

Chapter 1

Section 1.09

Ministry of Health and Long-Term Care

Long-Term-Care Home Quality Inspection Program

Follow-Up on VFM Section 3.09, *2015 Annual Report*

RECOMMENDATION STATUS OVERVIEW					
	# of Actions Recommended	Status of Actions Recommended			
		Fully Implemented	In Process of Being Implemented	Little or No Progress	Will Not Be Implemented
Recommendation 1	3		2	1	
Recommendation 2	4	3	1		
Recommendation 3	2	2			
Recommendation 4	1	1			
Recommendation 5	2	1		1	
Recommendation 6	2		2		
Recommendation 7	1		1		
Recommendation 8	2	1	1		
Recommendation 9	3	2		1	
Recommendation 10	3		2	1	
Recommendation 11	1		1		
Recommendation 12	3		1	2	
Recommendation 13	3		1	2	
Total	30	10	12	8	0
%	100	33	40	27	0

Overall Conclusion

According to the information that the Ministry provided to us, as of July 27, 2017, 33% of the actions we recommended in our *2015 Annual Report* have

been fully implemented. For example, since our last audit, the Ministry conducted a cost-benefit analysis on the frequency of comprehensive inspections, which led to the development of a shorter, risk-focused comprehensive inspection and a change in how often homes will receive a traditional, full comprehensive inspection. For all long-term-care

homes, the Program's new policy is to perform a full comprehensive inspection at every home at least once every three years. However, homes that are low-risk (that is, substantially compliant) may now receive a risk-focused comprehensive inspection in the remaining two of those three years. Medium- and high-risk homes must continue to receive a full comprehensive inspection each year.

The Ministry has made progress in implementing a further 40% of the recommended actions. For instance, the Ministry is referring more cases of repeat non-compliance to the Director appointed under the *Long-Term Care Homes Act, 2007* (Act) and has announced its intention to make legislative and regulatory changes to implement new enforcement measures, such as fines.

There has been little or no progress on the remaining 27% of actions. Fluctuations in the number of complaints and critical incidents requiring inspections continue to be an issue. As of April 2017, the backlog of complaints and critical incidents requiring inspections increased to about 3,370 from about 2,800 in March 2015.

The status of actions taken on each of our recommendations is described in the following sections.

Background

There are about 630 long-term-care homes in Ontario, providing accommodation and care to adults who are unable to live independently and/or who require round-the-clock nursing care in a secure setting. The homes provide care to approximately 76,300 residents (as of March 2015—77,600 residents), most of whom are over 65 years old.

The Ministry of Health and Long-Term Care (Ministry) funds, licenses and regulates Ontario's long-term-care homes. Homes can be either for-profit or not-for-profit. In the 2016/17 fiscal year, Ministry funding to long-term-care homes through

the Province's Local Health Integration Networks totalled \$3.7 billion (2014/15—\$3.6 billion).

The Long-Term Care Homes Quality Inspection Program (Program) is designed to protect and safeguard residents' rights, safety and security, as well as ensure that long-term-care homes comply with legislation and regulations. Under the *Long-Term Care Homes Act, 2007* (Act), the Ministry may conduct inspections at any time without having to alert the homes beforehand. Inspectors who find a home that does not comply with the Act take formal enforcement action, including issuing a compliance order to take action and resolve the non-compliance by a prescribed deadline.

There are four types of inspections that check for compliance with the law:

- comprehensive inspections, that assess residents' satisfaction and the homes' compliance;
- complaint inspections, in response to complaints from residents, their families or the public;
- critical-incident inspections, following incidents such as fire, sudden death, missing residents, as well as reports of abuse, neglect, improper care or unlawful conduct; and
- follow-up inspections of homes issued with orders to comply with legislation.

Our 2015 audit found that, since 2013, the Ministry focused its attention and resources on completing comprehensive inspections of the 630 long-term-care homes by the end of 2014 and continuing to inspect all homes every year after that. However, the Program had to deal with a growing workload in other areas, including an increase of complaints and critical incidents at homes, and more follow-ups of non-compliance issues. As such, the Ministry needed to strengthen its oversight of the Program to address the significant variations in inspectors' workloads, the number of compliance orders issued, and inspection and reporting timeliness across the province.

Other significant observations from our 2015 *Annual Report* include the following:

