Engage MB What We Heard

PCH Standards Modernization Project

Project Overview

Manitoba has 124 licensed personal care homes (PCHs) that must meet a minimum set of standards to ensure safe and appropriate care to residents. These standards are set out in The Personal Care Home Standards Regulation under The Health Services Insurance Act and include things like admissions, care plans, nursing and medical care, pharmaceutical care, recreational and spiritual care, staff education, and infection and disease control.

Following a serious COVID-19 outbreak in a PCH in October 2020, the Manitoba government commissioned an independent reviewer to better understand what happened and how to reduce the likelihood of a similar event in the future. These findings were presented to government in the Stevenson Review and regular updates have been provided to Manitobans on the implementation of the review's recommendations. One of the recommendations is to review and streamline the licensing standards for PCHs to ensure they are current and are relevant to the changing needs of residents.

The responses from this survey help to inform this work. They will be combined with responses from the other components of our consultation process. Groups who have participated include: residents, staff, PCH leadership and individuals with expertise in the PCH arena (PCH experts). The PCH Standards Modernization Working Group (WG) was tasked with reviewing the data and analysis to create modernized standards that work for all.

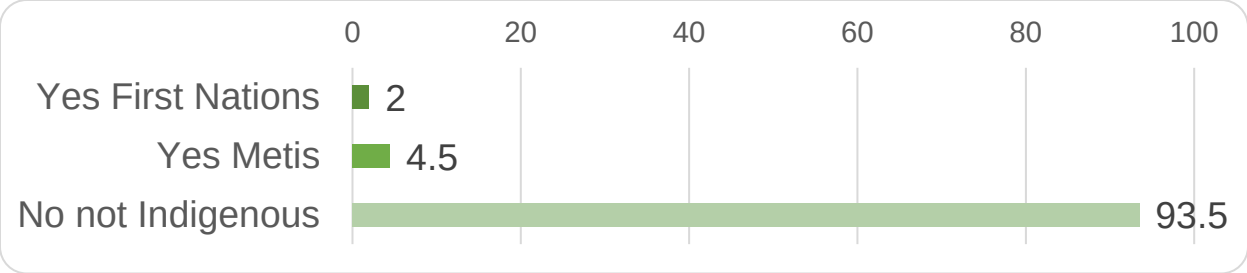
Engagement Overview

The other engagement activities that occurred provided a clear opinion of the state of PCH Standards from the PCH residents, staff, leadership and other PCH experts. The WG felt areas that were missing included families of PCH residents and the public. Most PCHs were in various forms of COVID lockdown during the consultation period which limited our ability to be in touch with families. These times also made public engagement a challenge. The Engage Manitoba Portal was the best option to learn from these groups.

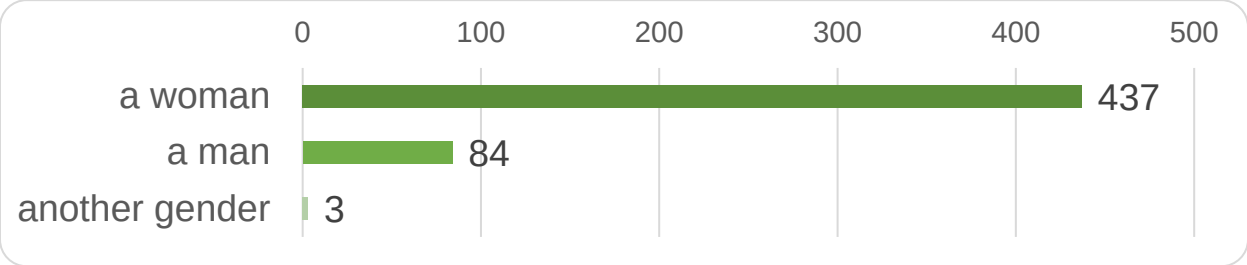
The survey was open to all Manitobans to participate and was open for two weeks.

