

For External Use

Long-Term Care Home Accountability Planning Submission (LAPS) Guidelines 2013-16

Education Session

Overview

1. Priorities
2. What are LAPS and L-SAA
3. LAPS Guidelines Development
4. LAPS Overview
5. Instructions for the Completion of LAPS Forms
6. Timeframes
7. Questions

Minister's Action Plan

- **Keeps people healthy**
 - Focused on prevention, promotion, and self-management
 - Developed strategies for priority populations
- **Faster access to family health care**
 - Have built a strong primary care foundation, with broad access to specialty and community services
- **Right care, right time, right place**
 - Focused on patient-centric delivery
 - Implemented standardized system-wide approach to quality management and improvement
 - Have governance models that engage clinicians and the public in decision-making, enabling informed service provision that meets community needs in a timely way
 - Developed a system structure to integrate services along the continuum of care, optimize coordination, and foster effective partnerships
 - Utilized shared electronic medical records

Pan-LHIN Health System Imperatives

- ***Enhancing Access to Primary Care*** – focused on advancing strategies to ensure people have timely access to a primary care provider and creating enabling structures and processes to align primary care more effectively within the overall continuum
- ***Enhancing Coordination & Transitions of Care for Targeted Populations*** – e.g. Seniors Strategy: focus on seniors have individualized plans of care that allow them to receive the care they need, when and where they need it; and the transitions post-acute are smooth and coordinated
- ***Implementing Evidence Based Practice to Drive Safety*** - focused on high priority safety issues that require consistent, coordinated responses to ensure that patients are safe and that adverse events are minimized/eliminated
- ***Holding the Gains*** – focused on ensuring that new initiatives will not cause previous gains to be eroded (e.g., ER/ALC, ER Wait Times, and access to care, coordination amongst providers, enhanced focus on accountability)

LAPS

The Long-Term Care Home Accountability Planning Submission (LAPS) is a planning document that provides information about an individual LTCH, to support the negotiation of the Long-Term Care Home Service Accountability Agreement (L-SAA).

Each LTCH owns the LAPS document and is responsible for the completeness and accuracy of the information provided to the LHIN.

Each LTCH governance structure is responsible for reviewing and approving the information provided in the LAPS and also the content and commitments of the L-SAA.

PLACEHOLDER FOR IHSP DETAILS

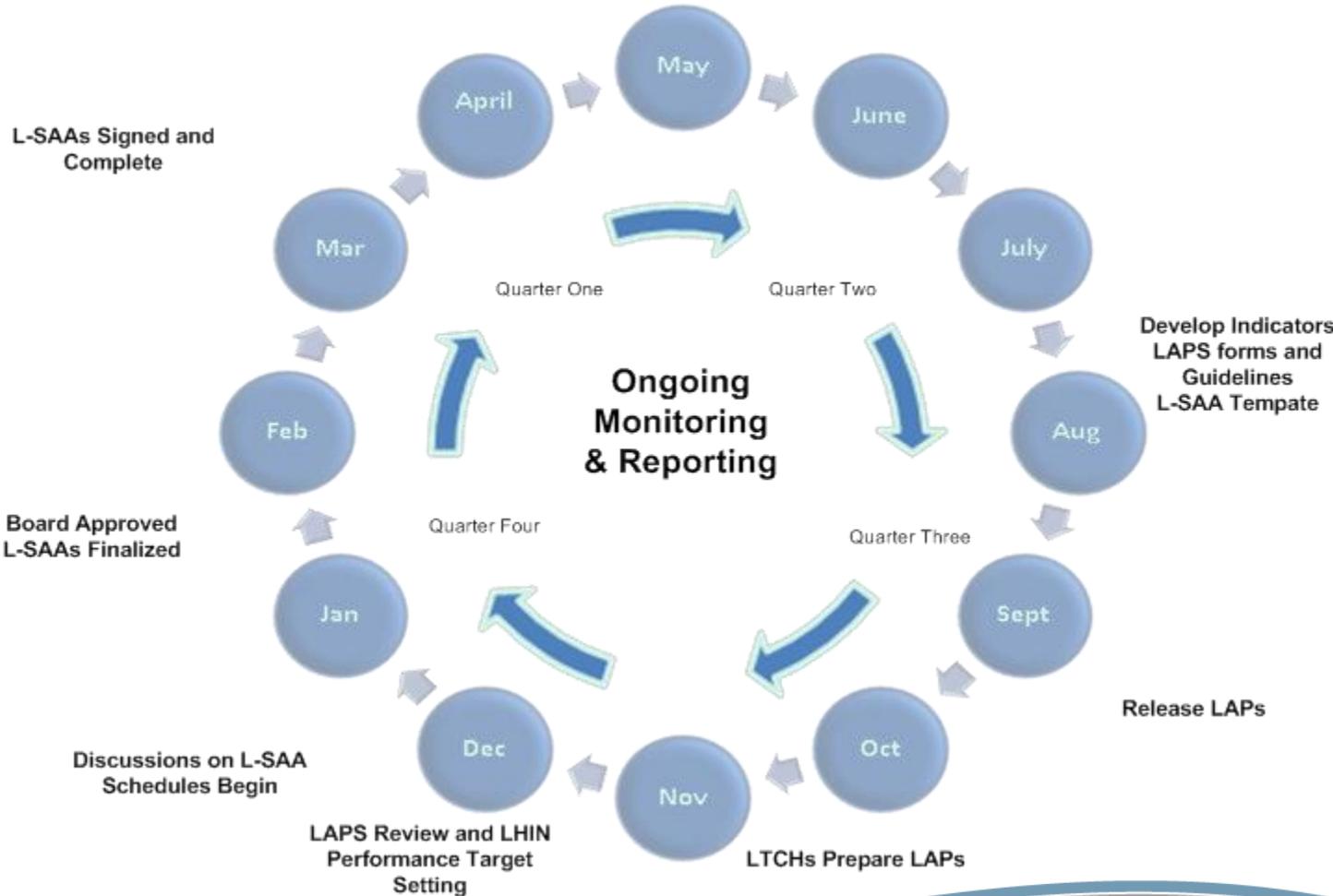
- ***PLEASE INSERT YOUR LHIN'S IHSP DETAILS HERE***

