

# Long-Term Care Quality Assessment - 2016

## 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 type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **BETHANY PIONEER VILLAGE – Middle Lake**  
and Number: **73795**  
Demographics: Affiliated with (but not owned and operated by) Saskatoon Health Region  
**36 Long Term Care beds**  
**Age of Building: 31 years**

Date of visit (DD/MM/YYYY): **03/ 02/ 2016 (February 3)**

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie & Karen Levesque, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Equipment Needs:* Foundation has provided support in funding equipment items that can be shared across the three areas (Bethany Manor Village, Aspen Manor, and Birch Manor). Other equipment items are required. (see below)

*Bathing Survey.* The Resident Council did not feel that the number of baths per week was an issue. Audit result showed that 1 out of 36 residents 'might like' to have a second bath each week.

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

Bethany Pioneer Village is a very well-taken care of Long Term Care Home that is set in a beautiful park-like setting in rural Saskatchewan. The resident rooms – each with its own private bathroom – are neat and tidy, with large windows looking onto the gardens.

Strong clinical leadership is provided by a Director of Care, who has been leading and mentoring staff since the Home was built. Although formal training is not done, the staff learn about and follow the principles of the Eden Philosophy. There is also a strong and engaged Administration, Board of Directors and physicians.

In this small, intimate home, everyone gets to know each other on a personal, rather than professional, basis.

The Family Advisory Council meets every two months – although residents and families share their thoughts and perspectives at any opportunity.

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

The Home is in need of several equipment items and renovations – including more ceiling track lifts, 12 new (smaller sized) beds, raised oven (current oven is a health hazard), and replacement of a bathtub, dining room flooring and windows. Recent donation from the Town Foundation will cover four windows.

In order to better serve the needs of residents and to operate more efficiently and effectively, it would be helpful to work collaboratively with Home Care and Public Health. Currently, the sectors work in silos.

Recruitment of Continuing Care Assistants continues to be a challenge, as it is across all rural sites. There is a small complement of Registered Nurses available to work.

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

Seniors' Health & Continuing Care (SHCC) will work with Bethany Pioneer Village to review and prioritize equipment needs that will improve the quality of care for residents.

Administrators at Bethany Pioneer Village will work with SHR to identify opportunities and plan for enhanced collaboration with Home Care and Public Health in order to better serve our residents.

SHCC will work with SHR Human Resources and with the rural Homes to develop a strategy to recruit and to confidently retain Continuing Care Assistants and other staff in order to ensure that we have adequate staff available to meet the needs of our residents.



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| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **CENTRAL HAVEN**  
and Number: **43799**  
Demographics: Affiliated with (but not owned & operated by) Saskatoon Health Region  
**60 Long Term Care Beds**  
**Age of Building: 40 years**

Date of visit (DD/MM/YYYY): 11/04/2016 (April 11)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie & Karen Levesque, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Continued Focus on Residents and Staff Engagement:* In follow up to staff experience surveys, staff are given the opportunity to choose which items to work on and then action plans for improvement are developed as a team. In addition, staff share feedback and ideas with other colleagues and administrative staff, and at weekly meetings.

*Final Plan will be developed by Dec, 2015 to address deficiencies related to Nurse Call and Wander Preventions Systems.* Central Haven was not prioritized for repair of either in 2015/16, due to higher areas of prioritization.

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

Walking into Central Haven, one can feel warmth, care and compassion. Residents and staff displayed happiness and joy: they walked, sang and danced together. Relationships are truly special. Residents actively participated in our visit.

Much attention is paid to the staff, which is key to ensuring that residents are very well cared for. Managers lay out expectations and accountabilities of staff during interviews, and day to day accountability is reinforced by a continued focus on Vision, Mission and Values. Central Haven has recently begun practicing the Eden philosophy and strongly believes that empowering staff to do what needs to be done is the key to residents directing their own care. Staff are learning and developing the Domains of Well-Being - currently working on loneliness & helplessness. Nurses and Continuing Care Aides meet daily with the full team attending a monthly meeting.

Many of the rooms are freshly painted, with new flooring – with plans to do the same across the home.

Staff feel that the newly established Community Paramedicine Program has been incredibly beneficial and would like to see it expand to 24 hours a day.

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

Staff report that it is difficult to keep up with the workload related to Minimum Data Set (MDS) documentation and with implementation of the Special Care Home Guidelines.

There continues to be challenges with Centralized Scheduling. The Director of Care spends considerable time monitoring the schedule and adjusting staffing to address needs.

The Nurse Call System at Central Haven has been in need of repair since 2008. Management and staff continue to implement 'work arounds' – but a plan for replacement is essential.

The number of staff providing care is not adequate to ensure robust resident-directed care. Despite the limited staffing available, staff are committed to providing excellent care. Residents, however, do feel that they often have to wait 'a long time' for staff assistance.

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

Seniors' Health & Continuing Care (SHCC) will continue to work with Central Haven staff and Scheduling department to improve centralized scheduling processes.

SHCC will work with Central Haven, SHR IT and Capital Planning to develop a plan for replacement of the Nurse Call System.