What We Heard

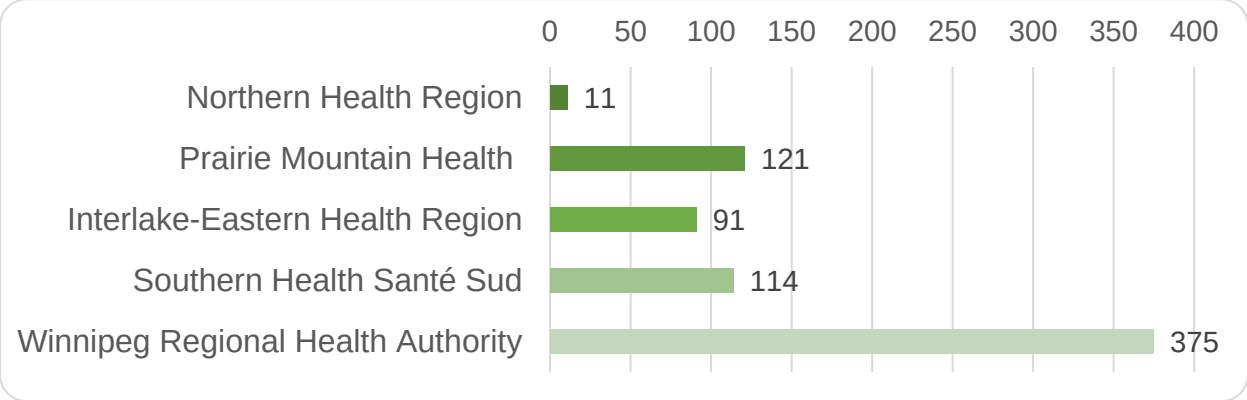
The first round of questions were focused on demographics to have a better understanding of our respondents and look at specific themes within specific demographic areas. In total, 717 Manitobans participated in the survey, note that not all questions needed to be completed in order to participate in the survey so for ease of understanding, we will use percentages to describe the groups. Our respondents looked like this:



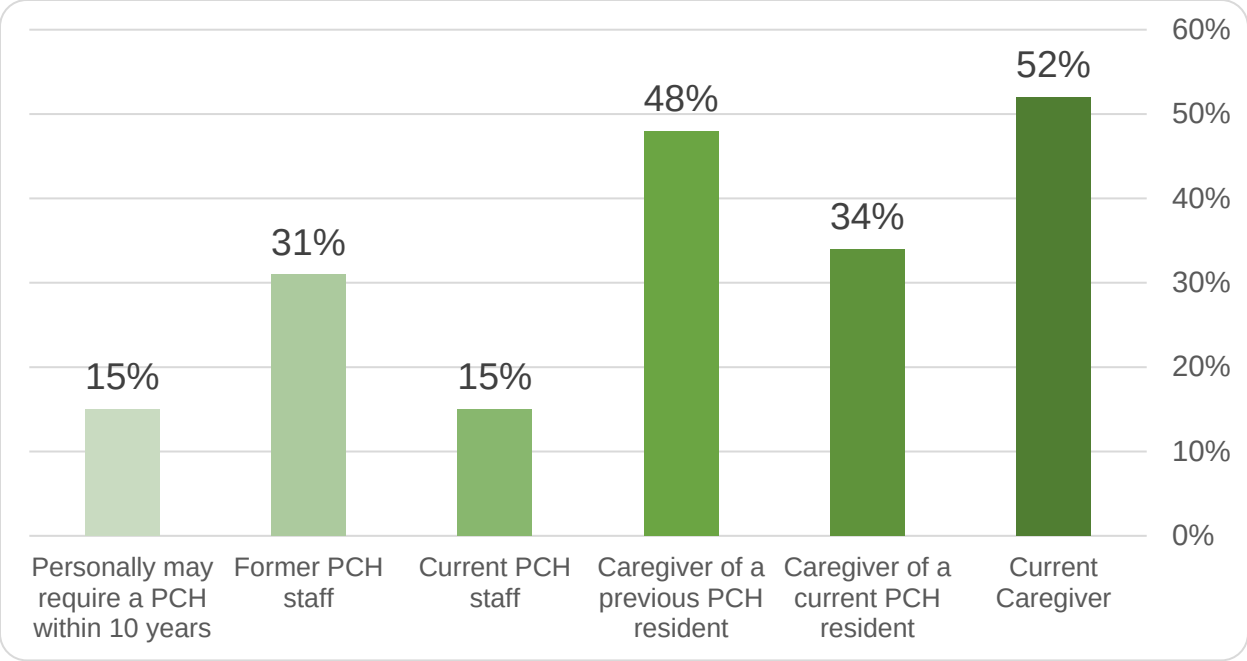
- 93.5% identified as non-Indigenous, 4.5% identified as Metis, and 2% identified as Indigenous. Given our extensive engagement with the Manitoba First Nations PCH Working Group, our visits to PCHs on-reserve and the amount of individuals identifying as indigenous participating in other consultation activities, we hoped for a higher number of individuals identifying as Indigenous to participate in the survey. However, internet connectivity remains an issue in many of the communities and we had very good engagement in other activities.



- 61% of respondents identified as women, 12% of respondents identified as men, less than one percent identified as another gender and 27% did not respond to the question.

