

Improving Care and Learning through Resident Relations Measurement and Reporting

This is Long-Term Care 2016

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Health Quality Ontario

The provincial advisor on the quality of health care in Ontario

Today's Objectives

- Provide overview of HQO's patient relations measurement work
 - Context and process to develop validated measures for patient relations
 - Measurement pilot and preliminary lessons learned
- Interactive discussion on using patient relations data to improve care

Legislative Context

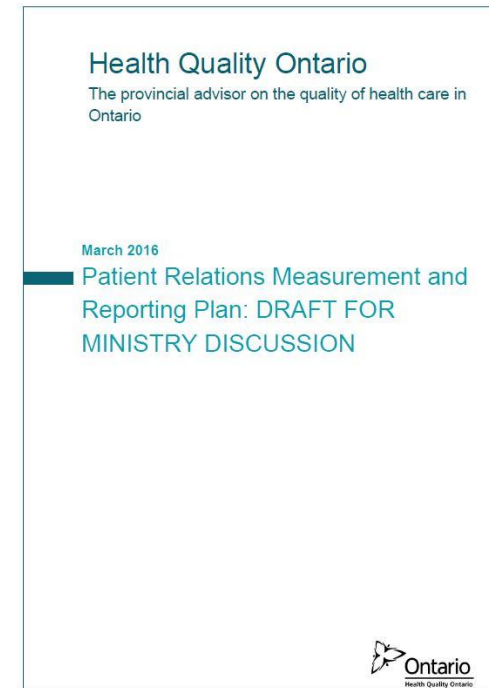
1. *Regulation 188/15* – introduced patient relations requirements for hospitals (Sept 2015)
2. *Excellent Care for All Act* – amended to expand Health Quality Ontario's mandate: (July 2016)
 1. To monitor and report on patient relations, and
 2. To support quality improvement(Includes LHINs for home care services and LTC placement services under *Patients First Act*)

Patient Relations Milestones

Date	Milestone
Summer 2015	<ul style="list-style-type: none"> • Environmental scan (patient relations practice & reporting)
Fall 2015	<ul style="list-style-type: none"> • Multi-sector survey of current practices in Ontario facilities (hospitals, Community Care Access Centres, long-term care)
	<ul style="list-style-type: none"> • Published patient relations guidance tools for hospitals
Winter 2016	<ul style="list-style-type: none"> • Convened Patient Relations Advisory Group
	<ul style="list-style-type: none"> • Selected indicators for public reporting
	<ul style="list-style-type: none"> • Developed measurement & reporting plan
Spring 2016	<ul style="list-style-type: none"> • Initiated measurement & reporting pilot (34 sites recruited; 29 submitted data)
Winter 2017	<ul style="list-style-type: none"> • Publish resident relations guidance tools for long-term care homes • Final indicators and specifications • Measurement and reporting recommendations to ministry

