

# Enabling Excellent Care in Long-Term Care Homes

## OLTCC Annual Clinical Conference

ANNA GREENBERG, VP HEALTH SYSTEM PERFORMANCE  
OCTOBER 20, 2018

**Health Quality  
Ontario**

*Let's make our health system healthier*



# Today's Objectives

- About Health Quality Ontario
- What do we know about quality in LTC?
- Enabling local improvement: select tools & support
- Preview on a new area of focus for confidential data we offer to physicians practicing in LTC.

# Acknowledgements

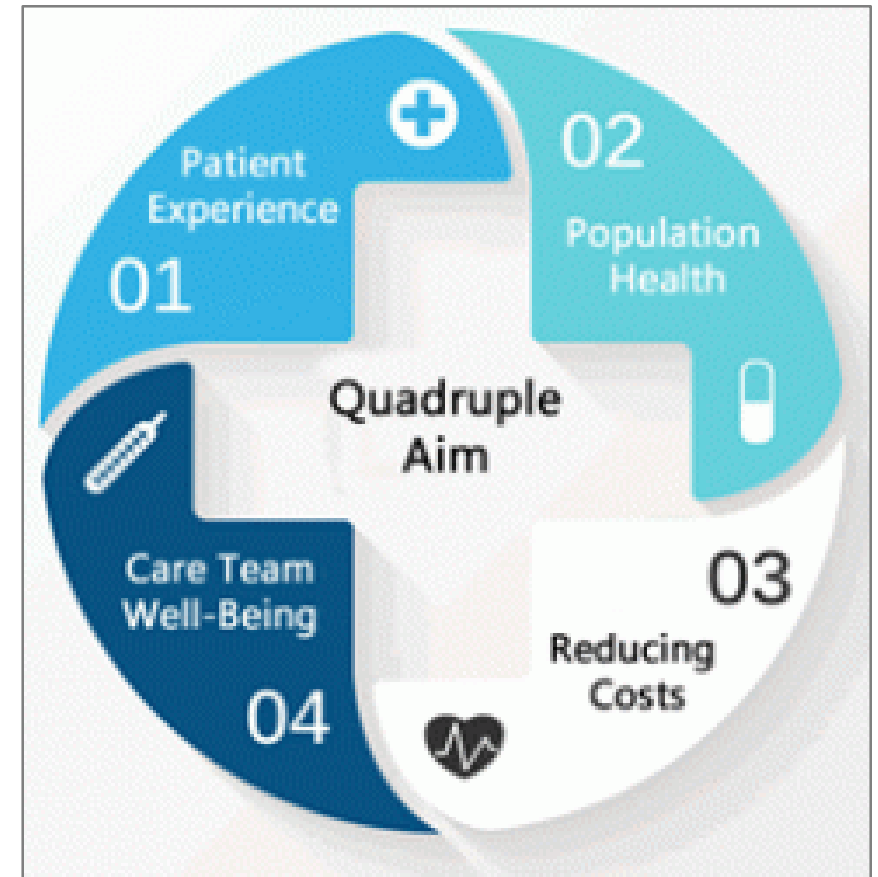
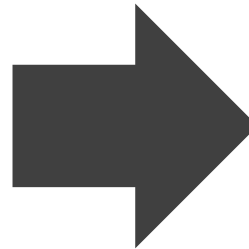
- Cara Mulhall, PhD
- Tommy Tam, MSc
- Danielle Linnane, BSc, RN
- Jonathan Lam, MSc

# Who is Health Quality Ontario?

Provincial lead on the **quality** of health care in Ontario.

1. Report to public, organizations, health care professionals on **how the health system is performing**
2. Translate best evidence of what works into concrete **standards, recommendations, tools** that frontline professionals can put into practice to make improvements