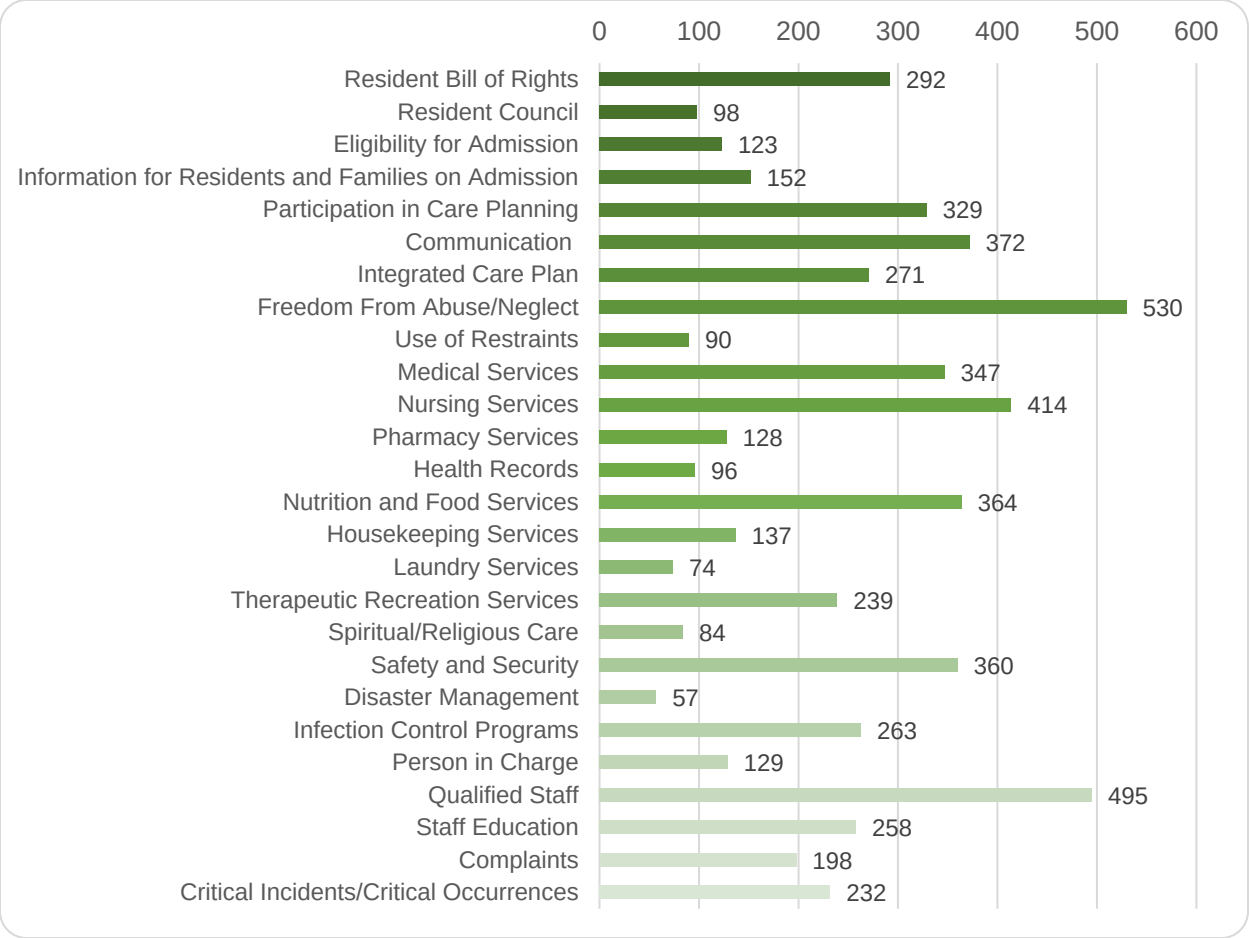


- 52% resided within WRHA, 17% resided within PMH, 16% resided within SHSS, 13% resided within IERHA, two percent resided within NRHA and one percent did not respond to the question. These numbers roughly align with 2021 Stats Canada population data.



- The final demographic question asked respondents which “group” they were in and in this category, they were able to pick as many as were relevant (so the percentages do not add up to 100%). We received a balanced group of respondents, if we could do it again, we would have added a seventh group none of the above as it is likely that a few respondents did not match with any of these groups. The groups included:
    1. Current caregiver – 52%
    2. Caregiver of an individual currently residing in PCH – 34%
    3. Previously was the caregiver for someone in PCH – 48%
    4. Current PCH staff member – 15%
    5. Previously worked in a PCH – 31%
    6. Personally may require PCH in the next ten years – 15%