- While the Ministry made good on its commitment to do comprehensive inspections of all 630 homes (completed in January 2015), the backlog of inspections triggered by complaints and critical incidents more than doubled—from about 1,300 as of December 2013 to 2,800 as of March 2015. We found that 40% of high-risk complaints and critical incidents that should have triggered immediate inspections took longer than three days to act on. Over a quarter of these cases took between one and nine months for inspection. Sixty percent of our sample of medium-risk cases that should have been inspected within 30 days took an average of 62 days. Delays in complaint inspections and critical-incident inspections can place residents of long-term-care homes at risk.
 - The Ministry did not prioritize comprehensive inspections based on the risk level of homes in terms of their compliance with legislation or regulations. For example, only a few homes that were considered high- or medium-risk had earlier comprehensive inspections from June to December 2013.
 - Homes were given inconsistent timelines to rectify issues identified by inspectors. The Ministry did not provide clear guidance on how long homes should be given to comply with orders. For example, in 2014, inspectors in one region gave homes an average of 34 days to comply with orders relating to key risk areas (such as carrying out a resident's plan of care, protecting residents from abuse and neglect, and providing a safe, secure and clean home), while inspectors in another region gave homes an average of 77 days to comply with similar orders.
 - The Ministry did not have an effective process for monitoring compliance orders that required follow-up. About 380 compliance orders, or two-thirds of those due to be completed in 2014, had not been followed up within the Ministry's informal 30-day target.
 - The Ministry had not taken sufficient action against long-term-care homes that had repeatedly failed to comply with orders to fix deficiencies. We noted that homes in one region did not comply with almost 40% of the compliance orders issued by the Ministry in 2014, while homes in another region did not comply with about 17% of orders. The Ministry did not know why the homes repeatedly failed to correct certain deficiencies.
 - Ontario does not legislate a minimum front-line staff-to-resident ratio at long-term-care homes. Home administrators told us that insufficient staffing and training were the main reasons they failed to achieve full compliance.
 - As of March 2013, approximately 200 long-term-care homes (accommodating over 20,000 residents) did not have automatic sprinkler systems. The Ministry did not have more recent information on whether any of these homes had been retrofitted with automatic sprinkler systems. The current law does not require this to be done until 2025.
- In our 2015 audit, we recommended that the Ministry identify the reasons for the significant fluctuation in the number of complaints and critical incidents; collect and analyze the information needed to develop a detailed resource plan and distribute resources accordingly; track, monitor and prioritize complaints, critical incidents and orders that are overdue for inspection; prioritize comprehensive inspections based on long-term-care homes' compliance history and other risk factors; establish a clear policy for inspectors to use in determining an appropriate time frame for homes to comply with orders addressing similar risk; strengthen its enforcement processes to promptly address homes with repeated non-compliance issues; and establish a formal protocol with the Office of the Fire Marshal and Emergency Management and municipal fire departments to regularly share information on homes' non-compliance with fire safety regulations.

We received commitment from the Ministry that it would take action to address our recommendations.

Status of Actions Taken on Recommendations

We conducted assurance work between April 1, 2017, and July 27, 2017, and obtained written representation from the Ministry of Health and Long-Term Care that, effective September 1, 2017, it had provided us with a complete update of the status of the recommendations we made in the original audit two years ago.

The Ministry Is Slow in Addressing Complaints and Critical Incidents at Long-Term-Care Homes

Recommendation 1

To ensure that the Program significantly improves the timeliness of inspecting complaints and critical incidents, the Ministry of Health and Long-Term Care should:

- *identify the reasons for the significant fluctuation in the number of complaints and critical incidents as well as cases requiring inspection;*

Status: Little or no progress.

Details

Our 2015 audit found that the backlog of complaints and critical incidents had more than doubled—from about 1,300 as of December 2013 to about 2,800 as of March 2015. The increased backlog is mainly due to a significant increase in complaints and critical incidents requiring inspections—from approximately 3,640 in 2013 to 5,440 in 2014.

Since our audit, fluctuations in the number of complaints and critical incidents requiring inspections continue to be an issue, and the Ministry has

been unable to determine the reasons for these significant fluctuations.

As of April 2017, the backlog of complaints and critical incidents requiring inspections has increased by 20% to about 3,370 (about 730 complaints and 2,640 critical incidents)—from about 2,800 (about 960 complaints and 1,840 critical incidents) in March 2015. While the Ministry was able to clear the backlog from 2015, they were not able to keep up with an increase (37%) in the number of complaints and critical incidents requiring inspections in 2016—from approximately 5,440 in 2014 to 7,475 in 2016.

- *collect and analyze all the information needed (including total projected workload, the number of inspectors available compared to demand, inspection duration and timeliness, regional circumstances, and other risk factors) to develop a detailed resource plan and distribute resources accordingly;*

Status: In process of being implemented by January 2018.

Details

In our 2015 audit, we found that the Ministry had not undergone a thorough analysis of the projected and actual workload in each region before deciding to hire an additional 100 inspectors in July 2013. Instead, the decision was based solely on the resources the Ministry estimated would be needed to meet the Minister's commitment to conduct comprehensive inspections of every home by the end of 2014. As such, it did not take into account the Program's other responsibilities, such as conducting complaint, critical-incident and follow-up inspections as well as reporting inspection results.

Following our audit, the Ministry undertook an analysis of the Program's current organizational structure, including staffing and management complements, inspector workload, intake and administrative functions. In November 2015, the Ministry hired a consultant to perform a review of the Program's organizational structure and develop

recommendations and an implementation strategy to support the efficient use of inspector resources. In February 2016, the Ministry received the consultant's report, which included an analysis of key strengths, challenges, and detailed recommendations on how to address some of the gaps in the Program. The Ministry is currently in the process of implementing a number of the recommendations made in the report, such as establishing a centralized education model, creating a dedicated quality-assurance and program-development function, increasing inspector resources in some areas and redeploying inspector resources in a logical manner. The Ministry expects to implement a majority of the recommendations by October 2017.

- regularly monitor and evaluate the resource plan against actual performance to determine if further action is required.

Status: In process of being implemented by January 2018.

Details

As mentioned, the Ministry is in the process of implementing a number of the recommendations identified as part of its organizational review. It will be the future responsibility of the new quality assurance and Program development function to create additional benchmarking and reporting tools to monitor whether the resource plan is working as intended.