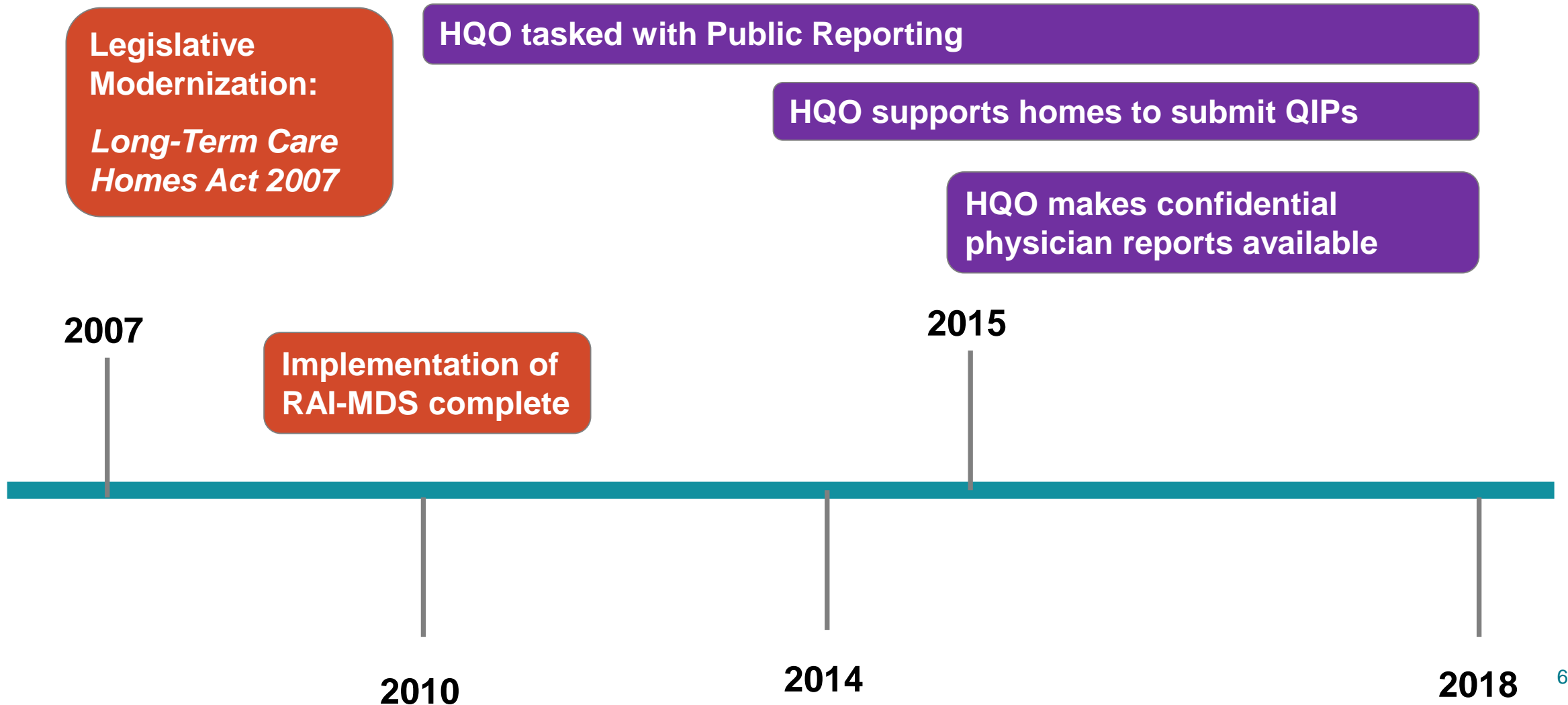
# Quality: a shared definition, shared aims



# Principles for how we approach our work

- Co-design
- Context-dependent
- Data-driven
- User-centred
- Evidence-based
- Iterative

# Over last decade, our ability to understand & improve quality in LTCHs has been strengthened



# What we know

Health system performance

Quality Element*	Bright Spots
<b>Effective</b>	<ul style="list-style-type: none"> <li>Obesity, cigarette smoking and physical inactivity</li> <li>Premature mortality (potential years of life lost)</li> <li>Overdue for colorectal cancer screening</li> </ul>
<b>Timely</b>	<ul style="list-style-type: none"> <li>Length of stay (for patients not admitted to hospital) and time to physician initial assessment in the emergency department</li> <li>Wait times for MRI and CT scans</li> <li>Wait times for cancer patients to see a surgeon and to have surgery performed</li> </ul>
<b>Patient-centred</b>	<ul style="list-style-type: none"> <li>Pain experienced by residents in long-term care homes</li> </ul>
<b>Safe</b>	<ul style="list-style-type: none"> <li>Use of antipsychotic medications in long-term care homes</li> <li>Use of physical restraints in long-term care homes</li> </ul>
<b>Efficient</b>	<ul style="list-style-type: none"> <li>Continuity of primary care</li> </ul>
<b>Equitable</b>	

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No Change
<ul style="list-style-type: none"> <li>Follow-up with a doctor after hospitalization for mental illness or addiction</li> <li>Hospital readmission within 30 days for mental illness or addiction</li> </ul>
<ul style="list-style-type: none"> <li>Same-day or next-day access to a primary care provider</li> </ul>