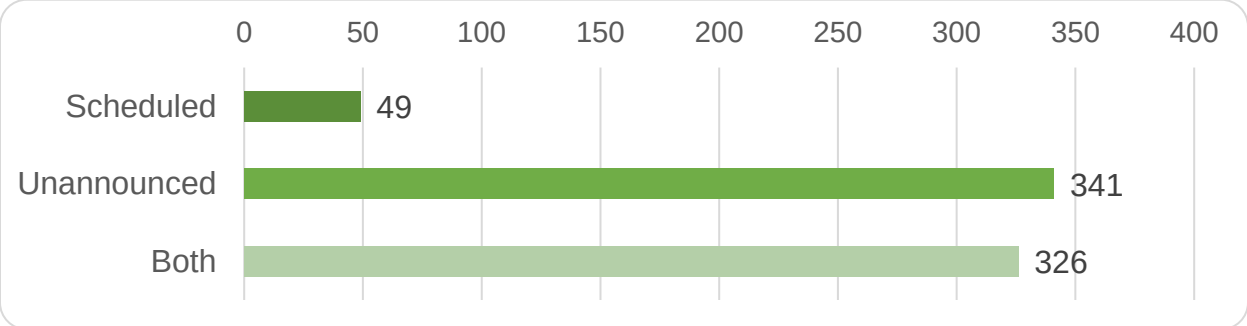
The next question sought the public's priority items within the current standards. Participants were allowed to pick eight standards to prioritize from the current 26. Again, we will use percentages and the abovementioned group numbers to provide context, here is what we learned:



- Freedom from abuse/neglect was the top chosen priority overall and in five of six demographic groups. Group four identified it as their number two priority. Overall, it was chosen by 73% of respondents.
- Qualified staff was the second most frequently chosen priority overall and in five of six demographic groups. Group four identified it as their number three priority. Overall, it was chosen by 69% of respondents.
- Nursing services was the third most frequently chosen priority overall and in four of six demographic groups. Group four identified it as their number one priority and group six identified it as their number five priority. Though the rankings from group six for priorities three through eight were separated by only a few votes. Overall, it was chosen by 58% of respondents.
- Communication was the fourth most frequently chosen priority overall and in three of six demographic groups. Group three identified it as their number five priority, groups four and six identified it as the number three priority. Overall it was chosen by 52% of respondents.

- Nutrition and Food Services was the fifth most frequently chosen priority overall and in four of six demographic groups. It was the number one priority of current PCH residents as determined in other consultation within the project. Group three identified is at the number four priority and group six identified it as the seventh (tie) priority. Overall, it was chosen by 51% of respondents.
- Safety and Security was the sixth most frequently chosen priority overall and in three of six demographic groups. Group two identified it as the number seven priority, group four identified it as the number seven (tie) priority and group six identified it as the number four priority. Overall, it was chosen by 50% of respondents.
- Medical Services was the seventh most frequently chosen priority overall. Group one identified it as the number eight priority, groups two and three identified it as the number six priority, group four identified it as the number seven (tie) priority, group five identified it as the number 10 priority and group six identified it as the number four priority. Overall, it was chosen by 48% of respondents.
- Participation in Care Planning was the eighth most frequently chosen priority overall and in one of the six demographic groups. Groups one, three, five and six (tie) idenitifed it as their number seven priority. Group five ranked this outside of the top 10 priorities. Overall, it was chosen by 46% of the respondents.
- The priorities that were chosen overall the least frequent includes: Disaster Management (eight %), Laundry (10%), Spiritual/Religious care (12%) and Restraints (13%).
- The responses/priorities were remarkably consistent across the six demographic groups.
- The priorities identified in these surveys were much different than the other data sets from this project. The other data sets included resident interviews, staff interviews, virtual and in-person sessions with the PCH sector, surveys sent out to the PCH sector and retroactive analysis of previous resident and family surveys from standards visits in 2020 and 2021. These data sets showed more of an emphasis of quality of life, resident-directed care/living, food services, recreation, and reduction in administrative burden of PCH standards, physical state of the home, cleanliness of the home, restraints, and relationships both in and outside the facilities. Most of these items were not identified by Engage Mb respondents.

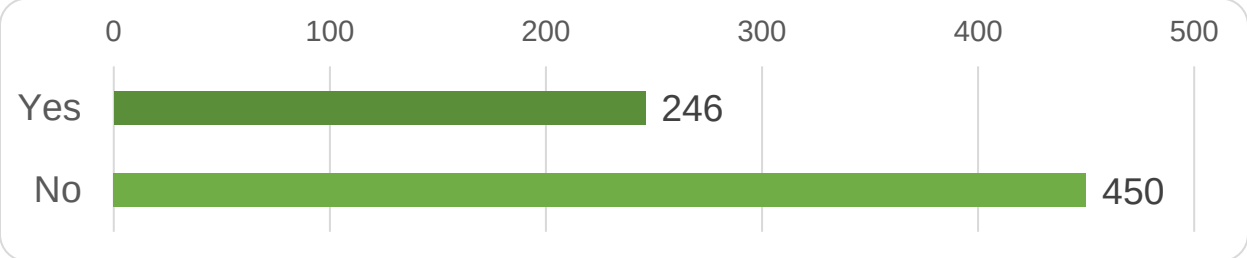
Historically, PCH Standards reviews have been either scheduled or unannounced. The question posed here was do you prefer only scheduled reviews, only unannounced or a combination of the two. Again, we will use percentages to provide context, here is what we learned:



- 48% of respondents indicated they wanted unannounced reviews only, 45% of respondents indicated they wanted both unannounced and scheduled reviews and 7% indicated they wanted only scheduled reviews.

