


THE CORPORATION OF THE CITY OF KAWARTHA LAKES

Report VMC2017-05

Victoria Manor Committee of Management

Meeting Date: Monday February 27, 2017
Meeting Time: 9:30 a.m.
Meeting Place: Victoria Manor Board Room
220 Angeline St. S., Lindsay

Subject: Long Term Care Service Accountability Agreement (LSAA) Annual Declaration of Compliance
Author: Sanja Freeborn
Title: Vice President Operations
Sienna Senior Living

Signature: 

RECOMMENDATION(S):

RESOLVED THAT Report VMC2016-05, "*Long Term Care Service Accountability Agreement (LSAA) Annual Declaration of Compliance*", be received; and

THAT the Chair of the Victoria Manor Committee of Management be authorized to sign said declaration as attached.



DIRECTOR

OTHER

BACKGROUND:

The Long-Term Care Service Accountability Agreement (LSAA) is the service accountability agreement between a long-term care home licensee and the Local Health Integration Network (LHIN) that is required by the *Local Health System Integration Act, 2006* (LHSIA).

The role of the LSAA 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 current LSAA is in place for the period April 1, 2016 to March 31, 2019. Noting, with the tabled proposed legislation (the *Patients First Act*) in the Legislative Assembly as of the fall, the LHINs have agreed to maintain the 2016/17 SAA provincial indicator slates for 2017/18. As such, no changes will be introduced to the provincial LSAA indicator slate for 2017/18. The 2016/17 LSAA indicator slate will be carried over into the 2017/18 LSAA Performance Schedule. However, LHINs reserve the right to amend LHIN-specific (i.e. at a local level) indicators / obligations and/or to make any changes as required by law, policy, statute or Ministry direction.

#	Indicator Name	Status	Data Source
<i>Quality and Resident Safety Indicators</i>			
1	Percent of Residents who had a Fall in the Last 30 Days	Explanatory	CIHI
2	Percent of Residents whose Pressure Ulcer Worsened	Explanatory	CIHI
3	Percent of Residents on Antipsychotics without a Diagnosis of Psychosis	Explanatory	CIHI
4	Percent of Residents in Daily Physical Restraints	Explanatory	CIHI
<i>Organizational Health and Financial Indicators</i>			
5	Total Margin	Performance	MOHLTC/LTC Homes
6	Debt Service Coverage Ratio	Performance	MOHLTC/LTC Homes
<i>Coordination, Access and Primary Care Indicators</i>			
7	Long-Stay Utilization	Explanatory	MOHLTC
8	Number of Resident Transfers to ER from LTC Homes Resulting in Inpatient Admissions per 1,000 LTC Home Residents*	Developmental	MOHLTC
9	Wait Time from CCAC Determination of Eligibility to LTCH Response	Explanatory	MOHLTC
10	Wait Time from LTCH Acceptance to Placement*	Developmental	MOHLTC
11	Long-Term Care Home Refusal Rate	Explanatory	MOHLTC

The LSAA Performance Schedule contains indicators, and the Schedule is eligible for a refresh on an annual basis.

For Central East LHIN, the additional indicators/ measures are:

1. BSO Indicators: All LTCH required to comply with reporting requirements established for provincial BSO Program.
2. Response Time to Applications: The LTCH will ensure the response time to application is within the legislated time frame in order to support efficient system flow & placement.
3. Cultural Competency: To better serve the increasing number of Franco-Ontarians, Indigenous people, and new Ontarians, the Central East LHIN will support the advancement of a health care system that is capable of delivering the highest quality of care at the local level to any patient, regardless of race, ethnicity, culture, or language capacity. HSPs will be required to report back to the CE LHIN as requested on programs and initiatives that demonstrate their commitment to this priority.
4. Health Link Communities: Each HSP must be a signatory to the "Health Link Letter of Commitment" as provided by the CE LHIN.
5. HSP has a process developed for identification of complex vulnerable patients (as defined by provincial and CE LHIN Health Links program).
6. HSP has a process defined for development of a Coordinated Care Plan for complex vulnerable patients that: is developed with the patient and caregiver; involves two or more healthcare professionals, at least one of which is outside the organization; and contains an action plan for one or more of patient and/or caregiver identified health concerns.

RATIONALE:

Regular communication to both the Director, Human Services and the Victoria Manor Committee of Management have indicated that Victoria Manor is managed by Sienna Senior Living in accordance with the above criteria. There has been no communication with either the CCAC or CELHIN regarding "response time to applicant" or "resident transfers to hospital" that indicate any operational deficiencies. It is required that the home responds via CCAC to applicants within 5 days of receipt of the application. In regard to Accreditation, Victoria Manor was awarded their 3 year accreditation in November 2016.

FINANCIAL CONSIDERATIONS:

There are no financial considerations to this report

OTHER ALTERNATIVES CONSIDERED:

There are no alternative to this process

CONSULTATIONS:

Rod Sutherland, Director, Human Services
Pamela Kulas, Administrator Victoria Manor

ATTACHMENTS:

Attachment A: Schedules A to E – Form of Compliance Declaration



2017-18 LSAA
Schedules A-E Mun.

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