The Ministry has also developed a number of new management reports to assist in evaluating the performance of its regional offices and inspectors. For example, the Ministry has created reports to analyze inspector workload, timeliness of inspections, and number of outstanding intakes requiring inspection. These reports will help the Ministry to determine whether further action is required with respect to its resource plan. While an improvement, these management reports are still manually created, which is very time-consuming and, as a result, are not readily accessible to management in regional offices on a regular basis. The Ministry expects to

complete automation of these management reports by October 2017, and evaluate the resource plan when it is fully implemented in January 2018.

Tracking of Complaints and Critical Incidents Is Inconsistent and Inadequate

Recommendation 2

To better track, prioritize and monitor the handling of complaints and critical incidents, the Ministry of Health and Long-Term Care should:

- perform periodic secondary reviews of complaints and critical incidents received by the Program's centralized intake unit to ensure that reasons for not conducting an inspection are justified and documented;

Status: Fully implemented.

Details

During our 2015 audit, we found that the Program's centralized intake unit determined that only about one-third of the approximately 16,240 complaints and critical incidents it was informed of in 2014 required an inspection. We reviewed a sample of the remaining two-thirds of complaints and critical incident cases that had been closed without inspection and found that 65% of them had insufficient documentation to show why an inspection was not required.

Following our audit, the Program updated its complaint and critical incident policies to require its centralized intake unit to perform reviews on 5% of complaint and critical incident cases closed without an inspection to confirm that the rationale was both justified and documented.

The updated policies also require the centralized intake unit to perform monthly reviews of complaint and critical incident cases that they forward for inquiry or inspection to regional offices. In April 2017, the staff in the centralized intake unit began performing and documenting these audits using standardized checklists. As of May 2017, the

centralized intake unit performed about 100 audits of which five related to complaints or critical incidents requiring inspections that inspectors closed without an inspection. Reviewers are consolidating and summarizing the results and trends identified in these audits in a log maintained by the centralized intake unit.

- *track and monitor complaints and critical incidents that are overdue for inspections;*

Status: Fully implemented.

Details

We reported in our 2015 audit that the Ministry did not know how many inspections were overdue, or for how long, because it did not have an effective system in place to track complaints and critical incidents that require inspections.

Since our audit, the Ministry has developed a monthly dashboard that the Program's centralized intake unit uses to monitor the number of outstanding complaints and critical incident cases that require inspections. In addition, the Ministry updated its inspection software to allow inspectors to identify outstanding complaints and critical incident inspections. The Ministry has also developed a management report that allows it to review all outstanding complaints and critical incidents requiring inspection and compare the list against established targets. Both provincial and local teams can use this report to determine the timeliness of complaint and critical incident inspections. The Ministry is working on automating this report, as it is currently a time-consuming manual process, by October 2017.

- *clarify expectations on how to prioritize and when to inspect complaints and critical incidents to ensure consistency throughout the province;*

Status: Fully implemented.

Details

Our 2015 audit also found wide variations in inspection timelines across different regions in the province. For example, one region took, on average,

36 days to conduct medium-risk complaint and critical-incident inspections, while another took 86 days, far exceeding the Ministry's 30-day target for medium-risk inspections.

Since our audit, the Ministry has updated its complaint and critical incident policies to establish formal targets on how to prioritize and when to inspect complaints and critical incidents, as follows:

- High-risk complaints and critical incidents, which result in immediate jeopardy or risk to the patient, are still required to have an immediate inspection.
- Medium-risk complaints and critical incidents are assessed on how much harm or risk there is to the patient. If assessed as resulting in significant actual harm or risk to the patient, the complaint or critical incident must be inspected within 30 business days. Alternatively, if the actual harm or risk to the patient is more than minimal, but below significant, the complaint and critical incident must be inspected within 60 business days.
- Low-risk complaints and critical incidents, which pose minimal harm or risk to the patient, must now receive an inquiry within 90 business days—an improvement over the Ministry's previous informal target of 120 business days.

The Ministry communicated these changes to its inspectors by providing an education session in December 2016 that almost all of its inspectors and managers attended.

- *inform complainants and the family members of inspection results or why an inspection was not conducted, and document the action taken.*

Status: In process of being implemented by December 2017.

Details

In our 2015 report, we found that the Ministry did not always contact residents involved in a complaint or their family members to ask if they were satisfied that any problems or concerns were

resolved appropriately. Despite the Ministry's policy that requires inspectors to report back to complainants on the outcomes of their inspections, we found no documentation in the Ministry's tracking system to show that this had been done for over 20% of the files we reviewed.

The Ministry updated its policies and procedures to reflect how the Program will update complainants on the status of their complaint at specific points in the inspection. For example, inspectors must now contact complainants within two business days after completing an inquiry or inspection. To ensure that inspectors are adhering to these requirements, the Ministry has developed new audit processes and checklists to assist reviewers.

From April 2017 to May 2017, inspectors in the centralized intake unit performed about 100 audits and, in almost all cases where the inspector performed an inquiry, they documented their discussions with the complainant. However, the inspectors at regional offices are not performing audits of complaint inspections to ensure that inspectors are informing complainants; they intend to start performing these audits in December 2017.