- Of the 341 respondents who preferred unannounced reviews, 309 provided comments, these included:
    - 78% felt unannounced provides a more accurate assessment of day to day operations.
    - 20% felt this improves compliance to PCH Standards on a day to day basis.
- Of the 326 respondents who chose both unannounced and scheduled reviews, 271 provided comments. These were a challenge to “code” but comments that reflected the overall picture included:
    - “Unannounced reviews give franker assessments, but would suddenly divert necessary nursing resources from residents UNLESS review team travelled with locum nurses”
    - “Because it is very stressful to have a unannounced review on staff. But it is good to have unannounced visits to get a full picture of life within the building”.
    - “Allowing homes to prepare in advance can facilitate meaningful change. Collaborative review process may be more effective than adversarial approaches.”
    - “Every situation in life has bad days and good days. Places should have the right to put their best foot forward, but should also be accountable for everyday practises.”
- Of the 49 respondents who preferred all scheduled visit, 25 provided comments, these included:
    - 48% indicated to prepare by having enough staff in place during the review (and not take away from resident’s care), scheduled reviews are needed.
    - 44% felt scheduled reviews demonstrates transparency with staff and families.
- If we were able to do the survey over, we would have not given the option of both as the goal of the question was to determine if scheduled reviews or unannounced were preferred. We are not sure we learned anything from the 326 respondents who chose this option as many of the respondents appeared to be simply “sitting on the fence.”
- The overwhelming majority of individuals participating in previous rounds of consultation indicated that unannounced reviews were preferred over scheduled visits. Most of them for the reasons that are mentioned above.

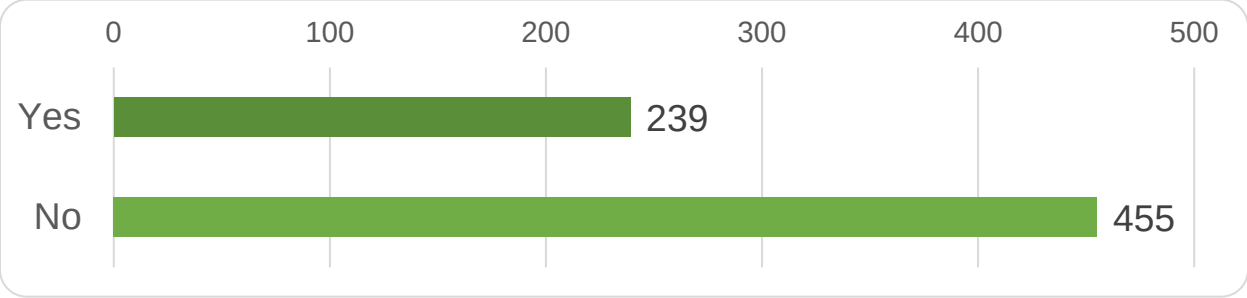
Historically, the results of PCH Standards have not been released publically. In the late 2010s, narrative reports were published on the Manitoba Health website but Licensing and Compliance Branch was unsure of how often and for what purpose these reports have been accessed. The next set of questions is on the topic of results of PCH Standards being posted publically.



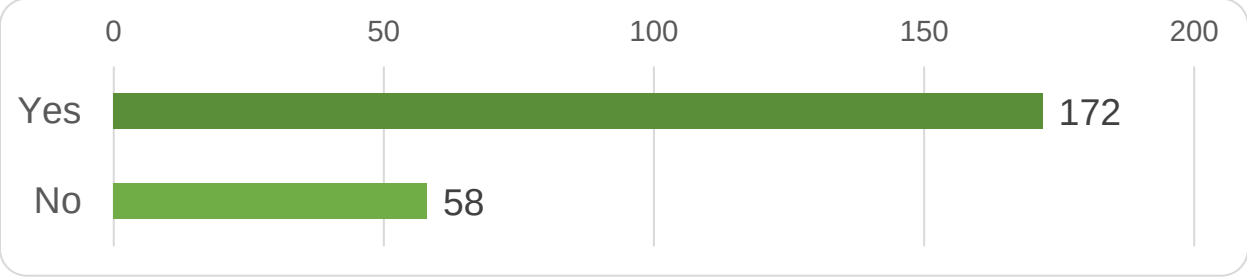
- The first question asks, “did you know that the results of the PCH Standards reviews are posted online?” 64% of respondents were not aware and 34% were aware that results are posted publically and 2% did not answer the question. Writer was surprised at the

percentage of the public that were aware and expected this number to be lower given what was heard in other consultation. We also learned that a better job needs to be done to highlight these reports so that more people are reading them.

