

Long-Term Care Quality Assessment - 2017

Please Select Your Health Region:

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| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input checked="" type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Kelsey Trail | <input type="checkbox"/> Mamawetan Churchill River |
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| <input type="checkbox"/> Saskatoon | | |

Facility Name and Number: Biggar & District Health Centre

Date of Visit 31/10/2016

Please list those from the RHA that attended: Interim CEO, CTM

Please describe what is working well as identified through your visit and discussions with residents and families:

- New facility (LTC added to Acute)
- CTM and staff clarifying/addressing issues raised at Resident Family Council meetings.

Please describe areas for improvement as identified through your visit and discussions with residents and families:

Questions re:

- Eggs – request for “soft” (over easy eggs) and Food Safety Regulations
- Activity Staffing – weekends
- Wandering clients entering other client’s rooms
- “uneven” grounds – outdoor patio area
- Grounds maintenance – Maintenance Dept. now has specific hours/day to address grounds maintenance, weed control, etc.)

Please describe how this the information gathered in this visit will be incorporated into your overall efforts to improve quality of care for residents and staff in long-term care:

- Continue Resident Family Council meetings with and local Manager follow- up
- Regional and Provincial Initiatives Rollouts
- Review of issues raised in this and other sites re:
 - Maintenance of yard/grounds
 - Over Easy eggs and Food Safety Regulations
 - Activities staff on weekends
 - Wandering clients
 - sites have trialed multiple options- explore best options moving forward.
- CCA Relief positions trialed in 2017 – extended trial in September to allow for further evaluation.

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Facility Name Davidson & District Health Centre
and Number:

14/09/2017

06/06/2017

Please list those from the RHA that attended: Interim CEO, CTM, VP of Primary care & Quality Services

Please describe what is working well as identified through your visit and discussions with residents and families:

- Multiple QI projects at facility to improve flow and efficiency (Kanban of Pharmacy and Storage including M/S supplies, Nursing station changes) and staffing enhancements for the integrated Facility on trial for 1 year.
 - Physician services stabilized

Please describe areas for improvement as identified through your visit and discussions with residents and families:

- Dietary – The frequency of soup and sandwiches served for supper was a concern
- Yard and Grounds Maintenance

Please describe how this the information gathered in this visit will be incorporated into your overall efforts to improve quality of care for residents and staff in long-term care:

- Continue with Resident Family Council meetings with local CTM for follow-up.
- Regional and Provincial initiative roll outs
- Temporary Staff enhancements made permanent as of August 2017- Continue to Monitor and evaluate impact on LTC services .
 - AHN 8 hours/day – 3 days/ week
 - LPN 12 hr/days - 7 days/week (nights)
 - CLXT 8 hours/week

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Facility Name and Number: Dinsmore & District Health Centre

14/09/2017

14/09/2017

Please list those from the RHA that attended: Interim CEO

Please describe what is working well as identified through your visit and discussions with residents and families:

- Beautiful new outdoor patio area with Gazebo being enjoyed by residents thanks to Community.
- Activities – Activity Coordinator – recently recruited
- A married couple have been admitted and accommodated with shared room.

Please describe areas for improvement as identified through your visit and discussions with residents and families:

- Staff awaiting decision re Staffing model being trialed

Please describe how this the information gathered in this visit will be incorporated into your overall efforts to improve quality of care for residents and staff in long-term care:

- Continue Resident Family Council meetings and with local Manager follow- up.
- Staffing mix/model change being trialed at facility – staff report the additional SCA on evenings works well.
- Staffing model plan to be finalized by Sept 30th
- Regional and provincial initiative roll-out (see list)

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Facility Name and Number: Elrose & District Health Centre

Date of visit (DD/MM/YYYY): 14/04/2017

Please list those from the RHA that attended: Interim CEO, CTM, Activity Coordinator, Staff

Please describe what is working well as identified through your visit and discussions with residents and families:

- Activities – have recruited a full time Activity Coordinator (shared with Dinsmore).
- Maintenance –Facility temperature / heating is better managed now (post flood repairs)

Please describe areas for improvement as identified through your visit and discussions with residents and families:

- No specific issues
- Questions re: transition to PHA; LTC fee increases

Please describe how this the information gathered in this visit will be incorporated into your overall efforts to improve quality of care for residents and staff in long-term care:

- Continue Resident Family Council meetings with local Manager follow- up.
- Explore Activity/Therapeutic Recreation options considering fewer volunteers available
- Regional and Provincial initiative roll-outs (see list)
- Transition Updates for Public – Communication

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Facility Name Eston & District Health Centre
and Number:

Date of visit (DD/MM/YYYY): 06/03/2017

Please list those from the RHA that attended: Interim CEO, CTM

Please describe what is working well as identified through your visit and discussions with residents and families:

- Outdoor Gazebo – for construction Spring (to allow residents to enjoy more outdoor activities). Donations made this possible.
- Dietary – “really good meals”. Would like more salads/fresh fruit, hamburgers, breakfast for supper. Want “soft” eggs.
- Maintenance – good. “Johnny on the spot” – gets things done. Rooms kept nice.
- “Baby Day “ went over really well with new moms and babies visiting.

