

Regional Health Authority Long Term Care Quality Assessments

Table of Contents

| | |
|---|-----|
| Cypress Health Region..... | 2 |
| Five Hills Health Region | 25 |
| Heartland Health Region | 27 |
| Keewatin Yatthe Health Region..... | 44 |
| Kelsey Trail Health Region | 55 |
| Mamawetan Churchill River Health Region..... | 66 |
| Prairie North Health Region..... | 67 |
| Prince Albert Parkland..... | 81 |
| Regina Qu'Appelle Health Region..... | 95 |
| Saskatoon Health Region..... | 236 |
| Sun Country Health Region..... | 289 |
| Sunrise Health Region..... | 310 |
| CEO Tour Presentation (David Fan's Presentation)..... | 325 |
| CEO Tour Presentation (Includes RHA Slides) | 336 |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73503-Gull Lake Special Care Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 21/05/13

Please list those from the RHA that attended. Beth Vachon

Please list the themes identified. Meal survey completed.
Updated care plans
Consistently scheduling staff to ensure familiarity with those they care for

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? May 21, 2013

If yes, how often do they meet? Monthly, then Quarterly

Please list the themes identified at the resident/family council meetings. Computer access for residents

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Revamp supper menu.
One care plan updated per day & resident's family member will receive a call or email.
PDSA staffing schedules.
Utilize LTC annual survey to promote change & improvment

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73504-Cypress Lodge Nursing Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 15/05/13

Please list those from the RHA that attended. Gloria Illerbrun

Please list the themes identified. No professional nursing in building from 1900-0700. Tendancy to label patients as "confused". I had coherent conversations with 2 residents who were not identified as coherent.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Have meet quarterly for many years - keep minutes but have no terms of reference. Quarterly - difficult getting attendees - offer supper & entertainment to get attendees.

Please list the themes identified at the resident/family council meetings. Discussion with family members - Access to rehab not as available as they think it should be. Would like to see their dad walking more. Difficult to discuss care concerns with nurses - family work until 5:00 p.m. & then visit in the evening. Nurse works till 7:00, is often there till 8:00 p.m. but is so busy they don't feel they can "bother" her. Resident's families otherwise satisfied with care. States residents are treated respectfully, meals are good, facility clean, etc.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Review nursing schedules to see if we can stagger shifts to have nursing in building till 11:00 p.m. or at least 9:00 p.m. This however may require a staffing enhancement. Rehab - Most of this type of "rehab" can be done by care aides. However this facility has a lower aid to resident ratio than many. Education is also needed - but will require reorg of education dept. & lack of gerontological expertise is a limiting factor.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73507-Herbert & Dist. Integrated Healthcare Facility

1. Facility Visit:

Date of visit (DD/MM/YYYY): 22-05-13

Please list those from the RHA that attended. Beth Vachon

Please list the themes identified. _____

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? May 22, 2013

If yes, how often do they meet? Monthly, then quarterly

Please list the themes identified at the resident/family council meetings. Activities, Communication with families, nametags, satisfied with care.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Review W/E activity schedule.
Ongoing & regular communication with family's needs to be established.
Utilize LTC annual survey to promote change & improvement

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73510-Palliser Regional Care Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 23/05/13

Please list those from the RHA that attended. Gloria Illerbrun, Beth Vachon, Renee Hovdestad, Bev Heiser

Please list the themes identified. See below

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings. 1. Up keep of building.
2. Communication between staff & family could be improved.
3. More activities on the W/E
4. Poor quality of personal care supplies.
5. No internet access
6. Egress from building impossible without staff assistance.
7. Residents wait for care (i.e. return to room, etc.) due to not enough staff.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. 1. Review activity schedule re W/E - may result in less activities on weekdays.
2. Education re: Communication with family
3. Review processes re: communication
4. Staff enhancement would require funding.
5. To install self-opening doors in at least one location in the facility.

Long-Term Care Quality Assessment

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

Facility Number: 73511-Eastend Wolf Willow Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 06/05/13

Please list those from the RHA that attended. Gloria Illerbrun

Please list the themes identified. Staff say few family/residents attend Resident Council.
Patients must take HS med before RN/LPN goes home at 11:00 p.m. This is a FOIP 29(1) resident who wishes to watch the National

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings. Concern with lack of variety in meals.
No ramps to allow W/C access to courtyard, doors to courtyard are always locked - have to get assessed to go out ,meals, "OK"
Discuss upcoming activities with residents

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. 1. Dietary staff is monitoring satisfaction with meals on a daily basis.
2. Have maintenance provide estimate/feasibility of providing at least one truly accessible access to the outdoors per facility (hand free access/even threshold

Long-Term Care Quality Assessment

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

Facility Number: 73512-Foyer St. Joseph Nursing Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 05/06/13

Please list those from the RHA that attended. Beth Vachon

Please list the themes identified. Access to the outdoors, activities

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? 2003

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings.
1. Activities, access in & out of the building.
2. Standards of Care

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Investigate installation of hand free door to interior

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73015-Prairie Health Care Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 30/05/13

Please list those from the RHA that attended. Gloria Illerbrun

Please list the themes identified. Lack of knowledge re: LTC/working with elderly.
Resident states the "care is good here but this isn't living"

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? By September

If yes, how often do they meet? _____

Please list the themes identified at the resident/family council meetings. No activities on W/E
Satisfied with care
Not very home like, institutional feel

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. 1. Will review activity schedule, 32 hours per week staff allotment - will require decrease on weekdays to increase weekends
2. More staff education re: Eden

Long-Term Care Quality Assessment

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

Facility Number: 73516, 73144 – Shaunavon Hospital & Care Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 31/05/13

Please list those from the RHA that attended. Gloria Illerbrun

Please list the themes identified. Lack of casual staff leads to staff working short, rushing residents, residents miss their baths etc.
Need more education focused on Gerontology/Care of elderly

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Did meet monthly but now quarterly

Please list the themes identified at the resident/family council meetings. 1. Have implemented numerous changes in décor, signage to make more home like, now have dogs in the facility.
2. Feels that there is sometimes a lack of communication between care providers resulting in disjointed communication with family.
3. Only one bath a week - If staff work short resident may miss their weekly bath.
4. Staff are rushed - No time for exercises or allowing resident to participate in care.
5. More specialized activities (i.e. for those with no sight)

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. 1. Review activity programs - increase individual activity plans.
2. Are trying to recruit/train more CCA's.
3. Care plan review q 2 months, & communicate same with family.

Long-Term Care Quality Assessment

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|---|---|--|
| <input checked="" type="checkbox"/> Cypress | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
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| <input type="checkbox"/> Prairie North | <input type="checkbox"/> Prince Albert Parkland | <input type="checkbox"/> Regina Qu'Appelle |
| <input type="checkbox"/> Saskatoon | <input type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |

Facility Number: 73087-Prairie View Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 13/05/13

Please list those from the RHA that attended. Gloria Illerbrun, Trent Regier, Terry Coulter

Please list the themes identified. Activities need to be focused on resident (ie; Bird feeders closer to window.)
Care here is very good most of the time - There are a few who should not be working in LTC

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? Had a Resident Council for several years, when activity worker left 6 months ago it "fell by the wayside"
Have recently had a meeting to get back on track.

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings. Staff are wonderful/respectful, have started implementing Eden.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. 1. Review activity program ? stagger to provide more on W/E's

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Cypress | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
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| <input type="checkbox"/> Prairie North | <input type="checkbox"/> Prince Albert Parkland | <input type="checkbox"/> Regina Qu'Appelle |
| <input type="checkbox"/> Saskatoon | <input type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |

Facility Number: 73508- Swift Current Care Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 11/06/13

Please list those from the RHA that attended. Gloria Illerbrun

Please list the themes identified. Dissatisfaction with the quality of meals.
Staff have implemented permanent resident assignments to improve continuity of care.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings. Dissatisfied with quality of food.
Poor attendance at council meetings

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Work with dietary to improve the quality of food.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Cypress | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
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| <input type="checkbox"/> Prairie North | <input type="checkbox"/> Prince Albert Parkland | <input type="checkbox"/> Regina Qu'Appelle |
| <input type="checkbox"/> Saskatoon | <input type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |

Facility Number: Leader 73502

1. Facility Visit:

Date of visit (DD/MM/YYYY): 14/06/13

Please list those from the RHA that attended. Gloria Illerbrun

Please list the themes identified. Rigid routines
Outdoor paths are uneven
Lack of independent access to outdoors
Get up so early

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? July 31, 2013

If yes, how often do they meet? _____

Please list the themes identified at the resident/family council meetings. _____

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Investigate option of hands free door entry
Investigate cement instead of brick for some sidewalks
Flexible breakfast

4. Critical Incidents:

Please provide a brief description of the event. _____

Please describe the recommendations that resulted from the incident review. _____

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Prairie Pioneers Lodge- 73509

1. Facility Visit:

Date of visit (DD/MM/YYYY): 07/06/13

Please list those from the RHA that attended. Gloria Illerbrun

Please list the themes identified.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings. Meal quality, lack of variety
No real concerns

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Have dietary follow up re. Meal concerns

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Please describe the actions that have since been implemented.

LONG-TERM CARE SELF ASSESSMENT CHECKLIST - Cypress Health
 Region – Long Term Care Quality Team (For all Region owned facilities)

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | | x | | |
| Your organization has communicated expectations around what staff can do to provide RCC | x | | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | | x | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident’s lifestyle, preferences, and personal goals. | | x | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents’ personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | | x | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | x | | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are | | x | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| readily available. | | | | |
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | | x | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | | x | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | | x | | |
| Opportunities exist for leadership to interact directly with patients and families | x | | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | | x | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|---|---|---|--|---|--------------|
| 1. Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | y | y | n | n | 2 |
| 3. You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | y | y | y | y | 4 |
| 4. Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident’s lifestyle, preferences, and personal goals. | y | y | y | n | 3 |
| 5. Residents’ personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | y | y | y | y | 4 |
| 9. RCC behavior expectations are included in all job descriptions and performance evaluation tools | y | y | n | y | 3 |
| 10. Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | y | y | n | n | 2 |
| 12. All staff, management and physicians are accountable for “walking the talk” of RCC | y | y | n | y | 3 |

ACTION PLAN

| PFCC Actions | Target Date | Person responsible | Outcomes/Deliverable | Measures | Progress/Status |
|--|---------------|----------------------------|---|--|-----------------|
| Identify top five RCC actions that your organization needs to focus on to improve quality of care and complete the RCC Action plan below. | | | | | |
| 1. Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | July 31 2013 | Trent & Anita | All facilities will have an active resident council. | <ul style="list-style-type: none"> • 100% of all facilities will have a RCC. • Each facility will have 12 RCC meetings per year. | |
| 4. Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident’s lifestyle, preferences, and personal goals. | Dec 31 2013 | LTC Managers | All residents will at minimum quarterly care plan review and on any health status change. | <ul style="list-style-type: none"> • 100% of all LTC residents will have at quarterly care plan review completed. | |
| 5. Residents’ personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | March 31 2014 | LTC Managers | All facilities will formalize flexible meal times, ADL’s and wake and sleep times. | <ul style="list-style-type: none"> • 100% of all facilities with have flexible plans in place. | |
| 9. RCC behavior expectations are included in all job descriptions and performance evaluation tools | Dec 31 2013 | ESB | Add this to all annual reviews | <ul style="list-style-type: none"> • 100% of staff will have this as part of this year’s annual reviews | |
| 12. All staff, management and physicians are accountable for ‘walking the talk’ of RCC | Mar 31 2014 | SLT/SMO/Directors/managers | Add this to all annual reviews | <ul style="list-style-type: none"> • 100% of staff will have this as part of this year’s annual reviews | |

LONG-TERM CARE SELF ASSESSMENT CHECKLIST – Facility No. 73512 *Ponteix*

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | X Admin Process | | | |
| Your organization has communicated expectations around what staff can do to provide RCC | X Comm. Book @ report daily | | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | X | | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | X Regular contact as care plan changes | | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|--|---|---------------|----------------|
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | X Relaxed breakfast/get up | | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | X | | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | X Language (French) 1 st nations traditions, spirituality honored | | | |
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | X All staff champion these values | | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | X Included in all job descriptions | | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | X Comm. Book charge nurse. Changed to care/routine are implemented as needed | | | |
| Opportunities exist for leadership to interact directly with patients and families | X | | | |
| All staff, management and physicians are accountable for "walking the talk" of RCC | X | | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--------------------------------|---|---|--|---|--------------|
| Falls | YES | YES | YES | YES | 4 |
| Eden Alternative Philosophy | YES | YES | YES | YES Time | 4 |
| Resident/Family Feedback | YES | YES | YES | YES | 4 |
| Pain assessment/Scott’s assess | YES | YES | YES | YES | 4 |
| Spiritual Care | YES | YES | YES | NO | 3 |
| | | | | | |
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LONG-TERM CARE SELF ASSESSMENT CHECKLIST – Facility No. 73512

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | X Admin Process | | | |
| Your organization has communicated expectations around what staff can do to provide RCC | X Comm. Book @ report daily | | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | X | | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident’s lifestyle, preferences, and personal goals. | X Regular contact as care plan changes | | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|--|---|---------------|----------------|
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | X Relaxed breakfast/get up | | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | X | | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | X Language (French) 1 st nations traditions, spirituality honored | | | |
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | X All staff champion these values | | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | X Included in all job descriptions | | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | X Comm. Book charge nurse. Changed to care/routine are implemented as needed | | | |
| Opportunities exist for leadership to interact directly with patients and families | X | | | |
| All staff, management and physicians are accountable for "walking the talk" of RCC | X | | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--------------------------------|---|---|--|---|--------------|
| Falls | YES | YES | YES | YES | 4 |
| Eden Alternative Philosophy | YES | YES | YES | YES Time | 4 |
| Resident/Family Feedback | YES | YES | YES | YES | 4 |
| Pain assessment/Scott’s assess | YES | YES | YES | YES | 4 |
| Spiritual Care | YES | YES | YES | NO | 3 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: See page 2 for details

1. Facility Visit:

Date of visit (DD/MM/YYYY): 04/18/2013 to 06/06/2013

Please list those from the RHA that attended. CEO Cheryl Craig, Dr. Ramadan, Dr. Vooght, Stuart Cunningham, Bert Linklater, Wayne Blazieko, Terry Hutchinson, Jim Allen, Laurie Albinet, Dianne Ferguson

Please list the themes identified. See page 2 for details

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? Craik Health Centre, Central Butte Regency, Lafleche Health Centre and Grasslands are reestablishing or implementing a resident/family council for September 2013.

If yes, how often do they meet? The remaining 6 resident/family councils meet quarterly.

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. See page 2 for details.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Facility Names: Assiniboia Union, Central Butte Regency, Craik Health Centre, Lafleche Health Centre, Pioneer Lodge, St. Joseph Hospital/Foyer d'Youville, Grasslands

Five Hills Health Region:

The responses to the questions are based solely on a review of each facility self assessment checklist (based on the template received from the MOH) in the region.

What is working well?

- The organization's formal and consistent commitment to RCC and the communicated expectation to staff.
- Residents and families are encouraged to participate in developing individualized care plans through the process of IDC's (Inter-Disciplinary Conferences).

Major issues identified:

- Resident/Family Council meetings as the mechanism for the voice of the client/family are not fully implemented across the region in all facilities.
- There are attitudinal barriers to full accommodation of resident's personal routines and schedules, as well as resource barriers.
- Although informal practices exist, there are no formal systems in place to assist residents/family to identify individual care giver team members and their role.

Action Plan to address major issues identified:

- All FHHR facilities will implement or reactivate Resident/Family Council committees across entire region by September1, 2013.
- Engage staff to identify and remove barriers to best fully accommodate LTC resident's personal schedules and routines.
- Identify and implement systems for residents/family to identify the individual providing care and their role within the care team. (name tags, routine identification, posted boards with care team member names...)

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <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 |
| <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 Number: 576 - *Unity*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 27/5/13

Please list those from the RHA that attended. Greg Cummings, CEO

Please list the themes identified. pleasand environment
staff coverage inadequate for supervise multiple uints, to meet TLR guidelines and to keep residents safe
more activity programming
food too exotic for meat & potatoes people

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? every 2 months

Please list the themes identified at the resident/family council meetings. staff are valuable & work hard
staffing problems
housekeeping staff not being replaced

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. •Regional Support Services Coordinator will continue to work with CPS, regional multi-disciplinary steering committee and local facilities re: reviewing menus, finding substitutions and making changes within nutritional guidelines. There will be on-going discussions with clients, families and staff
•Support and participate in the development of provincial staffing guidelines for LTC that would address issues of safety, complexity of care and in consideration of the new 'home' facility design.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <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 |
| <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 Number: 574-Diamond Lodge

1. Facility Visit:

Date of visit (DD/MM/YYYY): 22/5/13

Please list those from the RHA that attended. Ruth Miller, Director of Continuing Care

Please list the themes identified. people are very nice, kind
care staff good - no complaints with care
clients are appreciateive of all that staff do
some felt food was good
inadequate staffing - not able to meet client needs in timely manner
food 'not worth a damn' - is cold
wanting more and regular therapies

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? monthly

Please list the themes identified at the resident/family council meetings. food 'so-so'
some food tasteless
baths cold

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. •Regional Support Services Coordinator will continue to work with CPS, regional multi-disciplinary steering committee and local facilities re: reviewing menus, finding substitutions and making changes within nutritional guidelines. There will be on-going discussions with clients, families and staff

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <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 |
| <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 Number: 562-Davidson Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 30/5/13

Please list those from the RHA that attended. Greg Cummings, CEO

Please list the themes identified. pleased with the recreation program
food is good
pleased with efforts to enhance the environment (pictures etc)
happy with community support when fund-raising
concerns about rooms being entered without the premission of the resident
not enough therapy, walking programs need to be a priority
complexity of care when individuals are co-habiting by have varying needs
occasional concern about timeliness of staff response durning busy times of day

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? |

If yes, how often do they meet? semi-annual

Please list the themes identified at the resident/family council meetings. concern about communication with Client Care Coordinator

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. •Support and participate in the development of provincial staffing guidelines for LTC that would address issues of safety, complexity of care and in consideration of the new 'home' facility design.
Investigating best practices in relation to security & privacy i.e. discouraging wanderers from entering other client's rooms

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <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 |
| <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 Number: 28-Dinsmore Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 7/6/13

Please list those from the RHA that attended. Ruth Miller, Director of Continuing Care

Please list the themes identified. 'good vibes' when walk into faiclity - building is immaculate and feels like a home
still having home cooked cookies & cakes - is appreciated
well-organized activities

safety of both clients & staff, particularly when only 2 in building - need for TLR compliance
facility feels cold to residents
safety in giving meds when RNs or LPNs experience interruptions when giving meds

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? September '13

If yes, how often do they meet? _____

Please list the themes identified at the resident/family council meetings. _____

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. •Support and participate in the development of provincial staffing guidelines for LTC that would address issues of safety, complexity of care and in consideration of the new 'home' facility design

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <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 |
| <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 Number: 565-Elrose Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 6/6/13

Please list those from the RHA that attended. Ruth Miller, Director of Continuing Care

Please list the themes identified. staff really care - do a good job
happy to have someone else have responsibility, to assist with care

food is 'terrible' - too many sauces and unfamiliar spices
staffing - waiting to get assistance can be frustrating
more opportunity for walks outside & in community

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? semi-annual

Please list the themes identified at the resident/family council meetings. heavy workload due to increased complexity of care - would like staffing reviewed

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Regional Support Services Coordinator will continue to work with CPS, regional multi-disciplinary steering committee and local facilities re: reviewing menus, finding substitutions and making changes within nutritional guidelines. There will be on-going discussions with clients, families and staff
•Support and participate in the development of provincial staffing guidelines for LTC that would address issues of safety, complexity of care and in consideration of the new 'home' facility design.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <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 |
| <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 Number: 566-Eston Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 30/15/13

Please list those from the RHA that attended. Greg Cummings, CEO

Please list the themes identified. very postivie feedback re: communication with and involvement of families, in care
no real concerns - staffing & attentiveness were adequatel
lots of kudos to staff and Care Team Manager

would like to see better access to services i.e. denturist, optometry
would like more entertainment, recreation and a more robust walking program

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? monthly

If yes, how often do they meet? _____

Please list the themes identified at the resident/family council meetings. all "o.k."

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Explore feasibility of improved access to services not available within the small communities

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <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 |
| <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 Number: 571-Heritage Manor

1. Facility Visit:

Date of visit (DD/MM/YYYY): 13/5/13

Please list those from the RHA that attended. Greg Cummings, CEO
Gayle Riendeau, VP, Health Services

Please list the themes identified. like 'special meal' days i.e. resident choice, breakfast club, resident barbeques and cash bar on Fridays!
sense of security/privacy (i.e. from people wandering into other resident's rooms)
food
outdoor activities

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? monthly

Please list the themes identified at the resident/family council meetings. challenges with standardized menu for adaptations and to meet resident preferences

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Regional Support Services Coordinator will continue to work with CPS, regional multi-disciplinary steering committee and local facilities re: reviewing menus, finding substitutions and making changes within nutritional guidelines. There will be on-going discussions with clients, families and staff
•Support and participate in the development of provincial staffing guidelines for LTC that would address issues of safety, complexity of care and in consideration of the new 'home' facility design
Investigating best practices in relation to security & privacy i.e. discouraging wanderers from entering other client's rooms.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <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 |
| <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 Number: Kyle Dist. Health Centre - 69

1. Facility Visit:

Date of visit (DD/MM/YYYY): 10/6/13

Please list those from the RHA that attended. Greg Cummings, CEO

Ruth Miller, Director of Continuing Care

Please list the themes identified.

clients get good care - staff are pleasant and go above & beyond
feels that there is benefit to having smaller facilities in the small communities
good set-up in Kyle with Primary Health Care Clinic

safety issues related to staffing i.e. when only 2 in facility and need 2 for TLR, leaves other clients along
inadequate staffing related to increased complexity of care - staff only getting 'the basics done'
not enough staff to fill shifts leading to more overtime and then possibly increased sickness

earlier complaints re: quality of food but family member stated it had improved slightly

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Yearly

Please list the themes identified at the resident/family council meetings.

Regional Support Services Coordinator will continue to work with CPS, regional multi-disciplinary steering committee and local facilities re: reviewing menus, finding substitutions and making changes within nutritional guidelines. There will be on-going discussions with clients, families and staff
•Support and participate in the development of provincial staffing guidelines for LTC that would address issues of safety, complexity of care and in consideration of the new 'home' facility design

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <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 |
| <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 Number: 82-Lucky Lake Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 10/6/13

Please list those from the RHA that attended. Greg Cummings, CEO
Ruth Miller, Director of Continuing Care

Please list the themes identified. friendly staff, 'homey' environment - staff take good care of the clients
very appreciative of still having facility in small community & feel lots of pluses
with a small facility i.e. better care and increased stimulation
safety issue with uneven sidewalks in front of facility
want to use the courtyard more

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? This was the first formal meeting - plan to continue to meet every 6 months

If yes, how often do they meet? _____

Please list the themes identified at the resident/family council meetings. _____

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Manager to work with Environmental Services for issues related to uneven sidewalks and cement pad in courtyard.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <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 |
| <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 Number: 85- St. Joseph's Health Centre *Mackin*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 13/15/13

Please list those from the RHA that attended. Greg Cummings, CEO
Gayle Riendeau, VP Health Services

Please list the themes identified. positive comments about staff & food (cultural food able to be prepared) - they are not on regional standardized menu
everything is 'good'
starting new bathing schedule (2X/wk) June 1st

entertainment (more difficult to book)
outdoor activities

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? September '13

If yes, how often do they meet? _____

Please list the themes identified at the resident/family council meetings. working at making outdoor area safe & accessible for residents

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Manager to work with Environmental Services to review issues for access and in outdoor area.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <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 |
| <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 Number: 564-Outlook Pioneer Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 23/5/13

Please list those from the RHA that attended.

Greg Cummings, CEO
Jeannie Munro, VP Primary Health & Quality Service
Mike Morrill, Director of Primary Health & Quality Service

Please list the themes identified.

Like the variety & type of activities

poor quality of food - food is cold, do not like food they are not used to (i.e. couscous), nor that is too spicy
staff need to remember that this is client's home and not to talk about inappropriate things like bowel care in the dining room

2. Resident/Family Council:

Is there a resident/family council?

Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

There are 2 councils - one with family members and one with residents. Each meet quarterly

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Regional Support Services Coordinator will continue to work with CPS, regional multi-disciplinary steering committee and local facilities re: reviewing menus, finding substitutions and making changes within nutritional guidelines. There will be on-going discussions with clients, families and staff
•Manager to work with staff re: respectful and appropriate communication.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <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 |
| <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 Number: 567-Rosetown & Dist Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 30/5/13

Please list those from the RHA that attended. Ruth Miller, Director of Continuing Care

Please list the themes identified. staff make clients/families feel welcome
residents appreciate staff
'running pretty good show'

would like baths X 2/wk

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? semi-annual

Please list the themes identified at the resident/family council meetings. looking forward to move into new facility

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Manager to review bathing plans with staff.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <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 |
| <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 Number: 568-Wheatbelt Centennial Lodge

1. Facility Visit:

Date of visit (DD/MM/YYYY): 30/5/13

Please list those from the RHA that attended. Ruth Miller, Director of Continuing Care

Please list the themes identified. is a good place to be

food has changed 'for the worse' (need meals/menu that is age appropriate)
with no food being prepared on premises, no smell of food cooking to stimulate appetites
staff are busy - hard to find extra time to spend with residents
staffing at night - need to wait - staff needing for find someone to help with the lifts
need increased communication with residents/families when events like renovations are happening

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? semi-annual

Please list the themes identified at the resident/family council meetings. looking forward to move into new facility

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Regional Support Services Coordinator will continue to work with CPS, regional multi-disciplinary steering committee and local facilities re: reviewing menus, finding substitutions and making changes within nutritional guidelines. There will be on-going discussions with clients, families and staff

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <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 |
| <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 Number: 577-Wilkie & Dist Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 28/3/13

Please list those from the RHA that attended. Greg Cummings, CEO

Please list the themes identified. food is good
facility is clean and well managed
good activity programs

security with wandering/dementia clients

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? September '13

If yes, how often do they meet? _____

Please list the themes identified at the resident/family council meetings. challenge managing mixed clients requireing complex care
some issues with staff adjusting to new menus

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Investigating best practices in relation to security & privacy i.e. discouraging wanderers from entering other client's rooms.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <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 |
| <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 Number: 573 *Kerrobert*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 12/6/13

Please list those from the RHA that attended. Greg Cummings, CEO

Please list the themes identified. nursing care is very good
mostly happy with menu

staff are too busy to give enough 1:1 time, esp for younger clients
don't like invasions of privacy with wandering dementia clients
don't like menu to be too exotic

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? every 2 months

Please list the themes identified at the resident/family council meetings. would like to talk & plan more around cultural sensitivities re: activities & food
more individualized 'companionship' programming - particularly for the younger, cognitively intact clients
workload heavy due to increasing complexity of care

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Regional Support Services Coordinator will continue to work with CPS, regional multi-disciplinary steering committee and local facilities re: reviewing menus, finding substitutions and making changes within nutritional guidelines. There will be on-going discussions with clients, families and staff
•Support and participate in the development of provincial staffing guidelines for LTC that would address issues of safety, complexity of care and in

consideration of the new 'home' facility design
Investigating best practices in relation to security & privacy i.e. discouraging
wanderers from entering other client's rooms.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|---|---|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Kelsey Trail | <input type="checkbox"/> Mamawetan Churchill River |
| <input checked="" 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 Number: 73763- La loche Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): May 05, 2012

Please list those from the RHA that attended.