- Respondents had many suggestions on how to increase the awareness of the PCH Standards review reports. Suggestions mentioned more frequently included:
    - Many respondents suggested multi-media (newspaper, media, online and announcements) as well as physically posted at the PCH.
    - Many respondents suggested that results of reviews should be shared during the panelling and admission process and emailed directly to current families of PCH residents.
    - Some respondents suggested that the reviews emailed to families should include the actions and plans of the PCH in addressing concerns.
    - Some respondents suggested that it be a requirement that the PCH share the review with current families.
- Respondents also provided suggestions on how to simplify the results to make them more user-friendly. Respondents suggested the following:
    - A score be given out of 10 on a list of all PCH's with a link to more information and/or the full report.
    - Rather than the full report, a summary be provided.
    - A public list of PCHs that have incurred infractions, broken down by severity rather than full detail.

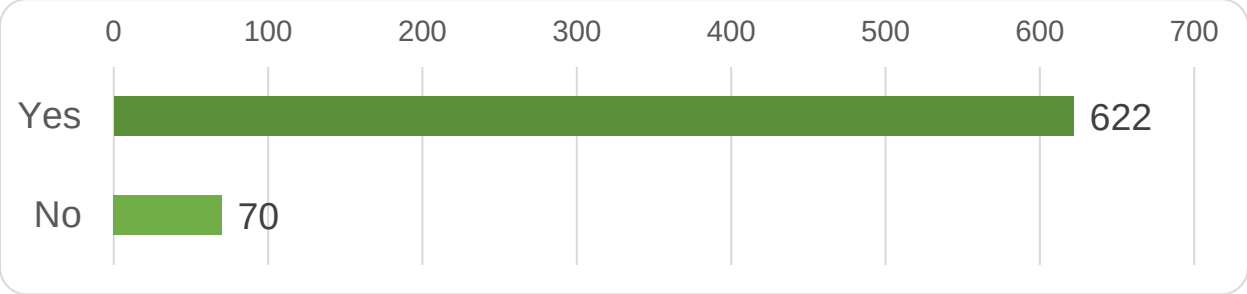


- The second question asks, "have you read one of these documents in the past?" 63% indicated they had not read these documents, 33% indicated they had read the documents and 3% did not answer the question. We learned that of those who were aware of the documents being posted, a significant majority are reading them.



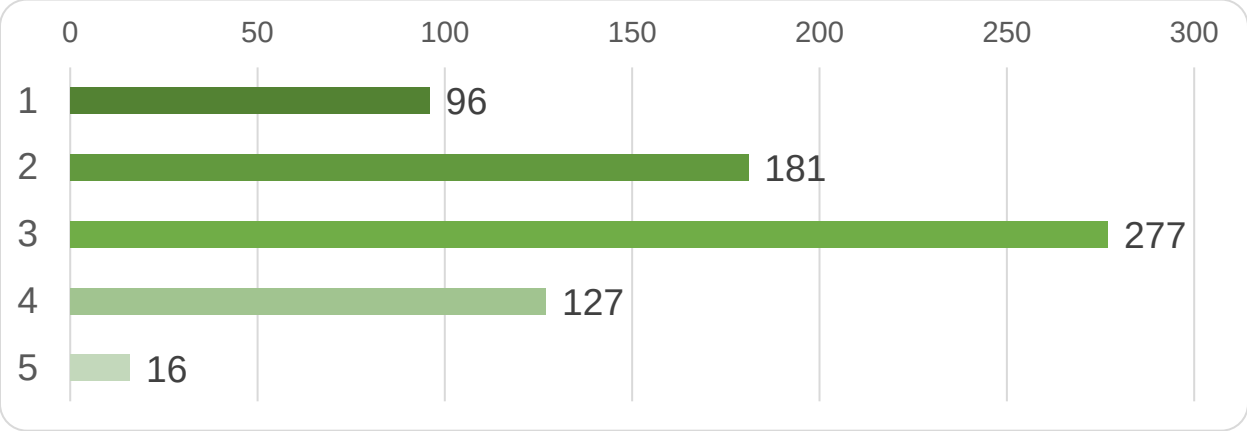
- The third question asks, "for those who have read the Standards review documents, did you find them helpful?" 72% found them helpful, 24% did not find them helpful and 4%

did not answer the question. We learned that if Manitobans can find the documents, they have read them and most found them helpful.



- The fourth question asks, “would you use information obtained by licensing staff in their reviews to assist in making a PCH choice for you or your loved one?” We learned that expanding access to this data will help Manitobans make PCH choices for themselves and their loved ones. We also learned that performing well on PCH Standards reviews should help PCHs keep their beds full.

We wished to learn of the perspective of the public on how well PCHs adhere to PCH Standards.