Comprehensive Inspections Are Not Prioritized by Risk

Recommendation 3

To put the safety of residents first by focusing on high-risk areas, the Ministry of Health and Long-Term Care should:

- *prioritize comprehensive inspections based on long-term-care homes' complaints and critical incidents, compliance history and other risk factors; and*
- *consolidate past inspection results and conduct a cost-benefit analysis to determine the frequency in which comprehensive inspections should take place in the future.*

Status: Fully implemented.

Details

Our 2015 audit noted that the Ministry needed to better prioritize comprehensive inspections, allocate resources more efficiently and assess the frequency of comprehensive inspections based on risk. This was required because of the increase in complaints and critical incidents requiring inspections and the extensive resources that are required to complete a comprehensive inspection.

We found that very few medium- and high-risk homes had been inspected from June to December 2013; instead, almost all comprehensive inspections of high-risk homes were performed relatively evenly throughout 2014. If the Ministry prioritized the inspections based on risk, issues at homes that were later identified by the Ministry could have been prevented or rectified by the homes sooner.

In May 2016, the Ministry hired a consultant to analyze and review data collected from comprehensive inspections to identify options to develop a shorter, risk-focused alternative to the full comprehensive inspection. The results of the consultation produced a new approach whereby homes that are low-risk may receive a shorter, risk-focused comprehensive inspection.

Compared to a full comprehensive inspection, the risk-focused comprehensive inspection interviews and examines a smaller number of residents, has one less mandatory inspection protocol, and only nine inspection protocols out of the full 21 inspection protocols can be triggered. As a result, the risk-focused comprehensive inspection is shorter in duration, lasting about three to five days, and requires fewer inspectors (for example, two inspectors instead of three to four) than a full comprehensive inspection.

In August 2016, the Ministry began performing risk-focused comprehensive inspections in addition to full comprehensive inspections. According to its policy, the Ministry's target is to perform a maximum of two risk-focused comprehensive inspections every three years for low-risk homes. Full comprehensive inspections are still required for all homes at least once every three years. It is still

the Ministry's intention to perform either a full or a risk-focused comprehensive inspection at all long-term-care homes every year.

As of January 2017, the Ministry classified almost 90% of long-term-care homes as low-risk and eligible to receive its new, shorter risk-focused inspections. Medium- to high-risk homes will continue to receive a full comprehensive inspection every year.

The Ministry Needs to Pay More Attention to Fire Safety at Long-Term-Care Homes

Recommendation 4

To mitigate the risk of fire at long-term-care homes, the Ministry of Health and Long-Term Care should work with the Office of the Fire Marshal and Emergency Management and municipal fire departments to establish a formal protocol to regularly share information with the Ministry on homes' non-compliance with fire safety regulations, focusing on homes that do not yet have automatic sprinklers installed.

Status: Fully implemented.

Details

In our 2015 audit, we noted that 30% of long-term-care homes did not have automatic sprinklers installed as of March 2014. Furthermore, by the end of our audit work, the Ministry still had no information on whether these 200 homes (representing over 20,000 residents) were in compliance with the Fire Core requirements aimed to reduce risk in dwellings with no automatic sprinkler systems. Municipal fire departments are responsible for attending fire drills and conducting fire inspections at long-term-care homes, but there is no formal protocol to share inspection results with the Ministry on a regular basis.

In May 2016, the Ministry entered into a memorandum of understanding with the Office of the Fire Marshal and Emergency Management (Office) to establish a formal protocol of exchanging information relating to the fire safety of long-term-care

homes. According to the memorandum of understanding, the Office is responsible for notifying the Ministry of any orders issued to close a long-term-care home resulting from a failure to comply with fire safety legislation. In addition, the Office will advise municipal fire departments to contact the Ministry regarding any long-term-care home that is chronically or wilfully non-compliant with the fire code. To date, there have been three instances where the Ministry and the Office shared information to facilitate their respective investigations.

The Ministry was unable to provide us with an updated number of long-term-care homes that do not have automatic sprinklers installed. However, the Ministry has shared its list of the 200 homes that did not have automatic fire sprinklers with the Office and municipal fire departments to help better carry out its mandate.

Long-Term-Care Homes Are Given Inconsistent Deadlines to Rectify Issues

Recommendation 5

To ensure residents across the province are equally protected by the Long-Term Care Homes Act, 2007, the Ministry of Health and Long-Term Care should:

- *establish a clear policy and guidelines for inspectors to use in determining an appropriate time frame for homes to comply with orders addressing similar risk and non-compliance areas;*

Status: Fully implemented.

Details

In our 2015 audit, we reported that the Ministry did not provide clear guidance on how much time long-term-care homes should be given to comply with orders. For example, in 2014, inspectors in one region gave homes an average of 34 days to comply with orders relating to key risk areas (such as carrying out a resident's plan of care, protecting residents from abuse and neglect, and providing a

safe, secure, and clean home), while inspectors in another region gave homes an average of 77 days to comply with similar orders.

Since our audit, the Ministry updated its policies and procedures to set more consistent compliance due dates for orders relating to similar risk and non-compliance areas, with a specific focus on orders that pose a greater risk to residents. Inspectors are now required to flag whether orders are high-risk in their system. An order is high-risk if the non-compliance poses significant harm or risk to a resident, is a recurring issue, or is associated with a director referral. All high-risk orders must be followed up within 30 days.