Bruce Ruelling Board Member
Robert Woods Board Member
Margaret Kissick LTC Supervisor
Clara Moise SCA

Please list the themes identified.

Residents access to the outdoor - Outside
Residents need - Facility Equipment - Safety

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? September 2013

If yes, how often do they meet? n/a

Please list the themes identified at the resident/family council meetings. n/a

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Utilize fundraising funds that the employees have to outside equipment and Gazebo shelter
Region capital equipment plan to supply a vital sign machine, curtains for resident rooms, and replace two preline chairs

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|---|---|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Kelsey Trail | <input type="checkbox"/> Mamawetan Churchill River |
| <input checked="" 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 Number: 73056- St. Joseph's Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): Planned for June 27, 2013

Please list those from the RHA that attended. Board members will be attending a regular resident family council meeting this day

Please list the themes identified. TBD

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Bi-Monthly as determined by the residents and families

Please list the themes identified at the resident/family council meetings. Resident and Staff safety - Lifts
Activity Programming

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Residents are engaged in the coordination of special events ie Christmas Parties
Roundtable to gather likes and dislikes - Currently no dislikes - We need to queek a few minor items

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|--|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | x | | | |
| Your organization has communicated expectations around what staff can do to provide RCC | x | | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | Nov. 2012 in Ile-x Sept. 2013 La Loche | | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | La Loche 2001 Ile-x 2007 | | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | | x | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | x | | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | x | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | X Recognized as a team not individually | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | X | | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | X | | | |
| Opportunities exist for leadership to interact directly with patients and families | X | | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | X | | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--|---|---|--|---|--------------|
| Residents personal schedules | yes | yes | No | Yes | 3 |
| Resident and family education material | No | Yes | Yes | Yes | 3 |
| Systems are in place to recognize and reward | No | Yes | No | Yes | 2 |
| | | | | | |
| | | | | | |
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| | | | | | |

RCC ACTION PLAN

Identify top five RCC actions that your organization needs to focus on to improve quality of care and complete the RCC Action plan below.

| PFCC Actions | Target Date | Person responsible | Outcomes/Deliverable | Measures | Progress/Status |
|--|-------------------------------------|---------------------------------|---|---|---------------------------------|
| Improve access to the outside and outside equipment | July 2013 | Margaret Kissick LTC supervisor | Research July 1 st then purchase in July 2013 | Inspection of equipment installed properly | Research Purchase Install |
| Indoor and Outside equipment – Chairs, Curtains, Vital Sign Machine | August 2013 | Margaret Kissick LTC Supervisor | Research and Order by the end of August 2013 | Equipment in place, useful and utilized | Research Purchase Install |
| Visual Wall in LTC | On going in management practice now | Margaret Kissick LTC Supervisor | Zero Falls Zero Pressure Sores Improved employee attendance | Incident reporting | On going |
| Establish a resident/family council in La Loche LTC | Sept. 2013 | Margaret Kissick LTC Supervisor | Family Voice CQI Zero Med error target | Attendance by residents and family members at scheduled meetings | Meeting minutes |
| Plan activity schedule/calendar for week by group and individual 6. The region would like to include Pet Therapy/Pet Friendly environment as a project by June 2014 | Nov. 2013 | Margaret Kissick LTC Supervisor | Posted Schedules and Calendars. Events planned how many have occurred and how many are cancelled | Attendance at activity Resident and family knowledge. Residents happiness scale Skills | Completed by the end of 2013 |

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | | X | | |
| Your organization has communicated expectations around what staff can do to provide RCC | | X | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | | X | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident’s lifestyle, preferences, and personal goals. | X | | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents’ personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | X | | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | | X | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | X | | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | | X | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | | X | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | | X | | |
| Opportunities exist for leadership to interact directly with patients and families | | X | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | | X | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--|---|---|--|---|--------------|
| Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | YES | YES | UNKNOWN | YES | 3 |
| Your organization has communicated expectations around what staff can do to provide RCC | YES | YES | UNKNOWN | YES | 3 |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | YES | YES | NO | UNKNOWN | 2 |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | YES | YES | UNKNOWN | UNKNOWN | 2 |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | YES | YES | YES | UNKNOWN | 3 |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | YES | YES | UNKNOWN | YES | 3 |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | YES | YES | UNKNOWN | UNKNOWN | 2 |

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact "gain" in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes's |
|--|---|---|--|---|--------------|
| Opportunities exist for leadership to interact directly with patients and families | YES | YES | UNKNOWN | UNKNOWN | 2 |
| All staff, management and physicians are accountable for "walking the talk" of RCC | YES | YES | UNKNOWN | UNKNOWN | 2 |

RCC ACTION PLAN

Identify top five RCC actions that your organization needs to focus on to improve quality of care and complete the RCC Action plan below.

| PFCC Actions | Target Date | Person responsible | Outcomes/Deliverable | Measures | Progress/Status |
|--|-----------------------------|---------------------------------------|---|---|------------------------|
| Communication from CEO to all staff about PFCC expectations | Sept. 1/13 | CEO | Communication delivered | % of staff that receive communication | |
| Develop and Begin an ongoing education plan | Sept. 30/13 | Quality/ Managers | Plan developed and education sessions routinely scheduled | % of staff that receive education | |
| Presentation to MAC/PAC | Dec. 31/13 | Quality/VP Medical Services | Presentation delivered | % of providers that attend presentation | |
| Explore the role of PFCC Champion and develop criteria | June 30/13 | Quality/Managers | Role and criteria defined | | |
| Develop communication strategy with Communication Lead Committee using staged process over 3-5 years | July 31/13 Plan in place | Quality/Communications Lead Committee | Communications strategy plan | Stages completed | |

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|--|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input checked="" type="checkbox"/> Kelsey Trail | <input 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 Number: 73755 *Carrot River Health Centre*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 13/05/2013

Please list those from the RHA that attended. Glen Kozak, CEO

Please list the themes identified. - Staff very caring for residents
-Staff often frustrated with workload, especially with new admissions and demential residents
-Need for more recreation activities
Good interaction between recreation worker and the residents

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Monthly

Please list the themes identified at the resident/family council meetings. -Good involvement by the residents
-Very aware of their trust fund and the need to fund raise for their activities
-Residents appreciative of the staff
-Satisfied with meals and the fact they have 4 meal choices per month.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. --Continue discussions with staff and management to ensure that staff are working to their full scope.
-Job duties and duties will be assessed to determine if duties/shift times can be adjusted to provide maximum care and safety for the residents
-Introduce and implement LEAN tools asap

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|--|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input checked="" type="checkbox"/> Kelsey Trail | <input 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 Number: 73756 *Dineview Lodge*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 27/05/2013

Please list those from the RHA that attended. Glen Kozak, CEO

Please list the themes identified. -Staff very caring for residents
-Workload Issues
-Good activities program but more activities on the weekend would be appreciated.
-Good interaction between the recreation worker and the residents

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Monthly

Please list the themes identified at the resident/family council meetings. --Involved in meal selection but some concern over the meals.
-Concern about the \$20 fee initiated for personal care items.
Satisfaction with the care and appreciation of the staff.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. --Dietary concerns to be discussed with Food and Nutrition Services.
-\$20 fee explained at the meeting.
-Continue discussions with staff and management to ensure that staff are working to their full scope. Job duties and duties will be assessed to determine if duties/shift times can be adjusted to provide maximum care and safety for the residents
-Introduce and implement LEAN tools asap

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|--|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input checked="" type="checkbox"/> Kelsey Trail | <input 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 Number: 73761 *Parkland Place*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 09/05/2013

Please list those from the RHA that attended. Lisa Major, Director Long Term Residential Care

Please list the themes identified. Concerns from families and staff with staffing levels in LTC.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings. -Staffing Levels. Family concerned that residents have to wait for care at times.
-Families were encouraged to complete the Resident Satisfaction Survey when they received it in the mail, and to also feel comfortable to discuss any concerns they have throughout the year.
-Concernst that the products on the provincial contract included in the \$20.00 fee, are sub-standard.
-Families/residents are very happy with the evening and weekend programming in the recreation department.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. -Continue discussions with staff and Facility Administrator to ensure that people are working to their full scope in their individual positions. Will assess job duties and routines to determine if duties/shift times can be adjusted to provide maximum safety and care for residents. Will continue discussions with Materials Management in regards to the products our residents are receiving.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|--|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input checked="" type="checkbox"/> Kelsey Trail | <input 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 Number: 73762

Chateau Providence

1. Facility Visit:

Date of visit (DD/MM/YYYY): 05/06/2013

Please list those from the RHA that attended. Glen Kozak, CEO

Please list the themes identified. -Staff very caring for residents
-workload issues, would like more staffing in the recreation department.
-Good family representation.
-Good interaction between the recreation worker and the residents

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Monthly

Please list the themes identified at the resident/family council meetings. --Residents and family members very happy and appreciative of the care provided.
-Residents really enjoy the activities.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. -Continue discussions with staff and management to ensure that staff are working to their full scope. Job duties and duties will be assessed to determine if duties/shift times can be adjusted to provide maximum care and safety for the residents
-Introduce and implement LEAN tools asap

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|--|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input checked="" type="checkbox"/> Kelsey Trail | <input 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 Number: 73764 *Hudson Bay HC Facility*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 14/06/2013

Please list those from the RHA that attended. Glen Kozak, CEO

Please list the themes identified. _____

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? _____

Please list the themes identified at the resident/family council meetings. _____

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. _____

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|--|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input checked="" type="checkbox"/> Kelsey Trail | <input 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 Number: 73765 *Red Deer Nursing Home*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 29/05/2013

Please list those from the RHA that attended. Glen Kozak, CEO

Please list the themes identified. -Staff very caring for residents
-Staff identified workload issues and the need for more recreation activities
-Good interaction between the recreation worker and the residents

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Monthly

Please list the themes identified at the resident/family council meetings. -Residents that respond expressed satisfaction with the care including meals and cleanliness.
-Good discussion on resident trust fund.
-Unique way of selecting the monthly meal choice by having residents vote on their selection.
-Complaints regarding windows.
-Good involvement by the residents

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. -Window issue will be discussed with Maintenance and plan to improve will be determined.
-Continue discussions with staff and management to ensure that staff are working to their full scope. Job duties and duties will be assessed to determine if duties/shift times can be adjusted to provide maximum care and safety for the residents
-Introduce and implement LEAN tools asap

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|--|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input checked="" type="checkbox"/> Kelsey Trail | <input 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 Number: 73766 *Sasko Park Lodge*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 13/05/2013

Please list those from the RHA that attended. Pam McKay Vice President Institutional and Emergency Care

Please list the themes identified. - Staffing levels have not changed in many years. Residents feel that staff are very busy and hesitant to ask for anything unless absolutely necessary, Staff feel bad when they are not able to provide timely care i.e. waiting for a second staff member to be available to assist with a position or transfer.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Monthly

Please list the themes identified at the resident/family council meetings. -Care is generally good, the building is tidy and laundry issues discussed at the last meeting have been resolved.
-Those that require walking are not consistently getting their twice daily walks
-Too many green beans, would like baked potatoes sometime
-Staff are slow to respond to call bell, residents felt that they don't use the call bell often, usually only when need bathroom and it is difficult to have to wait.
-Not enough activities on the weekends, residents would give up some of the evening activities for more weekend ones.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. -Region will adopt the MoH Resident/Family Council Terms of Reference.
-Visual cues will be placed on resident doors reminding staff of twice daily walks
-Dietary issue have been discussed with Food and Nutrition Services
-Continue discussions with staff and Management to ensure that staff are working to full scope. Job duties and routines will be assessed to determine if duties/shift times can be adjusted to provide maximum safety and care for

residents.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|--|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input checked="" type="checkbox"/> Kelsey Trail | <input 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 Number: 73767 *Arborfield*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 06/06/2013

Please list those from the RHA that attended. Glen Kozak, CEO

Please list the themes identified. -Staff very caring for residents
-workload issues, especially with the significant turnover of residents
-Could use additional assistance with activities
-Good interaction between the recreation worker and the residents

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Monthly

Please list the themes identified at the resident/family council meetings. -Satisfaction with the care given.
-Would like a second meal choice.
-Concern that the shuttle service may be discontinued in the community and resident outings would become very limited.
-Enjoy the activities including a "Happy Hour"

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. -Food and Nutrition Services does offer alternative meal choices. This will be communicated to the residents.
-The region will attempt to find another shuttle service.
-Continue discussions with staff and management to ensure that staff are working to their full scope. Job duties and duties will be assessed to determine if duties/shift times can be adjusted to provide maximum care and safety for the residents
-Introduce and implement LEAN tools asap

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|--|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input checked="" type="checkbox"/> Kelsey Trail | <input 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 Number: 73768 *Newmarket Manor*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 06/06/2013

Please list those from the RHA that attended. Glen Kozak, CEO

Please list the themes identified. -Staff very caring for residents
-Number of residents capable of participating in meetings is very low
-workload issues identified.
-Good interaction between the recreation worker and the residents

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings. -Positive comments regarding care and activities.
-Suppers could have larger portions.
Concern over missing pieces of personal clothing.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. -Food and Nutrition Services have indicated they will be flexible with supper meal portions.
-Discussion will occur with laundry regarding the return of personal laundry to residents.
-Continue discussions with staff and management to ensure that staff are working to their full scope. Job duties and duties will be assessed to determine if duties/shift times can be adjusted to provide maximum care and safety for the residents
-Introduce and implement LEAN tools asap

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|--|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input checked="" type="checkbox"/> Kelsey Trail | <input 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 Number: 73788 *Kelvindell Lodge*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 28/05/2013

Please list those from the RHA that attended. Glen Kozak, CEO

Please list the themes identified. -Staff very caring for residents
-workload issues with increasing attention required by residents.
-Good family involvement at the meeting.
-Good interaction between the recreation worker and the residents

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Monthly

Please list the themes identified at the resident/family council meetings. --positive comments from residents and family members regarding meals and activities.
-Family members concerned about staffing levels. Residents not receiving timely attention.
-Concern regarding \$20 fee and products are sub-standard.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. -Discussion with Materials Management about the concerns over the quality of products supplied to residents.
-Continue discussions with staff and management to ensure that staff are working to their full scope. Job duties and duties will be assessed to determine if duties/shift times can be adjusted to provide maximum care and safety for the residents
-Introduce and implement LEAN tools asap

Long-Term Care Quality Assessment

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 Number:

1. Facility Visit:

Date of visit (DD/MM/YYYY): 10/06/2013

Please list those from the RHA that attended. Peggy Ratcliffe, Andrew McLetchie

Please list the themes identified. Increasing client care needs and impact on availability of staff; food concerns-- non-traditional foods & meeting specific dietary restrictions; challenges with residents not being able to voice own issues due to physical and mental limitations.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? June 25, 2013

If yes, how often do they meet? To be determined at initial RFC

Please list the themes identified at the resident/family council meetings. n/a

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Plan to have first Resident/Family Council and will address issues through discussion; ongoing work with staff through daily visual management walls and tracking in MDS data base to look at ways to improve various issues.

Long-Term Care Quality Assessment

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

Facility Number: 73586 *Outknife*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 04/06/2013

Please list those from the RHA that attended. Neal Sylvestre, Mimi Weikle

Please list the themes identified. Appropriate client placement to meet the needs of all clients.
Challenges in educating staff and families about the behavioral changes that can occur in clients with early stage dementia.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? June 26, 2013

If yes, how often do they meet? quarterly

Please list the themes identified at the resident/family council meetings. _____

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. _____

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73033

Edam

1. Facility Visit:

Date of visit (DD/MM/YYYY): 05/06/2013; 11/06/2013

Please list those from the RHA that attended: Neal Sylvestre, and Marie Wagar : Vikki Smart

Please list the themes identified.

Residents recognize the personal care that they are receiving here. One of our clients made the comment "Feels like family here, and that staff genuinely care". Challenges in helping families understand the changes that come with dementia, aging process, physical decline. Small challenges in providing choice flexibility in residents daily routine. Meal preparation. 11/06/13 VP attended Resident council- residents liked and agreed with standard terms of reference. Current resident council follows and met all objectives in terms of reference. All 15 residents attended.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Every 2 months

Please list the themes identified at the resident/family council meetings.

Review of last meeting minutes. Activities are planned. Meals and concerns residents may have are also discussed. Discussed and voted on expenditure for resident expense account, determined menus for the summer BBQs. Did not have issues with food, laundry or care plans. Did ask about how to access the internet.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Work on developing a form for the family to understand what level of information sharing they want to be involved in. Monthly calander is sent out to remind families of meetings and processes. Review deserts with kitchen to see about serving light desert with heavy meal and heavy desert with lighter meal. Have staff trained in gentle persuasion techniques and a reminder for all staff, to meet, greet and discuss day with

residents as they enter their home

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73045

Goodsoil

1. Facility Visit:

Date of visit (DD/MM/YYYY): 04/JUN/2013

Please list those from the RHA that attended. Kelly Lyon,

Please list the themes identified. Challenge to help the resident understand and accept importance of monitoring and restricting activities for safety and well being and finding the appropriate balance of autonomy and comfort level for all involved in care of resident.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? 13/JUN/2013

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings. First meeting held June 4th. Reviewed purpose of council and terms of reference, elections done. discussed upcoming activities, suggestions for activities, frequency of meeting and care and concerns.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. To have family conferences to discuss concerns of the Resident and to come up with a plan to meet the needs of Resident, Family, and Staff.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73081

Loon Lake

1. Facility Visit:

Date of visit (DD/MM/YYYY): 06/JUN/2013

Please list those from the RHA that attended. Kelly Lyon,

Please list the themes identified. Challenge to help the resident understand and accept importance of monitoring and restricting activities for safety and well being and finding the appropriate balance of autonomy and comfort level for all involved in care of resident.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? 13/JUN/2013

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings. First meeting to be held June 13th. Will review purpose of council and terms of reference, elections done. discussed upcoming activities, suggestions for activities, frequency of meeting and care and concerns.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. To have family conferences to discuss concerns of the Resident and to come up with a plan to meet the needs of Resident, Family, and Staff.

Long-Term Care Quality Assessment

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

Facility Number: 73583

Maidstone

1. Facility Visit:

Date of visit (DD/MM/YYYY): 04/06/2013

Please list those from the RHA that attended. Neal Sylvester, Sharon Jackson, Angela Zou, Paula Newsted,

Please list the themes identified.

The importance of appropriate staffing for the physical and psychological health and wellness of the residents. Challenges in helping families understand the changes that come with dementia, aging process, physical decline. Difficulties in providing choice flexible daily routine. Meal preparation.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Every 2 months

Please list the themes identified at the resident/family council meetings. Review of last meeting minutes. Activities are planned. Fundraising is discussed. Meals and concerns residents may have are also discussed.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Work on developing a form for the family to understand what level of information sharing they want to be involved in.
Use the newsletter to remind families of meetings and processes.
Review deserts with kitchen to see about serving light desert with heavy meal and heavy desert with lighter meal. Review gentle persuasion techniques and implement a MEMO for all staff, nursing and support to meet, greet and discuss day with residents as they enter their home

Long-Term Care Quality Assessment

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

Facility Number: 73584

St. Walburg

1. Facility Visit:

Date of visit (DD/MM/YYYY): 05/06/2013

Please list those from the RHA that attended. Lynn Camgoz - Facility Manager, Neal Sylvestre - Director of Rural facilities, Joanne Bielecki - RN

Please list the themes identified. Discussed the need for consistent review of careplans daily by CCA's, varied activities for all residents, personalized care for residents by obtaining a more detailed history from family, dietary options - standardized recipes for staff to follow

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? quarterly

Please list the themes identified at the resident/family council meetings. Personal Care needs, suggestions for activities, dietary options, likes/dislikes, miscellaneous requests.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. With having quarterly resident/family council meetings quarterly with attendance of facility manager - to communicate meeting minutes with staff of all disciplines. Director and VP to attend if able to communicate LTC needs in facility.

Long-Term Care Quality Assessment

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

Facility Number: 73585

Turkuford

1. Facility Visit:

Date of visit (DD/MM/YYYY): 04/06/2013

Please list those from the RHA that attended. Neal Sylvestre, Gillian Gregoire, Heidi Cookman-Lang

Please list the themes identified. Bowel care and the importance of same for residents.
Appropriate staffing levels for client and staff safety

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? quarterly

Please list the themes identified at the resident/family council meetings. Events planning
Newsletters
Funds raising

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Work with dietary to provide Activia yogurt with breakfast meal

Long-Term Care Quality Assessment

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

Facility Number: 73578

Bathford D.C.C

1. Facility Visit:

Date of visit (DD/MM/YYYY): 04/03/2013 and 27/05/2013

Please list those from the RHA that attended. Gloria King, Integrated Health Services
Joan Zimmer, Director Continuing Care Services

Please list the themes identified. Menu Changes , Air Conditioning

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Monthly

Please list the themes identified at the resident/family council meetings. Discussion of new menu with dietitian, how is it determined which residents go on outings, warmth of rooms and inadequate air conditioning

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Dietitian will meet with resident council to discuss any menu changes

Long-Term Care Quality Assessment

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

Facility Number: tt

Dr. Cooke - (AB)

1. Facility Visit:

Date of visit (DD/MM/YYYY): 02/2013, 02/05/2013 and 11/06/

Please list those from the RHA that attended. Gloria King, VP Integrated Health Services
Joan Zimmer, Director Continuing Care Services

Please list the themes identified. Some residents getting up early in morning so all residents ready for breakfast
Large number of medications to be given at morning med pass

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings. Identification of exit lite burnt out and low lighting in hall way. Thresholds in doorways encumber some residents who are independent when in wheelchair. The height of the access to the patio door opener is not wheelchair accessible. Outside grounds - grass needs mowing and weeds. Residents were in favour of additions to the Terms of Reference to discuss safety, education, best practises, and results of evaluations of care in the home.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Maintenance notified and will deal with lights and grass mowing . Capital mangement plan for repair of door thresholds - has been repaired before. Maintenance will look at adjusting the height of the patio door opener..

Long-Term Care Quality Assessment

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

Facility Number: 73582

Lloydminster Jubilee Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 24/04/13 and 06/06/2013

Please list those from the RHA that attended. Gloria King, VP Integrated Health Services
Joan Zimmer, Director Continuing Care Services

Please list the themes identified. Rooms and halls ways require painting
Replacement of wooden handrails to meet Infection Control Standards
All residents appear content and staff were busy tending to residents

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings. Resident want flowers outside of building and larger name places on dining room tables, more activities and more snacks
Family concerns - interior requires painting

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Resident Council will spend \$80 on flowers from a greenhouse and greenhouse donated remainder. Larger markers purchaesd for the table .
Activity list providede for the summer to residents
Painting is on Capital Management plan

Long-Term Care Quality Assessment

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

Facility Number: 73587

Meadow Lake

1. Facility Visit:

Date of visit (DD/MM/YYYY):

04/02/2013 and 16/05/2013

Please list those from the RHA that attended.

Gloria King, VP Integrated Health Services
Joan Zimmer, Director Continuing Care Services

Please list the themes identified.

Older building that is slated for replacement
Resident rooms quite small but residents appear happy. Mix of young and older residents

2. Resident/Family Council:

Is there a resident/family council?

Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Monthly

Please list the themes identified at the resident/family council meetings.

Discussion of past and upcoming events. Good variety activities. Reviewed Terms of Reference. Concerns - coffee times for residents and if there are certain visiting hours. Some discussion on the menu

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Planning for new facility. There has been set times for coffee as requested by residents. There are no visiting hours. Nutrition services representative will be invited to next Resident Council

Long-Term Care Quality Assessment

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

Facility Number: 73579

River Hughes Lodge

1. Facility Visit:

Date of visit (DD/MM/YYYY): 25/04/2013 and 28/05/2013

Please list those from the RHA that attended. Gloria King, VP Integrated Health Services
Joan Zimmer, Director Continuing Care Services

Please list the themes identified. Building in good repair. Residents attending a reception to celebrate 100th birthday of City of North Battleford

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Monthly except for December

Please list the themes identified at the resident/family council meetings. Length of time for call bells to be answered
Upgrading grounds for safety purposes
Missing laundry and length of time to get back to residents

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Review with staff reasons for length of time to answer call bells
Work with Capital management plan on safety of grounds
Discuss with laundry reasons for missing articles. Ensure all clothing is labelled

Long-Term Care Quality Assessment

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

Facility Number: 73580

Villa Pascal.

1. Facility Visit:

Date of visit (DD/MM/YYYY): 03/05, 2013 and 05/05/2013

Please list those from the RHA that attended. Gloria King , VP Integrated Health Services

Please list the themes identified. Some changes to be made in dirty service room
Well run smaller facility - home like environment

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Monthly

Please list the themes identified at the resident/family council meetings. All departments attend Resident Council
Request for more card games
Suggestions from residents on menu items
Request fro higher toilets - all toilets are 17 inches from floor but still not high enough for some residents

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Investigate if higher toilets are avialable
Requests for menu additions and card games implemented

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73077
Evergreen Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 29/05/2013

Please list those from the RHA that attended. Lynnda Berg, Vice President of Primary Care

Please list the themes identified. Likes and suggestions for improvement.
Social outings for the residents.
Staff interviews done.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings. Social outings, new menu and food preferences.
Events involving the community (eg. pancake breakfast, art gala).

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. No action required from resident council.
Staff concerns - more relief staff, air conditioning.

4. Critical Incidents:

Please provide a brief description of the event. _____

Please describe the recommendations that resulted from the incident review. _____

Please describe the actions that have since been implemented. _____

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73588
Parkland Terrace

1. Facility Visit:

Date of visit (DD/MM/YYYY): 06/05/2013

Please list those from the RHA that attended. Lynnda Berg, Vice President of Primary Care
Betty Danger, Facility Manager, Parkland Terrace
Patti Couture, DOC, Shellbrook Hospital

Please list the themes identified. Moving to new building, social outings, discussed Volunteer Tea results and feedback.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Monthly

Please list the themes identified at the resident/family council meetings. Discussed likes/dislikes. Preferences for activities and outings. This particular meeting focused on the move to clarify the process and resident concerns such as space/belongings and assignmnet of the houses.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Plan in place for moving; family meetings being held.

4. Critical Incidents:

Please provide a brief description of the event. _____

Please describe the recommendations that resulted from the incident review. _____

Please describe the actions that have since been implemented. _____

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73590
Big River Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 28/05/13

Please list those from the RHA that attended.

John Piggott, Vice President of Operations
Eloise Kazmiruk, Director of Care - Big River Health Centre

Please list the themes identified.

Recent VFA visit including request for roof repairs, floor linoleum replacement, stove issues, former ER entry issues.
Improved staff/residents ratio request.
Concerns about 3s Business Plans and possible privatization of Laundry/Linen and other departments in future.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Quarterly

Please list the themes identified at the resident/family council meetings.

Residents' Menu Choice Meals every Sunday requested; however meals excellent and staff cater to residents' likes and dislikes.
Pet Dog
Scheduled roof repairs
Town of Big River Handibus
Surveys of Residents' Preferences every 3 months are good.
Utilization of Telehealth for Health Education and for specialist appointments.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Emphasized management, staff, residents and families will work together to make the best of and provide the best care possible with the limited staffing and resources we have.

