respect	Safety	Accessibility	Appropriateness	Effectiveness	Equity	Efficiency
	INDIVIDUAL PERSPECTIVE				SYSTEM PERSPECTIVE		
	Quality of Service	Reportable Incidents per 100 Beds	Average # days Wait time For LTC Admissions a) Wait time from hospital (days) b) Wait time from community (days) c) % new admits from community	Complaints Regarding LTC Services and/or Care Escalated to the PCQO		Beds Per 1000 population	# and % of Alternate Level of care (ALC) Patients awaiting LTC in Acute Care Settings
	Quality of Care	Reportable Incidents of Falls with Injury per 100 Beds	Hours of direct care provided per resident day (HPRD)	% Newly Occurring Stage 2 to 4 Pressure Ulcers in LTC	% of Residents with Unexplained Weight Loss	# of LTC Homes Offering and Residents Receiving: a) PT b) OT c) Rec T	
Quality of Life	# of Active Resident and Family Councils	% of Residents with 10 or More Prescription Drugs (polypharmacy)	% of Residents with low social engagement (social isolation)	% Residents on Antipsychotics Without a Diagnosis of Psychosis	Experiencing Worsened Pain in Long-Term Care		% New LTC Residents who Potentially Could Have been Cared for at Home



BC Ministry of Health Policy Directive

What Health Authorities will do:

- **Use the Long-Term Care Quality Framework to assess and report how well care is being provided**
- **Track and report important quality measures (i.e. worsened pain, pressure ulcers, inappropriate use of anti-psychotics, number of active family/resident councils) to see how Long-Term Care homes are doing**



BC Ministry of Health Policy Directive (cont.)

What Health Authorities will do:

- **Work with the Ministry, residents, families, and providers to improve care and set goals**
- **Assign leaders to monitor quality of care**
- **Ensure Long-Term Care homes send correct and complete information on time to the Ministry**



Monitor Outcomes

What the Ministry will do:

- **Check how well Long-term Care is doing using set quality measures**
- **Work with providers to revise or create new useful ways to monitor care when needed**
- **Share reports about quality of care every three months and every year using performance measures**
- **Review the quality measures each year to make sure they are still relevant and purposeful**



Continuous Quality Improvement

- **The policy will be checked and updated when needed, at least every three years**
- **The Ministry may review the policy with help from outside partners**
- **Information from reviews will be used to see what is working well and what needs improvement**
- **The Ministry will also look for ways to make improvements in Long-Term Care**



Reviewing Quality

- **In IH, Long-Term Care Quality is monitored every year in all 82 homes using a tool based on research and data known as a Rubric**

The Rubric :

- **Helps review all Long-Term Care homes fairly and in the same way**
- **Uses a numerical scale to compare different parts of care and see how homes are performing over time**
- **Results are shown the same way so care can be fairly compared**
- **Helps group similar care processes together so patterns and common issues can be easily seen**



Reviewing Quality

Includes:

- Using trusted facts and data (like care indicators)
- Talking with LTC Home leaders to learn about their work and experiences
- Looking at care records to check how care is given
- Walking through the home to see care in action
- Reviewing the results to understand what is working
- Making suggestions to improve
- Using results to create action plans to improve on care delivery





Reviewing Quality Areas of Focus

The Rubric

Reviewing Quality using the Rubric:

- **Uses a clear plan to look at various parts of care in a Long-Term Care Home**
- **Focuses on important measures like:**
 - Pain
 - Falls
 - Depression
 - Suicide
 - Use of antipsychotics
- **Uses trusted tools, teamwork, and clear communication**
 - Assessment tools
 - Change in status actions
 - Re-assessment processes
 - Non-medicated prevention methods
 - Team involvement
 - Resident choices
- **Looks at factors affecting quality of care such as:**
 - Strong leadership
 - How work flows in the Long-Term Care home
 - How staff communicate and involve residents

**There are four
clinical areas of focus:**

- **Care standards and evidence:** policies that guide safe care and evidence that they are being practiced
- **Risk ratings and scoring:** scores rated as high, medium, or low risk
- **Overall results:** added together to give overall score and risk level
- **Leadership review:** pre-assessment before a quality review begins

RUBRIC			
	Exceptional ★ ★ ★	Average ★ ★	Poor ★
████████████████████	✓		
████████████████████			✓
████████████████████		✓	
████████████████████		✓	

Reviewing Quality: How do we Measure?

- **Scoring** and risk rating
- **Quality of Care** and focusing on areas to improve
- **Improvement plans** are specific to the Long-Term Care home
- **Follow-up:** continuous monitoring

Review Quality Tool: Rubric

Long Term Care Quality Review				Risk Rating Scale			
Site Name:		0		Overall Rating #N/A	Low	75%	100%
Review Date:		0-Jan-00			Moderate	60%	75%
Assessor Name:		0			High	30%	60%
Action Plan Due:		0-Jan-00			Critical	0%	30%
Section A: Leadership Pre-Assessment				Score	Total	Rating	
Management and Administration:		#N/A		13.75	#N/A		
Section B: Process Reviews				Score	Total	Rating	
Total Score:		#N/A		132.5	#N/A		
Falls:		#N/A		38.5	#N/A		
Depression and Suicide Risk:		#N/A		26.25	#N/A		
Pain:		#N/A		27.25	#N/A		
Antipsychotics:		#N/A		28.5	#N/A		
General Review:		#N/A		12	#N/A		
Section C: RAI Compliance				Score	Total	Rating	
Total Score:		3		3	100%		
Most Recent Quarter - Difference from Target		Score	Change from previous year		Score	Total	
#VALUE!		2	#VALUE!		1	3	
IH Target		2023 Q4	2024 Q1	2024 Q2	2024 Q3	2024 Q4	
100%		N/A	N/A	N/A	N/A	N/A	

*RAI Not Part of Calculation for 2025/2026 due to transition to InterRAI



Cycle of Learnings

Improving Quality of Care in Long-Term Care

- Ensuring homes are reviewed in the same way
- Looking at how care is given, not just the results
- Selecting records for review randomly
- Establishing electronic health records as best step forward

Instability has created challenges for quality of care

- Changes in leadership makes things harder
- New care routines and usage of agency staff affects consistency
- Emergency events that can disrupt care e.g., wildfires



Ongoing Work

- **Continue with annual reviews**
- **Look at ways to improve quality of care on a larger scale**
- **Use a rubric database to evaluate quality and identify trends**
- **Trends will better inform focus of the future work**



Questions?