- We asked, “based on your experience, knowledge and opinions, how well do you think PCHs currently meet the licensing standards set by the province on a scale of 1 to 5? (1 not at all - 5 very well) Of those who responded, 14% responded “1,” 26% responded “2,” 40% responded “3,” 18% responded “4,” and 2% responded “5.” We learned that the public perception of performance on PCH Standards is not a positive one.

We sought the public’s opinion on areas of PCH operations that we were missing in current PCH Standards.

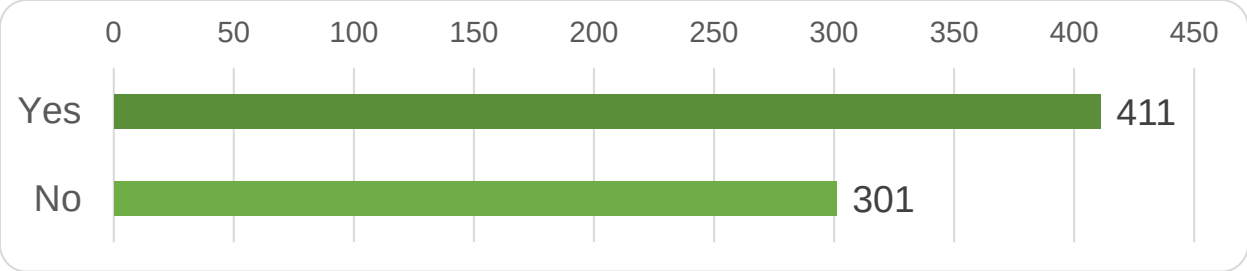
- We asked, “do you think there are any important issues or considerations that should be part of a PCH standard but are not included in the 26 listed above?” We had 483 respondents and they told us the following:
    - 25% said competent and healthy workforce.
    - 19% said accountability/transparency/oversite.
    - 18% said resident and family centered care.
    - 9% said better access to care.

    - 6% said infrastructure.
    - 5% said families able to visit.
- These results were helpful in that they confirmed some of our assumptions on potential new standards and confirmed where some things existed in current standards but needed enhancement, and nothing indicated here was in conflict with other consultation data sets.
- These results were not helpful in that they outlined some things that are already happening and some things that are outside of the mandate of PCH standards (funding, staffing rates, staff pay, professional roles, etc…).

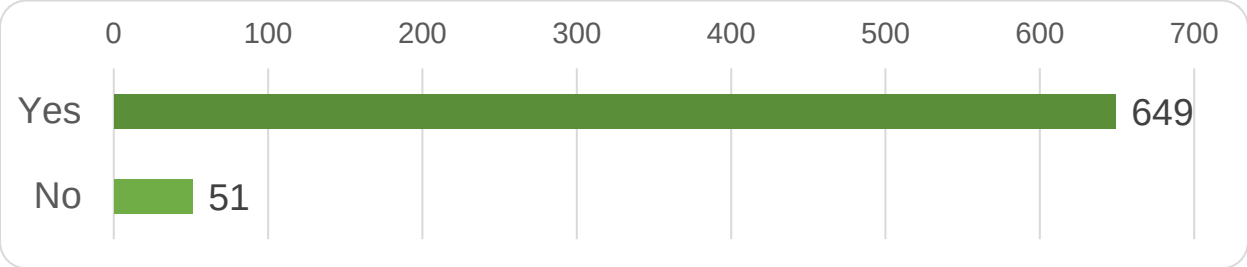
As part of the PCH Standards Modernization project, a key mandate was to learn what "quality care" is? Many people discuss it but defining it is a challenge. We received both positive and negative returns on this question. We asked "what does quality care mean to you?" Here are some of the responses:

- "Quality care, from qualified professionals, who are alert and not over-worked but also not stressed about money. Continuity of care is highly important for Residents as well, to allow for relationship-building and trust when it comes to their own personal care. Quality means not rushed, done properly, with staff who are knowledgeable and know how to handle various situations/behaviours." (Previous PCH staff)
- "Personal care HOME. This is someone's home and should be treated as such. They are not patients."
- "Quality PCH care is individualized. High standards of living are in place. Recreation is individualized with a much higher amount of recreation services and staff available. Bathing and feeding is not done like a factory. Different levels of staff are available on an ongoing basis."
- "Music is played at a level that residents can hear. Staff is knowledgeable about hearing aides and glasses. Resident clothing is matched, hair is always combed. Oral hygiene is a priority. Food is made at the PCH and not shipped in. Food is of high quality. Beds/pillows/ sheets are comfortable."
- "The list is endless."
- "At present, PCH"s in Manitoba function as death warehouses instead of the resident's home. Residents should be treated with the highest respect."
- "Palliative care standards in a PCH should be equal to hospice and other palliative units. More staff!" (current caregiver of a PCH resident)
- "Where residents are give the opportunity to make the most of their senior years in every way, not just feed/cleaned/medicated and left primarily on their own in a bed or chair in the hall. Additional resourcing in place at PCHs could allow for more activity and interaction with the residents, and updated and continued dementia education would provide better tools for care workers to use when dealing with residents to have a more positive outcome without medical restraints." (previous caregiver of a PCH resident).