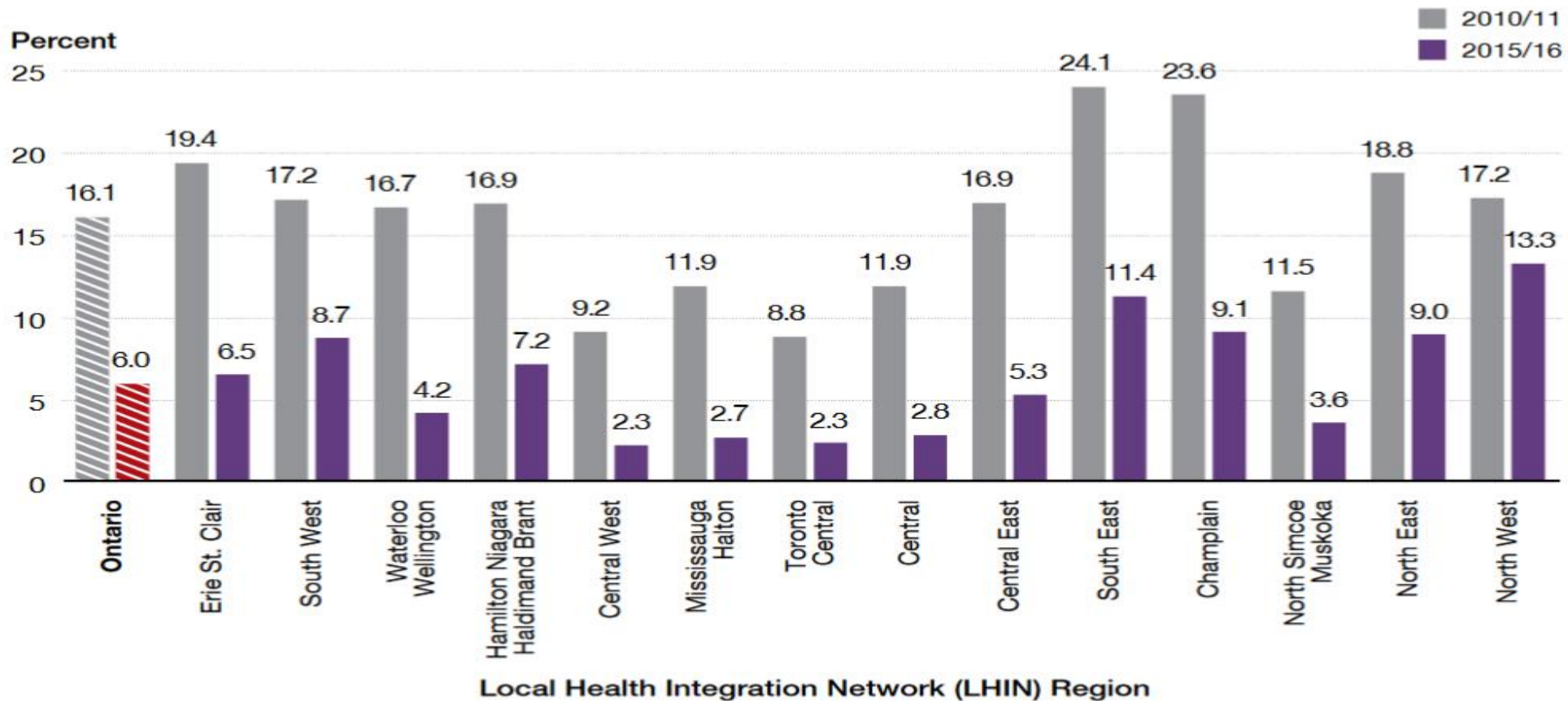


- Same-day or next-day access to a primary care provider variation by region
- Overdue for colorectal cancer screening variation by neighbourhood income



