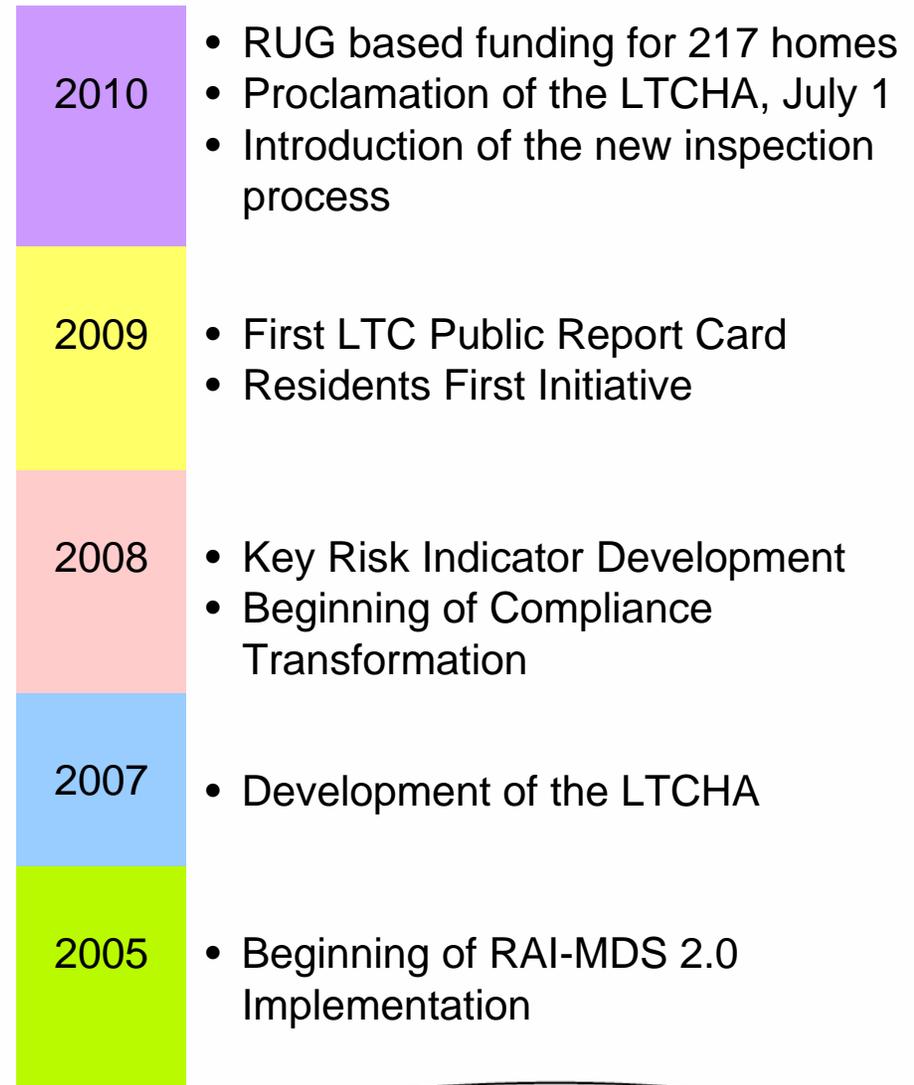
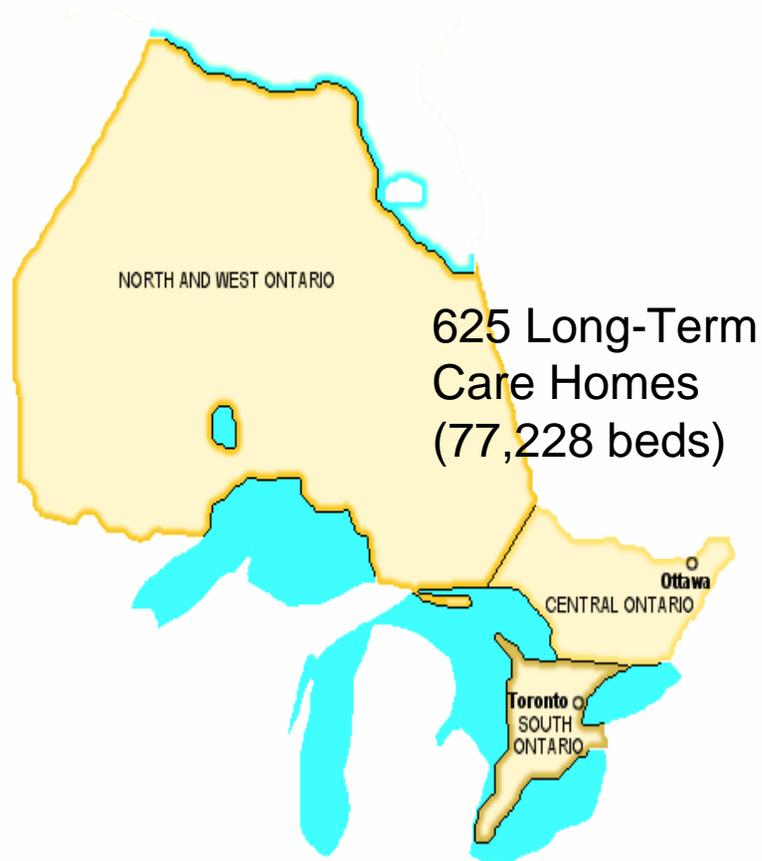