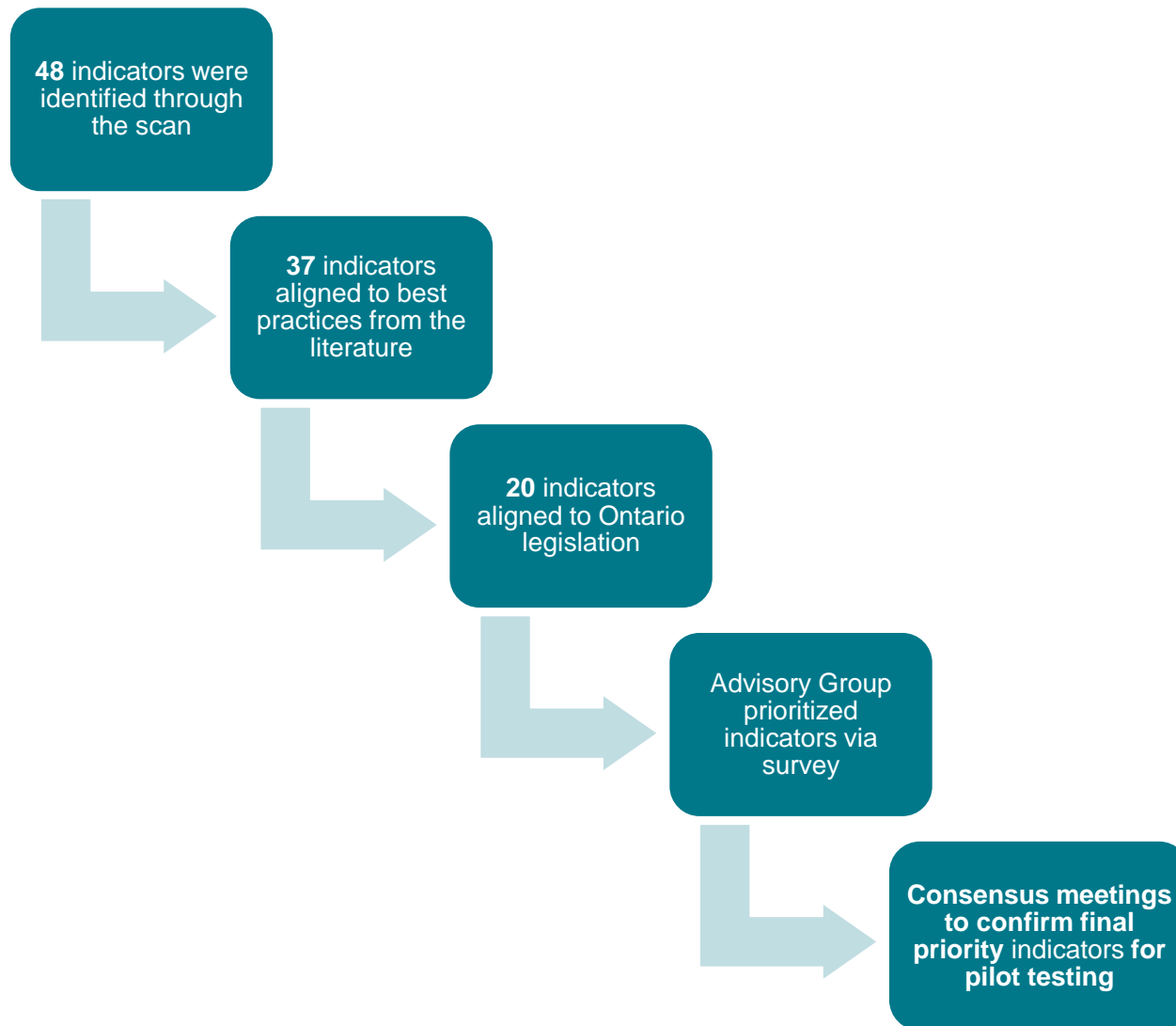
Patient Relations Advisory Group

- Diverse, cross-sector representation
 - Patients
 - Hospital, Community Care Access Centres and long-term care organizations
 - Sector associations (OLTCA, OHA and others)
 - Ministry of Health and Long-Term Care and Local Health Integration Networks
- Reviewed and guided indicator selection, definitions and complaint categories
- Advised on data collection and reporting plan
- Advised on quality improvement tools
- Guided measurement and reporting pilot



Submitted to Ministry
March 2016

Modified-Delphi Indicator Selection



Indicators for Public Reporting

- Rate of complaints per 1000 patients/residents
- Percent of complaints received by complaint category
- Percent of complaints acknowledged to the person who made the complaint within two, five and 10 business days*
- Percent of complaints closed within 30 calendar days and 60 calendar days*
- Percent of action(s) taken in response to a complaint by type of action

Also exploring patient experience measures (as optional)

*Thresholds for complaint acknowledgement and closed timeframes were based on legislation and Patient Relations Advisory Group recommendations.