4. Critical Incidents:

Please provide a brief description of the event.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73591
Whispering Pine Place

1. Facility Visit:

Date of visit (DD/MM/YYYY): 04/06/2013

Please list those from the RHA that attended. Carol Gregoryk VP Integrated Health Services

Please list the themes identified. Social outings for residents
What we do well, what we need to improve
Gemba walk

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Were meeting monthly and now meet quarterly / resident requests.

Please list the themes identified at the resident/family council meetings. Good care with always someone to talk to and great activities. Community is very supportive and when we need help we get it.
Want better nametags for staff so name visible, locks for their doors, nameplates for tables, coverage for physicians when they are away e.g. visit on Mondays and with stats or sick time no one visits for weeks. Concern with nursing passing meds later than should during meal times. Visiting amongst staff could be less. Some missing items from personal laundry.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Recreation coordinator and DOC identified nametag changes for staff that are coming, 5 locks were ordered for doors (budget item), nameplates for tables were planned as an activity.
Physician concerns expressed to Senior Medical officers with follow up by them.
DOC to follow up with particular nurse identified as struggling as well as general staff visiting. Laundry standard work to be reviewed.

4. Critical Incidents:

Please provide a brief description of the event. _____

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73592
Wheatland Lodge

1. Facility Visit:

Date of visit (DD/MM/YYYY): 13/06/2013

Please list those from the RHA that attended. Cecile Hunt

Please list the themes identified. Resident and families provided positive responses to improved recreational activities.
Many expressed positive comments about Eden philosophy - cat, birds, activities.
"Active engagement" a success.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Plan to meet monthly.

Please list the themes identified at the resident/family council meetings. Menu choices - include more salads.
Recreational activities are key.
Residents want to communicate with residents who share same interests.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Activity planning must continue to include families and residents.
Menu planning within centralized kitchens and Eden households will vary according to resident choices.
A need for increased access to dietician support.

4. Critical Incidents:

Please provide a brief description of the event.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73593
Birchview Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 10/06/2013

Please list those from the RHA that attended. Cecile Hunt

Please list the themes identified. Excellent Care
Activities are important to residents and their families.
Eden concept well established - pets present.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Meet every second month

Please list the themes identified at the resident/family council meetings. Outside activities are part of a good activity program.
Gardening is important seasonal event.
Environment is clean, welcoming and supportive.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Continue to assess appropriateness of activities to meet needs of both residents who are cognitively well and those residents who struggle with dementia.
Family members support is critical to supportive Eden environment.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73594
Herb Bassett Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 10/06/2013

Please list those from the RHA that attended. Cecile Hunt

Please list the themes identified. Diverse resident population that is challenged by building layout.
Good care provided.
Poor access to transportation for external trips.
Good activities.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Meet monthly - formal structure, voting, etc.

Please list the themes identified at the resident/family council meetings. Strong activity program.
Menu choices important to residents.
Interpretation services critical but almost non-existent.
Need increased volunteers.
Mixture of residents create safety concerns and quality of life issue for all.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Staffing review.
Emnu reviews for whole region.
Access to improved transportation.
Equipment failures need timely review.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73596
Pineview Terrace

1. Facility Visit:

Date of visit (DD/MM/YYYY): 05/06/2013

Please list those from the RHA that attended. Cecile Hunt

Please list the themes identified. Staff exceedingly busy - stretched to capacity.
Wandering residents do not fit in this facility.
Concerned about moving to the "House Concept" and losing their dedicated staff.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Every 2 to 3 months - due to staff turnover, several meetings missed.

Please list the themes identified at the resident/family council meetings. Menu choices could be improved - especially salads.
Staff availability can impact hygiene, recreational activities at times.
Therapy services would benefit all residents - position currently unfilled.
Lack of transportation for external activities.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Plan to have Shellbrook staff and residents provide information session on "House Concept" and Eden Philosophy.
Advocate for improved transportation options in Prince Albert.
Change management key to "house" transition for residents, families and staff.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73597
Hafford Special Care Cent

1. Facility Visit:

Date of visit (DD/MM/YYYY): 13/06/2013

Please list those from the RHA that attended. John Piggott, Vice President of Operations
Doreen Madwid, Facility Manager

Please list the themes identified. Food and Special Diets; Homelike Environment/Living Conditions; Respectful Radio/TV Volumes (earphones); Staffing levels in morning; Larger Handivan to hold more residents (especially wheelchair residents)

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings. Food; Rooms; Outings; Recreation Activities to do; Residents' Concerns

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Explore menu options for food choices; looking into earphones.

4. Critical Incidents:

Please provide a brief description of the event. _____

Please describe the recommendations that resulted from the incident review. _____

Please describe the actions that have since been implemented. _____

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73758
Jubilee Lodge

1. Facility Visit:

Date of visit (DD/MM/YYYY): 05/06/2013

Please list those from the RHA that attended. Cecile Hunt

Please list the themes identified. Staffing issues related to bathing and routines.
Good care - staff stretched to meet needs.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Have not met for a long period of time. Will meet quarterly or as need arises.

Please list the themes identified at the resident/family council meetings. Strong activities - look forward to functioning handivan.
Menu choices - more salads.
One strong advocate for 2 baths/week - read article from Start Phoenix.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Facility has bathing committee that will look at options.
Equipment renewal (lifts, floor scrubbers) required.
Assess regional long term care menu options.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73595
Mont St. Joseph Home Inc.

1. Facility Visit:

Date of visit (DD/MM/YYYY): June 20, 2013

Please list those from the RHA that attended. Jamie Callahan, Vice President - Human Resources

Please list the themes identified. Activities - many activities that involve resident and their families.
Food - Very good quality and variety. Residents are often involved in preparing food and planning menus for special activities
Family members are encouraged to be involved in activities of the residents.
Facilities - facility is maintained and cleanliness is not an issue
Staff - are very caring and go beyond the call of duty. Staff come in on days off to volunteer with special events and activities. Very warm home environment

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Monthly

Please list the themes identified at the resident/family council meetings. Activities - many activities that involve resident and their families.
Food - Very good quality and variety. Residents are often involved in preparing food and planning menus for special activities
Family members are encouraged to be involved in activities of the residents.
Facilities - facility is maintained and cleanliness is not an issue
Staff - are very caring and go beyond the call of duty. Staff come in on days off to volunteer with special events and activities. Very warm home environment

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. _____

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73589
Spiritwood & District Hea

1. Facility Visit:

Date of visit (DD/MM/YYYY): May 13, 2013

Please list those from the RHA that attended. Jamie Callahan, Vice President - Human Resources

Please list the themes identified. Activities - Elders satisfied with the type of activities - would like to see more activities. Food - very good, no complaints. Nursing care - very good, although residents feel staff are too busy. Facility - dining room is very cold in the winter. Laundry - personal clothing frequently goes missing - sent to North Sask Laundry in error and not returned. Some residents concerned that the Doctor doesn't consistently show up to do rounds when he is scheduled.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Monthly

Please list the themes identified at the resident/family council meetings. Activities - Elders satisfied with the type of activities - would like to see more activities. Food - very good, no complaints. Nursing care - very good, although residents feel staff are too busy. Facility - dining room is very cold in the winter. Laundry - personal clothing frequently goes missing - sent to North Sask Laundry in error and not returned. Some residents concerned that the Doctor doesn't consistently show up to do rounds when he is scheduled.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. _____

4. Critical Incidents:

Please provide a brief description of the event. _____

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Balcarres Integrated Care Centre

1. Facility Visit:

| | |
|---|--|
| Date of visit (DD/MM/YYYY): | 21/05/2013 |
| Please list those from the RHA that attended. | Karen Earnshaw, Interim Vice President, Rural, Restorative & Continuing Care; Fran Neuls, Interim Executive Director, Rural Facilities |
| Please list the themes identified. | Recreation, physical and emotional needs/concerns. |

2. Resident/Family Council:

| | |
|--|-----------|
| Is there a resident family council? | Yes |
| If no, when will a resident/family council be established? | |
| If yes, how often do they meet? | Quarterly |
| Please list the themes identified at the resident/family council meetings. | |

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

- Information brought back from questions raised at the April meeting – ability to serve alcohol, resident initiated staff rewards program to acknowledge those who go above and beyond on the “Wall of Fame”.
- Care concerns: Two baths/week: Three residents requesting two baths per week especially in the summer months, concern re: waiting for toileting – need for two workers to operate a lift, concern with only one RN/LPN on shift and ability to respond to urgent needs, discussion re: funding for staffing.
- Request for dental hygienist to come to the home – Activity Coordinator to investigate.
- Foot care process – welcoming podiatry program restarting this spring.
- Met with one family after meeting with specific end of life concerns – family conference arranged.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Broadview Centennial Home

1. Facility Visit:

Date of visit (DD/MM/YYYY):

Please list those from the RHA that attended.

Please list the themes identified.

2. Resident/Family Council:

Is there a resident family council? No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. See attached.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number:

1. Facility Visit:

Date of visit (DD/MM/YYYY): 18/06/2013

Please list those from the RHA that attended. Dan Kohl

Please list the themes identified.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? Discussing with Facility on June 18

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | X | | | |
| Your organization has communicated expectations around what staff can do to provide RCC | X | | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | X | | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | X | | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | X | | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | X | | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | X | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | X | | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | X | | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | X | | | |
| Opportunities exist for leadership to interact directly with patients and families | X | | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | X | | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|---|---|---|--|---|--------------|
| Resident’s with different language needs | No | Yes | No | No | 1 |
| We work with individual families that do not speak English but we don’t have any additional resources available in other languages. | | | | | |
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| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact "gain" in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes's |
|-----------------|---|---|--|---|--------------|
| | | | | | |

RCC ACTION PLAN

Identify top five RCC actions that your organization needs to focus on to improve quality of care and complete the RCC Action plan below.

| PFCC Actions | Target Date | Person responsible | Outcomes/Deliverable | Measures | Progress/Status |
|------------------------------|-------------|----------------------|---|--|-----------------|
| Accurate charting from CCA's | Ongoing | Extendicare/RQHR | Continue to lobby for electronic charting that is directly linked to MDS. Currently our CCA's do their reporting sheets 5 hours after morning care is completed. They complete the charting by doing manual input on tick sheets then are entered into MDS for assessment. This process is very inefficient and lacks accuracy. | <ul style="list-style-type: none"> • Need to Lobby RQHR to change MDS software from Momentum to Point Click Care to access the technology needed. • Continue to educate CCA's on importance of accuracy of charting. • | Ongoing |
| Review of Staffing Levels | Ongoing | Extendicare/RQHR/MOH | We need to look at how we provide care to our residents. Funding levels have not changed for many years and the funding levels were designed to give time oriented care. The focus is now to provide Resident Directed Care and we need further flexibility built into our work routines to better | <ul style="list-style-type: none"> • Continue to discuss staffing levels with RQHR and MOH. • With increased funding levels we are confident this will lower our complaints about resident care and provide a good model of resident | Ongoing |

| | | | | | |
|------------------------------|---------------|----------------------|---|---|---------|
| | | | increasing resident needs. | | |
| Training Resources for Staff | Ongoing | Extendicare/ RQHR | We need our employees to attend work on a consistent basis and to better prepared for the demands of delivering Resident Directed Care. | <ul style="list-style-type: none"> • OH&S training to meet all Ministry of Labour requirements. • Lean training for our front line staff to start thinking in a new way • Better support CCA's with Resident Directed Care | Ongoing |
| Facility Redevelopment | Ongoing | Extendicare/RQHR/MOH | The age of our building is not resident friendly. Large part of population is in 4 bed ward. This leads to an increase of behaviors from residents and family members | <ul style="list-style-type: none"> • Continue to discuss redevelopment with RQHR and MOH | Ongoing |
| Recruitment and Retention | December 2013 | Extendicare | We need to develop strategies around retaining staffing in the facility at both the management and frontline level. | <ul style="list-style-type: none"> • Strategy to be developed. | Ongoing |

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | X | | | |
| Your organization has communicated expectations around what staff can do to provide RCC | X | | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | X | | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | X | | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | X | | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | | X | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | X | | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | X | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | | | X | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | X | | | |
| Opportunities exist for leadership to interact directly with patients and families | X | | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | X | | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--|---|---|--|---|--------------|
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | yes | yes | yes | Yes | 4 |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | yes | yes | yes | Yes | 4 |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | yes | yes | yes | ? | 3 |
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RCC ACTION PLAN

Identify top five RCC actions that your organization needs to focus on to improve quality of care and complete the RCC Action plan below.

| PFCC Actions | Target Date | Person responsible | Outcomes/Deliverable | Measures | Progress/Status |
|---|--------------------|---------------------------|---|--|------------------------|
| Employee survey to update ID badges | July 31, 2013 | Dan | All staff will wear a name tag with name and position by Aug 1, 2013 | Discuss in morning huddle to bring to staff attention. | |
| Employee recognition /award for champions RFCC to be presented at the next meeting of the R/C council | May 21, 2012 | Chrystal | R/F council will as a group present awards to staff who have shown they have gone over and above. | Present form developed at meeting May 21. | |
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LONG-TERM CARE SELF ASSESSMENT CHECKLIST

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| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | | X | | |
| Your organization has communicated expectations around what staff can do to provide RCC | | X | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | | X | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | | X | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | | X | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | | X | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | | X | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | | X | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | | X | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | | X | | |
| Opportunities exist for leadership to interact directly with patients and families | | X | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | | X | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--|---|---|--|---|--------------|
| Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | Yes | Yes | No | Yes | 3 |
| Your organization has communicated expectations around what staff can do to provide RCC | Yes | Yes | Yes | Yes | 4 |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | Yes | Yes | Yes | Yes | 4 |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident’s lifestyle, preferences, and personal goals. | Yes | Yes | Yes | Yes | 4 |
| Residents’ personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | Yes | Yes | Yes | Yes | 4 |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | Yes | Yes | Yes | Yes | 4 |

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|---|---|---|--|---|--------------|
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | Yes | Yes | Yes | Yes | 4 |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | Yes | Yes | Yes | Yes | 4 |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | Yes | Yes | No | Yes | 3 |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | Yes | Yes | Yes | Yes | 4 |
| Opportunities exist for leadership to interact directly with patients and families | Yes | Yes | Yes | Yes | 4 |
| All staff, management and physicians are accountable for “walking the talk” of RCC | Yes | Yes | Yes | Yes | 4 |

RCC ACTION PLAN—see attachment

Identify top five RCC actions that your organization needs to focus on to improve quality of care and complete the RCC Action plan below.

| PFCC Actions | Target Date | Person responsible | Outcomes/Deliverable | Measures | Progress/Status |
|---|--------------------|---------------------------|-----------------------------|-----------------|------------------------|
| Establish the Resident Council | | | | | |
| Name Tags | | | | | |
| Resident/family choice/partnership in care plans | | | | | |
| Rewarding/acknowledging staff that provide RCC activities | | | | | |
| Educational Materials available | | | | | |

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

CUPAR & DISTRICT NURSING HOME INC.

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | X | | | |
| Your organization has communicated expectations around what staff can do to provide RCC | X | | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | | X | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | | X | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | | X | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | X | | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | X | | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | X | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | X | | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | X | | | |
| Opportunities exist for leadership to interact directly with patients and families | X | | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | X | | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--|---|---|--|---|--------------|
| #3 – No councils; have commentary cards but more importantly there is access to Admin and Nursing personnel to personally speak to | Yes | Yes | No | Only if staff are not | 2 |
| #4 – Majority of families are too far or too busy to be included other than annually for family conferences (telephone conference is an option). Majority of residents are cognitively incapable of more than minimal involvement. | Yes | Yes | No | Yes | 3 |
| #5 – Not possible to accommodate each routine precisely due to staffing and resident ratio | Yes | Yes | No | No | 2 |
| #8 – Staff morale appears low at times. Compliments given to staff for work well done; special recognition is annual with staff pins for years of service (with some additional small item of appreciation); a week of staff appreciation occurs for all staff (dainties, etc.) once a year. CUPE survey indicated some staff have issues re: harassment, reporting lines, direction, concerns between staff/union, etc. Having dialogue with union how to approach. | Yes | Yes | Yes | No | 3 |

RCC ACTION PLAN

Identify top five RCC actions that your organization needs to focus on to improve quality of care and complete the RCC Action plan below.

| PFCC Actions | Target Date | Person responsible | Outcomes/Deliverable | Measures | Progress/Status |
|--|--------------------|-----------------------------------|--|---|------------------------|
| Resident/Family council – Initiate | June 15, 2013 | Richard Jensen; Sheila Lorence | Policies/Terms of Reference; Initiate first meeting | Policies/terms in place; first meeting | |
| Increase morale | On-going | Richard Jensen; Sheila Lorence | Positive responses from staff in unsigned survey | Responses | |
| Special Care Aide routines. New scheduling change to 12, 8, 6 hour shifts, reviewing distributing of when shifts occur re: workload, discontinue current shorter shifts and review work routines | October 2013 | Richard Jensen; Sheila Lorence | Implement new schedule; new rotation of SCAs | Schedule in place | |
| LEAN and visibility wall | June 2013 | Richard Jensen; Sheila Lorence | Setup visibility wall and LEAN info; Ask the 4 questions | Staff attending huddles; understand process | |
| Review job descriptions and performance evaluations (sick time, etc.) | July 2013 | Richard Jensen; Sheila Lorence | Review work routines in place as per job descrip; initiate/complete performance evals (noting sick time) | Complete review of work routines; complete/initiate performance evaluations | |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Echo Lodge Special Care Home

1. Facility Visit:

Date of visit (DD/MM/YYYY):

Please list those from the RHA that attended.

Please list the themes identified.

2. Resident/Family Council:

Is there a resident family council? No

If no, when will a resident/family council be established? October 1, 2013

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. See attached.

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | | X | | |
| Your organization has communicated expectations around what staff can do to provide RCC | | X | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | | X | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | X | | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | X | | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | X | | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | X | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | X | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | | X | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | X | | | |
| Opportunities exist for leadership to interact directly with patients and families | X | | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | | X | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--|---|---|--|---|--------------|
| Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | Yes | Yes | Yes | Yes | 4 |
| Your organization has communicated expectations around what staff can do to provide RCC | Yes | Yes | Yes | Yes | 4 |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | Yes | Yes | Yes | Yes | 4 |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident’s lifestyle, preferences, and personal goals. | | | | | |
| Residents’ personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | | | | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | | | | | |

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact "gain" in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes's |
|---|---|---|--|---|--------------|
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | Yes | Yes | Yes | Yes | 4 |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | Yes | Yes | Yes | Yes | 4 |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | Yes | Yes | No | Yes | 3 |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | | | | | |
| Opportunities exist for leadership to interact directly with patients and families | | | | | |
| All staff, management and physicians are accountable for "walking the talk" of RCC | Yes | Yes | Yes | Yes | 4 |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility: Extendicare Elmview

1. Facility Visit:

Date of visit (DD/MM/YYYY): 23/05/2013

Please list those from the RHA that attended. Karen Earnshaw, Interim Vice President, Rural, Restorative & Continuing Care; Dan Kohl, Executive Director, Health Services Organizations

Please list the themes identified.

- Pleased to have the Family Advisory Group established as a separate not-for-profit group to raise funds and provide tax deductible donation receipts.
- Dedicated volunteers – some have been there for a very long time (even after their loved ones passed away).
- Raising funds to build an enclosed outdoor Bistro area at the front of the building.

2. Resident/Family Council:

Is there a resident family council? Yes

If no, when will a resident/family council be established?

If yes, how often do they meet? Resident Council meets monthly. Family Support & Advisory Group (non-profit fundraising) meets quarterly.

Please list the themes identified at the resident/family council meetings.

- Approximately 20 people attended an informal get together – a mix of residents, family members and advisory group members.
- Food is very good and nutritious.
- Space is an issue – common areas small, especially with wheelchairs, etc.

- Residents want single rooms – “no complaints about my roommates in the past but I like privacy”.
- Staff are really good – don’t have to wait to get care – everyone pitches in to get help.
- Residents/family really like the fact that Elmview is a smaller facility – “everyone is like family”.
- Resident council agenda items – information about upcoming entertainment; lots of variety; quality entertainers; like Cody and True Jive Pluckers.
- When asked about wait times to get into LTC there were no concerns. One family member was quite pleased at the short wait time to get into Elmview (due to chronological placement policy did not lose spot on list when love one was hospitalized for a period of time).
- Elmview are pleased to have a wait list now – no longer a first available bed site.
- Two residents were very vocal about how the staff at Elmview saved their lives because they felt they were dying when they got there and the staff made them better.
- Elmview’s facility size is ideal – “smaller is better”.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

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|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | yes | | | |
| Your organization has communicated expectations around what staff can do to provide RCC | yes | | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | yes | | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | Yes | | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | yes | | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | yes | | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | yes | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | yes | | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | yes | | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | yes | | | |
| Opportunities exist for leadership to interact directly with patients and families | yes | | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | yes | | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|---|---|---|--|---|--------------|
| Residents with different language needs | Yes | Yes | Yes | Yes | 4 |
| We work with individual families of residents who do not understand or speak English. We offer plates at meal time so there is choice at sight – the resident has an opportunity to choose not just to have a plate set in front of them to eat. We will also do charts of pictures with the help of the families. Or a basic chart of words or phrases to aide in the daily participation of the life of the resident. This is usually done with the involvement of family. I answered not completely as we do not have a library in all languages | | | | | |
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| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact "gain" in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes's |
|-----------------|---|---|--|---|--------------|
|-----------------|---|---|--|---|--------------|

| PFCC Actions | Target Date | Person responsible | Outcomes/Deliverable | Measures | Progress/Status |
|--------------|-------------|--------------------|----------------------|----------|-----------------|
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RCC ACTION PLAN

Identify top five RCC actions that your organization needs to focus on to improve quality of care and complete the RCC Action plan below.

| | | | | | |
|---|-----------|----------------------|--|---|--|
| Standardized staffing tool | Dec 31/13 | RQHR | So all facilities can be comparable in care delivery | Years ago we used to have as assignment of hours of care per level 3 and level 4 care as a guideline for staffing | |
| Human Resources and OH&S training resources | Dec 31/13 | RQHR | Ideally it would be great to have | | |
| Back to basics | Ongoing | Government, RQHR and | To realize that the residents are not pons in | Happier residents and a true focus on care rather than | |

| | | | | | |
|-------------------------------------|-----------|-------------|--|---|--|
| | | Extendicare | the game – that there needs to be real care not just a chart with checks and balances – I realize this has its place but we are ignoring the real priority here which is the resident. | what the system thinks in right for the individual. | |
| Standard implementation of OOS tool | Oct 31/13 | SAHO, RQHR | We as affiliate out of scope are compensated on an equal basis with other managers in the same pay bands, this would include a standard implementation of benefits as well | Show the funding of each OOS position with line by line in a schedule | |
| | | | | | |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility: Extendicare Parkside

1. Facility Visit:

Date of visit (DD/MM/YYYY): 07/06/2013

Please list those from the RHA that attended. Karen Earnshaw, Interim Vice President, Rural, Restorative & Continuing Care; Dan Kohl, Executive Director, Health Services Organizations

Please list the themes identified.

- Electronic charting – avoid manual charting on tick sheets, avoid duplication and chance of errors.
- Staffing levels – more hours of care per day for resident care.
- Training resources for staff – regular training to satisfy OH&S regulations; lean training.

2. Resident/Family Council:

Is there a resident family council? Yes

If no, when will a resident/family council be established?

If yes, how often do they meet?

Resident Council meets monthly.
Family Advisory Council meets quarterly.

Please list the themes identified at the resident/family council meetings.

- 30 people attended – good mix of family and residents.
- Lots of recreation opportunities but lots of residents sit in rooms and don't attend. Management responded to say that they try to accommodate attendance at activities based on resident interest. If family feels resident not getting what they want/need to check with the Resident Care Co-ordinator, activity co-ordinator, or anyone from the management team.
- Questions about infrastructure and air quality – old building.

- Floors heaving as seasons change.
- Concern about no room for lifts for residents to use the toilets – need to use commodes.
 - Concern about using resident lounge for training – residents have very little open space already.
 - Families generally pleased with staff but agree that more staff would be better.
 - Question about staff ratios – management responded 1:9 ratio of residents per CCA staff on days, 1:12 on evenings (one less meal and fewer work routines), and 1:30 on nights.
 - Complaint about what time residents are put to bed (6:15 p.m.). Management responded that staff try to accommodate as much as possible regarding bed times. They plan to follow up with this family after the meeting.
 - Question about emergency preparedness – management explained the process and plan if a disaster like tornado.
 - Issue about availability of hairdresser. Management checking into it.
 - Is there a van to use for outside programming? The Family Advisory Councils for each of the three Extendicare is looking into this.
 - Concern over staff not knowing English and residents/families cannot understand them. Also an issue with not using English while providing care. Management to follow up.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | X | | | |
| Your organization has communicated expectations around what staff can do to provide RCC | X | | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | X | | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | X | | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | X | | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | X | | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | X | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | X | | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | X | | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | X | | | |
| Opportunities exist for leadership to interact directly with patients and families | X | | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | X | | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|---|---|---|--|---|--------------|
| Resident’s with different language needs | No | Yes | No | No | 1 |
| We work with individual families that do not speak English but we don’t have any additional resources available in other languages. | | | | | |
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| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|-----------------|---|---|--|---|--------------|
| | | | | | |

RCC ACTION PLAN

Identify top five RCC actions that your organization needs to focus on to improve quality of care and complete the RCC Action plan below.

| PFCC Actions | Target Date | Person responsible | Outcomes/Deliverable | Measures | Progress/Status |
|------------------------------|-------------|----------------------|---|--|-----------------|
| Accurate charting from CCA's | Ongoing | Extendicare/RQHR | Continue to lobby for electronic charting that is directly linked to MDS. Currently our CCA's do their reporting sheets 5 hours after morning care is completed. They complete the charting by doing manual input on tick sheets then are entered into MDS for assessment. This process is very inefficient and lacks accuracy. | <ul style="list-style-type: none"> • Need to Lobby RQHR to change MDS software from Momentum to Point Click Care to access the technology needed. • Continue to educate CCA's on importance of accuracy of charting. • | Ongoing |
| Review of Staffing Levels | Ongoing | Extendicare/RQHR/MOH | We need to look at how we provide care to our residents. Funding levels have not changed for many years and the funding levels were designed to give time oriented care. The focus is now to provide Resident Directed Care and we need further flexibility built into our work routines to better | <ul style="list-style-type: none"> • Continue to discuss staffing levels with RQHR and MOH. • With increased funding levels we are confident this will lower our complaints about resident care and provide a good model of resident | Ongoing |

| | | | | | |
|------------------------------|---------------|----------------------|---|---|---------|
| | | | increasing resident needs. | | |
| Training Resources for Staff | Ongoing | Extendicare/ RQHR | We need our employees to attend work on a consistent basis and to better prepared for the demands of delivering Resident Directed Care. | <ul style="list-style-type: none"> • OH&S training to meet all Ministry of Labour requirements. • Lean training for our front line staff to start thinking in a new way • Better support CCA's with Resident Directed Care | Ongoing |
| Facility Redevelopment | Ongoing | Extendicare/RQHR/MOH | The age of our building is not resident friendly. Large part of population is in 4 bed ward. This leads to an increase of behaviors from residents and family members | <ul style="list-style-type: none"> • Continue to discuss redevelopment with RQHR and MOH | Ongoing |
| Recruitment and Retention | December 2013 | Extendicare | We need to develop strategies around retaining staffing in the facility at both the management and frontline level. | <ul style="list-style-type: none"> • Strategy to be developed. | Ongoing |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Golden Prairie Home

1. Facility Visit:

Date of visit (DD/MM/YYYY):

Please list those from the RHA that attended.