Developing an effective Complaint Mechanism for LTC Homes in Ontario

**Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care**

October, 2010

Ontario LTC Home Quality Agenda



Performance Improvement & Compliance Branch (PICB)

- Established since 2007
- 75 inspectors
- 55 Nursing, 13 Dietary and 7 Environmental Inspectors
- 5 Service Area Offices:
Toronto, Hamilton, Ottawa,
London, Sudbury
- Types of inspections: annual,
complaint, critical incident,
follow up and other



New Inspection Process

- Long-Term Care Quality Inspection Program (LQIP) replaces Compliance Management Program
- Aligns with the *Long-Term Care Homes Act, 2007* (LTCHA)
- Places focus on quality
- Places focus on the resident – quality of care and quality of life
- LTC home inspections under the LTCHA
 - Critical incident
 - Complaint/Mandatory Reporting
 - Follow up
 - Annual

New Annual Inspection Process (Based on QIS)

What is the Quality Indicator Survey (QIS)

- Quality Indicator Survey (QIS) is the new inspection methodology for Nursing Homes in the United States
- It was researched and developed over a 15 year period
- The adapted QIS methodology for Ontario will be called Resident Quality Inspection (RQI)
- RQI is the new annual inspection methodology for Ontario. All homes are to receive their first annual inspection under the LTCHA by December 31, 2011

RQI Characteristics and Benefits

- Resident-centred process:
 - Residents, family members and staff are interviewed first, then documentation reviewed
 - They feel heard and valued
- Improved consistency of inspection through a more structured process
- Evidence based inspection; less interpretative results; resident care outcomes guide the inspection requirements
- Enhanced inspector documentation through greater automation
- Target inspection resources on homes with the largest number of quality concerns
- Incorporates RAI-MDS (common assessment tool used for all residents in Ontario) data

An improved Complaint process

STEP ONE:

- Involve residents and families in the development of Plans of Care and deliver the care as described in the Plan of Care

Plan of Care:

- LTC Homes Act, 2007, c.8, s. 6(5): The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

STEP TWO:

- Improve the Complaint Process in Homes
 - If residents and families feel heard in the homes and see their issues addressed then complaints do not need to go to the Ministry

Complaints procedures: Licensee:

- LTC Homes Act, 2007, c.8, s. 21: Every licensee of a long-term care home shall ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints.

An improved Complaint process

STEP THREE:

- Develop an Inspection process that addresses concerns before they become Complaints:
 - The QIS process has been shown to reduce the numbers of complaints in the home – Why?
 - Residents and Families know they have an opportunity to raise issues to inspectors during the Annual Inspection process
 - LTC Homes use the QIS process on an ongoing basis through the year. They:
 - Hear the concerns of residents and families and,
 - Address those concerns and improve their performance thereby eliminating some possible complaints

An improved Complaint process

STEP FOUR:

An improved Ministry complaints and inspection process to:

- (1) provide the public with a means to register and receive a response to complaints; and
- (2) provide consistent direction to the inspectors on the type of complaint inspections to be conducted; and
- (3) ensure compliance associated with the complaint.