L-SAA

- The L-SAA is the legal agreement between the LTCH and the LHIN. The L-SAA will replace the current service agreement. It is required under LHSIA and the MLPA and will cover a three year term of **April 1, 2013 to March 31, 2016**.
- The role of a L-SAA is to clarify that the LTCH will be responsible for delivering not only performance, but also planning and integration towards the development of a health system.

The LTCH's LAPS and L-SAA must reflect the home as part of a health care system versus as an individual health care provider.

How LAPS & L-SAA Fit Together



LAPS Guidelines Development

- Consultation sessions were held with associations representing LTCHs in the province, as well as OLTCA, OANHSS, OHA and AMO.
- Feedback from a sample of LTCHs and the associations was considered and addressed through three avenues:
 - Comments incorporated in the LAPS Guidelines
 - Development of training sessions
 - The development of a Question and Answer (Q&A) document

Roles and Responsibilities - MOHLTC

- Quality Inspection Program (Compliance, inspection & enforcement of *LTCHA*)
- Setting MOHLTC program and LTCH policy (including Funding and Financial Policies and Capital Policies)
- Monitoring established Quality of Care
- Licensing & approval of LTC beds, including establishment of fees.
- Determining payment models and various funding programs
- Determining construction cost funding per diem and LTC bed development programs/policies.
- Approving changes of ownership, sale of businesses and amalgamations of providers for purposes of licensing.
- Approving LTCH management contracts.
- Acting as the lead in the event of a bankruptcy and approving a third-party management company.
- Development of various funding programs
- Evaluating the effectiveness of various programs used by the LTCHs

Roles and Responsibilities - LHINs

- Establishing quality and performance indicators for health service delivery
- Monitor the achievement of performance indicators
- Performance management.
- Review and monitor: Occupancy/Utilization of beds; Placement refusal trends; Transfer request trends; Wait list profiles.
- Participate, as appropriate, in the preparation and submission of funding requests related to LTCHs through the MOHLTC annual planning cycle.
- Approve the conversion of existing long-stay beds as short-stay respite beds.

LTCH Funding – MOHLTC Responsibilities

- For the review and reconciliation of funding on behalf of the LHINs using using Audited Annual Report, Revenue Occupancy Report, and administering the Subsidy Calculation Worksheet, on behalf of the LHINs.
- Examples of MOHLTC funded programs include:
 - High Intensity Needs Funding
 - High Wage Transition Funding
 - Municipal Tax Allowance Funding
 - Pay Equity Funding
 - Physician On-call Funding
 - Structural Compliance Premium
 - Laboratory Services Funding
 - RAI/MDS Sustainability Funding
 - Peritoneal Dialysis (PD) Funding
- The MOHLTC is also responsible for the development of funding models and processes.

