L-SAA Steering Committee

Communiqué #3 (October 2012)

This communiqué is the third in a series to be distributed to health system partners regarding the development of a new long-term care home service accountability agreement (L-SAA).

L-SAA STEERING COMMITTEE

The third L-SAA Steering Committee ("Committee") meeting took place on September 25, 2012. The primary objectives of the meeting were to finalize the L-SAA indicators for inclusion in the 2013-2016 L-SAA, discuss the process for reviewing the draft L-SAA template agreement and monitor overall project progress. Below is a summary of project progress and upcoming timelines.

L-SAA INDICATORS

The long-term care (LTC) sector is an important and active partner in advancing the Minister's *Action Plan for Health Care* and the four pan-LHIN health system imperatives.

Through a consultative and rigorous process, the L-SAA Indicators Work Group (comprised of representatives from the LTC sector, LHINs, Health Quality Ontario and MOHLTC) developed an initial list of provincial indicators in collaboration with the provincial Health System Indicator Initiative. A key principle guiding indicator development was that indicators be directly related to the achievement of outcomes described in the Minister's *Action Plan for Health Care* and the four pan-LHIN health system imperatives. Another principle was to leverage existing reporting sources and mechanisms in order to diminish the administrative reporting burden on LTC homes. The list of L-SAA indicators for 2013-2016 outlined on the next page has been endorsed by the L-SAA Steering Committee.

A detailed guide to calculating the performance indicators, performance standards, performance targets and performance corridors is being prepared by the L-SAA Indicator Work Group and is scheduled to be made available by early January 2013. At that time, LHINs and Health Service Providers (HSPs) will engage in a dialogue to establish performance targets that are appropriate to the organization and local circumstances. Additional information on indicators will be made available in upcoming communiqués.

LEGEND
Performance indicators 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

L-SAA INDICATORS 2013-2016

PAN-LHIN SYSTEM IMPERATIVES	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 days (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 LAUNCH

The LAPS/L-SAA Work Group has prepared the long-term care home accountability planning submission (LAPS) forms, LAPS guidelines and education materials. The materials will be distributed through LHINs in advance of the local LAPS education sessions by mid-October. All LAPS forms are scheduled to be posted on the following site by October 5, 2012: https://hsimi.ca/LTCHome

L-SAA TEMPLATE AGREEMENT PREPARATIONS

The draft L-SAA template agreement will be reviewed by the Committee in mid-October and discussed at the next Committee meeting, which will take place on November 2, 2012.

PROJECT TIMELINE

The L-SAA project continues to be on track. Key steps and estimated timelines related to the LAPS and L-SAA processes are listed below.

By mid-Oct	–	***LHINs will conduct LAPS education sessions*** to provide HSPs with guidelines, user guides 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.
By early-Jan	–	***L-SAA education sessions*** conducted by LHINs will provide HSPs with information needed to complete the L-SAA.
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.

COMMUNICATIONS

Further updates on the progress of the Committee's work will be provided in upcoming communiqués distributed through LHINs and the associations and archived on their respective websites. The next Committee meeting will take place on November 2, 2012.

CONTACT

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