In addition, the policies now set mandatory compliance order due dates for specific high-risk areas. For example, orders relating to abuse, neglect, or failure to provide a safe and secure home must be rectified within seven days.

- *periodically review whether the policy and guidelines are being followed consistently by regional offices.*

Status: Little or no progress.

Details

Our audit found that the Ministry had not tracked and compared information between regions and could not provide reasons for variations in due dates for orders of similar risk and/or area of non-compliance.

At the time of our follow-up, the Ministry informed us that it is currently not performing audits to ensure regional offices are complying with its updated policies and guidelines relating to compliance order due dates. The Ministry is in the process of recruiting additional resources to lead its quality assurance function, which will be responsible for performing periodic audits to ensure compliance with its policies and guidelines. As a result, the Ministry could not confirm whether there are still variations between different regions with respect to compliance order due dates.

The Ministry's Actions Are Not Sufficient to Deter Homes from Repeating Non-compliance

Recommendation 6

To ensure that long-term-care homes are not repeatedly in non-compliance with the Long-Term Care Homes Act, 2007, the Ministry of Health and Long-Term Care should:

- *strengthen its enforcement processes to promptly address homes with repeated non-compliance issues including when to escalate homes for further actions and the evaluation of the use of other enforcement measures (e.g., fines penalty);*

Status: In process of being implemented by June 2018.

Details

In our 2015 audit, we noted that, in 2014, homes in one region did not comply with almost 40% of the compliance orders issued by the Ministry, while homes in another region did not comply with about 17% of orders. The Ministry did not know the reasons why these homes repeatedly failed to correct certain deficiencies. In addition, we found that the Ministry was taking too long to escalate cases of recurrent non-compliant homes to the Director for further action. Furthermore, the Ministry seldom used stronger enforcement actions that it had at its disposal, such as ordering funding to be returned or withheld, ordering a home's management to be replaced, or revoking a home's licence. We noted that inspectors for nursing homes in Alberta, British Columbia, the United States and United Kingdom, for example, could fine homes in cases of serious non-compliance.

Following our audit, the Ministry began escalating cases of non-compliance to the Director more frequently. In 2015 and 2016, the number of referrals made to the Director increased to 35 and 86 respectively—a significant increase from none in 2013 and one in 2014. The large increase in referrals to the Director in 2016 was primarily due to a

change in the Ministry's Director Referral policy, where compliance orders are referred to the Director if a long-term-care home fails to comply with an order a second time.

In 2016, the Ministry's analysis showed that, after intensive meetings between the Director and home operators, homes complied with over 50% of the compliance orders at the next follow-up inspection. As a result, the Ministry appears to be having some success with this initiative. Of the remaining compliance orders, long-term-care homes failed to comply with 20% of them, and about 30% either required a follow-up inspection or were not yet due.

In January 2017, the Ministry announced its intention to propose legislative and regulatory amendments to the existing *Long-Term Care Homes Act* to introduce new enforcement measures. These measures include financial penalties, new provincial offences, the authority to suspend an operator's licence and order interim management, a provision to direct homes to use a new skin and wound care protocol, and other improvements to promote transparency. The Ministry is currently working on the proposal and intends to table it by fall 2017 and fully implement the measures by June 2018.

- *help homes achieve compliance with the Act by providing additional information and support on how to rectify issues, and by sharing best practices between long-term-care homes.*

Status: In process of being implemented by November 2017.

Details

Almost all of the homes we contacted during our 2015 audit, including the ones that we surveyed, advised us that that they would benefit from an adviser or an advisory function within the Ministry for clarification and guidance on the Act and other issues. However, the Ministry had concerns with providing this advisory function because it believed that there would be an inherent conflict of interest if inspectors had to verify whether their own advice was followed.

Since our audit, the Ministry has begun to support long-term-care homes by regularly publishing a memo online to the sector. This memo includes information updates and important reminders to home operators. For example, a memo published in January 2017 provided clarification on plans of care and verifying staff credentials in response to a report from the Ontario Coroner's Geriatric and Long-Term Care Review Committee.

In addition, the Ministry met with Health Quality Ontario and other key stakeholders in the long-term-care home sector to explore partnerships and identify options for required supports to build long-term-care home capacity. These discussions are still in the preliminary stages and, as a result, there has been no decision on what additional supports to provide or who will be providing these supports. The Ministry expects to complete a formalized plan in November 2017.

Recommendation 7

To ensure the long-term-care homes are held accountable to their performance, the Ministry of Health and Long-Term Care should review the role and responsibility of the Local Health Integration Networks with regards to the use of inspection results in monitoring the performance of long-term-care homes.

Status: In process of being implemented by October 2017.

Details

In our 2015 audit, we reported that while inspection results on homes with longstanding problems were provided to Local Health Integration Networks (LHINs), the LHINs did not use these results to monitor the performance of homes through their service accountability agreements. Instead, LHINs relied on the Director to take actions whenever the Director considered it necessary to do so.

Following our audit, the LHINs' roles and responsibilities with regard to non-compliance have increased to focus on enhanced enforcement. The Ministry regularly invites representatives from the LHINs to attend meetings with long-term-care

home licensees when a compliance order has been referred to the Director. The LHINs' representatives have consistently attended these meetings. For example, based on discussions held between a LHIN and the Director, the LHIN chose to withhold additional funding from one home due to repeated non-compliance. LHINs are also routinely copied on all letters from the Director to operators, informing them of the results of the referrals so that they are aware and continue to be informed about performance concerns and improvements.