LTCH Funding – LHIN Responsibilities

- LHINs provide and administer the following types of LTCH funding:
 - Per Diem Funding (Levels of Care) funding
 - Non-Per Diem funding such as:
 - Registered Practical Nurse Funding
 - Construction Cost Subsidy
 - Convalescent Care Bed Funding
- Authorize the recovery of unspent LHIN operating funds identified through the revenue occupancy report and annual reconciliation process.
- Re-allocate operating funds recovered through the revenue occupancy report.

Changes to LAPS

- Addition of Section A-8 Quality Improvement Practices
 - Residents First Leading Quality Program (for Senior Managers)
 - Residents First Improvement Facilitators
 - Residents First Data Improvement Teams
 - Lean Methods
- The Financial Schedule is no longer required

LAPS Guidelines

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 7. Directives, Guidelines and Policies
 8. Changes Needing LHIN Review/Approval
- Appendix A: Glossary
- Appendix B: Description of Services and Service Plan Narrative
- Appendix C: LHIN Contact Information

Reporting Requirements

- Schedule C of the L-SAA outlines financial and performance reporting required during the term of the L-SAA beginning April 1, 2013.
- Financial Reporting continues to be based upon the calendar year.
 - OHRIS/MIS Trial Balance
 - Revenue/Occupancy Report
 - Audited Annual Report
 - Financial Statements

Reporting Requirements

- Reporting requirements based on the fiscal year and include but not limited to:
 - Performance Indicator Report – quarterly
 - Sharkey Staffing Plan – annually
 - French Language Services Report – annually (*for designated and identified homes only*)
- Reporting schedule will be available upon final approval of L-SAA by LHIN Boards

Service Plan

- Each LTCH is required to complete the Service Plan (LAPS - Appendix B).
- The service plan provides the LTCH the opportunity to provide the LHIN with an overview of the home including the unique features of the home, a description the population that you serve and services that the home provides to meet the needs of their resident group and community.
- The service plan consists of two components:
 - The Description of Services
 - The Service Plan Narrative

Service Plan - Description of Services

- The Description of services provides an overview of the LTCH and includes the following information:
 - Site Identification Information
 - Bed Types and Numbers
 - Structural information
 - Additional or Unique Services
 - Specialized Designations
 - Community linkages
 - Services Supporting the Local Community
 - Quality Improvement Practices

A-1 Site Identification Information

Description of Home and Services			
A-1 General Information			
LTCH Legal Name			
LTCH Common Name			
LTCH Facility ID Number LTCH Facility (master number for RAI MDS)			
Owner/Parent Organization			
Address			
City		Postal Code	
Geography served (catchment area)			
Accreditation organization			
Date of Last Accreditation		Year(s) Awarded	

A-2 Bed Types and Numbers

A-2 LTCH Classification							
	Total # of Beds	A	B	C	D	New	Other
Licensed/Approved Beds							
Bed Types	Total # of Beds	Comments/Additional Information					
Convalescent Care Beds							
Respite Beds							
Beds in Abeyance							
ELDCAP Beds							
Interim Beds							
Veterans' Priority Access beds							
Other beds available under a Temporary Emergency Licence or Short-Term Authorization							

A-3 Structural Information

A-3 Structural Information			
Type of Room (this refers to structural layout rather than what is charged in accommodations)			
Number of rooms with 1 bed		Number of rooms with 2 beds	
Number of rooms with 3 beds		Number of rooms with 4 beds	
Other			
Separate Infirmary (Y/N)		Number of Rooms	
Year of Construction		Year(s) of renovations	
Opening Date		Number of Floors	
Number of Units/Resident Home Areas and Beds			
Unit/Resident Home Area			Number of Beds

A-4 Additional or Unique Services

A-4 Additional Services Provided					
	Service Provided		Contract for Service		Explanation if applicable
	Yes	No	Yes	No	
Nurse Practitioner					
Physiotherapy					
Occupational therapy					
Ophthalmology/Optometry					
Audiology					
Dental					
Respiratory Technology					
Denturist					
IV Therapy (antibiotics or hydration)					
Peritoneal Dialysis (PD)					
Support for hemodialysis (HD)					
French Language Services					
Secure residential home area(s)					
Specialized Dementia Care unit(s)					
Designated smoking room(s)					
Specialized unit for younger physically disabled adults					
Support for Feeding Tubes					
Specialized Behavioural Treatment unit(s)					
Additional service commitments for new bed awards (1987 to 1998)					
Other (specify)					

