A summary of the report *Strategies for Developing a Personal Care Home Report Card in Manitoba*

In Manitoba right now, 15% of the population is over the age of 65. This percentage is expected to rise to at least 23% over the next 25 years. As Manitobans get older, many will begin to think about where they will live in their golden years. As they age and their health begins to decline, they may consider moving to a nursing home (or a personal care home, as they are known in Manitoba). Personal care homes house people who can no longer live on their own but don’t need the level of care provided in a hospital. They provide many different types of care, such as help with everyday tasks, supporting people with more than one illness, and care at the end of a person’s life.

Choosing a personal care home to live in is often a tough decision. This is partly because there is no simple way to find out about the quality of care a personal care home provides to residents. Quality of care is important to many people: to the planners who are responsible for how the home operates, to the doctors, nurses and other staff who provide care, and to the general public who are looking for a place they may one day live. All of these people agree that personal care home residents should receive high quality care.

But what does it mean to receive high quality care? Studies show that there are dozens of measures of quality of care for personal care homes. Trying to measure so many different factors for each personal care home is not practical. But experts say that measures of quality of care should be two things. One, they should be impactful: they should measure an event that happens often and/or has a real impact on residents. Two, they should measure something that can be changed or improved fairly easily.

Manitoba Health has recognized that Manitobans need a simple way to learn about the quality of care provided by personal care homes. They asked researchers at the Manitoba Centre for Health Policy (MCHP) to determine what the best quality of care measures for personal care homes are and how this information can be shared with the people who need it. At MCHP, researchers used the Population Research Data Repository to respond to these requests. The Repository is a collection of databases that contain information on all Manitobans’ contacts with the healthcare system. This includes records showing who lives in personal care homes and data on their health and well-being, for example, how much care they need. The data aren’t connected to any names or addresses, but researchers use a numbered code attached to each record to link each person’s records together, allowing to them to follow people through the healthcare system without ever knowing ‘who’ they are.

### Choosing Quality of Care Measures

We worked with a group of experts that included personal care home directors and staff to narrow down a long list of quality of care indicators to twelve key measures. All the experts agreed that these measures were impactful and that changes could be made fairly easily to improve any shortcomings. Some examples are shown in Graphic 1.

### Making Sense of the Data

We compared the twelve measures across personal care homes in Winnipeg. This part of the study was not really about which personal care homes scored better or worse than others. Instead, we were looking for a way to show the quality of care data for each home that made it easy to grasp.

First, we showed the data in a format that we thought the public would find easy to understand, like Graphic 2. For this example, we used one of the twelve measures of quality of care: how often personal care home residents had bed sores. We also produced graphics for all of the other eleven quality of care measures.

Then, we added a little more detail for the health care planners and providers. Some personal care homes have residents who are sicker or frailer than others, and this would put them at higher risk for having bed sores and other health problems. So, we sorted residents in each personal care home into ‘lower risk’ and ‘higher risk’ groups, and we show these results separately in our full-length report. Looking at lower and higher risk groups separately allows health care planners and providers to ‘zero in’ on specific groups of people who need better care, making it easier to start making the changes that are needed. This detailed look at the data also highlights examples of excellent quality of care, and provides a starting point for planners and providers to share ideas about what works well.

### Putting the ‘Home’ in Personal Care Home

When it comes to personal care homes, the public, the care providers and the planners all agree that good care involves more than medical care. There are many other aspects of care that are important to keep in mind. Residents’ happiness and sense of well-being depends to some extent on whether their personal care home feels like ‘home’.
Graphic 1. Quality of Care Measures for Personal Care Homes - Some Examples

% of PCH Residents Who:
- Report being in moderate to severe pain
- Do not get daily oral care
- Have bed sores
- Have depression and do not receive anti-depressant therapy

Graphic 2. Measuring Quality Care in Winnipeg Personal Care Homes
An Example: How often did residents have bed sores?

How Often Did Residents Have Bed Sores?

<table>
<thead>
<tr>
<th>Less Often</th>
<th>Average</th>
<th>More Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Image of houses]</td>
<td>[Image of houses]</td>
<td>[Image of houses]</td>
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Past research studies show that people want to know whether there are private rooms, what the food is like and whether meal times are flexible, and what leisure activities are available. In general, they are looking for a clearer picture of what life in the personal care home will be like, and not just what the quality of medical care is.

Manitoba is working towards creating an online report card to provide information to the public on all personal care homes in the province. The findings of this study shed some light on what should be included in the report card. Researchers at MCHP recommend the following:

- The data in the report card should be presented in a way that is easy for the general public to understand and use.

- The measures chosen should be ones that have an impact on residents’ lives, that can be improved, and that can be measured regularly.

- To serve as an effective tool for people to make decisions on where they might want to live, the report card should include not only measures of medical care quality, but also information on everyday life at the home.

We know that decisions about personal care homes are often made when people are under pressure or feeling very stressed. An online report card could help relieve some of that stress by providing the critical information Manitobans are looking for and making a tough decision easier.

Graphic 3. What People Look For in a Personal Care Home*

*This information was not collected as part of this study; it comes from studies published by other researchers