LHINs are now communicating any non-compliance concerns they discover in a long-term-care home to the Ministry. The Ministry has yet to develop a formal cross-reporting process with the LHINs and additional indicators to inform long-term-care home compliance, but expects to do so by October 2017.

Situations Placing Residents at Risk Are Not Followed Up in a Timely Manner or Not Followed Up At All

Recommendation 8

To better ensure that residents at long-term-care homes are protected from harm, the Ministry of Health and Long-Term Care should:

- *establish a formal target for conducting follow-up inspections on orders, and prioritize those inspections based on risk;*

Status: Fully implemented.

Details

In our 2015 audit, we found that the Ministry had no formal policy on when follow-up inspections must be conducted, though it had an informal target of 30 days after the order's due date. We found that there was a great variance in how regional offices prioritized their follow-up inspections, with some regions prioritizing according to risk level and other regions prioritizing according to inspection due date. As a result, the highest-risk areas

were not always followed up with inspections as promptly as they should be.

Since our audit, the Ministry has updated its policies and procedures to include a formal target for conducting follow-up inspections on compliance orders. According to the Ministry's policy, high-risk orders must be followed up on within 30 business days after the due date of the order has passed. All other orders must be followed up on within 60 business days after the due date of the order has passed.

- *regularly track and monitor follow-up inspections to ensure they are conducted within the targeted time frame.*

Status: In process of being implemented by October 2017.

Details

Our 2015 audit found that not all regions had reliable processes in place to track and monitor compliance order due dates, so inspectors were not always aware when the orders were overdue. Specifically, two-thirds (about 380) of compliance orders due in 2014 had not been followed up within the Ministry's informal 30-day target. On average, it took the Ministry two-and-a-half months after an order's due date to perform a follow-up inspection.

As discussed, the Ministry has since developed a new management report to track and monitor whether inspectors conducted follow-up inspections within the targeted time frame. Because the Ministry has to manually extract and manipulate data to create the management report, it is not readily available to each regional office on a regular basis. In addition, because the management report does not distinguish between high-risk and other orders, the Ministry could not confirm whether high-risk orders were being followed up on a timely basis and within their targeted time frame. Automation of the management report and improvements to allow it to segregate high-risk orders will be completed by October 2017.

In 2016, there were approximately 1,000 compliance orders due for a follow-up inspection. While

almost three-quarters of those orders received a follow-up inspection, only 35 of these inspections were completed within the targeted time frame. The Ministry took, on average, about two months after an order's due date to perform a follow-up inspection.

Inspection Results Are Not Reported in a Timely Manner or Not Reported At All

Recommendation 9

To ensure that inspection results are communicated on a timely basis, the Ministry of Health and Long-Term Care should:

- *establish formal targets for reporting inspection results to both home licensees and the public;*
Status: Fully implemented.

Details

Our audit identified significant delays in reporting inspection results to both long-term-care homes and the public, with some inspection results—dating back as far as 2011—not yet made public. The Ministry had an informal target to deliver the inspection report to the operator of the home within two weeks of the inspection, and to publish an edited version (without residents' personal and health information) of the report on its website within two months.

Since our audit, the Ministry has updated its policies and procedures to include a formal target for reporting inspection results to both home operators and the public. The target to deliver an inspection report to the operator is 20 business days after the completion of the inspection, and the target to post the report on its website is 30 business days after the completion of the inspection.

- *monitor and review actual reporting timelines against pre-established targets, and take corrective action when such targets are not met;*
Status: Little or no progress.

Details

In our 2015 audit, we also found that the Ministry did not monitor its reporting timelines to confirm whether it was meeting its informal targets.

Following our audit, regional offices began collecting the necessary data to monitor their actual reporting timelines. Only two regional offices actually used the data to monitor whether they were meeting the pre-established targets for providing inspection reports to home operators and publishing them on the Ministry's website. However, neither regional office met its targets a majority of the time. The Ministry is planning to incorporate this data and use it as one of its key performance indicators by October 2017.

- *implement procedures to ensure that all inspection reports are posted on its public website.*
Status: Fully implemented.

Details

Our 2015 audit found that reports for about 8% of the inspections in our sample, some dated as far back as 2011, were not available on the Ministry website. The Ministry confirmed that a total of 905 inspection reports had not been uploaded to its website—about 10% of all the inspections that took place from April 2011 to December 2014. The Ministry cited administrative errors (such as electronic files that failed to transfer or that had been misplaced) as the reason for the missing reports.

Since our audit, the Ministry has developed a new quality assurance process to ensure that it posts all completed inspection reports on its public website. Administrative assistants in each regional office use a tracking spreadsheet that records all inspection reports completed by inspectors. Completed reports are uploaded to the website on a weekly basis, and administrative assistants in each regional office are required to verify that all inspection reports in the spreadsheet are posted onto the Ministry's website. The administrative assistants are then required to enter the date of verification into the spreadsheet as proof of their review.

Inspection Reports Need to Provide More Useful Information on Long-Term-Care Homes

Recommendation 10

To provide the public with better information for decision-making on long-term-care homes, the Ministry of Health and Long-Term Care should:

- summarize and report the number of instances identified of non-compliance, for individual homes and on a provincial basis, and when they were rectified;

Status: In process of being implemented by December 2018.