Up to 2009 the three-year average for the number of complaint inspections per year was 1308

Complaint management process:

The Ministry's new complaint inspection process:

- Aligns with the LTCHA and Regulations
- Clarifies complaint inspection procedures for compliance staff to ensure consistency across the province by using standardized inspection protocols,
- Will improve processes related to:
 - Communications with complainants
 - Time management
- Supports the sector in their efforts to deliver quality care

Review of Best Practice Literature

A review of literature revealed that the key features of Complaint Processes should be:

1) Accessible

- Clear, free, easily understood and available to all in both official languages

2) Transparent

- Impartial, independent and auditable

3) Simple

- As few steps as necessary, minimal hand-offs and properly documented

4) Evidence-based

- Driven by the facts, not assumptions to ensure a full and fair investigation

Review of Best Practices Literature

5) Standards-Based

- Speedy handling, with established time limits for action, and should keep people informed of the progress of their complaints

6) Respectful

- Values the complaint and respect clients' desire for confidentiality

7) Authoritative

- Credible, consistent and definitive with delegated authority

8) Demonstrable

- Reported, open to feedback and used to drive improvement

References:
Treasury Board of Canada Secretariat
Scottish Public Services Ombudsman

Legislative Reference

Inspections or inquiries where information received by Director

The Director shall have an inspector **conduct an inspection or make inquiries** for the purpose of ensuring compliance with requirements under the Act (2007, c.8, s.25 (1)), if the Director receives information from any source indicating that any of the following may have occurred:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. A violation of section 26 (Whistle-blowing protection).

Legislative Reference

5. Misuse or misappropriation of a resident's money.
6. Misuse or misappropriation of funding provided to a licensee under the LTCH Act.
7. A failure to comply with a requirement under the LTCH Act.
8. Any other matter provided for in the regulations. 2007, c. 8, s. 25 (1).

Legislative Reference

Immediate visit to home

- (2) The inspector acting under subsection (1) shall immediately visit the long-term care home concerned if the information indicates that any of the following may have occurred:
 - 1. Anything described in paragraph 1, 2 or 3 of subsection (1) that resulted in serious harm or a risk of serious harm to a resident.
 - 2. Anything described in paragraph 4 of subsection (1).
 - 3. Any other matter provided for in the regulations. 2007, c. 8, s. 25 (2).

Other matters

- (3) If the Director receives information, not provided for in subsection (1), that raises concerns about the operation of a long-term care home, the Director shall have an inspector conduct an inspection or make inquiries into the matter for the purpose of ensuring compliance with the requirements under this Act, if the Director has reasonable grounds to believe that there may be a risk of harm to a resident. 2007, c. 8, s. 25 (3).

Powers of inspector

- (4) For greater clarity, an inspector acting under this section may exercise any power of an inspector under section 147, and has the power of an inspector to obtain a warrant under section 148. 2007, c. 8, s. 25 (4).

Update on Complaints: Integration of Best Practices into Policy

The following concepts are integrated into the policy:

Principle: Visibility and Access

- Service Area Offices to be primary point of contact for complaints during regular business hours
- Action Line is still available for those who wish to use it – during the day or after hours
- "Retooling" of the Action Line Communication Campaign including development of an information brochure / sheet that can be posted in the homes and on the public website that will clearly outline the Ministry's complaint process

Update on Complaints: Integration of Best Practices into Policy

Principles: Feedback & Responsiveness

- Provide complainant option of receiving feedback from a verbal report, written report (information may be limited based on the legal standing of the complainant in relation to the resident) or both at the time of making a complaint
- Interim acknowledgement of complaints received within 2 business days
- Complaints will be inspected or inquiries made based on associated risk
- Response to complainant following complaint inspection or inquiry within 5 working days if verbal response required or within 10 working days if response is in writing

Update on Complaints: Integration of Best Practices into Policy

Principle: Confidentiality

- Compliance staff responsible for intake of complaints will be provided with training to enhance discussions on matters related to confidentiality and the protection of personal health information

