Ministry of Health
Policy Instrument

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LONG-TERM CARE QUALITY FRAMEWORK

Policy Objective

This policy directs health authorities to monitor and evaluate quality of long-term care (LTC) service in their region using identified metrics[1] as identified in the LTC Quality Framework and reported at the provincial level. Health Authorities are expected to participate in collaborative discussions regarding continuous quality improvement and to establish quality improvement initiatives that are consistent with the provincial LTC Quality Framework within their regions.

Scope:

This policy applies to all publicly-funded LTC homes including health authority owned and operated facilities and contracted providers with the exception of those providing only short-stay services. Policy requirements are applied to contracted LTC homes through regional health authorities and include publicly funded and co-located private pay beds.

Purpose

The purpose of the LTC Quality Framework is to enable and formalize comprehensive provincial-level reporting, monitoring and evaluation that supports continuous quality improvement within the LTC sector. The Framework enables the ongoing evaluation and monitoring of provincial-level, evidence-based information to inform policy decisions, create and support common understandings of quality in LTC and support the identification, implementation, and evaluation of quality improvement initiatives across BC.

Overview

Guided by the principle of culturally safe, person-centered care, the Framework utilizes a structure, process and outcome approach to assessing health service quality by considering outcomes in three 'Domains of Quality': quality of service (structure); quality of

[1] See Appendix A – Long-Term Quality Metrics

care (process); and quality of life (outcome). Commitment to the consistent evaluation of quality and monitoring of progress will support BC's ability to enable continuous quality improvement, the third principle of the Framework.

Within each domain, the Framework supports a provincial approach to quality health care as defined through the lens of seven interconnected Dimensions of Quality:

- *Respect*: Honouring a person's choices, needs and values
- *Safety:* Avoiding harm and fostering security
- *Accessibility*: Ease with which health and wellness services are reached
- *Appropriateness*: Care is specific to a person's or community's context
- *Effectiveness*: Care is known to achieve intended outcomes
- *Equity*: Fair distribution of services and benefits according to population need
- *Efficiency*: Optimal and sustainable use of resources to yield maximum value[2]

Appendix A (Long-Term Care Quality Indicators) identifies the indicators selected to be measured within the LTC Quality Framework. These indicators represent comparable quality indicator data across publicly funded long-term care homes in BC, enhancing the understanding and ability of the province, health authorities and operators to respond to, issues in the sector.

POLICY DIRECTION:

Health authorities will:

a. Ensure the delivery of long-term care services reflects the principles of person-centered care, cultural safety and continuous quality improvement as identified in the LTC Provincial Quality Framework.
b. Utilize the LTC Quality Framework to inform the measurement and reporting of the quality of publicly funded long-term care services
c. Monitor the key quality metrics stated in **Appendix A (Long-Term Care Quality Indicators)** to assess performance at the health authority, regional, service-provider and LTC home levels.
d. Engage with the Ministry and partners, including residents and their family members, on the implementation and evaluation of provincial quality improvement initiatives and the creation of priorities and goals.

[2] Health Quality BC (March 2020) BC Health Quality Matrix

e. Participate in the development and evaluation of indicators and metrics to reflect progress and quality in LTC across BC.

Requirements:

Health authorities will:

1. Establish processes for continuous quality improvement of LTC services, including:
    a. Take necessary steps to work with service providers on quality improvement initiatives when metrics results are concerning, including:
        i. Assess supplementary quality or administrative indicators to further investigate performance;
        When needed, develop quality improvement action plans with service providers;
        ii. Maintain accountability and communication with service providers showing performance challenges;
        iii. When necessary, inform community care licensing when a contracted service provider is suspected to be in violation of legislation.
        iv. Maintain accountability and communication with the Ministry regarding quality improvement initiatives and progress at the operator level.
    2. Ensure LTC homes are submitting timely, complete, and correct data to the Ministry according to the list of LTC Quality Indicators to support the evaluation and measurement of quality in the LTC sector.
    3. Establish a quality improvement leadership structure that will participate in ongoing conversations with the Ministry of Health, and provide monitoring and oversight of provincial quality indicators and leadership of quality improvement initiatives within their regions.