Please list the themes identified.

2. Resident/Family Council:

Is there a resident family council? No

If no, when will a resident/family council be established? June 30, 2013.

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. See attached.

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | X | | | |
| Your organization has communicated expectations around what staff can do to provide RCC | | X | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | | X | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | | X | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | X | | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | | X | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | | X | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | X | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | | X | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | X | | | |
| Opportunities exist for leadership to interact directly with patients and families | X | | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | | X | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--|---|---|--|---|--------------|
| Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | | | | | |
| Your organization has communicated expectations around what staff can do to provide RCC | Yes | Yes | Yes | Yes | 4 |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | Yes | Yes | Yes | Yes | 4 |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident’s lifestyle, preferences, and personal goals. | Yes | Yes | Yes | Yes | 4 |
| Residents’ personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | | | | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | Yes | Yes | Yes | Yes | 4 |

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact "gain" in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes's |
|---|---|---|--|---|--------------|
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | Yes | Yes | Yes | Yes | 4 |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | Yes | Yes | Yes | Yes | 4 |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | Yes | Yes | No | Yes | 3 |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | | | | | |
| Opportunities exist for leadership to interact directly with patients and families | | | | | |
| All staff, management and physicians are accountable for "walking the talk" of RCC | Yes | Yes | Yes | Yes | 4 |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Grenfell Pioneer Home

1. Facility Visit:

Date of visit (DD/MM/YYYY):

Please list those from the RHA that attended.

Please list the themes identified.

2. Resident/Family Council:

Is there a resident family council? No

If no, when will a resident/family council be established? By the end of June.

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. See attached.

Greenfield

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | | X | | |
| Your organization has communicated expectations around what staff can do to provide RCC | | X | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | | X | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | | X | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | | X | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | | X | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | X | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--|---|---|--|---|--------------|
| Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | Yes | Yes | No | Yes | 3 |
| Your organization has communicated expectations around what staff can do to provide RCC | Yes | Yes | Yes | Yes | 4 |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | Yes | Yes | Yes | Yes | 4 |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident’s lifestyle, preferences, and personal goals. | Yes | Yes | Yes | Yes | 4 |
| Residents’ personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | Yes | Yes | Yes | Yes | 4 |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | Yes | Yes | Yes | Yes | 4 |

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|---|---|---|--|---|--------------|
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | Yes | Yes | Yes | Yes | 4 |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | Yes | Yes | Yes | Yes | 4 |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | Yes | Yes | No | Yes | 3 |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | Yes | Yes | Yes | Yes | 4 |
| All staff, management and physicians are accountable for “walking the talk” of RCC | Yes | Yes | Yes | Yes | 4 |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Long Lake Valley Integrated Facility

1. Facility Visit:

Date of visit (DD/MM/YYYY):

Please list those from the RHA that attended.

Please list the themes identified.

2. Resident/Family Council:

Is there a resident family council? No

If no, when will a resident/family council be established? October 1, 2013.

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. See attached.

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | X | | | |
| Your organization has communicated expectations around what staff can do to provide RCC | X | | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | | X | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | | X | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | | X | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | | X | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | X | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | X | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | | X | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | X | | | |
| Opportunities exist for leadership to interact directly with patients and families | X | | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | X | | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--|---|---|--|---|--------------|
| Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | | | | | |
| Your organization has communicated expectations around what staff can do to provide RCC | | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | Yes | Yes | Yes | Yes | 4 |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident’s lifestyle, preferences, and personal goals. | Yes | Yes | Yes | Yes | 4 |
| Residents’ personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | Yes | Yes | Yes | Yes | 4 |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | Yes | Yes | Yes | Yes | 4 |

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|---|---|---|--|---|--------------|
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | Yes | Yes | Yes | Yes | 4 |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | Yes | Yes | Yes | Yes | 4 |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | Yes | Yes | No | Yes | 3 |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | | | | | |
| Opportunities exist for leadership to interact directly with patients and families | | | | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | | | | | |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Lumsden Heritage Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 19/06/2013

Please list those from the RHA that attended. Dan Kohl

Please list the themes identified. _____

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? Discussing with Facility on June 19

If yes, how often do they meet? _____

Please list the themes identified at the resident/family council meetings. _____

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. _____

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | X | | | |
| Your organization has communicated expectations around what staff can do to provide RCC | | X | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | | X - Family/Resident Council as of June 2013 | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | X | | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | X as best as work routines allow | | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | X | | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | X - need based will accommodate if situation arises | | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | X | | |
| RCC behavior expectations are included in all <u>job</u> descriptions and performance evaluation tools | | X | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | X | | | |
| Opportunities exist for leadership to interact directly with patients and families | X | | | |
| All staff, management and physicians are accountable for "walking the talk" of RCC | X | | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: "partially implemented" or "no activity".
2. Answer each question ("Yes" or "No") and tally up the number of "Yes's". This will help you identify which initiatives are top priorities (greater number of Yes's = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact "gain" in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes's |
|---|---|---|--|---|--------------|
| expectations for staff re: RCC | yes | yes | | | 2 |
| resident / family voice (Council) | | yes | | yes | 2 |
| recognize / reward champions | | yes | | yes | 2 |
| RCC in job descriptions / performance ^{appraisals} | | yes | | yes | 2 |
| | | | | | |
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RCC ACTION PLAN

Identify top five RCC actions that your organization needs to focus on to improve quality of care and complete the RCC Action plan below.

| PFCC Actions | Target Date | Person responsible | Outcomes/Deliverable | Measures | Progress/Status |
|--|-------------|--------------------|----------------------|----------|-----------------|
| Reinitiate Resident / Family Council | June 25/13 | Charlette Erdmann | semi monthly | | |
| Board / Family / Resident communication channels | Sept 2013 | Board | Formal policy | | |
| C.P.A Training - all staff | Nov. 2013 | Sara Cechwill | | | |
| Recognition Program for "resident champions" | Dec 2013 | Sara / Trish | | | |
| | | | | | |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Montmartre Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY):

Please list those from the RHA that attended.

Please list the themes identified.

2. Resident/Family Council:

Is there a resident family council? No

If no, when will a resident/family council be established? October 1, 2013.

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. See attached.

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | | X | | |
| Your organization has communicated expectations around what staff can do to provide RCC | X | | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | | X | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | X | | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | | X | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | | X | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | X | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | X | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | | X | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | X | | | |
| Opportunities exist for leadership to interact directly with patients and families | X | | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | | X | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--|---|---|--|---|--------------|
| Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | Yes | Yes | Yes | Yes | 4 |
| Your organization has communicated expectations around what staff can do to provide RCC | Yes | Yes | Yes | Yes | 4 |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | Yes | Yes | Yes | Yes | 4 |
| Residents’ personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | Yes | Yes | Yes | Yes | 4 |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | Yes | Yes | Yes | Yes | 4 |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | Yes | Yes | Yes | Yes | 4 |

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|---|---|---|--|---|--------------|
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | Yes | Yes | Yes | Yes | 4 |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | Yes | Yes | No | Yes | 4 |
| All staff, management and physicians are accountable for “walking the talk” of RCC | Yes | Yes | Yes | Yes | 4 |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Pioneer Village

1. Facility Visit:

Date of visit (DD/MM/YYYY): 27/05/2013

Please list those from the RHA that attended. Keith Dewar, President & CEO: Debbie Sinnett, Executive Director, Pioneer Village

Please list the themes identified.

- Meal service and quality and variety of food provided.
- Outdoor smoking areas – ongoing issue of balancing approved smoking areas for residents and the impact on other residents.
- Care provision, laundry and maintenance issues.

2. Resident/Family Council:

Is there a resident family council? Yes

If no, when will a resident/family council be established?

If yes, how often do they meet?

- General membership meetings are held three times annually and Executive meetings are held monthly except July/August. In addition to all Council members, the Executive Director, Director of Care, Food Service Manager and Recreation Manager attend monthly Executive meetings.
- The May 27 general meeting was attended by all Council, Executive Director, Director of Care, Maintenance, Housekeeping/Laundry, Food Services Managers, Pastoral Care Co-ordinator, Recreation Manager.
- Approximately 50 resident and family members attended the May 27 meeting. Normal participation is around 30-35 attendees.

Please list the themes identified at the

- Meal service and quality and variety of food provided – common

resident/family council meetings.

- theme at every meeting and includes:
- The frequency of fresh fruit/veg product;
 - Quality of finished product (appeal, taste, texture);
 - Portion sizes;
 - Receiving correct food, if on a special diet or have allergies, or dislikes;
 - Variety in meals for younger residents who do not like more traditional menu;
 - Cafeteria selections – want more variety for purchases.
- Outdoor smoking areas – ongoing issue of balancing approved smoking areas for residents and the impact on other residents.
 - Smoking adjacent to walkways or in an area people frequently pass through;
 - Cigarette butts all over and how unsightly this is;
 - Non-compliance with using designated smoking areas and perceived lack of follow-up by management regarding this as it continues to occur;
 - Staff access outdoor smoking areas, this is a joint issue and they are not always complying with procedure.
 - Not all mentioned at this meeting but common themes in previous meetings including the following staff/organization related issues:
 - Staff speaking another language when providing care;
 - Staff using cell phones when providing care and service;
 - Staff rushing care, very busy, just doing task, not acknowledging the resident;
 - Laundry concerns – missing personal clothing and laundry and care staff accountability for properly managing same to prevent loss;
 - Maintenance issues (sidewalks, elevators, water shut downs, repair items, painting and room repairs, air conditioning, snow impacts, etc.) occur at all meetings but vary based on season and current infrastructure issues.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| Pioneer Village – Rural, Restorative and Continuing Care Regina Qu'Appelle Health Region | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|--|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | | X – primary care, care plan meetings with resident and family | | |
| Your organization has communicated expectations around what staff can do to provide RCC | | X – through training, meetings, care structure, performance review posted info | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | | X – council in place, includes residents and 2 Resident advocates (family), residents and family are not actively involved on other committees routinely, but by exception | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | | X- yes, but lack structured next steps to garner involvement when resident unable or friends/family not involved or available | | |

| Pioneer Village – Rural, Restorative and Continuing Care Regina Qu' Appelle Health Region | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---|----------------|
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | | X – where possible, based on available resources to support care needs, but this is a primary focus and well incorporated in most areas | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | | X- primary care in place, residents familiar with staff, but need other tools like whiteboards, name plates to identify staff on shift by name and designation, for residents and family and this step has not been taken yet | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | | X – materials are available in English only at this time. Translator services are available through RQHR if | |

| Pioneer Village – Rural, Restorative and Continuing Care Regina Qu'Appelle Health Region | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|--|---------------|----------------|
| | | | requested. | |
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | X – Safety recognition award for employees of Pioneer implemented, long service awards, OHS BBQ, recognition of professional days | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | | X – in progress, re-vamping to include in all performance expectation documents for positions, all new hires in Care receive training in Dignity for All and Respectful Workplace, all department visibility walls include the Patient, Family, Resident Centred Care motto “ <i>Hear our Voice, Respect our Choice:</i> ” | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | | X – a mix of formal and informal structures, in place, less formal in support services | | |
| Opportunities exist for leadership to interact directly with patients and families | | X-Resident Council, informal and formal meetings, open door | | |

| Pioneer Village – Rural, Restorative and Continuing Care Regina Qu'Appelle Health Region | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| | | practice, gamba walks, leadership visible on units, in public areas on a daily basis. | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | | X – primary focus, in progress, coaching and mentoring, managing the balance of ensuring task completion, with how the work is completed based on the needs and wishes of the resident. Several specialized programs that requires management of safety needs and care, balanced with personal choice, to manage risk. This includes dementia care, mental health program, addictions and related needs, acquired brain injury and personality disorders with associated high risk behaviours. Care planning processes are the primary opportunity for direct interaction | | |

| Pioneer Village – Rural, Restorative and Continuing Care Regina Qu' Appelle Health Region | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| | | and formalized planning, but informal opportunities occur daily. | | |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Qu'Appelle House

1. Facility Visit:

Date of visit (DD/MM/YYYY): 07/06/2013

Please list those from the RHA that attended. Karen Earnshaw, Interim Vice President, Rural, Restorative & Continuing Care; Dan Kohl, Executive Director, Health Services Organizations

Please list the themes identified. •

2. Resident/Family Council:

Is there a resident family council? Yes

If no, when will a resident/family council be established?

If yes, how often do they meet? Resident Council meets annually. Small focus groups regularly (Sharing Circle).

Please list the themes identified at the resident/family council meetings.

- 30 people attended – good mix of family and residents.
- They feel only a need to meet formally once per year – any issues are dealt with immediately (small facility, everyone like family).
- Facility sent out a questionnaire asking about quality of care, what is good, what can be improved.
- Very positive answers to this question on quality of care. “Excellent”, “staff are amazing”, “they really care and want to be at work!”.
- Improvements – can paratransit or another bus take residents for outings? Little access to paratransit and no access to a facility van/bus.
- “Is there a need to establish a family council?” Some expressed interest. It may simply be a reconfiguration of the Auxiliary that is already in place. Facility management to explore further.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | X | | | |
| Your organization has communicated expectations around what staff can do to provide RCC | X | | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | X | | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | X | | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | X | | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | X | | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | | | X as present |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | X | | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | X | | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | X | | | |
| Opportunities exist for leadership to interact directly with patients and families | X | | | |
| All staff, management and <u>physicians</u> are accountable for "walking the talk" of RCC | X | | | |

Team work + staff participation from all is always encouraged & valued

few physicians come into facility

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: "partially implemented" or "no activity".
2. Answer each question ("Yes" or "No") and tally up the number of "Yes's". This will help you identify which initiatives are top priorities (greater number of Yes's = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact "gain" in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes's |
|---|---|---|--|---|--------------|
| materials appropriate for readers of varying literacy level and speakers of different languages are readily available | not present | yes | — | yes | 2 |
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RCC ACTION PLAN

Identify top five RCC actions that your organization needs to focus on to improve quality of care and complete the RCC Action plan below.

| PFCC Actions | Target Date | Person responsible | Outcomes/Deliverable | Measures | Progress/Status |
|---|----------------------|--------------------|----------------------|--|-----------------|
| Everyone in facility at present communicates in English | language if required | | | As required we would obtain speakers & resources necessary | |
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Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Regina Lutheran Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 29/05/2013

Please list those from the RHA that attended. Karen Earnshaw, Interim Vice President, Rural, Restorative and Continuing Care; Dan Kohl, Executive Director, Health Services Organizations

Please list the themes identified.

- Facility has no sanitizer/flushers – none approved from capital list (identified as a need for a few years).
- Nurse Practitioner has helped to reduce the number of medications for their residents. RLH is not funded for the RN (NP).
- Exploring the feasibility of a future campus of community-based services – engaging related communities like churches, schools, opportunity to become a primary health care services centre.

2. Resident/Family Council:

Is there a resident family council? Yes

If no, when will a resident/family council be established?

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings.

- Met with one active family member, one Board Member, and two facility senior leadership.
- A larger group used to meet on a monthly basis but the format and function is evolving. This is due to changing to a structure where there are 14-16 bed households and the average age of residents is 80-85+. Issues are dealt with immediately instead of

waiting for a council meeting. Future Resident/Family Council meetings will be information sharing sessions.

- Strong advocate for Eden Care coming from Board, staff and families.
- Very satisfied with Regina Lutheran Home and Eden Care unlike experiences at other LTC facilities in the past. Activities program much better at RLH. Employ spontaneity in the resident's day including opportunity for various outings.
- RLH has deployed their own resources into recreation – Eden Care adds meaningful activity and leisure to enhance the quality of life and address the plagues of LTC: loneliness, helplessness and boredom. Behaviours become less of a challenge.
- Volunteer base is growing at RLH.
- Believe all LTC facilities should become Eden, the only way to provide LTC.
- All staff are involved in providing care as a team.
- Education for families is critical. RLH has a document they use for family meetings; helps navigate the system.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Regina Lutheran

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|--|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | Care partners are sent to a 3 day Certified Eden Association education session, we discuss the Eden Alternative philosophy in our family meetings (about 10 days after admission), facility tours focus on Eden Alternative, the bi-weekly staff newsletter (Did You Know) has an Eden component, Eden is a standing agenda item for the leadership meeting, | | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| Your organization has communicated expectations around what staff can do to provide RCC | This is covered in the Eden training the staff receives and re-enforced daily. Staff are encouraged and empowered to develop relationships with the Elders and their families. We have continuity of care as PFT staff are assigned to the same house (14-16 Elders per house). This allows for deeper relationships and staff can quickly notice changes in their Elder. | | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | Elder and Family Council, house meetings, annual warmth surveys, | Learning circles are also being looked at to start in the fall 2013 | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | At family meetings, person centered questions such as | We are creating team meetings to look at our Elders who are having | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|--|---------------|----------------|
| | <p>what do you like to do that brings you pleasure (simple pleasures), are there things we can do to make this feel like home?, do you prefer the company of others or to be on your own? Recreation therapist completes recreation and leisure assessment with Elder and family whenever possible, recreation coordinators create the biography. We encourage families to communicate with the leaders of each area (nursing/resident care, food services, support services, recreation etc) with all comments, concerns and explanations. Nursing staff</p> | <p>“responses or expressions” to unmet needs and how we can meet those needs</p> | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| | regularly communicate with families with respect to changes in care, medications etc | | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| <p>Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated.</p> <p>At RLH – one specific example is that we have an Elder who sleeps in until noon everyday. We adjusted her medication schedule to fit the Elders schedule. The family reports they have not seen she as happy as she is now since moving into our care. The multiple teary phone calls daily have stopped.</p> | <p>Relaxed breakfasts offered in each house every morning, care partner will cook what Elder asks for breakfast, fruit and beverages available all day, baths are days or evenings and care partners have the flexibility to change them if needed, it is noted who stays up late and who sleeps in and medication is arranged around their daily rhythm, time every day for spontaneous activities and to enjoy moments,</p> | | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|--|---------------|----------------|
| | scheduled recreation programs are based on Elders preferred leisure interests, | | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | Resident care partner schedules are posted daily, at family meetings all care partners are encouraged to attend so that families get to know them. PFT resident care partners, nurses, recreation, some support services are assigned to houses to ensure continuity of care. Staff wear name tags. | | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | Elder handbook for moving in has been revised, | Staff orientation is being re-written to be more person-centered, brochure writing is small and needs to be enlarged | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|--|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | Annual long service awards, Eden Champion award, staff appreciation week. Managers are recognizing staff in the moment. | | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | RN, LPN, SCA and Recreation positions have expectation documents, newly created ECC expectations document | | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | There are house meetings where all house members are encouraged to attend, department meetings are held weekly or monthly. | Learning circles are being looked at for the fall | | |
| Opportunities exist for leadership to interact directly with patients and families | Daily – managers often touch base with their staff daily and are seen spending time with Elders | | | |
| All staff, management and physicians are accountable for “walking the | | CEO looking into a | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--------------|---|---|---------------|----------------|
| talk” of RCC | | new “growth plan” tool to ensure this happens | | |

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

WRC

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership <ul style="list-style-type: none"> • <i>Program philosophy included in Resident Handbook (being updated to reflect portfolio philosophy).</i> • <i>Residents participate in new staff orientation (President & Vice President, Resident Council).</i> • <i>Resident impact assessment undertaken prior to any program change (need to formalize this...).</i> • <i>Would be good to start every meeting / discussion with explicit reference to PFCC concept and how the impending discussion will impact on that.</i> • <i>See also response in section below.</i> | | X | | |
| Your organization has communicated expectations around what staff can do to provide RCC <ul style="list-style-type: none"> • <i>New staff orientation includes 3.5 hour review of portfolio’s PFCC philosophy and how this is translated into EC/VAC Program’s Model of Care.</i> • <i>Portfolio slogan of “Hear Your Voice, Respect Your Choice”, reviewed at least weekly at all vis wall walks and regular staff meetings.</i> • <i>Managers and leaders regularly discuss importance of PFCC principles and practice.</i> • <i>All staff performance expectations updated to include specific reference to PFCC; incorporated in performance reviews.</i> | X | | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
|--|---|---|---------------|----------------|

ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs)

| | | | | |
|--|--|---|--|--|
| <p>Your organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.).</p> <ul style="list-style-type: none"> <i>As a result of a mediation process between the EC/VAC Program and the Resident Council several years ago, it was agreed that the Extended Care Resident Council would meet monthly in private (summer months excluded). Any issues or concerns raised from that meeting would then be discussed at a monthly Executive Committee meeting, attended by the Director, EC/VAC, the Resident Council President, another manager and the Resident Council Vice President (the latter rarely attends).</i> <p><i>In addition to this, monthly resident/family information meetings and larger quarterly program wide meetings – open to <u>all</u> residents & family members were established. However as residents & families advised that they could easily speak to the manager of their or their loved one's care unit, they felt that these meetings were not required and attendance was very low or non-existent.</i></p> <p><i>As a result, following discussion with residents, family members and the Resident Council president, the resident/family forums were cancelled, with managers concentrating on dialoguing & problem solving with residents/family members directly on the care units. Any general concerns from residents that have not been resolved at the managerial level are passed on to^{24(1)(k)(ii)} (Res Council President) who in turn raises these at the executive meeting.</i></p> <p><i>At the May executive meeting, it was agreed that^{24(1)(k)(ii)} would seek resident feedback regarding perception on how well this is working. Feedback from^{24(1)(k)(ii)} is that residents are comfortable with the process and would like to remain with this. It is noted that at the facility meeting with residents, residents highlighted the ease with which they could see the manager of their care unit.</i></p> | | X | | |
|--|--|---|--|--|

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) (con'td) | | | | |
| <ul style="list-style-type: none"> • <i>Although a Veteran's Council has existed in the past, this has not been held for a few years, due to a lack of interest. The premise is that any issues raised by the Extended Care Council will equally apply to Veteran residents.</i> • <i>Managers are explicitly charged with "listening to the resident voice".</i> • <i>The following was recently a very "hot topic": In early 2012, the RQHR Artist in Residents began running a Creativity for Health program (spiritual art therapy) in the WRC chapel. Within the last few months, some residents & family members expressed considerable concern at "sacred space being used for arts & crafts". In light of these very strong sentiments, arrangements have since been made for the chapel to be made into a non-bookable space.</i> • <i>Discussions have also begun concerning the physical reconfiguration of the chapel into a more "multi faith" facility.</i> • <i>Residents are involved in facility menu planning / menu selection (ie. food to be included as new menu items).</i> | | X | | |
| <p>Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals.</p> <ul style="list-style-type: none"> • <i>Absolutely and think we achieve this well (recognizing that truly personalized service must be balanced against our ability to provide within a publically funded service) .</i> • <i>Notwithstanding the above, this is an ongoing work in progress – it's important that staff always recognize that our role is to facilitate support & guide vs. direct....</i> • <i>Discussion underway with physician team, pharmacy partners and risk mgt regarding resident use of medical marijuana (this is both a provincial and national issue within long term care facilities).</i> | | X | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. <ul style="list-style-type: none"> <i>As far as possible, though could always do better, recognizing that we operate in a publically funded service.</i> | | X | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team. <ul style="list-style-type: none"> <i>Unless resident has requested absence thereof, whiteboards have been installed in all resident rooms. Names of staff working that shift are written on the boards. We have been somewhat lax in the past, but performance is increasing as this is being monitored as part of visibility wall walks. Standard work being developed to ensure consistent achievement. Need to also ensure we continually visit where new residents have occupied rooms where previous residents did not want boards.</i> <i>Staff must wear name badges visible for residents and families at all times.</i> | | X | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. <ul style="list-style-type: none"> <i>All resident information is routed thru regional CEAC (Client Education Advisory Committee) prior to publication. All in English, albeit at a junior grade level.</i> | | X | | |
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) <ul style="list-style-type: none"> <i>Informal recognition systems in place eg. saying thank you, recognising at staff meetings. Would be good to make this more explicit and more formal.</i> | | X | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY (con'td) | | | | |
| <p>RCC behavior expectations are included in all job descriptions and performance evaluation tools</p> <ul style="list-style-type: none"> • <i>Implicit vs explicit reference made to PFCC philosophy in provincial job descriptions.</i> • <i>All performance expectations updated to reflect explicit commitment to PFCC principles.</i> • <i>During all performance reviews staff must review job descriptions and position performance expectations then sign off indicating they understand the content.</i> | X | | | |
| <p>Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices.</p> <ul style="list-style-type: none"> • <i>Yes, though this represents a change in philosophical approach – and requires ongoing support and encouragement.</i> | | X | | |
| <p>Opportunities exist for leadership to interact directly with patients and families</p> <ul style="list-style-type: none"> • <i>Yes. This is an explicit expectation. Feedback from residents & family members is that managers are visible and respond to concerns in a timely fashion. However, residents & family members also share that managers are often at meetings, resulting in them being absent from the care unit.</i> • <i>The establishment of the Evening/Weekend Manager role provides for OOS presence during off hours – meeting a specific expressed need from residents & family members.</i> | X | | | |
| <p>All staff, management and physicians are accountable for “walking the talk” of RCC</p> <ul style="list-style-type: none"> • <i>Yes – see above but also note below. Performance management process for non-physicians followed when PFCC principles are not followed.</i> • <i>Consistent feedback from residents & family members is that they would like to see their attending physician more. Discussions underway regarding alternative service delivery models to meet resident & family member desires for increased interaction.</i> | | X | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|---|---|---|--|---|--------------|
| Setting the Stage | | | | | |
| <ul style="list-style-type: none"> Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | <i>Yes</i> | <i>Yes</i> | <i>Yes</i> | <i>Yes</i> | 4 |
| Engagement of Resident and Family Advisors (RFA’s) | | | | | |
| <ul style="list-style-type: none"> Your organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | <i>Yes</i> | <i>Yes</i> | <i>Yes</i> | <i>Yes</i> | 4 |
| <ul style="list-style-type: none"> Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident’s lifestyle, preferences, and personal goals. | <i>Yes</i> | <i>Yes</i> | <i>Yes</i> | <i>Yes</i> | 4 |
| Customized, Resident-Directed Care and Services | | | | | |
| <ul style="list-style-type: none"> Residents’ personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | <i>Yes</i> | <i>Yes</i> | <i>Not Fully</i> | <i>No</i> | 2 |
| <ul style="list-style-type: none"> Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team. | <i>Yes</i> | <i>Yes</i> | <i>Yes</i> | <i>Yes</i> | 4 |
| <ul style="list-style-type: none"> Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | <i>Yes</i> | <i>Yes</i> | <i>No</i> | <i>?</i> | 2 |

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--|---|---|--|---|--------------|
| RCC Workplace and Accountability | | | | | |
| <ul style="list-style-type: none"> Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | <i>Yes</i> | <i>Yes</i> | <i>Potential high gain but successful further progress would benefit from discussion with staff and union partners</i> | <i>Not if recognition is financial. However financial reward not necessary; could be achieved thru non-monetary recognition (eg. Celebrity Wall)</i> | 2 |
| <ul style="list-style-type: none"> Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices. | <i>Yes</i> | <i>Yes</i> | <i>Yes</i> | <i>Yes</i> | 4 |
| <ul style="list-style-type: none"> All staff, management and physicians are accountable for “walking the talk” of RCC | <i>Yes</i> | <i>Yes</i> | <i>No</i> | <i>No – although may be resolved thru budget alignment and/or staff role development?</i> | 2 |

RCC ACTION PLAN

Identify top five RCC actions that your organization needs to focus on to improve quality of care and complete the RCC Action plan below.