A-5 Specialized Designations

A.-5 Specialized Designations			
	Designated		Comments
	Yes	No	
Religious			
Ethnic			
Linguistic			
French Language Service Designation			
Aboriginal			
Other (specify)			
Other (specify)			

A-6 Community Linkages

A-6 Community Linkages			
	Service Provided		Comments
	Yes	No	
Volunteer program			
Service groups			
Language interpreters			
Cultural interpreters			
Advisory council			
Community board			
Faith communities			
Other (specify)			
Other (specify)			

A-7 Services Supporting the Local Community

A-7 Services Provided to the Community			
	Services Provided		Comments
	Yes	No	
Meal Services			
Social Congregate Dining			
Supportive Housing /SDL			
Adult Day Program			
Retirement living			
Other (specify)			
Other (specify)			

A-8 Quality Improvement Practices

A-8 Quality Improvement Practices	
Residents First Leading Quality Program (for Senior Managers)	
Residents First Improvement Facilitators	
Residents First Data Improvement Teams	
Lean Methods	
Other (specify)	
Other (specify)	

Narrative Service Plan

- Details the services that the LTCHs provide to meet the unique needs of their resident group and identify how they support the local community.
- The information provided shall identify those services beyond the basic services provided in LTC.
- Information to be included within the narrative service plan will include:
 - Strategic Goals and Priorities
 - Advancement of the IHSP
 - Situation Analysis
 - Evaluation of Prior Year Performance (optional)
 - Changes to Operations Summary (optional)

Narrative Service Plan

LTCH Name:	
Facility Number:	
Service Plan Narrative – Part A: 2013/16	
Strategic Goals and Priorities:	
Advancement of the IHSP:	
Situation Analysis	
Evaluation of Prior Year Performance (optional)	
Changes to Operations Summary (optional)	

L-SAA Indicators

- **LTC SECTOR ADVANCING HEALTH SYSTEM PRIORITIES:** The LTC sector is an important and active partner in advancing the Minister's Action Plan and the four pan-LHIN health system imperatives (see slides 3-4). The L-SAA indicators are aligned with those goals and consistent with the LTC sector's priorities (i.e. resident safety, continuous quality improvement).
- **RIGOROUS INDICATOR SELECTION PROCESS:** Through a consultative and evidence-based process, the L-SAA Indicator Work Group, (comprised of representatives from the LTC sector, LHINs, Health Quality Ontario, MOHLTC), developed an initial list of provincial indicators in collaboration with the provincial Health System Indicator Initiative (HSII).* HSII consists of nearly 30 members including representation from 10 LHINs, MOHLTC Health Analytics Branch and Health Quality Branch, LHIN Liaison Branch, Health Quality Ontario, the Canadian Institute for Health Information, Cancer Care Ontario, the Institute for Clinical Evaluative Sciences and Health System Performance Research Network.
- **INDICATORS ENDORSED BY LTC ASSOCIATIONS AND LTC HOME REPRESENTATIVES:** The final list of indicators has been endorsed by the L-SAA Steering Committee** (comprised of representatives from OLTCA, OANHSS, AMO, OHA, LTC homes, MOHLTC) and approved by the LHINs.
- **COMMITMENT TO LEVERAGING EXISTING REPORTING SOURCES AND MECHANISMS:** Included in the HSII principles for indicator development is a commitment to leveraging existing reporting sources and mechanisms in order to diminish the administrative reporting burden on the LTC homes.
- **LOCAL CONSULTATIONS TO DETERMINE TARGETS IN EARLY JANUARY 2013:** A detailed guide to calculating the performance indicators, performance standards, performance targets and performance corridors is being prepared by the L-SAA Indicators Work Group and scheduled to be made available in early January, 2013. At that time, LHINs and HSPs will engage in a dialogue to establish performance targets that are appropriate to the organization and local circumstances.