Pilot Objectives

- Test indicators, facility-level data submission and facility-level reporting for hospitals, CCACs and long-term care homes
- Inform refinements and supports required to scale implementation across Ontario
- Develop final measurement and public reporting recommendations to the Ministry of Health and Long-Term Care by March 2017

Pilot Scope

- 29 pilot sites tested indicators and reporting
 - 9 Hospitals (13 sites)
 - 4 Community Care Access Centres
 - 6 Long-Term Care Home corporations (12 sites)
- One-time summary-level data submission via Excel template

Pilot Site Membership

Long-Term Care Homes

Organization	Contact	Sites
Baycrest	Paula Tohm	Jewish Home for the Aged
Bethammi Nursing Home	Jessica Venasky	
Extendicare	Paula Neves	Wyndham Manor Georgian Heights
Hastings Centennial Manor	Kathy Plunkett	
Hogarth Riverview Manor	Jessica Venasky	
Schlegel Villages	Jennifer Hartwick	Coleman Care Centre
		Erin Mills Lodge
		The Village of Aspen Lake
		The Village of Erin Meadows
		The Village of Sandalwood Park
		The Village of Winston Park

Pilot Benefits

- Supports alignment to legislation; “helps us comply with legislation”
- Review and implementation of process improvements; opportunity to increase efficiency
- Identifying education and training requirements
- Established Community of Practice to share experiences

Pilot Lessons Learned

Patient Relations Resources	<ul style="list-style-type: none">• Commitment to “do patient relations well”• Desire to compare and build learning culture, using data and community experience to improve care
Process / Systems	<ul style="list-style-type: none">• Size, process and culture of organization may influence number of complaints (e.g. less than 10 complaints to 1000 annually)• Processes and data collection is different even within a sector• Some capture ‘acknowledgement time’ and ‘action taken’ as free text; need standardized processes and data collection (e.g. picklist)• Enhanced definitions to improve sector relevance (e.g. alleged abuse by a resident or staff member)