# Use of restraints improved for all regions, variation remained

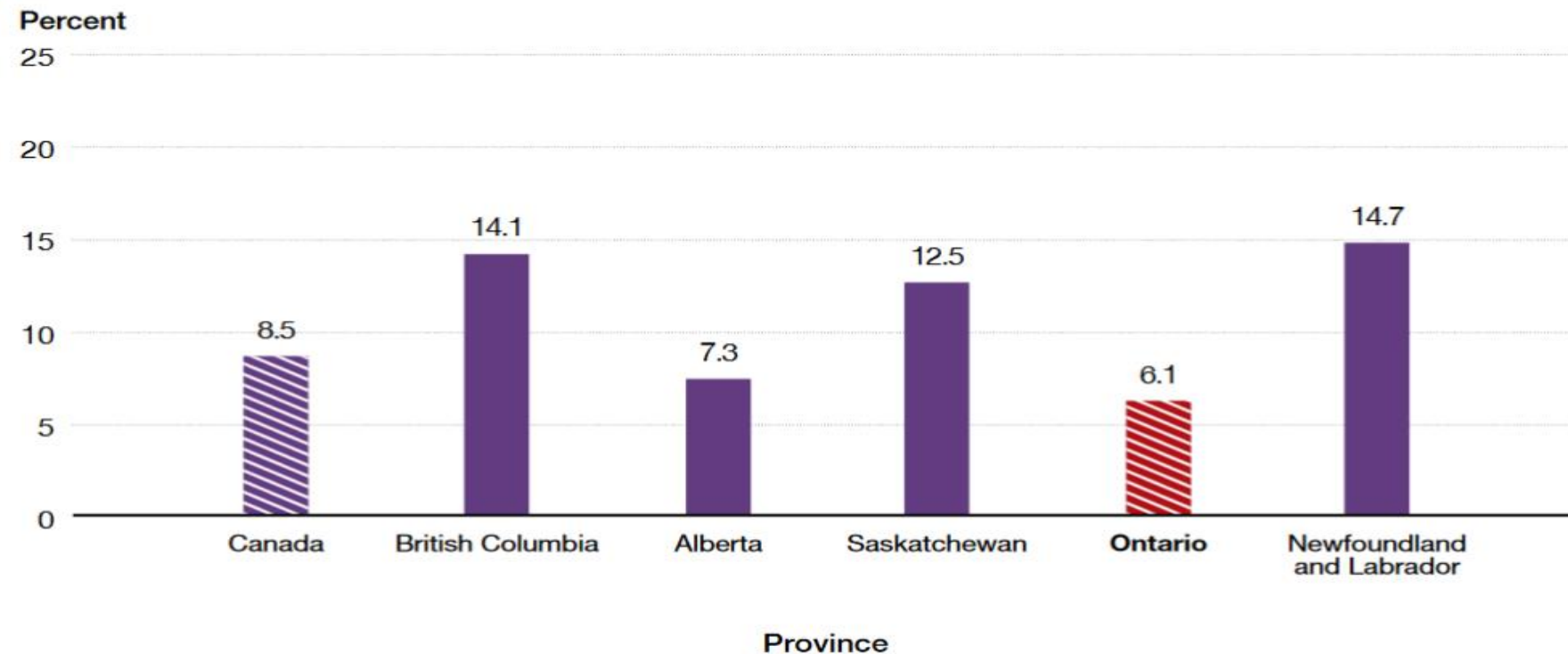
**FIGURE 8.2** Percentage\* of long-term care home residents who were physically restrained on a daily basis, in Ontario, by LHIN region, 2010/11 and 2015/16



Data source: Continuing Care Reporting System, provided by the Canadian Institute for Health Information \*Risk-adjusted

# For management of daily pain, Ontario compares well to rest of Canada

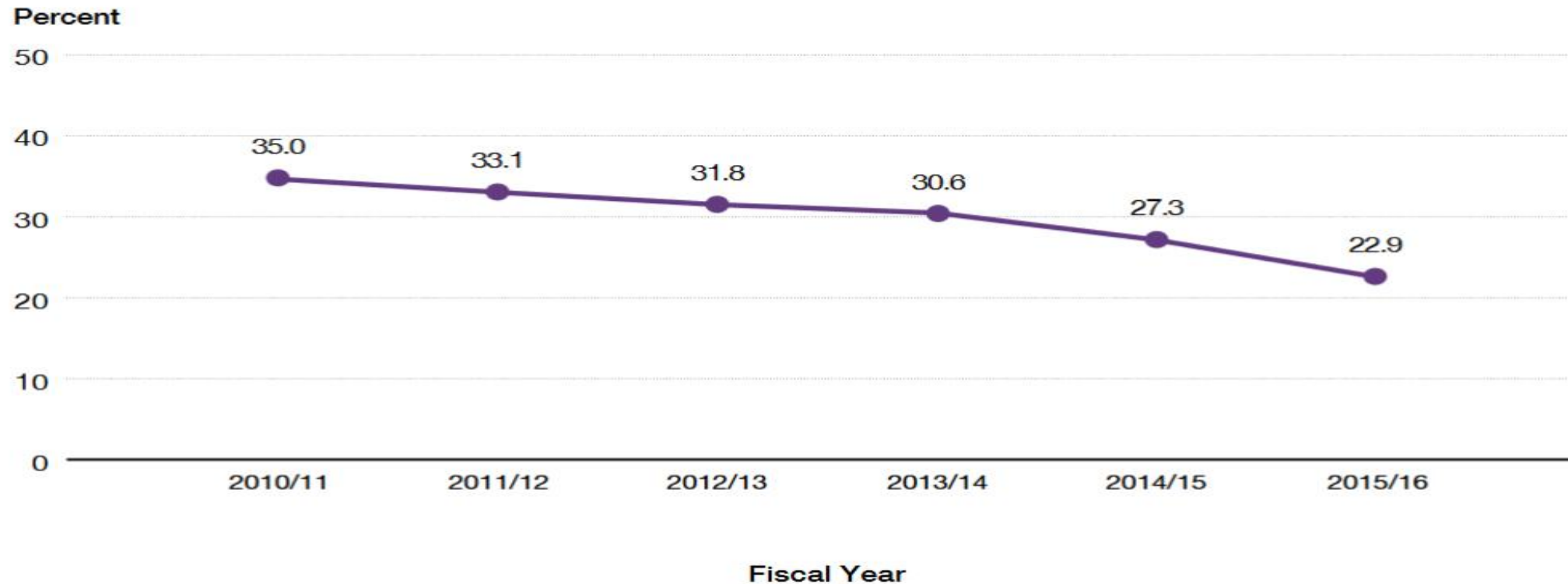
**FIGURE 8.3** Percentage\* of long-term care home residents who experienced moderate pain daily or any severe pain, by province, 2015/16



Data source: Continuing Care Reporting System, provided by the Canadian Institute for Health Information \*Risk-adjusted

# Antipsychotic use for residents without psychosis has declined over time

**FIGURE 8.1** Percentage\* of long-term care home residents without psychosis who were given antipsychotic medication, in Ontario, 2010/11 to 2015/16



Data source: Continuing Care Reporting System, provided by the Canadian Institute for Health Information \*Risk-adjusted

# Select tools to support local Quality Improvement in LTC

# MyPractice

## Long-Term Care

*A tailored report for quality care*

Dr. [F Name] [L Name]

LHIN: [LHIN]

Reporting Period: MMM DD, YYYY

Release Date: MMM YYYY  
Version: ##  
PRIVATE AND CONFIDENTIAL



**Health Quality  
Ontario**  
*Let's make our health system healthier*

Endorsed by:  
 Ontario  
Long Term Care  
Clinicians

# What is a QIP?

- Annual **public commitment by a health care organization** to patients, staff, and families **to improve quality** through focused targets and actions
- To focus sector on **shared priorities for improvement:**