| PFCC Actions | Target Date | Person responsible | Outcomes/Deliverable | Measures | Progress/ Status |
|---|--------------------------------------|---|--|------------------------------------|-------------------------|
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | End Summer 2013 | Ngaire WBrown, Director, EC/VAC | Update resident handbook to include portfolio philosophy regarding PFCC. Include reference to staffing levels. | Updated handbook | |
| | Immediate | Ngaire WBrown, Director, EC/VAC & EC/VAC Leaders | All meetings / discussions within program will commence with an explicit reference to PFCC concept and how the impending discussion will impact on that. Meeting to close with review of same. | Audit of meetings | |
| | September 2013 | Ngaire WBrown, Director, EC/VAC | Create process for resident impact assessment prior to any program change. Include resident/family member in development of assessment process. | Establishment of impact assessment | |
| Your organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | Process to commence fall/winter 2013 | Jan Besse, EDirector, Rehab, Spiritual, & Native Health w Ngaire WBrown, Director, EC/VAC | Progress discussions with residents & family members regarding the physical reconfiguration of the WRC chapel into a more "multi faith" facility. | Chapel reconfiguration | |
| | Summer 2013 | Director of Food Services | Review resident input into menu planning. | Improved meal experience | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. <u>and</u> Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices. | Ongoing | Ngaire WBrown, Director, EC/VAC & EC/VAC Leaders | Continue to encourage and help direct care staff in identifying ways to support residents in their lifestyle/care delivery preferences. | Reduction of resident concerns | |

| | | | | | |
|---|------------------------|--|---|--------------------|--|
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | TBA (provincial issue) | Ngairé WB, Director, EC/VAC, Dr L Blignault, Director, Family Medicine | Develop policy regarding resident use of medical marijuana. | Policy in place | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team. | Ongoing | Ngairé WB, Director EC/VAC | Continue monitoring of resident whiteboard completion (reported on vis walls). Continue monitoring of staff name badges (reported on vis walls). | 100% accuracy rate | |

| RFCC Action Plan RQHR Rural Facilities | Target Date | Person Responsible | Outcomes/Deliverables | Measures |
|---|-------------|--------------------|--|--|
| Expectations around what staff can do to provide Resident Centered Care will be communicated to staff and residents/families. | Oct 1, 2013 | Manager | <p>Staff understand expectations of RCC</p> <p>Staff embrace and support a resident centered care philosophy</p> | <p>Resident Centered Care expectations part of the hiring expectation and during performance appraisal process</p> <p>Resident Centered Care language is included in the employee expectations documents</p> <p>Staff meetings and huddles include opportunities to share resident centered care stories and acknowledge/praise champions</p> |
| Resident Councils will be established in every LTC facility with regular meetings at least quarterly to provide a formal forum for the voice of residents/families to be heard | Oct 1, 2013 | Manager | <p>Resident councils meet regularly</p> <p>Resident concerns and issues are addressed</p> | <p>Communication to all families/residents regarding the establishment of a resident council including its purpose and goals.</p> <p>Council meeting minutes will made available to residents and families</p> <p>Council Meeting Minutes will be forwarded to D/ED</p> <p>Council Meeting Minutes will reflect follow up/resolution of concerns/issues raised at meetings</p> <p>Representatives from each department will attend the council meetings on an ad hoc basis to address department specific issues</p> |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences and personal goals. | Oct 1, 2013 | Manager | Residents/families are invited to participate in development of their care plan | <p>Family/residents included in the IDTC process (admission, annually, for significant change).</p> <p>Managers meet with families/residents at or near admission and encourage them to bring forward concerns</p> <p>Managers will use the standard welcome letter with key contact information in conjunction with the Resident Handbook</p> |
| Resident care plans reflect individual preferences for schedules and routines i.e. meals, baths, bedtime etc. | Oct 1, 2013 | Manager | Care plans will be individualized to reflect resident/family preferences | <p>Spot care plan audits will reflect individual preferences</p> <p>Residents/families will articulate respect for individual preferences</p> |
| Employees consistently wear individual name tags that include job title so that residents and their family members know who is providing their care and what the role is of each person on the care team. | Oct 1, 2013 | Manager | Residents/families will know staff names and job title | <p>Spot audits will reflect that staff are wearing their name tags</p> <p>Feedback from residents/families will indicate that they know the names/jobs of their care team</p> |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Santa Maria

1. Facility Visit:

- Date of visit (DD/MM/YYYY): 04/06/2013
- Please list those from the RHA that attended. Karen Earnshaw, Interim Vice President, Rural, Restorative & Continuing Care; Dan Kohl, Executive Director, Health Services Organizations
- Please list the themes identified. •

2. Resident/Family Council:

- Is there a resident family council? Yes
- If no, when will a resident/family council be established?
- If yes, how often do they meet? Resident/Family Council meets three times per year.
- Please list the themes identified at the resident/family council meetings.
- Follow up to a meeting of the Council on May 24 – opportunity to check back with the group to ensure they captured all the discussion (notes handout).
 - 36 people attended – good mix of family and residents.
 - Management are good to work with. Some of the staff are a struggle to work with but most show love, compassion, and empathy.
 - Care issue – some care aides leave the door open while providing care. Facility responded and reaffirmed that is one of the reasons for introducing a new philosophy of care (Resident and Family Centered Care).
 - Much discussion about a planned staffing change to remove LPN staff from the evening shift. Management assured them that

some of the routines are also shifting to days and won't be short staffed on evenings.

- Using the resources to provide more physiotherapy time (2x week), recreation time (from two to four evenings per week) and nursing admin support. Realigning duties so staff call in not done by a nurse.
- Going to start using a laptop for admissions to avoid duplication of effort.
- General concern about having enough staff – management advised that they are trying to maximize the use of resources they have but are still lobbying for more care resources per resident day.
- Very happy to have dentists that come into the facility to provide dental care onsite.
- Phone communication with unit staff is difficult – a phone list would help. A list will be distributed and will also be added to the website.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Please note that Resident and Family Centred Care should be the philosophy and not the term listed in the document

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Family Centred Care (RFCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RFCC is formally and consistently communicated with residents, families, staff, board and leadership | | X | | |
| Your organization has communicated expectations around what staff can do to provide RFCC | | X | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | X | | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | X | | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | | X | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person | | X | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|--|---------------|----------------|
| on the care team | | | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | | X | |
| RFCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RFCC (e.g. champions) | | | X | |
| RFCC behavior expectations are included in all job descriptions and performance evaluation tools | | Provincial Job descriptions, yes – part of PA process being implemented. | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RFCC practices and have given the flexibility to implement these practices | | X | | |
| Opportunities exist for leadership to interact directly with patients and families | X | | | |
| All staff, management and physicians are accountable for “walking the talk” of RFCC | X | | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--|---|---|--|---|--------------|
| Your organization’s commitment to RFCC is formally and consistently communicated with residents, families, staff, board and leadership | Yes. | YES | No. Cultural shift will take time. | NO We are attempting to make the change within what we have in place. | 2 |
| Your organization has communicated expectations around what staff can do to provide RFCC | YES | YES | No. Cultural shift will take time. | NO We are attempting to make the change within what we have in place. | 2 |
| Residents’ personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | YES | YES | YES | NO. We are attempting to make the change within | 3 |

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|---|---|---|--|--|--------------|
| | | | | what we have in place. Items such as extra bathing times (bathing teams) are goals but we lack the resources at this point in time. Other items that are likely in the new standards will require more resources than presently on hand. | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | YES | YES | Not sure of question? | YES. Planning on implementing an assignment board for family- public observation. | 3 |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | NO | YES – (It would) | NO | YES. Some one-time start-up funds would be useful. | 2 |

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes's |
|--|---|---|--|---|--------------|
| Systems are in place to recognize and reward (acknowledge) employees who provide RFCC (e.g. champions) | Yes | YES | No. Cultural shift will take time. | Partially. Quality supervision is required to ensure that staff are recognized for their good work. | 2 |
| | | | | | |
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| | | | | | |
| | | | | | |

RFCC ACTION PLAN

Identify top five RFCC actions that your organization needs to focus on to improve quality of care and complete the RFCC Action plan below.

| RFCC Actions | Target Date | Person responsible | Outcomes/Deliverable | Measures | Progress/Status |
|---|---|---|---|----------|-----------------|
| Create a "Culture of Care" where all staff know and react with the residents and families needs as paramount in their minds. | In progress V, M, V to be completed in fall of 2013. | Executive Director / Mgmt Council | New Vision, Mission and Values to be lived in the organization. Staff inspired to draw on their own gifts to serve the residents. | | |
| Develop Work plans (standard work) that reduces "waste" and creates opportunities for staff to be aware of resident and family needs/wants | July 2013 for implementation Sept 2013 | Executive Director/ Director of Care/CNE | Greater staff engagement. Increased satisfaction for residents and families. Lower staff and resident incidents as a result of standard work. | | |
| Continue to create awareness of expectations for staff and management | On-going | Executive Director/ Mgmt Council | Greater staff engagement. Increased consistency of quality of care. | | |
| Create consistent processes to ensure Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated | July 2013 | Director of Care | Greater resident /family satisfaction | | |
| Create a System of Recognition and reinforcement for staff for continued success. | October 2013 | Management Council | A simply, consistent system of recognition | | |

| | | | | | |
|--|--|--|--|--|--|
| | | | <p>for all staff, volunteers and physicians to both recognize others and be recognized.</p> <p>The initiation of a "Mission Award" for individuals who best exemplify the Mission of Santa Maria</p> | | |
|--|--|--|--|--|--|

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Silver Heights Special Care Home/Wolseley

1. Facility Visit:

Date of visit (DD/MM/YYYY): 05/29/2013

Please list those from the RHA that attended. Karen Earnshaw, Interim Vice President, Rural Restorative and Continuing Care; Fran Neuls, Interim Executive Director, Rural Facilities

Please list the themes identified. Many questions/requests for changes to the menu, care concerns, scooter safety.

2. Resident/Family Council:

Is there a resident family council? Yes

If no, when will a resident/family council be established?

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings.

- Many questions/concerns re: the menu – head cook will be invited to attend next meeting.
- Activities working to offer Skype for residents to communicate with families.
- Concern that the handicapped door on front entrance closes too quickly.
- Eaves troughs and windows require cleaning.
- Request for the trees to be trimmed around the deck as obstructing view of the lake.
- Request for an electronic bingo monitor.
- Concern re: service reductions in acute care this summer.
- Concern re: scooter safety – one resident has scooter and drives

- fast and parks in front of the patio door obstructing pathway.
- Concern re: staff not washing hands after sneezing/coughing, permission given for residents to ask staff to please wash their hands before providing care.
 - Concern re: staff not providing assistance for care when asked – need to adjust care plans.
 - Concern re: lack of staff on weekends when sick calls occur.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

See attached.

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | | x | | |
| Your organization has communicated expectations around what staff can do to provide RCC | | x | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | | x | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | | x | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | | x | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | | x | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | | x | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | | x | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | | x | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | x | | | |
| Opportunities exist for leadership to interact directly with patients and families | x | | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | | x | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--|---|---|--|---|--------------|
| Commitment to RCC is formally and consistently communicated with residents, etc | no | Yes | Yes | yes | 3 |
| Communicated expectations around what staff can do to provide RCC | Yes | Yes | Yes | Yes | 4 |
| Mechanism to hear voice of residents and their family members | No | Yes | Yes | Yes | 3 |
| Residents and their family members are encouraged to participate in developing their care plan | Yes | Yes | Yes | Yes | 4 |
| Residents’ personal schedules and routines are accommodated | Yes | Yes | Yes | Yes | 4 |
| Systems are in place to assist residents and their family members in knowing who is providing their care | No | Yes | No | Yes | 2 |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages | No | Yes | No | No | 1 |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC | Yes (my priority) | Yes | Yes | Don’t know | 3+ |
| All staff, management and physicians are accountable for “walking the talk” of RCC | Yes | Yes | No (change in work culture) | Partially (not Dr) | 2 |

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact "gain" in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes's |
|-----------------|---|---|--|---|--------------|
|-----------------|---|---|--|---|--------------|

| PFCC Actions | Target Date | Person responsible | Outcomes/Deliverable | Measures | Progress/Status |
|--|-------------|--------------------|----------------------|----------|-----------------|
| <u>RCC ACTION PLAN see attachment also</u> | | | | | |

Identify top five RCC actions that your organization needs to focus on to improve quality of care and complete the RCC Action plan below.

| | | | | | |
|--|----------------------------------|------------------------------|---|--|--|
| Communicated expectations around what staff can do to provide RCC | June 14 th and onward | Rhonda Clark | Family and residents are able to verbalize expectations of RCC | Inform families and residents at 1 st RCC meeting and every RCC meeting after | |
| Encourage residents to participate in care planning | June 5 th (to start) | Dianne Brownlee | Resident gives input into care planning | Resident invited to care conferences along with family | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC | June 18 th | All staff | Champions are recognized and rewarded | Use activity white board to write champions names and what they did | |
| Mechanism to hear voice of residents and their family members | June 14 th and onward | Rhonda Clark | Family and residents give feedback to facility and staff | RCC meeting June 14 th | |
| Residents' personal schedules and routines are accommodated | June 19 th and onward | Rhonda Clark/Dianne Brownlee | Family and residents verbalize they are listened to and their wishes are accommodated as much as possible | Plan: assign nurses to specific residents with the expectation that those nurses meet monthly/quarterly with the resident or family to care plan with them | |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: St. Joseph's Integrated Care Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY):

Please list those from the RHA that attended.

Please list the themes identified.

2. Resident/Family Council:

Is there a resident family council? No

If no, when will a resident/family council be established? October 1, 2013.

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. See attached.

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| 1. Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | | X | | |
| 2. Your organization has communicated expectations around what staff can do to provide RCC | | X | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| 3. You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | | X | | |
| 4. Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | | X | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| 5. Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | | X | | |
| 6. Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | X | | | |
| 7. Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | X | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| 8. Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | | X | |
| 9. RCC behavior expectations are included in all job descriptions and performance evaluation tools | | | X | |
| 10. Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | X | | | |
| 11. Opportunities exist for leadership to interact directly with patients and families | X | | | |
| 12. All staff, management and physicians are accountable for “walking the talk” of RCC | X | | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|-----------------|---|---|--|---|--------------|
| #1 | Yes | Yes | No | Yes | 3 |
| #2 | Yes | Yes | Yes | Yes | 4 |
| #3 | Yes | Yes | Yes | Yes | 4 |
| #4 | Yes | Yes | Yes | Yes | 4 |
| #5 | Yes | Yes | Yes | Yes | 4 |
| #7 | Yes | Yes | No | Yes | 3 |
| #8 | Yes | Yes | Yes | Yes | 3 |
| #9 | Yes | Yes | No | Yes | 3 |
| | | | | | |
| | | | | | |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Whitewood

1. Facility Visit:

Date of visit (DD/MM/YYYY):

Please list those from the RHA that attended.

Please list the themes identified.

2. Resident/Family Council:

Is there a resident/family council?

Yes No

If no, when will a resident/family council be established?

by October 1, 2013

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

see attached

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | | X | | |
| Your organization has communicated expectations around what staff can do to provide RCC | | X | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | | X | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | | X | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | | X | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | | X | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | | X | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | X | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | | X | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | | X | | |
| Opportunities exist for leadership to interact directly with patients and families | | X | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | | X | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--|---|---|--|---|--------------|
| Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | Yes | Yes | Yes | Yes | 4 |
| Your organization has communicated expectations around what staff can do to provide RCC | Yes | Yes | Yes | Yes | 4 |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | Yes | Yes | Yes | Yes | 4 |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident’s lifestyle, preferences, and personal goals. | Yes | Yes | Yes | Yes | 4 |
| Residents’ personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | Yes | Yes | Yes | Yes | 4 |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | Yes | Yes | Yes | Yes | 4 |

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact "gain" in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes's |
|---|---|---|--|---|--------------|
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | Yes | Yes | Yes | Yes | 4 |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | Yes | Yes | Yes | Yes | 4 |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | Yes | Yes | No | Yes | 3 |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | Yes | Yes | Yes | Yes | 4 |
| Opportunities exist for leadership to interact directly with patients and families | Yes | Yes | Yes | Yes | 4 |
| All staff, management and physicians are accountable for "walking the talk" of RCC | Yes | Yes | Yes | Yes | 4 |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: William Booth Special Care Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 16/05/2013

Please list those from the RHA that attended. Keith Dewar, President & CEO; Dan Kohl, Executive Director, Health Services Organizations

Please list the themes identified.

- PointClickCare is working well in facility (now using Point of Care stations in hallways for CCAs) but managing data quality is a challenge given approved staffing standards.
- Need more support from the Region for ongoing training like TLR and safety training.
- LTC Affiliates need an appropriate staffing model that is fully funded. There are inequities between facilities due to differences in the historic baseline.

2. Resident/Family Council:

Is there a resident family council? Yes

If no, when will a resident/family council be established?

If yes, how often do they meet? Monthly except December and summer months.

Please list the themes identified at the resident/family council meetings.

- Approximately 30 people attended – mostly residents but they have appointed family representatives.
- 99% return rate on satisfaction surveys – they distribute them a week ahead of the scheduled care conferences.
- Infection control issue raised – handi wipes were no longer on the tables. Management advised that they are experiencing supplier delays but the wipes will arrive shortly. Isagel has been

- used in the interim.
- Paratransit bus now used for outings – shopping, Government House, Farmer's Market, purchase flowers for the garden area, Red Sox games planned.
 - Special events – Mother's Day Tea with a theme of handicrafts where residents showed their work from the past (similar theme for Father's Day planned), summer BBQ coming up, food parties (different themes each month) will start up again in the fall after BBQ season.
 - One resident complained that there is too much food given on her plate – FS manager to follow up.
 - Alerted to the fact that there will be more emergency preparedness practicing in the next few weeks so don't worry about the alarms, tornado planning.
 - A new chaplain will be attending William Booth (Major Joanne Binner) but they are familiar with her.
 - Concern – need a different configuration when entertainers come to allow ease of getting wheelchairs in. Suggested a bigger area (part of the dining room area). They will follow up with the Director of Support Services to discuss a solution.
 - Bouquets – meals are good; care is good; Mother's Day Tea was great and wanted to thank volunteers. One family member approached after the formal meeting to say William Booth is the best facility anywhere and she's familiar with ones in Ontario and BC.
 - There were no questions or concerns raised when asked if they had any questions of Keith or Dan.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

LONG-TERM CARE SELF ASSESSMENT CHECKLIST
The Salvation Army William Booth Special Care Home

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | X | | | |
| Your organization has communicated expectations around what staff can do to provide RCC | X | | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | X | | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | X | | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | X | | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | X | | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | X | | | |
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | X | | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | X | | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | X | | | |
| Opportunities exist for leadership to interact directly with patients and families | X | | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | X | | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|--|---|---|--|---|--------------|
| Convalescent Care – continued implementation of intentional care goals: <ul style="list-style-type: none"> ● Communicated / understood by care staff ● SWADD involvement ● Involvement of resident / family in the establishment of the intentional care goals: <ul style="list-style-type: none"> ○ Location to be discharge to ○ Mobility goals ○ Self-administration of Medication ○ Continence ○ Medication concerns ○ Sleep | Yes | Yes | Yes | Yes | 4 |
| | | | | | |

RCC ACTION PLAN

Identify top five RCC actions that your organization needs to focus on to improve quality of care and complete the RCC Action plan below.

| PFCC Actions | Target Date | Person responsible | Outcomes/Deliverable | Measures | Progress/Status |
|---|-------------|--------------------|----------------------|--|-----------------|
| All convalescent admissions have resident / family involved in the establishment of intentional care goals. Weekly review of care goals towards discharge | ongoing | | | Resident / family satisfaction with safe discharge | |
| | | | | | |

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: Silver Heights Special Care Home

? Walseley

1. Facility Visit:

- Date of visit (DD/MM/YYYY): 05/29/2013
- Please list those from the RHA that attended. Karen Earnshaw, Interim Vice President, Rural Restorative and Continuing Care; Fran Neuls, Interim Executive Director, Rural Facilities
- Please list the themes identified. Many questions/requests for changes to the menu, care concerns, scooter safety.

2. Resident/Family Council:

- Is there a resident family council? Yes
- If no, when will a resident/family council be established?
- If yes, how often do they meet? Quarterly
- Please list the themes identified at the resident/family council meetings.
- Many questions/concerns re: the menu – head cook will be invited to attend next meeting.
 - Activities working to offer Skype for residents to communicate with families.
 - Concern that the handicapped door on front entrance closes too quickly.
 - Eaves troughs and windows require cleaning.
 - Request for the trees to be trimmed around the deck as obstructing view of the lake.
 - Request for an electronic bingo monitor.
 - Concern re: service reductions in acute care this summer.
 - Concern re: scooter safety – one resident has scooter and drives

- fast and parks in front of the patio door obstructing pathway.
- Concern re: staff not washing hands after sneezing/coughing, permission given for residents to ask staff to please wash their hands before providing care.
- Concern re: staff not providing assistance for care when asked – need to adjust care plans.
- Concern re: lack of staff on weekends when sick calls occur.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

See attached.

Wolseley

LONG-TERM CARE SELF ASSESSMENT CHECKLIST

Please complete the table below by marking (X) the box that most appropriately captures the current status of adopting Patient- and Family-Centred Care (PFCC) / Resident-Centred Care (RCC) within your organization.

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|--|---|---|---------------|----------------|
| SETTING THE STAGE | | | | |
| Your organization's commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | | x | | |
| Your organization has communicated expectations around what staff can do to provide RCC | | x | | |
| ENGAGEMENT OF RESIDENT AND FAMILY ADVISORS (RFAs) | | | | |
| You organization has a mechanism to hear voice of residents and their family members (e.g. resident and family advisory council, resident and family advisors participating in working groups and committees, focus group, resident experience surveys etc.) | x | | | |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident's lifestyle, preferences, and personal goals. | | x | | |
| CUSTOMIZED, RESIDENT-DIRECTED CARE AND SERVICES | | | | |
| Residents' personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | | x | | |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | | x | | |
| Residents and family education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available. | x | | | |

| | Fully implemented throughout organization | Partially implemented (in progress/in place in some areas, but not all) | No activities | Not applicable |
|---|---|---|---------------|----------------|
| RCC WORKPLACE AND ACCOUNTABILITY | | | | |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | | x | | |
| RCC behavior expectations are included in all job descriptions and performance evaluation tools | x | | | |
| Staff at all levels, clinical and non-clinical, have the opportunity to voice their ideas and suggestions for RCC practices and have given the flexibility to implement these practices | x | | | |
| Opportunities exist for leadership to interact directly with patients and families | x | | | |
| All staff, management and physicians are accountable for “walking the talk” of RCC | x | | | |

INITIATIVE PRIORITIZATION TOOL

1. Complete the Table below by writing down the items identified in the Self-Assessment Checklist above as either: “partially implemented” or “no activity”.
2. Answer each question (“Yes” or “No”) and tally up the number of “Yes’s”. This will help you identify which initiatives are top priorities (greater number of Yes’s = higher priority)

| Assessment Item | Does this initiative satisfy an expressed resident, family and/or staff need? | Does this initiative support our organizational priorities? | Does this initiative present an opportunity for a high-impact “gain” in a short turnaround time? | Do our organizational resources allow for the implementation of this initiative | Sum of Yes’s |
|---|---|---|--|---|--------------|
| Your organization’s commitment to RCC is formally and consistently communicated with residents, families, staff, board and leadership | Yes | Yes | Yes | Yes | 4 |
| Your organization has communicated expectations around what staff can do to provide RCC | Yes | Yes | Yes | Yes | 4 |
| Residents and their family members are encouraged to participate in developing their care plan, which reflects the resident’s lifestyle, preferences, and personal goals. | Yes | Yes | Yes | Yes | 4 |
| Residents’ personal schedules and routines, such as when to wake up, bath, eat, go to bed, etc., are accommodated. | Yes | Yes | Yes | Yes | 4 |
| Systems are in place to assist residents and their family members in knowing who is providing their care, and what the role is of each person on the care team | Yes | Yes | Yes | Yes | 4 |
| Systems are in place to recognize and reward (acknowledge) employees who provide RCC (e.g. champions) | Yes | Yes | No | No | 2 |

PFCC Actions

| | | | | |
|---|---------------------------------|--|--|---|
| <p>Formal communication surrounding RCC to all stakeholders by Dec, 2013.</p> | <p>Donna/Lana</p> | <p>We will have a process in place to communicate our progress in delivering RCC. To all stakeholders on a regular basis.</p> | <p>We will identify specific initiatives that demonstrate RCC.</p> | <p>We currently, do not have a way to communicate the way we are providing RCC. We do maintain and open door policy. We share information on our visibility wall.</p> |
| <p>We will continue to communicate with staff regarding the expectation of resident centered care. Ongoing.</p> | <p>Donna/Lana All staff</p> | <p>We will promote an atmosphere of RCC at the Visibility wall, during staff meetings and throughout the building during daily operations.</p> | <p>We will try to identify specific examples of RCC and encourage the continued practice of RCC.</p> | <p>Currently, we promote RCC and recognize efforts to provide RCC. We encourage staff with open recognition and appreciation of the behavior.</p> |

| | | | | |
|--|--|---|---|---|
| <p>We have initiated the IDTC process in the LTC facility.</p> | <p>Donna/ Lisa/Nursing Staff</p> | <p>Interdisciplinary Team Conferences are scheduled on a regular basis. Families and residents are encouraged to attend and voice concerns.</p> | <p>This will be measured by the demonstrated completion of the care conferences on a scheduled basis.</p> | <p>This practice has just been implemented within recent months and we are seeing good success.</p> |
| <p>It is our goal to consider the need to flex facility schedules to accommodate patient needs whenever possible. Ongoing.</p> | <p>Donna/ Lana all staff</p> | <p>Adjustments will be made to accommodate late breakfasts, unusual bathing times, later/earlier bedtimes, specific likes or dislikes, etc.</p> | <p>This will be measured by resident satisfaction.</p> | <p>We are making good strides in individualizing care according to needs. This is a work in progress.</p> |
| <p>It is our goal to keep communication with families and residents open and honest. Ongoing.</p> | <p>Donna/Lana all staff.</p> | <p>Staff are open to speaking with families. Staff will wear name tags and</p> | <p>This will be measured by evidence of good open communication</p> | <p>The facility welcomes family and each staff member does their part to help</p> |

| | | | | |
|--|--|--|------------------------------|---|
| | | make there position known to families. | with families and residents. | with the needs of residence and address the concerns of family members. Staff are encouraged to wear nametags and introduce themselves to family members. |
|--|--|--|------------------------------|---|

Addendum to WRC Facility Assessment

Resident Council Meetings

As a result of a mediation process between the EC/VAC Program and the Resident Council several years ago, it was agreed that the Extended Care Resident Council would meet monthly in private (summer months excluded). Any issues or concerns raised from that meeting would then be discussed at a monthly Executive Committee meeting, attended by the Director, EC/VAC, the Resident Council President, another manager and the Resident Council Vice President (the latter rarely attends).

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: WRC EVAC

1. Facility Visit:

Date of visit (DD/MM/YYYY): 27th May, 2013

Please list those from the RHA that attended.

Keith Dewar, Chief Executive; Ngaire Woodroffe Brown, Director, Extended Care/Veterans Program; Elaine Whitford, Manager; Lisa Chamberlin, Manager; Shauna Leonard, Manager; Carla Wekerle, Manager.

Seven residents and one family member attended.