Engagement Lessons Learned

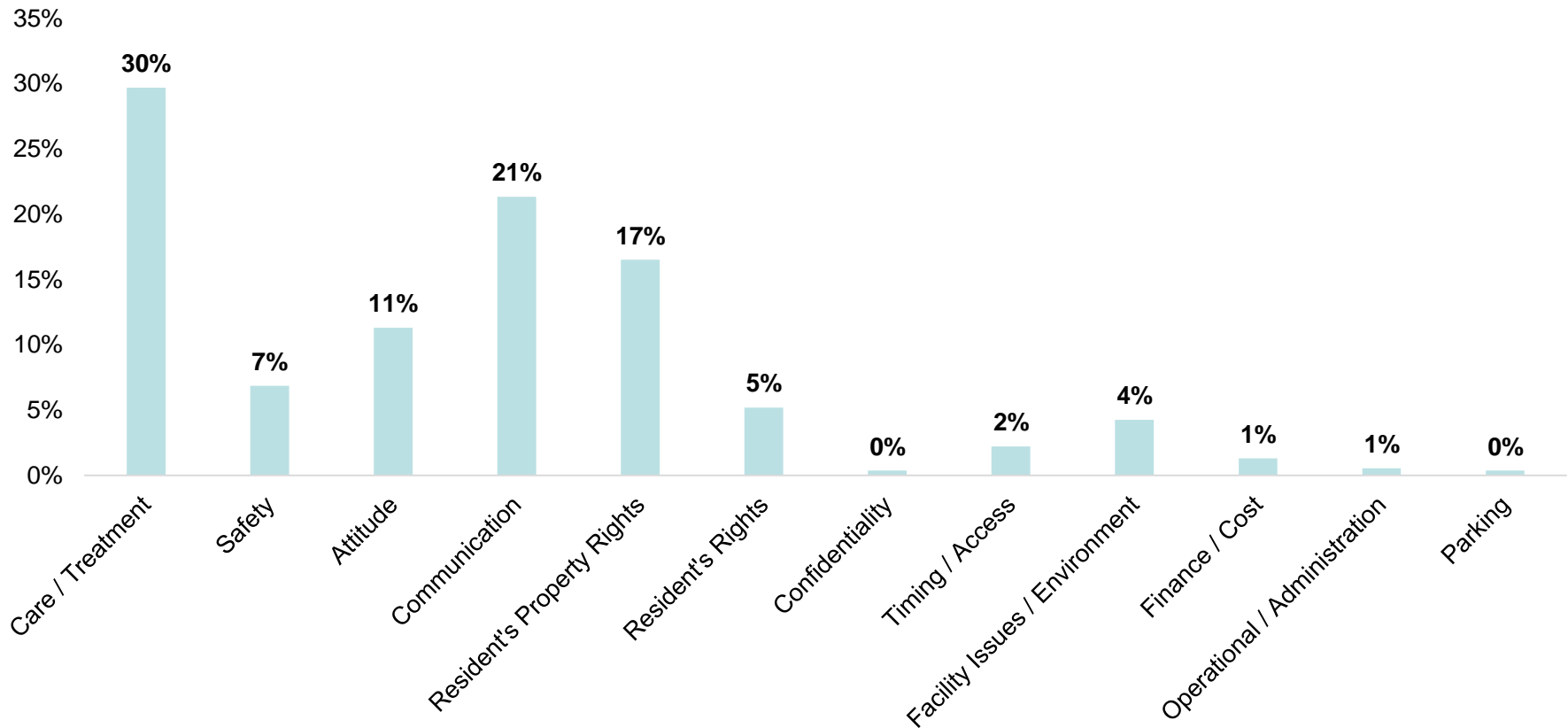
Patients, Residents and Family Advisors	<ul style="list-style-type: none">• Interested and supportive of pilot• Eager to see report results to prioritize areas for improvement• Groups will be helpful to review or design more formal processes
Health Sector Organizations (pilot sites)	<ul style="list-style-type: none">• Initial email outreach followed by 1:1 meeting to confirm eligibility• Webinars and site meetings to review data collection and processes• Good to review process; opportunity to align/improve as part of pilot• Changes in resources and system impacted 5 sites ability to submit
Sector Associations	<ul style="list-style-type: none">• Supported recruitment, outreach and additional resources• Offered broad perspective regarding implementation considerations

Long-Term Care General Data Observations

- Larger homes influenced aggregate results
- The largest area for complaints was care/treatment
- 99% of complaints were acknowledged within 2 days
- 94% of complaints were closed within 30 days
- 11 out of 12 sites submitted data for “Complaints Acknowledged” and “Action Taken”