Details

In our 2015 audit, we reported that while it was useful for the public to know what issues were found at a home during an inspection, it would be more useful if the Ministry also reported and summarized whether instances of non-compliance were later rectified, or how a home was performing compared to other homes in the province.

As of our follow-up, the Ministry has updated its main website to include a search tool that can display long-term-care homes by name, municipality and/or by Community Care Access Centre (CCAC)/LHIN. The website also includes current inspection data for the last 12-month period for each home, updated on a quarterly basis, including the last time the home received a comprehensive inspection, the number of non-compliances and orders it was issued, and how the home compares against the provincial average. The website also includes the number of times a home received a complaint, critical incident or follow-up inspection.

Despite these improvements, the Ministry's website still does not show how many non-compliances and compliance orders are outstanding, and whether or not (and when) they were rectified. In addition, the Ministry currently has a separate website for publishing inspection reports online, but it does not provide the same summary-level compliance information as the Ministry's main website.

The Ministry informed us that there is additional work underway to redesign the Ministry's website and expects it to be completed by December 2018.

- consolidate its inspection results together with quality-of-care information from other entities, such as Health Quality Ontario and the Community Care Access Centres, in order to provide a broader perspective on each home's performance, including the use of antipsychotic drugs, wait lists, staffing ratios and other quality-of-care indicators;

Status: Little or no progress.

Details

Our audit found that apart from the Ministry, other organizations, such as Health Quality Ontario, the Canadian Institute for Health Information and Community Care Access Centres report on the quality of long-term-care homes. Their reports included indicators such as wait times, direct-care hours per resident per day, and the use of physical restraints and antipsychotic drugs. The Ministry had made no attempt to consolidate and publish its inspection results with other useful information available in these reports. This information would help provide a complete picture of how well a home is performing compared to other homes or compared to the provincial average.

Since our audit, the Ministry has made little progress on consolidating its inspection results with other sources of information. While the Ministry's website does provide limited summary-level compliance information for each long-term-care home, it does not provide any other information that would help users evaluate homes' performance in other areas. As a result, it is still not possible to compare homes against each other without consolidating data and information from various sources such as the Ministry's inspection reporting website, the Canadian Institute for Health information, Health Quality Ontario and others.

As part of the work under way to improve the Ministry's website, the Program is currently looking into how best to incorporate data sets from

Health Quality Ontario, which will provide users with better information on the quality of long-term-care homes.

- *consult with other stakeholders and consider best practices from other jurisdictions to develop a reporting strategy that allows the public to compare and rank homes' level of compliance and other quality-of-care indicators against the provincial average.*

Status: In process of being implemented by November 2017.

Details

In our *2015 Annual Report*, we recommended that Ontario look to other jurisdictions for best practices in the use of reporting indicators to help the public determine how well a particular home is performing relative to others. In the United Kingdom, for example, inspection results were summarized into ratings for each home, from inadequate to outstanding, in five general categories: treating people with respect; providing care that meets people's needs; safety; staffing; and quality of management. In the United States, the federal government used a five-star rating system that combined its health inspection reporting on nursing homes with staffing ratios and other quality measures. The rating system allowed people to compare information about nursing homes across the country.

The Ministry has since conducted an inter-jurisdictional scan of best practices in reporting information on long-term-care homes, and has developed several options to improve the website in line with the recommendations from our audit. In addition, the Ministry is consulting with key stakeholders over the summer of 2017 to get input into the types of information and method of presentation that would be helpful to the public. The Ministry expects to develop a reporting strategy by November 2017.

Allocation of Inspectors Needs Further Analysis

Recommendation 11

To ensure residents' concerns are addressed equitably across the province, the Ministry of Health and Long-Term Care should periodically review and assess inspectors' workload and efficiency among the regions, and take necessary actions to address any unexpected variations.

Status: In process of being implemented by November 2017.

Details

In our 2015 audit, we found that the Ministry had not regularly collected the necessary information to assess whether its current allocation of inspectors was appropriate, such as determined by either workload or efficiency of inspectors across the province.

In November 2015, the Ministry hired a consultant to perform a review of the Program's organizational structure including staff and management complements, inspector workload, intake and administrative functions. The consultant's report, received in February 2016, included a summary of the Program's strengths, key challenges and recommendations. It noted that, when fully staffed and trained, the number of inspectors seemed to be appropriate to achieve the Program's desired outcomes. However, it also found that the Program did not have enough managers, had too many dispersed functions, and that policies, procedures and processes were being applied inconsistently across regions. Some of the key recommendations in the report included centralizing a number of functions, increasing the number of managers and supervisors, and hiring additional staff for the Program's central intake unit. The report also recommended balancing the number of homes per regional office through a possible realignment of geographic boundaries or by increasing the number of regional offices. The Ministry is working on implementing these recommendations by October 2017.

As stated earlier in this follow-up report, the Ministry also developed a number of management

reports to help regional offices evaluate their workload and make changes accordingly, but these reports lack automation and therefore are not readily accessible. A project is currently under way to implement new software that will assist regional offices in scheduling inspections, managing available inspector resources and sharing information such as policies, guidelines and best practices. The Ministry expects to implement these improvements by November 2017.