Please list the themes identified.

a) Nurse (RN/RPN/LPN/CCA) Staffing Issues

- Staff replacement strategies - perception is that staff are automatically not replaced. Advised that each time a staff member is absent, the manager and/or Nurse in Charge will assess care needs to determine level of replacement required.
- Blurring of boundaries between residents and staff (it's a fine line between being caring and being "too" close...)
- Do staff really know what it's like to be in wheelchair / in a bed / being totally dependant on everyday things / everyday life

b) Range of Therapy services

- Why is the focus on maintenance vs. rehabilitation?
- Level of services when therapy staff are on holiday or away (perception that reduced therapy levels will continue when staff members return). This is not the case, resident care needs are assessed on an ongoing basis. Follow up discussion to be held with resident raising this concern.

c) Food

- Some of it good, some of it not so good.
- "You get tired of the rotation"

d) Role of CEO (and I would suggest other senior leadership)

- Would be nice to see him more

e) What is Working Well?

- Involving the residents with any new decisions to care, facility, etc...
- Residents feel they are being heard and their concerns are being addressed
- The ability to "come and go"
- The variety of (recreation and other) programs offered
- Outings

2. Resident/Family Council:

Is there a resident/family council?

Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

The council meet monthly (summer months excluded). See additional sheet for further info about these forums.

Please list the themes identified at the resident/family council meetings.

Use of indoor smoking room; development of power wheelchair agreement; use of WRC chapel; structure of Resident Council.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

See action plan in Facility Assessment

4. Critical Incidents:

Please provide a brief description of the event.

Most recent critical incident has been surrounding management of a baclofen pump, whereby a resident's baclofen pump was not refilled per schedule.

Previous critical incidents relate to resident care after having sustained a fall.

Please describe the recommendations that resulted from the incident review.

Baclofen Pumps: A protocol has been established clearly defining responsibilities for pump refills (including tracking & documentation), changes to the MAR made, and staff education held regarding pump withdrawal.

Resident Falls: Falls management strategy in place including post falls huddles. A neuro-checklist has also been developed and implemented, to assist direct care staff in their post fall assessment process. Documentation standards reviewed; plans in place to require documentation at least per 24hours.

Please describe the actions that have since been implemented.

All actions described above have been implemented (enhanced documentation in roll out phase).

Name of the facility visited: South East Integrated Care Centre-Moosomin

Date the facility was visited : June 12, 2013

Who visited the facility: Keith Dewar, CEO, Dr. D. McKutcheon, VP Medical Services, Karen Earnshaw, VP RRCC, & Fran Neuls ED Rural Facilities

Three-point summary of themes identified: diet, environmental improvements, activity programming

Whether the facility has a resident/family council: Yes, 7 residents and 1 family member attended this meeting

Frequency of meeting of resident/family council: Monthly

A longer bullet point list (approximately 10 to 15 points) that expands on the broad themes identified.

- Discussion re the barbecue today—would prefer cold salads
- Planning retirement party for a long service activity worker June 27
- Musical performance from school kids and 4 year old graduating class visit tomorrow
- Would like to make French fries as an activity, request for fresh fruit and veggies, meals are cool—suggested that they invite the head cook and other departments to attend meetings to problem solve
- As younger people are admitted into LTC we need to adjust the environment/programming accordingly
- Concern re policy of admission to 1st available bed—everyone is very happy to get back home to SEICC
- Happy with physician services
- Positive feedback regarding having Desirae as the LTC manager—encourage her to involve residents at the visibility wall discussions
- Suggestions re how the environment could be adjusted to make access easier for w/c dependent residents—i.e. the closet bar needs to be a w/c level rather than regular heights, mirrors are not in a convenient location, dresser drawers too big for just one handle-difficult to open, question re room painting program,
- Concern with dementia clients tripping alarms
- Concern with having to wait for a second care aide for those requiring a mechanical lift.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73105 Nokomis Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 29/05/2013

Please list those from the RHA that attended. Lori Hinz, Donna Bleakney

Please list the themes identified. -Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
-Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygenic concerns.
-Residents could use more occupational therapy and physiotherapy - right now they are only getting it once/month.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? Plans to establish one

If yes, how often do they meet? Resident/Family Conferences held yearly

Please list the themes identified at the resident/family council meetings. -Residents want a bath more than once/week.
-Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
-Residents want to spend more time with staff - personalize the care.
-It feels like home and is a good place to be, always have good food and plenty of it.
-They keep busy, time goes by too fast. Great comments about recreation coordinator.
-Comments that their needs are well met, and if they have concerns they feel they can talk to staff to make changes.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Work with the site to develop a resident/family council.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73809- Oliver Lodge

1. Facility Visit:

Date of visit (DD/MM/YYYY): 10/06/2013

Please list those from the RHA that attended. Sandra Blevins, Donna Bleakney, Lori Hinz

Please list the themes identified. -Staffing levels are an issue - they have not kept pace with the increased level of acuity of residents.
-Baths are only once per week, residents/family state this is not adequate.
-RNs are generally not on the floor - their job is more administrative.
-Staff are stretched too thin with care aides, RNs, LPNs, and physio.
-If staff call in sick they are not replaced.
-RNs spend 1-2 hours on the phone trying to find staff replacements because of seniority list - RNs are too busy and paid too well to do this.
-Frustrating when there are only 2 people on nights, and they need to do a two person lift.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Every 3 months, and have annual care conferences.

Please list the themes identified at the resident/family council meetings. -Residents want a bath more than once/week.
-Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
-Residents want to spend more time with staff - personalize the care.
-Residents not taken out of chairs during the day because of lack of staff
-30,40,50,60,90 minutes go by waiting to go to bathroom, very great loss of dignity when you have to just go to the bathroom in your pad.
-Need double staff - when there are only 2 people and they go on half hour breaks, it leaves one person on the floor for an hour.
-"My husband was taught when he was a child not to pee his pants, and now they are telling him to just go in his pants". He tries to go to the bathroom by himself by they tell him he is at risk of falling.
-Good recreation program, but very little on weekends.
-Go to bed at 5:45 pm and up at 9:00 am - way too long to be in bed.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. TBD - Main issue is staffing levels.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73818- Parkridge Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 05/06/2013

Please list those from the RHA that attended. Lori Hinz, Donna Bleakney

Please list the themes identified.

-Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
-Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
-Entire visit was spent talking to residents, some provided the directors with a written list of their concerns.
-All managers keep an open door policy.
-Families have been asked to talk to staff when a loved one has received a "poor" care experience.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Once per month. Quality of Life managers also have regular sessions as deemed necessary by either themselves or the family. Care conferences held at 6 weeks after admission and annually after that.

Please list the themes identified at the resident/family council meetings.

The main theme addressed was that there is a lack of staffing. Consequences of this lack of staffing on resident care and quality of life (as seen by the residents and family) include:
- Residents don't get their teeth cleaned regularly, shaving is rushed causing a neck rash, only bath once per week, walking program is neglected, and there is a lack of physio (ex. they have a really nice pool, but staff doesn't have time to do therapy in it with residents)
- Response time is not good, waiting up to 20 minutes most of the time. Sometimes residents feel this is personal against them that they have to wait so long
- Morale of some staff is very low because of the shortage, which affects residents. They said that staff should be trained in being compassionate, because some don't show any. Staff also don't have respect for personal items, and laundry often goes missing or comes back with spots on it because they washed whites with darks.
- Some staff need to remember that this is a home, not a hospital. Some residents aren't here because of medical need, so this is their home and would like staff to remember that.

- Residents also expressed the need for ceiling tracks because they know they are safer for the residents and easier for the staff.
 - Ventilated residents can't go on outings because they don't have nurses to send with them.
 - Residents don't like when staff speak to one another in another language - it makes them feel like the staff are talking about them.
 - Family members did comment that they were very thankful for a place like Parkridge, otherwise they would have to care for their loved one 24/7.
 - One family member asked why the football stadium for the SK Roughriders is getting \$80 million in funding when that money would be much more well spent on health care. Entertainment vs. the actual lives of human beings.
 - Also commented that MLAs and politicians should come on these Gemba Walks to talk with residents, not health care workers who already know what's going on.
-

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

- Staff will be informed again about speaking in other languages when providing resident care.
 - Have discussion regarding laundry.
 - Work on providing adequate care for basic needs.
 - Find a way to have ventilated residents go on outings.
-

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73807- Porteous Lodge

1. Facility Visit:

Date of visit (DD/MM/YYYY): 10/06/2013

Please list those from the RHA that attended. Donna Bleakney, Lori Hinz

Please list the themes identified.

-Staffing levels are an issue - they have not kept pace with the increased level of acuity of residents.
-Baths are only once per week, residents/family state this is not adequate
-Very short staffed - when short they take a person off bath shift, therefore residents don't get a bath for 2 weeks.
-Very small hallways and doorways, small lounge. Cannot move some chairs in.
-No air conditioning and no ventilation.
-Have 13 double rooms and shared bathrooms that they can't get a lift in.
-One elevator in the building can only fit 4 wheelchairs at a time, residents need to be taken up and down the four floors for meals and activities.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Every second month, minutes are kept.

Please list the themes identified at the resident/family council meetings.

-Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
-Residents want to spend more time with staff - personalize the care.
-Residents want at least 2 baths per week - they feel dirty, and even in jail they get more than that. Also feel rushed when having their bath. Baths are sometimes missed as well.
-Only one elevator that can fit 4 people at a time - not enough for 64 residents.
-Staff are good, and food is not too bad - a change in the food schedule to avoid repeats would be nice.
-Need more people to answer buzzers - average wait is 40 mins (someone actually timed it).
-No voice to voice communication - sometimes they don't know if the staff heard the buzzer
-No physio
-Have a great art program with pottery, go on lots of outings and have game days with high school students, which are a lot of fun. Would like more walks with students
-Some of the girls can be very snotty, while some go out of their way to help

you.
-Love the way residents and staff interact at resident council meetings.
-Need more staff.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

TBD - Main issue is staffing levels.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73599 Mennonite Nursing Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 03/06/2013

Please list those from the RHA that attended. Donna Bleakney, Lori Hinz

Please list the themes identified. -Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
-Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
-The home has activities for residents 7 days/week.
-Some equipment issues identified: Wanderguard system is obsolete so they cannot get parts. Have ceiling track in all rooms, only 80% are working because of an obsolete sysetm. In need of new tubs.
-Staffing issues are a concern in the evening especially.
-One staff member noted that they are scared when they give care that it will be seen as abuse - when the media reports abuse in Long Term Care, staff are scared that inappropriate accusations may arise. For example, one resident screams every time they try to dress her because she doesn't like getting dressed. The person in the next room may think that the staff are abusing this resident.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Every 2 months, minutes kept and family welcome. Also have care conferences at least once per year for each resident.

Please list the themes identified at the resident/family council meetings. -Residents want a bath more than once/week.
-Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
-Residents want to spend more time with staff - personalize the care.
-Comments that the staff are great in this facility.
-Residents go to bed early (right after supper) and have early mornings (5:30). Most people want to go to bed at the same time.
-At the resident council meetings, the residents are given updates on changes and new things that are happening both in the facility and in the health region. Another theme is safety (talk about things like fire drills).

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. TBD - Staffing levels main issue.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73821- Samaritan Place

1. Facility Visit:

Date of visit (DD/MM/YYYY): 30/05/2013

Please list those from the RHA that attended. Donna Bleakney, Lori Hinz, Sandra Blevins

Please list the themes identified.

- Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
- Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
- Companion rooms are very well-liked among residents.
- Very good call bell system - wristbands available.
- Is a resident-directed care home (residents are involved in the interview process when hiring staff).
- Staffing levels especially challenging during mornings and evenings.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Once/month by neighbourhood

Please list the themes identified at the resident/family council meetings.

- Residents want a bath more than once/week.
- Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
- Residents want to spend more time with staff - personalize the care.
- Residents feel like they are being heard and can take concerns to the administrator, as they see changes from their suggestions (ie. asked for more salads at meal time, now they have salad all the time).
- The food staff always ask if they like the meals or would like to suggest changes.
- Residents find companion suites very helpful because they are able to live with spouses/family.
- They see this facility as their home, they can go to bed when they want and wake up when they want.

-Disappointed that there is physio only one day/week (one resident lost mobility because of it). There is supposed to be a walking program but it doesn't always happen.
-Staff could use more education on some care.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

TBD - Staffing levels main issue

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73813- Saskatoon Convalescent Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 10/06/2013

Please list those from the RHA that attended. Donna Bleakney, Lori Hinz

Please list the themes identified.

-Staffing levels are an issue - they have not kept pace with the increased level of acuity of residents.
-Baths are only once per week
-One person at night for 30 residents. Weekends are especially bad, as well as evenings during supper time. Morale really low among staff.
-No Wanderguard, the Nurse Call System is outdated, and the air conditioning broke down.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Monthly

Please list the themes identified at the resident/family council meetings.

Residents:
-Want a bath more than once/week.
-Notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
-Want to spend more time with staff - personalize the care.
-Everything is going well, good food and always clean. Has very good staff, with good attention to safety devices.
-Bathrooms are an issue - there are not enough staff when residents have an urgent need
-Staff sometimes have an attitude. Residents want to talk about their medications before they are increased.
-Want more physio - currently 2 days per week, which is not enough for 60 residents.
-One resident waited an hour and 15 minutes after ringing the call bell and the staff member came in screaming that she had others on the toilet. It's a long wait to go to the bathroom.
-Residents think that new employees should be screened - they have to respect the residents and that this is their home. New staff are never as eager to help.
-Residents see low morale among staff, which they say is the killer of good service.

Family:

- Loved one coming to this home has taken a lot of pressure off the family.
 - Food is good. Mother wets herself about 50% of the time because there isn't enough staff to take her to the bathroom - she knows when she has to go.
 - Physio just comes in and does an assessment - they have to hire someone to actually do exercises.
 - "The staffing levels are deplorable".
 - Mom missed baths because there weren't enough people.
 - One husband hires someone to feed his wife or he does it himself because she is a slow eater and staff don't have time to spend with her.
 - Rights and responsibilities of residents are only achieved by hiring privately.
 - One family member's loved one is at the point where she apologizes for having to go to the bathroom, and doesn't want to sit on the toilet and wait.
-

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Visibility Walls and Wall Walks are in infancy stage right now - will work with the site to develop them.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73814- Sherbrooke Community Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 15/05/2013

Please list those from the RHA that attended. Sandra Blevins, Donna Bleakney, Lori Hinz

Please list the themes identified. -Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
-Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
-Staff wear name tags
-Fire system is obsolete, can't get serviced anymore.
-Elevators need replacing.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Monthly, members elected by each neighbourhood, and all neighbourhoods attend. Families welcome.

Please list the themes identified at the resident/family council meetings. -Residents want a bath more than once/week.
-Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
-Residents want to spend more time with staff - personalize the care.
-Activities has a great art and music program.
-Staff need to remember this is their home.
-Some staff don't speak English when providing care.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. TBD - Main issue is staffing levels.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73810- St. Anne's Senior Citizens Village

1. Facility Visit:

Date of visit (DD/MM/YYYY): 30/05/2013

Please list those from the RHA that attended. Donna Bleakney, Lori Hinz

Please list the themes identified.

-Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
-Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
-There is much more of a multicultural mix with the staff, so more training is needed in that area as well (example some staff don't make eye contact because of learned cultural practices).

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Have just started, only met twice so far. Are still determining how often to meet.

Please list the themes identified at the resident/family council meetings.

Residents:

-Want a bath more than once/week.
-Notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
-Want to spend more time with staff - personalize the care.
-Cautious about what they say at council meetings because they are led by staff (suggestion to have resident and family council meetings together).
-Given the shortage, staff are fantastic.
-Breakfast is really good, lunch is bad (dry bread, no butter, soggy meals).
-Complaints of no flexibility to rules. Residents can't get up or go to bed when they want, and are often waiting for care. If they get up early, they have to wait until a certain time before the staff will help them get up.

Family:

- Comments on need for more choice with the menu (one resident is lactose intolerant, but most of the meals have milk in them).
 - Complaints that the food is not good and as a result some residents are losing weight. Also need more time to eat.
 - Schedules are more important than the residents, and care has become very depersonalized.
-

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Look into the poor meals and comments that residents have about them.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73811- St. Joseph's Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 10/06/2013

Please list those from the RHA that attended. Sandra Blevins, Donna Bleakney, Lori Hinz

Please list the themes identified.

- The increased level of acuity of residents has created a challenge for staffing
- Baths are only once per week
- Have over 60 volunteers and the Auxillary tries to help as much as possible as well.
- Have a steady staff (not much turnover).
- Have active OH&S Committee (WCB claims have gone down)
- Have innovative and adequate equipment - however, would like more ceiling lifts.
- Had to reduce some double rooms to singles because of care needs.
- Have really good new Wanderguard system
- Main concern: Not to lose their identity - faith-based Ukrainian home.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? Have regular gatherings on a daily basis, and consultative times as well as needed.

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

- The Sisters are lovely
- Food is excellent - almost too much to eat.
- Have entertainment regularly
- Good place to live - clean

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. TBD. Positive comments about support from Sister who live at the home.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73799 Central Haven Special Care Home Inc.

1. Facility Visit:

Date of visit (DD/MM/YYYY): 10/06/2013

Please list those from the RHA that attended. Donna Bleakney, Lori Hinz

Please list the themes identified.

- Staffing levels are an issue - they have not kept pace with the increased level of acuity of residents.
- Baths are only once per week and residents/families feel this is not adequate.
- Very small rooms. Storage is a huge issue.
- Accessibility to getting outside is a huge issue for residents - there is no accessile enclosed court yard.
- All piping needs to be replaced, because they have leaks a few times per year. Nurse Call system also needs to be replaced, and the generator is natural gas which does not meet the standard of an alternative fuel source.
- The chiller is going to die soon - needs new pipes.
- The dining room is too small, they have to have 2 seatings because of it.
- Staff would like to have more time to bath residents - they are often rushed.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? Plans to get one started by end of September.

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

- Residents:
- Want a bath more than once/week.
 - Notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
 - Want to spend more time with staff - personalize the care.
 - Suggestions for the staff to write up job descriptions so that residents and families can see what everyone's job is so everyone understands what the staff members are responsible for.
 - Communication can be an issue for staff who don't speak English as a first language.
 - Residents would like to have the same care partners every day, and not have the staff moved around so often.
 - There is no security system - cameras don't work. Worried about people coming on the property who shouldn't be (neighbourhood crime rate is high).
 - Think they are well looked after, but have to wait for care.
 - Communicating care plans is an issue - family never know who is in charge, which is why job descriptions would be handy.

Family:

- Communication is huge. Want their loved one to be toileted after lunch, but are worried it won't happen unless they are there.
 - Think stretching the staff over 4 meals is too much - the staff need their breaks too.
 - Family who are always there are worried that their loved one is getting better service than the residents who don't have a family.
-

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

- Work with the facility to develop resident/family councils.
 - Work with the facility to update their phone system.
-

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73817 Circle Drive Special Care Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 30/05/2013

Please list those from the RHA that attended. Sandra Blevins, Donna Bleakney, Lori Hinz

Please list the themes identified.

- Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
- Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygenic concerns.
- Working supervisors need to be more hands on, their time should not be consumed by doing paperwork.
- Staff need more education, and supervision at the front line to ensure standards are being met.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Have forms for families to provide input

Please list the themes identified at the resident/family council meetings.

- Residents want a bath more than once/week.
- Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
- Residents want to spend more time with staff - personalize the care.
- Residents think that care aides need a culture where the "resident is king", and the idea that this is the residents' home that they are coming to work at.
- Residents want to feel empowered to make decisions about their care.
- Residents feel that their care should not be run as an assembly line, and that they are coming here to live, not to die.
- Direct quote from a resident: "If you wait long enough, someone will come."
- Families think staff should be more accountable to provide quality care.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

4. Critical Incidents:

Please provide a brief description of the event.

TBD - Staffing levels are the main issue.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73753 Cudworth Nursing Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 06/06/2013

Please list those from the RHA that attended. Maura Davies, Lori Hinz, Donna Bleakney

Please list the themes identified.

-Recruitment of qualified staff is a huge issue (RN, CCA, Maintenance, Cooks) -Retention of staff is another issue. Some staff are using rural sites as a door to get into bigger facilities within the region.
-Equipment is a huge issue: tubs are obsolete, can't get parts. Lifts are needed, phone system is outdated, so lots of calls are missed.
-Lots of vacation is being denied - as a result staff gave up position to go casual to get vacation.
-There is Wanderguard, but the front door doesn't lock creating an elopement risk.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? In progress, plans to develop one in the near future.

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

-Residents want a bath more than once/week.
-Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it. When they do get the care however, they feel it is excellent.
-Residents want to spend more time with staff - personalize the care
-Rooms are small.
-The activity coordinator is not replaced, so when she is not there the residents don't have organized activities.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. -Work with the site to develop Resident/Family Council
-Look into a lock for the front door.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73797- Spruce Manor Special Care Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 05/06/2013

Please list those from the RHA that attended. Donna Bleakney, Lori Hinz

Please list the themes identified.

-Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
-Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
-New administrator was hired recently, she is committed to opening up channels of communication for residents and family - plans to do this through resident/family councils.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? Administrator hopes to have one established by end of July - has sent out a notice in the family newsletter asking for interest in resident/family council. Will also start annual care conferences.

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

Residents:
-Want a bath more than once/week.
-Notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
-Want to spend more time with staff - personalize the care.
-Appreciate the chaplain and like the rec activities, but would like more.
-Meals are good. Comments on the cleanliness of the facility, very good.
Family:
-Would like to see more physio, but the staff don't have time.
-Appreciate the vigilance of staff in trying to prevent infections and outbreaks.
-Think that the care their loved one is getting is very good, however there isn't enough because staff are too busy.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Work with the site to develop resident/family councils as well as annual care conferences.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73751 Goodwill Manor

1. Facility Visit:

Date of visit (DD/MM/YYYY): 03/06/2013

Please list those from the RHA that attended. Donna Bleakney, Lori Hinz

Please list the themes identified.

- Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
- Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
- Call system is out of date and has been an issue (using loaner unit)
- Need more ceiling tracks.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Every two months, also have regular care conferences

Please list the themes identified at the resident/family council meetings.

- Residents want a bath more than once/week.
- Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
- Residents want to spend more time with staff - personalize the care.
- Feel 2 care aide staff and no nurse are not adequate for a night shift.
- All suggestions from resident council meetings are acted on if possible.
- One resident identified everyone is well taken care of, but they have to wait for the bathroom, he has fallen once already, and often his family will take him to the bathroom if they are around.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

TBD - Staffing levels is the main issue.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73803- Saskatoon Extendicare

1. Facility Visit:

Date of visit (DD/MM/YYYY): 30/05/2013

Please list those from the RHA that attended. Donna Bleakney, Lori Hinz

Please list the themes identified.

- Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
- Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
- 82 bed facility, 16 beds are in a four bedroom ward, only 20 are single rooms. High turnover of beds (69 out of 82 admissions last year).
- Small tub rom - cannot install ceiling tracks.
- One issue identified is that we are not "selling" the position of CCA to students.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Resident councils - once/month, open to families. Family council - quarterly.

Please list the themes identified at the resident/family council meetings.

Comments by residents:

- Want a bath more than once/week.
- Notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
- Want to spend more time with staff - personalize the care.
- Some residents moan all day long, which is disruptive to other residents in the two and four bedroom wards.
- Rooms are so small that there is no room for an easy chair, so residents have to sit in wheel chairs all day.
- Don't always get help when they need it, and have to wait to get up.
- Sometimes they need get up at 6:30am even though breakfast isn't until 8:00am.

- When they do get the care, it is wonderful.
 - Activities are wonderful, best times are had in the Recreation room.
 - Attitude of some staff members was terrible, need more of the ones who are respectful.
 - Comments that it's a shame seniors aren't prioritized for funding, building is not appropriate - frustration with sharing rooms, lack of space is seen as an issue, as well as the hair salon is in the tub room.
-

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Initiate discussions of turning 4 bed rooms into 2 bed rooms.
TBD - Staffing levels are main issue

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73798 Langam Senior Citizens Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 05/06/2013

Please list those from the RHA that attended. Lori Hinz, Donna Bleakney

Please list the themes identified.

-Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
-Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
-Have no ceiling tracks.
-Call system is challenging (residents ring individual bells).
-Problems with insulation falling in to boiler, which causes CO concerns. Will need a new boiler, which is a large cost.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Once per Month, and also have annual care conferences.

Please list the themes identified at the resident/family council meetings.

-Residents want a bath more than once/week.
-Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
-Residents want to spend more time with staff - personalize the care.
-Generally, the residents really like it here - staff is good, food is good, and it feels like home.
-Residents commented that they didn't think the call bells were loud enough.
-Satisfied with activities, really good.
-Residents also commented that when a staff member quits, they are suddenly gone - the residents would like a chance to say good bye, because they are part of their family.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Work with facility services regarding boiler replacement.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73791 Central Parkland Lodge

1. Facility Visit:

Date of visit (DD/MM/YYYY): 29/05/2013

Please list those from the RHA that attended. Lori Hinz, Donna Bleakney

Please list the themes identified.

-Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
-Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygenic concerns.
-Declining staff morale was identified as an issue.
-A lot of work goes into documentation (too many places to chart).
-Issues with lifts, including battery issues and new lifts breaking down.
-Staff member commented they sometimes struggle with priorities. For example, when feeding one resident and another rings to be toileted, they don't know if they should interrupt the meal, which in turn gets cold for that resident, or if they should go to toilet the person who may soil themself.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Once per month, families welcome. Also have annual resident/family care conferences

Please list the themes identified at the resident/family council meetings.

-Residents want a bath more than once/week.
-Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
-Residents want to spend more time with staff - personalize the care.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both TBD - Staffing levels main issue.

the facility visit and discussions with resident/family councils.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73806 Lutheran Sunset Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 14/05/2013

Please list those from the RHA that attended. Maura Davies, Donna Bleakney, Lori Hinz

Please list the themes identified.

- Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
- Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
- Sometimes safety is an issue because staff are tired and overworked.
- There are building infrastructure issues - the entrance is not wheelchair friendly.
- Only 2 people on nights for 40+ residents (when needing to do a 2 person lift, this can be a problem).
- Vigilant on infection control, cleaning, and preventing cross contamination.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Every two months.
-Resident and family care conferences every 6 months.

Please list the themes identified at the resident/family council meetings.

- Residents want a bath more than once/week.
- Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
- Residents want to spend more time with staff - feel that care is depersonalized - staff should take the time to actually have a conversation with the residents, but they are too busy.
- Resident council has seen improvements as a result of their suggestions (call bell system, TV room and dining room renovated).
- Things go missing with laundry (some families choose to do laundry themselves).

- Feel there could be more pro-activity for the residents to stay fit. .
- Family Member Concerns:
- Feel the staff at this facility hears them, but not sure if the Region or Ministry hears them.
 - Family feels welcome at resident council meetings, but timing is sometimes poor (2:00 PM).
 - Feel the dementia unit wing is in poor physical shape.
-

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

TBD - Staffing levels are main issue.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73795 Bethany Pioneer Lodge

1. Facility Visit:

Date of visit (DD/MM/YYYY): 06/06/2013

Please list those from the RHA that attended. Maura Davies, Lori Hinz, Donna Bleakney

Please list the themes identified.

- Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
- Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
- Staff feel they are so task-oriented that they don't have time to do the extras for the residents.
- Have adequate lifts at this site.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? Target is August, they have also just started care conferences. Activity director currently has informal discussions with residents as a group each day.

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

- Residents want a bath more than once/week.
- Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
- Residents want to spend more time with staff - personalize the care.
- Residents are very pleased, it is a good place to be.
- Staff are really engaged in getting to know the families.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Work with this site to develop a resident/family council.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73793-St. Mary's Villa Humboldt

1. Facility Visit:

Date of visit (DD/MM/YYYY): 06/06/2013

Please list those from the RHA that attended. Maura Davies, Lori Hinz, Donna Bleakney

Please list the themes identified.

- Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
- Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
- Casuals pick up so many shifts that they are Full Time, which then causes Overtime.
- Several major concerns with the infrastructure.
- The nurse call system is obsolete - can't get parts for it.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Once per month, family welcome and minutes are kept.

Please list the themes identified at the resident/family council meetings.

- Residents want a bath more than once/week.
- Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it. However, residents are very satisfied with the care when they do get it.
- Residents want to spend more time with staff - personalize the care.
- Residents noticed that staff practice good hand hygiene; they also notice that staff have lots of injuries because there are not enough lifts.
- Residents stated rooms are too small, and sharing bathrooms is a very large inconvenience.
- Residents think activities are great, recently got a new bus and are able to do more outings.
- Can get up and go to bed when they want, but they do have to wait for help. Also concern about fire alarm system - outdated. Good food, but fish once per week is too much.
- Comments that while they do fall, staff are very vigilant in making sure they are okay, and staff are trying to prevent falls. There was a comment that the call bells are out of reach when they fall.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Feasibility study for Dust Wing to see if it can re-open. Also plan to commit to keeping employees informed of the plans for the Dust Wing.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73808- Stensrud Lodge

1. Facility Visit:

Date of visit (DD/MM/YYYY): 30/05/2013

Please list those from the RHA that attended. Donna Bleakney, Lori Hinz

Please list the themes identified.

- Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
- Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
- Evenings and nights are the greatest concern for staff shortages, because that is when falls happen (1:25 ratio for care aides on nights).
- The higher level of acuity means more complicated drugs need to be administered, which takes more time.
- Therapies are lacking.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Quarterly

Please list the themes identified at the resident/family council meetings.

- Residents want a bath more than once/week.
- Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
- Residents want to spend more time with staff - personalize the care.
- Residents identified that staff turnover is high, which makes it difficult to maintain relationships (feel you cannot make it a home if the staff keep passing through).
- They can hear people crying for help in the evening because of staffing shortages (1:25 care aide ratio on evenings).
- Staff need more education about specific care.
- Residents who require physio therapy have to pay \$100/week for 2 appointments. Those who cannot afford this don't get the service. They need more physio time, had suggestions to use students as volunteers, or as internships.
- Gave kudos to the staff who are kind and try to make residents feel part of a family.
- Comments that the food is good, recreation and cleaning staff are great.
- The wheelchair accessible ramp isn't very accessible.
- Feel the staff are doing a great job when they can, but it's not enough - they

don't get that one on one attention.
***Comments from residents that if nothing comes out of these Gemba Walks, then it is a big front. They would like to know what came out of these meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

TBD - Main issue is staffing levels

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Safety Alert both Regionally and with Health Canada.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73792 Last Mountain Pioneer Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 29/05/2013

Please list those from the RHA that attended. Lori Hinz, Donna Bleakney

Please list the themes identified.

- Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
- Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
- It is a struggle to recruit all positions in rural.
- Infrastructure issues with asbestos, Air Conditioning and sprinklers.
- Issues with lifts, batteries are always dying.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? They do meet with the residents twice a year (no family involved) and have resident/family conferences yearly. Plans to set up resident council in near future.

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

- Residents want a bath more than once/week.
- Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
- Residents want to spend more time with staff
- Some residents would like to be closer to home or family.
- Staff are great, come as soon as they are able to when someone calls and let the residents know if they will be late.
- Residents like activities such as Bingo, and laundry folding.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

- Receive an update from facility services about what is happening with the asbestos.
- Work with the site to develop a resident/family council.

-TBD - Staffing levels.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73815-Sunnyside Adventist Care Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 15/05/2013

Please list those from the RHA that attended. Donna Bleakney, Lori Hinz

Please list the themes identified.

- Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
- Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
- Have made innovations based on safety such as electronic medication system, and biometric time clock for employees (clock in and out with fingerprint, which is electronically sent to SAHO Payroll)
- Non-union home, which provides some flexibility to starting new projects. Did \$1 million worth of renovations 2 yrs ago.
- Half the rooms are semi-private.
- There are 65 admissions/year, costing around \$1000/admission.
- There is a risk of elopment due to unsecured front door.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

10 times per year led by residents, minutes are kept. Also have care conferences one month after admission and annually after that.

Please list the themes identified at the resident/family council meetings.

- Residents want a bath more than once/week.
- Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
- Residents want to spend more time with staff - personalize the care.
- Residents feel this is a very caring and compassionate facility - they are treated like a guest.
- Identified that they could use more recreation programming.
- There are two seatings for lunch and supper, so time can be a challenge (there are less care aides for supper, so it is usually a rushed sandwich

supper).

-Also identified a building concern (the roof leaks).

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

-Follow up on the front door elopment risk.

-TBD - Staffing levels main issue

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73789- Pleasant View Care Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 22/05/2013

Please list those from the RHA that attended. Lori Hinz, Donna Bleakney

Please list the themes identified.

- Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
- Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
- Equipment is out of date and needs upgrading.
- Staff are concerned that being short staffed is becoming a safety issue .

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Once per month

Please list the themes identified at the resident/family council meetings.

- Residents want a bath more than once/week.
- Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
- Residents want to spend more time with staff - personalize the care. Residents happy with activities such as Father's Day BBQ, regular outings, and the Grade 12 graduates coming for a visit wearing their formal clothing on Graduation Day.
- For the most part residents stated they were quite happy living here - good food and good staff.
- Residents would like more time for things like physio or having the staff take them on walks.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. TBD - staffing levels main issue

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73754 Lakeview Pioneer Lodge Inc.

1. Facility Visit:

Date of visit (DD/MM/YYYY): 06/06/2013

Please list those from the RHA that attended. Maura Davies, Lori Hinz, Donna Bleakney

Please list the themes identified.

-Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
-Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
-Residents are up at 5:30 am and go to bed at 5:30 pm.
-Would like a bariatric resident room. total lifts are in good shape and tubs are good as well.
-Weekends are an especially challenging time for staffing.
-People don't want to work in LTC because they know the work is hard.
-Ceiling track is a different company than the floor lift, so the slings are different. Therefore they are not using the ceiling lifts due to the cost and storage of an additional sling.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Every 2 months

Please list the themes identified at the resident/family council meetings.

-Residents want a bath more than once/week.
-Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
-Would like some physio - staff cannot get them up and walk them because they don't have time.
-Activities are good and the food is excellent.
-It really feels like a home for them.
-Would like bigger rooms and don't like the shared bathrooms - lifts can't get into the bathrooms.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with TBD - staffing levels are the main issue.

resident/family councils.

4. Critical Incidents:

Please provide a brief description of the event.

None

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73816- Warman Mennonite Special Care Home Inc

1. Facility Visit:

Date of visit (DD/MM/YYYY): 11/06/2013

Please list those from the RHA that attended. Donna Bleakney and Lori Hinz

Please list the themes identified.

- Staffing levels are an issue - they have not kept pace with the increased level of acuity of residents.
- Baths are only once per week, residents and family have stated this is not adequate.
- Only have 5 ceiling tracks, staff report having one in every room would improve their work and improve resident safety.
- Physio once per week - would be nice to have it more often
- Lifts don't fit in bathrooms
- Narrow hallways

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Every 3 months, minutes kept. Families are not part of the council yet. Care conferences held annually.

Please list the themes identified at the resident/family council meetings.

- Residents want a bath more than once/week.
- Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
- Residents want to spend more time with staff - personalize the care.
- Good meals, excellent care but they do have to wait for care.
- Feels like home
- Think that two care aides isn't enough for night shifts, residents and families notice decreased staffing on evenings and weekends.
- If a resident needs to be toileted after supper, they are put into bed because the staff say they don't have time to put the resident back in a wheelchair, so sometimes they go to bed very early like 6:00 pm.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

-Work with the site to incorporate families into the resident council meetings.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73563 Manitou Lodge

1. Facility Visit:

Date of visit (DD/MM/YYYY): 29/05/2013

Please list those from the RHA that attended. Sandra Blevins, Lori Hinz, Donna Bleakney

Please list the themes identified.

-Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
-Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

-Residents want a bath more than once/week.
-Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
-Residents want to spend more time with staff - personalize the care.
-Is a new home, residents like the surroundings.
-More staff is needed at meal time.
-Want more fresh fruit.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73790- Quill Plains Centennial Lodge

1. Facility Visit:

Date of visit (DD/MM/YYYY): 22/05/2013

Please list those from the RHA that attended. Lori Hinz, Donna Bleakney

Please list the themes identified.

- Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
- Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygienic concerns.
- Building infrastructure concerns.
- Because the workload is so heavy, staff are concerned they are becoming very task-oriented instead of resident-focused. Things don't get done because there just isn't enough time in the day. Losing the feeling that they are a team.
- Talking with staff, one member said they agree that Lean is a good system, and would like to see 5S started in their facility.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Once per month

Please list the themes identified at the resident/family council meetings.

- Residents want a bath more than once/week.
- Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. They do know the care aides and nurses will get there as soon as they can. However, continent residents have soiled themselves because of it.
- Residents want to spend more time with staff - personalize the care.
- Residents discuss areas for improvements and plan activities. For example, one resident was concerned because the plants weren't being watered, so she volunteered to take care of the plants from now on (plants are now thriving).
- An e-mail list is being created to send out information to families.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. TBD - staffing levels are the main issue.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73787 Golden Acres

1. Facility Visit:

Date of visit (DD/MM/YYYY): 22/05/2013

Please list those from the RHA that attended. Lori Hinz, Donna Bleakney

Please list the themes identified. -Staffing levels are inadequate - to meet the needs of the residents due to the increased level of acuity.
-Tub baths are only once per week, residents and families feel this is not adequate. There is a risk for loss of skin integrity and general hygenic concerns.
-Staff agree it is a team atmosphere, and are proud to work here.
-An area of improvement that was identified was the nurse call system
-Upgraded equipment is also needed, sit/stand lifts in particular.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? Planning to start one mid-summer of this year, and will be meeting quarterly to start.

If yes, how often do they meet? _____

Please list the themes identified at the resident/family council meetings. -Residents want a bath more than once/week.
-Residents notice staff shortages and often have to wait up to 30 mins after they ring their call bell. Continent residents have soiled themselves because of it.
-Residents want to spend more time with staff - personalize the care.
-They agree they get good care when they need it, but they sometimes have to wait for it.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Follow up with the site on development of Resident/Family Council

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Kelsey Trail | <input 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73545

Kipling

1. Facility Visit:

Date of visit (DD/MM/YYYY): 13/05/2013 & 29/05/13(Marga)

Please list those from the RHA that attended. Murray Goeres, Kelly Beattie

Please list the themes identified. General Discussions regarding care received

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? _____

Please list the themes identified at the resident/family council meetings. _____

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Establish Resident Council in the month of July 2013. No identified concerns expressed from the 2 residents that were interviewed. They like the facility, like the food, like the staff and had no concerns. From Marga's meeting- happy to hear that a new facility will be built. Good community interest, like the music activities. 1 resident is anxious to have a single room in the new site.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Kelsey Trail | <input 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73111 *Oxbow*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 16/05/2013

Please list those from the RHA that attended. Murray Goeres

Please list the themes identified. Activities; Dietary

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? August 2013

If yes, how often do they meet? _____

Please list the themes identified at the resident/family council meetings. _____

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. The residents interviewed had no real concerns about the facility and the care provided. The meals are fine and as one resident stated the meals are okay and there are times when the food is just something I would not eat. As for activities they are fine. The one resident does not participate in them, not that he is not interested, he stated that he has 24(1)(b)

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Kelsey Trail | <input 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73072

Lampman

1. Facility Visit:

Date of visit (DD/MM/YYYY): 15/05/2013

Please list those from the RHA that attended. Murray Goeres, Cyndee Hoium

Please list the themes identified. Activities; Dietary; Bathing

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? June 2013

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Bathing is once a week and ideally the residents would like at least 2 baths per week. The food is up and down, and at times more down than up. No real complaints about the food, just perhaps the choice of meals. Activities are good, and participation by residents is average.

Long-Term Care Quality Assessment

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 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73020 *Coronach*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 29/04/2013

Please list those from the RHA that attended. Marga Cugnet, Frank van der Breggen, Dawn Gold

Please list the themes identified. Meals usually good.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? September 2013

If yes, how often do they meet? _____

Please list the themes identified at the resident/family council meetings. _____

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Met with 3 residents- no family members at this time. Resident happy to be in the home, enjoys the activities. Looking forward to getting outdoors more. Meals are usually good. Happy doctor is coming once a week now.

Long-Term Care Quality Assessment

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 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73526

Bengough

1. Facility Visit:

Date of visit (DD/MM/YYYY): 26/04/2013

Please list those from the RHA that attended. Marga Cugnet, Felecia Watson, Leila McClarty

Please list the themes identified. Excellent staff; Variety of Activities

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? August 2013

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Met with several residents on an individual basis, 1 family member. One resident was very please with his prgress- was heavy care Level IV - now rehab has made his function Level II - hoping to go home possibly. Enjoy all activities provided, food usually good; sometimes rooms may be rather cool in cold weather.

Long-Term Care Quality Assessment

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 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73537 *Stoughton*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 05/06/2013

Please list those from the RHA that attended. Marga Cugnet and Monica Dayman (Nurse B)

Please list the themes identified. Isolation during outbreaks, meal quality sporadic- more fresh fruit and vegetables. All staff are excellent, Nurse B appreciated.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? Was on hold due to lack of interest but has been ereestablished.

If yes, how often do they meet? will be every 2-3 months

Please list the themes identified at the resident/family council meetings. Role of families as volunteers could be explored further. Very active recreation and community involvement

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Will discuss overall dietary issues and regional policies with Regional Director. Review regional menu again

Long-Term Care Quality Assessment

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 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73534

Carnduff

1. Facility Visit:

Date of visit (DD/MM/YYYY): 05/04/2013

Please list those from the RHA that attended. John Knoch, Marga Cugnet, Ron Hill

Please list the themes identified. Condition of facility, meals are usually very good, there are some shared rooms. Community is quite involved activities.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Every Three Months (Quarterly)

Please list the themes identified at the resident/family council meetings. Residents drive the agenda. Suggestion box is put up prior to meeting. Fire and emergency plans are reviewed. Residents informed of incidents of phone fraud, or other happenings in our area that they be exposed to.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. There are policies in place for the Resident Council and conducting a resident council meeting. Upgrading kitchen.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Kelsey Trail | <input 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73040

Fillmore

1. Facility Visit:

Date of visit (DD/MM/YYYY): 06/06/2013

Please list those from the RHA that attended. Marga Cugnet

Please list the themes identified. Cognitive and cognitive impaired residents present issues of privacy and noise. Excellent meals.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? Just resumed today.

If yes, how often do they meet? Plan to meet every other month

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Met specifically with 2 residents and one family member. In general very happy with the care. Family would like to see extra staff if needed to be able to meet care plan of her husband- needs to be up and back in bed numerous times a day. One resident upset due to those residents with cognitive issues- he stays in his room, with the door shut. Individual care plans will be monitored closely to see if needs are met. Need balance of needs of resident versus needs of all.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Kelsey Trail | <input 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73536 *Redvers*

1. Facility Visit:

Date of visit (DD/MM/YYYY): 27/05/2013

Please list those from the RHA that attended. Murray Goeres, Naomi Hjertaas

Please list the themes identified. Activities, Meals, Bathing

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? June 2013

If yes, how often do they meet? _____

Please list the themes identified at the resident/family council meetings. _____

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Met with 2 residents and 1 family member. Meals are good and the activities that are provided are adequate. The on resident was very outspoken regarding the noise level in the facility. Not by staff but by a couple of residents who yell a lot. She was assured that we are doing what we can, and when she is moved to the new LTC wing, the rooms will be larger and the rooms will be more sound proof. Overall the residents are pleased with the care received and have no issues.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Kelsey Trail | <input 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73527

Radville

1. Facility Visit:

Date of visit (DD/MM/YYYY): 29/04/2013

Please list those from the RHA that attended. Debbie Donald, Marga Cugnet

Please list the themes identified. Accessibility an issue, shared rooms, good meals

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? Prior to Sept 2013

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Residents are happy to soon move into new facility. Accessibility will be much better, especially handicapped. More privacy with their own rooms. Generally good meals. It is difficult to get to outdoor space. Replacement facility completion date - December 2013

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Kelsey Trail | <input 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73535

Carlyle

1. Facility Visit:

Date of visit (DD/MM/YYYY): 27/05/2013

Please list those from the RHA that attended. Murray Goeres, Colleen Easton

Please list the themes identified. Meals; Activities; Facility Staff

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Monthly

Please list the themes identified at the resident/family council meetings. Planned facility finctions; Meal requests; Shopping; Outings

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Met with 3 residents, 1 family member and 1 adult day client. Overall there was nothing negative said about the facility and the care that is provided. One family did state that at times the staff are not friendly and can be at times rude. This he beilieves could be as a result of how much work has to be done and the staff don't have time for family. The food is good, and no complaints. Activities has a good mix of games, outings and live music. No concerns.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <input type="checkbox"/> Athabasca | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Kelsey Trail | <input 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73530

Midalu

1. Facility Visit:

Date of visit (DD/MM/YYYY): 14/05/2013

Please list those from the RHA that attended. Murray Goeres, Cyndee Hoium

Please list the themes identified. Activities; Meals; Bathing

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? June 2013

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Met with one resident who is very happy in the facility and really does not have any issues or concerns. In her words, the meals are so/so. Not that they are not good, but it is not a home cooked meal, or the way that she would prepare the food. As for bathing, she gets 1 bath per week. Ideally she would like to be bathed twice a week. The activities are good, but she wished there could be more live entertainment. She enjoys the live performances however, we are limited as who we can call and come perform.

Long-Term Care Quality Assessment

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 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Estevan Regional

Facility Number:

73533 & 73036

st. Joseph's Estevan

1. Facility Visit:

Date of visit (DD/MM/YYYY):

Visits not held to date

Please list those from the RHA that attended.

Will be scheduled prior to July 13th, 2013

Please list the themes identified.

2. Resident/Family Council:

Is there a resident/family council?

Yes No

If no, when will a resident/family council be established?

Resident Councils just established

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Long-Term Care Quality Assessment

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 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73044

Gainsborough

1. Facility Visit:

Date of visit (DD/MM/YYYY): 16/05/2013

Please list those from the RHA that attended. Murray Goeres, Mark Barnes

Please list the themes identified. Dietary; Resident Charges; Environmental

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? July 2013

If yes, how often do they meet? _____

Please list the themes identified at the resident/family council meetings. _____

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Had the opportunity to meet with 2 residents and 3 separate family members. From the viewpoint of the resident, they are happy with the facility and the care that is provided. The meals are good and the activities that are provided are fine. The families that were interviewed have some concerns with the facility. The facility is either too hot or too cold. There has been issues with the HVAC system and it has been difficult to regulate the temperatures at the site. Families are not very happy with the \$20.00 per month charge for supplies. They view this as a hidden fee for things that should be covered. The products that are provided are not adequate therefore the families are bringing in their own supplies. Due to the size of the facility there is no housekeeping on the weekends and they feel the site is not as clean as it should be.

Long-Term Care Quality Assessment

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 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73531

Tatagwa view

1. Facility Visit:

Date of visit (DD/MM/YYYY): 03/06/2013 07/06/2013

Please list those from the RHA that attended. Marga Cugnet

Please list the themes identified. Meals, activities

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Monthly, first Tuesday of the month. CEO will attend the next meeting in July

Please list the themes identified at the resident/family council meetings.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Met with 4 residents as well as several family members. Residents/family are generally very pleased with care and appreciate the staff and their knowledge of dementia. Happy that medication are reviewed regularly. One resident feels that staff do not always meet requests that he makes (such as time of bath)

Long-Term Care Quality Assessment

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 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73528

Weyburn Special CH

1. Facility Visit:

Date of visit (DD/MM/YYYY): 04/06/2013

Please list those from the RHA that attended. Marga Cugnet, Mary Hernandez - Activity Staff

Please list the themes identified. Meals, Noise level in the facility, Activities

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? 1st Tuesday of the month

Please list the themes identified at the resident/family council meetings. Overall facility operation by department. Residents approve agenda, run meetings with staff.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Meals generally good now that they have separate food committee where residents and Dietary staff meet. Enjoy activities and many involve community. Appreciate the activities of their Ladies Auxillary. There are some concerns regarding personal laundry(that will be resolved when done back in this site). Noise level at night (residents playing TV, staff talking) We came up with some solutions to try. In general happy with their care.

Long-Term Care Quality Assessment

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 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73538

Wawota

1. Facility Visit:

Date of visit (DD/MM/YYYY): 13/05/2013

Please list those from the RHA that attended. Murray Goeres; Pat Haines- Activity Worker

Please list the themes identified. Staffing; Facility Layout; Bathing; Dietary

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Quarterly

Please list the themes identified at the resident/family council meetings. Fundraising activities; planned outings; General concerns; meals - input into what they(residents) think they are missing.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Had the opportunity to meet with 3 residents and their families individually. Two of the three resident/families are very happy with the care that is provided at the facility. Their only concern is to consider bathing twice per week from the current once per week. One family would like to see a couples room for their mom and dad when they are admitted. The thrid family was much more vocal. They would like to see a wing specific to Alzheimer's as their loved one currently suffers from this disease. With the sundown effect on this type of resident, they believe more staffing should be in place from 4:00 p.m. to midnight to help when these residents become restless. The wife was very vocal about why this assessment was being conducted and had already been in contact with the Ministry to understand why it is being done. She also has requested a copy of the report when it is completed. She asked about meals and whether or not it was standarized throughout the Region, which they are.

A contact name was provided to further discuss how meals and meal plans are formulated. She requested more brown bread in the facility for the residents.

Long-Term Care Quality Assessment

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 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73528- Weyburn Special Care Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 04/06/2013

Please list those from the RHA that attended. Marga Cugnet, Mary Hernandez - Activity Staff

Please list the themes identified. Meals, Noise level in the facility, Activities

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? 1st Tuesday of the month

Please list the themes identified at the resident/family council meetings. Overall facility operation by department. Residents approve agenda, run meetings with staff.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Meals generally good now that they have separate food committee where residents and Dietary staff meet. Enjoy activities and many involve community. Appreciate the activities of their Ladies Auxillary. There are some concerns regarding personal laundry(that will be resolved when done back in this site). Noise level at night (residents playing TV, staff talking) We came up with some solutions to try. In general happy with their care.

Long-Term Care Quality Assessment

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 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: 73533 Estevan Regional Nursing

1. Facility Visit:

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

Please list those from the RHA that attended.

Please list the themes identified.

Improving monitoring and compliance of smoking areas. Elimination of Segafix. Falls Prevention Program. Participants in Stop Infections Now Hoshin. Appreciation board for staff. Review of 3rd party investigation. New Hoshins for 2013-14.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

June 17,2013

If yes, how often do they meet?

q three months

Please list the themes identified at the resident/family council meetings.

Topics that we will be looking at in resident council are: meals, quality of food.Recreational acitivties offered. Issues that arise with care. Open form for residents to express the hopes and ideas for ERNH.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Resident Council will share their concerns with appropriate departments. We will give council the ability to make recommendations on actions that need to be addressed.

Themes of RHA- working on new smoking area for residents. Segafixes are not in use at ERNH. Falls Prevention ERNH follow guildlines set out by Falls Coordinator. Track falls, review falls and apply prevention programs. SINC-audit handwashing and high touch areas. Will be following new guildlines from Global Hyigene Hoshin. Appreciation Board up, EFAP visits with staff. Reviewed 3rd party results if eligible alligations with staff.

Long-Term Care Quality Assessment

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 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 checked="" type="checkbox"/> Sun Country | <input type="checkbox"/> Sunrise |
| <input type="checkbox"/> Saskatoon | | |

Facility Number: St. Joseph's Estevan -73036

1. Facility Visit:

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

Please list those from the RHA that attended. _____

Please list the themes identified. _____

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Monthly - first meeting February 6th, 2013.

Please list the themes identified at the resident/family council meetings. Food choices, Procedures during outbreaks, Activities, concerns with care and fundraising for resident supplies and outings

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Privacy issue was addressed with replacement of blinds for windows (privacy blinds)
The Suzie Q Cart has been purchased and will be implemented for allow for greater resident choice.
Information regarding Infection Control procedures during outbreaks has been shared with residents and we have trialed alternatives - e.g. trays.
Fundraising event has occurred and we worked with Finance for proper procedures (Council now has their own bank account and designated signing officers)

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73777-Lakeside Manor Care Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 17-May-2013

Please list those from the RHA that attended. Bev Pacey, Director of Long Term Care Central

Please list the themes identified.

Residents interviewed had concerns about the menu (morning snack, heavy food at supper, would like a second choice), stated staff are helpful, but at times residents have to wait, as staff are busy. "The girls are run off their feet at times", residents with dementia going into other residents rooms are a challenge

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Every 2 - 4 months.

Please list the themes identified at the resident/family council meetings.

The minutes have a section on Committee Reports which includes Sick and Visiting (residents who have been hospitalized, Outbreak status, residents who have deceased), Safety Committee and Wing Executives Report. New residents are welcomed Meals, bus trips, entertainment, activities, raffles..

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Need to have further discussion about the menu and individual choices.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73779- Langenburg – Centennial Special Care Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 16-May-2013

Please list those from the RHA that attended. Sharon Clark, Director of Health Services - South

Please list the themes identified. Interviewed Section 29(1) who has progressed to a state where he cannot manage on his own anymore. He is struggling with the transition to long term care environment, but has access to resident computer as much as he likes, spends a lot of time on the computer. Currently trying to decide which LTC facility would best meet his needs - socially, close to family, etc. Feels that staff are very caring, and had no concerns about his care. Themes identified were meals, recreational activities.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet? Quarterly mtgs held - chaired by Recreation Coordinator, attendance of residents varies from 10-18

Please list the themes identified at the resident/family council meetings. Social events, outings, bake sale funds raised and what they would like to do with funding.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Plan to increase Resident Council mtgs to monthly.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73771- Norquay Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 08-May-2013

Please list those from the RHA that attended. Roberta Wiwcharuk, Vice President - Integrated Health Services

Please list the themes identified.

Residents/Family were very welcoming. Residents/Family were all very happy with the facility as a whole and pleased with the care. Three male residents, two female residents and two family members were interviewed. They all had very positive comments in regards to the facility and the care provided. They stated "no reason to complain", "they look after us good", "just a nice place"

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Monthly meetings. Minutes were available since 1988!

Please list the themes identified at the resident/family council meetings.

Common themes at the Council Meetings were menu suggestions, asking to order take-out chicken from downtown, suggestions for activities, missing clothing, other residents wandering into their room, funding raising ideas for a Handi-Bus, feedback on entertainment..

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Focus Group to discuss Menu concerns.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73774/73117 – Preeceville & Dist Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 17-May 2013

Please list those from the RHA that attended. Joanne Bodnar, Director of Health Services - North

Please list the themes identified. Joanne attended the Resident Council Meeting. Reviewed all departments. Only one resident in attendance had a dietary concern of wanting more fresh items. Spring/summer menu just starting which will address these concerns.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? No formal meetings with minutes had previously occurred. The first formal Resident Council Meeting was held on May 1, 2013 and minutes were taken..