Complaints by Category

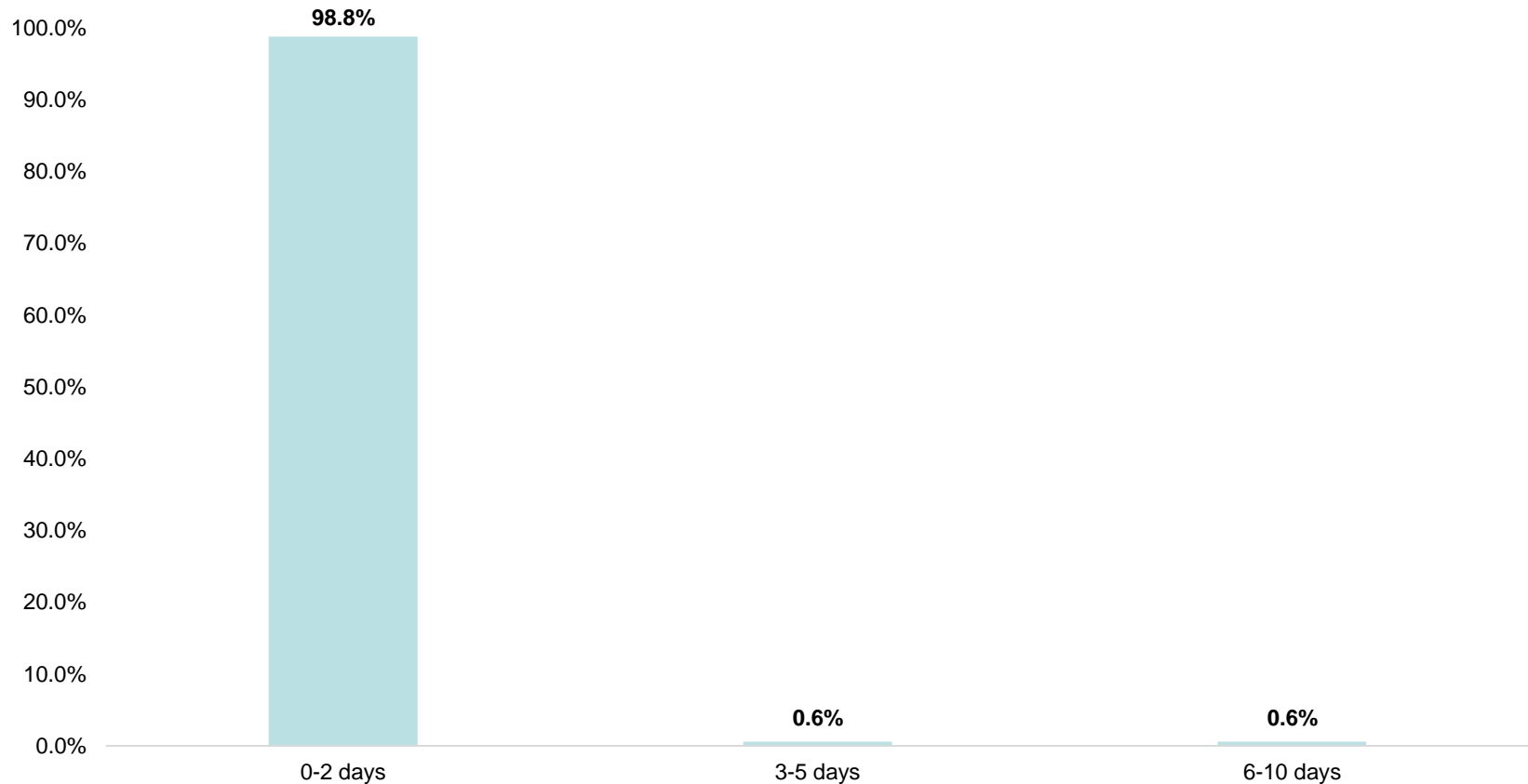
Percent of complaints received by complaint category



Data Source: Health Quality Ontario, Patient Relations Pilot, FY 2015-2016
Response Rate: N = 12 LTC Homes

Complaints Acknowledged

Percent of complaints acknowledged to the individual who made a complaint within two, five and 10 business days for LTC Homes



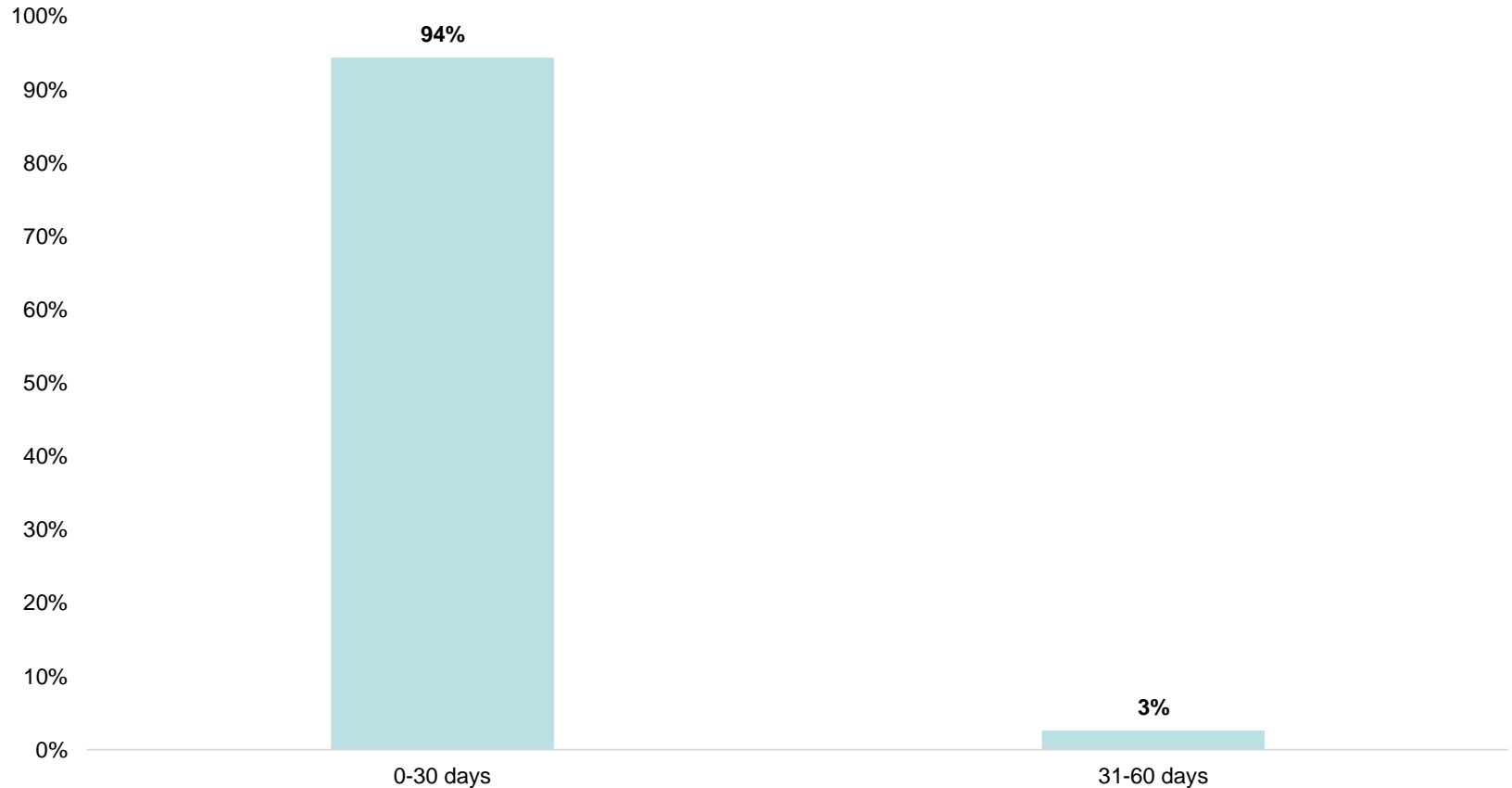
Data Source: Health Quality Ontario, Patient Relations Pilot, FY 2015-2016

Response Rate = N = 11 LTC Homes

High – Low Response for 0-2 days: 100% - 71%

Complaints Closed

Percentage of complaints closed within 30 and 60 calendar days



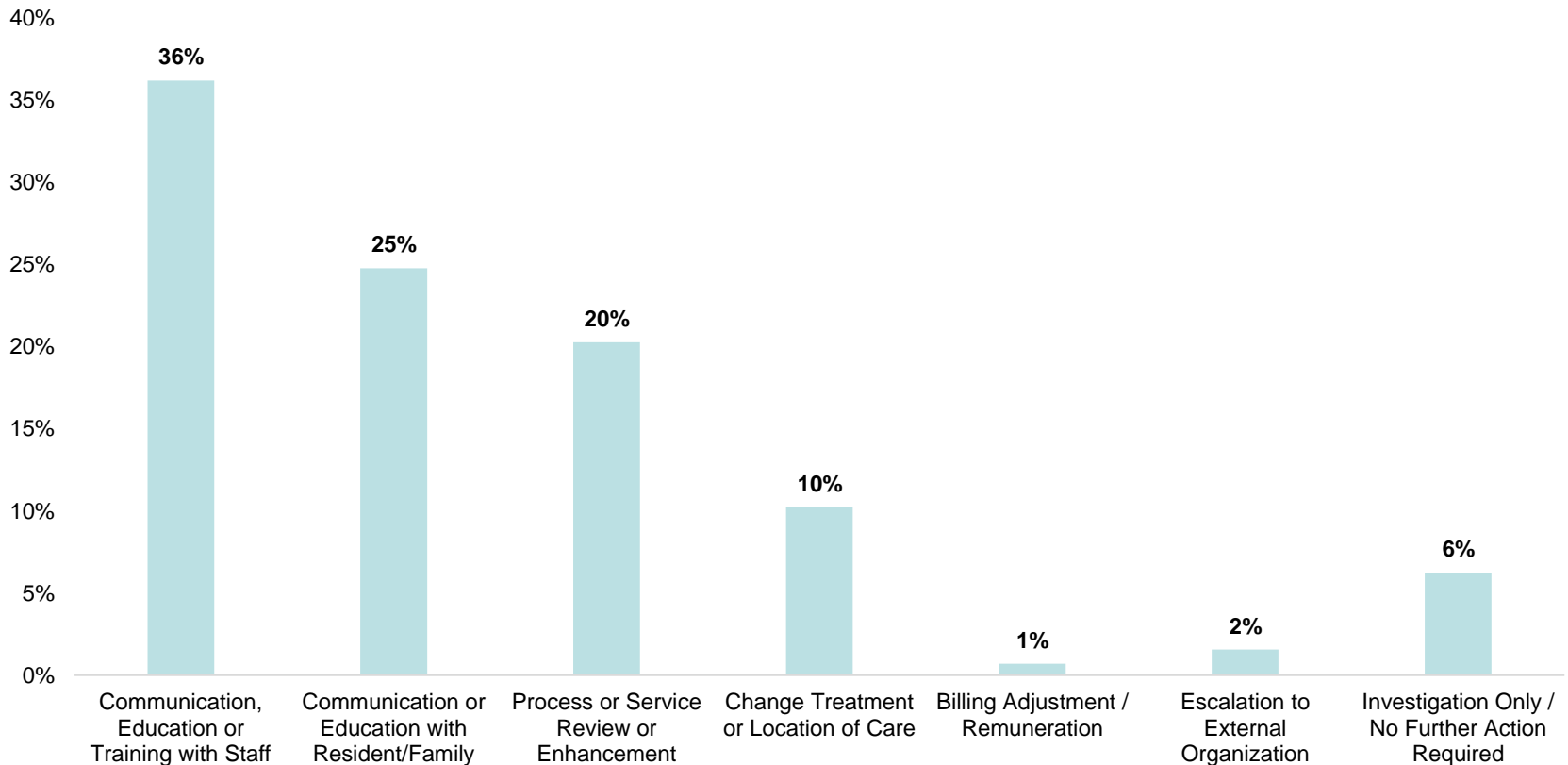
Data Source: Health Quality Ontario, Patient Relations Pilot, FY 2015-2016

Response Rate: N = 12 LTC Homes

High – Low Response for 0-30 days: 100% - 89%

Actions Taken

Percentage of types of actions taken in the long-term care sector to resolve complaints



Data Source: Health Quality Ontario, Patient Relations Pilot, FY 2015-2016
Response Rate: N = 11 LTC Homes

Next Steps

November

- Data analysis and site reports developed and disseminated
- Convene pilot site meetings by sector

December

- Convene final Pilot Group webinar-final input to specifications
- Explore the potential to develop patient experience indicators

January

- Convene Patient Relations Advisory Group meeting-approve specifications and implementation considerations

March

- Submit Patient Relations measurement and reporting recommendations to Ministry

Discussion

- How do you see this data being used?
- What suggestions do you have regarding implementation more broadly?