MONITORING AND EVALUATION:

1. The Ministry will monitor and evaluate performance against defined indicators designed to measure expected policy outcomes: (see Appendix A)
2. Where appropriate, the Ministry will also work collaboratively with stakeholders and partners to develop additional, meaningful performance indicators to track and provide insight into performance.
3. The Ministry will report on LTC Quality Indicators quarterly and annually. These reports will be made available to HAs to facilitate quality conversations and evaluation across the sector.
4. Quality Indicators will be reviewed and evaluated annually.

REVIEW & QUALITY IMPROVEMENT

1. The policy will be refreshed as needed and reviewed at a minimum every three years from <insert date of implementation> .
2. The policy may also be reviewed by the Ministry, in consultation with external stakeholders.
3. The Ministry will use information from evaluations to understand the performance of the policy, areas of success, and areas for further quality improvement.

Long-Term Care Quality Framework Matrix

Goal: Ensure high quality, dignified long-term care services.

Objective: A provincial evidenced based LTC Quality Framework

Key Principles: Person-Centered Care, Cultural Safety & Humility, and Continuous Quality Improvement

Overview of Quality Indicators (2024/25):

Domains of Quality	Dimension of Quality							
		Respect	Safety	Accessibility	Appropriateness	Effectiveness	Equity	Efficiency
		INDIVIDUAL PERSPECTIVE				SYSTEM PERSPECTIVE		
	Quality of Service		Reportable Incidents per 100 Beds	Average # days Wait time For LTC Admissions a) Wait time from hospital (days) b) Wait time from community (days) c) % new admits from community	Complaints Regarding LTC Services and/or Care Escalated to the PCQO		Beds Per 1000 population	# and % of Alternate Level of care (ALC) Patients awaiting LTC in Acute Care Settings
	Quality of Care		Reportable Incidents of Falls with Injury per 100 Beds	Hours of direct care provided per resident day (HPRD)	% Newly Occurring Stage 2 to 4 Pressure Ulcers in LTC	% of Residents with Unexplained Weight Loss	# of LTC Homes Offering and Residents Receiving: a) PT b) OT c) Rec T	
	Quality of Life	# of Active Resident and Family Councils	% of Residents with 10 or More Prescription Drugs (polypharmacy)	% of Residents with low social engagement (social isolation)	% Residents on Antipsychotics Without a Diagnosis of Psychosis	Experiencing Worsened Pain in Long-Term Care		% New LTC Residents who Potentially Could Have been Cared for at Home

Appendix A: Long-Term Care Quality Indicators

The 16 indicators below were selected to represent measures of quality LTC services by the Ministry of Health in consultation with internal and external stakeholders. Health authorities are expected to monitor data quality and validity and work with LTC service providers on optimal data collection and coding. The current indicators may be amended, or more added, if information gaps are identified.

Phase One:

	Dimension of Quality	Indicator	Description
1	Respect	# of Active Resident and Family Councils	Resident and/or Family Councils within LTC homes are groups of people who are either residents living in a LTC home, or are their family members or close friends, who meet regularly to identify opportunities to maintain and enhance the quality of life for residents of the care home, and to engage with staff to contribute a voice in decisions which affect the residents of the care home.
2	Safety	Reportable Incidents per 100 Beds	Licensed LTC facilities are required to report certain health and safety incidents as defined under the Residential Care Regulation. There are twenty-one categories of reportable incidents, such as use of emergency restraints, attempted suicide, medication errors or falls with injury. All categories of incidents make up the total reportable incidents and is then represented per 100 beds.
3	Safety	Reportable Incidents of Falls with Injury per 100 Beds	Falls are the leading cause of injury for seniors and contribute to a significant burden on the health care system. If a fall in a LTC facility results in an injury, the incident must be reported by the facility. The indicator is measured as falls with injury per 100 beds.
4	Safety	% of Residents with 10 or More Prescription Drugs	A count of the number of different medications administered and received by the patient. Using multiple medications can affect the resident's mobility, cognitive function, nutritional status, and quality of life and is avoided when possible.