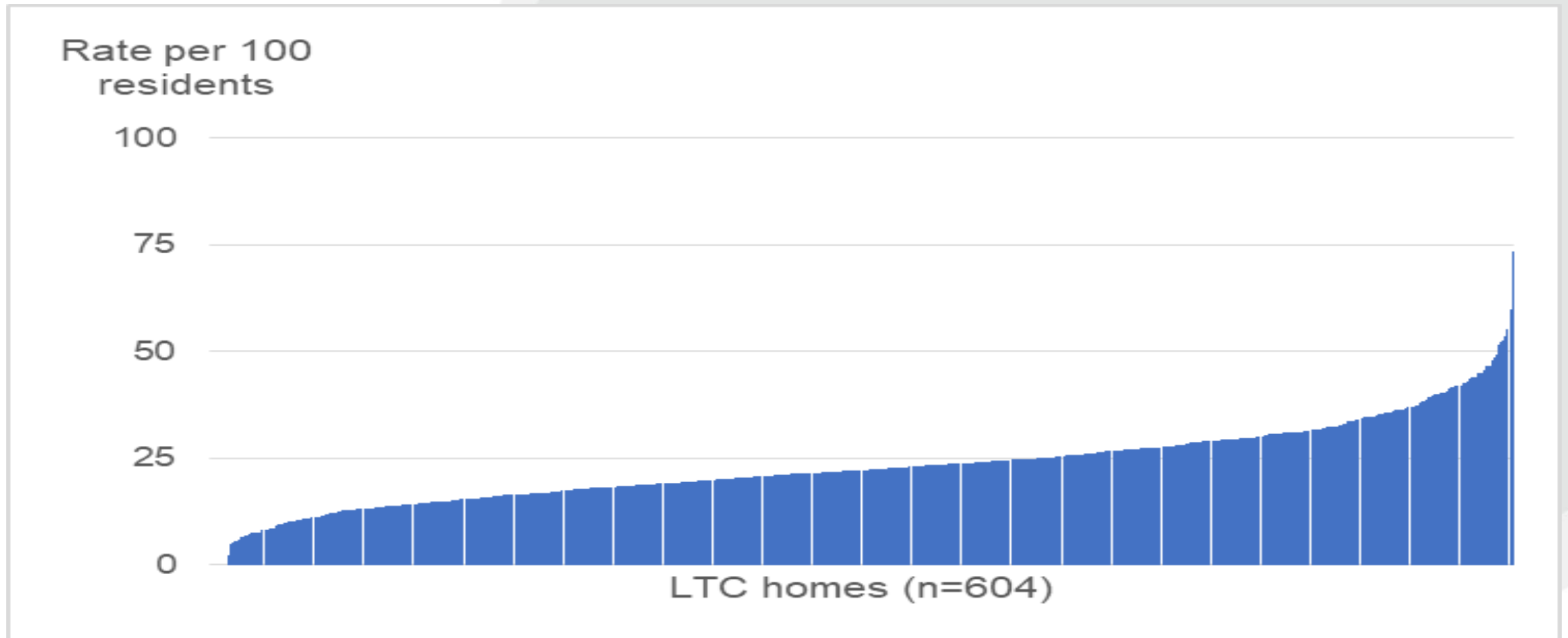
## Priority areas 2018/19:

- Potentially avoidable ED visits
- Resident experience
- Appropriate prescribing

## Additional areas 2018/19:

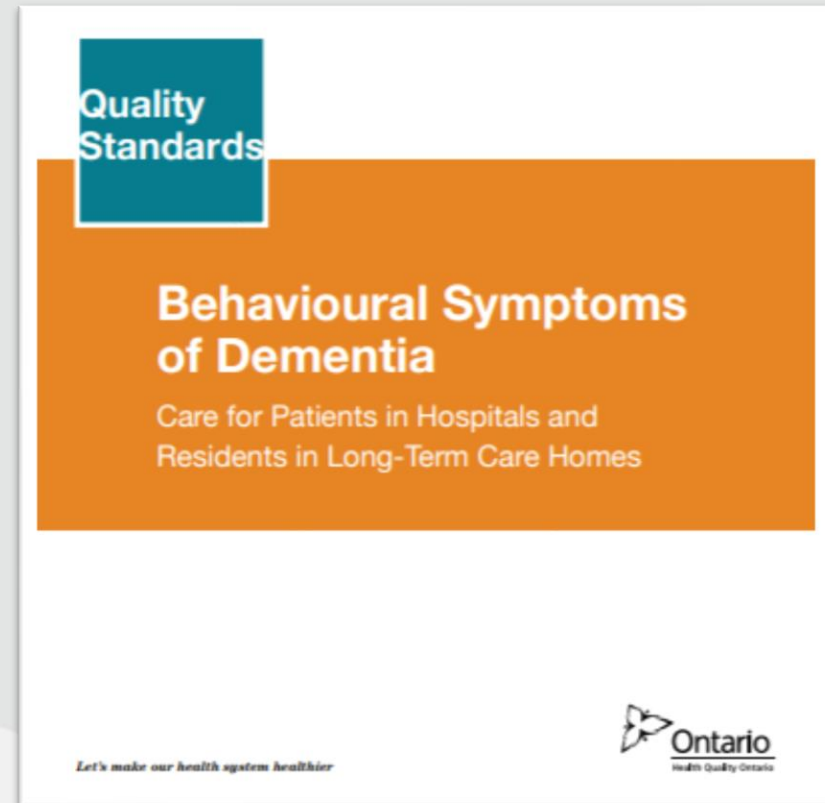
- Pressure ulcers
- Falls
- Restraints

# Rate of potentially avoidable ED visits per 100 LTC residents, by LTC homes, 2018/19 QIP Year



# Quality Standards:

- Outline for clinicians and patients what quality care looks like.
- Focus on conditions or topics where there are large variations in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive.