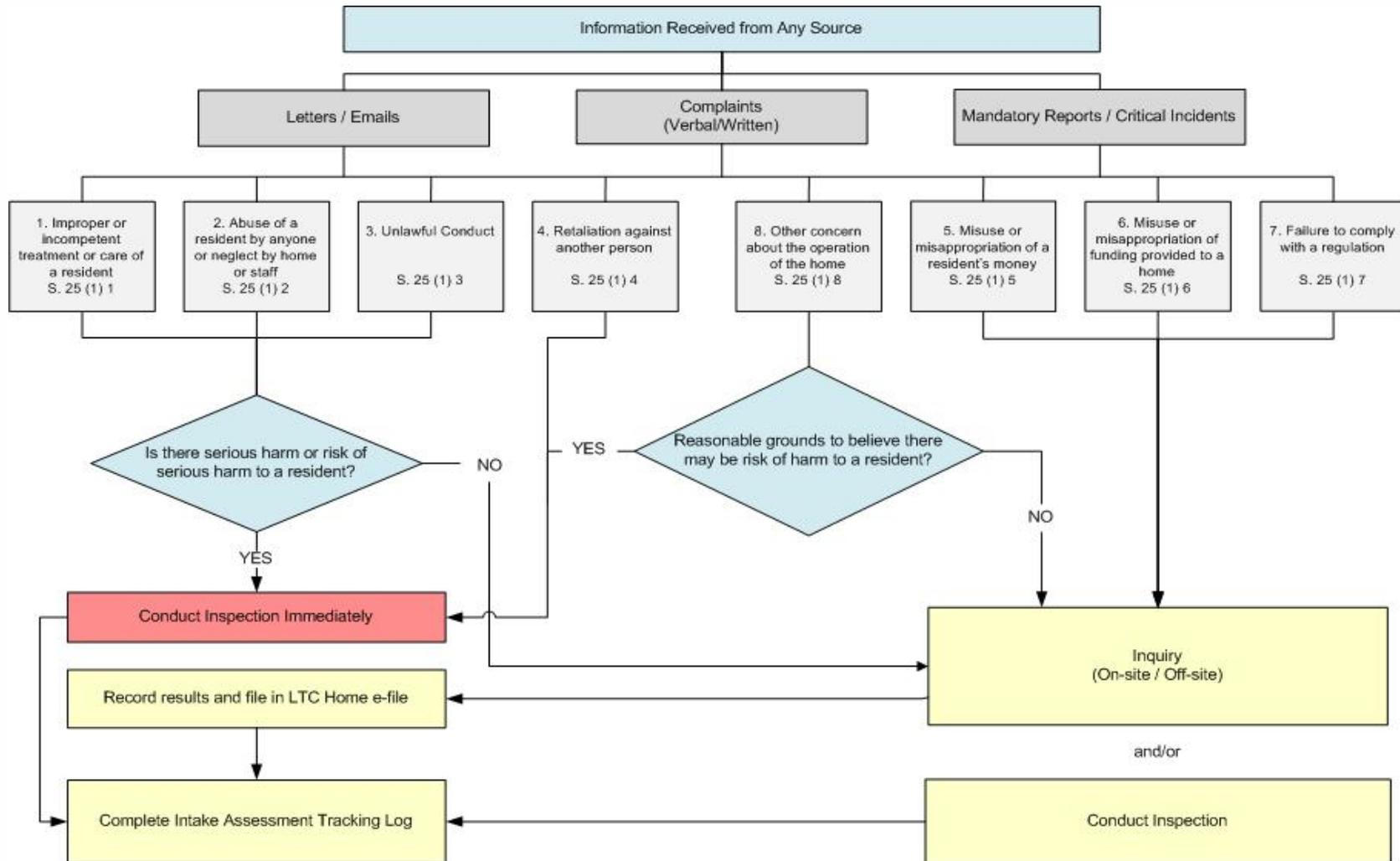
Principle: Transparency

- Provide a copy of public inspection report related to the complaint upon request to complainant

Principle: Objectivity

- Consideration is being given to a dedicated Intake process for complainants and an Inspection Team with a focus on complaints, critical incidents and follow-up inspections

DRAFT Process Flow: Response to Information Received



MANAGING COMPLAINTS AND EXPECTATIONS

- Best Practice development to support homes in developing effective complaint processes
- Clarity on who is responsible for care in LTC Homes and also for correcting issues related to care
- It is not always possible to find evidence to support care related concerns
- Clarity on roles and responsibilities related to Ministry inspectors, other Ministries, Regulated Health Professions, etc.
- Managing expectations from complainants