

***“RESIDENTIAL LONG-TERM CARE FOR CANADA’S SENIORS: NONPROFIT,  
FOR-PROFIT, or DOES IT MATTER?”***

**Commentary**

Gail Dobell

In their study, Margaret McGregor and Lisa Ronald conclude that the type of ownership of residential long-term care facilities for frail seniors is a determinant of the quality of care provided, suggesting, among other things, that the lower staffing levels in for-profit homes is a contributing factor to the inferior quality of care they provide.

In Ontario, the “envelope” funding system, which ensures money paid for care is in fact spent on care, and an extensive system of reporting, auditing, and inspection of all homes – regardless of their governance structure – establishes a minimum threshold for quality in care delivery. Certainly, variations in quality exist in Ontario. However, that variation is not easily bifurcated between for-profit and nonprofit homes. Just as there are poorer quality for-profit and high quality nonprofit homes, there are also excellent for-profit homes and struggling nonprofits, suggesting that factors other than ownership type may contribute to differences in quality.

McGregor and Ronald’s paper is provocative, but must be viewed in the context of an ongoing discussion. This continuing work must be inspired by two fundamental questions: 1) What more do we need to know about long-term care quality to shape the policy that drives improvement over the long term? and 2) What can and should we be doing now to change outcomes and the experience of residents in the short term, regardless of the governance structure of homes?

**What More Do We Need to Investigate?**

While ownership type may be one factor in the quality equation, we must understand the effect of other organizational features that may have an equally significant impact on the quality of residential long-term care. Research in the Canadian context that examines the impact of leadership, communication and teamwork as elements of organizational capacity, and their link to organizational performance, is in its early phase and must be expanded. Investigation of the impact on residential care quality of the size of multihome organizations, whether for-profit or nonprofit, and of the size of individual homes, may reveal valuable information. But examination of these structural characteristics and their relation to quality must not distract us from the immediate opportunity and current thirst of providers for quality improvement strategies that can be deployed in their environments. Managers and direct care staff in homes seek sector-specific training, practical tools and resources that would enhance their quality improvement efforts and ultimately improve residents’ experience.

**What Can Be Done Now?**

McGregor and Ronald present several recommendations that extend the dialogue about the quality of care beyond the nonprofit versus for-profit debate. In that regard, Ontario may be viewed as a learning laboratory for strategies that shift the long-term care delivery culture to one intensely focused on quality. Responding to public demand for transparency and accountability

and care providers' interest in quality, two Ontario programs, Residents First and Long-Term Care Public Reporting, are positioned to have a profound impact on the long-term care industry.

Residents First is a five-year sector-designed initiative, funded by the Ontario Ministry of Health and Long-Term Care, that supports long-term care homes in providing an environment for their residents that enhances their quality of life, by means of customized training, tools and resources. The initiative facilitates comprehensive and lasting change by strengthening the homes' capacity for quality improvement. Over three-quarters of Ontario's long-term care homes, representing a balance of nonprofit and for-profit homes, have now voluntarily engaged in the initiative ([www.residentsfirst.ca](http://www.residentsfirst.ca))

Long-Term Care Public Reporting was launched in Ontario in early 2010. Already over 130 homes are voluntarily reporting outcomes data on 6 individual-home-level indicators and over 30 province-level indicators, on a public access Web site ([www.ohqc.ca](http://www.ohqc.ca)). By the end of 2011, all Ontario homes will be reporting data on the Web site. Together, these two programs will help support nonprofit and for-profit organizations in long-term residential care as they move toward change.

McGregor and Ronald's paper should continue to fuel Canadian-based research on variations in quality, research that can be used to inform policies to provide a solid structural framework for continued improvement. We must also support individual homes as they embark on their own quality improvement journey, so that every resident across the country can expect the best possible care, regardless of the ownership structure of the home.

**L. Gail Dobell** is the measurement and evaluation specialist for the Ontario Health Quality Council's Residents First initiative. She has been active in long-term care quality improvement for over 15 years in Canada and the United States. She served as principal investigator for the Integrated Satisfaction Measurement Project, which developed and tested a quality-of-care assessment instrument for managed care organizations providing health and long-term care services to home and community-based elders. She was also principal Investigator for a project funded by the California HealthCare and Archstone Foundations, which developed an assessment tool for the US-based Program of All-inclusive Care for the Elderly. She was an Agency for Health Care Research and Quality Research Fellow at the Institute for Health Policy Studies, and serves on several long-term care sector working groups and committees. She is a graduate of the University of California, San Francisco.