

**Public Inquiry into the Safety
and Security of Residents in the
Long-Term Care Homes System**

The Honourable Eileen E. Gillese
Commissioner



**Commission d'enquête publique
sur la sécurité des résidents des
foyers de soins de longue durée**

L'honorable Eileen E. Gillese
Commissaire

In the matter of the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System, pursuant to the Order in Council 1549/2017 and the *Public Inquiries Act, 2009*

Affidavit of Karin Fairchild

I, Karin Fairchild, of the County of Brant, MAKE OATH AND SAY:

1. I am a witness to the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System (the "Inquiry"). I have firsthand knowledge of the matters to which I hereinafter depose. When I do not have firsthand knowledge, I have identified the source of my information and belief and believe it to be true.
2. I am currently the Manager of Compliance Inspection at the Hamilton Service Area Office (SAO), a position I have held since 2007.
3. I attended McMaster University, and graduated in 1992 with a Bachelor of Science in Nursing. Following graduation, and until 1999, I worked in direct care nursing and held nursing management roles in various hospitals and community settings in Southwestern Ontario.

4. In 1999, I joined the Ministry of Health and Long-Term Care (MHLTC) as an Alternative Levels of Care (ALC) Coordinator at the Central South Regional Office (CSRO) in Hamilton. ALC patients are patients in the hospital who have completed their acute care and are ready to move on, some of whom may need a long-term care (LTC) bed in order to be transferred. In this role, I was responsible for, among other things, supporting the Chair, Donna Cripps, in strategizing and making recommendations geared toward ensuring the right persons were identified for LTC, and others who were able to be return home or placed elsewhere were properly identified.
5. I became a Compliance Advisor (CA) at the CSRO in September of 1999. In this role, I was responsible for conducting reviews of long term care facilities.
6. In 2002, I became a Senior Policy Advisor/Analyst in the Acute Care and Community Health Division of the Long-Term Care Homes Branch, a position I held until October 2005. As a Policy Advisor with compliance experience, I worked on a range of initiatives, including improving education and training for Compliance Advisors, acting as the coordinator for provincial compliance and enforcement, assisting in the development of new Standards and Criteria to improve the six areas in the standards of care (skin and wound care, falls, pain, restraints and continence care, and 24/7 RN staffing), working directly with stakeholders to look at ensuring quality implementation of standards in LTC homes, identifying areas of improvement for the inspection system, and providing content support to Parliamentary Assistant Monique Smith in her review of the LTC homes sector.
7. In early 2006, I began working at the CSRO as a Long-Term Care Program Consultant. In this role, I supported the Compliance Advisors in the office, reviewing reports and

ensuring that inspections and reviews were done in accordance with MHLTC policies and procedures. I also assisted in the drafting of the *Long-Term Care Homes Act, 2007 (LTCHA)*; I provided subject matter expertise in the areas of resident care and services, compliance and enforcement, and operations in the home. Between 2008 and 2010, I also assisted in the drafting of the Regulation under the *LTCHA*.

8. In the spring of 2006, I became the Program Manager for the CSRO and then, in 2007, transitioned into the position of Manager of Compliance Inspection at the Hamilton SAO (which replaced the former Central South Office). My work as Manager was similar to what I do today at the same office.
9. Between early 2009 and late 2011, I was the Business Lead for the Compliance Transformation Project to transform the MHLTC's compliance and enforcement regime to align with the new *LTCHA*.
10. Attached to this affidavit as **Exhibit "A"** is a document detailing my roles and responsibilities with the MHLTC since 1999 [LTCI00071484].

LTC COMPLIANCE AND ENFORCEMENT 1980'S AND 1990'S

11. In the early 1980s, there was a different approach to compliance and enforcement of nursing homes. The regime at that time was focused primarily on prosecuting nursing homes that failed to comply with legislated and regulatory requirements.
12. In 1986, MHLTC commissioned Woods Gordon to do a review of compliance and enforcement of nursing homes. The 1986 report is titled "Review of Inspection and

Compliance in Ontario's Nursing Homes". This report found that the enforcement approach at that time was not effective because the amount of time required to conduct a successful prosecution was taking inspectors away from inspecting homes, and there needed to be more focus on resident care. Attached and marked as **Exhibit "B"** is a copy of the Woods Gordon report [LTCI00072893].

13. Following the Woods Gordon report, the MHLTC adopted a Compliance Management Program. At this time, the compliance and enforcement roles were separated. Compliance Advisors were created and were responsible for compliance by doing annual reviews which included making observations and recommendations to nursing homes. The enforcement role was handled by a province-wide enforcement team.
14. In 1993, the *Nursing Homes Act*, the *Homes for the Aged and Rest Homes Act*, and the *Charitable Institutions Act* all came within the responsibility of the MHLTC. At this time, the MHLTC created a single Long-Term Care Facilities Program Manual that had common requirements that applied to for profit homes, not for profit homes, and municipal homes. Compliance Advisors became responsible for conducting reviews to determine compliance in long-term care facilities across the province.

RESPONSIBILITIES AS A COMPLIANCE ADVISOR

15. I became a Compliance Advisor (CA) in September 1999 in the Central South Regional Office (CSRO). The CSRO was responsible for conducting reviews in nursing homes in Hamilton, Brant, Haldimand, Norfolk, and Niagara. One other CA and I were assigned to 28 homes in the Hamilton area. We reviewed all matters concerning those homes. This

included triaging information such as complaints and reports of Unusual Occurrences (now known as Critical Incidents) from the home; determining when reviews were needed; conducting reviews; giving advice to homes; making recommendations as to whether there should be interim beds or short stay beds; reviewing, approving and signing off on invoices for High Intensity Needs Funding; and conducting enhanced monitoring of homes where there were multiple compliance concerns. Enhanced monitoring was a review process to determine if the home was making progress on the non-compliance that was previously identified. Additional non-compliance would be issued if there were new issues identified.

16. As a CA, I conducted reviews in nursing homes using the Long-Term Care Facilities Program Manual ("the Program Manual"). I would make observations and then determine whether a standard, as set out in the Program Manual, was unmet. Giving advice to the homes was a part of my work as a CA. I gave advice to homes when triaging and responding to complaints or Unusual Occurrences, and while conducting reviews. In making observations and identifying that a standard was not met, I might give the home advice about how to review their program in that area (e.g., continence), and give suggestions of other homes that might have a good program that they may want to consult. I might also indicate that the home may want to look at providing education to their staff in a specific area.
17. I would know that one of the homes that was assigned to me was not meeting standards based on the number of findings of unmet standards, and through the observations I made coupled with the use of my clinical judgment concerning whether residents were being

properly and adequately care for, including receiving proper bathing, feeding, wound care and pain management. Homes would pressure the CAs to make recommendations rather than making findings of unmet standards. Under the *Nursing Homes Act*, the results of reviews were posted in the homes. If a home was not performing well, I would engage the Program Manager and the Regional Director to determine if further action was required, including meeting with the Regional Director and the licensee, and/or enhanced monitoring.

COMMITMENT TO CARE: MONIQUE SMITH REPORT, 2004

18. Between 2002 and 2004, I provided information to the Parliamentary Assistant to the Minister of Health, Monique Smith, supporting her review of LTC homes in Ontario. She produced a report in 2004, titled *Commitment to Care: A Plan for Long-Term Care in Ontario* ("Commitment to Care"). Attached as **Exhibit "C"** to my affidavit is a copy of Smith's 2004 Report, *Commitment to Care* [LTCI00046531].

19. Monique Smith's report stated that it was developed as a "blueprint for action." The recommendations in the report to improve the LTC sector fell into five main areas: improving quality of life; ensuring public accountability; developing new standards, inspection and compliance; improving staff and continuity of care; and enacting new legislation and funding models.

MINISTRY'S RESPONSE TO THE MONIQUE SMITH REPORT: DEVELOPMENT OF A NEW STATUTE

20. The Report recommended the consolidation of the *Nursing Homes Act*, the *Homes for the Aged and Rest Homes Act*, and the *Charitable Institutions Act* to ensure uniform standards of care and enforcement of those standards. The same year that the Report was released, the MHLTC began working on the policy work necessary to develop a new Long-Term Care Homes Act, to implement the Report's recommendation that there should be one piece of legislation covering all homes in the province, and to implement the other recommendations in the Report. The new legislation, *Long-Term Care Homes Act, 2007 (LTCHA)*, was passed in 2007 and came into force on July 1, 2010, along with O. Reg. 79/10, a regulation to the Act.
21. The development of new legislation and regulations included reviewing the legislative and regulatory regime in place at the time and the standards in the Program Manual to incorporate and update all of those standards into the new statute, reviewing best practices in other jurisdictions, and reviewing other regulatory regimes that impacted LTC homes such as health and safety and health profession regulations. I was involved in all parts of that process other than the funding models, and I am familiar with the recommendations from the Report that the MHLTC implemented.
22. In early 2006, while working as a LTC Program Consultant in the Central South Regional Office, I assisted in the drafting of policy documents for the development of the *LTCHA*, particularly with respect to resident care and services, compliance and enforcement, and operations in the home. Between 2008 and 2010, I was also involved in helping to draft policy documents for O. Reg. 79/10 in these same areas.

23. As part of the preparation for legislative drafting, we held roundtables with interested parties in order to develop recommendations for the policy notes, which were then sent up through the Ministry for approval. There was a similar process for the Regulations.
24. For the last stages of the development of the legislation, I assisted with line-by-line drafting, helping to assess whether the wording was appropriate and achieved the MHLTC's policy objectives. I did this for all parts of the *LTCHA*, with the exception of the provisions regarding finance. For the Regulation, I also assisted with line-by-line drafting for provisions concerning resident care and services, compliance, and the operations of the home.

THE *LTCHA* AND O. REG. 79/10

25. The *LTCHA* and O. Reg. 79/10 were a fundamental change for the LTC sector in Ontario. My affidavit will discuss the changes brought in by the *LTCHA* and O. Reg. 79/10 in three main areas: (1) responsibility for complying with legislated requirements; (2) residents' rights, care and services; and (3) responsibility for compliance and enforcement.

(1) LICENSEE IS REQUIRED TO COMPLY WITH REQUIREMENTS UNDER THE ACT

26. The *LTCHA* and O. Reg. 79/10 put responsibility on the licensee to ensure compliance with all the requirements in the Act and Regulation. This was a change from the Program Manual, where the majority of the requirements were on the Administrator or the home. This was an intentional change to ensure that people who were in an ownership position of a LTC home and were licensed or approved to operate that home had a more positive

obligation to be aware of the activities in the home and the consequences of their decisions regarding how the home was operated.

27. First, the vast majority of the requirements in the *LTCHA* and O. Reg. 79/10 start with the wording: "Every licensee of a long-term care home shall ensure that...". Second, s. 69 of the *LTCHA* requires the Directors and Officers of the corporation to take such measures as necessary to ensure the licensee complies with the requirements under the Act.
28. The licensee is also responsible for correcting any non-compliance and ensuring compliance is achieved and sustained. This includes all non-compliance found by MHLTC inspectors during an inspection. Licensees receive a copy of all Inspection Reports and Orders issued by an Inspector (s. 149 *LTCHA*). The licensee is required to tell the MHLTC who is the representative of the licensee in order to ensure that the licensee receives all Inspection Reports and Orders. As a courtesy, the MHLTC also provides a copy of the Inspection Report and Orders to the Administrator of the home. If a Compliance Order is not complied with by the licensee, another Order can be issued, or other enforcement actions can be taken until the licensee complies with the requirements.
29. Enforcement actions and Compliance Orders can only be made against the licensee (s. 152 and 153 of the *LTCHA*). Actions are not taken against, and Orders are not issued to, individual staff members. It is the licensee's responsibility as the employer of the staff of the home to manage the home and to manage the staff.
30. The *LTCHA* has specific requirements related to management and key positions in the home. Section 212 of O. Reg. 79/10 includes required qualifications and required hours

of work for the Administrator; s. 213 of O. Reg. 79/10 includes required qualifications and required hours of work for the Director of Nursing and Personal Care. There are also certification and qualification requirements for personal support workers (s. 47 O. Reg. 79/10), cooks (s. 76 O. Reg. 79/10) and nutrition managers (s. 75 O. Reg. 79/10).

(2) RESIDENTS' RIGHTS, CARE AND SERVICES

(i) Residents' Rights

31. A primary focus in the development of the *LTCHA* and O. Reg. 79/10 was to develop an Act that was resident-centred and created clear enforceable standards for residents' rights, care, and services. This included the addition of a fundamental principle that recognizes that the home is the home of the residents and is to be operated so that it is a place where they may live with dignity and in security, safety, and comfort while having their needs adequately met (s. 1 of the *LTCHA*).

32. The Residents' Bill of Rights was expanded from what was in the previous legislation to incorporate recommendations from the Monique Smith Report, to ensure that there is equality for residents, to address known issues where residents had previously been restricted from living in the way they wanted to live, and to ensure that the rights of residents were a paramount part of the *LTCHA* (s. 3 of the *LTCHA*).

(ii) Individualized Care of Residents

33. In drafting the provisions in the *LTCHA* and O. Reg. 79/10 related to the plan of care (s. 6 of the *LTCHA*; s. 26 of O. Reg. 79/10), the focus was to ensure that the plan of care was individualized for each resident, that the resident was included in the development of the

plan of care, and that the plan covered all aspects of care for the resident. The plan of care is also to have an interdisciplinary focus and the interdisciplinary team is to coordinate in the development of the plan of care. In developing the plan of care provisions for the new legislation and regulation, the MHLTC wanted to ensure that resident care needs were considered and implemented as part of the operations of the home, as opposed to focusing on the home's routine and having residents fit into that routine, so that the focus would be truly resident centered.

34. The *LTCHA* also requires that care be provided to residents according to the plan of care and that the care be documented. This documentation is necessary as a LTC home is a 24/7 operation with multiple staff shifts, and it ensures that all staff are aware of care provided as well as their obligation to document the individualized care to residents. It is up to homes to decide how to document care to residents.

(iii) Required programs for resident care and services

35. The *LTCHA* requires homes to develop and implement programs that address the following four areas: (1) falls prevention and management, (2) skin and wound care, (3) continence care and bowel management, and (4) pain management (s. 48 of O. Reg. 79/10). The licensee is required to have programs in these four areas because these are areas that pose high risks of harm to residents, and are also areas that affect the majority of residents. There are uniform criteria for each of the four programs. These programs are required to be developed in accordance with evidence-based practices and evaluated on an annual basis. Each program must be interdisciplinary, have policies, procedures and protocols, and have assessment tools and any necessary equipment or supplies.

(iv) Medication Management (s. 114-136 O. Reg. 79/10)

36. The regulations concerning medication management in LTC homes, which start at s. 114 of O. Reg. 79/10, are a significant expansion from the Standards and Criteria contained in the Program Manual. They were drafted with the intention of having the requirements set the benchmark, reflect best practices, and allow for developments in technology over time related to medication administration.
37. In drafting these regulations, we worked with the MHLTC Drug Programs Branch to identify minimum standards, particularly with respect to the quarterly evaluations, medication incidents, and adverse drug reactions.
38. The standards and criteria related to the functions for pharmacy service providers are expanded from those in the Program Manual. We specifically wanted to see more active involvement from pharmacy service providers in LTC homes because pharmacists have specialized knowledge that can contribute to the care of residents, and pharmacists are often on the front-line of new medications, treatments and technologies. The regulations were also drafted to leave room for increased use of medication-related technology in LTC homes. During the course of my career, there has been a significant change in dispensing of medication: from the use of vials, to punch cards, to pouches.
39. The Regulation also contains a number of requirements with respect to the storage of medication that were not present prior to July 1, 2010. In drafting the regulations concerning drug storage, we wanted to ensure that personal items, such as jewelry and money, not be stored in locked narcotic boxes, and that food was not being stored in

fridges with drugs; this was something I had seen routinely when I was a Compliance Advisor. This concern resulted in the adoption of s. 129(1)(a)(i) of O. Reg. 79/10, which requires that the licensee ensure that drugs are stored in an area or a medication cart that is “used exclusively for drugs and drug-related supplies.”

40. The definition of “drug” in the Regulation aligns with the definition in the *Drug and Pharmacies Regulation Act*, and the definition of “controlled substance” aligns with the definition in the *Controlled Drugs and Substances Act*. Insulin is a drug. As such, under s. 129 of the Regulation, homes must ensure that insulin is kept in an area or medication cart which is secure and locked. This is in contrast to controlled substances, which must be kept in a separate, double-locked stationary cupboard in a locked area, or in a separate locked area within the medication cart. When not in use, the medication cart is often locked in the medication room, which then adds another layer of security for controlled substances. “High risk drugs” are not defined in the *LTCHA* or O. Reg. 79/10, but the Institute of Safe Medication Practices (ISMP) has standards that homes can access about “high risk drugs” and medication administration in general.
41. Another requirement for LTC homes contained in the Regulation that was not part of the Program Manual is the monthly audit of controlled substances, which is set out in s. 130 of O. Reg. 79/10.
42. The regulations also incorporated a comprehensive requirement for licensees to track and learn from medication incidents and adverse drug reactions. Section 135 of O. Reg. 79/10 specifically requires that LTC homes be responsible for their medication systems, which includes documenting, reviewing, analyzing and taking corrective action for all medication

incidents, and adverse drug reactions. The homes must maintain written records of this information, and complete quarterly interdisciplinary reviews of all incidents and adverse drug reactions. While the homes are not specifically required to track or document the identity of the staff member involved in the medication incident, the staff member's name is usually one of the first things on the medication error report that the home creates.

43. The basic premise underlying s. 135 is that medication errors are going to happen in LTC homes. While not every error needs to be reported to the MHLTC, it is essential that licensees be made responsible for quality management, for reviewing errors and taking corrective action to improve their own programs and organizations to reduce the number of errors that are occurring.

(v) Continuous Quality Improvement

44. As LTC homes are professional health care organizations, LTC homes are required to analyze, evaluate, and improve all care and services for residents (s. 84 of the *LTCHA*; s. 228 of O. Reg. 79/10). This includes that the home must provide residents and families with a satisfaction survey at least once a year, and make every reasonable effort to act on the results of the survey to improve the long-term care home and the care, services, programs and goods. The licensee must also seek advice from the Residents' Council and Family Council in developing the survey and carrying out its results (s. 85 of the *LTCHA*).
45. In addition, throughout the *LTCHA* and O. Reg. 79/10, there are requirements for the annual evaluation for many programs and processes that are to be included as part of the home's continuous quality improvement. For example, the licensee is required to evaluate

the nursing and personal support staffing plan, the four required programs (s. 30 of O. Reg. 79/10), the complaints process (s. 101 of O. Reg. 79/10), the zero tolerance of abuse and neglect program (s. 99 of O. Reg. 79/10), and the medication management program (s. 115 of O. Reg. 79/10).

(vi) Staffing and 24/7 RN Requirement

46. In terms of staffing of long-term care homes, licensees must ensure that all homes have a RN on staff 24-hours a day, 7 days a week who is a member of the regular nursing staff (s. 8(3) of the *LTCHA*). The 24/7 RN standard was recommended in the Monique Smith Report.

47. Given the increased levels of acuity in LTC homes, I believe that all homes should have, at a minimum, an RN on duty 24 hours a day, 7 days a week who is also a member of the regular nursing staff, regardless of the number of beds in the home, so that someone is always capable of responding in a crisis situation. While RPNs play a valuable and necessary role in LTC homes, I do not believe that RPNs can fully replace all of the functions performed by RNs. RNs are now required to have a university degree that requires for four years of training, and RPNs have two years at a college level. While there is overlap in the functions performed by RNs and RPNs, RNs are essential because they manage complex and emergent situations, provide risk management, clinical judgement, and have greater responsibility for facility management. RPNs do not receive the same depth of training in these functions. I believe that both RNs and RPNs are necessary, but completely replacing RNs with RPNs in LTC homes would not be in the best interests of residents.

48. In her report, Monique Smith expressed concern about LTC homes' ability to recruit and retain competent RNs. There have been a number of recruitment initiatives directed at the sector, such as the "grow your own nurse" program whereby RPNs can be "grown" into RNs, as well as new graduate initiatives. I believe that, to address recruitment challenges, it is necessary to change the views of nurses about working in long term care. Generally speaking, working in long term care and home care are the least desirable areas of health care for nurses. Nurses think that they will be able to use their skills more fully in a hospital setting. LTC is not portrayed as an area where highly skilled and knowledgeable nurses are needed. This starts when RNs and RPNs are educated: in education programs, LTC is traditionally not sold as an area requiring highly skilled nurses. However, an RN in a LTC home has a lot more opportunity to affect how care is delivered, and can influence how the home is run. Everyone passionate about the area will say that working in LTC gives you the chance to make a huge difference in people's daily lives.

(vii) Zero Tolerance of Abuse and Neglect and Reporting

49. The MHLTC was aware when drafting the new legislation that the creation of more stringent standards in regard to abuse and neglect of residents in general would not fully prevent all abuse and neglect from happening in LTC homes. Therefore, the MHLTC adopted a zero tolerance approach, meaning that if abuse and neglect did occur, licensees would be required to take steps to protect the resident from any further harm, investigate the incident, notify appropriate persons, and take appropriate action to prevent abuse and neglect from happening again. The zero tolerance approach to abuse and

neglect of residents is in various sections of the *LTCHA* and O. Reg. 79/10, and includes requiring the licensee to have their own abuse policy, with required content for that policy, and to train staff and volunteers annually on the policy (section 20 of the *LTCHA*). The licensee is required to report any incidents of abuse or neglect to the resident's substitute decision-maker (s. 97 O. Reg. 79/10), the police if the licensee suspects that a criminal offence has been committed (s. 96 O. Reg. 79/10), and to the Director of the MHLTC LTC Inspections Branch (s. 24 *LTCHA*).

50. In addition to incidents of abuse and neglect of a resident, licensees are required to report other types of incidents that occur in the home as specified under the *LTCHA* and O. Reg. 79/10.
51. Section 24 of the *LTCHA* is a mandatory reporting requirement, and requires any person who has reasonable grounds to suspect that there has been abuse or neglect of a resident, incompetent or improper treatment of care of a resident, or unlawful conduct that resulted in harm or risk of harm to immediately report the suspicion to the Director. The mandatory reporting requirement also includes a requirement to immediately report to the Director misuse or misappropriation of a resident's money, and misuse or misappropriation of funding provided to a licensee. The creation of this "duty to report" was recommended in the Monique Smith Report. The MHLTC approached the policy development – and later legislative drafting – of a mandatory duty to report from a risk basis, looking to the *Child and Family Services Act* for guidance on issues around reporting of abuse and neglect.

52. Neither incompetent nor improper care or treatment of a resident is defined in the Act. For incompetency, licensees are expected to assess whether a regulated health professional's treatment or care of a resident meets the standards of practice set by the regulated health profession, i.e. the College of Nurses of Ontario (CNO). If a licensee suspected that a nurse was not providing care or treatment or care to a resident in accordance with the CNO's standards of practice and that caused harm or risk of harm to the resident, the licensee would be required to report to the Director under s. 24, and I would also expect that this would be reported to the CNO as well. If a non-regulated health care staff or other staff in the home did not provide treatment or care to a resident in an appropriate manner that caused harm or risk of harm to resident, the licensee would be expected to report the suspicion to the Director under s. 24.
53. Secondly, section 107 of O. Reg. 79/10 requires mandatory reporting of certain specified critical incidents to the MHLTC. For example, section 107(1) of O. Reg. 79/10 requires licensees to report any "unexpected or sudden death" to the Director immediately. "Unexpected or sudden death" is not defined in the *LTCHA* or O. Reg. 79/10. However, although death is common in a LTC home, usually a resident's death can be anticipated due to a gradual decline during which they receive palliative care and may be semi-comatose. Given this, a home can determine that the death is sudden or unexpected if that gradual decline did not occur.
54. Subsection 107(3) of O. Reg. 79/10 requires licensees to report to the Director no less than one business day after its occurrence any incident involving an injury that results in a resident's transfer to hospital or any medication incident or adverse drug reaction in

respect of which a resident is taken to hospital. This is very similar to the requirements that existed under the previous regime, which were contained in the Program Manual.

55. The MHLTC made a deliberate decision when the Regulation was drafted to require reporting only of medication incidents or adverse drug reactions that require a transfer to hospital. I believe that medication errors are going to happen in LTC homes and do not always warrant inspection by the MHTLC.

(3) MHTLC COMPLIANCE AND ENFORCEMENT TRANSFORMATION

56. The most significant change in the *LTCHA* for the MHLTC was the new requirement placed on the Director by s. 25 of the *LTCHA* to conduct inspections or make inquiries for the purpose of ensuring compliance under the Act. This was a change from the *Nursing Homes Act*, which only required the Director to “determine” whether a home operator was in compliance with the standards in the Program Manual.
57. Part IX of the *LTCHA* places oversight obligations on the MHLTC, including requiring the MHLTC to conduct inspections for the purpose of ensuring compliance, requiring inspectors, when conducting inspections, to document all non-compliance in an inspection report (s. 149(3) *LTCHA*), requiring inspectors to take enforcement action when non-compliance is found (s. 152 *LTCHA*), and requiring inspection reports and any compliance orders to be posted in the home (s. 79(3)(k) *LTCHA*) and published by the MHLTC (s. 173 *LTCHA*).

58. In 2009, the MHLTC began a Compliance Transformation Project to develop an inspection program to implement the oversight obligations in the *LTCHA*. Between early 2009 and late 2011, I was the Business Lead for the MHTLC's Compliance Transformation Project.
59. The Ministry's focus in an inspection is not to determine fault on the part of the licensee or staff members, but, if non-compliance is found, to notify the licensee of how they did not comply so that they can correct the non-compliance. The structure of the inspection program starts with making written notifications (WNs) and a voluntary plan of correction (VPCs). WNs and VPCs are made where there is no harm to the resident and no previous history of non-compliance. This is done to give the licensee the opportunity to comply with the requirements without direction from the MHLTC. If there is repeated non-compliance with a requirement, or actual harm as a result of the non-compliance, a Compliance Order may be issued. A Compliance Order provides direction to the licensee on steps that they need to take in order to ensure compliance. Where homes are having difficulty achieving compliance, the SAO manager or a senior manager with the MHLTC may attend a meeting with the licensee to discuss compliance issues and ensure the licensee has plans and an appropriate amount of time to achieve compliance.
60. The new inspection program that was developed to align with the *LTCHA* was a significant change for CAs who became inspectors under the *LTHCA*. For example, some Inspectors found the legislative obligation to identify all non-compliance in their Inspection Reports troubling, as they had not been required to make findings of non-compliance as a CA. In the early days after July 1, 2010, Inspectors could end up issuing ten non-compliances for the same incident (e.g., neglect, not following policy and procedure, not following the

plan of care). Today, while Inspectors may still issue multiple non-compliances for the same issue (s. 160 *LTCHA*), they are encouraged to pick the one that is the most applicable to the finding. In addition, if there are multiple examples of non-compliance with a particular requirement, they may be used together as examples to support a single finding of non-compliance and a single action or Order issued by the Inspector.

61. Another significant change was the creation of technology for inspectors to use when conducting inspections. The Monique Smith Report recommended that the MHLTC improve the collection of data related to complaints, resident injuries, serious incident reports and inspection records; and that there be an internal database with data specific to each LTC home. In 2008, the Critical Incident Reporting System, which is an electronic database, was rolled out for homes to directly report Critical Incidents. In 2010, it was modified to also include mandatory reports. I was responsible for developing the Inspectors' Quality Solution (IQS), a software program and database system for the entire MHLTC LTC program, including inspections, triaging of incoming information, licensing, and with expansion capability for future modules as required. IQS allows for robust data analysis to track inspections and inspection outcomes, current workloads, pending intakes for inspection or inquiry, and trending for LTC home compliance.
62. I was also responsible for the procurement, development and implementation of the Residents' Quality Inspection (RQI) methodology in Ontario to ensure that there was a research-based comprehensive inspection approach. This included adapting the US Quality Indicator Survey to Ontario and ensuring that IQS aligned with the RQI methodology.

63. I think that the Ministry should create two separate Inspection teams, one with a focus on the RQI methodology and a separate group should focus on high risk Complaint, Critical Incident and Follow-Up (CCF) Inspections. Inspections that are serious can take an enormous amount of time and the Inspectors need to be given the time to do them properly. The commitment to doing a RQI in every home every year can make it difficult to devote the time and resources necessary for Inspections. That said, I do think it is necessary to have a RQI in every home every year in order to have a baseline for that home's compliance.

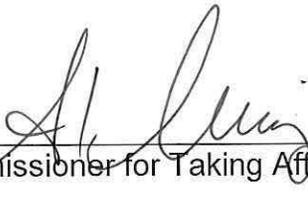
PERSONAL IMPACT

64. When I received the call from Karen Simpson about the police investigation into EW's crimes, I remember being frozen in my chair. I felt nauseous. I had to jump into action to assist in planning our actions to inspect. Sharing the information with CIATT and inspectors was very difficult. We all were upset – for the families and the residents. Some of the staff in my office at the time cried. As a leader, you have to keep everyone focused but supported as they cope with knowledge.

65. I remember driving home that day and feeling so angry and dismayed that someone in my profession had done this. How dare she do this? She had no right to kill someone in her care. I had worked throughout my career to ensure our residents received the best possible care. While I was not personally responsible, it made me question my work and how we could have done a better job in designing the system.

66. I am hopeful that, as we move forward with the recommendations from the Public Inquiry, we will continue to improve the system for residents and families. I know that I am committed to this work. I have been in this field for the past 19 years and hope to continue to make a significant impact. These are our family members and they deserve our respect every day.

SWORN BEFORE ME at the City of ~~ST TAMAS~~)
in the County of ELGIN, on 31 / 2018)
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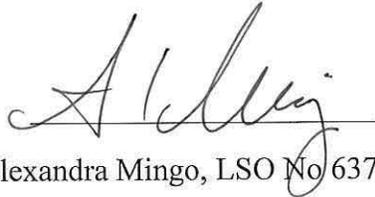
Commissioner for Taking Affidavits



Karin Fairchild

This is Exhibit "A" referred
to in the Affidavit of
Karin Fairchild

Sworn before me this
31st day of July, 2018

A handwritten signature in cursive script, appearing to read "Alexandra Mingo", written over a horizontal line.

Alexandra Mingo, LSO No 63780D

A Commissioner, etc.

Karin Fairchild,

Manager, Compliance Inspection, Hamilton Service Area Office

Long-Term Care Inspections Branch

Long-Term Care Homes Division

Ministry of Health and Long-Term Care

119 King Street West, 11th Floor, Hamilton ON L8P 4Y7

Telephone: 905-546-8215

Karin.Fairchild@ontario.ca

Manager, Compliance Inspection, Hamilton Service Area Office (HSAO)

Ministry of Health & Long-Term Care

Current Role (October 2012 - Present)

An active member of the provincial management team, provide leadership for the Long-Term Care Quality Inspection Program (LQIP) ensuring compliance with legislation, regulations, directives and services agreements for Long-Term Care homes in the Hamilton service area; ensure excellence in customer service, appropriate resolution of issues and risk management; and, provide leadership to a team of multidisciplinary health care professional in the conduct of inspections in Long-Term Care homes. Additionally my responsibilities include:

- Managing the operations of the service area office with accountability for the delivery of inspection services.
- Manage the stakeholder and service relationships with Long-Term Care Homes, Local Health Integration Networks (LHINs), and previous Community Care Access Centres (CCACs).
- Actively participate/support (LQIP) re-organization activities consistent with the provincial strategic plan in progress, providing mentorship and guidance to Hamilton staff and SAO colleagues, etc.
- Participate in providing strategic planning, make recommendations on quality care services, risk management frameworks, performance measures and implementation of continuous quality improvement for the inspection program (LQIP) and delivery of services.
- Until March 2018, managed all LTC Homes inspectors, Inspection Team Leads and Administrative Assistants within the HSAO. Now manage two Inspection Managers and Administrative Assistants.

Manager, Quality, Intake and Innovation

Performance Improvement and Compliance Branch

Ministry of Health and Long-Term Care

(October 2011 – October 2012)

Primarily responsible for the Inspector Quality Solution (IQS) / Compliance Smart Client (CSC) and development of the Centralized Intake Assessment and Triage Team (CIATT). Continued to provide support to the ongoing training and implementation of the Resident Quality Inspection (RQI) Methodology and process improvements.

- Ongoing development and support for the IQS, including enhancements, bug fixes, and new modules, including original draft requirements for the intake module.
- Responsible for inspection staff assigned to work on IT development including, inspectors, testers and relationship with IT development team.
- Worked on the integration of real time data into Stage 1 of the RQI inspection process through the Integrated Assessment Record (IAR) and partnership with our Health Data Branch (HDB) for the project.
- Developed the job descriptions and initial policies and procedures and draft work flows for the CIATT. Completed the recruitment and initial orientation of the CIATT Triage Inspectors.

Business Lead, Compliance Transformation Project

Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care Home
(February 2009 – October 2011)

Responsible for co-ordinating and overall project management that included IT development, Inspection Redesign and development of the Long-Term Care Quality Inspection Program (LQIP), Communications, Education, and Regulations for Long-Term Care Homes Act, 2007 (LTCHA, 2007)

- Recruited and organized project team members into core functional areas and oversaw the development of each component and associated project staff:
 - IT development focused on the creation of temporary and permanent applications that allowed inspectors to conduct Stage 1 and Stage 2 of inspections and document their findings, identify non-compliance and produce licensee and public reports.
 - Inspection Redesign focused on the selection and procurement of resources to assist us in the adaption of selected US model of inspections to Ontario. This included procurement, contract management, feasibility testing, pilot testing, and development of training, selection of master trainers and implementation of the inspection methodology.
 - LQIP focused on the development of the Inspection Protocols (IPs) to align with the regulations, the inspection processes for Complaint and Critical inspections and all of the associated policies and procedures for the entire program.
 - Communications focused on both internal and external communications about the milestones in the Project and to ensure our stakeholders were aware of important dates.
 - Education included the development and delivery of education related to LQIP, Inspection Redesign, LTCHA and Regulations, and IT roll-out to inspectors and sector education materials related to LQIP.
 - Regulation development included my participation in the drafting and approval of the wording for proposed regulations to align with the intention of the LTCHA, 2007.

Manager, Compliance Inspection, Hamilton Service Area Office

Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
(April 2007 – February 2009)

As active member of the provincial management team, provide leadership for the Compliance Management Program (CMP) ensuring compliance with LTC Program Standards

Manual, Nursing Homes Act, Charitable Institutions Act, Homes for the Aged and Rest Homes Act, directives, service agreements and other applicable policies and procedures for Long-Term Care Homes in the Hamilton service area; ensure excellence in customer service, appropriate resolution of issues and risk management; and, provide leadership to a team of multidisciplinary health care professionals in the conduct of reviews in Long-Term Care homes. Additional responsibilities included:

- Managing the operations of the service area office with accountability for the delivery of the Compliance Management Program.
- Manage the stakeholder and service relationships with Long-Term Care Homes, Local Health Information Networks (LHINs), and Community Care Access Centres (CCACs).
- Actively participate/support Ministry of Health and Long-Term Care re-organization activities consistent with the provincial strategic plan related to the changing relationship with LTC homes following the introduction of LHINs, providing mentorship, and guidance to Hamilton staff and SAO colleagues, LHINs and new corporate divisions and branches, etc.
- Lead the initial development of the Compliance Smart Client (CSC) and IQS.
- Subject matter expert in the development of the *Long-Term Care Homes Act, 2007*.

Program Manager

Central South and Central West Regional Offices
Community Health Division
Ministry of Health and Long-Term Care
(January 2006 – April 2007)

As active member of the provincial management team, provide leadership for the Compliance Management program (CMP) ensuring compliance with LTC Program Standards Manual, Nursing Homes Act, Charitable Institutions Act, Homes for the Aged and Rest Homes Act, directives, service agreements and other applicable policies and procedures for Long-Term Care Homes in the Central South and Central West regions; ensure excellence in customer service, appropriate resolution of issues and risk management; and provide leadership to a team of multidisciplinary health care professional in the conduct of reviews in Long-Term Care homes. Additional responsibilities included:

- Managing the operations of the remaining Regional Office with accountability for the delivery of the Compliance Management Program.
- Manage the stakeholder and service relationships with Long-Term Care homes and Community Care Access Centres.
- Actively participate/support Ministry of Health and Long-Term Care re-organization activities consistent with the provincial strategic plan related to the creations of LHINs, providing mentorship, and guidance to staff, corporate divisions and branches, etc.
- Subject matter expert in the development of the *Long-Term Care Homes Act, 2007*.
- Subject matter expert in LTC homes to provide provincial education to LHINs on LTC homes, CMP, and shared accountability role with newly created LHINs

Long-Term Care Program Consultant

Central South Regional Office, Hamilton
Community Health Division
(May 2005 – January 2006)

Responsible for providing direct support and supervision to the Compliance Advisors in the office including review of reports, conducting audits, issues management and participation on provincial initiatives. Additional responsibilities included:

- Co-ordinate inspection schedules for all compliance advisors
- Provide advice and direction in the completion of reviews
- Draft correspondence and issues forecasting for high profile issues
- Subject matter expert in the drafting of policy papers and wording for the *Long-Term Care Homes Act, 2007*.

Co-ordinator, Compliance and Enforcement

Community Health Division
 Ministry of Health and Long Term Care
(February 2004 – May 2005)

Responsible for the creation and implementation of a new provincial enforcement team and the support and guidance to Program Manager in the Regional Offices in the implementation of policies and procedures related to conducting review in long-term care homes. Additional responsibilities included:

- Conducting educational forums to introduce new policies and procedures to compliance staff.
- Respond to inquiries from Regional offices on managing complex reviews.
- Hire recruit and deploy Provincial Enforcement Team to homes with significant compliance issues to support the Regional offices.
- Subject matter expert in the drafting of policy papers and wording the *LTCHA, 2007*.

Senior Policy Advisor/Analyst

Acute Care and Community Health Division
 Ministry of Health and Long-Term Care
(September 2002 –February 2004)

Responsible for providing research and policy advice to the division regarding the funding, governance, and program accountability for Long-Term Care homes. Additional responsibilities included:

- Developing recommendations on how to improve the Compliance Management Program to ensure resident quality outcomes.
- Conducting education and training to staff from Regional Offices on CMP improve knowledge of the program policy and procedures.
- Work actively with Program Managers to ensure effective implementation of CMP and plan future activities.
- Liaise with provincial stakeholders to address provincial trends and issues requiring government attention.
- Participate in the development to new standards and criteria for the Long-Term Care Program Manual, conduct provincial education and develop new audit tools for compliance staff.
- Draft and submit documents to support issues management, budget allocation and Treasure Board submissions, ADM, legal and correspondence.
- Acted as Branch Lead contact for closure of a long-term care home due to revocation of the license.
- Lead for Long-Term Care Homes SARS Operation Centre, policy development and communications with long-term care homes.

Compliance Advisor

Central South Regional Office, Hamilton
Acute Care and Community Health Division
Ministry of Health and Long Term Care
(September 1999 – August 2002)

Accountable to conduct reviews for compliance of long-term care homes to determine compliance with the LTC Program Standards Manual, Nursing Homes Act, Charitable Institutions Act, Homes for the Aged and Rest Homes Act, directives, service agreements and other applicable policies and procedures.

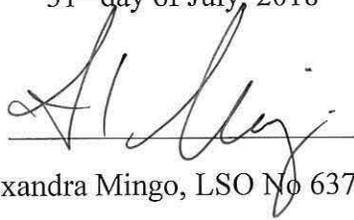
Other responsibilities:

- Conducted reviews for annual, risk-related, enhanced monitoring, complaints and critical incidents.
 - Reviewed Critical Incidents to ensure plans to prevent recurrence were identified.
 - Reviewed and approved applications for High Intensity Needs Funding (HINF) and approved claims for payment.
 - Active participant with the renewal/rebuild process in long-term care homes including pre-sale, pre-occupancy and post-occupancy reviews in conjunction with the Long-Term Care Planning and Renewal Branch.
 - Participated in meetings with Administrators and Directors of Care to discuss issues related to long-term care homes, including implementation of HINF, strategies to achieve compliance with regulations, sharing information for upcoming changes to the funding or program.
 - Participate in extensive issues management, high profile reviews and financial audits.
 - Led public meetings when there was a proposed license transfer or sale.
 - Led a stakeholder working group in Hamilton to address Alternative Levels of Care and implementation in interim long-term care beds to alleviate pressures on local hospitals
-

This is Exhibit "B" referred
to in the Affidavit of
Karin Fairchild

Sworn before me this

31st day of July, 2018

A handwritten signature in black ink, appearing to read "Alexandra Mingo", is written over a horizontal line.

Alexandra Mingo, LSO No 63780D

A Commissioner, etc.



A MEMBER OF ARTHUR YOUNG INTERNATIONAL

Woods Gordon

Management Consultants

P.O. Box 251
Royal Trust Tower
Toronto-Dominion Centre
Toronto, Canada M5K 1J7
Telephone: (416) 864-1212
Telex: 06-23191

July 8, 1986

Mr. D.W. Corder
Acting Assistant Deputy Minister
Community and Public Health
9th Floor, Hepburn Block, Queens Park
Toronto, Ontario
M7A 1R3

Dear Mr. Corder:

We are pleased to submit our report on the Review of Inspection and Compliance in Ontario's Nursing Homes.

Excellent cooperation has been received from Ministry staff, nursing home owners and administrators, and many other interested parties. We believe this is a good omen for future collaboration in improving the nursing home system for Ontario's elderly and disabled citizens.

This has been a most interesting assignment for us, and we wish the Ministry every success with the implementation of the changes that have been recommended.

Yours truly,

Woods Gordon

c.c.: A. Grant
C. Cornell

REVIEW OF INSPECTION AND COMPLIANCE
IN ONTARIO'S NURSING HOMES

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- A - EXHIBITS
- B - QUESTIONNAIRE RESULTS

EXECUTIVE SUMMARY

This study was commissioned by the Ministry of Health to fulfill two objectives:

- To fully examine the current strengths and weaknesses of the nursing home inspection system in Ontario and recommend changes to the system to correct existing inadequacies; and
- To examine and report on compliance by nursing homes in Ontario to existing regulations and to inspection orders and recommend enhanced methods of tracking and enforcing compliance.

This report presents the findings and recommendations related to these two objectives. It is based on information obtained through a wide range of study activities including:

- interviews with Ministry management and Nursing Homes Branch personnel;
- open meetings with nursing home owners and administrators in London, Ottawa, Sudbury and Toronto, as well as separate meetings with three of the large nursing home corporations;
- meetings with the key advocacy groups;
- four questionnaire surveys distributed to:
 - Branch inspectors;
 - Branch management and support staff;
 - nursing home owners; and
 - nursing home administrators;
- review of internal and external documents; and
- analysis of data on the frequency of inspections and the incidence of violations.

The open style of the study process allowed all interested parties an opportunity to provide input to the review.

MAJOR FINDINGS

The report discusses the review findings in some detail and presents relevant data where available. As an overview, the key findings were the following:

- o The objectives of the inspection system appear to have shifted over the years between "consultation" and "enforcement", with a recent heavy emphasis on enforcement.
- o The current enforcement emphasis has produced an adversarial climate between the Branch and many of the nursing homes, seriously eroding previous situations of goodwill.
- o There is no effective procedure for ensuring that scarce inspection resources (staff time) are focused on the issues of greatest importance to resident health and safety.
- o There is apparent duplication of inspection capabilities between the Branch and other agencies, particularly with regard to fire safety and environmental health inspection.
- o The Ministry has not been successful in developing an effective consultation or appeal process with nursing homes.
- o The existing regulations require substantial revision to bring them up-to-date and make them enforceable.
- o Although compliance appears to have improved in recent years, further improvement is possible.
- o The Branch's prosecutions activity is inconsistent, subjective and inadequately focused on serious areas of non-compliance (partly because of the lack of enforceable legislation).
- o An inspection system for nursing homes is necessary; accreditation is not a viable substitute.
- o Human resources management in the Branch has been deficient in several areas (recruitment, orientation, training, supervision, and performance appraisal), and morale is poor.
- o Information management in the Branch requires major improvement to support a more effective and efficient approach to inspection and enforcement.

MAJOR RECOMMENDATIONS

Based on the review findings, the following major recommendations have been proposed:

- o That the objectives of the inspection system (to promote the health, safety, comfort and rights of nursing home residents) should be clarified and widely communicated.
- o That the routine compliance inspection function should be separated from the enforcement function so that a more positive, constructive approach can be taken with the majority of nursing homes; Meanwhile, a more consistent, objective and focused enforcement program should be used with the minority of poor performance homes.
- o That new mechanisms should be established to increase consultation with nursing homes and to ensure an effective appeal process.
- o That fire safety and a major portion of the environmental health inspection functions be transferred to the Fire Marshall's Office and the public health units to increase inspection frequency and reduce response time to incidents.
- o That a Compliance Management System be developed which identifies the relative importance of different factors to resident health and safety, and ensures that Branch resources are appropriately allocated.
- o That the Ministry continue with its efforts to revise the legislation, in consultation with other interested parties.
- o That major improvements be undertaken in information and human resources management in the Nursing Homes Branch.

There appears to be a fairly high degree of consensus in the system around the findings from this review, and it is believed that a similar degree of consensus will be achieved with regard to the overall direction of change recommended in this report. With the steady aging of the Ontario population, it is important that all constituencies in the nursing home system can collaborate on developing solutions and improvements that will ensure a strong Extended Care program for the future.

TERMS OF REFERENCE

OBJECTIVES

- To fully examine the current strengths and weaknesses of the Nursing Home Inspection System in Ontario and recommend changes to the system to correct existing inadequacies.
- To examine and report on Compliance by Nursing Homes in Ontario to existing regulations and to inspection orders and recommend enhanced methods of tracking and enforcing compliance.

PROJECT ACTIVITIES

- To review the following areas of the Nursing Home Inspection System:
 - System Objectives
 - Basis of Inspection
 - Nursing Homes Act & Regulations
 - Existing Policies, Procedures, Guidelines
 - Methodologies Used in Inspection
 - How inspections are carried out
 - Rating or ranking system
 - Human Resources Used in Inspection System
 - Recruitment practices
 - Standards
 - Training
 - Accountability
 - Attitude
 - Information Systems
 - Data Collection
 - Reporting
 - Information sharing i.e., health units
 - Relationships
 - Other areas of the Ministry
 - Public Health Units
 - Management Reporting and Decision Making Processes
- To review the following areas related to Compliance:
 - A review of current record of compliance to:
 - Nursing Homes Act & Regulations
 - Inspection Orders
 - Other Existing Policies and Guidelines
 - Weaknesses in enforcement of compliance
 - Role of Nursing Homes Branch in enforcing compliance at all organizational levels:
 - Inspectors
 - Management (operational)
 - Legal
 - Nursing Homes' attitude to compliance
 - Major grievances/complaints
 - Suggested changes
 - Residents/Representatives' attitude to compliance
 - Unresolved grievances/complaints
 - Suggested changes
- To make recommendations concerning the following issues:
 - The weaknesses of the Nursing Home Inspection System
 - Changes needed to ensure better compliance
 - Organizational implications for the Nursing Home Branch as a result of the above in terms of:
 - Policy & Program Development
 - Structure
 - Resources
 - Regulations

1. STUDY OBJECTIVES AND METHODOLOGY

1.1 STUDY OBJECTIVES

In February 1986, the Ministry of Health asked Woods Gordon to examine the current strengths and weaknesses of the inspection system for nursing homes in Ontario and to recommend changes to the system to correct existing inadequacies. We were also asked to examine and report on compliance with existing regulations and inspection orders by nursing homes in Ontario and to recommend enhanced methods of tracking and enforcing compliance.

Our study mandate did not include consideration of two important issues which are being addressed by other government activities:

- the relationship between funding levels and the requirements placed on nursing homes; and
- the consistency of requirements and inspection approaches for other long term care facilities such as homes for the aged, chronic hospitals and rest homes.

This report discusses the results of the examination we conducted to achieve the study objectives, and presents our recommendations.

1.2 STUDY METHODOLOGY

The terms of reference for our review stipulated that the examination should include certain specified subject areas, as shown opposite. These subject areas were examined using a combination of techniques including group meetings, interviews, data analysis, questionnaire surveys and review of documents.

Interviews and Group Meetings

Interviews and group meetings were conducted with the following people, a few of whom also submitted formal briefs:

Ministry of Health:

- Acting Assistant Deputy Minister, Community and Public Health
- Assistant Deputy Minister, Institutional Health
- Executive Director, Public Health and Nursing Homes Division
- Director, Public Health Branch
- Director, Institutional Planning Branch
- Legal Counsel, Legal Services Branch

Nursing Homes Branch (Head Office and Regional Offices):

- Director
- Operations Manager
- Regional Supervisors
- Head Office Coordinators/ Consultant
- Several Nursing Inspectors
- Several Environmental Inspectors
- Several Fire Safety Inspectors
- Several Nutrition Inspectors
- Prosecution Lawyer
- Prosecution Co-ordinator
- Support and clerical personnel

Nursing Homes:

- Executive Director, Ontario Nursing Home Association
- Executive Committee of the Board, Ontario Nursing Home Association
- Nursing home owners and administrators at four open meetings held in London, Ottawa, Sudbury and Toronto
- Nursing home owners and administrators from three of the large nursing home corporations, Extendicare, Diversicare and Bestview.