*For more information on HSII visit: http://www.lhincollaborative.ca/Page.aspx?id=1898&ekmense1=e2f22c9a_72_572_1898_4

**For more information on the L-SAA Steering Committee visit: <http://www.lhincollaborative.ca/lsaa/lsaahome.aspx>

L-SAA Indicators 2013-2016

LEGEND

Performance indicator are valid, feasible measures of system performance that are associated with a target and a corridor
Explanatory indicators are complementary to performance indicators and support consultation and problem-solving
Developmental indicators are existing indicators that require further validation to ensure data quality criteria

Pan-LHIN System Imperative	Outcome Objectives	L-SAA Indicators	
1. Evidence-Based Practice to Drive Safety	Resident safety / Preventing functional and cognitive decline	✓	% of residents with worsening bladder control (Performance)
		✓	% of residents whose mid-loss ADL functioning improved or who remained completely independent in mid-loss ADLs (Explanatory)
		✓	% of residents whose language, memory and thinking abilities have recently decreased (Explanatory)
	To reduce falls	✓	% of residents who had a fall in the last 30 day (Performance)
	To reduce risks and adverse events	✓	% of residents whose pressure ulcer worsened (Performance)
		✓	% of residents in daily physical restraints (Explanatory)
		✓	% of residents with a urinary tract infection (Explanatory)
To better manage residents with responsive behaviors	✓	% of residents on antipsychotics without a diagnosis of psychosis (Explanatory)	
2. Enabling Coordination and Transitions of Care for Targeted Populations	To reduce readmission	✓	# of resident transfers to ER from LTC homes resulting in inpatient admissions per 1,000 LTC home residents (Developmental)
	To reduce ALC days	✓	Long-stay utilization (Performance)
3. Holding the Gains (i.e. ER wait times, access to care)	To reduce avoidable hospital admission, reduce ED/Utilization visits	✓	# of unscheduled emergency department visits for residents of LTC homes for low acuity level per 1,000 LTC home residents by NLOT and non-NLOT homes (Developmental)
		✓	Median wait time to placement in LTC home (Performance)
		✓	# of emergency department visits for ambulatory care sensitive conditions (ACSC) per 100 residents per year (Developmental)
4. Improving Access to Primary Care	To improve access to primary care for LTC residents	✓	Indicator that tracks access to Medical Directors, NPs or Nurses at facility level (Developmental)
Organizational Health	To ensure the organizational health of the home	✓	Compliance Status (Performance)
		✓	Case Mix Index (CMI) (Developmental)
		✓	Debt service coverage (DSC) ratio for non-municipal homes, organizations (Explanatory)

LAPS Forms

- <https://hsimi.ca/LTCHome> website under “LAPS FORMS” link
- This will bring you to the LAPS FORMS menu
 1. Service Plan – Description of Services
 2. Service Plan – Narrative

LHIN Review of LAPS

Each LAPS document will be reviewed by LHIN staff to :

- Ensure that the submission is complete
- Ensure the LTCH is maintaining required services
- Compare the narrative component with other information for consistency
- Review assumptions for consistency and reasonableness
- Confirm that community engagement has occurred
- Identify any inconsistencies or anomalies in the submission
- Generate a list of questions for the LTCH

L-SAA Project Timeline

- Early Oct* – **LHINS will conduct local LAPS education sessions** to provide HSPs with LAPS guidelines and supporting materials to complete the LAPS.
- Nov 15* – **Completed LAPS are due** to the LHINs by November 15. The LAPS will facilitate the development of home-specific schedules that accompany the L-SAA template agreement.
- Early Jan* – **L-SAA education sessions** conducted by LHINs will provide HSPs with information needed to complete the L-SAA including indicators.
- Jan-Mar* – **Local L-SAA consultations** between LHINs and HSPs to finalize L-SAAs for HSP Boards sign off will take place between January and March.
- Mar 31* – **New L-SAAs signed.** All L-SAAs are due to LHINs with HSP Board/Operator sign-off by March 31, 2013.

How to Access LAPS Forms

- Go to the <https://hsimi.ca/LTCHome> website
- Select the “LAPS FORMS”.
- Download all forms to local drive.
- Complete submission and upload (one form at a time) to the website.
- File name upload should be standard format of name, underscore, account number and file type e.g.:
FinancialSummary_NH4321.xls
- LAPS forms can continue to be uploaded (updated) until “locked” by the LHIN.
- LHINs can apply the “lock” and “unlock” functions to an individual form or to all forms simultaneously.

Questions?



- For further information, please contact:
- LHIN website: