

Determinants of Quality in Ontario LTC Homes

Thank you for agreeing to participate in our project, "Determinants of Quality in Ontario LTC Homes", by completing this administrator survey. In this survey, we are gathering information on the characteristics of the Home (management/governance, turnover, staffing complement and workload).

Please note that it is possible to leave and re-enter the survey at any time to update/complete your responses using the provided unique survey link. If you choose to exit prior to completion, upon return, you will re-enter at the question after you last clicked the "Next" button. In order to complete the survey, you must hit the "Submit" button on the final page.

If you are the Administrator for more than one Home, we would ask that you complete the survey once for each Home using the unique survey links provided for each respective Home.

This survey takes approximately 15-20 minutes of your time to complete. Thank you in advance for your participation!

1) Name of your Long-Term Care (LTC) Home?

Demographic Information

2) What is your age range?

- Under 30 years
- 30-34 years
- 35-39 years
- 40-44 years
- 45-49 years
- 50-54 years
- 55-59 years
- 60+ years

3) What is your gender?

- Male
- Female

4) How many years have you been working in LTC Homes?

_____ years

5) How many years have you been working as a LTC Administrator?

_____ years

6) How many years have you been working as the LTC Administrator of this LTC Home?

_____ years

7) What is the highest degree that you hold?

- High/Secondary School
- College
- Undergraduate University Degree
- Masters (Business or Health Administration)
- Other Masters
- Other (Please Specify): _____

Governance and Management

8) Is this LTC Home part of a larger organization? (Please select all that apply)

- Yes, it is part of an organization with multiple LTC Homes
- Yes, it is on a campus of continuing care
- Yes, it is affiliated with a hospital
- No, it is a stand-alone LTC Home

9) Is this LTC Home managed by an organization other than the owner?

- Yes
- No

10) What type of governance structure does this LTC Home have in place?

- Private Owner
- Corporate Board of Directors
- Charitable/Non-Profit Board of Directors
- District Board of Directors
- Board of Management and/or Municipal Council
- Other (Please Specify): _____

11) What percent of this LTC Home's operating budget comes from non-MOHLTC funding?

_____ % of this Home's operating budget

Quality Improvement

12) Does this LTC Home have a person(s) responsible for quality improvement initiatives?

- Yes
- No

13) How many hours per week do(es) the person(s) responsible for quality improvement initiatives have dedicated to these tasks?

_____ hours per week

14) Does this LTC Home use QI consultants/experts who are based *within* your Home or your group of Homes (if one or more Homes is owned and operated by the same company/organization) for quality improvement initiatives?

- Never
- Rarely
- Sometimes
- Often
- Always

15) Does this LTC Home use QI consultants/experts who are based *outside* your organization for quality improvement initiatives?

- Never
- Rarely
- Sometimes
- Often
- Always

16) During their working time, do staff at this LTC Home access published clinical reports and/or clinical research relevant to caring for residents?

- Never
- Rarely
- Sometimes
- Often
- Always

17) During their working time, do staff at this LTC Home use a library and/or librarian with current information regarding clinical practices?

- Never
- Rarely
- Sometimes
- Often
- Always

18) Thinking about this LTC Home, which of these describes your record keeping system?

- This LTC Home uses paper charts only
- This LTC Home uses a combination of paper and electronic charts to enter and retrieve resident clinical notes
- This LTC Home uses electronic records instead of paper charts to enter and retrieve patient clinical notes

19) After your resident has been discharged from the hospital, on average, how long does it take before you receive the information you need to continue managing the resident, including the tests and treatments completed, discharge medication list and recommended follow-up care?

	24-48 hours	2-4 days	5-14 days	15-30 days	>30 days	Rarely or never
Tests and treatments completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge medication list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended follow-up care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20) After your resident has been discharged from the hospital, how do you receive the information you need to continue managing the resident, including recommended follow-up care? (Please select all that apply)

- Fax
- Mail
- Email
- Remote access
- Other

22) In the last 12 months, what percentage of the following staff groups in your organization participated in on-site training, learning or development conducted by Home staff or external experts?

	This was not offered in the last year	0-24%	25-49%	50-74%	75-100%
Senior Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Staff (RN, RPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care Staff (Personal Support Worker, Health Care Aide, Nursing Attendant, Nursing Aide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Professional Staff (e.g. social worker, allied health, dietician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Staff (e.g. food service worker, activity aide, housekeeper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23) In the last 12 months, what was the total spending on training and education in this LTC Home?

\$ _____ in the past 12-months

24) In the last 12-months, how many RN, RPN and personal care staff attended and what was the total number of hours spent in training, learning or development activities supported by your organization?

	Number of staff	Total number of hours
Registered Nurses (RN)		
Registered Practical Nurses (RPN)		
Personal Care Staff (PSW, HCA, nursing attendants and nursing aides)		

Turnover

*The following questions are intended to identify the number of employees terminating their employment. These questions require the **inclusion of both voluntary and involuntary terminations** (e.g. retired, dismissed, resigned). **Do not include purchased services or casual staff in your calculations for the questions below.***

25) Over the past 3-years, how many Administrators have left this LTC Home?

_____ number of Administrators

26) Over the past 3-years, how many Directors of Care/Directors of Nursing have left this LTC Home?

_____ number of Directors of Care/Directors of Nursing

27) Over the past 12-months, how many Registered Nurses (RN) have terminated their employment?

number of full-time employees: _____

number of part-time employees: _____

28) Over the past 12-months, how many Registered Practical Nurses (RPN) have terminated their employment?

number of full-time employees: _____

number of part-time employees: _____

29) Over the past 12-months, how many Personal Care Staff (Personal Support Workers, Health Care Aides, Nursing Attendants and Nursing Aides) have terminated their employment?

number of full-time employees: _____

number of part-time employees: _____

Staffing Complement

Data requested in this section are similar to data provided to the MOHLTC Long Term Care Homes Staffing Report. Instead of completing the following section, you may provide permission for the researchers to access the data provided to the MOHLTC by checking "Yes" below.

By checking "Yes", you confirm that you are an authorized signing officer for the approved operator as provided for in the MOHLTC LTC Homes Staffing Report and you hereby provide permission for the researchers to obtain your facility's submission to the MOHLTC Long Term Care Staffing Report. As with all parts of this survey, staffing data will be considered strictly confidential and results will not be made available to anyone other than you and the research team.

No

Yes, as the authorized signatory completing this section; please write your name in the space below: _____

If you selected "Yes", you may skip questions 30-35.

Please refer to the following definitions of employment classification type, and total worked hours and total paid hours when answering the next three questions. These definitions are based on the MOHLTC LTC Homes Staffing Report. Please include both Ministry-funded and non-Ministry-funded positions in the totals below.

Employment Classification Type

Employment classification type refers to the combination of two employee characteristics:

A. Employment classification (i.e. Registered Nurse, Personal Support Worker, Activity Assistants, etc.); and

B. Type:

- 1. Full-time (FT) employees are defined as those employees who are regularly scheduled for work 75 hours or more on a biweekly basis;*
- 2. Part-time (PT) employees are defined as those employees who are regularly scheduled for work less than 75 hours on a biweekly basis;*
- 3. Casual (C) staff usually work for short periods of time on an irregular basis with the actual hours varying from week to week, are employed and paid by the hour, do not receive annual leave or sick leave, and have no expectation of ongoing work; and*
- 4. Purchased Services (PS) staff includes those who are employed by third party placement agencies or otherwise on contract with the Home.*

Total Worked Hours

Total worked hours are hours spent by staff carrying out the mandate of the service, i.e. staff are present and available for work. Worked hours include:

- Regular work (including paid coffee breaks but excluding the unpaid break);*
- Worked statutory holidays;*
- Relief, such as vacation relief and sick relief;*
- Overtime and callback hours paid (Callback hours are recorded as a minimum number of hours paid. Standby hours are not included in the count of worked hours); and*
- Attendance at committee meetings and in-service education.*

Total Paid Hours

Total paid hours is defined as the combination of worked hours and benefit hours. Worked hours are defined above.

Benefit hours are hours for which the employee receives payment but is not available for service provision. This includes vacation, statutory holidays, sick time, education, bereavement, and other paid absences etc.. Benefit hours are only applicable to full-time, part-time and casual categories.

Total paid hours for purchased services is the total number of service hours used and paid for during the applicable period. This should be identical to the number of service hours reported under the Total Worked Hours column.

Treatment of Staff Working in Multiple Job Classifications

If a staff member works in multiple employment classifications, hours and head count should be split proportionately based on the hourly contribution to each job title. To avoid duplicate reporting, data reported for RAI coordinators should NOT be included in the totals for registered nurses, registered practical nurses or other licensed professionals.

30) For the period of January 1, 2011, through December 31, 2011, please indicate the total worked hours for each of the following employment classification types. Both Ministry-funded and non-Ministry funded positions should be included.