Consumer Advocacy Groups:

- Ontario Coalition for Nursing Home Reform
- Concerned Friends of Ontario Citizen in Care Facilities

Public Health Units:

- Selected Medical Officers of Health and their Directors of Public Health Inspection

Other Interested Persons:

- Chairman, Compliance Plan Review Board
- Chairman, Nursing Homes Residents' Complaints Committee
- Relevant government officials in other provinces (by phone)
- Government officials in other Ontario Ministries which operate an inspection function (by phone)
- Representatives of the Christian Labour Association of Canada, Health Care Task Force

Data Analysis

At our request, special reports were produced from the Nursing Homes Branch's computerized information system on the frequency of inspections and the incidence of violations for the 15-month period November 1984 to January 1986. Our analysis of this data is presented in this report.

Questionnaire Surveys

We prepared, conducted and analyzed four questionnaire surveys. The groups to whom the surveys were distributed are shown below, together with the relevant response rates:

<u>Groups Surveyed</u>	<u>Approximate Response Rate</u>
- Nursing Home Inspectors	
- Management and Support Staff of the Nursing Homes Branch	95%
- Nursing home owners	70%
- Nursing home administrators	

Compared to other questionnaire surveys, these response rates were very good, indicating the high level of interest in this study.

The four questionnaires and their results are attached in Appendix B.

Review of Documents

During the course of our study, we reviewed a wide variety of internal documents including inspection guidelines, inspection files, inspection reports, various correspondence and Branch/Ministry reports. Other external documents reviewed included the Nursing Homes Act and Regulation, other Ontario legislation, submissions from interested parties, and current literature on the regulation of nursing homes in other provinces and in the United States.

1.3 STUDY DIRECTION

In completing the study, we worked with two Ministry Committees:

- a Working Committee of middle managers drawn from relevant sections of the Ministry, which provided assistance and advice to our team; and
- a Steering Committee of senior Ministry managers which provided feedback on our overall conclusions and recommendations.

Both of these committees were very useful in ensuring that the project was conducted efficiently, and that our final report was accurate and useful.

2. OVERVIEW OF GOVERNMENT INSPECTION FUNCTIONS

2.1 INSPECTION AS A MANAGEMENT TOOL OF GOVERNMENT

Inspection is a legitimate management tool for governments to use for monitoring the activities of non-government organizations, in order to safeguard the public's interests. The purpose of any government inspection system is to ensure compliance with legislative acts and regulations. An underlying assumption is that compliance with legislative requirements will result in achievement (or at least facilitate achievement) of the objectives which form the basis for the legislation.

There is also an implicit assumption that some organizations or persons will not comply with legislation if there is no process to detect non-compliance. Reasons for non-compliance include lack of awareness of requirements, lack of knowledge as to how compliance can be achieved, and unwillingness to allocate the resources required to bring about compliance.

Inspection systems are used by many Ontario ministries, often for licensing purposes, including:

- Health (nursing homes, medical laboratories, radiology facilities, ambulance services)
- Environment
- Consumer and Commercial Relations
- Revenue (sales tax)
- Correctional Services
- Transportation and Communications
- Solicitor General (Office of the Fire Marshall)

Provincial responsibility for inspection in some cases has been delegated to the regional or municipal level (for example, public health units and municipal building inspection offices).

COMPARISON OF NURSING HOME INSPECTION SYSTEMS ACROSS CANADA

<u>PROVINCE</u>	<u>OWNERSHIP</u>	<u>PART OF LICENCING/REGISTRATION PROCESS?</u>	<u>SIZE</u>	<u>PROACTIVE VS REACTIVE</u>	<u>COMPLIANCE VS CONSULTATIVE</u>	<u>ADVANCE NOTICE GIVEN</u>	<u>USE OF GUIDELINES/CHECKLIST</u>	<u>GENERAL RESPONSIBILITY</u>	<u>TRAINING/EXPERIENCE REQUIRED</u>
Ontario	Mainly private sector	Yes	36 inspectors 331 homes	Both	Mainly compliance	No	Yes	Monitor compliance and collect evidence for prosecution	Very specific
New Brunswick	Mainly not-for-profit	Yes	1 inspector 67 homes	Both	Compliance only (separate consulting function)	Yes	Yes	Monitor compliance	Not specific (yet)
Manitoba	Mainly not-for-profit	No	11 inspectors 115 homes	Both	Consultative	Yes - except complaints	Varies among disciplines	Consult, advise, educate	Fairly specific
Saskatchewan	Mainly not-for-profit	No	7 inspectors 141 homes	Both	Consultative	No	Yes	Encourage improvement	Fairly specific
Alberta	Half private sector	Part of contract award process.	3 inspectors 86 homes	Both	Mainly consultative	Yes - except complaints	Yes	Encourage improvement. End contract if unsatisfactory.	Specific experience requirements
British Columbia	Half private sector	Yes	24 part-time inspectors * 400 homes	Both	Compliance only	Barely	Yes; use is optional	Assure compliance. Do not renew licence if unsatisfactory.	Fairly specific

*Inspections conducted by public health inspectors in health units.

In reviewing the range of government inspection systems, we noted several common features. These systems usually have a regular inspection function (e.g., annual relicensing), plus an ad hoc reactive function to investigate incidents and complaints. They usually combine both consultative and enforcement approaches, although each system tends to emphasize either one or the other. Most of the inspection systems have defined criteria (guidelines or checklists) against which their licensees or operators are assessed.

Variations also exist. Some of the ministries have very specific requirements for inspector recruitment; others train inspectors on the job. Also, the ratio of inspectors to licensees/operators varies widely, presumably depending on the associated workload.

In our discussions with nursing home owners and administrators, some individuals indicated that they perceive the nursing home inspection system to be an unusual and unwarranted form of government involvement. We have concluded that inspection is a common approach taken by government to safeguard the public's interests -- particularly where private sector organizations receive public funds to provide services to their communities.

2.2 INSPECTION OF NURSING HOMES IN OTHER PROVINCES AND THE UNITED STATES

All provinces have some form of inspection system for nursing homes, although the approach taken to inspection varies considerably from province to province as shown opposite.

The most significant conclusion from this exhibit is that the inspection approach seems to vary according to the ownership type of the

majority of the nursing homes. Where more than half of the homes are operated on a for-profit basis, the inspection function tends to concentrate on compliance with legislation and standards, and on the collection of evidence for prosecution.

A more detailed, although slightly dated comparison of nursing home inspection systems across Canada is provided in the Report and Recommendations, Alberta Nursing Home Review Panel (March 1982).

To provide the reader with more detail on the Ontario inspection system, the exhibit opposite shows the type and frequency of nursing home inspections. There are four categories of full inspections, and five categories of partial inspections. Every nursing home is inspected at least once each year by all four disciplines (nursing, nutrition, environmental and fire safety).

The predominance of private sector ownership in the Ontario nursing home system results in a greater similarity of issues and inspection approaches with the United States than with most of the other Canadian provinces.

In the United States, eighty per cent of nursing homes (Skilled Nursing Facilities and Intermediate Care Facilities) are operated on a for-profit basis. They are certified under federal regulations to receive payment under the Medicare and Medicaid programs. State agencies are responsible for surveying homes to monitor and enforce compliance with the federal regulations. Fire safety and food premises inspections are handled by other local inspection agencies. The state regulatory agencies also investigate complaints and conduct annual "inspection of care" reviews for all Medicaid recipients to ensure continued eligibility.

TYPES AND FREQUENCY OF NURSING HOME INSPECTIONS IN ONTARIO

<u>TYPE</u>	<u>INSPECTOR *</u>	<u>REASON/FREQUENCY</u>
<u>Full Inspections</u>		
Licence Renewal	N FS E Nu	Annual
Pre-licencing	N FS E	As required for new and renovated homes
Pre-sale	N FS E	Prior to change of ownership
Team Inspection	N FS E Nu	As required for those homes in continuing violation
<u>Partial Inspections</u>		
Follow-up	As required	As required for homes where violations found on the annual inspection
Complaint Investigation	As required	As required
Incident Investigation	As required	As required
Post-sale	N FS E	Following change in ownership to assess compliance with pre-sale commitments
Construction On-site	FS E	Twice during construction

* N = Nursing Inspector
 FS = Fire Safety Inspector
 E = Environmental Inspector
 Nu = Nutritional Inspector

Under the federal Older Americans Act (1978), all states have established long term care ombudsmen to receive and investigate complaints. There is no similar mechanism in Ontario, although the Ministry is now considering some form of advocacy mechanism.

There apparently is broad consensus in the United States that the current approach to government regulation of nursing homes is not satisfactory because it allows too many marginal or substandard nursing homes (estimated at 10 to 15 per cent of the 15,000 homes) to continue in operation. The federal regulations have not been revised in any substantive way since 1974, and are perceived by all parties to be out-of-date.

Recent court decisions have added to the pressure on the federal Health Care Financing Administration to revise the federal regulations to make them more effective in assuring quality of care in nursing homes. A major two-year review of the regulatory system for nursing homes in the United States was completed recently, with a detailed report published in spring 1986.* The review was commissioned by the Health Care Financing Administration and undertaken by a special committee with representatives from academia, nursing home corporations, state governments and advocacy groups. Its purpose was to "recommend changes in regulatory policies and procedures to enhance the ability of the regulatory system to assure that nursing home residents receive satisfactory care".

* Institute of Medicine, Improving the Quality of Care in Nursing Homes, National Academy Press, Washington, D.C., 1986.

The findings of this review echo many of the concerns in the Ontario system, including:

- the inappropriate focus of inspection on facilities, rather than residents;
- the focus on paper compliance rather than the actual care process and outcomes;
- the low level of enforcement follow-through on homes with recurrent and serious non-compliance;
- the lack of good information on the industry, the residents and the inspection and enforcement process; and
- the need to revise the regulations and the inspection system.

Three major themes emerged in the report's recommendations:

- the need for specific changes to the regulations to include quality of life, quality of care and residents' rights issues, primarily through shifting the inspection focus from structure and paper compliance to outcome monitoring;
- the need for a two-stage inspection process which focuses the scarce inspection resources on the poor performance homes (using a standard survey for all homes, and an extended survey for homes identified as having problems); and
- the need to strengthen the enforcement process through the establishment of objective enforcement criteria and procedures, and the development and use of intermediate sanctions (e.g., ban on admissions and fines).

The report also identified the need for further study of staffing requirements (both numbers and mix).

Comparing the conclusions of the American review with our study, we noted many similarities and some significant differences.

Similarities

- Both studies concluded that accreditation does not replace the need for an inspection system, although fully accredited homes may require less inspection effort.

- As inspection resources will always be insufficient for the task, a systematic way to focus effort on the problem homes and on high risk areas of non-compliance is essential. The American study recommended a two-stage inspection process; we have captured the same concept in the Compliance Management System.
- The focus must shift from monitoring structure and paper compliance to monitoring the actual care process and outcomes. Systems have now been developed and are available for widespread introduction.
- There is a need to formalize the enforcement process so that serious, recurrent non-compliance is consistently addressed.

Differences

- The American study concluded that education and consultation should be the responsibility of the industry, not the government. We have recommended a collaborative approach.
- The American study made recommendations regarding nurses' aide training requirements and standards. This was beyond the scope of our review.
- The American study recommended establishment of a national resident-oriented database that would include the annual assessment information for each resident. This appears to be partly justified because of the federal requirement for annual monitoring of continued resident eligibility for Medicaid. It does not appear justified in Ontario.

We recommend reading of the American study to all parties interested in improving the nursing home inspection system in Ontario, as many of the issues are similar and have been discussed in greater detail than in our report. However, we caution that not all areas of their conclusions appear appropriate for Ontario.

3. OBJECTIVES OF THE NURSING HOME INSPECTION SYSTEM

We have concluded that there are six principles which should be reflected in the inspection system's objectives:

- o The objectives of the system should be clearly stated and communicated to promote the widest possible understanding and agreement.
- o The intent of the inspection system should be to promote the health, safety, comfort and rights of nursing home residents, with due recognition of the impaired health status of Extended Care residents.
- o To promote cooperation of nursing home owners and employees in the maintenance and improvement of nursing home care, the routine inspection objective should be clearly differentiated from the enforcement (investigation and prosecution) objective.
- o The objectives of the system can best be achieved by incorporating a Compliance Management approach which focuses inspection effort on the factors of greatest importance to resident health and safety.
- o The nursing home inspection system should avoid duplicating other inspection functions, particularly those that could visit homes more frequently and respond to high risk situations more promptly.
- o Nursing homes should be consulted in the development of the system's objectives and the various means that are used to achieve those objectives.

Each of these principles is discussed in the following pages:

3.1 STATEMENT OF OBJECTIVES

Finding

The objectives of the inspection system, and of the Nursing Homes Branch, have not been formally documented in a clear and concise statement, nor have they been clearly communicated to the nursing homes and the public.

Discussion

Our discussions with Ministry senior management and personnel within the Nursing Homes Branch indicated that there is no official statement of the "mission" or objectives of the inspection system. Virtually all individuals interviewed felt that the Ministry's interpretation of the inspection system's objectives has varied over the years, with shifts in the relative priority of "consultation" and "enforcement" objectives. In the last two years, enforcement has been emphasized. These shifts in emphasis have occurred without formal assessment of their impact on the original purpose of the inspection system, and of their effectiveness in achieving improvement in compliance and quality of care.

Our assessment is that the lack of clarity in inspection system objectives has contributed to the operational problems being experienced by the Nursing Homes Branch, and the current poor relations between the Branch and the nursing homes.

Through this was not strictly within our terms of reference, we also found that the objectives of the Branch have not been clearly stated or communicated to nursing homes and the public. Our assessment is that this lack of clarity in Branch objectives has created problems in appropriate resourcing and management of the Branch, as well as communications problems with the nursing homes and the public.

Recommendations

The Ministry of Health should develop and communicate a statement of objectives for the nursing home inspection system.

Objectives for the Nursing Homes Branch should be similarly clarified and communicated.

Details of Recommendations

Inspection system objectives should be developed with input from the nursing homes and nursing home clients (residents and their families).

The objectives of the Nursing Homes Branch should include:

- operation of a nursing home inspection system
- development and maintenance of the nursing home Compliance Management Program
- policy development in consultation with all relevant interest groups
- education/training programs in cooperation with the nursing homes
- management of Branch activities (planning, resourcing, execution, reporting and evaluating).

The objectives of a nursing home inspection system should include:

- o an overall purpose statement relating inspection activities to the promotion of the health, safety, comfort and rights of nursing home residents;
- o an approach statement indicating the Ministry's intention to work with nursing homes in maintaining and improving nursing home care;
- o a methodology statement indicating that relative importance to resident health and safety will be a key factor in inspection and enforcement procedures;
- o identification of specific functions performed by the inspection system:
 - regular re-licencing inspection, including follow-up on deficiencies
 - follow-up on incidents and complaints
 - consultation/education
 - enforcement of compliance
 - reporting on compliance to senior management and the public

3.2 INTENT OF THE INSPECTION SYSTEM

Finding

The current inspection system is perceived (internally and externally) as emphasizing compliance with the regulations, rather than promotion of resident health, safety, comfort and rights. There

also is concern that the current inspection system (and regulations) does not adequately recognize the impaired health status of Extended Care residents.

Discussion

An effective inspection system should be based on regulations that are perceived to be relevant and reasonable. The current regulations for nursing homes are not all perceived in this light. Two issues emerge:

1. Out-of-Date Regulations

There is general agreement, both inside and outside the Ministry, that the regulations are out-of-date, and that they do not adequately reflect either contemporary societal expectations for nursing home care, or the needs and preferences of the older, sicker nursing home population. From our questionnaires, 86% of Branch personnel, 44% of nursing home owners and 55% of administrators agree that the regulations are out-of-date. Because the inspectors are working with out-of-date regulations, they are perceived as not necessarily focusing their attention on the issues of greatest importance to resident care.

The Ministry has recognized for some time that revisions to the regulations are required, and work is well underway. We understand that these revisions are aimed not only at bringing the regulations up-to-date but also at improving their "enforceability" in court. Consultation with nursing homes and other interested parties are being held.

2. Focus on Structure and Process Criteria

The existing legislation, and therefore the inspection system, focuses on structure and process criteria rather than outcome criteria. In

other words, the inspection system monitors the capability of the nursing home to provide acceptable levels of care and, to a lesser degree, the actual delivery of this care. It does not measure whether the outcomes of care are acceptable, i.e., are residents achieving and maintaining the health status appropriate to their condition? The inspection system's focus on structure and process criteria diverts attention from resident care to documentation and procedures. It also fails to give the Ministry assurance that quality of care in a nursing home is acceptable, or that deficiencies have been identified for correction.

In the 1960s and early 1970s, when the existing Act and Regulation were being drafted, techniques for measuring outcomes in long term care had not yet been developed. There was little option but to design an inspection system around structure and process criteria.

However, outcome monitoring systems have now been developed and demonstrated to be valid, reliable and practical to use. The Iowa State Department of Health has developed an outcome-oriented licensure survey that focuses on selected domains of quality. New York uses an outcome-oriented monitoring system that monitors "sentinel health events". Other states experimenting with similar systems are Massachusetts, Wisconsin, Colorado and Illinois.

Some of the large nursing home corporations in the United States are using similar quality assurance systems to monitor the care in their homes. These corporations include:

- Hillhaven Corporation (Patient Care Profile System); and
- National Health Corporation (Patient Assessment Computerized System, which is also being used by the state of Montana).

Finally, the Federal Health Care Financing Administration has developed a new resident-centered survey process that focuses on care process and outcomes (Patient Care and Services, shortened to PaCS). It was evaluated on a universal basis in three states (Connecticut, Rhode Island and Tennessee), as well as in a small number of "good" homes in all the other states. The HCFA plans to revise the PaCS as necessary, based on the results of these evaluations, and implement it nationally.

An inspection system that relies solely on external monitoring of outcome criteria requires considerable resources (e.g., the New York state system for monitoring psychiatric facilities). A more cost-effective approach would be to design the inspection system as an "audit" of an internal outcome monitoring process. This approach also has the important benefit of ensuring that nursing home management and staff are involved in the process and become oriented to outcomes.

Recommendations

The Ministry of Health should continue its work on revising the regulations.

The Ministry should begin work on shifting the focus of the inspection system from structure and process criteria to the monitoring of outcomes of care.

Details of Recommendations

Revision of the regulations should be done with input from nursing homes, and nursing home residents and families. Three objectives should be kept in mind:

- to ensure that all regulations are directly related to ensuring the health, safety, comfort and rights of nursing home residents;

- to up-date regulations as required to reflect current gerontological concepts and societal expectations for nursing home care; and
- to clarify the intent and wording of the regulations to ensure that they are legally enforceable.

Monitoring techniques for outcomes of care which have been developed and tested in the United States should be obtained and adapted for use in Ontario. The objective should be to establish a system whereby the Branch "audits" an internal outcome monitoring process in each home.

3.3 SEPARATION OF INSPECTION AND ENFORCEMENT FUNCTIONS

Finding

The combination of the regular inspection function with the enforcement (investigation and prosecution) function has produced an adversarial climate between the Branch and many of the nursing homes. In some cases, previous situations of goodwill and cooperation have been seriously eroded.

Discussion

An inspection system is seen as necessary (91% of administrators and 90% of owners). Most also agree on the continuing presence of both "good" and "bad" nursing homes in the system, and see an enforcement function as necessary to address the problem homes.

However, the recent emphasis on enforcement has changed the relationship between the inspectors and many of the nursing homes. Inspectors are now commonly seen as "policemen" in pursuit of evidence for citing violations and eventual prosecution. (From our questionnaires, 41% of the inspectors, 54% of the Branch's support staff, and 88% of nursing home

administrators and owners agreed that the inspector's role is similar to a policeman's). Changes to inspection procedures resulting from the need to improve the consistency of inspections may have added to this "policeman" perception, by creating the impression that all homes, regardless of their track record, are being treated as "problem" facilities.

Nursing home owners and administrators informed us that the current emphasis on prosecution is intimidating for management and staff, and that it has seriously affected morale in many homes. Good staff are allegedly leaving the nursing homes in search of more professionally satisfying work, and recruiting new staff is said to be getting more difficult. If the primary determinant of quality of care is the quality of management, as concluded in several recent Canadian and American studies, effective managers are a key resource. The inspection system should be supporting and encouraging these individuals.

The recent emphasis on enforcement has led to a related de-emphasis of the advisory function. Because of concerns about potential Ministry liability, the Branch has discouraged its inspectors from providing advice on how to achieve compliance with the regulations. On their own initiative, some inspectors have continued to provide this advisory service on an informal basis. Most owners and administrators, however, are left to determine on their own how they might change their operations to come into compliance with the regulations. With little or no guidance from the Branch, they are not always able to meet its expectations. From our questionnaires, 50% of administrators and owners agreed that a major reason for non-compliance may be lack of understanding on how to achieve compliance.

The absence of an advisory function has caused many owners/administrators to view the inspection system as secretive and arbitrary. This perception is exacerbated by the process the Branch uses for developing/revising its interpretation of the regulations. In general, these interpretations are developed without meaningful consultation with the nursing home sector. Once they are developed, they are not normally communicated to the nursing homes in advance of their application in inspections.

Internally, some of Branch's inspectors are attempting to perform a full range of functions, from helping nursing homes achieve compliance and improve operations, to collecting evidence on homes for use in prosecution. However, not all are comfortable in this comprehensive role. They perceive no incompatibility between inspecting and advising, but have difficulty reconciling these two with enforcing.

An additional problem is the different requirements of the inspection and enforcement functions. Each of these requires a different set of skills, knowledge, and attitudes. Many inspectors do not possess all of these.

Recommendation

The Nursing Homes Branch should be divided into two professional sections:

a Compliance Consulting section for annual re-licensing inspections, follow-up and investigation of minor complaints; and

an Enforcement section for investigation of serious complaints/incidents, prosecution of homes in continuing and serious non-compliance, and pre-sale inspections.

Details of Recommendation

The Compliance Consulting section should be staffed by nurses with long term care backgrounds who have been trained by the Branch to also deal with nutritional and selected environmental issues. They would each have responsibility for specific nursing homes in their region. (See Section 3.5 for discussion of the transfer of responsibilities for fire safety and environmental inspection).

The Enforcement section would be staffed by individuals with the skills, knowledge, and attitudes for investigation and prosecution.

3.4 COMPLIANCE MANAGEMENT

Finding

The current inspection system does not include a systematic way of identifying high risk situations and ensuring that appropriate preventive action is taken. The current system also does not ensure that inspection and investigation efforts are focused on those factors of greatest importance to resident health and safety.

Discussion

Annual re-licencing inspections involve review for compliance with all regulations. Follow-up inspections deal primarily with those regulations previously cited for non-compliance. Inspections initiated by complaints deal solely with the specific matter arising from the complaint.

Effectiveness of any inspection process is limited by the frequency of inspection visits. A nursing home may be in compliance with the regulations at the time of the inspection, but no mechanism exists to ensure compliance at other times during the year. Although inspections, if carried

out often enough, should help to prevent problems from occurring, this mechanism is not the most cost-effective approach to prevention. For example, increasing the number of inspections from twice yearly to six or more times a year, could require a trebling of inspection staff, but would still leave the question open as to what would prevent things from going wrong between inspection visits. The inspectors are aware of their inability to ensure good operations between visits, and the need for a preventive program to monitor compliance.

The Branch receives information on nursing home operations from a variety of sources other than the inspection visits (e.g., complaints, incident reports and submissions from interested organizations). At the present time, however, this information is not handled in a systematic way, and no information is added to the computer record of a home unless an inspection is completed. Also, the degree to which all incidents have actually been reported has not been assessed.

Serious incidents (e.g., communicable disease outbreaks) are followed up promptly, and procedures for containing further damage have been promulgated. However, we were told that most incident reports submitted to the Branch receive no follow-up action and, more importantly, no aggregate analysis of these reports is undertaken.

Discussion of Compliance Management

A technique exists for monitoring nursing home operations between inspections, called by the general term "risk management". The technique is now widely used in American hospitals, and in the hospital

setting is defined as "the identification, analysis, evaluation, and elimination or reduction of possible risks to hospital patients, visitors, or employees".¹ In the nursing home setting, a more appropriate term would be Compliance Management, since instances of non-compliance are risks to residents, visitors, or employees.

A Compliance Management Program for the Nursing Homes Branch would receive information on the compliance status of each home from several sources, such as regular annual inspections and follow-ups, and reports of complaints or incidents. It would also receive information on factors contributing to compliance or non-compliance, such as vacancies in key staff positions, changes in key staff, renovations to kitchen facilities, and the presence or absence of preventive maintenance programs. With this information on "contributing factors", the Program would be able to predict the likely future compliance status of a nursing home.

Information produced by the Compliance Management Program would benefit the Branch significantly, as follows:

- Branch management could monitor individual homes and aggregate trends (for example, homes grouped by region, size, ownership, etc.; non-complaint items by frequency, region, home size and ownership, etc.)
- Inspection procedures and frequency could be tailored to the compliance status of each individual home.
- Inspection procedures could be focused on items of serious non-compliance and factors contributing to these items. This also means a focusing of Branch resources where they are most needed.
- Branch management could easily decide on what type of action should be taken for each item or contributing factor and when it should be

¹ Adapted from "The Board's Role in Risk Management," Trustee, Sept. 1979, pp. 55-62.

taken. A telephone call might suffice for minor situations, or a visit deferred until the next regular inspection, whereas a major situation might call for an immediate special investigation.

- Branch management could easily decide on the appropriate staff to handle each item or contributing factor. Serious items might be referred directly to the Enforcement Staff, while others would be handled by Compliance Officers.

Recommendation

The Nursing Homes Branch should develop a Compliance Management Program which would integrate information from a variety of sources, most of which is already available to the Branch, to monitor individual homes and aggregate trends.

Details of Recommendation

To allow both head office and regional offices to remain informed on Compliance status in the province's nursing homes, and to effectively manage the volume of data, major changes will be required to the Branch's information system. Interactive capability and the identification of compliance items and contributing factors for reporting on a regular or exception basis will need to be added. These changes are discussed in Section 8 of this report.

3.5 NON-DUPLICATION WITH OTHER INSPECTION FUNCTIONS

Finding

Nursing homes are inspected by several provincial and local agencies other than the Ministry of Health. Rationalization of inspection responsibilities is required to ensure that the most effective approach is used.

Discussion

Exhibit 1 provides a summary of the annual inspection experience of a "typical" nursing home. It illustrates that nursing homes are subjected to a wide variety of inspections from several external agencies.

The most important inspections undertaken by other agencies are:

<u>Inspecting Agency</u>	<u>Purpose of Inspection</u>
o Local Public Health Units	Compliance with the Food Premises Regulation
o Inspectors from the Fire Marshall's Office	Compliance with the fire safety standards of the Fire Marshall's Act and Regulation
o Ministry of Health, Audit Branch	Financial audit, including verification of claims for Ministry reimbursement
o Ministry of Health, Compliance Plan Review Board	Structural inspection for compliance with the requirements of the Nursing Homes Act and Regulation
o Ministry of Health, Institutional Planning Branch	Review of plans for new/expanded nursing homes to ensure compliance with the Nursing Home Act and Regulations

Each of these is discussed below.

Local Public Health Units

Many of the items currently inspected by the environmental inspectors are also within the mandate of the Medical Officers of Health and the public health inspectors in the local public health units. The mandate is granted by the Health Protection and Promotion Act, which also grants to the Medical Officer of Health the authority to issue directives and close unsatisfactory facilities. Further, although not required by the Ministry's

Core Programs, most local public health units are conducting regular inspections of nursing homes, sometimes as often as monthly. In many places, however, the public health units have reduced or even eliminated these because of duplication of effort with the environmental inspectors of the Nursing Homes Branch.

Inspectors from the Fire Marshall's Office

The Nursing Homes Branch has prepared a discussion paper which considers the appropriate location of the fire safety inspection function. It concludes that responsibility for fire safety inspection of nursing homes should be transferred to the Fire Marshall's Office in the Ministry of the Solicitor General. The Fire Marshall's Office already has the necessary legislative authority to perform these inspections, under the Fire Marshall's Act, Regulation 394. At present, however, the Fire Marshall's Office is not conducting regular inspections because of duplication of effort with the fire safety inspectors of the Nursing Homes Branch.

Ministry of Health, Audit Branch

The Audit Branch conducts its financial audits of nursing homes under authority of paragraph 17(3)(a) of the Nursing Homes Act. Audits have been completed on a random selection of approximately 10% of all nursing homes each year, though we understand the Audit Branch is planning to increase this to 33% each year.

These audits do not duplicate the inspections of the Nursing Homes Branch, which is responsible for ensuring that uninsured services

provided to residents for an extra charge have been authorized in writing, as stated in paragraph 8(b) of the Regulations.

The difficulty is that none of the inspectors have adequate financial or financial audit training to properly conduct these reviews. For this reason the Director of the Branch has instructed inspectors not to carry out these audits.

Ministry of Health, Compliance Plan Review Board

This Board was created to support the Ministry's efforts to bring all nursing homes into structural (i.e. physical) compliance. As required by the Board, environmental inspectors in the Branch have been conducting on-site assessments as necessary to collect information on non-compliance. When the Board completes its task, and all nursing homes have been brought into compliance, structural inspection of existing nursing homes should no longer be needed.

Ministry of Health, Institutional Planning Branch

Structural compliance also is the focus of the Institutional Planning Branch of the Ministry of Health, which is responsible to ensure that plans for new or expanded nursing home facilities meet the requirements of the Nursing Homes Act. The Planning Branch does not have its own inspectors to ensure that the buildings are constructed according to the approved plan. Instead, it uses the environmental inspectors in the Nursing Homes Branch who visit the home several times during construction to monitor construction for compliance with the approved plan.

However, the Institutional Planning Branch does not inspect hospitals during construction. Instead, it requires the architects and engineers involved to certify at various stages of construction that the hospital as built meets the design criteria as approved. We suggest that this method is also suitable for nursing homes.

Recommendations

Rationalization of inspection responsibilities is required to reduce duplication of effort and place accountability for inspection functions where it can be most effective.

Four areas of rationalization are recommended:

- the Nursing Homes Branch should stop inspecting those items covered by the Health Protection and Promotion Act. These items should be inspected by the local public health units;
- responsibility for fire safety inspection should be transferred from the Nursing Homes Branch to the Fire Marshalls Office;
- audits to ensure prior authorization of uninsured service charges should be made the responsibility of each nursing home's regular external auditor, with their findings reviewed by the Branch Compliance Officers during the annual inspection visit; and
- the method used by the Institutional Planning Branch to ensure structural compliance of hospitals should be adopted for nursing homes.

Details of Recommendations

There will be an ongoing need for inspection of certain other items which are currently dealt with by the environmental inspectors. This will include such things as water temperature for bathtubs, showers and washbasins, and procedures relating to laundry. These areas would be added to the responsibilities of the Compliance Officers.

The results of implementing these recommendations, after allowing a suitable period for transition and training, will be the integration of all remaining inspection functions (nursing, nutrition and selected aspects of environmental health) into a single job description for a multi-disciplinary Compliance Officer.

3.6 INPUT FROM NURSING HOMES

Finding

Nursing homes currently have little opportunity to provide meaningful input to the Branch on matters such as the development/amendment and interpretation of regulations, or the development of inspection policies and procedures.

Discussion

The various parties generally agree on the overall purpose of the inspection system. However, decisions as to how this could or should be accomplished have been made primarily by the Ministry of Health. Attempts to involve nursing homes in policy development appear to have been sporadic and largely unsatisfactory to either side. As a result, nursing home administrators and owners feel that the Branch has failed to adequately consider the realities of their operating circumstances.

A Program Liaison Committee composed of representatives of the Ministry and the ONHA was established several years ago to meet on a quarterly basis to discuss issues of common interest. This Committee has met with the following frequency:

1980	4	meetings
1981	4	meetings
1982	3	meetings
1983	1	meeting
1984	1	meeting
1985	3	meetings
1986*	2	meetings

* As of March 31, 1986.

We understand that each meeting lasts approximately two hours and the agenda usually covers some 15 items. Attendance may include the Assistant Deputy Minister and the ONHA President, as well as three or four other individuals from each side.

From our review of the minutes of selected Program Liaison Committee meetings, the primary uses of these meetings is for the ONHA to formally table concerns, and for the Ministry to notify the ONHA of changes to policies and procedures.

Other working committees have been established to focus on specific issues (e.g., uninsured services), but it was reported that the work of these committees may be pre-empted by the Ministry's need to take faster action on an issue. This has made nursing homes skeptical about the value of their participation on these committees.

Recommendation

Mechanisms should be adopted to allow for meaningful input from nursing homes in several aspects of the inspection system:

- development and amendment of regulations and their interpretation;
- development and modification of inspection policies and procedures;
- development of the Compliance Management Program, including risk analysis, prevention procedures, monitoring system and intervention procedures;

- development of formats of reports intended for public release, and of reports nursing homes will be expected to complete; and
- development of policies for improved operations in nursing homes (e.g., inservice education, quality assurance, activation, etc.)

Details of Recommendation

These mechanisms should include frequent liaison meetings with the ONHA, and the establishment of other standing and ad hoc committees to work on specific areas.

Other mechanisms for input from nursing homes are discussed in Section 7.4.

4. COMPLIANCE

The terms of reference for this review required us to examine and report on compliance by nursing homes to existing regulations and inspection orders, and to recommend enhanced methods of tracking and enforcing compliance. This section reports on our findings and recommendations, under three headings:

- Compliance with regulations;
- Compliance with inspection orders; and
- Accreditation.

4.1 COMPLIANCE WITH REGULATIONS

Finding

There is general agreement, internally and externally, that compliance with the regulations has improved in recent years. However, there is no statistical documentation of this improvement and less agreement on whether the current level of compliance is adequate.

Discussion

Compliance is not synonymous with "quality of care". It refers specifically to whether a nursing home is meeting the legislative requirements. To the extent that these requirements ensure the health, safety, comfort and rights of nursing home residents, compliance will be related to quality of care.

Regulation 690 of The Nursing Homes Act contains 488 specific requirements. Most have not been changed since the Act's introduction in 1972. Homes built before 1972 had been "grandfathered" for many of the

structural requirements in the Regulations. The process to bring all nursing homes into compliance with these structural requirements is now underway.

Although the legislative requirements for nursing homes have not changed greatly over the years, the Ministry has gradually developed and refined its interpretation of the individual requirements. These interpretations are assembled for the use of inspectors in each discipline, and are called "guidelines". The guidelines specify what each inspector should check in the home to assess compliance with each requirement. They also specify the minimum number of instances of non-compliance required as a basis for citing a violation. These guidelines have not been made available to the nursing homes.

Until late fall 1984, the Nursing Homes Branch operated an entirely manual record-keeping system on individual nursing homes. The current computer system includes inspection results from that time onward. Aggregate statistics on the number of violations for the years 1972 to 1984 have never been prepared, and could only be assembled through page-by-page review of the voluminous paper files on each home.

Even since 1984, aggregate statistics on the number and pattern of violations cited in inspection reports have not been produced, although this information for each home is stored in the computer. Aggregate data of this type were produced for the first time at our request for the purposes of this review.

The number of violations cited is related not only to the actual conditions in the home, but also the current interpretation of the regulations, the overall Branch attitude toward enforcement during the current

year, the approach (and even mood) of the individual inspector on a particular day, and the nature of the relationship between the inspector and the home's administrator and staff.

From our review of the inspection system, we believe that the probability is low that two inspectors would prepare identical lists of violations for the same home on the same day. Branch management is continuing to work towards greater consistency in inspection methods, but it is inevitable that some variation in judgement will remain.

In summary, there is no historical database to indicate whether compliance (as measured by number of violations cited) has changed over the years, or whether particular approaches (e.g., prosecution) are more or less effective in achieving compliance. Data on the frequency of violations have become available only in the last 18 months.

Even if data on the number of violations over the years had been produced, it would have been difficult to determine the extent to which change in the number of violations cited was due to real change in the nursing homes, or to change in the Branch's attitude towards enforcement and its interpretations of the regulations.

Current Number and Type of Violations

Aggregate information produced from the Branch's computer system (for the 15-month period November 1984 to January 1986) was reviewed to determine the number and type of violations being cited by the inspectors.

The following conclusions were drawn from the data:

- o Of the 488 specific requirements included in the Regulation, 19 items accounted for 44% of the violations cited (see Exhibit 2);

- o The highest frequencies of violations cited were under two "catch-all" items:

5(2) Every nursing home shall be so maintained at all times as to be free from anything that might be hazardous to the health or safety of the residents.

21(1) Every nursing home shall be maintained in a clean and sanitary state and in a good state of repair.

These two items alone accounted for 13% of the violations.

- o The pattern of items cited as violations varied among the three regional offices (see Exhibits 3 to 8). This variation may have been due to real differences in nursing home conditions, differences in inspector interests/procedures, or a combination of the two factors.
- o On average, an annual re-licensing inspection (which involves separate inspections by four disciplines) resulted in 12 violations. This total excludes any structural deficiencies, which are not being cited now because of the parallel activity of the Compliance Plan Review Board.
- o Homes in the Ottawa region are inspected more often (see Exhibit 9), and have fewer violations per inspection (Exhibits 10 to 13). However, the number of violations per home is not substantially different from that in the other regional offices.
- o Not-for-profit homes experienced similar numbers of violations as for-profit homes (see Exhibits 14 and 15).
- o The number of violations varied directly with the size of the home (see Exhibits 16 and 17). This is at least partially due to the greater potential for non-compliance in a larger home.

From our internal and external interviews, we learned that there have been definite trends in the items cited on inspection reports. These trends are caused by outcomes of inquests (e.g., call-bell location in bathrooms) and development of new interpretations (e.g., privacy curtains).

Improvement in Compliance

Our four questionnaires asked whether compliance with the regulations has improved over the last few years. The following responses were obtained:

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Total</u>
Inspectors	22 %	56 %	78
Other Branch Staff	9	59	68
Administrators	5	78	83
Owners	11	68	79

This general agreement that improvement in compliance has occurred was supported by the impressions we obtained from our meetings with nursing home owners and administrators. These meetings gave us the sense that there is a heightened awareness of the need for compliance, both to avoid problems with the Ministry and to provide good care for residents.

Adequacy of Current Compliance Level

Although there is general agreement that compliance has improved, there is less agreement on whether the current level of compliance is adequate. The consumer advocacy groups strongly believe that it is not, and Branch management and inspectors seem to agree with these groups, although less strongly. The strength of conviction of the consumer advocacy groups that compliance is poor appears to be partially explained by their concern with aspects of nursing home operations that are not adequately covered by the regulations, i.e., quality of life issues.

Three of our questionnaires asked whether the current level of compliance warranted a relaxation of inspection procedures or frequency:

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Total</u>
Inspectors	0 %	3 %	3 %
Administrators	6	26	32
Owners	11	26	37

Administrators and owners also were asked whether an inspection system is necessary:

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Total</u>
Administrators	36 %	55 %	91 %
Owners	37	53	90

and whether there is a mix of good and bad administrators in nursing homes:

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Total</u>
Administrators	20 %	68 %	88 %
Owners	28	62	90

Our interpretation of these responses is that further improvement in compliance is possible and probably warranted, and that decreasing the frequency of inspections would result in deterioration in compliance.

However, as discussed in Section 3.3, we believe that the best approach to improving compliance (and quality of care) in the majority of homes will be a constructive, positive approach that commends good performance and encourages further improvement. A strong enforcement approach should be maintained in the Branch, but used selectively with those homes which have demonstrated that they are unable or unwilling to achieve compliance.

Recommendations

The Branch should strive for further improvements in compliance, using a positive, constructive relationship with the majority of homes, and a strong enforcement approach with the minority of homes which have been identified as unable or unwilling to achieve compliance.

The Branch should monitor aggregate trends in compliance on a regular basis, using the information already being stored in its computer system.

4.2 COMPLIANCE WITH INSPECTION ORDERS

Finding

The Nursing Homes Branch does not employ a systematic approach to monitoring that follow-up inspections are made and that violations are corrected. Aggregate information has not been produced on the level of compliance with inspection orders. Current prosecution policy and activities do not appear to be systematic and effective.

Discussion

If an inspector cites one or more violations during the annual re-licensing inspection, the nursing home is required to submit a "compliance plan" within seven calendar days, indicating how compliance will be achieved and how future instances of non-compliance will be prevented. The inspector (in consultation with the consultant/coordinator) decides whether the compliance plan is adequate. We understand that this decision may take several weeks to be communicated to the nursing home, but in the meantime the home is to proceed with implementation. Indeed, the inspector's initial citation indicates a deadline for compliance for each violation (e.g., immediate, 1 day, 7 days or 30 days).

Normal procedure is for the inspector to conduct a follow-up inspection to determine whether the violation has been corrected. Vacancies

in the Toronto regional office have affected the completeness of the follow-up activities over the last year.

Information from the computer database (see Exhibits 10 and 12) indicates that many follow-up inspections are occurring. However, the computer system is not being used to check whether follow-up visits are always made, or whether the violations have been corrected.

The absence of controls to ensure that follow-up occurs and that violations have been corrected was a concern of the Provincial Auditor in 1985. The consumer advocacy groups also have concerns in this area. They believe that individual homes continue to be cited for the same violations year after year, and that this is because enforcement is not occurring; the penalties are too lenient; and/or the Ministry is unwilling/unable to revoke (or not renew) a license.

Reasons for Non-Compliance

Because the Branch does not monitor aggregate levels of compliance with inspection orders, it also does not have aggregate information on why non-compliance occurs. Our questionnaires asked nursing home owners and administrators to indicate the major reasons for non-compliance:

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Total</u>
Unreasonableness of the regulation?			
Administrators	24 %	52 %	76 %
Owners	31	45	76
Cost implications?			
Administrators	33	54	87
Owners	32	51	83

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Total</u>
Lack of understanding on how to achieve compliance?			
Administrators	10	40	50
Owners	10	43	53
Lack of legal basis for enforcement?			
Administrators	3	18	21
Owners	7	6	13

The response indicates that they believe the Ministry has the necessary legal basis to enforce compliance. It also indicates that more advice on how compliance could be achieved might promote better compliance.

Prosecution

In the last two years, the Ministry has experienced a number of setbacks in the courts in its attempts to prosecute nursing homes under the current Act and Regulation. This difficulty is common knowledge to the Branch, the nursing homes and the interested public. The legislation is now under revision to reduce this difficulty.

The Branch provided us with a status report on its current prosecution activities. This report briefly outlines the origins of each case, its progress through the legal system, and the final outcome (or current status).

From this information and our discussions with management and the prosecutions staff (i.e., the Branch's lawyer and special investigator), we have drawn the following conclusions:

- o the decision to prosecute is not automatic and is largely subjective;

- o the decision to prosecute is not necessarily related to the determination of relative importance to resident health, safety, comfort and rights;
- o each decision-making level in the Ministry is involved sequentially in deciding whether a home will be prosecuted; and
- o individual Ministry managers are not convinced that the prosecution approach will be effective in improving compliance (or quality of care) in either the short-term or long term.

Nursing homes clearly perceive that the Ministry has increased its prosecution activity in recent years. Also, a substantial percentage of owners and administrators believe that many of the current prosecutions are frivolous:

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Total</u>
Administrators	13	33	33
Owners	26	24	39

Some senior managers within the Ministry also have expressed concern about how cases are selected for prosecution.

From our meetings with owners and administrators, it is apparent that the increased level of prosecution activity has been noticed by the nursing homes and may well be having a short-term effect on compliance. Our impression is that administrators now feel personally more liable for violations than in the past. However, we doubt that sole reliance on a prosecution approach will have long-term effectiveness in achieving improved care and conditions in nursing homes.

Recommendations

The Branch should obtain regular reports from its computer system to monitor whether follow-up visits are occurring, and whether violations are being corrected.

The Branch's prosecution policy should be revised as part of the Compliance Management Program, to ensure that prosecution activity is focused on the most serious violations.

An overall outline of the prosecution policy should be formalized, clarified and communicated to nursing homes and the interested public.

4.3 ACCREDITATION

Finding

The length of term of accreditation status appears to be related to compliance with the regulations.

Discussion

Over the last few years, nursing homes have increasingly sought accreditation as long term care facilities by the Canadian Council on Hospital Accreditation. The importance of accreditation has been recognized by the ONHA, in that only accredited homes have voting privileges in the association. The Ministry also recognizes the value of accreditation (and the associated costs) by providing to accredited homes an extra \$0.26 per day per bed.

Accreditation status appears to have considerable "image" value among nursing homes. Nursing home administrators believe that families of potential residents view accreditation as an important factor in choosing a nursing home.

Although the Ministry and nursing homes have endorsed the accreditation objective, considerable debate remains whether meeting accreditation standards is related to complying with the Act and Regulations. From our interviews with Ministry management, inspectors and nursing home

administrators, the Branch appears to doubt a relationship. We were told by administrators that some inspectors seem threatened by the CCHA surveyors (and their positive relationship with the homes), and have taken a particularly thorough approach to inspecting homes with three-year accreditation.

The two "inspection" processes largely focus on different aspects of nursing home operations, though they have some areas in common, like resident care charting and documentation of policies and programs. Also, the accreditation survey procedures differ substantially from those of the Ministry inspectors. The visit is scheduled in advance and manuals are provided to help the nursing home prepare for the survey. The survey is normally completed in one day by one surveyor, commonly a nurse manager from another long term facility.

We understand that the CCHA objective is to encourage all long term care facilities to apply for accreditation, and to undertake a long term commitment to improving their operations. For this reason, the surveyors usually grant at least a one-year accreditation status to encourage the marginal homes to continue their efforts.

We also understand that the surveyors have been recently advised to review the last annual relicensing inspection report during their survey visit, and to consider the content of this report in reaching their decision about accreditation status. The survey decision on accreditation status (i.e., not accredited or 1-2-3 year accreditation) is reported to the Branch, but the content of the survey report goes only to the nursing home.

Our questionnaires asked for opinions on whether accreditation is related to compliance and quality of care:

"An accredited home has fewer violations than one that is not accredited."

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Total</u>
Inspectors	0 %	6 %	6 %
Administrators	5	23	28
Owners	5	18	23

"Nursing homes that have 3-year accreditation provide better care for their residents".

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Total</u>
Inspectors	0 %	10 %	10 %
Administrators	13	22	35
Owners	8	22	30

"Accreditation results in an improvement in compliance".

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Total</u>
Administrators	10 %	39 %	49 %
Owners	6	36	42

These responses indicate that inspectors are particularly skeptical about any relationship between accreditation and compliance, but that nursing home administrators and owners also perceive the two processes as being substantially different.

At our request, aggregate information was produced from the Branch's computer system on the number of violations for homes with different accreditation status (see Exhibit 18). It should be noted that the category of "not accredited" includes a variety of nursing homes. It includes homes that have never applied for accreditation, homes that are not eligible for accreditation because they have been licensed less than one year, homes

preparing for their first accreditation survey, and homes that have "failed" to achieve accreditation.

Excluding the "not accredited" homes, there appears to be a direct relationship between the accreditation term (1, 2 or 3 years) and the level of compliance with the regulations. More detailed analysis would be required to determine whether some other variable (e.g., size of home) is involved in this relationship.

Recommendations

The accreditation survey provides an assessment which complements Branch inspections and which should be included in the Branch's Compliance Management information on each home.

The Branch should consider adopting certain aspects of the accreditation process in improving its relationship with the nursing homes -- most particularly the public availability of the surveyor's expectations, and the positive, constructive attitude that the surveyor takes into the home.

Details of Recommendations

Assuming that the Branch is able to improve its relationship with the majority of nursing homes, it may be able to request voluntary submission of the accreditation report. This information could then be added to the Ministry's information system for monitoring nursing homes.

5. ORGANIZATION OF THE NURSING HOMES BRANCH

This section deals with the organizational requirements for effective performance of the Branch's mandate. The recommendations in this section are summarized as follows:

- o The Branch's operations should be separated into Compliance and Enforcement sections;
- o All staff in each regional office should report to their Regional Supervisors who would be responsible for day-to-day supervision and quality assurance. The existing positions of coordinators/consultant in Head Office would become program advisors for their particular disciplines, and would play a key role in the development of regulations, guidelines, policies and the Compliance Management Program.
- o The Branch should open a regional office in Northern Ontario, thereby allowing greater efficiency in professional staff utilization and facilitating closer relations with homes in this area of Ontario.
- o The Enforcement section should be staffed by specially-trained inspectors from relevant disciplines, working out of Head Office with the guidance of a lawyer and special investigator.

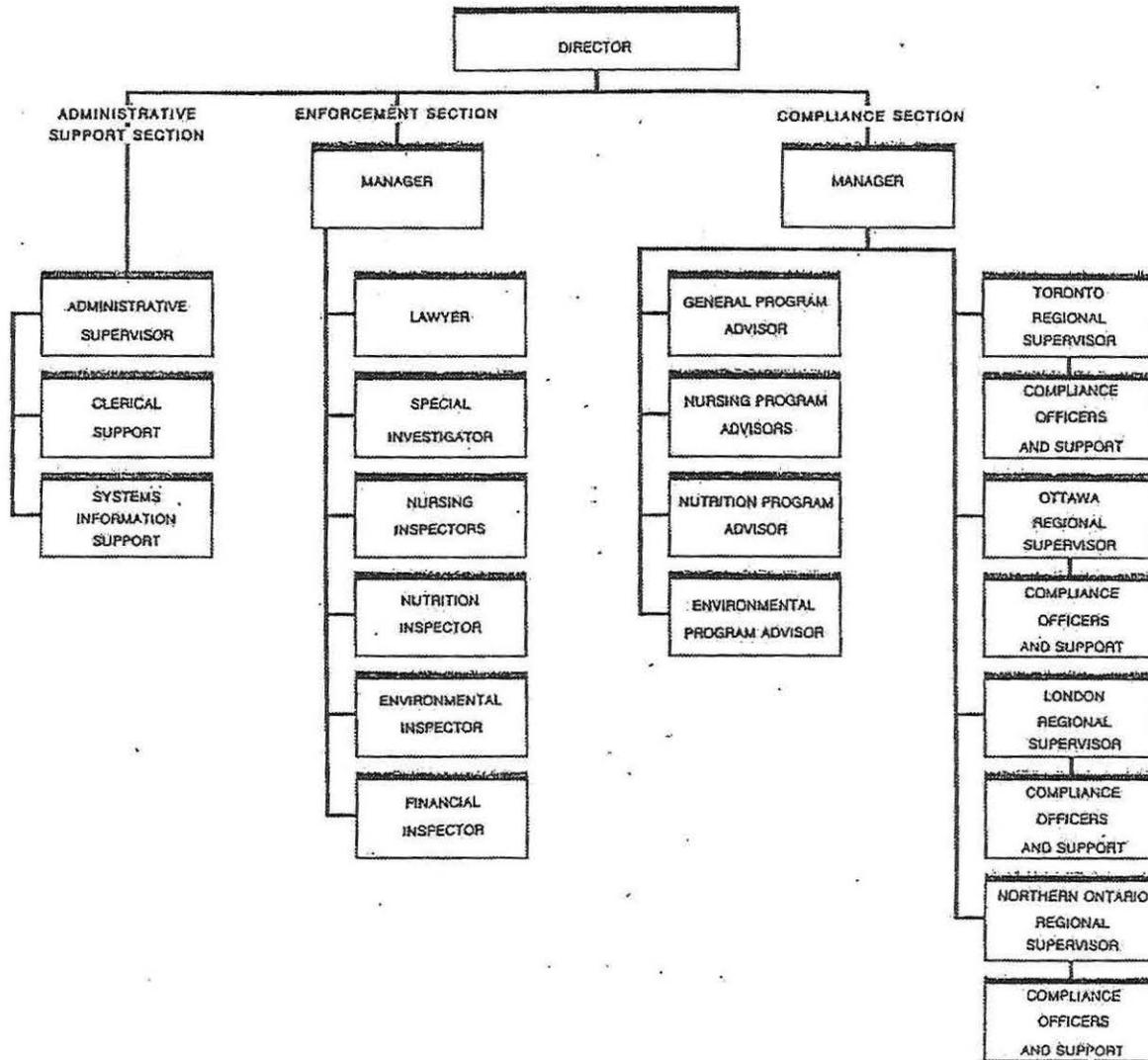
Each of these are treated separately below, with a final section devoted to Branch staffing requirements.

5.1 BRANCH STRUCTURE

Finding

The current integration of inspection, enforcement and policy development functions has created an adversarial relationship with nursing homes and has caused a shift in the Branch's approach and attitude to enforcement. The current organization also does not recognize the different skills and approach required for the different functions.

MINISTRY OF HEALTH
NURSING HOMES BRANCH
PROPOSED ORGANIZATION STRUCTURE



LTC100072893-55

Discussion

Section 3.3 documented the need to separate the inspection and enforcement functions in order to improve relations with nursing homes and facilitate the introduction of the Compliance Management Program. This section outlines the organizational changes required in the Branch to effect this separation of functions.

We believe it will be important to extend the functional separation through to the manager level, in order to provide the external credibility required. For example, an administrator seeking clarification of a Compliance Officer's advice on a particular point is likely to deal with the Compliance Section Manager differently than if that manager were the same one he would deal with on a matter arising from an investigation. It is also reasonable to expect that the Compliance Section Manager would respond in a more positive and constructive manner, thereby building a cooperative relationship with the administrator.

Recommendations

The Nursing Homes Branch should be divided into two professional sections, Compliance and Enforcement, each under the direction of a separate manager reporting to the Director. The program development function would have specific professional staff, reporting to the Compliance Section Manager. A third section, Administrative Support, would provide clerical and information support to the two professional staff sections.

All regional staff would report through the Compliance section. Enforcement staff would serve the province from the Head Office location.

The proposed organization for the Branch is shown opposite.

5.2 REGIONAL SUPERVISION AND QUALITY ASSURANCE

At the present time, Environmental, Fire Safety, and Nutrition inspectors report directly to the specific coordinator for each of these disciplines, located at Head Office. Nursing inspectors report to the supervisor of their region.

With the exception of nursing, the coordinator in each discipline is responsible for managing the time and performance of four to seven professionals with whom he only occasionally comes into contact. This approach was adopted to encourage consistency in inspection methodology for each discipline across the province.

The disadvantage of this approach is that the inspectors in these three disciplines are largely unsupervised on a day-to-day basis. Also, different administrative policies have developed for inspectors working in the same regional office. Examples include differences in reporting requirements, the use of time "in lieu" (i.e., compensation for overtime) and policies concerning the use of rental cars and hotels.

Quality Assurance

All nursing inspectors' reports are reviewed by their Regional Supervisors and by the nursing consultant in Head Office. Inspection reports from the other disciplines are reviewed by their coordinators in Head Office. At present, inspection reports from all disciplines are then reviewed by the Operations Manager, with exceptional reports being passed on to the Director for review.

Recommendations

The Compliance Section should retain its regional office structure. All Compliance Officers based at each regional office should report to the Regional Supervisor for administrative and quality assurance purposes.

Standard, province-wide administrative procedures should be developed for application by the Regional Supervisors.

All inspection reports prepared by the Compliance Officers should be reviewed by their Regional Supervisors.

The present role of the discipline-specific coordinators and consultant in Head Office should shift to program development and provision of advice in connection with their particular disciplines.

Details of Recommendations

The Regional Supervisors should review inspection reports to ensure that the work of the Compliance Officer has been carried out in a professional manner and that the findings of the report are sound and well documented. This review process will allow the supervisors to keep fully informed about the quality of operations in the nursing homes within their regions.

Program advisors would no longer have responsibility for reviewing all reports, but only those which are referred to them by a Compliance Officer or Regional Supervisor. These referrals might be to obtain information or advice on how to deal with a specific problem, or it might be to alert the program advisor to an emerging issue or to a new approach that a particular nursing home had developed for improving operations.

The program advisors will need to be knowledgeable and skilled at working with a variety of people, inside and outside the Ministry. They will play a key role in working with nursing homes in developing/ amending

regulations, interpretations and guidelines for these regulations, and introducing the Compliance Management Program,

5.3 REGIONAL OFFICES

Finding

The province is currently divided into three regions, with Regional Offices located in London, Ottawa and Toronto. Travel requirements and size of nursing homes vary greatly among the Regions, affecting the time required to conduct inspections and hence, inspector workload.

Discussion

The size of the province and the widespread location of nursing homes results in a great deal of travel for inspectors. This is especially true for inspectors from the Ottawa office who are responsible for nursing homes located in Northern Ontario. (An exception is Fire Safety for which an inspector is permanently located in Sudbury.)

Another factor affecting inspection workload is the relative size of homes in the three Regions. Because homes in the Toronto Region tend to be larger, an average inspection in Toronto takes longer than inspections in the other regions.

The Branch has attempted to balance workload among the regions by taking these factors into consideration. For example, in recognition of the greater travelling distances for the Ottawa office, this region has been allocated fewer homes (Ottawa has 84, compared to 121 in London and 126 in Toronto). To compensate for their longer average inspection time, Toronto has been allocated more inspectors (Toronto has 14, compared to 11 in each of

London and Ottawa). Two of the three extra inspectors in Toronto are nursing inspectors, since this is the discipline which has the longest inspections.

Despite these efforts, a workload imbalance appears to continue to exist. Exhibit 19 shows a wide difference in workload between inspectors in each discipline across the different regions. Given the factors of travel time and home size, one would expect that the highest average workload (inspections/person) would be in London. This is true for all inspectors considered as a group, and for each discipline except nursing. However, one would also expect that the effects of travel and home size would "cancel each other out" in Ottawa and Toronto so that the average workload would be approximately the same. In fact, the average inspector in Toronto (all disciplines combined) conducts 16% more inspections than the average inspector in Ottawa. This figure obscures the fact that certain of the Toronto disciplines (environmental and nutrition) have a much lighter workload than Ottawa inspectors, as the following table illustrates:

<u>Discipline</u>	<u>Ottawa and Toronto % Difference Between</u>
Nursing	+18%
Environmental	-13%
Fire Safety	+26
Nutrition	-13
All Disciplines	+16%

Recommendation

The Branch should open an office in Northern Ontario to provide service to the nursing homes in this region.

Details of Recommendation

Opening a northern office would give the Branch more flexibility in assigning homes among the regions. Because of the major travel burden of serving Northern Ontario from Ottawa, we anticipate that opening a northern office could reduce the number of consultants required by two. However, these salary savings would be more than offset by the need for an additional Regional Supervisor and support staff, plus the additional overhead costs such as rent and communications.

Further analysis of this recommendation will need to be undertaken to obtain a more accurate estimate of the financial implications.

An important non-monetary benefit of opening a northern office would be improved relations with the homes in Northern Ontario. This will be essential to the introduction of an effective Compliance Management Program.

5.4 STAFFING FOR ENFORCEMENT

Finding

In instances where it has been decided to take legal action against a nursing home, the inspector from the discipline in which the non-compliance occurred has been expected to collect the necessary evidence and present it as a witness in court. This has proven to be less than satisfactory from both the perspective of the Ministry and the individual inspector.

Discussion

The skills and attitude required for the enforcement function are substantially different from those required for regular inspections and policy development. This has been recognized in our recommendations for a separate Enforcement section, reporting to a new Manager.

Enforcement involves bringing charges against homes which are repeatedly in non-compliance and investigating homes in which the health and safety of residents is considered at serious risk. The identification of homes requiring enforcement attention is based on information received through the regular inspection process, or through complaints and incident reports.

The enforcement function requires skilled individuals from relevant disciplines (nursing, dietary, environmental and financial), with special training in the collection and presentation of evidence. Such discipline-specific inspectors will continue to require guidance from a lawyer and special investigator. A lawyer dedicated full-time to prosecution and licence revocation proceedings allows the Branch to have the required legal expertise and experience. A special investigator provides the Branch with specialized skills in the collection and presentation of evidence.

Recommendation

The Enforcement Section should be staffed by specially-trained inspectors drawn from relevant disciplines, working under the guidance of a lawyer and special investigator.

Details of Recommendation

All Enforcement staff should be based at Head Office to ensure that their activities are fully supervised and their time is appropriately and efficiently utilized.

"Problem homes" would be identified by referral to the Enforcement Section from the Compliance Section Manager, through the mechanisms of the Compliance Management Program.

5.5 STAFFING REQUIREMENTS

Finding

The current number and mix of staff will need to change to meet the clarified mandate of the Nursing Homes Branch.

Discussion

Although inspection responsibilities for fire safety and a large proportion of environmental areas will be transferred to other agencies, the Branch will require approximately the same staff complement.

Our estimate of the required Compliance Officer staffing is shown in Exhibit 20. Each Compliance Officer will be responsible for 11 nursing homes, which compares favourably to the United States average of 13 homes per field surveyor. The distribution of Compliance Officers among the regions will be affected by the boundary drawn for the new regional office in Northern Ontario. In making our calculations, we have ignored the current differences in nursing home size and required travel time, assuming that the effects of these differences can be eliminated, or at least reduced, through redistribution of nursing homes among the regions.

In the Enforcement Section, we believe there will be a continued need for a lawyer and a special investigator. Discipline-specific inspectors will be required for the areas covered by the amended regulations (i.e., nursing, nutrition, environmental and financial). Because of the volume of nursing requirements, and the fact that the most serious violations may be nursing violations, two nursing inspectors will likely be required, while one in each of the other disciplines should be adequate.

Improvements in information systems and administrative procedures (see Section 8) will allow clerical staff to devote more of their time to assisting the professional staff. This assistance will include answering general telephone enquiries and correspondence from the public and operators. For purposes of our staffing estimate, we have assumed that the number of clerical staff will remain unchanged, as it is uncertain at this time what effect the increased monitoring under the Compliance Management Program may have on clerical workload.

Recommendation

The Branch should adopt the staffing complement outlined in Exhibit 21.

Details of Recommendation

Exhibit 21 does not portray the short term staffing levels since a transitional period will be required. During this time, fire inspection should be transferred (i.e. immediately), and certain aspects of environmental inspection should be transferred or eliminated (i.e., some transferred immediately to local public health units and some eliminated at the completion of work by the Compliance Plan Review Board). Also, training in the remaining environmental issues and nutrition issues will be needed for the Compliance Officers to qualify them to act as multi-disciplinary consultants.

It is difficult to assess what impact these transfers will have on the Fire Marshall's Office and local public health units. Since these agencies already have the necessary authority, no legislative changes will be required. We would expect that additional resources will be required in those areas where public health units have not been inspecting nursing homes. However, the impact will need to be assessed on a region by region basis.

6. HUMAN RESOURCES MANAGEMENT

6.1 RECRUITMENT

Finding

The recruitment practices in the Branch have been improving, but will need to be revised and augmented to ensure selection of appropriate candidates for the compliance and enforcement functions in the proposed structure.

Discussion

The Nursing Homes Branch has been recruiting in the traditional government board manner, using a panel of interviewers including:

- o the regional supervisor, coordinator or manager;
- o the Human Resources officer assigned to the region; and
- o one other supervisor, coordinator or manager when available.

The Human Resources Branch of the Ministry of Health has provided a pre-screening service to assess the paper qualifications of the candidates, and to develop for the supervisor/manager a list of candidates to be interviewed.

Our analysis of the interview questions used by the selection panel for recruiting inspectors indicated that key aspects of the job (such as oral and written communication skills, judgement and the ability to cope with stress) have not been assessed. In the nutrition and environmental areas, the interview questions have been highly knowledge-oriented. There is no up-to-date fire inspector selection process because the Branch has relied on transfers from the Ministry of Housing. The nursing supervisors have had the

best selection process from a technical perspective. The nursing inspector competition recently completed showed further improvements, one of which was the inclusion of a written communications skills exercise.

Recruitment processes need to be further improved by being more behavioral and less theoretical, and the Regional Supervisors need training in this area. In general, the level of support, direction and training from the Human Resources Branch has been minimal.

As the role of the inspectors will be changing, consultation skills will become essential both for compliance officers and Regional Supervisors.

Our meetings with nursing home administrators and owners convinced us of the need for compliance officers to have up-to-date experience and training in long term care - particularly with regard to the resident care aspects of nursing home operations. Unless compliance officers have such a background, they will be limited in their ability to act as a positive resource to nursing homes.

Recommendations

A thorough and complete job analysis will need to be conducted for the new Compliance Officer position to identify the knowledge, skills, abilities and experience required. This will form the basis for the job description and the selection process.

The same steps should be taken for the enforcement inspectors.

The selection process should be behavioral rather than theoretical, as the new positions will require judgement and interpersonal skills that can best be assessed in behaviorally-oriented interviews and simulation exercises.

The supervisors and managers involved in the selection process will require training in selection techniques.

Details of Recommendations

The requirements for the Compliance Officer position should include:

- long term care training
- work experience in a long term care setting
- judgement
- consultation skills

The requirements for the enforcement inspector position should include:

- ability to cope with stress
- decisiveness
- judgement
- ability to analyse data

6.2 ORIENTATION

Finding

With the exception of the new orientation program for nursing inspectors, orientation has been restricted to field observation of other inspectors and supervisors, and reading of the Act, forms and guidelines. However, while the new orientation process addresses essential knowledge and provides field observation, it does not address skill development.

Discussion

Historically, orientation has been an area of weakness in the Branch. Inspectors have learned (a) by observing how other inspectors conduct various kinds of inspections in the field, and (b) by studying the Act and Regulation, the guidelines, and the working forms. Consequently, the orientation has only been as good as the performance of the inspector being observed. The absence of an orientation program has contributed to the

difficulty of maintaining consistency in the application of the Act among inspectors.

The Branch is now beginning to produce a policy and procedures manual. Lack of such a manual was a problem during the past year when a number of new staff were hired and there were a large number of policy and procedure changes.

A strong positive step towards improving the effectiveness and consistency of the inspection process has been the introduction of an orientation program for the nursing inspectors. This new eight-week orientation program places a heavy emphasis on the rules and regulations of Nursing Homes Act and "how to" conduct an inspection.

Long term care experience has not been an essential recruitment requirement. Those staff who did not have such experience have not been placed in "good" nursing homes for a period of time to gain an understanding of the day-to-day operations of a nursing home (although this idea was considered some years ago).

Orientation will become even more critical as the new structure is implemented and the role of the Compliance Officer develops to include nutrition and selected environmental items.

Recommendations

A well-developed orientation process is required to increase the consistency of performance among Compliance Officers and enforcement inspectors.

A policy and procedures manual, incorporating changes in Branch operations as a result of this review, should be developed.

If new Compliance Officers have not had recent long term care experience, they should have an orientation placement of two weeks in a "good" nursing home. Similar two week "refresher" placements in nursing homes should be arranged for existing staff who have been out of the field for some time.

Details of Recommendations

We suggest the orientation process include:

- objectives of the Branch and the inspection system;
- the Act and Regulation, guidelines and working forms;
- Policy and Procedures Manual
- inspection/investigation procedures;
- the Compliance Management Program;
- the appeal process for nursing homes;
- relations with nursing homes and the public;
- case studies;
- nutrition standards and inspection procedures.

The orientation program also should include sessions on communication skills, consulting skills and adult education principles to support the new Compliance Officer role.

6.3 TRAINING AND DEVELOPMENT

Finding

Although training opportunities have increased over the last two years, the Branch still suffers from inadequate training and development efforts. This has contributed to the perception by nursing homes that some of the inspectors are out of touch with contemporary gerontological concepts.

Discussion

Most of the inspectors have attended conferences and seminars related to their functions, sponsored by professional associations. The Branch holds an annual conference which is primarily devoted to informing staff of changes in Branch policies and procedures.

Responses to the inspector questionnaire indicated that training for inspectors (to improve skill levels or to update them on changes in policy and procedures) has rarely been provided. However, a recent policy decision has been made to ensure that all professional staff are allocated a minimum number of training days per year. Several inspectors interviewed identified courses that they felt they should be attending in order to maintain effective job performance.

The nursing inspectors tend to have more training and professional development opportunities than the other inspectors because of the level of professional development within the nursing profession. The training and development profiles completed by all staff members indicated that many of the nurse inspectors currently belong to geriatric nursing associations and regularly attend meetings. Much of this activity is on the inspector's own time. The Branch should sponsor developmental activities, as remaining current on gerontological issues will become even more essential to effective job performance as the inspectors take on a consultative role.

The only inspector group that has had substantial Branch-sponsored training is the fire inspectors. This was necessary because half of the fire inspection staff came to the Branch without a fire safety background. These new staff received several weeks of extensive technical training at the Fire College.

Recommendation

The Branch should ensure that all professional staff receive appropriate internal and external training each year. The workload scheduling should allow for a minimum of five days per year.

6.4 WORKLOAD BALANCING AND SCHEDULING

Finding

Workload balancing and scheduling has been a major problem because of vacancies, an increasing number of complaints, and the requirements of the Compliance Plan Review Board and other Head Office projects. Scheduling improvements have been made in two of the regions, and is planned for the third.

Discussion

On the surface, all four disciplines are performing a similar inspection function. However, the depth and complexity of the inspections vary significantly by discipline and are reflected in the staffing complement. For example, a regional office may have one environmental health inspector, one nutrition inspector, two fire safety inspectors and five nursing inspectors.

The workload balance across the regions is uneven. For example, a fire inspector in one region has time to do inservice training, while the inspectors in the other regions scramble to complete their inspection workload. Toronto has commonly been short-staffed requiring secondment of inspectors from the other two regions to cover inspections and complaint investigations.

Three factors that affect workload are travel time, the size of homes and the physical condition of homes. Scheduling and balancing of workload has been further complicated during the past year by absence of staff in many areas (due to illness, resignation, maternity leave, etc.). Also, 75% of inspectors indicated that scheduling is difficult due to constantly changing priorities, as the result of complaints, projects originating in Head Office, or illness requiring inspectors to cover for each other.

A major improvement in scheduling has been implemented in two of the regions. The Regional Supervisors now have monthly meetings with all staff to plan the schedule for the next three months. The schedule includes all types of planned inspections. This process avoids having one inspector start the relicensing process without coordination with the others.

The scheduling changes ensure that inspectors maximize their inspection time. This is particularly critical for relicensing purposes, because the legislation requires that all four disciplines must enter the homes within ten days of the first inspector's entry. This scheduling system will be introduced to the remaining region in the next few weeks.

At the present time, workload balancing and scheduling is done on a manual basis. The use of a computer to schedule relicensing and follow-up visits would be beneficial.

Our proposed change to a single compliance officer will significantly simplify the scheduling problem because much of the complexity arises from having to coordinate the visits of all four disciplines during the relicensing process.

Recommendation

The Branch should acquire appropriate computer software to ensure that workload is balanced, and the scheduling is efficient and maximizes the compliance officer's time for nursing home contact.

6.5 SUPERVISION

Finding

The nature of the job requires inspectors to operate independently and there is no systematic review of their day-to-day activities.

The supervisory and management skills of the Regional Supervisors require improvement. Key areas of deficiency are planning, leadership and communication.

Discussion

The nature of the inspector's job makes supervision difficult because the inspectors typically are out of the office 3.5 to 4 days every week. Although supervisors and coordinators know which homes inspectors will be visiting, they rarely have a chance to observe them conducting an inspection. (Observation is particularly difficult to arrange for coordinators, who supervise inspectors working across the province.) Judgment of the performance of inspectors is primarily based on the quality of inspection reports, the apparent judgement shown in citing violations, informal and sporadic feedback from nursing home administrators, and the problems that inspectors raise for discussion with their supervisors or coordinators. This indirect approach to supervision means that poor performance may remain undetected for some time.

In fairness to the supervisors and coordinators, many of the inspectors commented that they had received immediate feedback when their superior felt that they had acted incorrectly. As a result of identified deficiencies, several inspectors were sent on courses to improve their report-writing skills.

Over the years, inspectors with performance problems have been identified by the Regional Supervisors - often as a result of informal feedback from the nursing homes. It is our impression that the solution to these "problem" inspectors has been to change their allocation of homes

(perhaps with remedial counselling) rather than remove them from their positions.

The supervisors and coordinators tend to be technical specialists and/or good inspectors who have been promoted to supervisory levels. In general they have had little formal managerial or supervisory experience and training, and their skill levels vary significantly. This is reflected in substantially different styles of management in the three regional offices.

In our proposed structure, there will be a need for strong supervisors whose skills include the ability to work effectively with the policy advisors. It will be important that the strengths and weaknesses of current supervisory staff be thoroughly assessed to avoid problems during restructuring.

Recommendations

A job analysis should be conducted for the Regional Supervisor position, to use as the basis for a job description and for the selection process.

On-site observation should become an essential part of the supervision of the compliance officers.

Details of Recommendations

The requirements for the Regional Supervisor position should include:

- geriatric nursing experience
- supervisory or management experience
- excellent oral and written communication skills
- proven ability to motivate and build a team
- demonstrated planning skills
- ability to implement new ideas and concepts

6.6 PERFORMANCE APPRAISAL

Finding

Performance appraisal is virtually non-existent in the Branch, with the exception of probationary appraisals for new staff. There are no standards of performance defined for inspectors or other staff.

Discussion

The problems in performance appraisal are similar to those in supervision. Performance appraisal seldom occurs except for probationary staff, and performance standards do not exist. Several inspectors and supervisors have not been appraised in over five years. Some staff had initiated discussion of performance with their supervisors, but there had been no formal documentation.

The Operations Manager has begun to address this problem. Head office coordinators/consultant have been asked to define responsibility areas, results expected, and performance standards. The first draft produced indicates that the Branch could benefit from professional help in this area.

We believe that a formal performance appraisal system would be welcomed by the inspectors.

Recommendations

The Branch should continue the process of defining performance standards and indicators.

Performance appraisals should be completed annually for all staff, based on informal quarterly performance review sessions.

Details of Recommendations

The performance appraisal process for the compliance officers should include performance standards related to:

- on-site observation;
- reports submitted - on time
 - of high quality with few to no errors; and
- feedback from the homes.

Other criteria should be developed based on the job description.

Training and development needs should be included in the performance appraisal process.

6.7 COMPENSATION

Finding

Compensation inequities exist among the four types of inspectors, but are in the process of being rectified for fire and nursing inspectors. The level of compensation may have been a factor in the Branch's recruitment problems.

Discussion

Compensation has been a major problem for three categories of inspectors (nursing, nutrition and environmental health) because the fire safety inspectors are paid significantly more than the other inspectors. This situation is being rectified by the Branch.

The Fire Inspectors are being classified as Fire Service Advisor I, working 36-1/4 hours per week. Previously they were classified as working 40 hours per week. Although this decreases the salary range of these inspectors by \$4,000, they are still the second highest category among the inspectors.

The nursing inspector job description and classification is currently under review, and the salary will increase significantly. The classification of the nursing inspector has been increased to a Nurse 2 Public Health with the salary range increased by approximately \$6,000. However, when implemented, many long tenure nursing inspectors will be making close to the same salary as brand new inspectors because they will all move to the bottom of the range.

The reclassification of the nurse inspectors reflects the perception by most members of the Branch that the nursing inspector's job is more complex and difficult than that of the other inspectors, because they assess the largest and least well-defined portion of the regulations.

The inequity in compensation has been affecting morale. Questionnaire responses clearly indicate that inspectors feel their salaries do not reflect their performance, skill or workload. As with most civil service positions, the salary range bands are relatively narrow. Inspectors reach their maximum salary level quickly and then receive only cost of living increases.

The new structure will require that the position of compliance officer be appropriately classified to reflect the necessary level of skills and experience.

In general, there has been little opportunity for advancement within the Branch because there is only one level in each inspector classification. Also, without formal management training, inspectors have been unlikely to be eligible for more senior positions in the Branch or elsewhere in government. Some inspectors and Branch management have found career opportunities in the nursing home sector.

Recommendations

The Branch should classify the compliance officer position to reflect the skill and experience requirements and the expanded function.

The Branch should consider the possibility of having two or three compliance officer levels to compensate superior performance, knowledge and skill.

The performance appraisal system should be applied with rigour so that merit increases would truly be deserved.

6.8 MORALE AND WORKING CONDITIONS

Finding

The Nursing Homes Branch, particularly the Head Office and Toronto regional office, has become an increasingly stressful work environment. Morale currently is poor. Poor working conditions have contributed to stress and low morale in the Branch.

Discussion

The Nursing Homes Branch is a stressful work environment, with some of the key pressure factors being:

- o high volume of work that has been increased by the requirements of the Compliance Plan Review Board;
- o constant deadlines for inspections, investigations and reports;
- o frequent requests for information from senior Ministry officials; and
- o high volume of public complaints and demands for investigations.

The Branch is staffed by dedicated employees who, for the most part, have a professional attitude towards their jobs. The inspectors believe that the work they do is important because their function affects residents' lives. Their dedication is reflected in the large number of long tenure staff in the Branch (Exhibit 22).

The pressures on the Branch in recent months have been exacerbated by vacancies in inspector and supervisory positions due to resignation, long term illness and pregnancy leave, and also by the information requirements of the Compliance Plan Review Board.

The Head Office and Toronto regional office appear to experience the greatest pressure from both internal and external demands, resulting in higher turnover of staff in these offices.

Our interviews with inspectors in all offices found little sense of teamwork. In fact, there has been frequent conflict between the environmental and nutrition inspectors over their areas of responsibility. These conflicts have been worked out within each region. All inspectors identify strongly with their specific discipline and generally feel that they work independently.

At the management level, the supervisors and coordinators also have had little sense of team over the years. Positive changes are occurring through the recent implementation of regular meetings and weekly teleconferences.

Branch meetings have been held annually. They have been tightly scheduled information sessions that allow little time for team building. There are plans to add quarterly Branch meetings.

All inspectors, coordinators, supervisors and support staff indicated that they would like more contact with other members of their functional groups. The first ever meeting of the clerical staff was held within the last few months and was greatly appreciated.

Although only one office raised concerns about the working conditions in the Branch, all of the others would have been justified to do so. All offices used by the Nursing Homes Branch are in need of renovation and refurbishing. Facilities are crowded, and equipment and furniture are antiquated and dirty. In the London regional office, the space is so crowded (on those days when all inspectors are in the office) that inspectors' chair backs touch. The Ottawa office is the only one that appears to have adequate space for the inspection staff, and even that office does not have a meeting room that can comfortably hold all staff members at one time.

All four offices suffer from lack of modern office equipment, particularly word processing capability and printers for the computer system.

The job of inspector is a demanding one, with constantly changing priorities because of the need to respond to complaints, letters from the public, and queries from Head Office. These issues, coupled with uneven distribution of homes for some disciplines and tight deadlines, make the working conditions difficult. The office conditions add further pressure to their jobs and tempers often flare when all staff are in together. Because of high stress potential in their contact with nursing homes, the inspectors' office environment should be conducive to regeneration of energy levels.

Improvements in record keeping and reporting would reduce the need for storage and the clutter in the offices. The amount of paperwork required of inspectors has increased over the past two years. The computerized information system has not resulted in greater efficiency of the inspection function. In fact, it has increased the workload and the pressure. (Information management is discussed in Section 8.)

All of these factors affect the morale of the group as a whole. However, restructuring the Branch and improving information management as discussed in Section 8 should have a major positive impact.

Recommendations

Regional meetings should be held on a monthly basis to encourage teamwork, consistency in inspection procedures and a proactive approach to addressing problems.

Regional Supervisors should meet with Head Office management at least monthly to discuss problems and policy/procedure changes, and encourage consistency in management style across the province.

7. INSPECTION PROCEDURES

This section discusses the inspection process, with particular emphasis on the incorporation of a compliance management approach. Compliance management is the identification, monitoring and prevention/control of those factors most likely to result in harm to the health, safety, comfort and rights of nursing home residents.

Following is a brief summary of the recommendations of this section:

- o each visit to a nursing home by a compliance officer, regardless of the purpose of the visit, should include assessment of the most important items identified by the Compliance Management Program;
- o re-licencing inspections should continue to be conducted annually, but compliance officers should have much more frequent contact with nursing homes either through on-site visits or by telephone;
- o in the short term, the Branch should continue unannounced inspection. However, a shift towards assessment of outcomes of care delivery will make this less necessary in the future;
- o administrators should be provided a mechanism for commenting on compliance officer visits, and for appealing compliance findings with which they cannot agree;
- o annual relicencing reports released to the public should provide the lay reader with an indication of the relative importance of areas of non-compliance, and also identification of areas of satisfactory performance; and
- o reporting of compliance findings to Branch management and senior Ministry management should be guided by the principles of compliance management.

7.1 SCOPE OF INSPECTION

Finding

Annual re-licencing inspections cover all regulations; follow-up inspections concentrate on those areas identified as being in

non-compliance during the annual inspection. Other inspections deal only with the specific area giving rise to the investigation, most commonly as the result of a complaint.

Discussion

Full inspections (i.e., examination of all requirements) are completed annually for relicensing purposes to determine, at a particular point in time, the extent to which a nursing home is operating in compliance with the Nursing Homes Act and Regulation. Full inspections also are conducted at the time of transfer of ownership, since all instances of non-compliance should be identified. All other inspections focus on a specific area of concern.

Conducting inspections in this fashion does not give recognition to the relative importance of non-compliance with the various requirements. Nor does it recognize the need for preventive monitoring between full inspections.

Recommendation

Each compliance officer visit, regardless of the purpose of the visit, should include assessment of all important items. The compliance officers also should discuss these items when they contact the homes by phone. The items to be treated in this manner would be identified by the Compliance Management Program.

7.2 TIMING AND FREQUENCY OF INSPECTION

Finding

Re-licencing inspections are conducted annually. Follow-up inspections are conducted to ensure resolution of areas of non-compliance. Other inspections are conducted in response to specific events such as complaints, serious incidents and transfers of ownership.

Discussion

Timing and frequency of inspections in the current system are reactive in the sense that they are triggered by legislative requirements or by complaints and incidents. The annual re-licencing inspection is required by legislation, and Branch policy requires the investigation of all complaints from residents, family members or nursing home staff. The Branch does not currently have the manpower or systems to effectively monitor nursing homes between regular inspections.

Recommendation

The Branch should continue to conduct full annual compliance inspections in connection with the re-licencing process. Follow-up inspections should only be conducted where areas of serious non-compliance are identified during the annual inspection.

The visits which occur as a result of complaints/incidents should be conducted by either the home's regular compliance officer, or by an inspector from the Enforcement section, depending on the relative importance of the item involved. Minor complaints would be investigated by the home's compliance officer; more serious complaints would be investigated by the Enforcement staff.

Other types of inspections (e.g., pre-sale) should be conducted by the Enforcement staff.

Details of Recommendations

The Compliance Officers should take a more proactive role by phoning and visiting their nursing homes several times throughout the year to provide advice and assistance to the nursing home administrators. Each compliance officer should be assigned a group of homes so that the repeated visits, and other contacts with the homes, would result in the establishment of a positive, constructive relationship. The frequency and timing of these

contacts will vary from home to home depending on their compliance status. The relative importance of complaints would be determined by the Compliance Management Program, e.g., low importance - the serving of cold food; high importance - the failure to administer medication in accordance with physician's orders.

The level of importance will not only determine who will investigate a complaint, but also the response time for the investigation. Important items should be investigated immediately while less important items could be deferred, possibly until the next regularly scheduled visit by the compliance consultant.

7.3 UNANNOUNCED INSPECTIONS

Finding

Inspections are conducted without prior announcement to the nursing homes.

Discussion

The rationale behind this approach is that unannounced visits prevent nursing home administrators from making "cosmetic" changes which will allow the home to appear as though it is operating in compliance with the regulation. This approach is necessary because the inspectors base most of their conclusions about the operation of the nursing home on structure and process criteria, rather than on the results or outcomes of care.

Legislation is currently silent as to whether inspectors have the authority to examine patients to determine their health status resulting from the care provided by the nursing home. In practice, they rely on

observation of the facility and the care delivery process -- both of which can be made to look better on special notice. Therefore, Branch policy has been to make its inspections unannounced to reduce the opportunity for cosmetic improvements.

If the Branch had an effective way to audit the outcomes of care (rather than structure and process criteria), it would be less necessary to make unannounced inspections. However, at the present time, the nursing homes do not have well-developed quality assurance programs or outcome measures, and it would be difficult for the Nursing Homes Branch to monitor outcomes without this infrastructure in place.

Recommendations

In the short term, the Branch should continue to make all visits to nursing homes unannounced.

Meanwhile, the Branch should begin to shift the focus of its inspections away from structure and process criteria to outcome monitoring.

7.4 FEEDBACK ON INSPECTIONS

Finding

There has been no mechanism by which a nursing home can comment to the Nursing Homes Branch on the manner in which an inspection has been conducted, nor any process for appealing the results of an inspection.

Discussion

Currently, owners and administrators sometimes believe that they have not been dealt with fairly by the inspector, but have no accepted mechanism for voicing concerns. Those who feel compelled to contest an

inspection report usually go straight to the Branch Director, but there is no formal recognition that this avenue is open to the homes, nor is there any formal procedure established for consideration of the dispute. The only official way of dealing with disputes is in legal proceedings after a charge has been laid, or in licence revocation proceedings. This is costly and time consuming for both the Branch and the nursing home.

The absence of a first-level mechanism for expressing concerns also tends to either bury them or escalate them beyond their real importance. This denies the Branch an opportunity to quietly review the situation at the regional level. This situation is not conducive to development of a positive working relationship between the Ministry of Health and nursing homes.

The absence of a feedback mechanism also limits the Regional Supervisor's ability to identify performance problems among the region's staff.

Recommendations

Administrators should be encouraged to contact the Regional Supervisor if they have concerns about the manner in which an inspection was conducted, or conversely, if they wish to compliment a compliance officer's approach.

An appeal process should be developed for instances when issues cannot be resolved with the Regional Supervisor.

Details of Recommendations

The appeal process should allow both parties to present their case for adjudication, e.g., to the Manager of the Compliance Section or the Branch Director. Consideration would be given to whether the compliance officer had sufficient evidence or justification to support the finding, and whether there were any extenuating circumstances or reasonable explanations which had not been considered.

It may be desirable to add another stage to the appeal process, involving a third party from outside the Ministry. However, we believe that the internal, first-level appeal mechanism should be utilized to limit the total costs and time involved in dealing with issues that can be resolved cooperatively.

7.5 PUBLIC RELEASE OF ANNUAL INSPECTION REPORTS

Finding

Publicly-posted inspection reports highlight areas of non-compliance without giving an indication of the severity of the non-compliance or the areas which are operating well. These reports appear to be infrequently read.

Discussion

The purpose of publicly releasing inspection reports is to provide the interested public with information on the adequacy of operations of an individual home. This objective is not well served by reports which concentrate only on the areas of non-compliance. The reports give no indication of what areas are operating well, leaving the reader to deduce this information from what is not said. This is in marked contrast to the report style of the accreditation survey.

In reporting non-compliance, the reports do not give an indication of the severity of the areas in non-compliance. This prevents individuals from judging whether the non-compliance is relatively minor and can safely be ignored, or is major and should be considered in the choice of a nursing home.

The current content and format of the report may be linked to the apparent low readership by families and residents.

Recommendation

The Nursing Homes Branch should develop a reporting format which would allow an interested, but untrained, lay person to read and understand the significance of the inspection findings.

Details of Recommendation

Reports should include disclosure of the relative importance of the areas found to be in non-compliance. Ranking of the various requirements for this purpose, and for the Compliance Management Program, should be done in consultation with nursing homes.

Although it would be desirable that reports comment on the areas which are operating well in a nursing home, this may not be fully practical. As a minimum, however, the inspection reports should include a list of the general areas which were included in the inspection and where no violations were found. (The current report contains a table where the requirements are identified only by their regulation section number.) This would provide an interested person with the opportunity to determine which general areas were satisfactorily operated.

7.6 REPORTING TO MANAGEMENT

Finding

Although the Branch's head office receives duplicate copies of all inspection reports prepared by the inspectors, there is little confidence that important inspection findings are always brought promptly to the attention of Branch management and senior Ministry management. There also is little confidence that aggregate trends are identified and reported upward.

Discussion

The Branch's Head Office is virtually buried in paper, with the Operations Manager reviewing every inspection report completed by inspectors across the province.

In addition to the inspection reports, the Branch receives numerous incident reports and complaints. Serious incident reports are investigated; others are simply stored. All complaints must be investigated (according to Branch policy) and a record made.

The computerized information system contains only information from inspections, not information from other sources.

The computer system has not been utilized to produce aggregate information on patterns of non-compliance or other aspects of nursing home operations.

Reporting to senior levels of the Ministry appears to be primarily reactive, often in response to an external incident or concern. There is very little time or energy for proactive reporting, especially of aggregate information.

Areas of interest change over time, following the issues raised by consumer advocacy groups, elected representatives or inquests. The information reported by the Branch would have to change to reflect these trends.

Senior management that we interviewed reported having little confidence that important information was being reported upward on a timely basis. We agree. This appears to be due to a poor definition of "important", compounded by a cumbersome information management process.

Recommendation

The Compliance Management Program should determine what information is reported on a regular basis to the various levels of Branch and senior management, and with what time frames. This information should include information on specific homes with areas of serious non-compliance, and information on aggregate patterns and trends.

8. INFORMATION MANAGEMENT

Effective and efficient information management is essential to the Nursing Home Branch's ability to achieve its objectives. Our review of this aspect of the Branch's operations indicated that there are major opportunities for improvement which warrant further detailed study. These include:

- a review of the forms and record keeping procedures to identify changes in form design which would make them easier to complete and understand, and which would make the retrieval of hardcopy information easier;
- a review of computer system software and hardware to determine what changes can be made to provide the Nursing Homes Branch with information which is necessary for effective operations; and
- a review of the computer programming language to determine if FOCUS is best suited to meeting the needs of the Branch or whether another less costly and/or more effective language could be used.

8.1 RECORD KEEPING AND REPORTING

Finding

The Nursing Homes Branch has a cumbersome and ineffective record keeping and reporting system.

Discussion

The Branch is literally bursting with paper files. There are at least 60 forms in use, some of which are intended for internal use only (e.g., workload scheduling) and others for use outside the Branch (e.g., annual inspection reports).

The large volume of paperwork has created many problems, including:

- o added administrative work for the inspectors (to complete the forms) and for the office clerical staff (to process the forms);
- o excessive photocopying as the majority of the forms have a wide distribution;
- o excessive reproduction of forms;
- o ever increasing file space requirements for the retention of the information; and
- o increased likelihood of misplacing or losing critical information.

Our review of certain of the forms indicated that some are used infrequently. Others are poorly designed with the result that they are not easily completed by the inspectors and are not conducive to easy data entry to the computer.

We understand that the Fiscal Resources Branch is conducting a review of forms used by the Branch to collect and report on Branch activities (e.g., workload statistics, expense claims, etc.). However, this review does not include forms related to the inspection process per se.

An additional problem relating to record keeping is the fact that not all information about a nursing home is kept in a central file, either at Head Office, or at the regional office. This occurs because inspectors keep certain working papers in their own files. This has resulted in incomplete documentation in the regional file, and duplication between files.

Certain other problems relate to the organization and processing of information. Information is generally added to the file in the order in which it is received, accumulating to possibly six inches of material a year for one home. This makes overall analysis of a nursing home's performance

difficult, particularly if there have been incident or complaint investigations. Furthermore, the filing process involves physically moving a file as an audit progresses; this increases the risk of misfiling.

There is no evidence that the computer system has produced a reduction in manual recording and filing. In fact it appears to have increased the volume of paper and administrative workload.

Recommendation

A complete review and redesign of forms should be carried out.

Details of Recommendation

We were informed that a partial review of forms has been initiated by one of the consultants in Head Office; this activity should be expanded and strengthened.

The review should define the key issues of the inspection, determining the questions that must be asked and in what detail, and then developing the list of questions required to determine compliance or non-compliance and to have effective input into the Compliance Management process.

Once the questions are determined, the forms should be redesigned with the following in mind:

- o ease of data entry;
- o the requirements of an on-line entry system;
- o standardization/uniformity of design and format;
- o ease of use by the inspectors (i.e., consideration of form size, organization and "packaging"); and
- o elimination of duplication.

We believe it would be possible to achieve a reduction of at least 20 per cent in the total number (and size) of forms through consolidation, elimination, and/or streamlining. This would lead to improved operational efficiency.

This review also should consider how records should be organized, specifically to what extent information should be centralized and how hard copy files should be organized for easy retrieval of information.

The review should be conducted in conjunction with the review of the hardware and software of the current computerized system. This is especially important since the design of the system software has required certain document formats which make them difficult to use. A coordinated study also will allow the Ministry to consider the cost/benefits of adding more of the Branch's hardcopy information to the automated system (e.g., incident reports). This increase in the completeness of information on each home that is available in the computerized system will be necessary to support the Compliance Management Program.

B.2 AUTOMATED SYSTEMS

Finding

The Nursing Homes Branch has a computerized system for collecting information about nursing homes and their inspection history. The system is burdened by a large narrative text component that makes it difficult to use for aggregate data analysis. Effective use has not been made of this system.

Discussion

The computerized system was designed and written by the Management Systems Branch of the Ministry of Health and has been operational

for about a year and a half. The system resides on the computer at the Kingston facility, but is supported from the Ministry's Overlea Boulevard location. Each of the three regional offices has direct telecommunication connection to the Kingston facility and enters information into the system through on-line terminals. However, none of the regional offices have the capability to print reports locally.

The database currently holds approximately 15 months of information consisting of about 4,500 individual inspections. It is programmed using FOCUS, a fourth generation programming language which sophisticated end-users can use to generate ad hoc reports. The original plan was to train end-users to be able to program their own reports. However, no training has been conducted and the end-users are dependent on the Management Systems Branch to create new reports.

The system currently produces about 20 standard reports. The inspection staff in the regional offices have made little use of these reports, and the Branch has not taken advantage of the system's capability to produce other reports. Our discussions with personnel in the Management Systems Branch indicated that there is significant potential for providing new historical and current reports which would be useful to both the Head Office and the regional offices.

There are several possible explanations for why the reporting capabilities of the system have not been exploited; it is likely that they have all played a role. Our experience in requesting selected aggregate data from the system illustrates the underutilization of the system's capabilities. When our request for information was submitted, we found that

there were no reports being produced which showed aggregate data on the number and type of inspections performed, or the number and type of violations cited. These would appear to us to be basic management requirements.

Failure to use the system's database for management purposes may be due to insufficient Branch time and personnel to develop a statement of their needs for the Management Systems Branch. It may also indicate that the Branch's personnel do not have an adequate understanding of the system's capabilities or its potential contribution to managing the Branch and improving the effectiveness of the inspection system.

When our request was made to the Management Systems Branch, it was necessary to hire an external consultant to prepare the necessary programs for production of our reports. The need for this was partly created by the vacation of the one programmer best suited to handle the request. We were also told that, even if this programmer had been available, our request would be delayed considerably by the volume of other, more pressing work in the Management Systems Branch.

These events indicate that Branch requests for aggregate reports would have to be submitted several weeks in advance of their requirement, if they required new programming.

Recommendation

The Branch should develop an automated information system as an integral part of the Compliance Management Program.

Details of Recommendation

The first step in achieving this goal will be to work with Branch staff to identify and formulate their information needs. Once the

programming has been completed, Branch personnel (e.g., the program advisors, the managers and appropriate clerical staff) will need to be trained as end-users.

The program advisors will have the time and experience to formulate requests for information, either on a regular or ad hoc basis. This will allow effective monitoring of trends in non-compliance and incidents, both on an aggregate basis and in particular nursing homes and ownership groups. The Managers will identify the information they require to more effectively manage the activities of the Branch.

All requests for new programming would continue to be processed by the Management Systems Branch. The priorities of this Branch should be adjusted to appropriately recognize the needs of the Nursing Homes Branch for up-to-date reports.

Following is an example list of the type of information which the Nursing Homes Branch should find useful. This list is not exhaustive; other information requirements will need to be considered.

<u>Primary Information</u>	<u>Organization of Information</u>
o Frequency of Incidents	By Classification and Cause By Classification and Nursing Home Size By Classification and Ownership Type By Classification and Employee Status (i.e., Union/Non-Union)
o Frequency of Violations	By Nursing Home Size and Region By Ownership Type and Region By Employee Status and Region
o Frequency of Inspections	By Nursing Home Size and Region By Ownership Type and Region By Employee Status and Region

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and modification of forms and procedures

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aspects of the system indicate that the Ministry
er changing the software and hardware components of the
ly cost of \$7,500 to operate the system appears excessive.
is probably due to charges for the communications links between
al offices and Kingston, and the large capacity required for the
se management system and the narrative text from inspection reports. It
ay be possible to reduce these costs by investigating the following three
areas.

First, the Ministry should conduct a cost/benefit study to
consider the feasibility of introducing micro-computers in each regional
office for use in compiling the results of inspections. (FOCUS has a version
which can be implemented on micro-computers.) Use of micro-computers would
allow downloading of data from the mainframe for report generation and
on-the-spot enquiry. It would also allow periodic transmission of data to the
mainframe (e.g., weekly or monthly) for back-up purposes and for long term
storage.

Second, the Ministry should study the feasibility of introducing
stand-alone word processing equipment in the Head Office and regional
offices. The current system stores a high volume of narrative text which

contributes to the cost of operating the system and appears to result in low priority for production in Kingston, compared to other work in the queue. Furthermore, manipulation of this text for amendments is extremely cumbersome and time consuming, causing delays in releasing reports. Both problems would be resolved through the use of word processors.

An additional benefit would be improved response time for correspondence with the public and Ministry officials since the word-processing equipment could also be used for general text typing purposes, as well as report preparation.

We understand that the Ministry has recently initiated a review of the office technology requirements of the Public Health and Nursing Homes Division, including the Nursing Homes Branch.

Third, a feasibility study should be conducted to determine whether FOCUS is really suitable for the needs of the Nursing Homes Branch. FOCUS uses a considerable amount of computer resources, and is not a very friendly language to use. This feasibility study should be conducted once the requirements for the Compliance Management program are completed.

APPENDIX A

EXHIBITS

ANNUAL INSPECTION EXPERIENCE OF A TYPICAL NURSING HOME

EXHIBIT 1

	<u>Type of Inspection</u>	<u>Legislation</u>	<u>Purpose of Inspection</u>	<u>Frequency</u>	<u>Number of Days</u>	<u>Advance Notice Given</u>	<u>Comments</u>
MOH - Nursing Homes Branch	Relicensing (4 inspectors)	Nursing Homes Act	Relicensing	1 per year	3 - Nursing 1 - Environment 0.5 Fire Safety 0.5 Dietary	No	- takes alot of time - policy of the home is to accompany inspectors
	Follow-up (4 inspectors)		Follow-up annual inspection	1 per year	1 - Nursing 0.5 Environment	No	
	Complaint		Investigate complaint	1	0.5	No	
MOH - Audit Branch	Financial audit	Nursing Homes Act	Verify claim for fees	1	4	Yes	
Public Health Unit			Compliance with health standards	1/mo.	6	No	
Fire Marshall				-	1		- has invited fire departments to review evacuation plans and to show layout of building
Canadian Council on Hospital Accreditation	Review of service	N/A	Accreditation	2-3 years	1	Yes	- 2 year accreditation granted
Others:							
Ministry of Labour				-	-		
Resident's Complaints Review Board	General	Nursing Homes Act	Observe residents	1	1	No	
Compliance Plan Review Board	Environmental	Nursing Homes Act	Inspect structure	2	1	Yes	
- follow-up environmental inspector	Environmental	Nursing Homes Act	Obtain additional information	1	0.5	No	
Ministry of Revenue	Financial	Income Tax Act	Review property assessment	1	2	Yes	
Internal Audit - head office	Financial	N/A	Audit of financial controls	2	2 <u>25.5 Days</u>	Yes	

EXHIBIT 2

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Regulations Cited in
Excess of 100 Times
(For the period ended January 31, 1986)

<u>Regulation</u>	<u>Brief Description</u>	<u>Frequency</u>	
5(2)	Free from hazards to health and safety	775	
21(1)	Maintained in clean and sanitary state	491	
56(12)	Equipment in good repair	337	
74(2)	Menus to be dated and posted	314	
74(1)(c)	Special diets to be provided where ordered	257	
56(1)	Nursing care to be supervised and to meet needs	239	
73(3)	Food Services Supervisor on staff	237	
76(3)	Frozen food to be identified/dated	215	
56(3)	Residents' care plan to be prepared	179	
35(4)	Storage room to be fire resistant	177	
66	Drug record book to be maintained	143	
28(8)	Doors to the outside to be alarmed	130	
56(9)	Proper body care to be provided	125	
35(7)	Kitchen and other rooms to be fire resistant	120	
8(B)	Extra charges to be authorized in writing	119	
92(A)	Medical records to be up-to-date	117	
41(1)(Q)	Exits to be clear and unobstructed	112	
10(K)	Privacy curtains are appropriate	109	
28(5)(A)	Call stations to be installed in bathrooms	<u>108</u>	
		4,304	43.9%
		=====	=====
		9,802	100.0%
		=====	=====

REGULATIONS HAVING THE HIGHEST
RATE OF NON-COMPLIANCE
(For the Period ended January 31, 1986)

	<u>REGULATION</u>	<u>PROVINCE-WIDE</u>	<u>LONDON REGION</u>	<u>OTTAWA REGION</u>	<u>TORONTO REGION</u>
Number of Homes		<u>331</u>	<u>121</u>	<u>84</u>	<u>126</u>
The top ten regulations having the highest rate of non-compliance in the NURSING area.	56(12)	337	150	89	98
	56(1)	238	143	58	38
	56(3)	179	56	57	66
	66	143	71		47
	92(A)	117	74		29
	87(B)(I)	80	63		
	28(S)(A)	108	47	13	28
	88(B)(IV)	61	20		
	10(K)	109	22		50
	5(2)	77		35	19
	11(I)		31		
	8(B)			13	
	56(6)			15	
	63(2)			18	
	56(9)			34	
	11(6)				24
55(1)(B)				<u>19</u>	
		<u>1,449</u>	<u>677</u>	<u>332</u>	<u>418</u>
The top five regulations having the highest rate of non-compliance in the ENVIRONMENTAL area.	21(1)	346	112	109	125
	5(2)	261	91	84	86
	29(5)	70		11	45
	31(A)	55	39		
	20(6)	87			28
	269(2)		11		
	76(2)		13		
	20(6)			8	
	29(1)			7	
	20(10)				<u>8</u>
		<u>819</u>	<u>266</u>	<u>219</u>	<u>292</u>
The top five regulations having the highest rate of non-compliance in the area of FIRE SAFETY.	5(2)	199	73	55	71
	35(4)	164	55	77	32
	35()	97	27	19	51
	28(8)	122	71	25	26
	41(1)(Q)	<u>93</u>	<u>6</u>	<u>56</u>	<u>31</u>
		<u>675</u>	<u>232</u>	<u>232</u>	<u>211</u>
The top five regulations having the highest rate of non-compliance in the DIETARY area.	74(2)	314	127	35	152
	73(3)	231	38	48	145
	74(1)(C)	248	97	19	132
	5(2)	229	84	40	105
	76(3)	<u>207</u>	<u>84</u>		<u>96</u>
		<u>1,229</u>	<u>430</u>	<u>169</u>	<u>630</u>

REGULATIONS HAVING THE HIGHEST
FREQUENCY OF NON-COMPLIANCE
(For the Period ended January 31, 1986)

	<u>REGULATION</u>	<u>TOTAL</u>	<u>LONDON</u>	<u>OTTAWA</u>	<u>TORONTO</u>
<u>1-90 BEDS</u> - Number of homes		147	60	35	52
<u>NURSING (TOP 10)</u>	56(12)	100	50	31	19
	56(1)	68	51	9	
	56(3)	53	21	16	16
	8(B)	43	15	9	19
	66	42	26		13
	92(A)	42	30		10
	87(B)(T)	36	31		
	10(K)	32			13
	55(1)(8)	31	16		11
	11(1)	30		9	10
	28(5)(A)	30	15	9	
	64(2)	30		7	15
	88(B)(IV)		20		
	5(2)			8	
	47(3)(A)			7	
	56(6)			7	
	63(2)			7	
	81(A)		16		
	11(6)				12
	47(2)(B)				11
		537	291	119	149
<u>ENVIRONMENT (TOP 5)</u>	21(1)	118	39	35	44
	5(2)	87	35	32	20
	29(5)	20		2	13
	31(A)	18	15		
	20(6)	14		5	7
	26(2)		11		
	29(1)			4	4
	13				4
	20(10)			2	
	31(B)		7		
		257	107	80	92
<u>FIRE SAFETY (TOP 5)</u>	5(2)	83	32	28	23
	35(4)	69	24	36	
	35(1)	55	20	19	16
	28(8)	52	29	19	
	41(1)(O)	36	19		
	41(1)(Q)			20	12
	41(1)(U)				18
	4(3)				12
		295	124	122	91
<u>DIETARY (TOP 5)</u>	74(2)	128	53	13	62
	73(3)	106	19	19	68
	74(1)(C)	83	40		37
	5(2)	81	35	18	28
	76(3)	81	32	14	35
	76(2)			8	
		479	179	72	230

REGULATIONS HAVING THE HIGHEST
FREQUENCY OF NON-COMPLIANCE
(For the Period ended January 31, 1988)

	<u>REGULATION</u>	<u>TOTAL</u>	<u>LONDON</u>	<u>OTTAWA</u>	<u>TORONTO</u>
<u>61-120 BEDS - Number of Homes</u>		<u>119</u>	<u>45</u>	<u>37</u>	<u>37</u>
<u>NURSING (TOP 10)</u>	56(12)	123	63	36	24
	56(1)	97	61	29	
	66	58	30	13	15
	56(3)	57	18	28	11
	8(8)	46			20
	28(5)(A)	42	20		16
	56(9)	42		24	
	10(K)	38	22		12
	55(5)C	36		16	
	88(C)	36		11	
	92(A)		27		
	87(B)(I)		19		
	11(1)		17		
	56(5)		17		
	5(2)			16	13
	28(7)			11	
	63(2)			11	
	11(6)				12
	55(1)(B)				12
	47(2)(B)				11
		<u>575</u>	<u>294</u>	<u>195</u>	<u>146</u>
<u>ENVIRONMENT (TOP 5)</u>	21(1)	140	50	54	36
	5(2)	101	40	38	23
	29(5)	28		7	13
	31(A)	28	20	3	5
	20(6)	21			15
	10(E)(IV)		10		
	31(B)		9		
	76(2)		9		
	29(1)			5	
	20(10)				5
		<u>318</u>	<u>138</u>	<u>107</u>	<u>97</u>
<u>FIRE SAFETY (TOP 5)</u>	35(4)	69	21	36	12
	5(2)	59	27	20	12
	28(H)	49	28		
	41(1)(Q)	49		31	14
	35(1)	38			15
	41(1)(O)		13	16	
	33(7)		12		
	39(5)			18	
	41(1)(U)				16
		<u>264</u>	<u>101</u>	<u>121</u>	<u>69</u>
<u>DIETARY (TOP 5)</u>	74(2)	103	52	14	37
	74(1)(C)	86	36	14	36
	76(3)	82	38	11	33
	5(2)	76	30	15	31
	73(3)	74	19	17	38
		<u>421</u>	<u>175</u>	<u>71</u>	<u>175</u>

**REGULATIONS HAVING THE HIGHEST
FREQUENCY OF NON-COMPLIANCE**
(For the Period ended January 31, 1986)

	<u>REGULATION</u>	<u>TOTAL</u>	<u>LONDON</u>	<u>OTTAWA</u>	<u>TORONTO</u>
121 - 150 BEDS - Number of Homes					
		34	12	5	17
NURSING (TOP 10)					
	56(12)	47	25	8	13
	56(1)	30	22	5	12
	56(3)	27	11	4	5
	56(9)	21	12	4	8
	56(5)	20	10		
	28(5)(A)	18	12		
	66	17	14		6
	92(A)	18	10		5
	56(6)	16		2	6
	10(K)	15			
	28(5)(B)		11		
	87(B)(I)		11		
	55(4)		10		
	55(5)(C)		10		
	56(2)			3	
	8(B)			4	9
	28(10)			3	
	592)			5	
	57(4)			3	8
	82(A)				7
	55(1)(B)				5
	28(5)(A)				2
	88(D)				
		229	159	42	94
ENVIRONMENT (TOP 5)					
	21(1)	40	17	3	20
	5(2)	27	9	5	13
	31(A)	7	4		3
	20(11)	6	3		6
	29(5)	6	2		
	11(9)			1	3
	29(2)				
	20(10)				
		86	35	9	45
FIVE (TOP 5)					
	5(2)	24	11	1	12
	35(4)	18	10	1	7
	28(8)	13	8		5
	41(10)(O)	16	6	1	9
	35(1)	13	6	4	7
	39(5)			2	
	39(20)				
		84	41	9	40
DIETARY (TOP 5)					
	74(2)	44	16	3	25
	5(2)	39	15	2	22
	74(1)(G)	39	14		24
	76(3)	28	10	2	16
	73(3)	28		4	18
	21(1)		8		
	74(1)(E)			2	
		178	63	13	105

REGULATIONS HAVING THE HIGHEST
FREQUENCY OF NON-COMPLIANCE
(For the Period ended January 31, 1986)

	<u>REGULATION</u>	<u>TOTAL</u>	<u>LONDON</u>	<u>OTTAWA</u>	<u>TORONTO</u>
<u>181 - 240 SEES - Number of Homes</u>		<u>17</u>	<u>2</u>	<u>5</u>	<u>10</u>
NURSING (TOP 10)	56(12)	3	6	7	
	56(1)	14	2	7	
	56(3)	19	2	3	14
	5(2)	10	1	3	5
	56(9)	18		4	13
	92(A)	10	1	2	7
	10(K)	8			8
	28(5)(A)	8			7
	66	10	1	3	4
	11(2)	6			6
	28(7)	6			6
	88(D)		2		
	28(5)(B)		1		
	47(2)(C)		1		
	47(3)(A)		1		
	64(1)				3
	47(14)				2
47(2)(B)				2	
		<u>112</u>	<u>18</u>	<u>36</u>	<u>71</u>
ENVIRONMENT (TOP 5)	21(1)	34	4	9	21
	59(2)	24	4	5	15
	29(1)	3	2	1	
	76(2)	3	1		2
	29(5)	10		2	8
	20(6)	4			4
	19				
	22(6)			1	
			<u>78</u>	<u>12</u>	<u>18</u>
FIRE SAFETY (TOP 5)	28(8)	11	3	2	6
	39(5)	9	2	2	5
	5(2)	19	2	2	15
	3591	8	1		7
	35(4)	11		4	7
	41(1)(Q)	8		3	5
	33(10)		2		
			<u>66</u>	<u>10</u>	<u>13</u>
DIETARY (TOP 5)	74(1)(G)	22	2	3	17
	74(2)	21	1	4	16
	73(3)	17		8	9
	5(2)	16		4	12
	76(3)	13	1		12
	21(1)		3	3	
	76(2)		2		
		<u>89</u>	<u>9</u>	<u>22</u>	<u>66</u>

REGULATIONS HAVING THE HIGHEST
FREQUENCY OF NON-COMPLIANCE
(For the Period ended January 31, 1986)

	<u>REGULATION</u>	<u>TOTAL</u>	<u>LONDON</u>	<u>OTTAWA</u>	<u>TORONTO</u>	
<u>+240 BEDS - Number of Homes</u>		14	2	2	10	
<u>NURSING</u> <u>(TOP 10)</u>	56(12)	40	8	8	24	
	56(1)	29	7	8	14	
	92(A)	13	6		5	
	56(3)	23	4	6	13	
	56(5)	13	4		6	
	56(6)	15	4	5	6	
	56(9)	23	4	6	13	
	66	16			13	
	10(K)	12			11	
	8(B)	8			8	
	28(5)(B)		4			
	65(5)		3			
	72(1)(3)		3			
	88(3)(11)		3			
	21(1)		3	3		
	55(5)(G)			7		
	11(6)			3		
5(2)			3			
28(5)(A)			3			
		<u>192</u>	<u>53</u>	<u>52</u>	<u>114</u>	
<u>ENVIRONMENT</u> <u>(TOP 5)</u>	5(2)	22	3	4	15	
	21(1)	32	2	6	24	
	76(2)	3	1		2	
	29(5)	5			5	
	20(6)	2			2	
	76(2)		1			
	22(1)			1		
	29(1)			1		
			<u>64</u>	<u>7</u>	<u>12</u>	<u>48</u>
	<u>FIRE SAFETY</u> <u>(TOP 5)</u>	39(8)	6	2		4
33(9)		3	1	2		
5(2)		14	1	4	9	
41(1)(Q)		10		2	8	
35(4)		10		3	6	
38(1)			3			
33(7)			2			
39(8)			2			
41(1)(O)				3		
35(1)					6	
		<u>43</u>	<u>11</u>	<u>14</u>	<u>33</u>	
<u>DIETARY</u> <u>(TOP 5)</u>	74(1)(G)	24	5	1	18	
	74(2)	18	5	1	12	
	5(2)	17	4	1	12	
	21(1)	13	2	1	10	
	73(3)	12			12	
	76(2)			1		
		<u>84</u>	<u>16</u>	<u>5</u>	<u>64</u>	

MINISTRY OF HEALTH
NURSING HOMES BRANCH

INSPECTION FREQUENCY
(For the Period ended January 31, 1986)

	<u>Number of Inspections¹</u>	<u>Number of Homes</u>	<u>Average Inspections Per Home</u>
NURSING			
London	460	121	3.8
Ottawa	402	84	4.8
Toronto	<u>393</u>	<u>126</u>	3.1
Total	<u>1,255</u>	<u>331</u>	3.8
ENVIRONMENTAL			
London	378	121	3.1
Ottawa	209	84	2.5
Toronto	<u>362</u>	<u>126</u>	2.9
Total	<u>949</u>	<u>331</u>	2.9
FIRE SAFETY			
London	462	121	3.8
Ottawa	496	84	5.9
Toronto	<u>416</u>	<u>128</u>	3.3
Total	<u>1,374</u>	<u>331</u>	4.2
DIETARY			
London	345	121	2.9
Ottawa	222	84	2.6
Toronto	<u>374</u>	<u>126</u>	3.0
Total	<u>941</u>	<u>331</u>	2.8
ALL DISCIPLINES			
London	1,645	121	13.6
Ottawa	1,329	84	15.8
Toronto	<u>1,545</u>	<u>126</u>	12.3
Total	<u>4,519</u>	<u>331</u>	13.7

NOTE

1. "Inspection" denotes all types of inspections, including annual re-licencing, follow-up, complaints investigation, etc. The period covered by these inspections varies by inspection type. For annual inspections it is November 1, 1984 to January 31, 1986; for all other types of inspections it is January 1, 1986.

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Volume of Violations
by Inspection Type
(For the period ended January 31, 1966)

	Total Violations ¹	All Regions Number of Inspections	Average Per Inspection	* Total Violations ¹	London Number of Inspections	Average Per Inspection	* Total Violations ¹	Ottawa Number of Inspections	Average Per Inspection	* Total Violations ¹	Toronto Number of Inspections	Average Per Inspection
ANNUAL INSPECTION ²	5,738	1,865	3.1 ²	1,921	602	3.2 ²	1,303	473	2.8 ²	2,514	790	3.2 ²
FOLLOW-UP INSPECTIONS	2,718	1,592	1.7	1,281	607	2.1	741	559	1.3	696	426	1.6
COMPLAINT INVESTIGATIONS	446	370	1.2	166	106	1.6	95	72	1.3	185	192	1.0
OTHER INSPECTIONS	900	692	1.3	440	330	1.3	283	225	1.3	177	137	1.3
TOTAL	9,802	4,519	2.2	3,808	1,645	2.3	2,422	1,329	1.8	3,572	1,545	2.3

NOTE: 1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.
2. Each annual inspection is composed of a visit by an inspector from each of the four disciplines (i.e. nursing, environmental, fire safety, and dietary). For this reason, the average violations on the annual inspection per nursing home can be calculated by multiplying the average number of violations per inspection by four (e.g. All Regions - 3.1 x 4 = 12.4).

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Volume of Violations
By Discipline
(For the Period ended January 31, 1986)

	All Regions			London			Ottawa			Toronto		
	Total Violations ¹	Number of Inspections	Average Per Inspection	Total Violations ¹	Number of Inspections	Average Per Inspection	Total Violations ¹	Number of Inspections	Average Per Inspection	Total Violations ¹	Number of Inspections	Average Per Inspection
NURSING	4,728	1,255	3.8	1,978	460	4.3	1,120	402	2.8	1,630	393	4.1
ENVIRONMENTAL	1,066	949	1.1	437	378	1.2	245	209	1.2	384	362	1.1
FIRE SAFETY	2,336	1,374	1.7	807	462	1.7	812	496	1.6	717	416	1.7
DIETARY	<u>1,672</u>	<u>941</u>	1.8	<u>586</u>	<u>345</u>	1.7	<u>245</u>	<u>222</u>	1.1	<u>841</u>	<u>374</u>	2.2
TOTAL	<u>9,802</u>	<u>4,519</u>	2.2	<u>3,808</u>	<u>1,645</u>	2.3	<u>2,422</u>	<u>1,329</u>	1.8	<u>3,572</u>	<u>1,545</u>	2.3

NOTE: 1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Volume of Violations
by Inspection Type
(For the Period ended January 31, 1986)

	Total Violations ¹	All Regions Number of Homes	Average Per Home *	Total Violations ¹	London Number of Homes	Average Per Home *	Total Violations ¹	Ottawa Number of Homes	Average Per Home *	Total Violations ¹	Toronto Number of Homes	Average Per Home
ANNUAL INSPECTION ²	5,738	331	17.3 ²	1,921	121	15.9 ²	1,303	84	15.5 ²	2,514	126	19.9 ²
FOLLOW-UP INSPECTIONS	2,718	331	8.2	1,281	121	10.6	741	84	8.8	696	126	5.5
COMPLAINT INVESTIGATIONS	446	331	1.3	166	121	1.4	95	84	1.1	185	126	1.5
OTHER INSPECTIONS	900	331	2.7	440	121	3.6	283	84	3.4	177	126	1.4
TOTAL	9,802	331	29.6	3,808	121	31.5	2,422	84	28.8	3,572	126	28.3

NOTE: 1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.
2. Each annual inspection is composed of a visit by an inspector from each of the four disciplines (i.e. nursing, environmental, fire safety, and dietary). For this reason, the average violations on the annual inspection per nursing home can be calculated by multiplying the average number of violations per inspection by four (eg. All Regions - 17.3 x 4 = 69.2).

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Volume of Violations
By Discipline
(For the Period ended January 31, 1986)

	All Regions			London			Ottawa			Toronto		
	Total Violations ¹	Number of Homes	Average Per Home	Total Violations ¹	Number of Homes	Average Per Home	Total Violations ¹	Number of Homes	Average Per Home	Total Violations ¹	Number of Homes	Average Per Home
NURSING	4,728	331	14.3	1,978	121	16.3	1,120	84	13.3	3,630	126	28.9
ENVIRONMENTAL	1,066	331	3.2	437	121	3.6	245	84	2.9	384	126	3.0
FIRE SAFETY	2,336	331	7.1	807	121	6.7	812	84	9.7	717	126	5.7
DIETARY	<u>1,672</u>	331	5.1	<u>586</u>	121	4.8	<u>245</u>	84	2.9	<u>841</u>	126	6.7
TOTAL	<u>9,802</u>	331	29.7	<u>3,808</u>	121	31.4	<u>2,422</u>	84	28.8	<u>3,572</u>	126	28.3

NOTE: 1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.

MINISTRY OF HEALTH
NURSING HOMES BRANCH
 Volume of Violations
 By Nursing Home Ownership Type
 (For the Period ended January 31, 1966)

	<u>Total</u> <u>Violations</u>	<u>All Regions</u> <u>Number of</u> <u>Inspections</u>	<u>Average Per</u> <u>Inspection</u> *	<u>Total</u> <u>Violations</u>	<u>London</u> <u>Number of</u> <u>Inspections</u>	<u>Average Per</u> <u>Inspection</u> *	<u>Total</u> <u>Violations</u>	<u>Ottawa</u> <u>Number of</u> <u>Inspections</u>	<u>Average Per</u> <u>Inspection</u> *	<u>Total</u> <u>Violations</u>	<u>Toronto</u> <u>Number of</u> <u>Inspections</u>	<u>Average Per</u> <u>Inspection</u>
NON-CORPORATE	1,033	476	2.2	531	228	2.3	123	62	2.0	389	186	2.1
CORPORATIONS	8,061	3,714	2.2	3,042	1,316	2.3	2,115	1,176	1.8	2,904	1,222	2.4
NOT-FOR-PROFIT	708	329	2.2	245	101	2.4	184	91	2.0	279	137	2.0
TOTALS	<u>9,802</u>	<u>4,519</u>	2.2	<u>3,808</u>	<u>1,645</u>	2.3	<u>2,422</u>	<u>1,329</u>	1.8	<u>3,572</u>	<u>1,545</u>	2.3

NOTE: 1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.

MINISTRY OF HEALTH
NURSING HOMES BRANCH
Volume of Violations
By Nursing Home Ownership Type
(For the Period ended January 31, 1986)

	All Regions			London			Ottawa			Toronto		
	Total Violations ¹	Number of Homes	Average Per Home	Total Violations ¹	Number of Homes	Average Per Home	Total Violations ¹	Number of Homes	Average Per Home	Total Violations ¹	Number of Homes	Average Per Home
NON-CORPORATE	1,033	38	27.1	521	17	30.6	123	4	30.8	389	17	22.9
CORPORATIONS	8,061	265	30.4	3,042	95	32.0	2,115	74	28.6	2,904	96	30.3
NOT-FOR-PROFIT	708	28	25.3	245	9	27.2	184	6	30.7	279	13	21.5
TOTALS	9,802	331	29.6	3,808	121	31.5	2,422	84	28.8	3,572	126	28.3

NOTE: 1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Volume of Violations
By Size of Nursing Home
(For the Period ended January 31, 1986)

	<u>All Regions</u>			<u>London</u>			<u>Ottawa</u>			<u>Toronto</u>		
	<u>Total Violations¹</u>	<u>Number of Inspections</u>	<u>Average Per Inspection</u>	<u>Total Violations¹</u>	<u>Number of Inspections</u>	<u>Average Per Inspection</u>	<u>Total Violations¹</u>	<u>Number of Inspections</u>	<u>Average Per Inspection</u>	<u>Total Violations¹</u>	<u>Number of Inspections</u>	<u>Average Per Inspection</u>
1 - 60 Beds	3,539	1,801	2.0	1,524	723	2.1	914	514	1.8	1,101	564	2.0
61 - 120 Beds	3,590	1,697	2.1	1,524	662	2.3	1,094	592	1.8	972	443	2.2
121 - 180 Beds	1,181	482	2.5	561	193	2.9	133	80	1.7	467	209	2.3
181 - 240 Beds	733	283	2.5	62	31	2.0	147	93	1.6	504	159	3.2
+240 Beds	779	256	3.0	137	36	3.8	134	50	2.7	588	170	3.0
TOTALS	<u>9,802</u>	<u>4,519</u>	2.2	<u>3,808</u>	<u>1,645</u>	2.3	<u>2,422</u>	<u>1,329</u>	1.8	<u>3,572</u>	<u>1,545</u>	2.3

NOTE: 1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Volume of Violations
By Size of Nursing Home
(For the Period ended January 31, 1986)

	All Regions			London			Ottawa			Toronto		
	Total Violations ¹	Number of Homes	Average Per Home	Total Violations ¹	Number of Homes	Average Per Home	Total Violations ¹	Number of Homes	Average Per Home	Total Violations ¹	Number of Homes	Average Per Home
1 - 60 Beds	3,539	147	24.1	1,524	60	25.4	914	35	26.1	1,101	52	21.2
61 - 120 Beds	3,590	119	30.2	1,524	45	33.9	1,094	37	29.6	972	37	26.2
121 - 180 Beds	1,181	34	34.7	561	12	46.8	133	5	26.7	487	17	28.7
181 - 240 Beds	713	17	42.0	62	2	31.0	147	5	29.4	504	10	50.4
+240 Beds	779	14	55.6	137	2	68.5	134	2	67	508	10	50.8
TOTALS	9,802	331	29.6	3,808	121	31.5	2,422	84	28.8	3,572	126	28.3

NOTE: 1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.

**MINISTRY OF HEALTH
NURSING HOMES BRANCH**
Volume of Violations
By Inspection Type and Term of Accreditation
(For the Period ended January 31, 1986)

	All Regions			London			Ottawa			Toronto		
	Total Violations ¹	Number of Homes	Average Per Home	Total Violations ¹	Number of Homes	Average Per Home	Total Violations ¹	Number of Homes	Average Per Home	Total Violations ¹	Number of Homes	Average Per Home
ANNUAL												
Not Accredited	1,761	111	15.9	526	36	14.6	418	31	13.5	817	44	18.6
Accredited - 1 Year	243	10	24.3	101	5	20.2	61	3	20.3	81	2	40.5
Accredited - 2 Years	2,166	108	20.1	763	40	19.1	451	24	18.8	952	44	21.6
Accredited - 3 Years	1,368	102	15.4	531	40	13.3	373	26	14.3	664	36	18.4
Total	5,738	331	17.3	1,921	121	15.9	1,303	84	15.5	2,514	126	20.0
FOLLOW-UP												
Not Accredited	993	111	8.9	457	36	12.7	278	31	9.0	258	44	5.9
Accredited - 1 Year	102	10	10.2	44	5	8.8	46	3	15.3	12	2	6.0
Accredited - 2 Years	961	108	8.9	461	40	11.5	239	24	1.0	261	44	5.9
Accredited - 3 Years	662	102	6.5	319	40	8.0	178	26	6.8	165	36	4.6
Total	2,718	331	8.2	1,281	121	10.6	741	84	8.8	696	126	5.5
COMPLAINT												
Not Accredited	206	111	1.9	65	36	1.8	20	31	0.6	121	44	2.8
Accredited - 1 Year	10	10	1.0	4	5	0.8	5	3	1.7	1	2	0.5
Accredited - 2 Years	128	108	1.2	45	40	1.1	41	24	1.7	42	44	1.0
Accredited - 3 Years	102	102	1.0	52	40	1.3	29	26	1.1	21	36	0.6
Total	446	331	1.3	166	121	1.4	95	84	1.1	185	126	1.5
OTHER												
Not Accredited	337	111	3.0	113	36	3.1	118	31	3.8	106	44	2.4
Accredited - 1 Year	31	10	3.1	7	5	1.4	20	3	6.7	6	2	3.0
Accredited - 2 Years	323	108	3.0	210	40	5.3	77	24	3.2	36	44	0.8
Accredited - 3 Years	207	102	2.0	110	40	2.8	68	26	2.6	29	36	0.8
Total	900	331	2.7	440	121	3.6	283	84	3.4	177	126	1.4
ALL INSPECTIONS												
Not Accredited	3,297	111	29.7	1,161	36	32.3	834	31	26.9	1,302	44	29.6
Accredited - 1 Year	389	10	38.8	156	5	31.2	132	3	44.0	100	2	50.0
Accredited - 2 Years	3,578	108	33.1	1,479	40	37.0	808	24	33.7	1,291	44	29.3
Accredited - 3 Years	2,539	102	24.9	1,012	40	25.3	648	26	24.9	879	36	24.4
Total	9,803	331	29.6	3,808	121	31.5	2,422	84	28.8	3,572	126	28.3

NOTE:

1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.

MINISTRY OF HEALTH
NURSING HOMES BRANCH

INSPECTOR WORKLOAD
(For the Period ended January 31, 1986)

	<u>Number of Inspections¹</u>	<u>Number of Inspectors</u>	<u>Average Per Inspector</u>
NURSING			
London	460	6	77
Ottawa	402	6	67
Toronto	<u>393</u>	<u>5</u>	79
Total	<u>1,255</u>	<u>17</u>	74
ENVIRONMENTAL			
London	378	1 ²	378
Ottawa	209	1	209
Toronto	<u>362</u>	<u>2</u>	181
Total	<u>949</u>	<u>4</u>	237
FIRE SAFETY			
London	462	2	231
Ottawa	496	3	165
Toronto	<u>416</u>	<u>2</u>	208
Total	<u>1,374</u>	<u>7</u>	196
DIETARY			
London	345	1	345
Ottawa	222	1	222
Toronto	<u>374</u>	<u>2</u>	187
Total	<u>941</u>	<u>4</u>	235
ALL DISCIPLINES			
London	1,645	10	165
Ottawa	1,329	11	121
Toronto	<u>1,545</u>	<u>11</u>	140
Total	<u>4,519</u>	<u>32</u>	141

NOTE

1. "Inspection" denotes all types of inspections, including annual re-licencing, follow-up, complaints investigation, etc. The period covered by these inspections varies by inspection type. For annual inspections it is November 1, 1984 to January 31, 1986; for all other types of inspections it is January 1, 1986.
2. One additional environmental inspector added in September, 1985.

MINISTRY OF HEALTHNURSING HOMES BRANCHCALCULATION OF MINIMUM STAFFING REQUIREMENTS

	<u># of Days</u>
Annual inspection	
Nursing component	3.0
Nutrition component	0.5
Environmental component	0.5
Administration	<u>1.0</u>
	<u>5.0</u>
Follow-up inspection	
Nursing	1.5
Nutrition/environment	1.0
Administration	<u>0.5</u>
	<u>3.0</u>
Ongoing contact, follow-up of minor complaints, etc. (2 hours/month)	<u>4.0</u>
Estimated maximum number of days before enforcement team called in (plus 50%)	<u>6.0</u>
Maximum days home per year	<u>18.0</u> days
Average days per home per year	<u>15.0</u> days
Available working days per year	<u>170.0</u> days
Homes per officer	<u>11</u> homes/officer
Total number of homes	<u>331</u>
Number of officers required	<u>33</u>

MINISTRY OF HEALTH
NURSING HOMES BRANCH
CALCULATION OF STAFFING REQUIREMENTS

	<u>Current Level</u>	<u>Required Future Level</u>	<u>Change</u>
Director	1	1	-
Managers	1	2	+1
Regional Supervisors	3	4	+1
Program Advisors (now Coordinators)	6	5	-1
Compliance Officers (now Inspectors)	36	33	-3
Enforcement Inspectors	0	5	+5
Lawyer	1	1	-
Special Investigator	1	1	-
Support Staff	<u>25</u>	<u>25</u>	<u>-</u>
	<u>74</u>	<u>77</u>	<u>+3</u>

EXHIBIT 22

MINISTRY OF HEALTH

NURSING HOMES BRANCH

STAFF TENURE
(as of April 1986)

<u>Location</u>	<u>Number of Staff</u>			<u>Average Length of Time in Position</u>
	<u>1 Year</u>	<u>1-2 Years</u>	<u>3+ Years</u>	
Head Office	12	3	10	2.9
Toronto	4	7	7	4.5
Ottawa	0	7	7	6.0 yrs.
London	2	3	8	6.2 yrs.



Woods Gordon

REVIEW OF NURSING HOME INSPECTION SYSTEM

QUESTIONNAIRE FOR INSPECTORS

Dear Inspector:

Our firm has been commissioned by the Ontario Ministry of Health to undertake an independent review of nursing home inspection and compliance. For this review, we are seeking input from all interested parties through a combination of interviews, questionnaires, meetings, data analysis and document review.

The enclosed questionnaire has been designed to obtain the opinions and suggestions of nursing home inspectors. Other questionnaires have been developed for nursing home administrators, nursing home owners and management/clerical staff of the Nursing Homes Branch.

The responses to these questionnaires will be treated as confidential, and you are not being asked to sign your name. Only Woods Gordon will see the completed questionnaires. The Ministry will receive only aggregated tabulations of the results.

This questionnaire is intended to gather your perceptions of the effectiveness of the nursing home inspection system. Please answer each question by circling the number that most closely reflects your opinion. Feel free to add written comments beside individual questions or on the last page. Should you have any questions about this questionnaire, please contact: Wendy Banting, Woods Gordon, Toronto (416) 864-1212, ext. 2141.

As we have a very short timeframe for this study, please complete the questionnaire, seal it in the envelope provided and give it to the following clerk in your office by March 24, 1986:

London - Jan Leyden
Ottawa - Mary Levert
Toronto - Betty Reid
Head Office - Mary Osborne

We will have a private courier collect the sealed envelopes from your office on March 25, 1986.

If you should be away from the office during this period (on vacation, sick leave, etc.), please complete the questionnaire as soon as possible on your return and mail it to:

Ms. Wendy Banting
Woods Gordon
P.O. Box 251, Royal Trust Tower
Toronto-Dominion Centre
Toronto, Ontario
M5K 1J7

We will do our best to include these late responses in our tabulation of the results.

Thank you for your cooperation.

Yours truly,

Catherine Cornell
Principal

CC/SS
Encl.

APPENDIX B

QUESTIONNAIRE RESULTS

Questionnaire for Inspectors

Table 1 - Responses

Table 1A - Responses Grouped by Topic

Questionnaire for Branch Management and Support Staff

Table 2 - Responses

Table 2A - Responses Grouped by Topic

Questionnaire for Nursing Home Administrators

Table 3 - Responses

Table 3A - Responses Grouped by Topic

Questionnaire for Nursing Home Owners

Table 4 - Responses

Table 4A - Responses Grouped by Topic

REVIEW OF NURSING HOMES INSPECTION SYSTEM

QUESTIONNAIRE FOR INSPECTORS

Definition of Ratings

- 1 = Strongly Agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly Disagree
- 6 = Cannot Comment

PLEASE CIRCLE THE NUMBER THAT MOST CLOSELY REFLECTS YOUR OPINION

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
<u>Example:</u>						
0. The Nursing Homes Branch is responsible for the inspection of nursing homes.	1	2	3	4	5	6
1. I feel that the work of the Nursing Home Branch is important.	1	2	3	4	5	6
2. The selection process for inspector positions is designed to select the most qualified candidates.	1	2	3	4	5	6
3. The criteria for selection of new inspectors are clearly defined.	1	2	3	4	5	6



	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
4. I feel there are sufficient inspectors in my discipline to adequately cover the homes in my region	1	2	3	4	5	6
5. The job description for my inspector position accurately reflects my current duties and responsibilities.	1	2	3	4	5	6
6. I am usually consulted prior to changes being made to the inspection process.	1	2	3	4	5	6
7. I know the standards of performance expected of me as an inspector.	1	2	3	4	5	6
8. The current regulations are out of date.	1	2	3	4	5	6
9. Two inspections per year (i.e. licence renewal and annual follow-up) provide satisfactory monitoring of a nursing home.	1	2	3	4	5	6
10. Prosecution of a home is a valid process to achieve compliance.	1	2	3	4	5	6
11. The existence of the co-ordinator/consultant position has enhanced the support and direction available to me to do my job.	1	2	3	4	5	6
12. My supervisor knows where I am on any given day.	1	2	3	4	5	6
13. No one ever discusses with me what things I should do and how.	1	2	3	4	5	6
14. I complete an inspection in the same way as my peers do.	1	2	3	4	5	6
15. The orientation process provides new inspectors with what they need to know to conduct an inspection.	1	2	3	4	5	6
16. I wait to be asked by my supervisor or management for suggestions to change policies or procedures.	1	2	3	4	5	6



	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
17. Continuing training is provided based on my level of skill and my developmental needs.	1	2	3	4	5	6
18. The public release of annual inspection reports has made my job easier.	1	2	3	4	5	6
19. I interact primarily with inspectors from my own discipline.	1	2	3	4	5	6
20. Regular training is provided to update inspectors on changes in procedures and regulations.	1	2	3	4	5	6
21. It is difficult for me to assess my own training and developmental needs for this job.	1	2	3	4	5	6
22. My supervisor and I meet regularly to discuss my workload.	1	2	3	4	5	6
23. My supervisor is able to assess my performance from the kinds of reports I submit.	1	2	3	4	5	6
24. The essential requirements of knowledge, skills and abilities for the inspector position are clearly defined.	1	2	3	4	5	6
25. The standards of performance for an inspector are clearly defined.	1	2	3	4	5	6
26. It would be difficult for me to obtain permission to attend a course I felt necessary for my growth and development.	1	2	3	4	5	6
27. There is too much paper work in this Branch/office.	1	2	3	4	5	6
28. I am compared with my peers in the terms of the number of violations I find.	1	2	3	4	5	6



Woods Gordon

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
29. If a consumer advocacy group believes that a specific nursing home is providing poor care, I am particularly thorough in completing my inspection of that home.	1	2	3	4	5	6
30. The current level of compliance in homes warrant a relaxation of inspection procedures or frequency.	1	2	3	4	5	6
31. I schedule my own work and usually don't discuss it with my supervisor.	1	2	3	4	5	6
32. I know what the goals and objectives of the Branch are.	1	2	3	4	5	6
33. My personal goals and objectives for the year are directly related to the Branch's goals and objectives.	1	2	3	4	5	6
34. Part of my role is to advise my supervisor or branch management of needed changes in policy or procedures.	1	2	3	4	5	6
35. My annual salary increment is a direct reflection of my performance during the previous year.	1	2	3	4	5	6
36. Formal appraisals are rarely done for inspectors in this office.	1	2	3	4	5	6
37. The purpose of the inspection system is to ensure compliance with the Nursing Homes Act.	1	2	3	4	5	6
38. More inspectors are necessary in my discipline.	1	2	3	4	5	6
39. The key objective of the inspection system is to maintain a high standard of care and safety within nursing homes.	1	2	3	4	5	6



	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
40. An accredited home has fewer violations than one that is not accredited.	1	2	3	4	5	6
41. I have a difficult time finding information when I need it because there is so much data to sort through.	1	2	3	4	5	6
42. The amount of paper generated could be streamlined significantly.	1	2	3	4	5	6
43. The tight time frames for completion of activities and reports creates much of the stress of my job.	1	2	3	4	5	6
44. Lately, I have felt that the key objective of the inspection system has been to respond to pressure from outside the Branch.	1	2	3	4	5	6
45. A major objective of the Nursing Homes Branch is to educate the owners, administrators, directors and supervisors of nursing homes.	1	2	3	4	5	6
46. Part of my role is to act as a consultant to nursing home administrators and staff to help them improve operations.	1	2	3	4	5	6
47. I often feel that my role as an inspector is similar that of a policeman.	1	2	3	4	5	6
48. Other than annual relicensing inspections, (which may be predicted), the majority of inspection visits are genuinely "surprise visits" for the administrator.	1	2	3	4	5	6
49. Nursing homes that have 3-year accreditation provide better care for their residents.	1	2	3	4	5	6
50. The purpose of my role as an inspector is to find and cite violations of the Nursing Homes Act and Regulations.	1	2	3	4	5	6

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Neither</u> <u>Agree Nor</u> <u>Disagree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>	<u>Cannot</u> <u>Comment</u>
51. In addition, it is my responsibility to ensure that violations are corrected within an appropriate timeframe.	1	2	3	4	5	6
52. Whenever possible, I try to educate the owners/administrators of nursing homes about the Act and regulations.	1	2	3	4	5	6
53. My role in the inspection system is to ensure a high standard of care and safety for residents of nursing homes.	1	2	3	4	5	6
54. I work as part of a multi-disciplinary team that is designed to effectively assess all aspects of a nursing home's operations.	1	2	3	4	5	6
55. My regional interdisciplinary group of inspectors has a strong sense of team. (ref. new question)	1	2	3	4	5	6
56. I usually work alone and rarely see my peers.	1	2	3	4	5	6
57. I feel that my job is extremely important to the protection of nursing home residents.	1	2	3	4	5	6
58. When I have a question or a problem, I can always find support from my peers.	1	2	3	4	5	6
59. When I need advice on job-related matters, I can always count on my supervisor or the co-ordinator.	1	2	3	4	5	6
60. It is a problem that discipline co-ordinators/consultants are not located at the regional offices.	1	2	3	4	5	6
61. My job is extremely exciting and I find it rewarding.	1	2	3	4	5	6
62. I sometimes have difficulty planning my inspection schedule due to directions from head office to visit other sites, resulting from complaints.	1	2	3	4	5	6



	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
63. I often have to deal with difficult interpersonal situations with nursing home personnel.	1	2	3	4	5	6
64. I wish I could get more training to help me handle confrontational situations with nursing home personnel.	1	2	3	4	5	6
65. The computer system does not provide the kinds of data and reports I need.	1	2	3	4	5	6
66. Compliance with nursing home regulations has improved over the last few years.	1	2	3	4	5	6
67. Many nursing home operators and administrators have to be threatened with prosecution to obtain compliance.	1	2	3	4	5	6
68. Inspectors often are subject to subtle or direct pressure from nursing home personnel to not record violations.	1	2	3	4	5	6
69. I can tell a good administrator, director of nursing or food supervisor from a poor one.	1	2	3	4	5	6
70. Part of my role involves being a liaison between nursing homes and the Nursing Homes Branch.	1	2	3	4	5	6
71. This job frequently makes me feel very isolated.	1	2	3	4	5	6
72. The salaries and compensation of the various inspector positions are appropriate reflections of the different skill requirements and workloads.	1	2	3	4	5	6
73. My superiors don't understand the level of stress associated with this job.	1	2	3	4	5	6



	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Neither</u> <u>Agree Nor</u> <u>Disagree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>	<u>Cannot</u> <u>Comment</u>
74. Most nursing home operators and administrators are doing the best they can within the resources available.	1	2	3	4	5	6
75. The consumer advocacy groups are able to identify nursing homes that are not providing good care.	1	2	3	4	5	6
76. The salaries of the 4 types of inspectors are comparable.	1	2	3	4	5	6
77. There are times when I feel that what I do isn't important and nobody cares.	1	2	3	4	5	6
78. Nursing home inspectors' salaries are comparable to similar positions within the civil service.	1	2	3	4	5	6
79. I feel my job is more complex than that of other inspectors, yet I get paid less.	1	2	3	4	5	6
80. Most of my sick time has been related to the stress of my job.	1	2	3	4	5	6
81. There is opportunity for advancement for me within the Branch.	1	2	3	4	5	6
82. Over the last few years, the job of inspector has become much more difficult.	1	2	3	4	5	6
83. If I do a good job, my performance will be reflected in my salary.	1	2	3	4	5	6
84. When I need support or guidance, there is no-one to help me.	1	2	3	4	5	6



Woods Gordon

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THE REMAINING THREE QUESTIONS ARE INTENDED TO OBTAIN YOUR OPINIONS AND SUGGESTIONS ABOUT THE INSPECTION SYSTEM

92. What are the current major problems with the inspection system?

93. Are changes needed to the inspection system? What changes are these?



Woods Gordon

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94. What additional comments do you have? (Use the back of this page if you need extra room.)

THANK YOU FOR YOUR COOPERATION!

Table 1

QUESTIONNAIRE FOR INSPECTORS

Responses as of April 4, 1986

QUEST	Raw Tabulation							% of 1-5 Responses							Mean of 1-5 Responses
	R01	R02	R03	R04	R05	R06	R07	PCT1	PCT2	PCT3	PCT4	PCT5	PCT6	PCT7	
1	26	6	0	0	0	0	0	61.25	18.75	0.00	0.00	0.00	0.00	0.00	1.19
2	3	13	4	3	1	0	0	12.50	54.17	16.67	12.50	4.17	25.00	0.00	2.42
3	-2	5	2	4	2	14	1	11.76	29.41	11.76	35.29	11.76	43.75	3.13	3.06
4	2	18	0	6	6	0	0	6.25	56.25	0.00	18.75	18.75	0.00	0.00	2.88
5	1	15	3	3	7	3	0	3.45	51.72	10.34	10.34	24.14	9.38	0.00	3.00
6	0	10	3	15	3	1	0	0.00	32.26	9.68	48.39	9.68	3.13	0.00	3.35
7	5	14	4	5	3	0	1	16.13	45.16	12.90	16.13	9.68	0.00	3.13	2.58
8	19	8	1	0	3	1	0	61.29	25.81	3.23	0.00	9.68	3.13	0.00	1.71
9	0	2	4	15	10	1	0	0.00	6.45	12.90	48.39	32.26	3.13	0.00	4.06
10	0	14	4	10	4	0	0	0.00	43.75	12.50	31.25	12.50	0.00	0.00	3.13
11	0	13	4	8	4	3	0	0.00	44.83	13.79	27.59	33.79	9.38	0.00	3.10
12	17	13	0	1	0	1	0	54.84	41.94	0.00	3.23	0.00	3.13	0.00	1.52
13	2	3	4	20	3	0	0	6.25	9.38	12.50	62.50	9.38	0.00	0.00	3.59
14	0	7	12	3	0	10	0	0.00	31.62	54.55	13.64	0.00	31.25	0.00	2.82
15	0	19	2	5	2	4	0	0.00	67.86	7.14	17.86	7.14	12.50	0.00	2.64
16	0	5	4	19	3	1	0	0.00	16.13	12.90	61.29	9.68	3.13	0.00	3.65
17	0	4	7	10	9	2	0	0.00	13.33	23.33	33.33	30.00	6.25	0.00	3.80
18	0	4	11	5	5	7	0	0.00	16.00	44.00	20.00	20.00	21.88	0.00	3.44
19	0	9	3	18	2	0	0	0.00	28.13	9.38	56.25	6.25	0.00	0.00	3.41
20	0	2	9	16	4	1	0	0.00	6.45	29.03	51.61	12.90	3.13	0.00	3.71
21	0	6	4	19	3	0	0	0.00	18.75	12.50	59.38	9.38	0.00	0.00	3.59
22	0	8	4	13	5	0	0	0.00	25.00	18.75	40.43	15.63	0.00	0.00	3.47
23	0	13	9	4	2	4	0	0.00	46.43	32.14	14.29	7.14	12.50	0.00	2.82
24	0	12	10	6	2	2	0	0.00	40.00	33.33	28.00	6.67	6.25	0.00	2.93
25	0	3	8	14	3	3	1	0.00	10.71	28.57	50.00	10.71	9.38	3.13	3.61
26	3	7	5	12	2	2	1	10.34	24.14	17.24	41.38	6.90	6.25	3.13	3.10
27	21	7	3	1	0	0	0	65.63	21.88	9.38	3.13	0.00	0.00	0.00	1.50
28	0	1	3	13	7	8	0	0.00	4.17	12.50	54.17	29.17	25.00	0.00	4.03
29	1	8	10	8	1	2	0	3.33	26.67	33.33	26.67	10.00	6.25	0.00	3.13
30	0	1	3	18	10	0	0	0.00	3.13	9.38	56.25	31.25	0.00	0.00	4.16
31	1	11	2	14	2	0	0	3.13	34.38	6.25	50.00	6.25	0.00	0.00	3.22
32	0	13	4	10	3	2	0	0.00	43.33	13.33	33.33	10.00	6.25	0.00	3.10
33	0	10	9	7	2	4	0	0.00	35.71	32.14	25.00	7.14	12.50	0.00	3.04
34	0	10	8	4	1	1	0	0.00	58.06	25.81	12.90	3.23	3.13	0.00	2.61
35	0	2	4	8	16	2	0	0.00	6.67	13.33	26.67	53.33	6.25	0.00	4.27
36	4	15	3	5	1	4	0	14.29	53.57	10.71	17.86	3.57	12.50	0.00	2.43
37	7	22	3	0	0	0	0	21.88	68.75	9.38	0.00	0.00	0.00	0.00	1.88
38	7	8	5	10	2	0	0	21.88	25.00	15.63	31.25	6.25	0.00	0.00	2.75
39	9	20	1	1	0	1	0	29.03	64.52	3.23	3.23	0.00	3.13	0.00	1.81
40	0	2	6	18	5	1	0	0.00	6.45	19.35	58.06	16.13	3.13	0.00	3.84
41	5	34	6	7	0	0	0	15.63	43.75	18.75	21.88	0.00	0.00	0.00	2.47
42	15	13	4	0	0	0	0	46.88	40.63	12.50	0.00	0.00	0.00	0.00	1.66
43	7	14	3	7	1	0	0	21.88	43.75	9.38	21.88	3.15	0.00	0.00	2.41
44	5	11	11	5	0	0	0	15.63	34.38	34.38	15.63	0.00	0.00	0.00	2.50
45	1	8	3	15	1	2	0	3.33	26.67	16.67	50.00	3.33	6.25	0.00	3.23
46	2	19	2	4	2	1	0	6.45	61.29	6.45	19.35	6.45	3.13	0.00	2.58
47	1	12	8	11	0	0	0	3.13	37.50	25.00	34.38	0.00	0.00	0.00	2.91
48	13	17	1	1	0	0	0	40.63	55.13	3.13	3.13	0.00	0.00	0.00	1.89
49	0	3	11	12	3	3	0	0.00	10.34	37.91	41.38	10.34	9.38	0.00	3.52
50	0	14	8	9	1	0	0	0.00	43.75	25.00	28.13	3.13	0.00	0.00	2.91

Table 1 (cont'd)

51	0	27	2	3	0	0	0	0.00	84.38	6.25	9.38	0.00	0.00	0.00	2.25
52	9	23	0	0	0	0	0	28.13	71.88	0.00	0.00	0.00	0.00	0.00	1.72
53	11	15	4	2	0	0	0	34.38	46.88	12.50	6.25	0.00	0.00	0.00	1.91
54	6	19	1	4	1	1	0	19.35	61.29	3.23	12.90	3.23	3.13	0.00	2.19
55	2	10	7	11	1	1	0	6.45	32.26	22.56	35.48	3.23	3.13	0.00	2.97
56	3	20	3	6	0	0	0	9.38	62.50	9.38	18.75	0.00	0.00	0.00	2.38
57	0	21	2	0	0	0	0	28.13	65.63	6.25	0.00	0.00	0.00	0.00	1.73
58	3	19	5	3	0	0	0	19.00	63.33	16.67	10.00	0.00	6.25	0.00	2.27
59	1	21	2	5	1	0	0	9.38	65.63	6.25	15.63	3.13	0.00	0.00	2.38
60	1	11	12	4	4	3	0	3.45	3.45	37.93	41.38	13.79	9.38	0.00	3.59
61	1	12	8	9	1	1	0	3.23	36.71	25.81	29.03	3.23	3.13	0.00	2.90
62	5	19	2	6	0	0	0	15.63	59.38	6.25	18.75	0.00	0.00	0.00	2.28
63	2	12	4	13	0	1	0	6.45	36.71	12.90	41.94	0.00	3.13	0.00	2.90
64	2	13	6	11	0	0	0	6.25	40.63	18.75	34.38	0.00	0.00	0.00	2.61
65	12	10	4	4	0	2	0	40.00	33.33	13.33	13.33	0.00	6.25	0.00	2.00
66	6	15	4	2	0	5	0	22.22	55.56	16.81	7.41	0.00	15.63	0.00	2.07
67	2	5	5	19	1	0	0	6.25	15.63	15.63	59.38	3.13	0.00	0.00	3.38
68	1	12	3	11	3	2	0	3.33	40.00	10.00	36.67	10.00	6.25	0.00	3.10
69	2	22	5	1	0	2	0	6.67	73.33	16.67	3.33	0.00	6.25	0.00	2.17
70	4	20	5	3	0	0	0	12.50	62.50	15.63	9.38	0.00	0.00	0.00	2.72
71	8	7	7	10	0	0	0	25.00	21.88	21.88	31.25	0.00	0.00	0.00	2.59
72	3	2	3	6	17	1	0	9.68	6.45	9.68	19.35	54.84	3.13	0.00	4.03
73	4	9	6	11	0	2	0	13.33	30.00	20.00	36.67	0.00	6.25	0.00	2.80
74	0	19	7	5	1	0	0	0.00	59.38	21.88	15.63	3.13	0.00	0.00	2.63
75	0	7	10	10	1	4	0	0.00	25.00	35.71	35.71	3.57	12.50	0.00	3.18
76	0	2	1	9	18	2	0	0.00	6.67	3.33	30.00	60.00	6.25	0.00	4.43
77	2	6	9	13	2	0	0	6.25	18.75	28.13	40.63	6.25	0.00	0.00	3.22
78	0	3	3	8	9	9	0	0.00	13.04	13.04	34.78	39.13	28.13	0.00	4.00
79	6	10	3	9	2	1	1	20.00	33.33	10.00	30.00	6.67	3.13	3.13	2.70
80	3	4	3	15	4	2	1	10.34	13.79	10.34	51.72	13.79	6.25	3.13	3.45
81	0	0	7	17	7	1	0	0.00	0.00	22.56	54.84	22.56	3.13	0.00	4.00
82	10	11	4	0	0	7	0	40.00	44.00	16.00	0.00	0.00	21.68	0.00	1.76
83	0	1	4	12	15	0	0	0.00	3.13	12.50	37.50	46.88	0.00	0.00	4.28
84	0	4	2	21	3	2	0	0.00	13.33	6.67	70.00	10.00	6.25	0.00	3.77
85	0	23	5	4	0	0	0	0.00	71.88	15.63	12.50	0.00	0.00	0.00	2.41
86	2	19	2	8	1	0	0	6.25	59.38	6.25	25.00	3.13	0.00	0.00	2.59
87	0	9	5	13	3	2	0	0.00	30.00	16.67	43.33	10.00	6.25	0.00	3.33
88	13	11	1	4	1	2	0	43.33	36.67	3.33	13.33	3.33	6.25	0.00	1.97
89	11	11	10	0	0	0	0	34.38	34.38	31.25	0.00	0.00	0.00	0.00	1.97
90	16	5	4	7	0	0	0	50.00	15.63	12.50	21.88	0.00	0.00	0.00	2.06
91	2	17	3	8	1	0	0	6.45	54.84	9.68	25.81	3.23	0.00	0.00	2.65

Table 1A

QUESTIONNAIRES FOR INSPECTORS

Responses Grouped by Topic

QUEST	Raw Tabulation							% of 1-5 Responses							Mean of 1-5 Responses
	R01	R02	R03	R04	R05	R06	R07	PCT1	PCT2	PCT3	PCT4	PCT5	PCT6	PCT7	
SELECTION															
2	3	13	4	3	1	8	0	12.50	54.17	16.67	12.50	4.17	25.00	0.00	2.42
3	2	5	2	6	2	14	1	11.76	29.41	11.76	35.29	11.76	43.75	3.13	3.06
24	0	12	10	6	2	2	0	0.00	40.00	33.33	20.00	6.67	4.25	0.00	2.93
****	5	30	16	15	5	24	1	7.04	42.25	22.54	21.13	7.04	25.00	1.04	2.79
JOB DESCRIPTION															
5	1	15	3	3	7	3	0	3.45	51.72	10.34	10.34	24.14	9.38	0.00	3.00
78	0	3	3	8	9	9	0	0.00	13.04	13.04	34.78	39.13	20.13	0.00	4.00
79	6	18	3	9	2	1	1	20.00	33.33	10.00	30.00	6.67	3.13	3.13	2.70
82	10	11	4	0	0	7	0	40.00	44.00	16.00	0.00	0.00	21.68	0.00	1.76
****	17	39	13	20	18	20	1	15.89	36.45	12.15	18.89	16.82	15.63	0.78	2.84
PERFORMANCE APPR.															
23	0	13	9	4	2	4	0	0.00	44.43	32.14	14.29	7.14	12.50	0.00	2.82
25	0	3	8	14	1	3	1	0.00	10.71	28.57	50.00	10.71	9.38	3.13	3.61
36	4	15	3	5	1	4	0	14.29	53.57	10.71	17.86	3.57	12.50	0.00	2.43
****	4	31	20	23	6	11	1	4.78	36.90	23.81	27.38	7.14	11.46	1.04	2.95
SALARIES/PROM.															
35	0	2	4	8	16	2	0	0.00	6.67	13.33	26.67	53.33	6.25	0.00	4.27
72	3	2	3	6	17	1	0	9.68	6.45	9.68	19.35	54.84	3.13	0.00	4.03
76	0	2	1	9	18	2	0	0.00	6.67	3.33	30.00	60.00	6.25	0.00	4.43
78	0	3	3	8	9	9	0	0.00	13.04	13.04	34.78	39.13	20.13	0.00	4.00
79	4	10	3	9	2	1	1	20.00	33.33	10.00	30.00	6.67	3.13	3.13	2.70
81	0	0	7	17	7	1	0	0.00	0.00	22.50	54.84	22.50	3.13	0.00	4.00
83	0	1	4	12	15	0	0	0.00	3.13	12.50	37.50	46.88	0.00	0.00	4.28
****	9	20	25	69	84	16	1	4.35	9.66	12.08	33.33	40.58	7.14	0.45	3.96
STRESS/ISOLATION															
13	2	3	4	20	3	0	0	6.25	9.38	12.50	62.50	9.38	0.00	0.00	3.59
16	0	4	11	5	5	7	0	0.00	16.00	44.00	20.00	20.00	21.88	0.00	3.44
31	1	11	2	15	2	0	0	3.13	34.38	6.25	50.00	6.25	0.00	0.00	3.22
43	7	14	3	7	1	0	0	21.68	43.75	9.38	21.88	3.13	0.00	0.00	2.41
54	3	20	3	6	0	0	0	9.38	62.50	9.38	18.75	0.00	0.00	0.00	2.38
58	3	19	5	3	0	2	0	10.00	63.33	16.67	10.00	0.00	6.25	0.00	2.27
60	1	1	11	12	4	3	0	3.45	3.45	37.95	41.38	13.79	9.38	0.00	3.59
66	1	12	3	11	3	2	0	3.33	40.00	10.00	36.67	10.00	6.25	0.00	3.10
71	8	7	7	10	0	0	0	25.00	21.68	21.68	31.25	0.00	0.00	0.00	2.59
73	4	9	6	11	0	2	0	13.33	30.00	20.00	36.67	0.00	6.25	0.00	2.80
77	2	6	9	13	2	0	0	6.25	18.75	28.13	40.63	6.25	0.00	0.00	3.22
80	3	4	3	15	4	2	1	10.34	13.79	10.34	51.72	13.79	6.25	3.13	3.45
82	10	11	4	0	0	7	0	40.00	44.00	16.00	0.00	0.00	21.88	0.00	1.76
****	45	121	71	129	24	25	1	11.54	31.03	18.21	33.08	6.15	6.01	0.24	2.91
JOB SATISFACTION															
57	9	21	2	0	0	0	0	20.13	65.63	6.25	-0.00	0.00	0.00	0.00	1.78
61	1	12	8	9	1	1	0	3.23	38.71	25.81	29.03	3.23	3.13	0.00	2.90
****	10	33	10	9	1	1	0	15.87	52.38	15.87	14.29	1.59	1.56	0.00	2.33
SENSE OF TEAM															
19	0	9	3	18	2	0	0	0.00	20.13	9.38	56.25	6.25	0.00	0.00	3.41
55	2	10	7	11	1	1	0	6.45	32.26	22.58	35.48	3.23	3.13	0.00	2.97
56	3	20	3	6	0	0	0	9.38	62.50	9.38	18.75	0.00	0.00	0.00	2.38

Table 1A (cont'd)

60	1	1	11	12	4	3	0	3.45	3.45	37.93	41.38	13.79	9.38	0.00	3.59	
****	6	40	24	47	7	4	0	4.84	32.26	19.35	37.90	5.65	3.13	0.00	3.07	
TRAINING + DÉVELOPPE																
15	0	19	2	5	2	4	0	0.00	67.86	7.14	17.86	7.14	12.50	0.00	2.64	
17	0	4	7	10	9	2	0	0.00	13.33	23.33	33.33	30.00	6.25	0.00	3.80	
20	0	2	9	16	4	1	0	0.00	6.45	29.03	51.61	12.90	3.13	0.00	3.71	
21	0	6	4	19	3	0	0	0.00	18.75	12.50	59.38	9.38	0.00	0.00	3.59	
26	3	7	5	12	2	2	1	10.34	24.14	17.24	41.38	6.90	6.25	3.13	3.10	
****	3	38	27	62	20	9	1	2.00	25.33	18.00	41.33	13.33	5.63	0.63	3.39	
COMMUNICATION																
6	0	10	3	15	3	1	0	0.00	32.26	9.68	48.39	9.68	3.13	0.00	3.35	
16	0	5	4	19	3	1	0	0.00	16.13	12.90	61.29	9.68	3.13	0.00	3.65	
****	0	15	7	34	6	2	0	0.00	24.19	11.29	54.84	9.68	3.13	0.00	3.50	
ROLE																
1	26	4	0	0	0	0	0	81.25	18.75	0.00	0.00	0.00	0.00	0.00	1.19	
28	0	1	3	13	7	8	0	0.00	4.17	12.50	54.17	29.17	25.00	0.00	4.08	
29	1	8	10	8	3	2	0	1.33	26.67	33.33	26.67	10.00	6.25	0.00	3.13	
34	0	18	8	4	1	1	0	0.00	58.06	25.81	12.90	3.23	3.13	0.00	2.61	
37	7	22	3	0	0	0	0	21.88	68.75	9.38	0.00	0.00	0.00	0.00	1.88	
39	9	20	1	1	0	1	0	29.03	64.52	3.23	3.23	0.00	3.13	0.00	1.81	
44	5	11	11	5	0	0	0	15.63	34.38	34.38	15.63	0.00	0.00	0.00	2.50	
46	2	19	2	4	2	1	0	6.45	61.29	6.45	19.35	6.45	3.13	0.00	2.58	
47	1	12	8	11	0	0	0	3.13	37.50	25.00	34.38	0.00	0.00	0.00	2.91	
50	0	14	8	9	1	0	0	0.00	43.75	25.00	28.13	3.13	0.00	0.00	2.91	
51	0	27	2	3	0	0	0	0.00	84.38	6.25	9.38	0.00	0.00	0.00	2.25	
52	9	23	0	0	0	0	0	28.13	71.88	0.00	0.00	0.00	0.00	0.00	1.72	
53	11	15	4	2	0	0	0	34.38	46.88	12.50	4.25	0.00	0.00	0.00	1.91	
57	9	21	2	0	0	0	0	28.13	65.63	6.25	0.00	0.00	0.00	0.00	1.78	
67	2	5	5	19	1	0	0	6.25	15.63	15.63	59.38	3.13	0.00	0.00	3.38	
68	1	12	3	11	3	2	0	3.33	40.00	10.00	36.67	10.00	6.25	0.00	3.10	
70	4	20	5	3	0	0	0	12.50	62.50	15.63	9.38	0.00	0.00	0.00	2.22	
****	87	254	75	95	18	15	0	16.45	48.02	14.18	17.96	3.40	2.76	0.00	2.44	
TOOLS/OBJ BRANCH																
10	0	14	4	10	4	0	0	0.00	43.75	12.50	31.25	12.50	0.00	0.00	3.13	
28	0	1	3	13	7	8	0	0.00	4.17	12.50	54.17	29.17	25.00	0.00	4.08	
32	0	13	4	10	1	2	0	0.00	43.33	13.33	33.33	10.00	6.25	0.00	3.10	
37	7	22	3	0	0	0	0	21.88	68.75	9.38	0.00	0.00	0.00	0.00	1.88	
39	9	20	1	1	0	1	0	29.03	64.52	3.23	3.23	0.00	3.13	0.00	1.81	
****	16	70	15	34	14	11	0	10.74	46.98	10.07	22.82	9.40	6.88	0.00	2.73	
TOOLS/OBJ INDIVID.																
33	0	10	9	7	2	4	0	0.00	35.71	32.14	25.00	7.14	12.50	0.00	3.04	
****	0	30	9	7	2	4	0	0.00	35.71	32.14	25.00	7.14	12.50	0.00	3.04	
STANDARD																
7	5	14	4	5	3	0	1	16.13	45.16	12.90	16.13	9.68	0.00	3.13	2.58	
14	0	7	12	3	0	10	0	0.00	31.82	54.55	13.64	0.00	31.25	0.00	2.82	
53	11	15	4	2	0	0	0	34.38	46.88	12.50	6.25	0.00	0.00	0.00	1.91	
51	0	27	2	3	0	0	0	0.00	84.38	6.25	9.38	0.00	0.00	0.00	2.25	
69	2	22	5	1	0	2	0	6.67	73.33	16.67	3.33	0.00	6.25	0.00	2.17	
74	0	19	7	5	1	0	0	0.00	59.38	21.88	15.63	3.13	0.00	0.00	2.63	
75	0	7	10	10	1	4	0	0.00	25.00	35.71	35.71	3.57	12.50	0.00	3.18	
85	0	23	5	4	0	0	0	0.00	71.88	15.63	12.50	0.00	0.00	0.00	2.44	
****	18	134	49	33	5	16	1	7.53	56.67	20.50	13.81	2.09	6.25	0.39	2.47	



Woods Gordon

REVIEW OF NURSING HOME INSPECTION SYSTEM

QUESTIONNAIRE FOR MANAGEMENT/CLERICAL STAFF

Dear Sir/Madam:

Our firm has been commissioned by the Ontario Ministry of Health to undertake an independent review of nursing home inspection and compliance. For this review, we are seeking input from all interested parties through a combination of interviews, questionnaires, meetings, data analysis and document review.

The enclosed questionnaire has been designed to obtain the opinions and suggestions of management/clerical staff in the Nursing Homes Branch. Other questionnaires have been developed for nursing home administrators, nursing home owners and nursing home inspectors.

The responses to these questionnaires will be treated as confidential, and you are not being asked to sign your name. Only Woods Gordon will see the completed questionnaires. The Ministry will receive only aggregated tabulations of the results.

This questionnaire is intended to gather your perceptions of the effectiveness of the nursing home inspection system. Please answer each question by circling the number that most closely reflects your opinion. Feel free to add written comments beside individual questions or on the last page. Should you have any questions about this questionnaire, please contact: Wendy Banting, Woods Gordon, Toronto (416) 864-1212, ext. 2141.

As we have a very short timeframe for this study, please complete the questionnaire, seal it in the envelope provided and give it to the following clerk in your office by March 24, 1985:

London - Jan Leyden
Ottawa - Mary Levert
Toronto - Betty Reid
Head Office - Mary Osborne

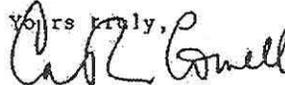
We will have a private courier collect the sealed envelopes from your office on March 25, 1986.

If you should be away from the office during this period (on vacation, sick leave, etc.), please complete the questionnaire as soon as possible on your return and mail it to:

Ms. Wendy Banting
Woods Gordon
P.O. Box 251, Royal Trust Tower
Toronto-Dominion Centre
Toronto, Ontario
M5K 1J7

We will do our best to include these late responses in our tabulation of the results.

Thank you for your cooperation.

Yours truly,

Catherine Cornell
Principal

CC/SS
Encl.

LTCI00072893-144

REVIEW OF NURSING HOMES INSPECTION SYSTEM
QUESTIONNAIRE FOR MANAGEMENT AND CLERICAL STAFF

Definition of Ratings

- 1 = Strongly Agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly Disagree
- 6 = Cannot Comment

PLEASE CIRCLE THE NUMBER THAT MOST CLOSELY REFLECTS YOUR OPINION

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Neither</u> <u>Agree Nor</u> <u>Disagree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>	<u>Cannot</u> <u>Comment</u>
<u>Example:</u>						
0. The Nursing Homes Branch is responsible for the inspection of nursing homes.	1	2	3	4	5	6
<hr/>						
1. My work in the Nursing Home Branch is important.	1	2	3	4	5	6
2. The job description for my position accurately reflects my current duties and responsibilities.	1	2	3	4	5	6
3. I know the standards of performance expected of me.	1	2	3	4	5	6
4. The role of the Nursing Home Branch is to act as a consultant to Nursing Home Operators to help them improve their operation.	1	2	3	4	5	6
5. I am responsible for clerical functions which reduce time in the field.	1	2	3	4	5	6

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
6. The Nursing Homes Branch has adequate clerical support.	1	2	3	4	5	6
7. Part of my role is to advise my supervisor or branch management of needed changes in policy or procedures.	1	2	3	4	5	6
8. I schedule my own work and usually don't discuss it with my supervisor.	1	2	3	4	5	6
9. I know what the goals and objectives of the Branch are.	1	2	3	4	5	6
10. My personal goals and objectives for the year are directly related to the Branch's goals and objectives.	1	2	3	4	5	6
11. My annual salary increment is a direct reflection of my performance during the previous year.	1	2	3	4	5	6
12. Formal appraisals are rarely done for staff in this office.	1	2	3	4	5	6
13. The purpose of the inspection system is to ensure compliance with the Nursing Homes Act.	1	2	3	4	5	6
14. The key objective of the inspection system is to maintain a high standard of care and safety within nursing homes.	1	2	3	4	5	6
15. Lately, I have felt that the key objective of the inspection system has been to respond to pressure from outside the Branch.	1	2	3	4	5	6
16. A major objective of the Nursing Homes Branch is to educate the owners, administrators, directors and supervisors of nursing homes.	1	2	3	4	5	6
17. My regional interdisciplinary group of inspectors has a strong sense of team.	1	2	3	4	5	6



	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
18. My working relationship with other members of the staff is positive.	1	2	3	4	5	6
19. This job frequently makes me feel very isolated.	1	2	3	4	5	6
20. No one ever discusses with me what things I should do and how.	1	2	3	4	5	6
21. The standards of performance for my job are clearly defined.	1	2	3	4	5	6
22. Continuing training is provided based on my level of skill and my developmental needs.	1	2	3	4	5	6
23. Regular training is provided to update staff on changes in procedures and regulations.	1	2	3	4	5	6
24. It would be difficult for me to obtain permission to attend a course I felt necessary for my growth and development.	1	2	3	4	5	6
25. If I do a good job, my performance will be reflected in my salary.	1	2	3	4	5	6
26. I often have to deal with angry people from outside the branch on the phone.	1	2	3	4	5	6
27. There are times when I feel that what I do isn't important and nobody cares.	1	2	3	4	5	6
28. I feel that my job is extremely important to the protection of nursing home residents.	1	2	3	4	5	6
29. When I have a question or a problem, I can always find support from my peers.	1	2	3	4	5	6



	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
30. The current Nursing Home regulations and guidelines are out of date.	1	2	3	4	5	6
31. Compliance with nursing home regulations has improved over the last few years.	1	2	3	4	5	6
32. Many nursing home operators and administrators have to be threatened with prosecution to obtain compliance.	1	2	3	4	5	6
33. Most nursing home operators and administrators are doing the best they can within the resources available.	1	2	3	4	5	6
34. The consumer advocacy groups are able to identify nursing homes that are not providing good care.	1	2	3	4	5	6
35. I sometimes have difficulty coping with the constant shifting of priorities resulting from the volume of complaints the Branch must investigate.	1	2	3	4	5	6
36. I often have to deal with difficult interpersonal situations with nursing home personnel.	1	2	3	4	5	6
37. I wish I could get more training to help me handle confrontational situations with nursing home personnel.	1	2	3	4	5	6
38. Most of my sick time has been related to the stress of my job.	1	2	3	4	5	6
39. Over the last few years, the job of inspector has become much more difficult.	1	2	3	4	5	6
40. The amount of paper generated could be streamlined.	1	2	3	4	5	6



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	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Neither</u> <u>Agree Nor</u> <u>Disagree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>	<u>Cannot</u> <u>Comment</u>
41. There is so much work I never seem to get caught up.	1	2	3	4	5	6
42. The tight time frames for completion of activities and reports creates much of the stress of my job.	1	2	3	4	5	6
43. When I need advice on job-related matters, I can always count on my supervisor or the co-ordinator.	1	2	3	4	5	6
44. When I need support or guidance, there is no-one to help me.	1	2	3	4	5	6
45. The computer system is awkward to use.	1	2	3	4	5	6
46. I could perform my job more effectively if I had more and better quality equipment.	1	2	3	4	5	6
47. My salary is appropriate for my level and responsibilities.	1	2	3	4	5	6
48. My salary level is comparable to similar positions in the ministry.	1	2	3	4	5	6
49. The essential requirements of knowledge, skills and abilities for my position are clearly defined.	1	2	3	4	5	6
50. It is difficult for me to assess my own training and developmental needs for this job.	1	2	3	4	5	6
51. My supervisor and I meet regularly to discuss my workload.	1	2	3	4	5	6
52. There is too much paper work in this Branch/office.	1	2	3	4	5	6



	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
53. My superiors don't understand the level of stress associated with this job.	1	2	3	4	5	6
54. My job is extremely exciting and I find it rewarding.	1	2	3	4	5	6
55. It is difficult for me to complete work because of the constant interruptions.	1	2	3	4	5	6
56. The office conditions and environment need improvement.	1	2	3	4	5	6
57. Sometimes I feel that the role of the Nursing Homes Branch is similar to that of a policeman.	1	2	3	4	5	6
58. I often have to deal with questions, I'm not equipped to answer.	1	2	3	4	5	6
59. There is opportunity for advancement for me within the Branch.	1	2	3	4	5	6
60. The current inspection system is effective in identifying nursing homes where residents are at risk.	1	2	3	4	5	6
61. The computer system does not provide me with the information I need in a timely fashion.	1	2	3	4	5	6
62. The computer system does not provide the kind of data and reports I need.	1	2	3	4	5	6



PLEASE COMPLETE THE FOLLOWING QUESTIONS TO ASSIST US IN ANALYSIS OF THE AGGREGATE RESPONSES:

63. Regional office: _____ London
(check) _____ Ottawa
_____ Toronto
64. Type of Position: _____ Head Office
(check) _____ Management/supervisor
_____ consultant/coordinator
_____ support staff
65. Length of time in this position: _____ less than 1 year
(check) _____ 1 - 3 years
_____ 3 - 5 years
_____ more than 5 years

PLEASE NOTE THAT THESE QUESTIONNAIRES
WILL REMAIN THE PROPERTY OF
WOODS GORDON. ONLY AGGREGATED DATA
WILL BE PROVIDED TO THE MINISTRY.

THE REMAINING THREE QUESTIONS ARE INTENDED TO OBTAIN YOUR OPINIONS AND SUGGESTIONS ABOUT THE INSPECTION SYSTEM

66. What are the current major problems with the inspection system?



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67. Are changes needed to the inspection system? What changes are these?

68. What additional comments do you have? (Use the back of this page if you need extra room.)

Table 2

QUESTIONNAIRE FOR BRANCH MANAGEMENT AND CLERICAL STAFF

Responses as of April 4, 1986

QUEST	Raw Tabulation							% of 1-5 Responses							Mean of 1-5 Responses
	RO1	RO2	RO3	RO4	RO5	RO6	RO7	PCI1	PCI2	PCI3	PCI4	PCI5	PCI6	PCI7	
1	17	14	1	1	0	0	0	51.52	42.42	3.03	3.03	0.00	0.00	0.00	1.58
2	3	11	2	12	4	1	0	9.38	34.38	6.25	37.50	12.50	3.03	0.00	3.09
3	9	16	4	3	0	1	0	20.13	50.00	12.50	9.38	0.00	3.03	0.00	2.03
4	3	12	4	8	2	1	1	9.64	38.71	19.35	25.81	6.45	3.03	3.03	2.81
5	2	8	11	3	4	5	0	7.14	28.57	39.29	10.71	14.29	15.15	0.00	2.96
6	2	6	3	8	16	0	0	6.06	38.18	3.03	24.24	48.48	0.00	0.00	3.91
7	7	12	5	4	0	5	0	25.00	42.86	17.86	14.29	0.00	15.15	0.00	2.21
8	3	15	4	7	3	1	0	9.38	46.88	12.50	21.88	9.38	3.03	0.00	2.75
9	4	16	3	6	1	3	0	13.33	53.33	10.00	20.00	3.33	9.09	0.00	2.47
10	4	9	8	3	2	6	3	15.38	34.62	30.77	11.54	7.69	10.18	3.03	2.62
11	2	4	1	14	7	4	1	7.14	14.29	3.57	50.00	25.00	12.12	3.03	3.71
12	8	17	1	0	0	4	1	30.77	65.38	3.85	0.00	0.00	18.18	3.03	1.73
13	15	17	1	0	0	0	0	45.45	51.52	3.03	0.00	0.00	0.00	0.00	1.58
14	19	14	0	0	0	0	0	57.58	42.42	0.00	0.00	0.00	0.00	0.00	1.42
15	7	9	8	6	0	3	0	23.33	30.00	26.67	20.00	0.00	9.09	0.00	2.43
16	8	9	3	8	1	2	2	27.59	31.03	10.34	27.59	3.45	6.06	6.06	2.48
17	1	5	5	5	3	13	0	5.00	25.00	30.00	25.00	15.00	39.39	0.00	3.20
18	10	19	2	2	0	0	0	30.30	57.58	6.06	6.06	0.00	0.00	0.00	1.88
19	3	8	8	10	3	1	0	9.38	25.00	25.00	31.25	9.38	3.03	0.00	3.06
20	4	5	2	14	7	1	0	12.50	15.63	6.25	43.75	21.88	3.03	0.00	3.47
21	2	4	6	10	4	2	1	6.67	20.00	20.00	33.33	20.00	6.06	3.03	3.40
22	3	4	7	9	4	5	1	11.11	14.81	25.93	33.33	14.81	15.15	3.03	3.26
23	1	2	6	14	5	3	2	3.57	7.14	21.43	50.00	17.86	9.09	6.06	3.71
24	1	5	5	10	6	4	2	3.70	18.52	18.52	37.04	22.22	12.12	6.06	3.56
25	2	3	4	9	11	3	1	6.90	10.34	13.79	31.03	37.93	9.09	3.03	3.83
26	3	16	0	8	1	4	1	10.71	37.14	0.00	28.57	3.57	12.12	3.03	2.57
27	2	7	3	15	5	0	1	6.25	21.88	9.38	46.88	15.43	0.00	3.03	3.44
28	6	10	10	2	1	2	2	20.69	34.48	34.48	6.90	3.45	6.06	6.06	2.38
29	11	13	4	4	0	0	1	34.38	40.63	12.50	12.50	0.00	0.00	3.03	2.03
30	15	4	4	2	0	7	1	60.00	16.00	16.00	8.00	0.00	21.21	3.03	1.72
31	2	13	3	4	0	10	1	9.09	59.09	13.64	18.18	0.00	30.30	3.03	2.41
32	3	5	7	9	0	7	2	12.50	20.83	29.17	37.50	0.00	21.21	6.06	2.92
33	1	10	10	5	0	6	1	3.85	38.44	30.44	19.23	0.00	10.18	3.03	2.71
34	2	12	9	5	0	4	1	7.14	42.86	32.14	17.86	0.00	12.12	3.03	2.61
35	5	10	7	6	1	3	1	17.24	34.48	24.14	20.69	3.45	9.09	3.03	2.59
36	2	6	8	8	2	8	1	8.33	25.00	25.00	33.33	8.33	24.24	3.03	3.08
37	2	8	6	5	0	10	2	9.52	38.10	28.57	23.81	0.00	30.30	6.06	2.67
38	3	5	3	8	8	4	2	11.11	18.52	11.11	29.63	29.63	12.12	6.06	3.48
39	4	11	3	1	0	11	1	28.57	52.38	14.29	4.78	0.00	33.33	3.03	1.95
40	12	15	2	0	0	3	1	41.38	51.72	6.90	0.00	0.00	9.09	3.03	1.64
41	12	10	5	4	1	0	1	37.50	31.25	15.63	12.50	3.13	0.00	3.03	2.13
42	9	12	3	4	2	2	1	30.00	40.00	10.00	13.33	6.67	6.06	3.03	2.27
43	12	11	6	1	1	1	1	38.71	35.48	19.35	3.25	3.25	3.03	3.03	1.97
44	0	2	8	13	10	8	1	0.00	6.45	19.35	41.94	32.26	3.03	3.03	4.00
45	5	6	8	3	2	8	1	20.83	25.00	33.33	12.50	8.33	24.24	3.03	2.63
46	9	9	8	2	0	4	1	32.14	32.14	28.57	7.14	0.00	12.12	3.03	2.11
47	2	6	2	13	7	2	1	6.67	20.00	6.67	43.33	23.33	6.06	3.03	3.57
48	2	7	5	9	5	4	1	7.14	25.00	17.86	32.14	17.86	12.12	3.03	3.29
49	0	12	4	11	4	1	1	0.00	38.71	12.90	35.48	12.90	3.03	3.03	3.23
50	0	7	8	13	4	0	1	0.00	21.88	25.00	40.63	12.50	0.00	3.03	3.44

Table 2 (cont'd)

51	2	6	3	16	3	2	1	6.67	20.00	10.00	52.33	10.00	6.06	3.03	3.40
52	16	11	1	3	0	1	1	51.61	35.48	3.23	9.68	0.00	3.03	3.03	1.71
53	5	10	2	9	3	3	1	17.24	34.48	6.90	31.03	10.34	9.09	3.03	2.83
54	2	11	9	7	3	0	1	6.25	34.38	28.13	21.88	9.38	0.00	3.03	2.94
55	4	16	6	4	2	0	1	12.58	50.00	18.75	12.50	6.25	0.00	3.03	2.50
56	13	12	1	2	2	1	2	43.33	40.00	3.33	6.67	6.67	3.03	6.06	1.93
57	1	16	3	7	2	1	1	3.23	51.61	18.13	22.58	6.45	3.03	3.03	2.77
58	3	11	5	11	1	1	1	9.68	35.48	18.13	35.48	3.23	3.03	3.03	2.87
59	3	7	2	8	10	3	1	6.90	24.14	6.90	27.59	34.48	9.09	3.03	3.59
60	4	11	4	1	1	9	1	17.39	47.83	26.09	4.35	4.35	27.27	3.03	2.30
61	7	5	4	5	1	10	1	31.62	22.73	18.18	22.73	4.55	30.30	3.03	2.45
62	5	7	3	7	1	9	1	21.74	30.43	13.04	30.43	4.55	27.27	3.03	2.65
63	4	3	5	15	3	0	0	12.12	9.09	15.15	54.55	9.09	0.00	0.00	3.39
64	4	8	18	1	6	8	0	18.18	24.24	54.55	3.03	0.00	0.00	0.00	2.42
65	10	11	3	8	1	0	0	30.30	33.33	9.09	24.24	3.03	0.00	0.00	2.54

Table 2A

QUESTIONNAIRE FOR BRANCH MANAGEMENT AND CLERICAL STAFF

Responses Grouped by Topic

QUEST	Raw Tabulation							% of 1-5 Responses					% of Total Responses		Mean of 1-5 Responses
	RD1	RD2	RD3	RD4	RD5	RD6	RD7	PCT1	PCT2	PCT3	PCT4	PCT5	PCT6	PCT7	AVG
SELECTION															
49	0	12	4	11	4	1	1	0.00	38.71	12.90	35.48	12.90	3.03	3.03	3.23
****	0	12	4	11	4	1	1	0.00	38.71	12.90	35.48	12.90	3.03	3.03	3.23
JOB DESCRIPTION															
2	3	11	2	12	4	1	0	9.38	34.38	6.25	37.50	12.50	3.03	0.00	3.09
39	6	13	3	1	0	11	1	28.57	52.38	14.29	4.76	0.00	33.33	3.03	1.95
****	9	22	5	13	4	12	1	14.98	41.51	9.43	24.53	7.55	18.18	1.52	2.64
PERFORMANCE APPR.															
21	2	6	4	10	6	2	1	6.67	20.00	20.00	33.33	20.00	6.06	3.03	3.40
12	8	17	1	0	0	6	1	30.77	65.38	3.85	0.00	0.00	18.18	3.03	1.73
****	10	23	7	10	6	8	2	17.86	41.07	12.50	17.86	10.71	12.12	3.03	2.63
SALARIES/PROM.															
11	2	4	1	14	7	4	1	7.14	14.29	3.57	50.00	25.00	12.12	3.03	3.71
47	2	4	2	13	7	2	1	6.67	20.00	6.67	43.33	23.33	6.06	3.03	3.57
48	2	7	5	9	5	4	1	7.14	25.00	17.86	32.14	17.86	12.12	3.03	3.29
59	2	7	2	0	10	3	1	6.90	24.14	6.90	27.59	14.48	9.09	3.03	3.59
25	2	3	4	9	11	3	1	6.90	10.34	13.79	31.03	37.93	9.09	3.03	3.83
****	10	27	14	53	40	16	5	6.94	18.75	9.72	36.81	27.78	9.70	3.03	3.40
STRESS/ISOLATION															
20	4	5	2	14	7	1	0	12.50	15.63	6.25	43.75	21.88	3.03	0.00	3.47
8	3	15	4	7	3	1	0	9.38	46.88	12.50	21.88	9.38	3.03	0.00	2.75
42	9	12	3	4	2	2	1	30.00	40.00	10.00	13.33	6.67	6.06	3.03	2.27
29	11	13	4	4	0	0	1	34.38	40.63	12.50	12.50	0.00	0.00	3.03	2.63
19	3	8	8	10	3	1	0	9.38	25.00	25.00	31.25	9.38	3.03	0.00	3.06
53	5	10	2	9	3	3	1	17.24	34.48	6.90	31.03	10.34	9.09	3.03	2.83
27	2	7	1	15	5	0	1	6.25	21.88	9.38	46.88	15.63	0.00	3.03	3.44
38	3	5	3	8	8	4	2	11.11	18.52	11.11	29.63	29.63	12.12	6.06	3.48
****	40	75	29	71	31	12	6	16.26	30.49	11.79	28.84	12.60	4.55	2.27	2.91
JOB SATISFACTION															
54	2	11	9	7	3	0	1	6.25	34.38	28.13	21.88	9.38	0.00	3.03	2.94
****	2	11	9	7	3	0	1	6.25	34.38	28.13	21.88	9.38	0.00	3.03	2.94
SENSE OF TEAM															
17	1	5	6	5	3	13	0	5.00	25.00	30.00	25.00	15.00	39.39	0.00	3.20
****	1	5	6	5	3	13	0	5.00	25.00	30.00	25.00	15.00	39.39	0.00	3.20
TRAINING + DEVELOPME															
22	3	4	7	9	4	5	1	11.11	14.81	25.93	33.33	14.81	15.15	3.03	3.26
23	1	2	4	14	5	3	2	3.57	7.14	21.43	50.00	17.86	9.09	6.06	3.71
50	0	7	8	13	4	0	1	0.00	21.88	25.00	40.63	12.50	0.00	3.03	3.44
24	1	5	5	10	6	4	2	3.70	18.52	18.52	37.04	22.22	12.12	6.06	3.56
****	5	18	26	46	19	12	6	4.39	15.79	22.81	40.35	16.67	9.09	4.55	3.49
ROLE															
7	7	12	5	4	0	5	0	25.00	42.86	17.86	14.29	0.00	15.15	0.00	2.21
13	15	17	1	0	0	0	0	45.45	51.52	3.03	0.00	0.00	0.00	0.00	1.58
14	19	14	0	0	0	0	0	57.58	42.42	0.00	0.00	0.00	0.00	0.00	1.42

Table 2A (cont'd)

15	7	9	8	6	0	3	0	23.33	38.08	26.67	20.00	0.00	9.09	0.00	2.43	
4	3	12	6	8	2	1	1	9.68	38.71	19.35	25.81	4.45	3.03	3.03	2.81	
57	1	16	5	7	2	1	1	3.23	51.61	16.13	22.58	6.45	3.03	3.03	2.77	
28	6	10	10	2	1	2	2	20.69	34.48	34.48	6.90	3.45	6.66	6.66	2.38	
32	3	5	7	9	0	7	2	12.58	20.83	29.17	37.50	0.00	21.21	6.06	2.92	
****	61	95	42	36	5	19	6	25.52	39.75	17.57	15.06	2.09	7.20	2.27	2.28	
TOOLS/OBJ BRANCH																
9	6	16	3	6	1	3	0	13.33	53.33	10.00	20.00	3.33	9.09	0.00	2.47	
****	4	16	3	6	1	3	0	13.33	53.33	10.00	20.00	3.33	9.09	0.00	2.47	
TOOLS/OBJ INDIVID.																
10	4	9	8	3	2	6	1	15.38	34.62	30.77	11.54	7.69	18.18	3.03	2.62	
****	4	9	8	3	2	6	1	15.38	34.62	30.77	11.54	7.69	18.18	3.03	2.62	
STANDARD																
33	1	10	10	5	0	6	1	3.85	38.46	38.46	19.23	0.00	18.18	3.03	2.73	
34	2	12	9	5	0	4	1	7.14	42.86	32.14	17.86	8.00	12.12	3.03	2.61	
60	4	11	6	1	1	9	1	17.39	47.83	26.09	4.35	4.35	27.27	3.03	2.30	
****	7	33	25	11	1	19	3	9.09	42.86	32.47	14.29	1.30	19.19	3.03	2.56	
RULES/REGULATION																
30	15	4	4	2	0	7	1	60.00	16.00	16.00	8.00	0.00	21.21	3.03	1.72	
****	15	4	4	2	0	7	1	60.00	16.00	16.00	8.00	0.00	21.21	3.03	1.72	
CONFLICT																
36	2	6	6	8	2	8	1	8.33	25.00	25.00	33.33	8.33	24.24	3.03	3.68	
37	2	8	6	5	0	10	2	9.52	38.10	28.57	23.81	0.00	30.30	6.06	2.67	
****	4	14	12	13	2	18	3	8.89	31.11	26.67	28.89	4.44	27.27	4.55	2.89	
SUPERVISION																
51	2	6	3	16	3	2	1	6.67	20.00	10.00	53.33	10.00	6.06	3.03	3.40	
43	12	11	6	1	1	1	1	38.71	39.48	19.35	3.23	3.23	3.03	3.03	1.97	
44	0	2	6	13	10	1	1	0.00	6.45	19.35	41.94	32.26	3.03	3.03	4.00	
****	14	19	15	30	14	4	3	15.22	20.65	16.38	32.61	15.22	4.04	3.03	3.12	
INFORMATION																
62	5	7	3	7	1	9	1	21.74	30.43	13.04	30.43	4.35	27.27	3.03	2.65	
6	2	6	1	8	16	0	0	6.06	18.18	3.03	24.24	8.48	0.00	0.00	3.91	
61	7	5	4	5	1	10	1	31.82	22.73	18.18	22.73	4.55	30.30	3.03	2.45	
****	14	18	8	20	18	19	2	17.95	23.08	10.26	25.64	23.08	19.19	2.02	3.13	
PAPERFLOW																
52	16	11	1	3	0	1	1	51.61	35.48	3.23	9.68	0.00	3.03	3.03	1.71	
40	12	15	2	0	0	3	1	41.38	51.72	6.90	0.00	0.00	9.09	3.03	1.66	
****	28	26	3	3	0	4	2	46.87	43.33	5.00	5.00	0.00	6.06	3.03	1.60	
SCHEDULING																
8	3	15	4	7	3	1	0	9.38	46.88	12.50	21.88	9.38	3.03	0.00	2.75	
35	5	10	7	6	1	3	1	17.24	34.48	24.14	20.69	3.45	9.09	3.03	2.59	
****	8	25	11	13	4	4	1	13.11	48.98	18.03	21.31	6.56	6.06	1.52	2.67	



Ontario nursing home association

5th Floor, 6075 Yonge Street, Willowdale, Ontario, Canada M2M 3W2
(416) 224-2282

March 13, 1986

All ONHA Administrators

Dear Administrator:

RE: Woods Gordon Study on the Inspection Process.

Recently the Ministry of Health has awarded to Woods Gordon a contract to study the current inspection process. As part of that review Woods Gordon have drafted a questionnaire which is enclosed. To assist both Woods Gordon and the Ontario Nursing Home Association we would greatly appreciate your assistance in taking the time to read the questionnaire, complete it and return it to Woods Gordon.

Many of us over the years have been greatly frustrated by the inspection process and what we believe its original intent to have been. We feel that a study of this nature by an independent third party would bring to the fore, many of the items that we have been indicating are shortcomings of the current inspection process. Therefore your attention to this matter would be greatly appreciated.

Yours truly,



Harvey M. Nightingale
Executive Director

HMN:cm



ONHA AN ASSOCIATION COMMITTED TO THE GOAL OF QUALITY CARE IN SAFE AND COMFORTABLE SURROUNDINGS

LTCI00072893-157



Woods Gordon

REVIEW OF NURSING HOMES INSPECTION SYSTEM

QUESTIONNAIRE FOR ADMINISTRATORS

Dear Administrator:

Our firm has been commissioned by the Ontario Ministry of Health to undertake an independent review of nursing home inspection and compliance.

For this review, we are seeking input from all interested parties through a combination of interviews, questionnaires, meetings, data analysis and document review.

The enclosed questionnaire has been designed to obtain the opinions and suggestions of individual nursing home administrators. Other questionnaires have been developed for nursing home owners, nursing home inspectors and management/clerical staff of the Nursing Homes Branch.

The responses to these questionnaires will be treated as confidential and you are not being asked to sign your name. Only Woods Gordon will see the completed questionnaires. The Ministry will receive only aggregated tabulations of the results.

This questionnaire is intended to gather your perceptions of the effectiveness of the nursing homes inspection system. Please answer each question by circling the number that most closely reflects your opinion. Feel free to add written comments beside individual questions or on the last page.

It is important that you answer the questions based on your personal experience as a nursing home administrator. We are sending another questionnaire to nursing home owners to obtain their perspective. If you are both an administrator and an owner, you may receive two very similar questionnaires. If this happens, complete only the questionnaire for owners, and discard this one.

Should you have questions about this questionnaire, please contact: Catherine Cornell, Woods Gordon, Toronto (416) 864-1212, ext. 2042.

As we have a very short timeframe for this study, please complete the questionnaire and mail it back to us in the attached, postage-paid envelope no later than April 7, 1986. We cannot guarantee that questionnaires mailed later than this date will be included in the tabulation of results.

Thank you for your cooperation.

Yours truly,


Catherine Cornell
Principal

CC/SS
Encl.