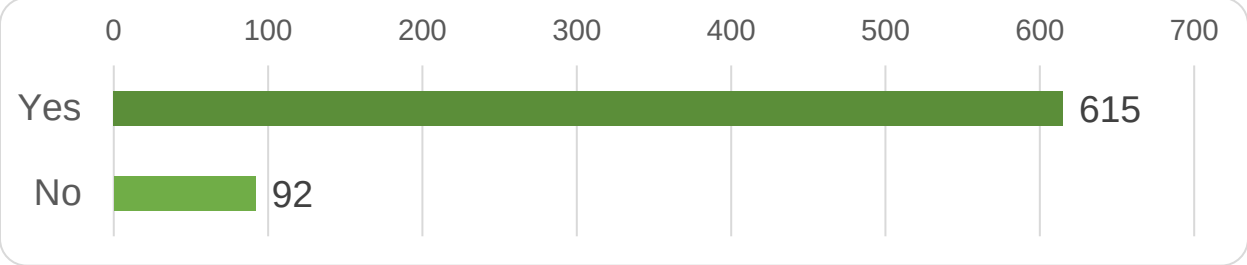
We asked questions on other housing options with health services who are serving a similar population as Manitoba's PCHs are serving.



- The first question was, “did you know that Manitoba’s PCH standards only apply to PCHs and not any other facilities that provide housing and care to older individuals?” 57% were aware, 42% were not and 1% did not answer the question.



- The second question was, “do you think some standards should also apply to these other facilities?” 91% said yes, 7% said no and 2% did not answer.



- The third question asked, “do you think the provinces should be responsible for assessing the compliance of these types of facilities with standards?” 86% said yes, 13% said no and 1% did not answer.
- PCHs have indicated they feel that they face more rigorous evaluation than not only hospitals but housing with services who are serving similar populations. Currently licensing requirements exist in other provinces but not in Manitoba. The respondents do not appear to support this.

There were many other comments suggestions that did not necessarily fit in our abovementioned categories. These include:

- “Unscheduled must be done within a 24/7 framework! Not just office hours. Residents experience their care 24/7 so the standards must be checked 24/7 too.”
- “So much onus is on charts when really the outcomes and satisfaction of care should be of prime importance”
- “I suppose there must be standards but coordinate them with accreditation, decrease the amount of paperwork required and use quality of life measurements. If a resident is

smiling, well fed and socializing with other residents and reports happiness, that is more important than how many falls happened or if the resident bill of rights is hanging on the wall."

- "The Resident Bill of Rights states that it must be developed by the residents living in the facility. At one time we did this, but MH on standards review viewed us as unmet as there were some criteria missing. The bill of rights as stated in standards is all encompassing. Do not make the development of the Bill of Rights by the Residents part of the standard. PCH must abide by the Standard."
- "When conducting the standards visit they should look at more then the paperwork and visit residents and talk to family and staff (not the ones selected by management) if residents and staff do not look truly happy something is wrong…."
- "Family engagement for frequent review & reporting of implementation of standards to guarantee true delivery of services & achievement of all standards!"
- "There should be a standard related to rehabilitation and physical activity. Therapeutic recreation is not enough to cover this well."
- "There should be a standard related to technology."
- "There should be standards related to the physical environment (e.g., necessity for outdoor space, single rooms, small home design, spaces for couples)."
- "These standards should align with and contain all the standards developed at the national level (CSA and HSO)."

Next Steps

- The Engage MB consultation data was combined with the other data sources. Trends were found and issues to be address were identified.
- Solutions to the identified issues were taken from the consultation and discussions with PCH experts, the PCH Standards Officers and the WG.
- A draft of modernized standards has been developed.
- Trials in Manitoba PCHs will occur in March and April 2023.
- Following the trials, we will take the data back to PCH Standards Officers and the WG and see where edits are required and work on those to produce a final draft.
- Recommendations will be provided to government to assist in updating the PCH regulations to reflect the content of the new standards.
- An electronic portal will be developed to reduce the administrative burden for PCHs and the PCH Standards Officers and to share the information with the public.
- Look into language requirements for the documents.
- Provide a report to government on what was learned throughout the project related to PCHs (outside of the standards).

Active Offer Statement

This information is available in an alternate format on request. Please contact Licensing.Compliance@gov.mb.ca.

Questions?

Send an email to Licensing.Compliance@gov.mb.ca.