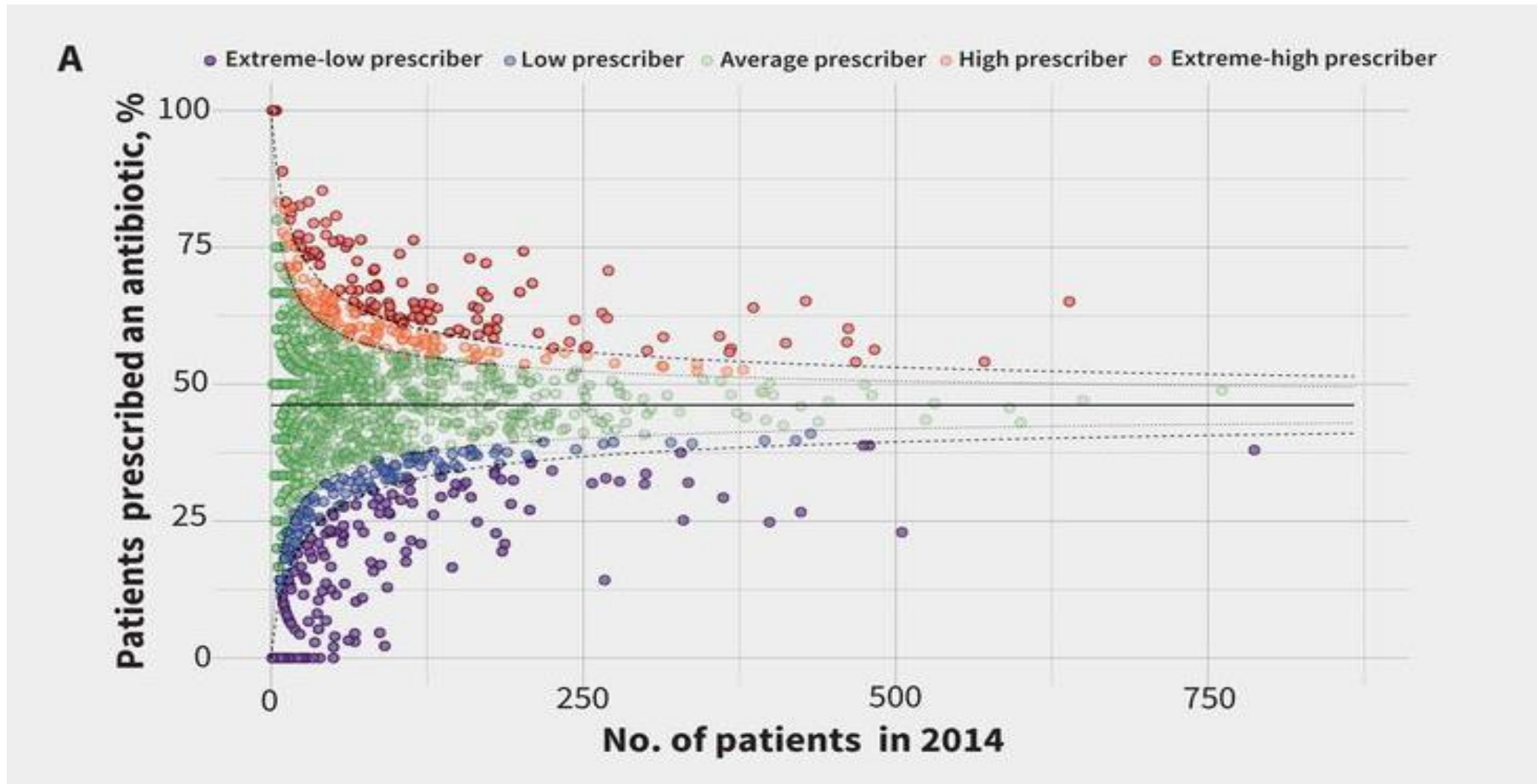
# Upcoming Topic for MyPractice: LTC

# Influences on the start, selection and duration of treatment with antibiotics in long-term care facilities

Nick Daneman MD MSc, Michael A. Campitelli MPH, Vasily Giannakeas MPH, Andrew M. Morris MD SM(Epi), Chaim M. Bell MD PhD, Colleen J. Maxwell PhD, Lianne Jeffs PhD, Peter C. Austin PhD, Susan E. Bronskill PhD

**INTERPRETATION:** “... Prescriber audit and feedback may be a promising tool to optimize antibiotic use in long-term care facilities.”