Noods Gordon

REVIEW OF NURSING HOMES INSPECTION SYSTEM

QUESTIONNAIRE FOR ADMINISTRATORS

Definition of Ratings

- 1 = Strongly Agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly Disagree
- 6 = Cannot Comment

PLEASE CIRCLE THE NUMBER THAT MOST CLOSELY REFLECTS YOUR OPINION

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
<u>Example:</u>						
0. The Nursing Homes Branch is responsible for the inspection of nursing homes.	1	2	3	4	5	6
1. The key objective of the inspection system is to maintain a high standard of care and safety within nursing homes.	1	2	3	4	5	6
2. Inspectors appear to be adequately trained and supervised for their jobs.	1	2	3	4	5	6
3. The inspectors have a great volume of complaints to investigate.	1	2	3	4	5	6
4. An inspection system for nursing homes in Ontario is necessary.	1	2	3	4	5	6
5. The current inspection system is effective in identifying nursing homes where residents are at risk.	1	2	3	4	5	6

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	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
6. A major objective of the Nursing Homes Branch is to educate the owners, administrators, directors of nursing and food supervisors of nursing homes.	1	2	3	4	5	6
7. Nursing homes that have 3-year accreditation provide better care for their residents.	1	2	3	4	5	6
8. All long term care facilities in Ontario should be subject to the same inspection system.	1	2	3	4	5	6
9. In general, nursing home inspectors are well-qualified for their jobs.	1	2	3	4	5	6
10. Good inspectors are recognized by Ministry management and their performance is rewarded.	1	2	3	4	5	6
11. Inspectors perform a policeman function.	1	2	3	4	5	6
12. The purpose of the inspection system is to ensure compliance with the Nursing Homes Act.	1	2	3	4	5	6
13. The regional interdisciplinary group of inspectors who visit my nursing home appear to have a real sense of teamwork.	1	2	3	4	5	6
14. Different inspectors have different interpretations of the same regulation.	1	2	3	4	5	6
15. Other than annual re-licensing inspections (which may be predicted), the majority of inspection visits are genuinely "surprise visits" for the administrator.	1	2	3	4	5	6
16. Inspectors act as liaison between nursing homes and the Nursing Homes Branch.	1	2	3	4	5	6
17. The role of inspectors is extremely important to the protection of nursing home residents.	1	2	3	4	5	6



	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
18. When I need advice on how to achieve compliance with the regulations, I can always count on the inspectors for useful suggestions.	1	2	3	4	5	6
19. Over the last few years, the job of inspector has become much more difficult.	1	2	3	4	5	6
20. The Ministry has no problem recruiting well-qualified applicants for the inspector positions.	1	2	3	4	5	6
21. Ministry management understand what the inspector's job is really like.	1	2	3	4	5	6
22. Lately, I have felt that the key objective of the inspection system has been to respond to pressure from outside the Ministry.	1	2	3	4	5	6
23. Many of the complaints received by the Ministry are frivolous or unfounded.	1	2	3	4	5	6
24. The consumer advocacy groups are able to identify nursing homes that are not providing good care.	1	2	3	4	5	6
25. If a consumer advocacy group believes that a specific nursing home is providing poor care, the inspectors are more thorough in completing their inspections of that home.	1	2	3	4	5	6
26. The current regulations and guidelines for nursing homes represent reasonable expectations for:						
a) structural requirements.	1	2	3	4	5	6
b) other environmental requirements.	1	2	3	4	5	6
c) fire safety.	1	2	3	4	5	6
d) dietary requirements.	1	2	3	4	5	6
e) nursing and personal care.	1	2	3	4	5	6

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
27. The number and specificity of regulations have increased in recent years.	1	2	3	4	5	6
28. The performance of inspectors is evaluated in terms of how many violations they cite.	1	2	3	4	5	6
29. The problem is not with the inspection system, but with the regulations themselves.	1	2	3	4	5	6
30. New regulations are developed in consultation with the industry.	1	2	3	4	5	6
31. Inspectors often act as consultants to nursing home administrators and staff to help them improve operations.	1	2	3	4	5	6
32. Inspectors often are subject to subtle or direct pressure from nursing home personnel to not record violations.	1	2	3	4	5	6
33. As in any industry, there are a mix of good and bad administrators in nursing homes.	1	2	3	4	5	6
34. Most inspectors do the best job they can under the circumstances.	1	2	3	4	5	6
35. Nursing homes are an over-regulated industry.	1	2	3	4	5	6
36. The Ministry's interpretation of regulations is consistent over the years.	1	2	3	4	5	6
37. Many nursing home owners and administrators have to be threatened with prosecution to obtain compliance.	1	2	3	4	5	6
38. I understand how the Ministry interprets each of the regulations.	1	2	3	4	5	6

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
39. Compliance with nursing homes regulations has improved over the last few years.	1	2	3	4	5	6
40. Each regulation is specifically aimed at ensuring high quality care and/or safety for residents of nursing homes.	1	2	3	4	5	6
41. Most nursing home owners and administrators are doing the best they can within the resources available.	1	2	3	4	5	6
42. When nursing homes are not in compliance with the regulations, a major reason often is:						
a) unreasonableness of the regulation.	1	2	3	4	5	6
b) cost implications.	1	2	3	4	5	6
c) lack of understanding how to achieve compliance.	1	2	3	4	5	6
d) lack of legal basis for enforcement.	1	2	3	4	5	6
43. Compliance with the regulations has always been a problem.	1	2	3	4	5	6
44. The number of prosecutions has increased substantially in recent years.	1	2	3	4	5	6
45. Many of the current prosecutions are frivolous.	1	2	3	4	5	6
46. The Ministry does not have the necessary legal basis to adequately protect nursing home residents.	1	2	3	4	5	6
47. Ministry management has a good understanding of the day-to-day realities of nursing home operation.	1	2	3	4	5	6
48. Inspectors focus their attention on the truly important aspects for patient care and safety.	1	2	3	4	5	6



	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
49. Inspectors treat non-profit nursing homes differently from proprietary homes.	1	2	3	4	5	6
50. Many other long term care facilities (e.g., chronic hospitals and homes for the aged) would have trouble meeting the regulations applied to nursing homes.	1	2	3	4	5	6
51. It would be useful to have greater involvement of physicians in ensuring the care and safety of nursing home residents.	1	2	3	4	5	6
52. The Nursing Home Compliance Plan Review Board (chaired by Mr. Sam Ruth) has an important objective to achieve.	1	2	3	4	5	6
53. The Nursing Homes Residents' Complaints Committee (chaired by Dr. D. Crittenden) is performing a useful function for the public.	1	2	3	4	5	6
54. The current regulations are out-of-date.	1	2	3	4	5	6
55. Two inspections per year (i.e., licence renewal and annual follow-up) provide satisfactory monitoring for a nursing home.	1	2	3	4	5	6
56. Prosecution of a home is a valid process to achieve compliance.	1	2	3	4	5	6
57. The public release and posting in my home of annual inspection reports is appropriate.	1	2	3	4	5	6
58. The current level of compliance in nursing homes warrants a relaxation of inspection procedures and/or frequency.	1	2	3	4	5	6

Goods Gordon

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
59. An accredited home has fewer violations than one that is not accredited.	1	2	3	4	5	6
60. There appears to be a sufficient number of inspectors to accomplish the inspection workload.	1	2	3	4	5	6
61. Accreditation results in an improvement in compliance.	1	2	3	4	5	6
62. When I ask for an inspector to come to my nursing home, I always get a prompt visit.	1	2	3	4	5	6
63. Compliance with the regulations, as determined through the inspection process, reflects a good nursing home.	1	2	3	4	5	6
64. The amount and type of information collected during the annual inspections is adequate to determine the quality of care and safety in nursing homes.	1	2	3	4	5	6



Woods Gordon

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PLEASE COMPLETE THE FOLLOWING QUESTIONS TO ASSIST US IN ANALYSIS OF THE AGGREGATE RESPONSES:

65. Regional office with which your home deals:
(check)

_____ London
_____ Ottawa
_____ Toronto

PLEASE NOTE THAT THESE
QUESTIONNAIRES WILL REMAIN THE
PROPERTY OF WOODS GORDON. ONLY
AGGREGATED DATA WILL BE PROVIDED TO
THE MINISTRY.

66. Length of time you have been an administrator
of a nursing home in Ontario:
(check)

_____ less than 1 year
_____ 1 - 3 years
_____ 3 - 5 years
_____ more than 5 years

67. Type of ownership of your nursing home:
(check)

_____ chain proprietary (corporate group of 3 homes or
more)
_____ other proprietary
_____ hospital sponsored
_____ other non-profit ownership

68. Union status:
(check)

_____ unionized staff
_____ non-unionized

69. Are you a nursing home owner as well as an
administrator? (check)

_____ yes
_____ no

ods Gordon

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THE REMAINING THREE QUESTIONS ARE INTENDED TO OBTAIN YOUR FURTHER OPINIONS AND SUGGESTIONS ABOUT THE INSPECTION SYSTEM

70. What are the current major problems with the inspection system?

71. Are changes needed to the inspection system? What changes are these?

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Woods Gordon

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72. What additional comments do you have? (Use the back of this page if you need extra room).

THANK YOU FOR YOUR COOPERATION!

Table 3

QUESTIONNAIRE FOR NURSING HOME ADMINISTRATORS

Responses as of April 4, 1986

QUEST	Raw Tabulation							% of 1-5 Responses							Mean of 1-5 Responses
	R01	R02	R03	R04	R05	R06	R07	PCT1	PCT2	PCT3	PCT4	PCT5	PCT6	PCT7	
1	56	76	12	10	9	2	2	34.36	46.63	7.36	6.13	5.52	1.20	1.20	2.02
2	8	75	38	32	9	4	1	4.94	46.30	23.46	19.75	5.56	2.40	0.60	2.75
3	5	22	35	47	14	44	0	4.07	17.89	28.46	38.21	11.38	26.35	0.00	3.35
4	59	91	6	6	3	1	1	35.76	55.15	3.64	3.64	1.82	0.60	0.60	1.81
5	9	66	33	34	17	7	1	5.66	41.51	20.75	21.38	10.69	4.19	0.60	2.90
6	4	23	14	62	56	6	2	2.52	14.47	8.81	38.99	35.22	3.59	1.20	3.90
7	20	35	30	38	36	7	1	12.58	22.01	18.87	23.90	22.64	4.19	0.60	3.22
8	134	25	3	2	2	0	1	80.72	15.06	1.81	1.20	1.20	0.00	0.60	1.27
9	4	61	46	24	6	25	1	2.84	43.26	32.62	17.02	4.26	14.97	0.60	2.77
10	0	2	38	9	5	110	1	0.00	3.70	70.37	16.67	9.28	65.87	1.80	3.31
11	52	88	7	11	2	5	2	32.50	55.00	4.38	6.68	1.25	2.99	1.20	1.89
12	41	116	2	3	0	1	2	25.00	71.95	1.22	1.83	0.00	0.60	1.20	1.80
13	6	38	29	51	23	20	0	4.68	25.85	19.71	34.49	15.65	11.98	0.00	3.32
14	106	49	4	5	0	3	0	64.63	29.88	2.44	3.05	0.00	1.80	0.00	1.44
15	102	62	1	0	0	0	2	61.82	37.58	0.61	0.00	0.00	0.00	1.20	1.39
16	7	57	27	45	22	8	1	4.43	36.08	17.09	28.48	13.92	4.79	0.60	3.11
17	11	51	33	47	22	2	1	6.71	31.10	20.12	28.66	13.41	1.20	0.60	3.11
18	6	58	33	52	15	2	1	3.66	35.37	20.12	31.71	9.15	1.20	0.60	3.07
19	22	76	23	14	2	30	0	16.06	59.47	16.79	10.22	1.46	17.96	0.00	2.26
20	0	2	25	24	8	107	1	0.00	3.39	42.37	40.68	13.56	64.07	0.60	3.64
21	1	9	26	22	11	95	3	1.45	13.04	37.68	31.05	15.94	56.89	1.80	3.48
22	78	62	14	6	0	4	1	48.75	38.75	8.75	3.75	0.00	3.59	0.60	1.68
23	36	57	23	12	1	38	0	27.91	44.19	17.63	9.30	0.78	22.75	0.00	2.11
24	2	19	21	52	42	28	3	1.47	13.97	15.44	38.24	30.88	16.77	1.80	3.83
25	27	47	18	10	1	63	1	26.21	45.63	17.48	9.71	0.97	37.72	0.60	2.14
26a	4	54	11	62	30	3	1	3.68	33.13	6.75	38.04	18.40	1.80	0.60	3.34
26b	6	81	16	41	17	3	3	3.73	50.31	9.94	25.47	10.56	1.80	1.80	2.89
26c	20	112	12	14	6	2	1	12.20	68.29	7.32	8.54	3.66	1.20	0.60	2.23
26d	10	106	9	28	12	1	1	6.06	64.24	5.15	16.97	7.27	0.60	0.60	2.55
26e	9	100	9	33	11	4	1	5.56	61.73	5.56	20.37	6.79	2.40	0.60	2.61
27	50	85	11	10	0	10	1	32.05	54.40	7.05	6.41	0.00	5.99	0.60	1.88
28	9	22	24	20	4	67	1	11.39	27.85	30.38	25.32	5.06	52.10	0.60	2.85
29	24	52	44	36	3	6	2	15.09	32.70	27.67	22.64	1.89	3.59	1.20	2.64
30	6	16	15	58	40	31	1	4.44	11.85	11.11	42.96	29.63	18.56	0.60	3.81
31	7	57	16	53	30	3	1	4.29	34.97	9.62	32.52	18.40	1.80	0.60	3.26
32	4	7	19	63	48	25	1	2.84	4.96	13.48	44.66	34.04	14.97	0.60	4.02
33	30	104	13	6	0	12	2	19.61	67.97	8.50	3.92	0.00	7.19	1.20	1.97
34	10	92	27	15	1	19	3	6.90	63.45	18.62	10.34	0.69	11.38	1.80	2.34
35	75	56	19	12	1	3	1	46.01	34.36	11.66	7.36	0.61	1.80	0.60	1.82
36	1	8	7	56	83	10	2	0.85	5.16	4.52	36.13	53.55	5.99	1.20	4.37
37	7	11	15	50	30	46	0	5.79	9.09	12.48	41.32	31.40	27.54	0.00	3.83
38	0	13	26	69	51	7	1	0.00	8.18	16.35	43.40	32.08	4.19	0.60	3.99
39	7	102	13	6	3	34	2	5.34	77.66	9.92	6.58	2.29	20.36	1.20	2.21
40	6	55	24	60	21	0	1	3.61	33.13	14.46	36.14	12.65	0.00	0.60	3.21
41	70	78	5	2	1	10	1	44.87	50.00	3.21	1.28	0.64	5.99	0.60	1.63
42a	38	81	21	15	1	6	5	24.36	51.92	13.46	9.62	0.64	3.59	2.99	2.10
42b	51	81	7	13	1	6	6	32.90	53.55	4.52	8.39	0.65	3.59	3.59	1.90
42c	15	62	17	55	6	7	5	9.68	40.00	10.97	35.48	3.87	4.19	2.99	2.84
42d	5	27	32	62	20	15	6	3.42	18.49	21.92	42.47	13.70	8.96	3.59	3.45
43	5	34	24	76	9	14	5	3.38	22.97	16.22	51.35	6.08	8.38	2.99	3.34

Table 3 (cont'd)

44	29	68	23	2	0	43	2	23.77	55.74	18.85	1.44	0.00	25.75	1.20	1.98
45	21	54	23	12	0	55	2	19.09	49.09	20.91	10.91	0.00	32.93	1.20	2.24
46	0	19	28	48	23	47	2	0.00	16.10	23.73	40.68	19.49	28.14	1.20	3.64
47	2	15	9	66	66	6	1	1.25	9.38	5.63	41.25	42.50	3.59	0.60	4.14
48	1	32	15	78	39	1	1	0.61	19.39	9.09	47.27	23.64	0.60	0.60	3.74
49	30	26	23	6	4	78	0	33.71	29.21	25.84	6.74	4.49	46.71	0.00	2.19
50	128	30	0	1	0	8	0	80.50	18.87	0.00	8.83	0.00	4.79	0.00	1.31
51	21	65	34	42	4	1	0	12.65	39.16	20.48	25.30	2.41	0.60	0.00	2.66
52	21	64	35	23	3	19	2	14.38	43.84	23.97	15.75	2.05	11.38	1.20	2.47
53	3	40	45	37	8	34	0	2.26	30.04	33.83	27.82	4.02	20.36	0.00	3.05
54	31	50	36	39	2	6	1	19.38	31.25	23.75	24.38	1.25	3.59	0.60	2.57
55	34	79	24	21	3	4	2	21.12	49.07	14.91	13.04	1.86	2.40	1.20	2.25
56	4	47	24	56	22	11	3	2.61	30.72	15.69	36.60	14.38	6.59	1.80	3.29
57	16	94	13	27	11	4	2	9.94	58.39	8.07	16.77	6.83	2.40	1.20	2.52
58	9	37	32	59	4	25	1	6.38	26.24	22.70	41.84	2.84	14.97	0.60	3.09
59	7	30	23	59	12	33	3	5.34	22.90	17.56	45.04	9.16	19.76	1.80	3.30
60	12	57	16	39	6	36	1	9.23	43.85	12.31	39.00	4.62	21.56	0.60	2.77
61	14	57	28	41	7	17	3	9.52	38.78	19.05	27.89	4.74	10.18	1.80	2.80
62	5	49	24	18	8	63	2	4.90	48.04	25.49	15.69	3.88	37.72	1.20	2.70
63	7	51	40	46	17	5	1	4.33	31.68	24.64	28.57	10.56	2.99	0.60	3.69
64	8	70	20	47	15	5	2	5.00	43.75	12.50	29.38	9.38	2.99	1.20	2.94
65	62	36	65	3	0	1	0	37.35	21.69	39.16	1.81	0.00	0.60	0.00	2.05
66	19	39	32	75	1	1	0	11.45	23.49	19.28	45.18	0.60	0.60	0.00	3.00
67	99	55	1	9	2	1	0	59.64	33.13	0.60	5.42	1.20	0.60	0.00	1.55
68	115	45	3	0	0	1	0	71.08	27.11	1.81	0.00	0.00	0.60	0.00	1.31
69	21	144	1	0	0	1	0	12.65	84.75	0.60	0.00	0.00	0.60	0.00	1.88

Table 3A

QUESTIONNAIRE FOR NURSING HOME ADMINISTRATORS

Responses Grouped by Topic

QUEST	Raw Tabulation							% of I-5 Responses							% of Total Responses	Mean of 1-5 Responses
	RO1	RO2	RO3	RO4	RO5	RO6	RO7	PCT1	PCT2	PCT3	PCT4	PCT5	PCT6	PCT7		
SYSTEM OBJECTIVES																
1	56	76	12	10	9	2	2	34.36	46.63	7.36	6.13	5.52	1.20	1.20	2.02	
6	4	23	14	62	56	6	2	2.52	14.47	8.81	38.99	33.22	3.59	1.20	3.90	
11	52	88	7	11	2	5	2	32.50	55.00	4.38	6.88	1.25	2.99	1.20	1.89	
12	41	118	2	3	0	1	2	25.00	71.95	1.22	1.83	0.00	0.60	1.20	1.80	
16	7	57	27	45	22	8	1	4.43	36.06	17.09	28.48	13.92	4.79	0.60	3.11	
18	6	58	33	52	15	2	1	3.66	35.37	20.12	31.71	9.15	1.20	0.60	3.07	
22	78	62	14	6	0	6	1	48.75	38.75	8.75	3.75	0.00	3.59	0.60	1.68	
26a	6	54	11	62	30	3	1	3.68	33.13	6.75	38.04	18.40	1.80	0.60	3.34	
26b	8	81	16	41	17	3	3	3.73	50.31	9.04	25.47	10.56	1.80	1.80	2.89	
26c	20	112	12	14	6	2	1	12.20	68.29	7.32	8.54	3.66	1.20	0.60	2.23	
26d	10	106	9	28	12	1	1	6.06	64.24	9.45	18.97	7.27	0.60	0.60	2.55	
26e	9	100	9	33	11	1	1	5.56	61.75	5.56	20.17	6.79	2.40	0.60	2.61	
28	9	22	24	20	4	87	1	11.39	27.65	30.38	25.32	5.06	52.10	0.60	2.85	
31	7	27	16	53	30	3	1	4.29	34.97	9.82	32.52	18.40	1.80	0.60	3.26	
37	16	94	13	27	11	1	2	9.94	58.39	8.07	16.77	6.83	2.40	1.20	2.52	
62	5	49	26	16	6	63	2	4.90	48.04	25.49	15.69	5.88	37.72	1.20	2.70	
64	8	70	20	47	15	5	2	5.00	43.75	12.50	29.38	9.38	2.99	1.20	2.94	
****	340	1227	265	530	266	205	26	13.04	67.05	10.16	20.32	9.43	7.22	0.92	2.66	
SYSTEM EFFECTIVENESS																
5	9	66	33	34	17	7	1	5.66	41.51	20.75	21.38	10.69	4.19	0.60	2.90	
15	102	62	1	0	0	0	2	61.82	37.58	0.61	0.00	0.00	0.00	1.20	3.39	
17	11	51	33	47	22	2	1	6.71	31.10	20.12	26.66	13.41	1.20	0.60	3.11	
48	1	32	15	78	39	1	1	0.61	19.39	9.09	47.27	23.64	0.60	0.60	3.74	
63	7	51	40	46	17	5	1	4.35	31.68	24.64	28.57	10.56	2.99	0.60	3.09	
****	130	262	122	205	95	15	6	15.97	32.19	14.99	25.18	11.67	1.80	0.72	2.84	
COMPLIANCE																
4	59	91	6	6	3	1	1	35.76	55.15	3.64	3.64	1.82	0.60	0.60	1.81	
32	4	7	19	63	48	25	1	2.84	4.96	13.48	44.68	34.04	14.97	0.60	4.02	
33	30	104	13	6	0	12	2	19.61	67.97	8.50	3.92	0.00	7.19	1.20	1.97	
37	7	11	15	50	38	44	0	5.79	9.09	12.40	41.52	31.40	27.54	0.00	3.83	
39	7	102	13	6	3	34	2	5.34	77.86	9.92	4.58	2.29	20.36	1.20	2.21	
41	70	78	5	2	1	10	1	44.07	50.00	3.21	1.28	0.64	3.59	0.60	1.63	
42a	38	81	21	15	1	6	5	24.36	51.92	13.46	9.62	0.64	3.59	2.99	2.10	
42b	51	83	7	13	1	6	6	32.90	53.55	4.52	8.39	0.65	3.59	3.59	1.90	
42c	15	62	17	55	6	7	5	9.68	40.00	10.97	35.48	3.87	4.19	2.99	2.84	
42d	5	27	32	42	20	15	6	3.42	18.49	21.92	42.47	13.70	8.98	3.59	3.45	
43	5	34	24	76	9	14	5	3.38	22.97	16.22	51.35	6.08	8.38	2.99	3.34	
55	34	79	24	21	3	4	2	21.12	49.07	14.91	13.04	1.86	2.40	1.20	2.25	
58	9	37	32	59	4	25	1	6.38	26.24	22.70	41.84	2.84	14.97	0.60	3.09	
****	334	796	228	434	137	205	37	17.31	41.26	11.82	22.50	7.10	9.44	1.70	2.61	
INSPECTOR PERFORMANCE																
2	8	75	38	32	9	4	1	4.94	46.30	23.46	19.75	5.56	2.40	0.60	2.75	
3	5	22	35	47	14	44	0	4.07	17.89	28.46	38.21	11.38	26.35	0.00	3.35	
9	4	61	46	24	6	25	1	2.84	43.28	32.62	17.02	4.26	14.97	0.60	2.77	
13	6	38	29	51	23	20	0	4.08	25.85	19.73	34.69	15.65	11.98	0.00	3.32	
19	22	76	23	14	2	30	0	16.06	55.47	15.79	19.22	1.44	17.56	0.00	2.26	
20	0	2	25	24	8	102	1	0.00	3.39	42.37	40.64	13.56	64.07	0.60	3.64	
34	10	92	27	15	1	19	3	6.90	63.45	18.62	10.34	0.69	11.38	1.80	2.34	
60	12	57	14	39	6	36	1	9.23	43.85	12.31	30.00	4.62	21.56	0.60	2.77	
****	67	423	239	246	69	285	7	6.42	40.52	22.89	23.56	6.61	21.33	0.52	2.83	

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Table 3A (cont'd)

ACCREDITATION															
7	20	35	30	38	36	7	1	12.58	22.01	18.87	23.90	22.64	4.19	0.68	3.22
59	7	30	23	59	12	33	3	5.34	22.90	17.56	45.04	9.16	19.76	1.80	3.30
61	14	57	28	41	7	17	3	9.52	38.78	19.05	27.89	4.76	10.18	1.00	2.80
****	41	122	81	138	55	57	7	9.38	27.92	18.54	31.58	12.59	11.36	1.40	3.10
MINISTRY MANAGEMENT															
10	0	2	38	9	5	110	3	0.00	3.70	70.37	16.67	9.26	65.87	1.80	3.31
21	1	9	26	22	11	95	3	1.45	13.04	37.68	31.88	15.94	56.89	1.80	3.48
47	2	15	9	66	68	6	1	1.25	9.38	5.83	41.25	42.50	3.59	0.60	4.14
****	3	26	73	97	84	211	7	1.06	9.19	25.80	34.28	29.68	42.12	1.40	3.82
CONSISTENCY															
14	106	49	4	5	0	3	0	64.63	29.88	2.44	3.05	0.00	1.80	0.00	1.44
36	1	3	7	56	83	10	2	0.65	5.16	4.52	36.13	53.55	5.99	1.20	4.37
49	30	26	23	6	4	78	0	33.71	29.21	25.84	6.74	4.49	46.71	0.00	2.19
****	137	83	34	67	47	91	2	33.58	20.34	8.33	16.42	21.32	18.16	0.40	2.72
COMPLAINTS															
24	2	19	21	52	42	28	3	1.47	13.97	15.44	38.24	30.88	16.77	1.80	3.83
25	27	47	18	18	1	83	1	26.21	45.61	17.48	9.71	0.97	37.72	0.60	2.14
53	3	40	45	37	8	34	0	2.26	30.08	33.83	27.82	6.02	20.36	0.00	3.05
****	32	106	64	99	51	125	4	8.60	28.49	22.58	26.61	13.71	24.95	0.80	3.08
REGULATIONS															
26a	6	54	11	62	30	3	1	3.68	33.13	6.75	38.04	18.40	1.80	0.60	3.34
26b	6	81	16	41	17	3	3	3.73	50.31	9.94	25.47	10.56	1.80	1.80	2.89
26c	20	112	12	14	6	2	1	12.20	65.29	7.32	8.54	3.66	1.20	0.60	2.23
26d	10	106	9	28	12	1	1	6.06	64.24	5.45	16.97	7.27	0.60	0.60	2.55
26e	9	100	9	33	11	4	1	5.56	61.73	5.56	20.37	6.79	2.40	0.60	2.61
27	50	85	11	10	0	10	1	32.05	54.49	7.05	6.41	0.00	5.99	0.60	1.88
29	24	52	44	36	3	6	2	15.09	32.70	27.87	22.64	1.89	3.59	1.20	2.84
30	6	16	15	58	40	31	1	4.44	11.85	11.11	42.96	29.63	10.56	0.60	3.81
35	75	56	19	12	1	3	1	46.01	34.16	11.66	7.36	0.61	1.80	0.60	1.82
38	0	13	24	69	51	7	1	0.00	8.18	14.35	43.48	32.08	4.19	0.60	3.99
40	6	55	24	60	21	0	1	3.61	33.13	14.46	36.14	12.65	0.00	0.60	3.21
46	0	19	28	48	23	47	2	0.00	16.10	23.73	49.68	19.49	28.14	1.20	3.64
53	3	40	45	37	8	34	0	2.26	30.08	33.83	27.82	6.02	20.36	0.00	3.05
54	31	50	30	39	2	6	1	19.38	31.25	23.75	24.38	1.25	3.59	0.60	2.57
****	246	839	307	547	225	157	17	11.37	36.77	14.19	25.28	10.40	6.72	0.73	2.85
PROSECUTION															
44	29	68	23	2	0	43	2	23.77	55.74	18.85	1.64	0.00	25.75	1.20	1.98
45	21	54	23	12	0	55	2	19.09	49.09	20.91	10.91	0.00	32.93	1.20	2.24
56	4	47	24	56	22	11	3	2.61	30.72	15.69	38.60	14.38	6.59	1.80	3.29
****	54	169	70	76	22	109	7	14.03	43.90	18.18	18.18	5.71	21.76	1.40	2.58
OTHER LTC FACILITIES															
8	134	25	3	2	2	0	1	80.72	15.06	1.81	1.20	1.20	0.00	0.60	1.27
50	128	30	0	1	0	8	0	80.50	18.87	0.00	0.63	0.00	4.79	0.00	1.21
****	262	55	3	3	2	8	1	80.62	16.92	0.92	0.92	0.62	2.40	0.30	1.24
PHYSICIANS															
51	21	65	34	42	4	1	0	12.65	39.16	20.48	25.30	2.41	0.60	0.00	2.66
****	21	65	34	42	4	1	0	12.65	39.16	20.48	25.30	2.41	0.60	0.00	2.66

 **Ontario nursing home association**

5th Floor, 6075 Yonge Street, Willowdale, Ontario, Canada M2M 3W2
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March 13, 1986

All ONHA Owners

RE: Woods Gordon Study on the Inspection Process

Recently the Ministry of Health has awarded to Woods Gordon a contract to study the current inspection process. As part of that review Woods Gordon have drafted a questionnaire which is enclosed. To assist both Woods Gordon and the Ontario Nursing Home Association we would greatly appreciate your assistance in taking the time to read the questionnaire, complete it and return it to Woods Gordon.

Many of us over the years have been greatly frustrated by the inspection process and what we believe its original intent to have been. We feel that a study of this nature by an independent third party would bring to the fore, many of the items that we have been indicating are shortcomings of the current inspection process. Therefore your attention to this matter would be greatly appreciated.

Yours truly,


Harvey M. Nightingale
Executive Director

HMN:cm



ONHA AN ASSOCIATION COMMITTED TO THE GOAL OF QUALITY CARE IN SAFE AND COMFORTABLE SURROUNDINGS

LTCI00072893-173



Woods Gordon

REVIEW OF NURSING HOMES INSPECTION SYSTEM

QUESTIONNAIRE FOR OWNERS

Dear Nursing Home Owner:

Our firm has been commissioned by the Ontario Ministry of Health to undertake an independent review of nursing home inspection and compliance.

For this review, we are seeking input from all interested parties through a combination of interviews, questionnaires, meetings, data analysis and document review.

The enclosed questionnaire has been designed to obtain the opinions and suggestions of nursing home owners. Other questionnaires have been developed for nursing home administrators, nursing home inspectors and management/clerical staff of the Nursing Homes Branch.

The responses to these questionnaires will be treated as confidential, and you are not being asked to sign your name. Only Woods Gordon will see the completed questionnaires. The Ministry will receive only aggregated tabulations of the results.

This questionnaire is intended to gather your perceptions of the effectiveness of the nursing home inspection system. Please answer each question by circling the number that most closely reflects your opinion. Feel free to add written comments beside individual questions or on the last page.

Should you have any questions about this questionnaire, please contact: Catherine Cornell, Woods Gordon, Toronto (416) 864-1212, ext. 2042.

As we have a very short timeframe for this study, please complete the questionnaire and mail it back to us in the attached, postage-paid envelope no later than April 7, 1986. We cannot guarantee that questionnaires mailed later than this date will be included in the tabulation of results.

Thank you for your cooperation.

Yours truly,

Catherine Cornell
Principal

CC/SS

Encl.



Woods Gordon

REVIEW OF NURSING HOMES INSPECTION SYSTEM

QUESTIONNAIRE FOR OWNERS

Definition of Ratings

- 1 = Strongly Agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly Disagree
- 6 = Cannot Comment

PLEASE CIRCLE THE NUMBER THAT MOST CLOSELY REFLECTS YOUR OPINION

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
<u>Example:</u>						
0. The Nursing Homes Branch is responsible for the inspection of nursing homes.	1	2	3	4	5	6
1. The key objective of the inspection system is to maintain a high standard of care and safety within nursing homes.	1	2	3	4	5	6
2. Inspectors appear to be adequately trained and supervised for their jobs.	1	2	3	4	5	6
3. The inspectors have a great volume of complaints to investigate.	1	2	3	4	5	6
4. An inspection system for nursing homes in Ontario is necessary.	1	2	3	4	5	6
5. The current inspection system is effective in identifying nursing homes where residents are at risk.	1	2	3	4	5	6

LTCI00072893-175



	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
6. A major objective of the Nursing Homes Branch is to educate the owners, administrators, directors of nursing and food supervisors of nursing homes.	1	2	3	4	5	6
7. Nursing homes that have 3-year accreditation provide better care for their residents.	1	2	3	4	5	6
8. All long term care facilities in Ontario should be subject to the same inspection system.	1	2	3	4	5	6
9. In general, nursing home inspectors are well-qualified for their jobs.	1	2	3	4	5	6
10. Good inspectors are recognized by Ministry management and their performance is rewarded.	1	2	3	4	5	6
11. Inspectors perform a policeman function.	1	2	3	4	5	6
12. The purpose of the inspection system is to ensure compliance with the Nursing Homes Act.	1	2	3	4	5	6
13. The regional interdisciplinary group of inspectors who visit my nursing home(s) appear to have a real sense of teamwork.	1	2	3	4	5	6
14. Different inspectors have different interpretations of the same regulation.	1	2	3	4	5	6
15. Other than annual re-licensing inspections (which may be predicted), the majority of inspection visits are genuinely "surprise visits" for the administrator.	1	2	3	4	5	6
16. Inspectors act as liaison between nursing homes and the Nursing Homes Branch.	1	2	3	4	5	6
17. The role of inspectors is extremely important to the protection of nursing home residents.	1	2	3	4	5	6



	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
18. When I need advice on how to achieve compliance with the regulations, I can always count on the inspectors for useful suggestions.	1	2	3	4	5	6
19. Over the last few years, the job of inspector has become much more difficult.	1	2	3	4	5	6
20. The Ministry has no problem recruiting well-qualified applicants for the inspector positions.	1	2	3	4	5	6
21. Ministry management understand what the inspector's job is really like.	1	2	3	4	5	6
22. Lately, I have felt that the key objective of the inspection system has been to respond to pressure from outside the Ministry.	1	2	3	4	5	6
23. Many of the complaints received by the Ministry are frivolous or unfounded.	1	2	3	4	5	6
24. The consumer advocacy groups are able to identify nursing homes that are not providing good care.	1	2	3	4	5	6
25. If a consumer advocacy group believes that a specific nursing home is providing poor care, the inspectors are more thorough in completing their inspections of that home.	1	2	3	4	5	6
26. The current regulations and guidelines for nursing homes represent reasonable expectations for:						
a) structural requirements.	1	2	3	4	5	6
b) other environmental requirements.	1	2	3	4	5	6
c) fire safety.	1	2	3	4	5	6
d) dietary requirements.	1	2	3	4	5	6
e) nursing and personal care.	1	2	3	4	5	6



	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
27. The number and specificity of regulations have increased in recent years.	1	2	3	4	5	6
28. The performance of inspectors is evaluated in terms of how many violations they cite.	1	2	3	4	5	6
29. The problem is not with the inspection system, but with the regulations themselves.	1	2	3	4	5	6
30. New regulations are developed in consultation with the industry.	1	2	3	4	5	6
31. Inspectors often act as consultants to nursing home administrators and staff to help them improve operations.	1	2	3	4	5	6
32. Inspectors often are subject to subtle or direct pressure from nursing home personnel to not record violations.	1	2	3	4	5	6
33. As in any industry, there are a mix of good and bad administrators (and owners) in nursing homes.	1	2	3	4	5	6
34. Most inspectors do the best job they can under the circumstances.	1	2	3	4	5	6
35. Nursing homes are an over-regulated industry.	1	2	3	4	5	6
36. The Ministry's interpretation of regulations is consistent over the years.	1	2	3	4	5	6
37. Many nursing home owners and administrators have to be threatened with prosecution to obtain compliance.	1	2	3	4	5	6
38. I understand how the Ministry interprets each of the regulations	1	2	3	4	5	6



	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
39. Compliance with nursing homes regulations has improved over the last few years.	1	2	3	4	5	6
40. Each regulation is specifically aimed at ensuring high quality care and/or safety for residents of nursing homes.	1	2	3	4	5	6
41. Most nursing home owners and administrators are doing the best they can within the resources available.	1	2	3	4	5	6
42. When nursing homes are not in compliance with the regulations, a major reason often is:						
a) unreasonableness of the regulation.	1	2	3	4	5	6
b) cost implications.	1	2	3	4	5	6
c) lack of understanding how to achieve compliance.	1	2	3	4	5	6
d) lack of legal basis for enforcement.	1	2	3	4	5	6
43. Compliance with the regulations has always been a problem.	1	2	3	4	5	6
44. The number of prosecutions has increased substantially in recent years.	1	2	3	4	5	6
45. Many of the current prosecutions are frivolous.	1	2	3	4	5	6
46. The Ministry does not have the necessary legal basis to adequately protect nursing home residents.	1	2	3	4	5	6
47. Ministry management has a good understanding of the day-to-day realities of nursing home operation.	1	2	3	4	5	6
48. Inspectors focus their attention on the truly important aspects for patient care and safety.	1	2	3	4	5	6



	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
49. Inspectors treat non-profit nursing homes differently from proprietary homes.	1	2	3	4	5	6
50. Many other long term care facilities (e.g., chronic hospitals and homes for the aged) would have trouble meeting the regulations applied to nursing homes.	1	2	3	4	5	6
51. It would be useful to have greater involvement of physicians in ensuring the care and safety of nursing home residents.	1	2	3	4	5	6
52. The Nursing Home Compliance Plan Review Board (chaired by Mr. Sam Ruth) has an important objective to achieve.	1	2	3	4	5	6
53. The Nursing Homes Residents' Complaints Committee (chaired by Dr. D. Crittenden) is performing a useful function for the public.	1	2	3	4	5	6
54. Inconsistency between inspectors in the interpretation of regulations is a major problem.	1	2	3	4	5	6
55. There are significant differences in the "strictness" of inspection among three regions.	1	2	3	4	5	6
56. Over the past few years, the inspection system has become more of a problem for me.	1	2	3	4	5	6
57. It is difficult for me to ensure that my employees are complying with all the regulations.	1	2	3	4	5	6
58. At present, I am particularly frustrated about the inspection of structural features of my home(s).	1	2	3	4	5	6
59. The current regulations are out-of-date.	1	2	3	4	5	6



	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Cannot Comment</u>
60. Two inspections per year (i.e., licence renewal and annual follow-up) provide satisfactory monitoring for a nursing home.	1	2	3	4	5	6
61. Prosecution of a home is a valid process to achieve compliance.	1	2	3	4	5	6
62. The public release and posting in my home(s) of annual inspection reports is appropriate.	1	2	3	4	5	6
63. The current level of compliance in nursing homes warrants a relaxation of inspection procedures and/or frequency.	1	2	3	4	5	6
64. An accredited home has fewer violations than one that is not accredited.	1	2	3	4	5	6
65. There appears to be a sufficient number of inspectors to accomplish the inspection workload.	1	2	3	4	5	6
66. Accreditation results in an improvement in compliance.	1	2	3	4	5	6
67. When I ask for an inspector to come to my nursing home(s), I always get a prompt visit.	1	2	3	4	5	6
68. Compliance with the regulations, as determined through the inspection process, reflects a good nursing home.	1	2	3	4	5	6
69. The amount and type of information collected during the annual inspections is adequate to determine the quality of care and safety within nursing homes.	1	2	3	4	5	6



PLEASE COMPLETE THE FOLLOWING QUESTIONS TO ASSIST US IN ANALYSIS OF THE AGGREGATE RESPONSES:

70. Regional office(s) with which your home(s) deal:
(check as many as applicable)

- _____ London
- _____ Ottawa
- _____ Toronto

PLEASE NOTE THAT THESE QUESTIONNAIRES
WILL REMAIN THE PROPERTY OF WOODS
GORDON. ONLY AGGREGATED DATA WILL BE
PROVIDED TO THE MINISTRY.

71. Length of time you have been an owner of a
nursing home(s) in Ontario:
(check)

- _____ less than 1 year
- _____ 1 - 3 years
- _____ 3 - 5 years
- _____ more than 5 years

72. Type of ownership of your nursing home(s):
(check)

- _____ chain proprietary (corporative group of 3 homes or
more)
- _____ other proprietary
- _____ other (specify _____)

73. Union status:
(check)

- _____ unionized staff
- _____ non-unionized

74. Are you a nursing home administrator
as well as an owner?
(check)

- _____ yes
- _____ no



THE REMAINING THREE QUESTIONS ARE INTENDED TO OBTAIN YOUR FURTHER OPINIONS AND SUGGESTIONS ABOUT THE INSPECTION SYSTEM

75. What are the current major problems with the inspection system?

76. Are changes needed to the inspection system? What changes are these?



Woods Gordon

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77. What additional comments do you have? (Use the back of this page if you need extra room).

THANK YOU FOR YOUR COOPERATION!

Table 4

QUESTIONNAIRE FOR NURSING HOME OWNERS

Responses as of April 4, 1986

QUEST	Raw Tabulation							% of 1-5 Responses							% of Total Responses	Mean of 1-5 Responses
	R01	R02	R03	R04	R05	R06	R07	PCT1	PCT2	PCT3	PCT4	PCT5	PCT6	PCT7		
1	30	42	8	10	6	1	0	31.25	43.75	8.33	10.42	6.25	1.03	0.00	2.17	
2	3	36	23	20	8	6	1	3.33	40.00	25.56	22.22	8.89	6.19	1.03	2.93	
3	5	14	16	27	4	30	1	7.50	21.21	24.24	40.91	6.06	30.93	1.03	3.17	
4	35	50	4	5	1	0	2	36.04	52.63	4.21	5.26	1.05	0.00	2.06	1.81	
5	5	40	13	23	11	4	1	5.43	43.48	14.13	25.00	11.96	4.12	1.03	2.95	
6	3	5	9	40	38	2	0	3.16	5.26	9.47	42.11	40.00	2.06	0.00	4.11	
7	7	20	21	22	21	5	1	7.69	21.98	23.04	24.16	23.08	5.15	1.03	3.33	
8	88	7	0	2	0	0	0	90.72	7.22	0.00	2.06	0.00	0.00	0.00	1.13	
9	1	34	28	15	5	12	2	1.20	40.96	35.73	18.07	6.02	12.37	2.06	2.67	
10	2	5	13	13	2	60	2	5.71	14.29	37.14	37.14	5.71	61.86	2.06	3.23	
11	37	47	4	7	1	1	0	38.54	48.06	4.17	7.29	1.04	1.03	0.00	1.83	
12	30	56	0	5	4	2	0	31.50	58.95	0.00	5.26	4.21	2.06	0.00	1.92	
13	3	13	28	32	9	12	0	5.33	15.29	32.94	37.65	10.59	12.37	0.00	3.36	
14	64	30	2	0	0	0	1	66.67	31.25	2.08	0.00	0.00	0.00	1.03	1.35	
15	63	31	0	0	1	0	2	66.32	32.63	0.00	1.05	0.00	2.06	0.00	1.36	
16	7	31	13	22	18	6	0	7.69	34.07	14.29	24.18	19.78	6.19	0.00	3.14	
17	7	29	19	28	14	0	0	7.22	29.90	19.59	28.87	14.43	0.00	0.00	3.13	
18	4	25	22	28	14	2	0	6.32	26.32	23.14	29.47	14.74	2.06	0.00	3.20	
19	13	41	16	8	4	16	3	16.25	51.25	17.50	10.00	5.00	14.43	3.09	2.36	
20	1	3	10	17	8	55	3	2.56	7.69	25.64	43.59	20.51	56.70	3.09	3.72	
21	0	7	17	17	7	48	1	0.00	14.58	35.42	35.42	14.58	49.48	1.03	3.58	
22	51	30	8	3	1	4	0	54.84	32.26	8.60	3.23	1.06	4.12	0.00	1.63	
23	25	29	11	5	1	25	1	35.21	40.65	15.49	7.04	1.41	25.77	1.03	1.99	
24	5	7	14	33	21	17	0	6.25	8.75	17.50	41.25	26.25	17.53	0.00	3.73	
25	19	28	12	6	0	29	3	29.23	43.68	18.46	9.23	0.00	29.90	3.09	2.08	
26a	9	41	5	24	18	0	0	9.28	42.27	5.15	24.74	18.56	0.00	0.00	3.01	
26b	7	50	10	22	6	1	1	7.37	52.63	10.53	23.16	6.32	1.03	1.03	2.68	
26c	18	63	4	7	4	0	1	18.75	65.63	4.17	7.29	4.17	0.00	1.03	2.13	
26d	9	55	8	17	7	0	1	9.38	57.29	8.33	17.71	7.29	0.00	1.03	2.56	
26e	7	56	10	14	7	0	1	7.29	60.42	10.42	14.58	7.29	0.00	1.03	2.54	
27	32	51	3	5	0	6	0	35.16	56.04	3.30	5.49	0.00	6.19	0.00	1.79	
28	7	14	9	10	1	56	0	17.07	34.15	21.95	24.39	2.44	57.73	0.00	2.61	
29	11	36	25	18	1	5	1	12.09	39.56	27.47	19.78	1.10	5.15	1.03	2.58	
30	2	9	8	36	27	13	2	2.44	10.98	9.76	43.90	32.93	13.40	2.06	3.94	
31	3	24	15	31	21	2	1	3.19	25.53	15.96	32.98	22.34	2.06	1.03	3.46	
32	3	6	13	21	30	23	1	4.11	8.22	17.81	28.77	41.10	23.71	1.03	3.95	
33	26	57	7	2	0	5	0	28.26	61.96	7.61	2.17	0.00	5.15	0.00	1.84	
34	5	49	18	8	0	16	1	6.25	61.25	22.50	10.00	0.00	16.49	1.03	2.36	
35	50	24	14	8	0	1	0	52.08	25.00	14.58	8.33	0.00	1.03	0.00	1.79	
36	4	7	3	33	47	3	0	4.26	7.45	3.19	35.11	50.00	3.09	0.00	4.19	
37	8	7	7	29	27	21	0	7.89	9.21	9.21	38.16	35.53	21.65	0.00	3.84	
38	0	7	18	38	34	0	0	0.00	7.22	18.56	39.18	35.05	0.00	0.00	4.02	
39	8	51	10	3	3	22	0	10.67	68.00	13.33	4.00	4.00	22.68	0.00	2.23	
40	4	26	11	35	21	0	0	4.12	26.80	11.34	36.00	21.65	0.00	0.00	3.44	
41	43	42	5	2	1	3	1	46.24	45.16	5.38	2.15	1.08	3.09	1.03	1.67	
42a	29	42	10	11	1	2	2	31.18	45.14	10.75	11.83	1.08	2.06	2.06	2.06	
42b	30	47	8	4	2	1	3	32.26	50.54	8.00	6.45	2.15	1.03	3.09	1.96	
42c	9	40	9	27	8	2	2	9.68	43.01	9.68	29.03	8.60	2.06	2.06	2.84	
42d	4	5	15	34	24	10	3	7.14	5.95	17.86	40.48	28.57	10.31	3.09	3.77	
43	9	26	18	31	8	4	1	9.78	28.26	19.57	33.70	8.70	4.12	1.03	3.03	

Table 4 (cont'd)

44	20	35	5	2	0	34	1	32.26	56.45	8.06	3.23	0.00	35.05	1.03	1.82
45	25	23	7	3	0	38	1	43.10	39.66	12.07	5.17	0.00	39.18	1.03	1.79
46	3	8	9	30	20	27	0	4.29	11.43	12.84	42.84	28.57	27.84	0.00	3.80
47	0	9	9	35	41	3	0	0.00	9.57	9.57	37.23	43.62	3.09	0.00	4.15
48	3	14	16	34	30	0	0	3.09	14.43	16.49	35.05	38.93	0.00	0.00	3.76
49	15	16	9	11	3	43	0	27.78	29.63	16.67	20.37	5.56	44.33	0.00	2.46
50	74	17	2	2	1	1	0	77.08	17.71	2.08	2.08	1.04	1.03	0.00	1.32
51	12	29	29	18	5	3	1	12.90	31.18	31.18	19.35	5.38	3.09	1.03	2.73
52	15	42	15	9	6	18	0	17.24	48.28	17.24	10.34	6.90	10.31	0.00	2.41
53	0	28	30	13	7	18	1	0.00	35.90	38.44	16.47	8.97	18.56	1.03	2.99
54	39	39	12	4	0	3	0	41.49	41.49	12.77	4.26	0.00	3.09	0.00	1.80
55	13	29	7	5	0	41	2	24.07	53.70	12.96	9.26	0.00	42.27	2.06	2.07
56	16	42	12	22	2	2	1	17.02	44.68	12.77	23.40	2.13	2.06	1.03	2.49
57	10	37	11	29	8	1	1	10.53	38.95	11.58	30.33	8.42	1.03	1.03	2.87
58	28	36	9	17	5	1	1	29.47	37.89	9.47	17.89	5.26	1.03	1.03	2.32
59	10	30	26	23	3	4	1	10.87	32.41	28.26	25.00	3.26	4.12	1.03	2.77
60	9	56	7	0	0	4	1	9.78	60.87	21.74	7.81	0.00	4.12	1.03	2.27
61	0	13	12	30	17	4	1	0.00	35.87	13.04	32.81	18.48	4.12	1.03	3.34
62	3	44	13	22	13	0	2	3.16	46.32	13.68	23.16	13.68	0.00	2.06	2.98
63	9	21	24	28	0	14	1	10.98	25.61	29.27	34.15	0.00	14.43	1.03	2.87
64	4	14	13	38	11	16	1	5.00	17.50	16.25	47.50	13.75	16.49	1.03	3.48
65	3	47	8	8	0	29	2	4.55	71.23	12.12	12.12	0.00	29.90	2.06	2.32
66	5	29	17	23	7	13	3	6.17	35.80	20.99	28.40	8.64	13.40	3.09	2.98
67	5	27	13	8	3	40	1	8.93	48.21	23.21	14.29	5.36	41.24	1.03	2.59
68	5	27	21	30	11	2	1	5.32	28.72	22.34	31.91	11.70	2.06	1.03	3.16
69	4	34	11	35	6	4	1	4.35	39.13	11.96	58.04	6.52	4.12	1.03	3.03
70a	48	0	0	0	0	0	0	100.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
70b	0	27	0	0	0	0	0	0.00	100.00	0.00	0.00	0.00	0.00	0.00	2.00
70c	0	1	19	0	0	0	0	0.00	2.50	97.50	0.00	0.00	0.00	0.00	2.98
70d	0	0	1	20	0	0	0	0.00	0.00	4.76	95.24	0.00	0.00	0.00	3.95
70e	0	0	0	0	2	0	0	0.00	0.00	0.00	0.00	100.00	0.00	0.00	5.00
71	0	6	6	63	2	0	0	0.00	6.19	6.19	85.57	2.06	0.00	0.00	3.84
72	19	51	23	4	0	0	0	19.59	52.54	23.71	4.12	0.00	0.00	0.00	2.12
73	58	37	1	1	0	0	0	59.79	38.14	1.03	1.03	0.00	0.00	0.00	1.43
74	59	34	3	1	0	0	0	60.82	35.05	3.09	1.03	0.00	0.00	0.00	1.44