Please describe areas for improvement as identified through your visit and discussions with residents and families:

A number of questions and suggestions were provided:

- Activities – request more singing/dancing and “Johnny Cash” entertainer. More activities i.e. toss game, pool games, noodle hockey, and exercises. Noted it has become more difficult to find volunteers.
- Transition of HHR and the creation of one PHA. What will be the cost savings (“amalgamation has never saved any money prior”) and what will be the impact to LTC services.
- Environment - room temperature functions – cold/drafty.
 - Boiler repair /? Replacement
 - Window replacement – capital item
- Request new water jugs in room – “repulsive”
- Etiquette – Families request that staff give their names when answering facility phone
- Communication – shift report. Do nurses receive report?

Please describe how this the information gathered in this visit will be incorporated into your overall efforts to improve quality of care for residents and staff in long-term care:

- Continue Resident Family Council meetings with local Manager follow up
- Explore activity/Therapeutic Rec options with less dependency on volunteers.
- Regional and Provincial initiative roll-outs (see list)
- Transition Updates for Public – communication
- Dietary – explore limitations on “soft” eggs with PHI.

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Facility Name and Number: Kerrobert & District Health Centre

Date of Visit 14/01/2017

Please list those from the RHA that attended: Interim CEO, CTM

Please describe what is working well as identified through your visit and discussions with residents and families:

- New facility – issues being addressed locally by CTM and department heads.
- New garden and gardening activities enjoyed by many residents. Food grown was also eaten and enjoyed by the residents .
- Yard maintenance – was an issue
 - Additional Maintenance Staff 1 day per week for summer
 - Addressed with use of volunteers this year (to catch-up) and Maintenance.

Please describe areas for improvement as identified through your visit and discussions with residents and families:

Questions re :

- Soft Eggs – the Food Safety Regulations
- Dietary – request decreased frequency of soup and sandwiches on supper menu
- Grounds Maintenance

Please describe how this the information gathered in this visit will be incorporated into your overall efforts to improve quality of care for residents and staff in long-term care:

- Continue with Resident / Family Conferences and local Manager follow-up
- Regional and Provincial Initiative roll-out
- Dietary – The frequency of soup and sandwiches served for supper was listed at multiple sites
- Yard/Grounds maintenance is an issue identified at multiple sites (dependent on time of year visit completed). Various solutions trialed in other communities. To explore best options for grounds Maintenance going forward.
- Eggs – the Food Safety Regulations have caused questions and concerns from clients who would like a “soft” egg served. To review and determine if there are options to meet both the regulations and client preferences.

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Facility Name and Number: Kindersley & District Health Centre

Date of visit (DD/MM/YYYY): 13/02/2017

Please list those from the RHA that attended:

Interim CEO, CTM, Recreation Coordinator, Recreation Workers

Please describe what is working well as identified through your visit and discussions with residents and families:

- Barbeques/Outdoor dining – enjoy
- Options given for food preferences – menu suggestions from each resident obtained and scheduled
- Housekeeping – happy with housekeeping services and room cleanliness

Please describe areas for improvement as identified through your visit and discussions with residents and families:

Questions and discussion re :

- Room security/privacy – other residents entering rooms (confused/wandering clients). No solution yet – trialing different options (cannot lock doors).
- Activities/Staffing for evenings, weekends and Stat holidays. Would like lunch after dances.
- Face cloths – new from K-Bro are rough, resident stated “not suitable” for LTC.
- Communication between staff/clients – one client’s example (Manager doing follow up).
- Food presentation – difference noted between cafeteria food and plated food (“finish”). Manager to follow up with Dietary.
- Teacups are stained (new ones have been ordered).
 - Fee increases every 3 months and reason why? Worried if not able to pay.
 - Reassured and explained increases
- Discussed with family members the Transition of Board to one PHA – impacts to LTC staffing?
 - No impact at this time
 - Commitment to seniors care – Premier’s priority.
- Are staff in LTC trained in Palliative Care? If resident chooses to remain in home during end stages of life is staff prepared/trained?
 - Yes trained in Palliative care and other courses including SCHG’s.
 - Ideally client can remain in home for Palliative Care.

Please describe how the information gathered in this visit will be incorporated into your overall efforts to improve quality of care for residents and staff in long-term care:

- Continue with Resident Family Council Meetings with local Manager follow –up.
- Transition updates for Public- communication
- Regional and Provincial Initiatives Roll-out

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Facility Name and Number: Kyle & District Health Centre

Date of visit (DD/MM/YYYY): 14/09/2017

Please list those from the RHA that attended: Interim CEO, CTM

Please describe what is working well as identified through your visit and discussions with residents and families:

- Activities Coordinator – recruited to shared position
- Call bell system – new

Please describe areas for improvement as identified through your visit and discussions with residents and families:

- Evening staff – currently 2 staff on duty after 1730 hours (17 LTC + 3 program beds)
- Site calls in additional help as needed (i.e. client with aggressive behaviors)
- RN coverage 8 hrs/day
- 2 CCA's after 11pm
- * Site exploring options with HR to adjust current staffing shift/hours to allow for increased coverage on evenings.

Please describe how this the information gathered in this visit will be incorporated into your overall efforts to improve quality of care for residents and staff in long-term care:

- Continue Resident Family Council meetings with local Manager follow -up
- Regional and Provincial roll out of initiatives (as per list)

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Facility Name and Number: Lucky Lake & District Health Centre

Date of visit (DD/MM/YYYY): 14/09/2017

Please list those from the RHA that attended: Interim CEO, CTM

Please describe what is working well as identified through your visit and discussions with residents and families:

- Outside access has increased since facility sidewalks replaced.
- Patio with canopy being enjoyed by the residents
- Signage on highway through town for semi's not to use "retarder brakes" has helped to decrease noise levels in Facility.
- Activity Coordinator recruited and will be shared between 3 sites
- Family conferences at 6 months and med reviews at 3 months – Multi-disciplinary with physician and NP.

Please describe areas for improvement as identified through your visit and discussions with residents and families:

- Family – name tags – reminder for staff to wear for families awareness
- CTM:
 - Concerns re evening staff levels – 2 staff on duty from 1900 – 0700.

Please describe how this the information gathered in this visit will be incorporated into your overall efforts to improve quality of care for residents and staff in long-term care:

- Continue Resident Family Council meetings with CTM follow up.
- Regional and Provincial initiative roll-outs
- Continue to monitor recent staffing changes
- Explore options for evening staffing

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Facility Name and Number: St. Josephs Health Centre, Macklin

Date of Visit 28/09/2017

Please list those from the RHA that attended: Interim CEO, AHN

Please describe what is working well as identified through your visit and discussions with residents and families:

- Food Services: The AHN notes no concerns with these services. Laundry services and food services are provided locally.
- Laundry Services: They have not transitioned to Cisco or K-Bro.
- Building Maintenance/Environmental Issues: new maintenance staff member hired and is able to repair/maintain equipment/grounds.
- Primary Care Model: for dementia clients has been beneficial. NP new this year. NP has had increased involvement with rounds, family conferences .

Please describe areas for improvement as identified through your visit and discussions with residents and families:

- Currently have 5 clients with wandering behaviors. This causes concerns to other client's (entering rooms, rummaging, etc.)
- Night staffing levels/early am – currently night staff getting some residents up as early as 04 or 05:00.

Please describe how this the information gathered in this visit will be incorporated into your overall efforts to improve quality of care for residents and staff in long-term care:

- Continue with regular Resident Family Council meetings and local ED follow-up.
- Regional and Provincial Initiative Roll-outs
- Sustain the gains .A number of quality improvements were implemented at the site in response to a Quality of Care Review and the report's recommendations.
- Explore with Facility options for staffing levels/ care delivery for early am
- Review of best practices for wandering clients – behavior management, environmental changes/modifications to lessen impact to other clients.

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Facility Name and Number: Outlook & District Health Centre

Date of Visit 08/06/2017

Please list those from the RHA that attended: Interim CEO, AHN

Please describe what is working well as identified through your visit and discussions with residents and families:

- Dietary/Food quality issues addressed with QI initiative to increase client satisfaction (final temp, presentation, etc.)
- Water temp (delay in hot water to rooms) addressed with repairs.
- Facility temp issues addressed by Maintenance
- Relief SCA positions being trialed (became permanent in Sept/17)
- Daily visual management – less report time for staff – increased continuity and communication.
- “Night Owl” falls program

Please describe areas for improvement as identified through your visit and discussions with residents and families:

- Continue to monitor

Please describe how this the information gathered in this visit will be incorporated into your overall efforts to improve quality of care for residents and staff in long-term care:

- Continue Resident Family Council meetings with local Manager follow-up .
- Regional and Provincial Initiatives roll-out

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Facility Name and Number: Rosetown & District Health Centre

Date of visit (DD/MM/YYYY): 06/04/2017

Please list those from the RHA that attended: Interim CEO, CTM, Activity Staff, Facility Admin

Please describe what is working well as identified through your visit and discussions with residents and families:

- Staff name tags – improved compliance noted by families
- Yard maintenance – an issues from previous meeting had been addressed (work bee and garden planters)
- Missing resident clothing – trialing new ways to prevent loss; trialing taking photos of jewelry, watches, etc.