# Antibiotic medications in LTCHs



N. Daneman et al. "Influences on the start, selection and duration of treatment with antibiotics in long-term care facilities" CMAJ June 26, 2017 189 (25) E851-E860;

Summary: MMM DD, YYYY – MMM DD, YYYY

## What are my overall prescribing rates?

	My Rate (unadjusted)	How does my prescribing compare to my peers?
<b>NEW</b> <b>Antibiotic Prescribing</b>	<b>XX.X%</b>	[My prescribing rate is higher than 60 percent of my peers.]
<b>NEW</b> <b>Antibiotic Prolonged Treatment</b> (longer than 7 days)	<b>XX.X%</b>	[My prescribing rate is similar to many of my peers (between the 25th & 60th percentile).]
<b>Antipsychotic Prescribing</b> for dementia without psychosis	<b>XX.X%</b>	[My prescribing rate is lower than at least 75 percent of my peers.]
<b>Benzodiazepine Prescribing</b>	<b>XX.X%</b>	My rate for the most recent quarter is suppressed (e.g. number of residents between 1 and 5).

For indicator-specific inclusion and exclusion criteria, please see detailed indicator pages.

## Who are my residents?

Total residents	Mean age (years)	Female	New residents
<b>XXX</b>	<b>XX</b>	<b>XX%</b>	<b>XX%</b>

## Change ideas for quality improvement: Antibiotic prescribing

## Steps I can take to change my antibiotic prescribing

Avoid Treatment of Asymptomatic Bacteriuria	<p>1) <i>Don't do a urine dip or urine culture unless there are clear signs and symptoms of a urinary tract infection (UTI).</i></p> <p><i>Common situations where systemic antibiotics are generally <b>not</b> indicated:</i></p> <ul style="list-style-type: none"> <li>• Positive urine culture in an asymptomatic resident.</li> <li>• Urine culture ordered solely because of change in urine appearance (e.g., cloudy) or odor</li> <li>• Nonspecific symptoms or signs not referable to the urinary tract, such as falls or mental status change (with or without a positive urine culture).</li> <li>• For additional guidance, use the Public Health Ontario's <a href="#">UTI Program assessment algorithm</a></li> </ul> <p>2) <i>Prescribe antibiotics only when resident has clear signs and symptoms of UTI and reassess once urine culture and susceptibility results have been received.</i></p>
Review/Establish Criteria or Guidelines for Treatment of Infections	<p>3) <i>Review other common indications where antibiotics are <b>not</b> required in LTC residents.</i></p> <ul style="list-style-type: none"> <li>• Upper respiratory infection (common cold).</li> <li>• Bronchitis or asthma in a resident who does not have COPD.</li> <li>• "Infiltrate" on chest x-ray in the absence of clinically significant symptoms.</li> <li>• Suspected or proven influenza in the absence of a secondary infection (but DO treat influenza with antivirals).</li> <li>• Respiratory symptoms in a resident on palliative care or at the end of life.</li> <li>• Skin wound without cellulitis, sepsis, or osteomyelitis (regardless of culture result).</li> </ul>
Educate residents, families, clinicians and other staff	<p>4) <i>Use the <a href="#">SymptomFreeLetItBe</a> handout when talking with residents, families and staff.</i></p>
Suggested Tools and Resources	<ul style="list-style-type: none"> <li>• <a href="#">Choosing Wisely Canada. Using Antibiotics Wisely Campaign</a></li> <li>• <a href="#">AHRQ. 12 Common Nursing Home Situations In Which Systemic Antibiotics are Generally Not Indicated</a></li> <li>• <a href="#">AMMI Asymptomatic Bacteriuria Toolkit. Fillable resident/family letter</a></li> <li>• <a href="#">Public Health Ontario. UTI Program: Assessment algorithm for urinary tract infections (UTIs) in medically stable non-catheterized residents</a></li> </ul>

# Acknowledgements

## Collaborators:

Nick Daneman, MD, MSc, FRCPC;  
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Andrew Wong, MD  
Dave Zago, BA

## *MyPractice*: Long-Term Care

A report for family physicians working in long-term care

# *MyPractice* Long-Term Care

*A tailored report for quality care*

LOGIN

SIGN UP

“

*I must admit, it was easy to generate all sorts of excuses as to why my numbers were justifiably high. But when I really started digging into it ... one of the biggest barriers in getting them down had been my own inertia and just lack of time and energy to focus on it.*

”

**—Dr. Julie Auger**



# *Thank you.*

LET'S CONTINUE THE CONVERSATION:



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