Table 4A

QUESTIONNAIRE FOR NURSING HOME OWNERS

Responses Grouped by Topic

QUEST	Raw Tabulation							% of 1-5 Responses							Mean of 1-5 Responses
	R01	R02	R03	R04	R05	R06	R07	PCT1	PCT2	PCT3	PCT4	PCT5	PCT6	PCT7	
SYSTEM OBJECTIVES															
1	30	42	8	10	6	1	0	31.25	43.75	8.33	10.42	6.25	1.03	0.00	2.17
6	3	5	9	40	38	2	0	3.16	5.26	9.47	42.11	48.00	2.06	0.00	4.11
11	37	47	4	7	1	1	0	38.54	48.96	4.17	7.29	1.04	1.03	0.00	1.83
12	30	56	0	5	4	2	0	31.58	58.95	0.00	5.26	4.21	2.06	0.00	1.92
16	7	31	13	22	18	6	0	7.69	34.07	14.29	24.18	19.78	6.19	0.00	3.14
18	6	25	22	28	14	2	0	6.32	26.32	23.16	29.47	14.74	2.06	0.00	3.20
22	51	30	8	3	1	4	0	54.84	32.26	8.60	3.23	1.08	4.12	0.00	1.83
26a	9	41	5	24	10	0	0	9.28	42.27	5.15	24.74	18.56	0.00	0.00	3.01
26b	7	50	10	22	6	1	1	7.37	52.63	10.53	23.16	6.32	1.03	1.03	2.68
26c	16	63	4	7	4	0	1	18.75	65.63	4.17	7.29	4.17	0.00	1.03	2.13
26d	9	55	8	17	7	0	1	9.38	57.29	8.33	17.71	7.29	0.00	1.03	2.56
26e	7	58	10	14	7	0	1	7.29	60.42	10.42	14.58	7.29	0.00	1.03	2.54
28	7	14	9	10	1	58	0	17.07	34.15	21.95	24.39	2.44	57.73	0.00	2.61
31	3	24	15	31	21	2	1	3.19	25.53	15.96	32.98	22.34	2.06	1.03	3.46
62	3	44	13	22	13	0	2	3.16	46.32	13.68	23.16	13.68	0.00	2.06	2.98
67	5	27	13	8	3	40	1	8.91	48.21	23.21	14.29	5.34	41.24	1.03	2.59
69	4	36	11	35	6	4	1	4.35	39.13	11.96	38.04	6.52	4.12	1.03	3.03
****	234	648	162	302	168	121	9	15.54	42.66	10.66	20.08	11.06	7.34	0.55	2.68
SYSTEM EFFECTIVENESS															
5	5	40	13	23	11	4	1	5.43	43.48	14.13	25.00	11.96	4.12	1.03	2.95
15	63	31	0	1	0	2	0	66.32	32.63	0.00	1.05	0.00	2.06	0.00	1.36
17	7	29	19	28	14	0	0	7.22	29.90	19.59	28.87	14.43	0.00	0.00	3.13
48	3	14	16	34	30	0	0	3.09	14.43	16.49	35.05	30.93	0.00	0.00	3.76
66	5	27	21	30	11	2	1	5.32	28.72	22.34	31.91	11.70	2.06	1.03	3.16
****	63	141	69	116	66	8	2	17.47	29.68	14.53	24.42	13.89	1.65	0.41	2.88
COMPLIANCE															
4	35	50	4	5	1	0	2	36.84	52.63	4.21	5.26	1.05	0.00	2.06	1.81
32	3	6	13	21	30	23	1	4.11	8.22	17.01	28.77	41.10	23.71	1.03	3.95
33	24	57	7	2	0	5	0	28.26	61.96	7.61	2.17	0.00	5.15	0.00	1.84
37	4	7	7	29	27	21	0	7.89	9.21	9.21	38.16	35.53	21.65	0.00	3.84
39	8	51	10	3	3	22	0	10.67	68.00	13.33	4.00	4.00	22.68	0.00	2.23
41	43	42	5	2	1	3	1	46.24	45.16	5.38	2.15	1.02	3.09	1.03	1.67
42a	29	42	10	11	1	2	2	31.18	45.16	10.75	11.83	1.08	2.06	2.06	2.06
42b	10	47	8	6	2	1	3	32.26	50.54	8.60	6.45	2.15	1.03	3.09	1.96
42c	9	40	9	27	8	2	2	9.66	43.01	9.68	29.03	8.60	2.06	2.06	2.84
42d	6	5	15	34	24	10	3	7.14	5.95	17.84	40.48	28.57	10.31	3.09	3.77
43	9	26	18	31	8	4	1	9.78	28.26	19.57	33.70	8.70	4.12	1.03	3.03
60	9	56	20	7	0	4	1	9.78	60.87	21.74	7.61	0.00	4.12	1.03	2.27
63	9	21	24	28	0	14	1	10.98	25.61	29.27	34.15	0.00	14.43	1.03	2.87
****	222	450	150	206	105	111	17	19.59	39.72	13.24	18.18	9.27	8.80	1.35	2.58
INSPECTOR PERFORMANCE															
2	3	36	23	20	8	6	1	3.33	40.00	25.56	22.22	8.89	6.19	1.03	2.93
3	5	14	16	27	4	30	1	7.58	21.21	24.24	40.91	6.04	30.93	1.03	3.17
9	1	34	28	15	5	12	2	1.20	40.96	33.73	18.67	4.02	12.37	2.06	2.87
13	3	13	28	32	9	12	0	3.53	15.29	32.94	37.65	10.59	12.37	0.00	3.56
19	13	41	14	8	4	14	3	16.25	51.25	17.50	10.00	5.00	14.43	3.09	2.36
20	1	3	10	17	8	55	3	2.56	7.69	25.64	43.59	20.51	56.70	3.09	3.72
34	5	49	18	8	0	16	1	6.25	61.25	22.50	10.00	0.00	16.49	1.03	2.36
65	3	47	8	8	0	29	2	4.55	71.21	12.12	12.12	0.00	29.90	2.06	2.32
****	34	237	145	135	38	174	13	5.77	40.24	24.62	22.92	8.45	22.42	1.68	2.84

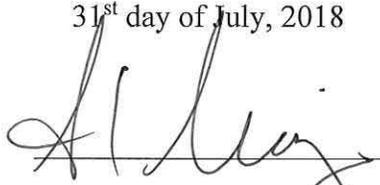
Table 4A (cont'd)

ACCREDITATION															
7	7	20	21	22	21	5	1	7.69	21.98	23.08	24.18	23.08	5.15	1.03	3.33
64	4	14	13	38	11	16	1	5.00	17.50	16.25	47.50	13.75	16.49	1.03	3.48
66	5	29	17	23	7	13	3	6.17	35.80	20.99	28.40	8.64	13.40	3.09	2.98
****	16	63	51	83	39	34	5	6.35	25.00	20.24	32.94	15.48	11.68	1.72	3.26
MINISTRY MANAGEMENT															
10	2	5	13	13	2	60	2	5.71	14.29	37.14	37.14	5.71	61.86	2.06	3.23
21	0	7	17	17	7	48	1	0.00	14.58	35.42	35.42	14.58	49.48	1.03	3.50
47	0	9	9	35	41	3	0	0.00	9.57	9.57	37.23	43.62	3.09	0.00	4.15
****	2	21	39	65	50	111	3	1.13	11.86	22.03	36.72	28.25	38.14	1.03	3.79
CONSISTENCY															
14	64	30	2	0	0	0	1	66.67	31.25	2.08	0.00	0.00	0.00	1.03	1.35
36	4	7	3	33	47	3	0	4.26	7.45	3.19	35.11	50.00	3.09	0.00	4.19
49	15	16	9	11	3	43	0	27.78	29.63	16.67	20.37	5.56	44.33	0.00	2.46
****	83	53	16	44	50	46	1	34.02	21.72	5.74	18.03	20.49	15.81	0.34	2.69
COMPLAINTS															
24	5	7	14	33	21	17	0	6.25	8.75	17.50	41.25	26.25	17.53	0.00	3.73
25	19	28	12	6	0	29	3	29.23	43.08	18.46	9.23	0.00	29.90	3.09	2.88
53	0	28	30	13	7	18	1	0.00	35.90	38.48	16.67	8.97	18.56	1.03	2.99
****	24	63	56	52	28	64	4	10.76	28.25	25.11	23.32	12.56	21.99	1.37	2.99
REGULATIONS															
26a	9	41	5	24	18	0	0	9.28	42.27	5.15	24.74	18.56	0.00	0.00	3.01
26b	7	50	10	22	6	1	1	7.37	52.63	10.53	23.16	6.32	1.03	1.03	2.66
26c	18	63	4	7	4	0	1	18.75	65.63	4.17	7.29	4.17	0.00	1.03	2.13
26d	9	55	8	17	7	0	1	9.38	57.29	8.33	17.71	7.29	0.00	1.03	2.56
26e	7	50	10	14	7	0	1	7.29	60.42	10.42	14.56	7.29	0.00	1.03	2.54
27	32	51	3	5	1	6	0	35.16	56.04	3.30	5.49	0.00	6.19	0.00	1.79
29	11	36	25	18	1	5	1	12.09	39.56	27.47	19.78	1.10	5.15	1.03	2.58
30	2	9	8	34	27	13	2	2.44	10.98	9.76	43.90	32.93	13.40	2.06	3.94
35	50	24	14	8	0	1	0	52.08	25.00	14.58	8.33	0.00	1.03	0.00	1.79
36	0	7	18	38	34	0	0	0.00	7.22	18.54	39.18	35.05	0.00	0.00	4.02
40	4	26	11	35	21	0	0	4.12	26.80	11.34	34.08	21.65	0.00	0.00	3.44
46	3	8	9	30	20	27	0	4.29	11.43	12.86	42.86	28.57	27.84	0.00	3.80
53	0	28	30	13	7	18	1	0.00	35.90	38.46	16.67	8.97	18.56	1.03	2.99
59	10	30	26	23	3	4	1	10.87	32.61	28.26	25.00	3.26	4.12	1.03	2.77
****	162	486	181	290	155	75	9	12.72	38.15	14.21	22.76	12.17	5.52	0.66	2.84
PROSECUTION															
44	20	35	5	2	0	34	1	32.26	56.45	8.06	3.23	0.00	35.05	1.03	1.82
45	25	23	7	3	0	38	1	43.10	39.66	12.07	5.17	0.00	39.18	1.03	1.79
61	0	33	12	30	17	4	1	0.00	35.87	13.04	32.61	18.48	4.12	1.03	3.34
****	65	91	24	35	17	76	3	21.23	42.92	11.32	16.51	8.02	26.12	1.03	2.47
OTHER LTC FACILITIES															
8	88	7	0	2	0	0	0	90.72	7.22	0.00	2.06	0.00	0.00	0.00	1.13
50	74	17	2	2	1	1	0	77.08	17.71	2.08	2.08	1.04	1.03	0.00	1.32
****	162	24	2	4	1	1	0	83.94	12.44	1.04	2.07	0.52	0.52	0.00	1.23
PHYSICIANS															
51	12	29	29	18	5	3	1	12.90	31.18	31.18	19.35	5.38	3.09	1.03	2.73
****	12	29	29	18	5	3	1	12.90	31.18	31.18	19.35	5.38	3.09	1.03	2.73

This is Exhibit "C" referred
to in the Affidavit of
Karin Fairchild

Sworn before me this

31st day of July, 2018

A handwritten signature in black ink, appearing to read "Alexandra Mingo", written over a horizontal line.

Alexandra Mingo, LSO No 63780D

A Commissioner, etc.

Commitment to Care: A Plan for Long-Term Care in Ontario

Spring 2004

Prepared by Monique Smith, Parliamentary Assistant, Ministry of Health and Long-Term Care



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Monique Smith, M.P.P.
Nipissing

Honorable George Smitherman
Minister of Health and Long Term Care
80 Grosvenor Street, 10th Floor
Toronto, ON M7A 2C4

Dear George,

I am pleased to present my report on recommended changes to long term care facilities in the province. While this review was telescoped into a brief few weeks, there is no doubting the pressing need for reform in the delivery of long term care in government funded homes.

We were guided in our review by several fundamental principles: a basic premise that a long term care facility is a "home" to resident seniors; a need to ensure respect and dignity for our senior population in care; and finally a belief in an entitlement to a life of quality in government funded homes.

The formal review took place between January 15 and March 23, 2004. We visited more than twenty homes over the two month period (Appendix A). These included a broad cross section of funded facilities including municipal, not for profit, for profit and charitable homes for the aged. These homes were located in small rural municipalities as well as large metro/urban centres, all across Ontario. We toured large facilities of 350+ beds and small homes with just 22 beds. We observed a wide range of facility structure (both old and brand new) and were able to visit culturally specific (Chinese, Jewish, Slovenian, Ukranian), and Francophone homes. I also gained some "hands-on" experience during my eight-hour shift shadowing a registered practical nurse at a municipal home.

While the focus of this review was specifically on long term care homes, we included visits to several agencies providing alternative models of care. These included a community health centre delivering outreach service to rural seniors in the East and a small residential group home in Toronto (Ewart Angus Home) serving dementia residents and their families.

.../2

There was an extensive stakeholder consultation process to support the review (Appendix C). We met with close to one hundred individuals during the course of our review. Many of the report's recommendations to improve the system come directly from residents, families, LTC staff and other health professionals, operators and administrators, seniors groups, union representatives, academics, gerontologists, nurse practitioners and others active in the long term care community.

In concluding I will say that we observed a wide range of quality of care in the Ontario homes we visited. Some homes were excellent and obviously provided a safe, professional, compassionate quality of care that one could recommend to a loved one. In other homes we felt greatly disheartened, knowing we had witnessed poor quality of care – not the standard one expects in the province of Ontario.

This report has been developed as a blueprint for action. Recognizing that we are at the beginning of a four-year mandate, I hope you will accept these recommendations as a starting point. I want to thank you for providing me with the opportunity to participate in the “revolution” in long term care and I look forward to working with you as we move quickly but responsibly to ensure that the people in long term care facilities (in future to be referred to as “homes”) live in dignity and have the highest possible quality of life.

Yours sincerely,



Monique Smith M.P.P.
Parliamentary Assistant
Ministry of Health and Long Term Care

Executive Summary

In December 2003, the Minister of Health and Long-Term Care George Smitherman asked Parliamentary Assistant Monique Smith, MPP, Nipissing, to undertake a review of long-term care facilities across the province.

The formal review took place between January 15 and March 23, 2004. Unannounced visits were made to over twenty homes, varying in size, ownership structure, location (urban and rural) and serving specific cultural groups. In addition, extensive stakeholder consultations took place with close to one hundred groups and individuals active in the long-term care community.

The government is committed to providing homes where our seniors can live in dignity with the highest possible quality of care. To ensure we achieve this goal, this report focuses on five main areas for government action in the long-term care sector: improving quality of life; ensuring public accountability; developing clear enforceable standards with tougher inspection and enforcement; improving staffing and system administration; amending legislation and reviewing the funding formula.

Improving quality of life

We need to reintroduce the concepts of “home” and “care” into daily life for the over 70,000 residents who live in long-term care (LTC) homes in Ontario. We are challenged in achieving this goal by changing demographics and the increasing acuity of resident care that is now placing a greater burden on long-term care facilities.

Ensuring home administrators have the necessary management training, and that they adopt and integrate a care philosophy in the everyday practice of the home, is an important step in achieving daily quality of life for residents. Implementing nursing best practices is also important. It was our observation that those homes that were providing exemplary care with few or no compliance issues, had organized their staff into multi-disciplinary, resident-focused teams, who met frequently to discuss and resolve issues.

Enhancing institutional life by engaging families, volunteers and by better integrating LTC homes into the vibrancy of the surrounding community is a recommended strategy.

More educated and aware consumers, more volunteer coordination, mandated Family Councils, working in partnership with Residents' Councils, an emphasis on creating more of a home environment, the sharing of best practices, and more attention to new dementia therapies is required. Further, we recommend a reinstatement of the previous reunification policy to keep couples together in the same facility.

Ensuring public accountability

To implement systems that deliver confidence to the public, openness and transparency in our complaints process is needed. In addition to the previously announced toll free ACTION line and unannounced annual inspections, we recommend immediate action on serious non-compliance cases in a very short time frame. Mandatory yearly resident and family satisfaction surveys should be implemented and a public website created.

Creating a positive duty for all LTC home staff and the general public to report abuse or suspected abuse under new legislation is needed. This legislation should include penalties for non-reporting and whistleblower protection. The creation of a third party advocate or ombudsman to act as a watchdog and advocate on behalf of seniors would be welcomed by the public. Better Ministry collection, analysis and use of data is also vital to ensure public accountability.

New standards, inspection and compliance

The public expects tougher enforcement and swift compliance. Because the current compliance system is not meeting public expectations for ensuring the safety and wellbeing of our seniors, and because LTC operators have also complained that the system is not clear and consistent, the Ministry should create a separate inspection function with clearly articulated enforcement measures. A new risk framework should be designed that identifies graduated offences with contingent triggers and with resulting sanctions including fines. It should focus on public notification and reporting.

Quality of life depends on ensuring our seniors receive high standards of care and be treated with dignity. There must be clear, measurable, enforceable, resident-focused standards with enforceability of standards being key.

The Ministry should make increased use of service contracts and accountability agreements with LTC service providers to spell out reporting requirements and strict compliance to existing standards. The Ministry should target homes with a poor track record or chronic non-compliance. A home's track record must be considered in any future funding decisions, including bed allocations and bed transfers. Finally, homes with a record of good performance should be given a gold standard designation and consideration given to allowing those homes to go to biennial inspections.

To ensure appropriate levels of care, particularly for seniors living with dementia, smaller community-based homes that provide 24-hour staffing and support (non-profit residential alternatives) should be considered.

Improving staffing and continuity of care

Demands for funding are high, although some groups indicated more of a need for a reallocation of existing funding. Increased staff funding and a move towards ensuring more full time staff to provide consistent, resident-knowledgeable care is recommended, even as we recognize the Province's current financial constraints. More nurse practitioners in LTC homes, more attention to activities / activation staff and increased dietitian time would improve the quality of life and care. These resources must be tied to specific outcomes and an annual audit must be undertaken to ensure that the funding designated for specific roles or resources is in fact spent on the intended priorities.

Reinstating the one bath per week standard and doubling it to two baths per week is recommended, consistent with individual preferences, as is returning to the requirement that homes have a 24-hour registered nurse on duty. In the short term, dollars must be concentrated in resident care and therefore any future spending for care should be tied directly to the nursing and personal care envelope to ensure the money goes directly to frontline care.

The Ministry should consider making minimal training a requirement for personal support workers, as well as ensuring higher standards of management expertise for administrators. In addition, all staff should be required to have training in understanding the needs of the elderly, specifically training regarding abuse, communication skills, dementia and palliative care. The Ministry should encourage the use of existing programs offered by the Registered Nurses Association of Ontario, the College of Nurses, the Registered Practical Nurses Association, the Alzheimer Society and others. Finally, strategic efforts need to be developed to promote the long-term care sector as a desirable career option as staff shortages and pay inequities are constant challenges.

New legislation and a review of funding models

Any increase in the accommodation cost for residents in LTC homes should be limited to no more than the cost of living annually. Further, in order to respond to the needs of all seniors, further discussions around the 60 / 40 preferred / basic bed split should be held to respond to the clear need of seniors on waiting lists. The Ministry should also review the proposed new beds that have yet to be developed and determine the actual need, weighing potential penalty costs, potential savings and possible reinvestment in other areas.

A review of redevelopment projects should be undertaken to ensure whether redevelopment is necessary to meet resident needs and if so, whether the proposed design will assist the home to better achieve its care priorities.

Consolidation of the three facility Acts (*Nursing Homes Act, Homes for the Aged and Rest Homes Act, and Charitable Institutions Act*) is needed to ensure uniform standards of care, uniform enforcement, and uniform penalties, as well as to address the issue of elder abuse. Legislation to enable residents in LTC homes and those with Power of Attorney to access their medical files and records should be developed.

Complaints about the current funding process are prevalent throughout the system. In the short term the Ministry should carefully articulate and firmly enforce the boundaries around the funding envelopes. The current ad hoc 'pots of money' approach that has developed over the years needs to be addressed. As well, the current Case Mix Index (CMI) system is problematic. We recommend a review of the entire funding system in the next fiscal year to establish a model that provides homes with a base level of funding for consistency, while still allowing some flexibility for fluctuating levels of care. Stable, consistent funding should ensure more full time, resident-knowledgeable staff and a consistency of care.

The Minimum Data Set (MDS) would assist with evidence-based decision making, increased accountability, patient-focused care planning and a better integration of systems. This new approach would allow for continually assessing the needs of a home above a basic funding level.

This report is a result of visits to over 20 homes and meetings with close to one hundred stakeholders and people active in the long-term care community. It forms a starting point for our "revolution." It is hoped that this report and these recommendations will support those homes that are doing a wonderful job of caring for seniors and begin to address the concerns raised around those homes that are falling behind.

Introduction

Over 70,000 residents live in long-term care (LTC) homes in Ontario. A basic, but sometimes overlooked premise of our system, is that a long-term care facility is a “home” to resident seniors. There is, therefore, a need to provide and protect a quality of life and a level of respect in government-funded homes.

Changing demographics are placing a greater burden on long-term care facilities. The percentage of the population aged 65 years and over and aged 85 and over both almost doubled between 1961 and 2001.¹ Seniors now enter long term care homes at a more advanced age and with greater health concerns. The number of seniors requiring tube feeding, dialysis and catheters, once rare in these homes, is rising. LTC homes are also receiving residents back sooner from surgery. The average age of a resident in long term care today is 83 years. Changes in the family and labour force participation have also affected how families can care for seniors. For example, the number of women aged 15 or older in the labour force doubled between 1961 and 2001.² The resulting reality is that we all must play a role in caring for our senior population. While it was beyond the scope of this report to examine the broad continuum of elder care, we recognize that LTC is just one component within a broader seniors’ strategy. We also acknowledge that seniors have voiced a preference for “aging in place” with the appropriate community supports.

This report focuses on five main areas for government action in the long-term care sector: (1) improving quality of life, (2) ensuring public accountability, (3) developing clear enforceable standards with tougher inspection and enforcement, (4) improving staffing and system administration and (5) amending legislation and reviewing the funding formula.

I. Improved Quality of Life

The government is committed to providing homes where our seniors can live in dignity with the highest possible quality of care. To ensure we achieve this goal, we need to reintroduce the concepts of “home” and “care” into daily life.

Philosophy of Care

We have observed that the philosophy of care in a home is an important indicator of daily quality of life for residents. The role of the facility Administrator and their approach to this culture of care is particularly critical. Top management in each facility needs to establish expectations around a philosophy of care and ensure its adoption and integration into everyday practice.

We visited many homes where the Administrator set an exemplary standard of care. Many homes are delivering these high standards. For example, we visited one home that had never been cited for non-compliance in its entire ten years of existence. Many of the original staff still work at the home despite higher wages being offered in other health care settings.

Other homes we visited seemed to be missing this “care ethic” direction from the Administrator and management. These were homes that lacked a dignified, nurturing home environment. One suspected inadequate personal care with unmotivated or insufficient staff to give residents more than one bath per week or give them daily exercise to maintain mobility. Residents were warehoused in wheelchairs in front of televisions for most of the day or seen to be lying in bed for long periods of time – too often a sad scene of inactivity and boredom.

“It doesn’t take any more effort to treat residents with respect.”

Ann Aikens, Director
 North Renfrew Long-Term Care Centre,
 Deep River

The Role of the Administrator

We recommend an internal Ministry of Health and Long-Term Care (MOHLTC) review of Administrators to ascertain qualifications and level of management expertise and to identify further required skills training. We also recommend a Ministry organized educational forum for individual home Administrators (not corporate officials) to develop indicators of a well-run home and reinforce best management practices including a philosophy of care and service.

Long-Term Care Homes by Facility Type		
	No.	Beds
Number of total LTC homes in Ontario:	577	70,100
For profit homes:	343	38,057
Municipal homes:	102	16,654
Non-profit homes:	68	6,588
Charitable homes:	64	8,801

(Source: MOHLTC March 18, 2004)

The Ministry should also consider assisting the Registered Nurses Association of Ontario (RNAO) with a broader distribution of their Best Practices Guidelines and impressing on all Administrators and Directors of Care the importance of using these best practices and of continuous staff education both in-service and off-site. Multi-disciplinary staff team approaches to care should also be emphasized.

A Role for the Community

Families / Volunteers / Community

A major challenge for all homes is to enhance institutional life by engaging families and volunteers, and by better integrating LTC homes into the vibrancy of the community around them. In this regard, we all share a responsibility in ensuring our communities provide a satisfying and rich life for our seniors. In those areas of the province where strong cultural communities exist, we encourage cultural communities to actively participate in supporting long-term care homes.

Many of the activities that support quality of life for our seniors are made possible by the help of family and community volunteers. At St. Joseph's home in Guelph, for example, their 300+ volunteers are assisting residents with a biography writing project. Other homes have also been successful in inviting the community into the home: at People Care Centre in Tavistock, they have pet visitation by therapy dogs. At the LTC home in Pembroke, junior step dancers hold their concerts in the LTC home's auditorium; the local Grade 3 elementary class also has a reading program with residents. Many innovative initiatives are already underway.

Sadly, however, we saw homes with few visitors, essentially no volunteer structure and little outside activity brought into the home. We were not surprised to later learn that more than one-third of LTC residents (24,651 or 41.3%) suffer from some form of sadness or depression to varying degrees.³ One smaller Metro home we visited had only eight visitors for the entire month of February. However, others like St. Patrick's in Ottawa have 250 volunteers and a paid volunteer coordinator. Yee Hong in Scarborough told us they have a waiting list for volunteers.

Where it doesn't currently exist, the Ministry should support community and volunteer involvement and outreach by mandating (at a minimum) one dedicated half-time volunteer coordinator in every home. These coordinators would then develop links with high school students needing to fulfill their volunteer hours, Ontario Early Years Centres who could provide intergenerational programs inside the homes, service clubs and community groups who could organize events for residents. The Ministry should also facilitate the sharing of best practices province-wide through a manual produced by LTC activation / activities professionals.

Family Councils, Residents' Councils

Autonomous Residents' Councils and Family Councils act as advocates for seniors in homes. Further, they play a watchdog role for quality of care. No resident or family member should ever feel reluctant to report a complaint or concern in a home or fear reprisals for their loved one as a result of their complaint.

Number of LTC homes in Ontario:	577
Number of Residents' Councils:	178
Number of Family Councils:	154

According to the Ontario Association of Residents' Councils, there are over 250 Residents' Councils currently across the province, 178 in LTC homes. We support the good work of these councils and recommend the Ministry continue to support their efforts. In addition to Residents Councils, a \$145,000 Trillium Fund pilot project grant allowed the creation of 154 Family Councils to be established across the province. This project ended in April 2004.

Families should be seen as integral to the life and programming at LTC facilities and therefore we recommend provincial funding for peer facilitators to help establish more Family Councils as a continuation of the Trillium Fund project. Further, we recommend a funding contribution for a Family Councils Best Practices conference taking place in Ottawa in May 2004. It is important to share what works and what has been found to be effective.⁴ The Ministry should assist with province-wide notification and promotion of the conference with distribution of results to LTC homes, existing Family Councils and other stakeholders.

We also recommend a directive to all homes to establish a Family Council. These would work separately but in partnership with existing Residents' Councils. Terms of Reference could include that minutes of both Residents' Council meetings and Family Council meetings be posted in a public place, easily accessible to family and residents. Home Administrators and Directors of Care should be encouraged to participate where invited but Councils should remain independent of the homes' administration.

"The main purpose of most Family Councils is to improve the quality of life of residents and to give families a voice in decisions that affect them and their loved ones in the facility."

-Family Councils Project

Creating a Home Environment

We saw many homes where there were laundry carts, wheelchairs and equipment cluttering up the halls, terrible odors, seniors left in hallways, many kinds of restraints (trays, straps, lap belts, etc.), residents not always dressed or well-groomed, crowded homes where activity rooms have been converted for other uses, excessive TV watching (in one instance even when there was no TV – just four or five wheelchair bound residents parked in a cramped activity room in front of a vacant wall where a TV used to be.) In one home, the only cheerful space with windows (the dining room) was closed to residents and locked except during meal hours.

We encourage homes to consider new holistic philosophies of care that address quality of life such as the Eden Alternative,⁵ gentle care or a social model of care.⁶ We recommend that homes be directed to invite and encourage residents to bring their personal effects to their new homes. Pets and plants and visiting children should be encouraged. Homes should be proactive in encouraging visitors by providing high chairs for children, for example, or organizing activities (e.g. gardening) that are conducive to interactive family / friend visits, particularly with dementia residents.

Residents, where appropriate, should have access to cable and telephones in their own rooms. Some seniors told us that the telephone was their "lifeline" to the outside world. The Ministry should also move to address the reconnect / disconnect fees levied on seniors moving between rooms within the same home.

Where appropriate, independent daily routines should be respected. Waking and dressing residents at 5:00 a.m. so everyone can "fit into" the breakfast time schedule does not respect the resident's autonomy. We visited homes where independent residents had access to small kitchenette facilities so they could fix themselves breakfast at a reasonable hour. This convenience reflected their normal living routine.

New Dementia Therapies

We visited a number of homes that had implemented Snoezelen Rooms (or carts), a sensory environment concept developed by two Dutch therapists in the late 1970s. This therapy is currently being used with some success in children with learning disabilities and autism spectrum disorders. Initial research is showing some promising signs with the elderly suffering from dementia such as Alzheimer Disease, people with mental illness, those in chronic pain

and those exhibiting challenging behaviours. We encourage the Ministry and home Administrators to be aware of new therapies to assist those with dementia. We also encourage the Ministry to continue its base support to the Alzheimer Strategy.

Average age at admission to Long-Term Care:	82 years
Percentage LTC residents 80 years and above:	70%
Percentage assessed at mid to heavy care:	80%
Percentage of residents having some degree of incontinence:	86%
Percentage requiring constant, complete, or total help with eating:	39%
Percentage requiring assistance with transferring:	72%
Percentage having Alzheimer Disease, dementia or mental disorder:	64%
Percentage of residents requiring staff to assist with toileting:	60%

(Source: MOHLTC January 2004)

Keeping Couples Together: Reunification policy

We feel strongly that couples who have lived together for most of their lives should not be separated if one requires a different level of care. We should reinstate the previous policy that gave priority to keeping couples together in the same facility.

Palliative Care Room

The privacy and dignity of a dying resident needs to be protected. We visited homes that did provide a palliative care room for a critically ill resident and their family.⁷ However, not all homes have this arrangement. This results in a difficult situation for elderly residents in a shared room with one, two or sometimes three other roommates. We recommend the Ministry consider requiring each home that does not already provide this service, to have at least one palliative care room available in the home. In those homes that are not at maximum capacity, one such room should be designated immediately.

Architectural and Community Considerations

It is our view that “bigger is not always better” when addressing models of care. Therefore, we need to evaluate the 1998 design standards prior to any new developments. Large institutional homes of 250 and 350 or more beds need to work to create smaller homelike settings as size is sometimes a barrier to home-like life. In addition, where possible, LTC homes should strive for a model of community and health service integration, either physically locating next to these services (hospitals, health centres, seniors’ housing) or having services offered on site (foot care, dental services, etc.)

We toured many nursing homes that were fully integrated into the life and social services of the community. In Sturgeon Falls, for example, the municipal home is physically connected to the health centre (hospital); seniors' independent living apartments are also physically joined to the home and many of these seniors work as volunteers in the LTC home itself. They are also able to make use of the facilities there (cafeteria, chapel, pool table, wood workshop, etc.) Many community based services (foot care clinics) are offered to both the public and residents of the home on site. Where possible, we feel nursing homes who do not currently offer this approach, should strive for this kind of model of integration.

Public Education and Awareness

The public requires more education on the normal aging process and the continuum of care for our seniors. They also need to know how to navigate the system and where to find resource information for seniors. The Ministry has a large role to play here with its community partners. In particular, a better strategy needs to be developed with the Community Care Access Centres. For example, one dedicated component / section of every Community Care Access Centre (CCAC) should perhaps, be devoted to information on all seniors services, advocacy groups and organizations.

Organizations who already provide public education (e.g. Advocacy Centre for the Elderly's Long-Term Care Facilities in Ontario: The Advocate's Manual) and Concerned Friends of Ontario Citizens in Care Facilities should be encouraged and assisted in circulating their existing material broadly. Further, we should revise the Ministry's literature (Turning on the Lights) and distribute it widely to every community.

The public also needs to be more knowledgeable about the Ministry's inspection and enforcement system for LTC homes. This includes making the public aware of sanctions at the Ministry's disposal including: suspending admissions to the home; withholding or reducing government operating subsidies; fines; suspending or revoking a nursing home operator's license; Ministry takeover of a facility.

Keeping Our Homes Safe

Ontarians need to have confidence that our most vulnerable seniors are protected from harm. We need to ensure that government-funded homes have appropriate safety and security measures so that dementia residents are never placed in harm's way outside of the home. The Ministry should also undertake an immediate review of safety and security measures in homes.

While all homes are mandated to have a power contingency plan, a small but significant number of homes do not have back-up generation capacity and do not have any contingency plans in place. This means that during a power outage they do not have the capacity to run even one elevator, provide uninterrupted safe provision of medication, oxygen and ventilation, water and sewage services, or safe food services. The Ministry needs to mandate homes to have power contingency plans including back-up generation capacity. An immediate review of homes' power contingency plan capacity is required.

II. Public Accountability

The public is demanding accountability and we need to implement systems that deliver this confidence to the public. We need openness and transparency in our long-term care system to protect residents.

ACTION Line

The Minister of Health and Long-Term Care earlier announced a toll-free Action Line for complaints, concerns and questions (1-866-434-0144). We recommend a public update that outlines the number of calls and referrals with an analysis on the type of complaints to better inform the public and assist with further planning around inspection and compliance.

Surprise Inspection of LTC Homes

The Minister has instituted surprise annual inspections. Targeted surprise inspections should also occur between annual inspections.

Resident and Family Satisfaction Surveys

Many homes have introduced regular satisfaction surveys to continually improve their service and care (see Appendix C). We recommend a mandatory yearly satisfaction survey to be administered by the Family Council or other third party (not staff administered). We encourage homes to seek creative partnerships with organizations that have already developed this expertise.⁸ In addition, the Ministry website could provide a downloadable generic satisfaction survey. This (anonymous) survey could be mailed / faxed / emailed to the MOHLTC who would then share the surveys with the facility administrator.

These satisfaction surveys (and a review of previous years' surveys commencing in 2005) would be reviewed as part of the annual Ministry inspection process.

Reducing Immediate Risk

The Ministry must move immediately to address all current serious non-compliance cases in a very short time frame (e.g. six weeks). As of March 10, 2004 the Ministry had identified 48 facilities potentially requiring an enhanced risk review. The Ministry should also maintain a detailed record of those homes in non-compliance and the length of time it takes a home to address the issue and come into compliance.

Public Website / Public Reporting

The public needs to have access to more information in order to make informed decisions about choice of LTC homes. We recommend the creation of a publicly accessible website. Similar hard copies of this information should be made available at each local CCAC and MPP office. Careful attention needs to be paid to the context of information provided as well as the simplicity of its presentation. For example, if wounds (pressure ulcers) are to be measured and reported, then there should be clarity around non-originating wounds (wounds developed outside the LTC home, such as during a hospital stay).

We also recommend that helpful checklists for families' use in evaluating homes produced by groups such as Concerned Friends (Appendix D) be made available on the Ministry website and be broadly distributed to CCACs and family physicians etc.

This website could provide the following types of information:

- Profile of each home (location, number of beds, class of facility, type of ownership, name of owner and contact information – not a numbered company)
- Number of single units, double units, quad units; number of basic units
- Accreditation (yes / no)
- Record of individual compliance reports and compliance record history (beginning in June 2004)
- Number of violations in the last annual review in context (major, minor, etc.)
- Staff profile (number of Registered Nurses, Registered Practical Nurses, Personal Support Workers, social workers, physiotherapists, physicians, nurse practitioners, etc.)
- Staffing levels (staff to resident ratio updated twice yearly)
- Number of hours of staff training per year (also training in specific areas, such as dementia)
- Number of PIECES and U-FIRST trained staff per resident
- Employee retention rate (including tenure of Administrator and Director of Care)
- Complaints mechanism process
- Number, type and rates of complaints (per bed size of facility)
- Community partners profile for each home (e.g. Adult Day Program, Meals On Wheels, Alzheimer Society, etc.)
- Copy of activities calendar for a typical month
- Number of registered volunteers
- Number of volunteer hours for the previous year
- Palliative Care Room (yes / no)
- Number of resident and / or family satisfaction surveys
 - (a) distributed and
 - (b) collected and analyzed
- Residents' Council (yes / no)
- Family Council (yes / no).

Dealing With Elder Abuse

The government has zero tolerance for abuse and neglect in the long-term care system. To reinforce this policy we recommend greater education for all LTC staff including administrators, physicians, nurses, health care workers, activation staff, volunteers and family members on elder abuse. We recommend that each home have a reporting system in place with visual reporting mechanisms posted (who to call if you suspect abuse).

We recommend creating a positive duty for all LTC home staff and the general public to report abuse or suspected abuse under new legislation. We also suggest implementing fines for not reporting abuse (as with children under Child and Family Services Act) in addition to tough sanctions for elder abuse in new legislation (see Legislation and Funding below). All current and potential employees in LTC homes should be carefully screened (e.g., criminal record checks). Also needed is a review of the police role and definitions on what constitutes elder abuse in that sector. We recommend a meeting with the Ontario Chiefs of Police.

Complaints Process

The mandate requiring all funded homes to provide and post information on the complaints process of that home needs to be better enforced. This information should include who to contact within the home, organizational bodies to contact outside the home (e.g., Concerned Friends of Ontario Citizens in Care, Advocacy Centre for the Elderly, Family Councils Project, Ombudsman, the professional colleges of health care professionals, MOHLTC Inspectors) as well as prominent posting of the new government ACTION Line.⁹ MOHLTC should mandate that all of this information should be included in the welcome packages provided to new residents by the home.

Ombudsman / Seniors' Advocate Role

We see a need for a third party to advocate on behalf of seniors in long-term care homes. It has been beyond the scope of this report in its brief timeframe to provide an in depth analysis of all of the options. However, we see merit in the advocacy work being conducted by the Advocacy Centre for the Elderly and suggest they could play a more province-wide watchdog role on LTC homes and compliance processes. The Advocacy Centre is currently established as a legal aid clinic mandated to work for the elderly.

There was also interest expressed by some in having a separate Long-Term Care Ombudsman or a new Superintendent of Long-Term Care. This would ideally be an independent and spirited Ontarian who would advocate for LTC residents and their families. This position could have the power to investigate when all other avenues have been exhausted. They could also advise the Minister directly of trends and issues in provincial inspection and compliance.¹⁰ The appointment of a Superintendent for a two-year term to restore the public's confidence in the safety of all of our homes would be welcomed by many.

Other options we can consider:

- (a) Dedicated position within current Ombudsman's office
- (b) Rights Advisors
- (c) Minister's Advisory Panel

Provincial Coroner

Currently, the Office of the Chief Coroner (OCC) only investigates every one in ten deaths in long-term care homes or where negligence is reported (which many believe is under-reported). We feel the Ministry should review this policy to ascertain if this current process is sufficient to ensure public confidence and accountability.

Data Collection and Analysis

The Auditor's Report criticized the Ministry for not adequately tracking data. The Ministry needs to know more about the homes it funds and it needs to analyze complaint, injury, serious incident reports and inspection records to better evaluate homes and resolve systemic problems to improve care.

In addition, we recommend that the MOHLTC maintain an internal database with compliance records, complaints and other relevant data specific to each LTC facility that can be monitored daily. This facility profile will help provide a composite picture of where problems are occurring or homes with recurring breaches of standards or regulations, and allow for quick action where necessary.

Further, the Ministry needs to better review staffing levels and staffing mixes at all their homes. Only by maintaining statistics can we determine what is the appropriate staffing level for a particular home.

Mandate and Expectations of Long-Term Care Facilities

The Ministry must revise its Long-Term Care Facilities Program Manual to establish clear outcome-based expectations and best practice for all home administrators. All homes, mandated to have a Continual Quality Improvement plan, should be required to provide the Ministry with a current copy yearly. If this is protected information under the *Nursing Home Act*, legislation will be required to address it.

The Ministry has moved to strengthen compliance reporting when it issued its 2004 Service Agreements. "Reasonable efforts" by operators to comply with the program manual have now been replaced with language saying they **will** comply.

Finally, in order to ensure public confidence and accountability, we recommend the Ministry move to implement a one-year hiatus before Ministry of Health and Long-Term Care officials can be employed by any LTC facility or corporation.

III. Standards and Compliance

Broader Consultation

The Ministry is currently reviewing its standards and compliance procedures. It is critical that all parties who will be partners in implementing the new standards participate in their development. We recommend, therefore, a broader consultation process involving more affected stakeholders. For example, we will invite the College of Nurses and other front line staff representatives to be consulted when we draft our new standards.

Clear, Enforceable Standards

Quality of life depends on ensuring our seniors receive high standards of care and be treated with dignity. There must be clear, measurable, enforceable, **resident-focused** standards.

LTC homes have said they want greater accountability and transparency. They welcome tougher inspection but with this must come clear and enforceable standards. For example, there is currently a wide interpretation of the term “restraints.” Some Compliance Advisors consider trays and recliners as restraints while others do not. There is also, for example, a need for clarity of definition and expectations for “restorative care.” Therefore, we support greater clarity and consistency. Standards must be clearly understood by Inspectors and Compliance Advisors and not be open to regional or individual interpretation.

Achieving clearer, better defined standards will require a new code of practice, education, and tools for Compliance Advisors and Inspectors. Further, improved standards will require new reporting and accountability features for Inspection Officers. It should be stated, however, that in clearly defining standards we are not necessarily creating new standards and therefore the redrafting of standards does not necessarily come with an increase in funding.

Standards must also be measurable and encompass some weighting so that serious violations are not mixed in with other complaints or violations. Triggers must also be developed to alert Ministry officials to serious violations when they occur.

Resident-focused standards

Currently, MOHLTC gathers information on complaints, unusual occurrences and compliance reports but these do not relate satisfactorily to quality of life issues. In fact, the 2002 Auditor’s Report said that the Ministry “had not developed outcome measures that addressed the appropriateness of services provided, including the quality of care received by residents.”¹¹ Therefore, we feel the Ministry should move first to look at redeveloping standards around staff training, abuse prevention, restraints, nurses and personal support workers (PSWs), and recreation / activities staff on a priority basis.

We also need to develop Quality Indicators that will tell us if homes are delivering quality care. In addition to meeting standards, we suggest the following be considered among other possible indicators for quality of care:

- staff satisfaction and resident / family satisfaction surveys
- number and variety of activities (Activation)¹²
- staff skills and staff training
- number of registered volunteers and number of volunteer hours should also be indicators.

Enforceability of standards is key. The Ministry should make increased use of service contracts and accountability agreements in spelling out reporting requirements and strict compliance to existing standards. Moreover, we agree with the 2002 Provincial Auditor's Report¹³ calling on a risk-based approach for prioritizing facility inspections: the Ministry should target homes with a poor track record or chronic non-compliance.

Tougher Inspection and Enforcement

There is considerable evidence that the current compliance system is not meeting public expectations for ensuring safety and wellbeing of our seniors. LTC operators have also complained that the system is not clear and consistent.

Creation of Inspection Function

We perceive a conflict in the role of the current Compliance Advisors who work closely with homes to ensure standards are met but are also responsible for the inspection of that same home and any subsequent enforcement process. The Ministry should remove the inspection role from Compliance Advisors and create a separate inspection function. Compliance Advisors will continue to perform an education function with assistance to homes around compliance and be more of a presence in those homes failing to meet standards.

The new inspection function will have clearly articulated enforcement measures. In the past the compliance function has relied too heavily on warnings, negotiations, greater Ministry scrutiny, and voluntary suspension of admissions. This approach is inadequate. The public expects tougher enforcement and swift compliance. We recommend the Ministry design a Risk Framework that identifies graded offences (minor, moderate, serious) with contingent triggers and with resulting, sanctions including fines and a focus on public notification.

Tougher inspection will also mean Ministry mandated standards around inspections. For example, a standard percentage of chart audits and interviews to be completed during annual inspections should be outlined and not left to the discretion of the Inspector. Better training of both Inspectors and Compliance Advisors will be necessary. Further, corporate direction for the new inspection program should be based centrally in the Ministry not delegated to regional offices. We recommend monthly teleconferences and twice yearly meetings of all inspectors to ensure consistency. A web board for Compliance Advisors and a separate one for Inspectors' discussion should also be initiated.

Public Reporting and Transparency

We visited homes where the current Compliance Advisor's report was not posted or was posted behind a **locked** glass cabinet. All residents and family members and prospective residents and their families must have access to these reports. We recommend that the new Inspection Reports must be publicly posted in easily accessible public locations subject to fines for non-compliance. The Ministry must communicate violations and complaints in a language that is understandable to the average family member and respects minimal literacy standards

and language barriers. Violations must be communicated quickly to home administrators (not months later). Finally, LTC administrators must be made aware of the nature of the complaints filed against them; and those filing a complaint must receive a follow-up response on what transpired as a result of their complaint.

Inspectors should be mandated to review the home's annual Inspection Report with both the Residents' and Family Councils.¹⁴ Satisfaction survey results should be included in the facility's annual inspection. Further, we recommend that the Inspector present a full report to the home's Board of Directors, and be available at this meeting to answer questions. For those facilities with no Board of Directors, the Ministry should mandate an annual general meeting to which all residents, family, local MPP and all related agency staff be invited. The Inspector would present her / his report at this meeting and answer questions.

Further, in addition to providing each CCAC with a copy of the annual Inspection Reports and the status of each home in that municipality, copies should be sent to each local MPP. Current Inspection Reports and past copies (commencing June 2004) should be posted on the Ministry website. Copies of all reports should continue to be sent to Concerned Friends of Ontario Citizens in Care, as well as the Advocacy Centre for the Elderly.

Any new review process must include recognition of facilities with a record of good performance (e.g., gold standard designation). We may also want to consider allowing those with a gold standard designation for three consecutive years to go to biennial inspections.

Finally, we feel the public needs more accountability with respect to the home's financial viability during the inspection process. Audited financial statements submitted by each facility should be reviewed by an auditor who is on the provincial Inspection Team.

Appropriate Levels of Care

During our visits to over 20 homes across the province, we saw residents who were "misplaced" – that is, they were inappropriately placed in LTC. There may be some pressure on CCACs to place some seniors prematurely into LTC facilities because of the availability of new beds and the shortage of funding for home care.

In addition, Alzheimer residents who do not require intensive nursing care are sometimes placed in LTC because no other options are available. We suggest redirecting government funding into community alternatives and home care.

The Ministry should consider funding smaller community-based homes that provide 24-hour staffing and support (non-profit residential alternatives). In particular, the Ministry should investigate appropriate care facilities for seniors living with dementia.

Ewart Angus home suggests it costs \$2,000 per year less to house a dementia resident in this small complex than at a long-term care facility.

IV. Staffing and Administration

Improve Staffing and Continuity of Care

Some homes are experiencing very challenging staffing issues. For example, we visited homes where there was one registered nurse (RN), one registered practical nurse (RPN) and four Health Care Aids for 160 residents on the night shift.