The Ministry Does Not Effectively Ensure the Quality of Inspectors' Work

Recommendation 12

To ensure the high quality and consistency of inspectors' work across the province, the Ministry of Health and Long-Term Care should:

- *revisit the quality assurance procedures, including peer reviews and the use of post-inspection audit checklists, that were put on hold and evaluate their relevance and usefulness;*
Status: In process of being implemented by January 2018.

Details

During our audit, we found that the Ministry developed quality assurance procedures in January 2013 (including peer reviews and post-inspection audit checklists) to determine whether policies and procedures had been followed during inspections and to identify training needs. However, these measures were not implemented as the Ministry was focused on meeting the Minister's commitment to complete comprehensive inspections of every long-term-care home in the province by the end of 2014.

Following our audit, the Ministry revisited its quality assurance procedures as part of its review of the Program's organizational structure. As discussed earlier in this report, the Ministry received advice from a consultant to implement a new qual-

ity assurance function with dedicated staff. The Ministry has also updated its policies to include periodic audits of inspectors' compliance to Program policies and has developed post-inspection audit checklists to assist reviewers. While the Ministry has approved a number of new positions to staff its quality assurance function and post-inspection audit-related activities, it had not yet filled these positions at the time of our follow-up. As a result, with the exception of the centralized intake unit, regional offices are not conducting post-inspection audits of inspectors' work. The Ministry expects the quality assurance function to be operational by January 2018.

- *perform management reviews of inspectors' work on a regular basis and document the results;*

Status: Little or no progress.

Details

Our 2015 audit found that although the Ministry had policies in place for regional managers and/or inspector team leads to review and approve inspection reports before they were finalized, it did not track whether these reviews were actually done.

At the time of our follow-up, with the exception of the centralized intake unit, the Ministry did not perform post-inspection audits of inspectors' work and did not document results at its regional offices on a regular basis. The Ministry is currently in the process of hiring additional staff to perform these post-inspection audits.

- *consolidate and evaluate results from quality reviews and use them for training purposes.*

Status: Little or no progress.

Details

The Ministry has made little to no progress in consolidating and evaluating its results from quality assurance reviews. As discussed earlier in this follow-up report, the Ministry does not currently perform and document post-inspection audits for the majority of its policies and procedures, but plans to

do so after hiring more staff. The new quality assurance function will be responsible for consolidating and evaluating results of quality reviews, which will guide the development of inspector training. The Ministry also plans to implement a centralized education model, where each regional office will assign an education lead that will be responsible for providing training and other support functions to inspectors. Education leads will assess the consistency of inspectors' work with respect to complying with Program policies and procedures.

The Ministry Is Not Measuring Program Performance

Recommendation 13

To ensure the mandate of the Long-Term Care Homes Quality Inspection Program is met and its performance is transparent to the public, the Ministry of Health and Long-Term Care should:

- *identify key performance indicators and establish reasonable targets for each and to periodically review all targets to ensure they are appropriate;*

Status: In process of being implemented by April 2018.

Details

When we completed our 2015 audit work, the Ministry was still in the process of determining what information could and should be collected to monitor and track performance. The Ministry was also determining what targets should be established in areas such as inspector workload, timeliness of inspections, inspection reports and follow-ups on compliance orders.

Since our audit, the Ministry's established formal targets and management reports monitor areas such as the timeliness of inspections, outstanding complaints, critical incidents and compliance orders, and inspector workload. For example, as discussed earlier in this report, there are now established targets for inspecting complaints and critical

incidents, following-up on compliance orders and providing inspection reports to operators of homes and the public. The Ministry has developed management reports for all of these, with the exception of reporting inspection results. Using these management reports, the Ministry has identified a number of key performance indicators that it will report in its Program-level balanced scorecard. The Ministry is currently in the process of formalizing its Program-level balanced scorecard and expects to complete it in April 2018.

- *monitor and evaluate actual results against all targets established and take corrective action when any targets are not met;*

Status: Little or no progress.

Details

A recurring theme in our 2015 audit had been that the Ministry had no clearly defined and expected outcomes or targets against which it could assess how the Long-Term Care Homes Quality Inspection Program is performing. Without established benchmarks, the Ministry had no way of assessing whether regional variations in areas such as timelines for completing inspections, following up on compliance orders and publicly reporting inspection results, indicated that some are operating more or less efficiently than others.

Since our audit, although the Ministry has established targets in its policies, it does not regularly monitor and evaluate actual results and take corrective action when the targets are not met. The integration and automation of the Ministry's management reports to monitor established targets and key performance indicators into its information systems is a large focus for the Ministry, which it plans to complete in October 2017.

- *regularly publish actual results against targets.*

Status: Little or no progress.

Details

At the time of our 2015 audit, the Ministry reported publicly on only one performance measure: the

number of comprehensive inspections completed throughout the year. The number of complaints or critical incidents that were inspected within the expected time frame was not publicly reported.

As of our follow-up, the Ministry does not report on additional performance measures. The Ministry is currently developing a Program-level balanced scorecard with a number of key performance indicators, though this project is at a standstill until the Ministry staffs its new quality assurance function that will be responsible for moving this project forward. The Ministry has not decided if it will publish its key performance indicators publicly as part of its Program-level balanced scorecard. It expects to complete work on the Program-level balanced scorecard in April 2018.