If yes, how often do they meet? The meetings will be held quarterly..

Please list the themes identified at the resident/family council meetings. All departments reviewed to allow residents the opportunity to express concerns or positives. Review of upcoming events and suggestions for future events/entertainment. Dietary issues: too much/not enough, food is bland, request for soup to be more frequent, coffee poured too early so it is cold when ready to drink, and request for BBQ in the summer.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Focus Group to address the dietary issues.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73780-St Paul Lutheran Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 15-May-2013

Please list those from the RHA that attended. Sharon Clark, Director of Health Services - South

Please list the themes identified.

Meal concerns, resident outings. Interviewed resident council member - he feels that this is his home, he is fully cognitive but physically unable to care for himself. He enjoys attending local hockey events, going on bus tours to see the new housing projects, etc. in the town. He had an issue with dietary staff putting gravy on everything, took this concern forward and now his gravy is served on the side. Feels that everyone on the Council has an opportunity to voice their opinion. stated that a few of the staff have "attitude issues" but for the most part staff are good, he could point out for me which staf were the "good" ones. .

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Monthly mtgs held - minutes kept, circulated and posted in the facility. Attendance ranges from 20-25 residents

Please list the themes identified at the resident/family council meetings.

Menu and food likes/dislikes; upcoming social events, identify safety issues/concerns during round table discussion. Everyone has the opportunity to speak, this is encouraged by the Chaplin and Rec Director. Residents have asked about the purpose of Safety Huddles that they see staff involved in. Residents consider their Council to be very important and are committed to attending.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Continue to support participation in resident councils and address any staff issues identified by residents.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73152-Theodore Health Centre

1. Facility Visit:

Date of visit (DD/MM/YYYY): 13-May-2013

Please list those from the RHA that attended. Roberta Wiwcharuk, Vice President - Integrated Health Services

Please list the themes identified.

Resident rooms were bright and had nice personal touches. Relaxed atmosphere. Four female residents, two male residents and one family member were interviewed. They had previously requested saurkraut soup and chicken dumpling soup, but stated this had not been carried out. They were disappointed their shopping trip to Yorkton had been cancelled due to not enough volunteers, one resident stated there are times when she has to wait too long for someone to answer her call bell and waited too long on the toilet. This same resident stated she is generally very satisfied with the care. Other comments were "staff does there best", "good service", "very happy here".

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Monthly

Please list the themes identified at the resident/family council meetings.

Common themes at the Council Meetings were menu suggestions, suggestions for activities, seasonal activities ie: making Easter bread and decorating eggs, Christmas and New Years parties, Family BBQs, and review previous month events and entertainment.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Manager was made aware of the request for the saurkraut and chicken dumpling soup. She stated the dietary department will make the chicken dumpling soup and the saurkraut soup will be an activity for the residents. The Manager will discuss the call bell response time and the length of time on the toilet with the staff. The Manager stated staff recognize there are times when they cannot get to the residents as soon as they would like, but will do their best to improve this. However we need to keep in mind the TLR requirements to have 2 staff present to transfer a resident per a mechanical lift.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73772-Canora Gateway Lodge

1. Facility Visit:

Date of visit (DD/MM/YYYY): 28-May-2013

Please list those from the RHA that attended. Joanne Bodnar, Director of Health Services - North

Please list the themes identified. Reviewed all departments. One resident requested more exercise. Some dietary concerns raised but was more individual likes and dislikes so could be accommodated relatively easily. Discussed activities they may wish to do.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Quarterly at minimum

Please list the themes identified at the resident/family council meetings. All facility departments are reviewed to allow residents the opportunity to express concerns or positives. Review of upcoming events and suggestions from the group. Dietary likes and dislikes, occassional missing clothing, concern of the time to respond to a call, handi-bus seems to be constantly under repair and expression of how good the volunteers are.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Physiotherapy will be contacted to addresss the request for more exercise, Dietary will be contacted to address the likes and dislikes and the Recreation Department will be informed of the activities suggested by the residents.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73016-Canora Hospital

1. Facility Visit:

Date of visit (DD/MM/YYYY): 16-May-2013

Please list those from the RHA that attended. Joanne Bodnar, Director of Health Services North

Please list the themes identified.

Concerns with the use of perfume/scented products by staff. Dietary concerns raised, likes and dislikes, supper too early and breakfast too late. Delay in repairs being completed by the Maintenance Department. Would like to have more than one TV channel.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? Resident Council meetings have been established. First Resident Council meeting held on May 16, 2013.

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings. Use of strong perfume and/or scented products by some of the staff. Concerns it takes a long time for Maintenance to get things done, i.e. repair brakes on wheel chair. Clients would like more than one TV channel.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Use of perfume/scented products will be discussed at the next staff meeting to reinforce No Scent Policy. Discussions will be held with Maintenance to discover why there are delays in repairs. Manager in the process of acquiring Cable TV services in the entire facility, however no installation date as of yet.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73778-Centennial Special Care Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 22-May-2013

Please list those from the RHA that attended. Sharon Clark - Director of Health Services - South

Please list the themes identified.

Interviewed female resident - she has short term memory loss, mobilizes with walker, she likes how her room is decorated and has adorned her walls with family pictures, which she pointed out to me. Feels that staff treat her well and had no complaints about her care, knows who she can talk to if she needs to and that would be the staff or the facility manager

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Monthly mtgs held, with 8-10 residents attending, chaired by Rec Coordinator,

Please list the themes identified at the resident/family council meetings.

Good clean up required of front entrance to improve curb appeal and state of flower beds from overgrown perennials. Possible use of raised flower beds discussed. Activities planned, entertainment and resident's like to know who the new staff are, what is going on in the facility. Cognitive younger aged residents (60's) bring forward issues related to themselves and on behalf of other residents who can't speak for themselves. Major concern brought forward is the location of the Palliative Care Room (which is right next to the nursing station at the front common area), they would like it to be relocated.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Facility Manager - exploring other space options for "palliative room" with residents and staff.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73786-Foam Lake Jubilee Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 15-May-2013

Please list those from the RHA that attended.

Suann Laurent, President and Chief Executive Officer
Roberta Wiwcharuk, Vice President - Integrated Health Services
Bev Pacey, Director of Long Term Care Central

Please list the themes identified.

Residents/Family interviewed expressed great care is given. Family stated "This is the best Nursing Home I have ever been in" and "Staff are good to one another". Residents stated that sometimes they have to wait for staff, as they busy with other residents. Residents stated the meals were good, while a family member stated the food is lacking ie: bland, not enough salads, and not heart smart. The rooms are clean and family felt everything was up to standard. Residents can get what they need when they need it. There is only one physician, so better Physician or Nurse Practitioner coverage. More accommodations for couples. The facility dog is a real asset.

2. Resident/Family Council:

Is there a resident/family council?

Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Every 1 - 2 months

Please list the themes identified at the resident/family council meetings.

Menu suggestions, reviewing previous events and planning of upcoming events, ie" Birthday parties, outings, seasonal celebrations and discuss the newsletter, contests and raffles.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Need to have further discussions in regards to the menu.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73784-Ituna Pioneer Health Care Complex

1. Facility Visit:

Date of visit (DD/MM/YYYY): 15-May-2013

Please list those from the RHA that attended.

Suann Laurent, CEO for Sunrise Health Region
Sharon Clark, Director of Health Services - South

Please list the themes identified.

Interviewed female resident who stated that this is her home now, if she needs any help and/or has any concerns, she knows that she can ask any of the "girls" staff. Enjoys the daily activities, especially likes going outside now that the weather is nice, to courtyard, garden areas that have planter boxes in which they can plant flowers/veges/etc. Residents and families interviewed are happy with their care and gave staff accolades. One male resident stated "We are family here". Food likes and dislikes a concern. Concerns from resident/family members that cannot be resolved at the staff level are taken to the facility manager and for the most part are resolved at this level. Director is kept informed and provides support as needed.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Minutes from 2010-12 indicates Quarterly mtgs. Minutes sporadic.

Please list the themes identified at the resident/family council meetings.

Previous and recent mtgs focused on planning of social outings/events, dietary likes/dislikes, can always ask for a second helping unless on special diet restrictions (i.e. diabetic diet) and adopt -a -grandparent.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

New recreation coordinator plans to hold monthly meetings and will maintain minutes. Will work on more of a customized menu in consultation with the Dietary department. The staff will be looking into recruiting students for the adopt-a -grandparent program

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73769- Kamsack & District Nursing Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): 13-Jun-2013

Please list those from the RHA that attended. Joanne Bodnar - Director of Health Services North

Please list the themes identified.

Generally positive comments received - "this is the best (nursing home) in this area". The food is good but would like more soup and don't like the brown bread. Happy more salads are being served. Experiencing challenges with wandering clients; interpersonal relationships in this large facility; lost clothing; too hot/too cold; staff do too much/too little for me; lonely; too much exercise/too little exercise.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established?

If yes, how often do they meet?

Quarterly at minimum

Please list the themes identified at the resident/family council meetings.

Dietary concerns, experiencing challenges with wandering clients, lost clothing..

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Review of menu likes/dislikes with food services; discuss options/strategies for residents who wander.

Long-Term Care Quality Assessment

Please Select Your Health Region:

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

Facility Number: 73776 Yorkton and District Nursing Home

1. Facility Visit:

Date of visit (DD/MM/YYYY): June 3, 2013

Please list those from the RHA that attended.

Bev Pacey, Director of LTC, Central
Roberta Wiwcharuk, Vice President of Integrated Health Services

Please list the themes identified.

9 residents a 1 family member interviewed Some stated the food was good while others felt there could be some improvements. They do have an opportunity to express their concerns at the Dietary Focus Groups. Need to ensure specific dietary requirements are met. Some residents felt they had to wait too long for a response to their call bells, while others had no concerns. Concern expressed in regards to having the higher functioning residents in one area and the lower functioning residents in another area. Sometimes there is no one to communicate with and it is lonely.

2. Resident/Family Council:

Is there a resident/family council?

Yes No

If no, when will a resident/family council be established?

Monthly

If yes, how often do they meet?

Please list the themes identified at the resident/family council meetings.

Dietary issues, activity programming, upcoming events and missing items of clothing.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils.

Review dietary concerns, look at the location of the residents in the building in relation to their functional ability.

4. Critical Incidents:

Please provide a brief description of the event.

Please describe the recommendations that resulted from the incident review.

Please describe the actions that have since been implemented.

Long-Term Care Quality Assessment

Please Select Your Health Region:

- | | | |
|--|---|--|
| <input type="checkbox"/> Cypress | <input type="checkbox"/> Five Hills | <input type="checkbox"/> Heartland |
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| <input type="checkbox"/> Saskatoon | <input type="checkbox"/> Sun Country | <input checked="" type="checkbox"/> Sunrise |

Facility Number: Invermay - 73773

1. Facility Visit:

Date of visit (DD/MM/YYYY): 28-May-2013

Please list those from the RHA that attended. Joanne Bodnar, Director of Health Services - North

Please list the themes identified. No visit completed due to temporary facility closure.

2. Resident/Family Council:

Is there a resident/family council? Yes No

If no, when will a resident/family council be established? _____

If yes, how often do they meet? Quarterly at minimum

Please list the themes identified at the resident/family council meetings. During previous resident council meetings, residents talked about the care they receive, meals and asked for input on activities (if they are getting what they need and if there is something they would like to see). They use Resident council monies for bus trips and activities etc.

3. Action Plan:

Please describe the RHA Action Plans to address the themes identified in both the facility visit and discussions with resident/family councils. Due to temporary facility closure, issues will be addressed when facility reopens and residents return.

4. Critical Incidents:

Please provide a brief description of the event. _____

Please describe the recommendations that resulted from the incident review. _____

Please describe the actions that have since been implemented. _____



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Long-term Care Overview:

- Approximately 8,700 beds in 156 designated special-care homes and 17 hospitals and health centres.
- 62.8% of residents are level 4 care (March 31,2011)
- In 2011-12, 403 LTC client concerns reported to Regional Quality of Care Coordinators.



2

Of the 156 designated special-care homes 40 are affiliated and contracted facilities with a total of 3,212 beds.

403 LTC Client Concerns

Types of Concerns:

Access to Service - 91:

Refers to the ability to obtain required health services including assessment and delivery of such services.

Care Delivery - 180:

Refers to concerns regarding the nature and provision of services.

Communication - 30:

Refers to the sharing of quality information.

Cost -25:

Refers to the value or charges assessed for a service.

Environmental Factors -53:

Refers to aspects of physical plant and support service areas (i.e. housekeeping, dietary). Environmental factors include cleanliness, meals, safety, privacy and personal property.

Other-24:

Refers to a type of concern not listed above.

Long-term Care Cost:

- Estimated \$749M in 2013-14 (comprised of \$619M funding; \$130M resident fees)
- Cost of LTC bed is approx \$76,894 per year or \$6,408 per month
- Resident fee as of April 1, 2013 ranges from \$1,025-\$1,951 per month.



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Infrastructure:

- 88% of LTC facilities would be considered fair to poor condition based on the Facility Condition Index (FCI) 2008.
- The Provincial Government committed to build 13 new LTC facilities to replace 13 outdated facilities as well as Samaritan Place in Saskatoon.



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The FCI is the proportion of requirements to current replacement value and is an industry standard for comparing building conditions.

A number of the current facilities are not designed to provide heavy care such as: narrow corridors, small rooms that do not accommodate equipment, bathrooms that are not wheelchair accessible, and ceiling infrastructure that does not accommodate ceiling lifts.

Samaritan Place is a 100 unit facility that opened in Saskatoon in 2012.

Minister's Request:

- Engage resident/family councils;
- Where resident/family councils do not exist, establish one;
- Region leaders to spend time in the facilities;
- Action plans related to issues shared with resident/family councils; and,
- CEOs to report back to the Ministry on June 19, 2013.



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5

The Minister of Health met with Board Chairs April 17th to discuss the concerns raised regarding resident care in long-term care facilities. In light of these concerns, the Minister asked CEOs/Health Regions to undertake the following actions:

- CEOs to engage every long-term care facility's resident/family council to ask them what is working and what could be improved;
- Where facilities do not have a resident/family council, regions are asked to establish one;
- Region leaders should spend time in the facilities they are responsible for, to observe what is working well and what is not working well;
- Findings and action plans developed by the facilities should be shared and discussed with the respective resident/family councils; and,
- CEOs are to report back to the Minister today on the results of these undertakings.

The concerns about LTC continued to be expressed during the last Legislative session.

Resident/Family Councils:

- There are 156 special-care homes:
 - 122 homes have an active resident/family council; and,
 - 34 homes are commencing the establishment of a resident/family council.



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6

A resident/family council assists in ensuring that residents/families have a voice in the operation and activities of the special-care home.

A resident/family council must have on-going support by the organization.

Recommendations from the councils should be given consideration by the organization and all recommendations must be responded to by the organization.

Themes: What is working well?

- Resident/Family Councils provide a voice for resident/family
- Dedicated staff providing good care to residents
- Activities and recreation programs are resident centred



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7

All information provided was reviewed and three major themes were identified.

Themes: Major Issues Identified

- Food (quality, variety, meal times)
- Care issues (complexity of care, behavior management, delay in provision of care)
- Safety (resident's needs, staff training, staffing levels)
- Resident mix (young with older fragile residents)
- Old infrastructure



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Food:

- Quality, variety including culturally appropriate, flexible mealtimes.

Care Issues:

- Included concerns that attitudes were barriers to providing personalized care, residents want to be more involved in decision making around their care,
- Identification of who the care providers are, so the residents/families know who to go to (name tags)
- Activities that are more age appropriate and available 7 days per week
- Limited bathing
- Complexity of care with staffing to meet this.

Safety:

- Lack of education related to caring for older individuals and those with behavior issues. Staff training (TLR)
- Ability to manage peak times re getting people in and out of bed, feeding.
- Interruptions during care and medication administration
- Infection control including examples such as lack of sinks and storage.

Resident Mix:

- Cognitive issues/aggressive behaviors/young residents residing with other LTC population (older frail individuals with heavy care needs)

Old Infrastructure:

- Includes building maintenance/equipment issues (lack of ceiling lifts, alarms systems not working, older buildings)
- Crowded rooms and rooms with greater than 2 beds

Themes: Major Action Plans

- Look at available resources/staffing to enhance resident care
- Work with Resident/Family Council Committees to address concerns raised
- Engage staff to identify and remove barriers



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Look at available resources/staffing to enhance resident care:

- LEAN
- Maximizing the use of resources such as the Continuing Care Consultant for residents with difficult to manage behaviour
- Ensuring employees are working to their full scope, reassessing job duties and routines
- Reallocation of funding
- Additional funding for long-term care

Work with Resident/Family Councils:

- Establish councils where none exist
- Work through this avenue to resolve concerns; however, issues of a more personal nature are discussed at the resident/family care conference

Engage staff:

- To accommodate residents personal schedules and facility routines
- To expand implementation of resident/family centred model of care
- Staff training
- Assessment and care planning through RAI-MDS

For more information contact:

Community Care Branch
Ministry of Health



10

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11



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The concerns about LTC continued to be expressed during the last Legislative session.

Resident/Family Councils:

- There are 156 special-care homes
- Of the homes visited to date:
 - 108 homes have an active resident/family council established;
 - 31 homes are commencing the establishment of a resident/family council,
 - 9 homes have not indicated next steps to establish a council; and,
 - 8 homes have not reported.



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- Establish councils where none exist
- Work through this avenue to resolve concerns; however, issues of a more personal nature are discussed at the resident/family care conference

Engage staff:

- To accommodate residents personal schedules and facility routines
- To expand implementation of resident/family centred model of care
- Staff training
- Assessment and care planning through RAI-MDS

Sun Country Regional Health Authority

What is working well?

- Resident Councils when in place are great opportunities for communication and also discussing concerns and potential solutions.
- Units designated specifically for residents with cognitive impairment
- Focusing on home-like environment and getting away from rigid schedules

Major issues identified?

- There are still concerns throughout Health Region about quality and selection of meals.
- Concerns about residents with cognitive impairment in the mix with residents who are very cognitively aware.
- This also relates to private space, noise levels in sites, fears and misunderstandings by residents and families.
- Some concerns about bathing schedules.

Actions plans to address issues identified?

- All sites to have established Resident Councils by September 2013.
- SCHR Hoshin this year is related to dementia – earlier diagnosis and increased supports to clients and their families. We need to have more in depth discussions about the best location for admission for both the particular resident, and the general facility population.
- SCHR had a critical incident involving a resident's death post-fall due to lack of handicap accessibility. SCHR just completed assessment and installation of assisted door openers at all sites.



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10

Five Hills Regional Health Authority

What is working well?

- The organization's formal and consistent commitment to RCC and the communicated expectation to staff.
- Residents and families are encouraged to participate in developing individualized care plans through the process of IDC's (Inter-Disciplinary Conferences).

Major issues identified?

- Resident/Family Council meetings as the mechanism for the voice of the client/family are not fully implemented across the region in all facilities.
- There are attitudinal barriers to full accommodation of resident's personal routines and schedules, as well as resource barriers.
- Although informal practices exist, there are no formal systems in place to assist residents/family to identify individual care giver team members and their role.

Actions plans to address issues identified?

- All FHHR facilities will implement or reactivate Resident/Family Council committees across entire region by September 1, 2013.
- Engage staff to identify and remove barriers to best fully accommodate LTC resident's personal schedules and routines.
- Identify and implement systems for residents/family to identify the individual providing care and their role within the care team. (name tags, routine identification, posted boards with care team member names...)



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11

Cypress Regional Health Authority

What is working well?

- Extensive “Eden” Training completed – each facility is choosing how to implement
- Residents/families state that for the most part they are grateful for the way their family member is treated.
- Resident councils existing or well underway in majority of facilities.

Major issues identified?

- Want more activities, especially on the w/e
- Residents do not have independent access to the outdoors
- Residents want internet access
- Only get one bath per week and if staff work short may miss bath that week.
- Lack of knowledge/expertise about gerontology/long term care

Actions plans to address issues identified?

- Regular(q2mos) care plan updates and communication to family
- Implement more one on one or individualized activity care plans. ?stagger hours to provide programming on w/e
- Mtce will investigate cost of installing automatic door openers and w/c safe paths in each facility



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12

Regina Qu'Appelle Regional Health Authority

What is working well?

- Good quality food;
- Caring staff;
- Smaller pod/neighborhood/facility size is valued; and
- Dedicated family members/volunteer involvement and engagement

Major issues identified?

- Increased care staff hours per resident day (RN/RPN, LPN, CCA), access to therapies and social work, use of RN(NP), and activities programming on evenings and weekends.
- Flexible meal times/dining options;
- More patient/family involvement in decision making; and
- Infrastructure/space/lack of privacy/shared rooms/small common areas/facilities not designed to accommodate level of care.

Actions plans to address issues identified?

- Continue to exhaust opportunities to resource additional programming internally and work with the Ministry of Health to identify funding and resources to enhance care;
- Work with external partners to identify opportunities to address infrastructure redevelopment; and
- Continue expanded implementation of resident/family centered models of care to allow greater flexibility and participation in decision making specific to the resident and family members.



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13

Sunrise Regional Health Authority

What is working well?

- Annual Care Conferences/and as required, Resident Satisfaction Surveys, Operational Support Surveys and Bi-Annual Dietary Focus Groups.
- Current Activities – (Individualized resident activities, entertainment, outings and social events).

Major issues identified?

- Food – Likes/dislikes, choices, temperature
- Timely response to resident requests/call bells and missing personal laundry).

Actions plans to address issues identified?

- Continue with Dietary Focus Groups
- Communicate with residents and family on who to report resident care issues to, as issues occur.



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14

Saskatoon Regional Health Authority

What is working well?

- Overall, residents are positive and appreciative of care they receive given the frequent challenges with adequate staffing levels.
- Generally, positive comments about activity programs and opportunity to go outside in good weather.

Major issues identified?

- Current staffing levels for care aides, RN/LPN's, and therapies are not adequate to meet needs of the residents.
 - ~ Delays in toileting result in continent residents soiling themselves.
 - ~ Residents awakened and dressed for the day as early as 5:30 am and assisted to bed for the night as early as 5:30 pm.
 - ~ Residents currently receive tub bath once/week; concerns voiced regarding personal hygiene, breakdown in skin integrity and need to have at least 2 tub baths per week.
- Infrastructure/Equipment
 - ~ Physical structure of several buildings in disrepair and building systems failing
 - ~ Narrow hallways and small bathrooms in many facilities
 - ~ Double rooms in many sites and 1 site with 4 beds per room - privacy and space concerns
 - ~ Nurse call system barely functioning in many sites
 - ~ Therapeutic tubs are ageing
 - ~ Major gap in adequate number of ceiling track lifts
 - ~ Floor lifts are in disrepair in many locations

Actions plans to address issues identified?

- Work to develop resident councils where none exist
- Many issues require additional funding so action plans can be determined



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15

Heartland Regional Health Authority

What is working well?

- Clients and families believe staff are providing the best care possible given the current staffing levels and work environments.
- Clients are very happy with the recreation programs and their responsiveness to clients' wants i.e. client choice meals

Major issues identified?

- Quality of food with implementation of new CPS regional purchasing system
- Safety and care issues related to inadequate staffing levels and requirements i.e. complexity of care and TLR criteria for 2 person assist with lifts

Actions plans to address issues identified?

- Regional Support Services Coordinator will continue to work with CPS, regional multi-disciplinary steering committee and local facilities re: reviewing menus, finding substitutions and making changes within nutritional guidelines. There will be on-going discussions with clients, families and staff
- Use Lean methodologies to ensure the best use of existing resources while partnering with others to determine an appropriate staffing model that is supported by real time data analysis.



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16

Kelsey Trail Regional Health Authority

What is working well?

- Residents/Families are generally satisfied with the care received.
- Very positive feedback in regards to current recreation program.

Major issues identified?

- Residents and Family concerned about staffing levels i.e. Ability of staff to respond in a timely fashion to call bells, toilet and walk residents or give more than one bath/wk. Residents hesitant to ask for help or assistance because they know the staff is “busy”.
- Residents and Family would like to have more activities in the evening and on the weekends

Actions plans to address issues identified?

- Ensure that employees are working to their full scope, re-assess job duties and routines to provide maximum safety and care for our residents. (September 2013)
- Introduce and implement lean tools ASAP.



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17

Prince Albert Parkland Regional Health Authority

What is working well?

- Resident councils provide a voice for the residents who can express their needs
- Care and activities provided are resident centered

Major issues identified?

- High needs, behavior management residents
- Access to transportation in urban facilities
- staff workload in a few areas. E.g. late medications, infrequency of bathing.
- Interpretation services not available.

Actions plans to address issues identified?

- Continue to take advantage of behavior management consultant and education. Region continues to assess options for young, often violent behaviorally challenged residents within existing urban environments inclusive of inpatient Mental Health Unit.
- Board and Senior management team has met with Prince Albert City Council to advocate for increased access to transportation.
- Continue to assess options for resident care needs within available staff complements.
- Quality of life would be improved with increased First Nations volunteers to assist with interpretation.



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18

Resident councils provide a voice for the residents who can express their needs

Prairie North Regional Health Authority

What is working well?

- Resident input into recreation programming
- Family conferences and satisfaction surveys give valuable feedbacks
- Friendly and caring staff contributes to a more family like atmosphere.
- 11/13 Resident Councils are now meeting. The other 2 will be meeting by end of July.

Major issues identified?

- Need for regular resident and family input into menu planning
- Difficult to accommodate all TLRs to Resident's individualized request, early rise for Residents (0500) so that staff could ensure everyone is up for breakfast
- Facility maintenance related to aesthetics
- Some residents and families feel that younger populations should not be admitted to a home with a majority of older residents: differing needs for activities, socialization
- Internet access is cost prohibitive

Actions plans to address issues identified?

- Standardizing menus with appealing dietary options
- Managers will attend Resident and Family Council meetings with a follow up newsletter
- Continue with staff education using the Gentle Persuasion Approach to Resident Care
- Updating of care plans involving Resident, Family, and Caregivers
- Prairie North Health Region completed a review of all Special Care Homes with a view to enhance equity in funding in order to address quality of care issues. As a result, 10 FTE (\$ 0.5 million in staffing) were provided in the 2013/2014 budget



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19

Mamawetan Churchill River Regional Health Authority

What is working well?

- The long term care facility offers a homey caring environment.
- Residents personal and emotional needs are seen as paramount and a high standard of care takes place.

Major issues identified?

- Increasing client care needs impacts the availability of staff.
- Challenges with residents not being able to voice own issues due to physical and cognitive limitations.
- Food concerns, non-traditional foods and meeting specific dietary requirement

Actions plans to address issues identified

- Resident/Family council will meet on the 25/6/13 to address issues discussed.
- Ongoing work through daily visual management walls, with improved tracking in MDS and continued staff training.



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20

Keewatin Yatthe' Regional Health Authority

What is working well?

- Standardization of Work Processes
- Presence of Supervisor at sites twice a week
- Staff engagement with residents

Major issues identified?

- Upgrading of some furniture in LTC area
- Standardizing of activities and the communication to residents
- Residents choices not considered as much as they should

Actions plans to address issues identified?

- Engage and hear residents at resident meeting
- Work with recreation attendant to improve communication with residents via a calendar. Starting with a weekly one
- Research a Pet program or a Pet for both sites



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21

Athabasca Health Authority

- What is working well?
-
-
- Major issues identified?
-
-
- Actions plans to address issues identified?
-
-



22

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Community Care Branch
Ministry of Health



23

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24