In addition, long-term care homes are currently staffed by a mix of many part-time nurses, health care aids and personal support workers resulting in “casualization” of this work force. Often, outside agency staff are hired on a short-term basis to care for residents. This results in greater staff turnover levels and the opportunity for increased staff error. One RPN who is providing medication to 50+ residents during a shift will have a much greater challenge (and is prone to error) if he or she is not familiar with the resident population in his / her care.

More full time staff are required to provide consistent, resident-knowledgeable care.

“We’re really pushing some very good people to the limit.”

Joe Brabant, President,
St. Patrick’s Family Council,
Ottawa

Minimum Care Levels

Much has been written on the issue of minimum standards for personal care. Both the public and the industry view nursing and personal care hours (staffing) as a proxy for **quality** care. While there was formerly a standard of 2.25 hours of daily care per resident, this standard was dropped by the previous government. The Ontario Long-Term Care Association (OLTCA) estimates that increased operating funding since 2001 has raised care levels from the 2.04 hours per resident per day documented in the much cited 2001 Level of Service (LOS) study to approximately 2.5-2.6 hours. Ministry officials suggest most homes now provide between 2.27 and 2.3 hours. CUPE has requested 3.5 hours.

We recognize that funding and staff shortages do affect standards of care. We were told that staff in some homes are not able to meet the basic care needs of residents such as baths, sufficient changes of incontinent products or helping residents to have a daily walk. Other homes, however, were managing to provide quality care with existing staff. We think most homes are providing at least one bath per week (even without a standard) and we know the good homes are providing up to three baths per week. We recommend reinstating the one bath per week standard (dropped by the previous government) and we recommend doubling that to two baths per week.

Demand for funding is high. The OLTCA and Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) have called for \$420 million over two years. It must be noted, however, that some we met felt there was no need for increased funding but rather a reallocation of existing funding. We recommend increased resources for care in our homes, even as we recognize the province’s current financial constraints. These resources must be tied to specific outcomes and an annual review must be undertaken to ensure that the funding designated

for specific roles or resources is in fact spent on the intended priorities. We recommend returning to the 24-hour registered nurse standard. We see a great need to concentrate dollars in resident care and so we strongly recommend that any future spending for care be tied directly to the nursing and care envelope to ensure the money goes directly to frontline care.

Also, strategic efforts need to be developed to promote the long-term care sector as a desirable career option as staff shortages and pay inequities are constant challenges.

Review Roles of Key Staff

It was our observation that those homes who were providing exemplary care with few or no compliance issues, had organized their staff into multi-disciplinary teams who met frequently to discuss and resolve issues. Homes with hierarchical staff arrangements that excluded non-registered staff were not always delivering the best care.

Staffing: Nurse Practitioners (NP)

Nurse practitioners were seen by many stakeholders as a very welcome addition to the staff of nursing homes and an effective antidote to a lack of physician availability in the LTC sector. Their ability to provide **education** to other staff around hydration, dementia, impaired swallowing, pain management, palliative care, and IV therapies was seen as a huge benefit to a home. Other benefits beyond improved quality of resident care include improved communication with residents and families, improved skill level of other LTC staff and reduced Emergency Room visits.¹⁶ In fact, the 17 nurse practitioners in the Long-Term Care pilot project of 2000 were converted to permanent positions in 2003.

We recommend the Ministry fund the addition of more nurse practitioners in the LTC sector. This will require creative solutions in rural and remote areas of the province. Recognizing the limited number of nurse practitioners available in the province, we also ask that the Ministry of Colleges and Universities consider increasing their capacity to graduate nurse practitioners as well as expand their curriculum and scope of practice to better reflect the long-term care setting.

Staffing: Activities / Activation Staff

Residents of all capacities need stimulating activity. As the Eden Alternative philosophy outlines, the three plagues among aging seniors are loneliness, helplessness and boredom. Activities staff play a major role in contributing to resident quality of life and maintaining active living. The activities / activation role is multi-faceted and encompasses: recreation, physical fitness activities, restorative therapies, volunteer coordination, outings and event organization, pastoral and palliative care organization, fundraising, public relations, and holistic therapies. Many of these staff, however, have no standard training and are not considered valued members of the multi-disciplinary care team. Their educational training ranges from university degrees in recreation therapy to little or no formal training whatsoever. MOHLTC needs to pay more attention to this sector.

Activities / activation / recreation staff in funded homes require greater training to prepare them for LTC settings. They need more education in gerontology and elder care. In addition, we should support and encourage all these staff to participate in professional associations like the Activities Professionals of Ontario (APO). The Ministry should partner with this Association to produce a “Best Practices” manual and disseminate it to all activities staff in funded homes across the province.

Through their work, activities staff also help residents to maintain their physical functioning that determines so much of their quality of life. For example, nursing best practices inform us that physical exercise contributes to fall reduction and preventing constipation. Generally, a much greater emphasis needs to be placed on encouraging **physical activities** for all residents in funded homes. We found that the better homes have inclusive activities for all, including dementia residents and those who were not ambulatory. Finally, the majority of nursing home residents are women (72%) and programs should reflect this (e.g. cooking programs for this generation of homemakers).

Staffing: Dietary Staff

Quality of meals varied greatly across the province. Many were inviting meals where residents had no complaints. Other meal plans showed days of cold cereal for breakfast, bologna sandwiches for lunch and pizza for dinner. We recommend that meal plans must not just be “reviewed” but actually **approved** by a dietician. In addition, more time is needed for the dietitian to go beyond assessment of new and high risk residents and to better track the status of residents.

Staff Training

Seniors living in our LTC homes today are more fragile and have more complex health issues than in the past. For example, 64% of residents admitted to a LTC facility have some form of dementia or suffer from cognitive impairment. Understanding and being able to best care for residents with this condition requires special training. Currently, there are no educational standards for health care aids / personal support workers in LTC homes. Some front line workers have no formal training whatsoever. Others have a three to five-month community college training. Administrators have, in some cases, one week of training in addition to minimal management experience. The Ministry should consider making minimal training a requirement.

In addition to more training in gerontology, all staff need specific training regarding abuse (including recognition and prevention), communication skills, dementia and palliative care. The Ministry should encourage the use of existing programs offered by RNAO, the College of Nurses, the Registered Practical Nurses Association of Ontario (RPNAO) and others.

We recommend the Alzheimer Society’s PIECES training for nursing staff and U-FIRST training for PSWs. As the present CMI system of funding allocation does not recognize the level of care required by sufferers of dementia, the Ministry should provide bonuses to facilities providing dementia care. We also recommend to the Ministry of Colleges and Universities that they expand geriatric training in all relevant curriculum.

Number of Long-Term Care Beds in Ontario	
Year 2000	57,000 beds
Year 2004 (March)	70,850 beds

(Source: MOHLTC 2004)

Building Capacity For Expertise

The Ministry should consider how to develop better expertise in the long-term care sector including professional development, development of protocols and standards of care, and the dissemination of knowledge and best practices to front line staff. Several suggestions were made to us in this regard including establishing Centres of Excellence and pilot projects that linked an academic research centre to a LTC facility. The Ministry should consider the many options available for achieving these expertise goals.

Medical equipment

Almost three-quarters (72%) of all LTC residents require assistance with transferring. Therefore, more medical equipment such as lifts would be useful in certain homes. While lifts may require two staff for safe operation, they reduce staff injuries and contribute to the quality of life for residents.

V. Legislation and Funding

Accommodation Rates

In Ontario, the government funds care costs while the resident contributes to their accommodation cost through a co-payment. We suggest that the government limit any increase in the accommodation cost for residents in LTC homes to no more than the cost of living annually.

Increased Basic Room Accommodation

Affordable bed availability for our seniors is a priority. We are currently seeing waiting lists for basic accommodation while preferred accommodation (beds in private rooms for which seniors must pay extra) go empty.¹⁶ A MOHLTC January 2004 report stated that private beds in new facilities have a lower utilization rate than basic beds.¹⁷ Further, few semi-private beds are being built in the new facilities, thus further narrowing peoples' choices. In order to respond to the needs of all seniors, we recommend further discussions around the 60 / 40 preferred (private) bed / basic bed split to respond to the clear need of seniors on waiting lists.

Redirection of Institutional Bed Assignments

We recommend the Ministry reexamine the new bed allocations with a view to stopping the building on those not yet in the ground and redirecting this funding savings to home care, recognizing that the potential penalty costs as well as the need will have to be weighted into the equation.

Revisit Redevelopment Projects

In 1998, the Ministry announced the renovation of approximately 13,583 beds (later changed to 15,835) in structurally non-compliant homes by 2006. During our province-wide tour, we saw “D” class facilities that were slated for closure or “rebuilding” despite the objections of the home’s Board of Directors. In one such case, the move would mean relocating the home to an entirely different and quite distant location. It was almost a certainty that the volunteers would not follow the new development because it was outside their community. We wondered if the staff would also not follow the move, preferring to stay and work in the vicinity of the old location. Would fundraising continue when the home was no longer seen as an integral part of the neighbourhood or community?

We suggest the Ministry review the as yet uncompleted redevelopment projects to determine if modifications are necessary in each instance to reach “care-focused” goals or if the move would undermine the quality of care established at these homes. While we would recommend modifications to buildings that currently house four residents per room, or continue to have hallway washrooms for a number of residents, we believe some middle ground can be found between a complete “rebuild” and such necessary modifications.

Legislation

We recommend consolidation of the three facility Acts (*Nursing Homes Act*, *Homes for the Aged and Rest Homes Act*, and *Charitable Institutions Act*) to ensure uniform standards of care, uniform enforcement, and uniform penalties. For example, frontline staff would be more likely to report abuse or neglect if they were protected from any real or perceived reprisals. Whistleblower protection currently exists under only one of the Acts but without penalties for non-reporting. We recommend a uniform ban on abuse with inclusion of whistleblower protection and a positive obligation to report with penalties for non-reporting.

Secondly, while hospitals are required to grant access to a patient’s medical records, residents in long-term care homes and those with Power of Attorney for these residents are not always granted access to medical records. In fact, municipal homes require a Freedom of Information inquiry to access these files. We recommend legislation to enable residents in LTC homes and those with Power of Attorney to access their medical files and records.

Funding Formula

Funding for long-term care facilities is provided through four funding envelopes: nursing and personal care; program and support services; raw food; and other accommodation costs (facility costs, administration, housekeeping, building and operational maintenance and dietary and laundry services.) We heard many complaints about the current funding process. We also heard of many instances where the envelope system was being manipulated. For example, one home was paying \$20,000 in legal fees from a wrongful dismissal case against an employee out of the nursing envelope, an unacceptable practice.

The Provincial Auditor also criticized the Ministry for not having sufficient financial accountability: "Financial information submitted by facilities was not sufficient to allow the Ministry to determine whether funds had been used in accordance with the Ministry's expectations." In the short term we recommend that the Ministry carefully articulate the boundaries around the funding envelopes. We also see a need to repatriate incontinence products back to the accommodation envelope from the nursing envelope.

There is also an ad hoc "pots of money" approach that has developed over the years that needs to be addressed (Municipal Tax Allowance, High Wage Transition Fund, Proxy Pay Equity, etc.)

Moreover, the current Case Mix Index (CMI) system is problematic. Based on the medical model, funding is determined based on light, medium and heavy care. Facilities receive more funding for residents who are not well and require more care. However, there is no funding for promoting wellness (e.g., keeping people continent). In fact, many perceive this formula as a disincentive to keeping residents well and healthy. The timing of the CMI calculations is also problematic. Some estimate that 40% of residents' conditions have changed from the time when the classifications are decided in September to when the funding is allocated six months later. We were also told many times that dementia is not sufficiently factored into the CMI.

We recommend revisiting the entire funding system in the next fiscal year to establish a model that provides homes with a base level of funding for consistency while still allowing some flexibility for the fluctuating levels of care. Stable funding is required to ensure more full time, resident knowledgeable staff. Consistency in funding would go a long way to ensuring consistency of care.

We also feel that a system like the Minimum Data Set (MDS), while expensive and requiring computerization, if properly and sensitively implemented could assist with evidence-based decision making, increased accountability, patient-focused care and a better integration of systems. This new approach would allow for continually assessing the needs of a home above a basic funding level. The Ministry should review available evaluation reports on the current use of MDS in chronic care settings in the province and elsewhere to see if there are applicable benefits for the LTC setting and ensure that the proper consultation with stakeholders, who will be implementing and using the tool, are completed.

Finally, a facility's track record (past history of compliance, violations and performance record) must be considered in any future funding decisions, including bed allocations and bed transfers.

Conclusions

Over the last two and a half months, we have had the opportunity to visit over twenty homes and met with close to one hundred stakeholders and people active in the long-term care community. We have seen and read a great deal. It is our real hope that in writing this report and making these recommendations we can continue to support those homes that are doing a wonderful job of caring for our seniors and begin to address the concerns raised around those homes that are falling behind.

I hope that we can continue to work together with our partners to provide quality care for all of Ontario's seniors in LTC homes.

Appendix A

Facility Visits

Au Chateau, Sturgeon Falls
Barton Place, Toronto
Baycrest, North York
Bonnechere Manor, Renfrew
Cassellholme, North Bay
Centre D'Accueil Champlain, Vanier
Copernicus Lodge, Toronto
Derbecker's Heritage House, St. Jacobs
Drs. Paul and John Rekaï Centre, Toronto
Dom Lipa Nursing Home, Etobicoke
Extendicare Starwood, Nepean
Extendicare West End Villa, Ottawa
Ewart Angus Home, Toronto
Ina Grafton-Gage Home, Toronto
Marianhill, Pembroke
North Renfrew Long-Term Care Centre, Deep River
Norwood Nursing Home, Toronto
St. Joseph's Health Centre, Guelph
Ukrainian Canadian Care Centre, Etobicoke
Versa-Care Centre of Brantford, Brantford
White Eagle Nursing Home, Toronto
Whitewater Bromley CHC, Beachburg
Yee Hong Centre – Scarborough McNicoll, Scarborough
Yorkview Lifecare Centre, North York

Appendix B

Facility Matrix

Facility & City	Ownership	Structural Classification	Culturally Specific	No. of Beds	Region / CCAC	Urban / Rural
Au Chateau, Sturgeon Falls	MHFA	C	Francophone	162	Near North CCAC (Nipissing)	rural
Barton Place, Toronto	NH for-profit	D		232	Toronto CCAC	urban
Baycrest Centre, Jewish HFA Centre for Stroke and Cognition, North York	NH non-profit	A	Jewish	100	North York CCAC	urban
Baycrest Centre, Jewish HFA, North York	CHFA	A	Jewish	372	North York CCAC	urban
Bonnechere Manor, Renfrew	MHFA	A		180	Renfrew County CCAC	rural
Cassellholme, North Bay	MHFA	B/C		240	Near North CCAC (Nipissing)	urban
Centre D'Accueil Champlain, Vanier	MHFA	A	Francophone	160	Ottawa-Carleton CCAC	urban
Copernicus Lodge, Toronto	CHFA	A	Polish	228	Toronto CCAC	urban
Derbecker's Heritage House, St. Jacobs	NH for-profit	C		72	CCAC of Waterloo Region	rural
Drs. Paul and John Reikai Centre, Toronto	NH non-profit	C		126	Toronto CCAC	urban
Dom Lipa Nursing Home, Etobicoke	NH non-profit	C/A	Slovenian	66	Etobicoke CCAC	urban
Extendicare Starwood, Nepean	NH for-profit	C		192	Ottawa-Carleton CCAC	urban
Extendicare West End Villa, Ottawa	NH for-profit	C		240	Ottawa-Carleton CCAC	urban
Ewart Angus Home, Toronto	Non-profit	n/a			Toronto	urban
Ina Grafton-Gage Home, Toronto	CHFA	D		110	East York Access Centre for Community Services	urban
Marianhill, Pembroke	CHFA	B		100	Renfrew County CCAC	rural
Marianhill Nursing Home, Pembroke	NH non-profit	B		31	Renfrew County CCAC	rural

North Renfrew Long-Term Care Centre, Deep River	CHFA	A		21	Renfrew County CCAC	rural
Norwood Nursing Home, Toronto	NH for-profit	C		60	Toronto CCAC	urban
St. Joseph's Health Centre, Guelph	CHFA	A		144	Wellington County CCAC	urban
Ukrainian Canadian Care Centre, Etobicoke	NH non-profit	A	Ukrainian	120	Etobicoke CCAC	urban
Versa-Care Centre of Brantford, Brantford	NH for-profit	C		79	Brant County CCAC	urban
White Eagle Nursing Home, Toronto	NH for-profit	B		56	Toronto CCAC	urban
Whitewater Bromley CHC, Beachburg	Non-profit	n/a		n/a	Eastern Ontario	rural
Yee Hong Centre – Scarborough McNicoll, Scarborough	NH non-profit	A	Chinese	155	Scarborough CCAC	urban
Yorkview Lifecare Centre, North York	NH for-profit	C		269	North York CCAC	urban

MHFA = Municipal Home for the Aged
CHFA = Charitable Home for the Aged
N/A = not available

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Appendix C

Stakeholder Consultations

Activity Professionals of Ontario (APO)
Advocacy Centre for the Elderly (ACE)
Alzheimer Society
Linda Baker, Family Council Member
Jean Benton, Nurse Practitioner, LTC home
Joe Brabant, Family Council Member
Kathleen Burnett, The Eden Alternative
Canada's Association for the Fifty-Plus (CARP)
Canadian Auto Workers (CAW) Canada
Janet Parcher Cherry, Family Council Member
College of Nurses of Ontario (CNO)
Concerned Friends of Ontario Citizens in Care Facilities
CUPE Ontario
Dietitians of Canada
Sheila Driscoll, MOHLTC Compliance Advisor
Family Council Project
Dr. Jess Goodman, Primary Health Care Transition Fund Project
Dr. Michael Gordon, VP of Medicine, Baycrest
Barbara Hall
Dr. John Hirdes, MDS, Health Studies and Gerontology, University of Waterloo
Theresa Hurd, Clinical Nurse Specialist, Gerontology
Angela Ieroulo, Family Council Member
Bonny Johnson, Nurse Practitioner
Dr. Janice Lessard, Geriatrician
Archbishop Wm. Lawson-Little
Sister Bonnie Maclellan, LTC Administrator (retired)
Alex Munter, University of Ottawa, Ottawa City Councilor (retired)
Nurse Practitioner Association of Ontario (NPAO)
Ontario Association of Community Care Access Centres
Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS)
Ontario Association of Residents' Councils
Ontario Community Support Association
Ontario Health Coalition
Ontario Home Health Care Providers Association
Ontario Long-Term Care Association (OLTCA)
Ontario Nurses' Association (ONA)
Ontario Society of Nutrition Managers
Registered Nurses Association of Ontario (RNAO)
Registered Practical Nurses Association of Ontario (RPNAO)
Marilyn Rook, Exec. V.P. & Chief Operating Officer, Vancouver Island Health Authority
Royal Canadian Legion-Ontario Command
Heather Saar, Geriatric Mental Health Outreach Program
Schedule 5 Physiotherapy Association
Service Employees International Union
Dr. Cathy Shea, Geriatric Psychiatrist, Director of Community Outreach, Royal Ottawa Hospital
Dr. Patricia Spindel
Senior Peoples' Resources in North Toronto (SPRINT)
United Seniors of Ontario
Lynda Welch, RN, Colwel Consulting Inc., LTC Administrator (retired)

Appendix D

Your Opinion Counts

Dear Family Member/Friend;

Thank you for entrusting the care of your family member to the City of Toronto's Homes for the Aged.

Listening closely to our residents and their families is an established tradition with the Homes for the Aged. It is one of our most important measures of customer satisfaction. Through your comments, we become better at meeting our residents' needs. We always try to provide our residents with the care and service that they expect.

Thank you for completing this questionnaire. Your assistance is essential to the planning and ongoing evaluation of our programs.

In addition, should an issue arise at any time in the future, please feel free to contact the Home's Administrator directly.

Yours sincerely,

Sandra Pitters
General Manager
Homes for the Aged Division

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Appendix D cont'd

A. Your Satisfaction with our Care and Services

These questions are based on your experiences with the Home within the last 6 months. Please rate each statement on a 5-point scale, by circling the most appropriate number. If the statement is not applicable, please circle N/A.

1. Participation	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
a) The Home provides sufficient opportunities for me to be involved in decisions related to my family member's care.	1	2	3	4	5	N/A
b) I know whom to approach when I have a concern or problem.	1	2	3	4	5	N/A
c) I am encouraged and/or asked to participate in in-Home activities.	1	2	3	4	5	N/A
d) I am sufficiently informed regarding the range of activities available in the Home so that I can support my family member's involvement.	1	2	3	4	5	N/A
e) I feel comfortable expressing my opinions and feelings about my family member's care.	1	2	3	4	5	N/A
f) Information and questions regarding my family member's finances are dealt with efficiently.	1	2	3	4	5	N/A

Please comment: _____

2. Personal Care and Service	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
a) Staff respect my family member's personal and physical privacy.	1	2	3	4	5	N/A
b) My family member is well cared for.	1	2	3	4	5	N/A
c) Care is provided in a kind, friendly, and gentle manner.	1	2	3	4	5	N/A

Appendix D cont'd

A. Your Satisfaction with our Care and Services (Continued)

4. Advocacy (Continued)	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
b) The Home's advocacy procedures are useful in responding to the needs and desires of residents.	1	2	3	4	5	N/A
c) I have confidence that issues raised through the Home's advocacy process will be dealt with in a fair and timely manner.	1	2	3	4	5	N/A

Please comment: _____

5. Living Environment	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
a) The Home provides a homelike environment.	1	2	3	4	5	N/A
b) There is space to sit and visit privately with my family member.	1	2	3	4	5	N/A
c) I am encouraged to personalize my family member's room.	1	2	3	4	5	N/A
d) The Home provides a safe environment for my family member.	1	2	3	4	5	N/A
e) The outside grounds are easily accessible and stimulating.	1	2	3	4	5	N/A
f) Personal laundry services meet my family member's needs.	1	2	3	4	5	N/A
g) My family member's personal clothing is correctly labelled on a timely basis.	1	2	3	4	5	N/A
h) The Home provides an enjoyable dining experience (ie. pleasant environment, service, quality of food) for my family member.	1	2	3	4	5	N/A

Please comment: _____

A. Your Satisfaction with our Care and Services (Continued)

6. Quality of Life	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
a) A community feeling exists in the Home.	1	2	3	4	5	N/A
b) Staff, volunteers and others demonstrate a genuine concern about my family member's well-being.	1	2	3	4	5	N/A
c) My family member is encouraged and assisted to maintain or improve his/her level of independence.	1	2	3	4	5	N/A
d) There are opportunities for my family member to express his/her spiritual and cultural preferences.	1	2	3	4	5	N/A
e) Staff treat my family member with respect.	1	2	3	4	5	N/A
f) I would recommend the Home to others requiring long-term care.	1	2	3	4	5	N/A

Please comment: _____

B. Your Overall Satisfaction

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
a) Overall, I am satisfied with the quality of the care and service.	1	2	3	4	5	N/A
b) Overall, I am satisfied that the Home is clean and well-maintained.	1	2	3	4	5	N/A

What is most important to you about care and service? _____

Please advise where we exceeded your expectations: _____

Appendix D cont'd

B. Your Overall Satisfaction (Continued)

Please advise where we did not meet your expectations: _____

What would you like to see done in the Home to improve residents' quality of life?

Is there anything we did not ask you about in this survey that you want to tell us about?

Thank you for completing our questionnaire. Your input is essential for us to improve our service to better meet our residents' needs.

The survey results will be shared with your family member's Home. You may remain anonymous, if you wish. However, if you would like the Home to know how you personally responded to this survey, in order to assist us in addressing any specific concerns, please complete the following information:

Name: _____

Address: _____

Telephone: _____

Resident's Name: _____

I would like the Home to contact me.

Thank you for your time – It will make a difference.

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Your Opinion Counts

Dear Resident;

Listening closely to our residents and their families is an established tradition with the Homes for the Aged. It is one of our most important measures of customer satisfaction. Through your comments, we become better at meeting our residents' needs. We always try to provide our residents with the care and service that they expect.

Thank you for completing this questionnaire. Your assistance is essential to the planning and ongoing evaluation of our programs.

In addition, should an issue arise at any time in the future, please feel free to contact the Home's Administrator directly.

Yours sincerely,

Sandra Pitters
General Manager
Homes for the Aged Division

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Appendix D cont'd

A. Your Satisfaction with our Care and Services

These questions are based on your experiences with the Home within the last 6 months. Please rate each statement on a 5-point scale, by circling the most appropriate number. If the statement is not applicable, please circle N/A.

1. Participation	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
a) The Home provides sufficient opportunities for me to influence decisions related to my care.	1	2	3	4	5	N/A
b) I know whom to approach when I have a concern or problem.	1	2	3	4	5	N/A
c) I am encouraged and/or asked to participate in in-Home activities.	1	2	3	4	5	N/A
d) I am sufficiently informed regarding the range of activities available in the Home.	1	2	3	4	5	N/A
e) I feel comfortable expressing my opinions and feelings about my care.	1	2	3	4	5	N/A
f) Information and questions regarding my finances are dealt with efficiently.	1	2	3	4	5	N/A

Please comment: _____

2. Personal Care and Service	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
a) Staff respect my personal and physical privacy.	1	2	3	4	5	N/A
b) I am well cared for.	1	2	3	4	5	N/A
c) Care is provided in a kind, friendly, and gentle manner.	1	2	3	4	5	N/A
d) I am given the help that I require to do the following:						
- eating	1	2	3	4	5	N/A
- bathing	1	2	3	4	5	N/A
- dressing	1	2	3	4	5	N/A
- going to the bathroom	1	2	3	4	5	N/A

A. Your Satisfaction with our Care and Services (Continued)

2. Personal Care and Service (Continued)	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
e) The Home's dietary program provides:						
- consideration of my food preferences	1	2	3	4	5	N/A
- sufficient variety of food	1	2	3	4	5	N/A
- adequate portions	1	2	3	4	5	N/A
f) Staff work as a team to support me.	1	2	3	4	5	N/A

Please comment: _____

3. Communication	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
a) Staff are readily available to answer questions and to discuss my care.	1	2	3	4	5	N/A
b) I am satisfied that my questions and concerns are answered and/or followed up.	1	2	3	4	5	N/A
c) I feel comfortable approaching staff about any issue or concern.	1	2	3	4	5	N/A
d) Staff are friendly, courteous, and helpful to me.	1	2	3	4	5	N/A
e) Staff communicate effectively with me about matters affecting my life in the Home.	1	2	3	4	5	N/A

Please comment: _____

4. Advocacy

- a) I am familiar with the Home's advocacy procedures. Yes No

Appendix D cont'd

A. Your Satisfaction with our Care and Services (Continued)

4. Advocacy (Continued)	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
b) The Home's advocacy procedures are useful in responding to the needs and desires of residents.	1	2	3	4	5	N/A
c) I have confidence that issues raised through the Home's advocacy process will be dealt with in a fair and timely manner.	1	2	3	4	5	N/A

Please comment: _____

5. Living Environment	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
a) The Home provides a homelike environment.	1	2	3	4	5	N/A
b) There is space to sit and visit privately with my visitors.	1	2	3	4	5	N/A
c) I am encouraged to personalize my room.	1	2	3	4	5	N/A
d) The Home provides a safe environment for me and my visitors.	1	2	3	4	5	N/A
e) The outside grounds are easily accessible and stimulating.	1	2	3	4	5	N/A
f) Personal laundry services meet my needs.	1	2	3	4	5	N/A
g) My personal clothing is correctly labelled on a timely basis.	1	2	3	4	5	N/A
h) The Home provides an enjoyable dining experience (ie. pleasant environment, service, quality of food).	1	2	3	4	5	N/A

Please comment: _____

A. Your Satisfaction with our Care and Services (Continued)

6. Quality of Life	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
a) A community feeling exists in the Home.	1	2	3	4	5	N/A
b) Staff, volunteers and others demonstrate a genuine concern about my well-being.	1	2	3	4	5	N/A
c) I am encouraged and assisted to maintain or improve my level of independence.	1	2	3	4	5	N/A
d) There are opportunities for me to express my spiritual and cultural preferences.	1	2	3	4	5	N/A
e) Staff treat me with respect.	1	2	3	4	5	N/A
f) I would recommend the Home to others requiring long-term care.	1	2	3	4	5	N/A

Please comment: _____

B. Your Overall Satisfaction

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
a) Overall, I am satisfied with the quality of the care and service.	1	2	3	4	5	N/A
b) Overall, I am satisfied that the Home is clean and well-maintained.	1	2	3	4	5	N/A

What is most important to you about care and service? _____

Please advise where we exceeded your expectations: _____

Appendix D cont'd

B. Your Overall Satisfaction (Continued)

Please advise where we did not meet your expectations: _____

What would you like to see done in the Home to improve residents' quality of life?

Is there anything we did not ask you about in this survey that you want to tell us about?

Thank you for completing our questionnaire. Your input is essential for us to improve our service to better meet our residents' needs.

The survey results will be shared with your Home. You may remain anonymous, if you wish. However, if you would like the Home to know how you personally responded to this survey, in order to assist us in addressing any specific concerns, please complete the following information:

Name: _____

Address: _____

Telephone: _____

I would like the Home to contact me.

Thank you for your time – It will make a difference.

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Appendix E

LONG TERM CARE FACILITIES CHECKLIST

Concerned Friends is a non-profit, volunteer, consumer corporation and registered charity dedicated to reform of the long-term care system and improvement of quality of life for residents.

Concerned Friends of Ontario Citizens in Care Facilities

140 Merton St., 2nd Floor, Toronto, Ontario M4S 1A1 (416) 489-0146

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The scoring was developed by Concerned Friends of Ontario Citizens in Care Facilities and that by including the document in the report the Ministry of Health and Long-Term Care is not making any representations as to the accuracy of the scoring scheme.

Appendix E cont'd

LONG-TERM CARE FACILITIES CHECKLIST

The Purpose of this checklist is primarily to assist anyone who is choosing a Long-Term Care Facility.

Before assuming that a Long-Term Care Facility is the "best place" to be, however, inquire about alternative services such as Home Care, Home Support, and Supportive Housing.

If you do opt for a provincially regulated long-term care facility, here are some preliminary steps to take before making a choice:

- X Obtain a list of facilities from your local Community Care Access Centre.
- X Examine facilities closely before agreeing to the admission of oneself, a relative or a friend.
- X Resist pressure from either hospitals or the placement coordinator to admit someone to the first available bed. Take the time to thoroughly investigate the options.
- X Determine from the Placement Co-ordinator whether a facility being recommended is "under enforcement". The Co-ordinator is required to explain this concept to you, as it reflects the current conditions in the facility.

GENERAL INFORMATION

- X Nursing Homes, Municipal Homes and Charitable Homes are formally subject to their own separate provincial legislation and regulations. However, they are all accountable to the Ministry of Health and Long Term Care. **Bill 101** (An Act to Amend Certain Acts Concerning Long-Term Care), passed in June 1993, amended the Nursing Homes Act, and the Charitable and Municipal Homes for the Aged Acts. This Act sets out both the rights of the residents and the responsibilities of the facility. Copies can be obtained from **Publications Ontario, 880 Bay Street, Toronto, Ontario, M7A 1N8 Telephone (416) 326-5300 or toll-free 1-800-668-9938**. It is also available at most public libraries in the reference section.
- X **The Ministry of Health and Long Term Care** is responsible for monitoring, evaluating and taking action to ensure that all long-term care facilities comply with the applicable acts and regulations, the terms and conditions of the service agreement, the Program Manual, and Ministry policies and directives. The **Program Manual** sets out the standards and guidelines for the day-to-day operation of the facility. **Compliance advisors** have the primary responsibility for monitoring and evaluating facilities' performance. A resident, family member or advocate who is concerned about the care or conditions in a facility and has been unsuccessful in resolving the problem with the facility, should contact the regional office to make a complaint to the Compliance Advisor. Concerned Friends will also try to advise and support anyone having problems in a long-term care facility.
- X It is advisable to receive legal advice regarding the Admission Contract to the Long-Term Care Facility. In particular, check that you are not signing away rights and services that would be covered under **Bill 101**. You are not at present obligated to sign a contract, because without doing so, the provisions of the Bill apply. Only sign the contract if it **ENHANCES** your rights, not if it **DIMINISHES** them.

INITIAL VISIT TO FACILITY

- X Meet with the Administrator and, if possible, the Director of Care Planning.
 - X Obtain written and verbal information about the facility using the attached questionnaire (see page 3)
 - X Request copies of:
 - 1) Admission Contract
 - 2) Compliance Review Report
 - 4) Residents' Bill of Rights
- Numbers 2-4 are posted in a prominent public area of the facility, and are also available from your regional long-term care office.
- X Attempt to talk with families of existing residents either in the facility or arrange to meet them off the premises for feedback on their experiences and observations.

Appendix E cont'd

Important Phone Numbers

Ministry of Health and Long-Term Care
General Inquiry 1-800-268-1153 TTY 1-800-387-5559
Long-term Care Hot Line 1-866-434-0144

Regional Offices

Southwest

For the counties of Bruce, Chatham-Kent, Elgin, Essex, Grey, Huron, Lambton, Middlesex, Oxford, Perth

South West Regional Office
231 Dundas St., Ste. 201
London, ON N6A 1H1
Tel: 519-675-7680 Fax: 519-675-7685
1-800-663-3775

Windsor Workstation
215 Eugenie St., W. Ste. 300
Windsor, ON N8X 2X7
Tel: 519-250-0788 Fax: 519-973-1360
1-800-663-3775

Central West

For the counties of Dufferin, Halton, Peel, Waterloo, Wellington

Central West Regional Office
201 City Centre Dr., Ste. 301
Mississauga, ON L5B 2I4
Tel: 905-897-4610 Fax: 905-275-2740
1-866-716-4446

Central South

For the counties of Brant, Haldimand-Norfolk, Hamilton-Wentworth, Niagara

Central South Regional Office
119 King St., W. 11th fl.
Hamilton, ON L8P 4Y7
Tel: 905-546-8294 Fax: 905-546-8255
1-866-716-4446

Central East

For the counties of Durham, Haliburton, Northumberland, Peterborough, Simcoe, Victoria, York

Central East Regional Office
465 Davis Dr., 3rd fl.
Newmarket, ON L3Y 8T2
Tel: 905-954-4700 or 1-800-486-4935
Fax: 905-954-4702

East

For the counties of Frontenac, Kingston, Hastings, Lanark, Leeds and Grenville, Lennox, and Addington, Ottawa-Carlton, Prescott and Russell, Prince Edward, Renfrew, Stormont, Dundas and Glengarry

East Regional Office

47 Clarence St., Ste. 310
Ottawa, ON K1N 9K1
Tel: 613-241-4263 Fax: 613-241-9312
1-800-267-8588

Kingston Workstation

23 Beechgrove Lane, 1st fl.
Kingston, ON K7M 9A6
Tel: 613-536-7230 Fax: 613-536-7231
1-800-667-1062

North

For the counties of Algoma, Cochrane, Kenora, Muskoka, Nipissing, Parry Sound, Rainy River, Sudbury, Manitoulin, Thunder Bay, Timiskaming

North Regional Office

159 Cedar St., Ste. 406
Sudbury, ON P3E 6A5
Tel: 705-564-3137 or 1-800-663-6965
Fax: 705-564-3133

Thunder Bay Workstation

189 Red River Rd., Ste. 403
Thunder Bay, ON P7B 1A2
Tel: 807-343-7631 or 1-800-663-6965
Fax: 807-343-7567

Toronto

Toronto Regional Office

55 St. Clair Ave. W., 8th fl.
Toronto, ON M4V 2Y7
Tel: 416-327-8952 or 1-800-595-9394
Fax: 416-327-4486

Questionnaire

The following is a list of questions that will assist you in choosing a Long-Term Care facility. Most deal with rights legislated in Bill 101, but the questions will clarify these rights for both you and the facility.

Upon your initial visit, you may find it helpful to take the questionnaire with you and also a list of your own questions to ask the administrator.

Be sure to take notes of what you learn on your visit.

1. What is the application procedure?
2. What are the accommodation fee co-payments?
3. What services are included in the fees, e.g. personal supplies?
4. For what services is the resident / family responsible?
5. How and when are residents / families notified of a change in fees / service?
6. What is the facility's policy on restraints and medication?
7. What is the facility's policy on cardiopulmonary resuscitation?
(It is not necessary to sign a DNR form on admission).
8. Can you continue receiving care from your family doctor after admission to the facility?
9. Is the staff physician a geriatrician?
10. Is a physician on call 24 hours a day?
11. Are the physicians and / or medical director available to take calls from families?
12. Is the staff physician willing to spend time talking to family members regarding medical care of their family member?
13. Are special needs and preferences recognized by the facility?
For example, do residents have a choice of showering or bathing?
Do residents have the option of having breakfast in their robes?
14. If English is not the resident's first language, will an Interpreter be available when necessary?
15. Inquire about residents' assessments and care plans:
 - a) How often do case conferences occur?
 - b) Are residents and representatives (substitute decision makers) involved in the case conferences?
 - c) Are the assessment information and care plans available to residents and family (or substitute decision makers)?
How often are the care plan review meetings?
16. Is there free access to the facility?
At what times?
Are people, for example, volunteers, encouraged to visit?
17. Is there a volunteer program in the facility?

18. Are pastors, rabbis and priests encouraged to visit?
19. Are married couples housed together?
20. Are physiotherapy, speech therapy, occupational therapy, bladder and bowel training available? Who arranges for these?
21. Are staff trained to work with the visually impaired and hearing impaired residents?
22. Are dentists and dental hygienists available to provide dental care?
Who arranges for this?
23. Are community social work services available at the resident's request?
24. How many residents live in the facility?
25. How many floors are there?
26. How many elevators are there?
27. Are there regular fire drills for all staff (including part-time)?
28. Does the local fire inspector make regular visits?

You may have a list of your own questions to ask.

Nursing Home Checklist

Following your initial visit, review all the material given to you. Make arrangements for an informal visit. Before going for your second visit, review the Long-Term Care Facility Checklist provided below.

Name of Facility: _____

Address: _____

Date of Visit: _____

Time: _____

Care of residents	Yes	No
1. Resident are clean. (nails, hair, skin, teeth)	<input type="checkbox"/>	<input type="checkbox"/>
2. Residents receive proper mouth care. (breath smells fresh, mouth clean)	<input type="checkbox"/>	<input type="checkbox"/>
3. Residents are free from odour.	<input type="checkbox"/>	<input type="checkbox"/>
4. Residents are properly dressed.	<input type="checkbox"/>	<input type="checkbox"/>
a) Residents are wearing clothing which is clean and in good repair.	<input type="checkbox"/>	<input type="checkbox"/>
b) Residents' clothing fits and is done up.	<input type="checkbox"/>	<input type="checkbox"/>
c) Residents are wearing shoes and stockings which fit and match.	<input type="checkbox"/>	<input type="checkbox"/>
5. Residents are wearing daytime apparel in the day, and night- time apparel at night.	<input type="checkbox"/>	<input type="checkbox"/>
6. Residents appear well groomed. (Men are shaved; residents have clean hair, cut and trimmed.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Residents are dry and not soiled.	<input type="checkbox"/>	<input type="checkbox"/>
8. Residents seem to be properly fed. (not too thin and frail)	<input type="checkbox"/>	<input type="checkbox"/>
9. Residents are receiving sufficient fluids at meal times and with all snacks.	<input type="checkbox"/>	<input type="checkbox"/>
10. Residents speak freely and openly with visitors. (They do not appear frightened or intimidated.)	<input type="checkbox"/>	<input type="checkbox"/>
11. Residents are free from restraints. (Restraints include chairs with trays, bed sheets and jacket restraints.)	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff help residents change their positions in chairs or beds regularly. (Residents are not left slumped over or sliding from chairs.)	<input type="checkbox"/>	<input type="checkbox"/>
13. Residents are awake and not in bed mid-day.	<input type="checkbox"/>	<input type="checkbox"/>
14. Residents appear alert.	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
15. Residents' eyes are clear; speech is not slurred. (Eyes are not blurry or "far away" which might signal overmedication.)	<input type="checkbox"/>	<input type="checkbox"/>
16. Residents are free from decubitus ulcers. (bedsores)	<input type="checkbox"/>	<input type="checkbox"/>
17. Residents' feet, ankles and legs are free from swelling and ulcerations; or, if swollen, are properly elevated.	<input type="checkbox"/>	<input type="checkbox"/>
18. Residents are free from evidence of injury (bruising, swelling, lacerations, stitches, casts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

Staff

1. Sufficient staff are in evidence at nursing stations and on the floor.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff seem to be properly trained and address residents' needs in a caring and professional manner.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff smile, appear cheerful and show a caring attitude towards residents.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff treat residents, family and other staff with courtesy, dignity, and respect.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff are well groomed.	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff are willing to answer questions and discuss needs of residents with family members.	<input type="checkbox"/>	<input type="checkbox"/>

General Surroundings

1. There is plenty of room for residents; the home is not overcrowded.	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility is totally accessible to wheelchairs. (wide corridors and doors, ground level access, specially designed bathrooms)	<input type="checkbox"/>	<input type="checkbox"/>
3. There are enough elevators. (Residents don't have to line up for a long time to go to and from the dining room.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Floors and walls are clean, in good repair, and the decor is cheerful.	<input type="checkbox"/>	<input type="checkbox"/>
5. The home looks and smells clean.	<input type="checkbox"/>	<input type="checkbox"/>
6. The home is free of evidence of cockroaches and rodents.	<input type="checkbox"/>	<input type="checkbox"/>
7. There are bright, pleasant lounge areas.	<input type="checkbox"/>	<input type="checkbox"/>
8. There is soft, pleasant music or activity in lounge areas.	<input type="checkbox"/>	<input type="checkbox"/>
9. Confused residents have safe areas in which to wander both inside and outside the home.	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
10. Residents have access to attractive outdoor surroundings with areas to sit or walk.	<input type="checkbox"/>	<input type="checkbox"/>
11. There are private areas for residents and visitors.	<input type="checkbox"/>	<input type="checkbox"/>
12. Other visitors are in evidence.	<input type="checkbox"/>	<input type="checkbox"/>
13. There is coffee, tea and juice available for residents and visitors.	<input type="checkbox"/>	<input type="checkbox"/>
14. Residents' rooms are bright and home-like, with personal belongings in evidence.	<input type="checkbox"/>	<input type="checkbox"/>
15. Residents can control heat and light in their bedrooms.	<input type="checkbox"/>	<input type="checkbox"/>
16. Beds and mattresses are comfortable and not too close together.	<input type="checkbox"/>	<input type="checkbox"/>
17. There is a call bell at each bed and within easy reach of resident.	<input type="checkbox"/>	<input type="checkbox"/>
18. There is an easy chair for every resident in each bedroom.	<input type="checkbox"/>	<input type="checkbox"/>
19. Closets in bedrooms are spacious and easily accessible to resident.	<input type="checkbox"/>	<input type="checkbox"/>
20. Some residents have phones, radios, and television in their rooms.	<input type="checkbox"/>	<input type="checkbox"/>
21. There are a sufficient number of washrooms for residents.	<input type="checkbox"/>	<input type="checkbox"/>
22. Bathrooms are clean and odour free.	<input type="checkbox"/>	<input type="checkbox"/>
23. Bathing areas are clean and in good repair; tiles are not chipped.	<input type="checkbox"/>	<input type="checkbox"/>
24. There is sufficient clean linen and towels for residents' use.	<input type="checkbox"/>	<input type="checkbox"/>
25. Wheelchairs, trays and other equipment are clean and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>
26. The home has the Residents' Bill of Rights, Compliance Review Report, financial report, and any follow-up reports, posted for public viewing in a conspicuous place.	<input type="checkbox"/>	<input type="checkbox"/>
27. Staff converse pleasantly with residents and visitors.	<input type="checkbox"/>	<input type="checkbox"/>
28. Residents' privacy is respected. (Staff knock before they enter and leave when visitors arrive. Privacy curtains are used appropriately and in good condition.)	<input type="checkbox"/>	<input type="checkbox"/>
29. Residents feel secure and do not appear to fear harm by staff or other residents, or theft of their belongings.	<input type="checkbox"/>	<input type="checkbox"/>
30. There is an active residents' council.	<input type="checkbox"/>	<input type="checkbox"/>
31. There is an active, independently run Family Council.	<input type="checkbox"/>	<input type="checkbox"/>

Rehabilitation / Restorative Care

Yes

No

- | | | |
|---|--------------------------|--------------------------|
| 1. Age appropriate activity programs are in evidence (e.g. bridge games, poker, gardening, chess, woodworking, ceramics, painting, music, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Individual orientation programs are in evidence for confused residents. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. There are exercise programs for residents. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The majority of residents seem busy and occupied in a meaningful activity during the day. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. There is a tuck shop. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The home has a library or visiting library service. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Organized activities are posted for month. | <input type="checkbox"/> | <input type="checkbox"/> |

Dietary

- | | | |
|---|--------------------------|--------------------------|
| 1. Snacks are served between meals and choices of beverages and snacks are available. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Meals appear appetizing and attractive. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Family members are welcome to join the resident at meal time. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Meals can be eaten by residents. (For example, food is chopped, if necessary.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. There are sufficient staff available to assist residents with eating when necessary. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Food meets any therapeutic needs residents may have (e.g. diabetic, salt free, chopped, pureed). | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Food seems to be good nutritional value. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Fresh fruit and vegetables served, and there is adequate fibre. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Portions are large enough and residents are offered second helpings. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Residents do not appear hungry and do not indicate that they are hungry or thirsty when asked. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Juices are served in 6-ounce glasses rather than 4-ounce glasses and water is offered between snacks. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Residents are encourage to eat and drink. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Aides sit to assist residents with eating rather than standing over them. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Residents are fed individually, not in assembly-line fashion. | <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No
15. Dietary staff respect residents' individual eating habits. That is, clean up after meals is not rushed.	<input type="checkbox"/>	<input type="checkbox"/>
16. Residents are not segregated at meal time according to individual diets (e.g. puree, diabetic, etc).	<input type="checkbox"/>	<input type="checkbox"/>
17. Menus are displayed in clear view, on all floors and offer an alternative choice.	<input type="checkbox"/>	<input type="checkbox"/>
18. Staff oversee residents as they eat, whether in dining room, own room or corridors.	<input type="checkbox"/>	<input type="checkbox"/>
19. Dining room is attractive, pleasant and appropriately decorated.	<input type="checkbox"/>	<input type="checkbox"/>

Scoring

To score this checklist, count one for every "yes" answer.

- 71 to 80 very well operated facility
- 61 to 70 has reasonable amenities for residents
- below 61 facility should not be considered

Endnotes

¹ See Canadian Policy Research Network (CPRN) report by Family Network Director Jane Jenson entitled *Catching Up to Reality: Building the Case for a New Social Model*, 2004.

² See Canadian Policy Research Network (CPRN) report cited above.

³ Levels of Care data show that 9,358 (16%) of LTC residents have a clinical diagnosis of depression, 15% of whom experience a duration longer than six months (MOHLTC data).

⁴ For example, one Ottawa home has a prominently placed 6'x 4' bulletin board dedicated to *Managing Resident / Family Concerns* (with a complaint process flowchart). A second "promoting wellness" board lists many community resources. Both were Family Council initiatives.

⁵ The Eden Alternative is a philosophy of care developed by American physician Dr. Bill Thomas to combat the three plagues of loneliness, helplessness and boredom among seniors. Developed in the early 1990s, the ten principles for an Elder-centered community involve moving away from a medical model to ensuring a "human habitat" and "a life worth living." The model strives to change views and values around aging. (www.edenalt.com)

⁶ Ewart Angus Home in Toronto espouses a "social model of care."

⁷ The palliative care room could also be used by the roommate in recognition that the dying resident may wish to stay in his / her room and be cared for by familiar / their regular staff members.

⁸ For example, the Canadian Evaluation Society; various departments in Ontario colleges and universities.

⁹ This information needs to be provided in a language that is understandable to the average family member and respects minimal literacy standards and language barriers.

¹⁰ For example, they may consider standard form contracts for admissions to all LTC homes if they feel seniors are vulnerable to current unnecessary procedures.

¹¹ See *2002 Annual Report of the Provincial Auditor of Ontario, Long-Term Care Facilities Activity*, page 118.

¹² The Centre D'Accueil Champlain home in Vanier audited their Activities for a year and posted a public report.

¹³ See Auditor's Report above, page 117.

¹⁴ The Administrator's presence would not be required.

¹⁵ The Ontario Nurse Practitioner in Long-Term Care Facilities Pilot Project, *Interim Evaluation Final Report*, February 2002.

¹⁶ See *Long-Term Care Facility System Analysis: One Year Review* from the Long-Term Care Redevelopment Project, MOHLTC, January 2004, pages 2, 6 and 8.

¹⁷ See above, page 6.

¹⁸ See 2002 Auditor's Report, page 118.

¹⁹ See "Long-Term Care in the Information Age: The Potential of MDS" by John Hirdes, *Excellence in Long-Term Care*, February / May 2000, pages 14-17.

Notes:

Notes:



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