	Dimension of Quality	Indicator	Description
5	Accessibility	Wait time For LTC Admissions a) Wait time from hospital (days) b) Wait time from community (days) c) % new admits from community	The length of time a person waits for LTC services is an indicator of accessibility. A person waiting for LTC could be waiting in the community (e.g., at home, assisted living residence) or in hospital. Lower wait times, and a higher number of new admissions from the community compared to hospital, suggest more accessible LTC services. a) The average number of days that LTC clients waited (in community) from service acceptance data to service start date overall b) The average number of days that LTC clients waited (in hospital) from service acceptance data to service start date c) The percentage of new admissions from community
6	Accessibility	Direct Care Staffing Hours per Resident Day (HPRD)	A measure of staffing levels based on the average number of hours of direct care provided per day in LTC. Direct care hours are 'first-level', 'hands-on' care provided by registered nurses, health care assistants and allied care providers, such as occupational therapists or dietitians.
7	Accessibility	% of Residents with Low Social Engagement	The percentage of residents where two or fewer of the six factors of the Index of Social Engagement (ISE) were present within the seven days prior to assessment. ISE measures the resident's social functioning, which is generally affected by their physical and mental functional abilities.
8	Appropriateness	Residents Complaints Regarding LTC Services and/or Care Escalated to the PCQO	If a satisfactory response to a complaint is not received regarding a LTC resident's care or services provided to them, the complaint may be escalated to the Patient Care Quality Office (PCQO) at the health authority. The PCQO will register complaints and work with a client to identify a reasonable resolution.
9	Appropriateness	% Newly Occurring Stage 2 to 4 Pressure Ulcers in LTC	Pressure ulcers can happen when a resident sits or lies in the same position for as long period of time. Immobility may be due to many physical and psychological factors, neurological diseases like Alzheimer's and improper nutrition or hydration. A newly occurring pressure ulcer is recorded when a pressure ulcer was not recorded on a resident's prior quarterly assessment.

	Dimension of Quality	Indicator	Description
10	Appropriateness	% of Residents on Antipsychotics Without a Diagnosis of Psychosis	This indicator provides the percentage of LTC residents taking antipsychotic drugs without a diagnosis of psychosis. It excludes residents with schizophrenia, Huntington's chorea, delusions and hallucinations, and end-of-life residents.
11	Effectiveness	% of Residents Who Had Unexplained Weight Loss	This indicator looks at how many LTC residents had unexplained weight loss. Nutritional status and weight loss are associated with a decline in physical functions and may prevent physical improvement. Unexplained weight loss may indicate other potential illness. The indicator excludes end-of-life residents.
12	Effectiveness	# of Residents Experiencing Worsened Pain in LTC	This indicator looks at how many LTC residents had worsened pain. Worsening pain can be related to several issues, including medication complications and/or improper management of medication. Worsened pain raises concerns about the resident's health status and the quality of care received.
13	Equity	Beds/1000 Population, 75+	Beds per 1000 population, ages 75+. This measure represents the LTC beds available based on selected population, allowing comparison across geographical regions.
14	Equity	# of LTC Homes Offering and Residents Receiving: a) Physiotherapy b) Occupational Therapy c) Recreational Therapy	The availability and use of physical therapy, occupational therapy and recreational therapy supports the overall health of residents. The therapies listed must have been administered for15 minutes or more to the resident and have been provided in the last seven days and could have occurred inside or outside of the facility.
15	Efficiency	% New LTC Residents who Potentially Could Have been Cared for at Home	New LTC residents who have a clinical profile similar to the profile of clients cared for at home with formal supports in place. Examples of formal home care supports include help with daily tasks such as bathing, dressing, eating and/or toileting.
16	Efficiency	# and % of Alternate Level of care (ALC) Patients awaiting LTC in Acute Care	The number and percentage of ALC patients awaiting LTC in acute care/hospital settings. (LTC Access Indicator 6). ALC patients waiting for mental health/addictions or hospice care are excluded.