

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 type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Kelsey Trail | <input checked="" type="checkbox"/> Mamawetan Churchill River |
| <input type="checkbox"/> Keewatin Yatthe | <input type="checkbox"/> Prince Albert Parkland | <input type="checkbox"/> Regina Qu'Appelle |
| <input type="checkbox"/> Prairie North | <input type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Name and Number: La Ronge Health Centre

Date of visit (DD/MM/YYYY): Multiple

Please list those from the RHA that attended:

Laurie Zarazun, Katie O'Brien, Andrew McLetchie

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

- Resident and Family council meetings have fluctuating attendance. All families are invited to attend before the meetings.
- LTC LPN supervisor connecting with families monthly and when needed to update them and seek input has increased sense of engagement.
- Work on improving diets and enhancing the LTC menu with input from dietary staff, dieticians, care aides, residents, and family members has been well received.
- Use of traditional foods on occasion has been enjoyed by the residents.
- Summer student workers were in LTC through the summer which enhanced the experience of residents and was seen to reduce workload of nursing and recreation staff.

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

- Use of the Cree language has been brought up as only about half our LTC staff have some level of Cree yet a number of the residents only speak Cree.
- Staff identified the challenges when the regular LPN is away and the use of nursing staff who are not regular workers. The decreased knowledge of the residents has resulted in an increase of medication for the purpose of behavior management. A second nursing position in the LTC has helped but after-hours and weekend coverage from the acute care LPNs remains a challenge.
- Increased paperwork and assessments are pulling the LPN away from direct hands on care and sometimes the feeling of a trade-off in terms of care provision is being made.
- A review of medication kept at the bedside for skin or ophthalmic reasons has been seen to be inconsistently applied. A quality improvement project has been working with care aides and nurses to come up with better ways of educating and tracking the use of these medications.

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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:

- We plan to continue to build on the positive work: continuing with the connection with families; encouraging family involvement in resident's lives; ensuring appropriate training for staff is in place particularly around difficult to manage clients and bedside/prn management.
- We are looking at ways to provide Cree language training for staff.
- Improvement work is noted on daily visual management walls which prompts discussions and ongoing PDCA work.