	FT	PT	C	PS
Management (Director of Care, Assistant Director of Care/Nurse Manager, Clinical Manager)				
Registered Nurse				
Registered Practical Nurse				
Other Professional (Nurse Practitioner, Clinical Nurse Specialist/Nurse Clinician, Infection Control Practitioner, Physiotherapist, Occupational Therapist, Social Worker)				
Personal Care Staff (Personal Support Workers, Nursing Attendants, Health Care Aides, Nursing Aides)				
Other Staff (Restorative Aides (Rehab/Therapy Aides), Activity Staff, Dietician, Volunteer Coordinator, RAI Coordinator)				

31) For the period of January 1, 2011, through December 31, 2011, please indicate the *total paid hours* for each of the following employment classification types. Both Ministry-funded and non-Ministry funded positions should be included.

	FT	PT	C
Management (Director of Care, Assistant Director of Care/Nurse Manager, Clinical Manager)			
Registered Nurse			
Registered Practical Nurse			
Other Professional (Nurse Practitioner, Clinical Nurse Specialist/Nurse Clinician, Infection Control Practitioner, Physiotherapist, Occupational Therapist, Social Worker)			
Personal Care Staff (Personal Support Workers, Nursing Attendants, Health Care Aides, Nursing Aides)			
Other Staff (Restorative Aides (Rehab/Therapy Aides), Activity Staff, Dietician, Volunteer Coordinator, RAI Coordinator)			

32) For the period of January 1, 2011, through December 31, 2011, please indicate the *total number of staff* for each of the following employment classification types. Both Ministry-funded and non-Ministry funded positions should be included.

	FT	PT	C	PS
Management (Director of Care, Assistant Director of Care/Nurse Manager, Clinical Manager)				
Registered Nurse				
Registered Practical Nurse				
Other Professional (Nurse Practitioner, Clinical Nurse Specialist/Nurse Clinician, Infection Control Practitioner, Physiotherapist, Occupational Therapist, Social Worker)				
Personal Care Staff (Personal Support Workers, Nursing Attendants, Health Care Aides, Nursing Aides)				
Other Staff (Restorative Aides (Rehab/Therapy Aides), Activity Staff, Dietician, Volunteer Coordinator, RAI Coordinator)				

33) Is your home currently providing 24/7 RN coverage on-site?

(Note: During the hours that a director of nurses works in his or her capacity as director of nurses, he or she shall not be considered to be a registered nurse on duty and present in the home for the purpose of providing 24/7 RN coverage)

Yes

No

34) Approximately, what percent of shifts in the past week were dependent on casual, temporary, or agency registered nurses to meet the 24/7 RN requirement?

_____ % of shifts

35) For the period of January 1, 2011, through December 31, 2011, what was the total number of resident days for the Home?

_____ days

Other Paid Care Providers and Volunteers

36) What percent of your residents regularly receive care from paid care providers NOT employed or purchased by the Home?

_____ % of residents

37) Among the residents who receive care from paid care providers NOT employed or purchased by the Home, what is the average, minimum and maximum number of hours of care received per week?

average hours per week: _____

minimum hours per week: _____

maximum hours per week: _____

38) For the period of January 1, 2011, through December 31, 2011, how many people volunteered in your home?

_____ number of volunteers

39) For the period of January 1, 2011, through December 31, 2011, how many hours did volunteers spend in the home?

_____ number of volunteer hours

LTC Homes Act

40) What changes have been introduced in this LTC Home that relate to the new LTC Homes Act?

Residents First

41) Is this Home participating in Health Quality Ontario's (formerly the Ontario Health Quality Council) Residents First program?

Yes

No

42) What changes have been introduced in this LTC Home that relate to Health Quality Ontario's Residents First program?

Public Reporting

43) Did this home participate in Health Quality Ontario's voluntary Public Reporting program in 2010 and/or 2011?

Yes

No

44) What changes have been introduced in this LTC Home that relate to Health Quality Ontario's Public Reporting program?

Quality Improvement

45) How does your Home work to improve quality?

Determinants of Quality in Ontario LTC Homes

46) We recently sent you a report with the results of a staff survey conducted at your LTC home as part of our research project, the *Determinants of Quality in Ontario LTC Homes*. How has or will your home use the results of this staff survey to improve quality?

47) Would you be willing to participate in a focus group on QI initiatives in LTC?

Yes

No

48) If you have any additional comments, please include these in the space below.

Thank You!

Thank you for completing our survey. Your response is an important contribution to our understanding of quality and quality improvement in Ontario's LTC Homes.