For more information please email pt_rel@hqontario.ca

For additional patient engagement and patient relations tools and resources please visit <http://www.hqontario.ca/Engaging-Patients> and <http://www.hqontario.ca/Quality-Improvement/Our-Programs/Quality-Improvement-in-Patient-Relations>



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APPENDIX

Patient Complaint Categories

Category	Subcategory	Examples
Care / Treatment	Quality of care	Poor or substandard care, poor symptom or pain management
	Examination	Inadequate examination, rushed, or inadequate assessment by staff
	Diagnosis / Treatment	Poor or unsuccessful treatment, misdiagnosis, inappropriate or excessive treatment
	Patient care journey	Poor care coordination, lack of patient participation in care
	Staff skills	Poor technical skills compromised care
Safety	Personal safety or security	Falls
	Misidentification	Medication error
	Infection control	Poor adherence to infection control standards, (e.g. lack of hand washing)
	Alleged abuse	Events alleged to threaten safety, verbal/physical abuse by patient/resident or staff
Attitude	Sensitivity / Caring / Courtesy / Respect	Uncaring behaviour or attitude, lack of cultural sensitivity, inappropriate conduct or rudeness
Communication	Communication breakdown	Cultural or language barrier, options not discussed, not listening, lack of shared decision-making, poor communication with family
	Incorrect or inconsistent information	Communication of wrong or insufficient information
	Transitions (discharge or transfer)	Inadequate discharge or transfer information or no post discharge information
Confidentiality	Alleged information breach	Alleged breach of patient confidentiality, breach of personal health information
Privacy / Patient or Resident Rights	Consent	Coercing or failing to obtain patient consent
	Patient information	Access to patient records, delay in getting information about personal records
	Alleged discrimination	Alleged discrimination or inequity against patient or resident
	Personal Privacy	Invasion of personal privacy, failure to provide personal privacy
Timing / Access	Access or admission	Care, program or service denied or terminated. Service amount not meeting needs
	Delay	Unanticipated / unplanned wait for procedure
	Staffing, resources, services	No one available to address questions, medical supplies not available
	Discharge or transfer arrangements	Early, late, or unplanned discharge or transfer
Facility issues / Environment	Housekeeping	Room or building cleanliness
	Maintenance	Equipment not working
	Dietary	Poor food quality
	Accommodation / Accessibility	Poor accommodation, equipment not available, noise, smoking, unable to find way
	Visitation	Insufficient visiting hours, too many disruptive visitors
Finance / Cost	Parking	The availability of acceptable or appropriate parking space Note: Complaints regarding parking costs fall under the Category: Finance / Cost
	Charges	Billing issue – medication, requests for reimbursement
	Insurance coverage	Costs or billing process
Patients or Residents Property	Accidental loss or damage	Lost or damaged laundry, dentures, glasses, or hearing aids
	Alleged theft	Lost money or jewellery
Operational / Administration	Service / procedural issues	Problems with administrative policies, procedures or forms, issues with ambulance

Actions Taken Category

Category	Examples
Communication, Education or Training with Staff	<p>Response results in communication, education and/or training with staff</p> <p>Examples include addressing conduct issues with staff member, share lessons learned in organization-wide memo, incorporating best practices in staff orientation</p>
Communication or Education with Patient/Resident/Family	<p>Response results in communication and/or education by staff through family/patient discussion, meeting or conference</p>
Process or Service Review or Enhancement	<p>Review service offering, staffing or wait times</p> <p>Development of quality improvement initiative to ensure better service delivery</p> <p>Improved patient to staff ratio</p>
Change Treatment or Location of Care	<p>Response results in a patient transfer to another provider or site</p>
Billing Adjustment/Remuneration	<p>Response results in a financial remuneration (example: such as waive bill/ or reduce fee for a service, private room)</p>
Escalation to External Organization	<p>Patient takes complaint to Health Services Appeal and Review Board</p> <p>Organization initiates a review of a clinical staff member to their Professional Association</p>
Investigation	<p>An investigation was conducted</p>