Please describe areas for improvement as identified through your visit and discussions with residents and families:

- Questions re: if Liability insurance needed by residents (for floods, damages to building)
 - Can Dentist come to facility if resident can't go to the office
- Happy Hour – issues related to staff serving other guests/visitors who then may leave facility/drive? Liability?
 - 1 drink per resident
- Why supper served at 5? Seems too early.
 - snacks are available in the evening
- Too many soup and sandwich meals (supper) – ham and rice soup?
- Suggestion box for meals
- Meal selection and meal prep
- Number of diabetics – what is provided for diabetic lunch?
- Tub bath – if miss have to wait for the next week?

Please describe how this the information gathered in this visit will be incorporated into your overall efforts to improve quality of care for residents and staff in long-term care:

- Continue resident council meetings to address issues locally (new facility – still issues to sort through).
- Regional review “happy hour” policies and procedures in light of concerns and liabilities (.04 law)
- Site to invite Nursing and Dietary staff, Dietician to future meetings to discuss concerns
- Regional and provincial initiatives – roll-out (see list)
- Recent changes at facility
 - Enhanced staffing – relief SCA positions trialed and approved permanent posting
 - Clinical resource – new for site (.5)
 - AHN recruitment

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Facility Name and Number: Unity & District Health Centre

Date of Visit 14/09/2017

Please list those from the RHA that attended: Interim CEO, CTM, CRN, Activity Coordinator, Activity Staff member, Admin Assistant

Please describe what is working well as identified through your visit and discussions with residents and families:

- Resident Family Council Meetings – well attended, input from members i.e Activity schedule for month, decoration ideas.
- Monthly calendar of events – provided in advance
- Families expressed how grateful they are for the care provided
- Questions re environmental issues addressed – i.e. Barn swallow nests at door, Fish tank responsibility for cleaning, snow/ice removal
- Also included on agenda was opportunity for new care staff to introduce themselves to families at meeting.
- Communication concerns between the parties during a previous resident Council meetings was discussed openly with plans on how to improve and move forward

Please describe areas for improvement as identified through your visit and discussions with residents and families:

Questions re:

Care planning, staff awareness/ education re : assistance for a resident with impaired vision

- Delays in responding to call bells at times – increases anxiety in clients
- Staffing levels evenings/nights for up to 32 LTC clients is a concern
 - Several families are there every night to help with their loved ones care. Concerned would not receive care if not present to help.
- Additional staff on evenings requested
- Hairdressing – frequency, options
- Discussion re using family conferences as the time to address individual client care issues vs at Resident Council Meetings.
- Resident Council meeting agendas –adjust agenda outline to allow time for family discussion re: their concerns/questions.

Please describe how this the information gathered in this visit will be incorporated into your overall efforts to improve quality of care for residents and staff in long-term care:

- Continue with Resident Family Council meetings and local Manager follow- up.
- Review agenda to allow time for Q & A
- Resident specific Care/ Care Planning concerns to be addressed at Family/ Client Conferences vs Council Meetings
- Continue CFCC planning and promotion
- Review of staffing mix/model plan for the integrated site re: evening care needs
- Communication – address communication related issues. Clarify who residents/families should address concerns to and when (no need to wait for a Resident Family Council Meeting)and who be responsible for follow up.
- Regional and Provincial Initiative Roll-out

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Facility Name and Number: Wilkie & District Health Centre

Date of Visit 06/06/2017

Please list those from the RHA that attended: Interim CEO, Director of Continuing Care, CTM

Please describe what is working well as identified through your visit and discussions with residents and families:

- Resident and Family satisfaction survey results – shared
- Regional Client and Family Centered Steering Committee – info shared
- CEO LTC reports Overview – info shared and website
- Purposeful rounding – YouTube video reviewed
- Family Handbook revised
- HIPA brochures circulated
- Medication management Audit by Provincial Auditor discussed and QI data

Please describe areas for improvement as identified through your visit and discussions with residents and families:

Questions re:

- Concerns re: mobility and exercise support
- Personal laundry – frequency
 - Families to provide 7 sets of clothing as per policy.

Please describe how this the information gathered in this visit will be incorporated into your overall efforts to improve quality of care for residents and staff in long-term care:

- Regional and provincial initiatives roll-out (see list)
- Continue with Resident Family Conferences and local Manager follow-up
- Staffing mix/model change being trialed at facility – monitor impact
- Resident specific issues to be addressed during regular Patient/Family conferences
- Review ALC data/reasons for hospitalization- identify community service gaps
 - Explore options for enhanced OT/PT support