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| <b>X Saskatoon</b>                       |   |  |

Facility Name: **CENTRAL PARKLAND LODGE - Lanigan**  
and Number: **73791**  
Demographics: **Owned & Operated by Saskatoon Health Region**  
**34 LTC beds + 1 respite**  
**Acute Care has 6 beds designated for LTC**  
**Age of Home: 44 years**

Date of visit (DD/MM/YYYY): 11/03/ 2016 (March 11)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President  
Rod MacKenzie & Karen Levesque, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Equipment Purchase:* Additional beds, including bariatric beds, have been purchased.

*Lack of Pride in Home:* Work is ongoing with staff and administration to improve operations and morale. Purposeful Interactions program began in May 2016. Purposeful Interactions is a philosophy that encourages care team members to make connections and to shift their focus from task-oriented care to purposeful and spontaneous interactions with residents. Developing relationships and understanding each other contributes to increased safety and an enhanced experience by both residents and members of the care team.

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

The staff at Central Parkland Lodge are caring and strive to provide high-quality care to every resident. The home is kept neat and tidy, with residents and families assisting in keeping the rooms uncluttered.

29(1) Information redacted as it may identify an individual.

There is a strong physician presence at the home. At the time of the visit, two physicians were available to provide regular weekly visits to each resident as well as come in, as required, to respond to care needs that arise between those regular visits.

Most of the older beds have been replaced with low beds, and two new bariatric beds have been purchased to meet the specialized needs of residents.

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

Staff feel that they can do more in the area of resident-directed care, despite also expressing limited time to manage the current tasks. Relaxed breakfast (that is, breakfast times provided as per the preference of the resident) has not yet been implemented – but there is a process underway to better understand each resident's preference, and to plan to manage that resident's care accordingly.

29(1) Information redacted as it may identify an individual.

Recruitment and retention of staff is an ongoing challenge in this rural area. Lanigan is a small community and is relatively close (1 hour and 20 minutes) to Saskatoon, where some health care professionals choose to live and work instead of in a rural site. Assistance with recruitment, retention and scheduling of staff would be appreciated.

Additional equipment – such as more low beds and ceiling track lifts – would be beneficial. IT challenges continue with limited wireless access in the home.

Staff continue to feel overwhelmed with many initiatives and expectations. This is related to staff morale as was outlined in the 2015 report. A strategic plan that includes an organized and coordinated approach to implementing initiatives would be most helpful.

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

In May 2016, staff have been trained in 'Purposeful Interactions' – a program that promotes the importance of developing meaningful relationships between residents, family, visitors and all care team members. Given the success of this at other Homes, it is expected that staff understanding and compliance with resident-directed care will improve significantly. Staff involvement and morale will be positively impacted as well.

We will work closely with the Home to ensure they have a robust recruitment and retention strategy. This will include the option of sharing staff with nearby locations (such as Nokomis), as well as with Home Care. Work on this began in July.

We will continue with the Earn While You Learn Program as this has been successful for Continuing Care Assistant (CCA) recruitment in Lanigan.

Saskatoon Health Region has developed a 'cellular model' to support the manager and team with all aspects of managing – including human resource management. With this model, additional focus can be put towards building the team and increasing morale. It will be implemented in this fiscal year.

Seniors' Health and Continuing Care (SHCC) will develop a strategic plan that will ensure a coordinated and manageable approach to implementation of initiatives in Long Term Care. This will assist the Managers in working with their teams in a coordinated manner to meet our goals.



Central Parkland Lodge, Lanigan - 2016



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| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **CIRCLE DRIVE SPECIAL CARE HOME - Saskatoon**  
and Number: **73817**  
Demographics: **Affiliated with (but not owned & operated by) Saskatoon Health Region**  
**53 Long Term Care Beds**  
**Age of Building: 32 years**

Date of visit (DD/MM/YYYY): **06/ 04/ 2016 (April 6)**

Please list those from the RHA that attended:

Andrew Will, Interim CEO, SHR (April 6)  
Rod MacKenzie & Karen Levesque, Directors, Seniors' Health & Continuing Care (April 6)  
Diane Shendruk, Vice-President, SHR (June 27, 2016)

Follow up on Action Plan from 2015 Report:

*Capital Equipment Needs:* Circle Drive was not prioritized for Nurse Call system replacement in 2015 as other homes were prioritized higher. Twenty-eight out of 53 rooms have a ceiling track lift.

*Explore options for additional activities in evenings and on weekends.* Circle Drive has created its own version of the Candy Striper program in that candidates consist of high school students who are entertaining the idea of going into nursing when they graduate. They assist residents with one-on-ones, library program, games and assisting during meals.

*Implementation of Purposeful Interactions prior to March 31, 2016.* Purposeful Interactions is a philosophy that encourages care team members to make connections and to shift their focus from task-oriented care to purposeful and spontaneous interactions with residents. Developing relationships and understanding each other contributes to increased safety and an enhanced experience by both residents and members of the care team. It was implemented at Circle Drive in February 2016.

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

Circle Drive is a beautifully designed, clean, comfortable and spacious Special Care Home that is filled with natural light. There is a feeling of comfort as one walks through the doors. Each resident has his or her own room and private bathroom.

29(1) Information redacted as it may identify an individual.

The dining room is in a central location, and is a place that people go for socialization and sharing. Residents enjoy breakfast at the time of their preference (i.e. relaxed breakfast). All staff – including the office staff – assist and visit in the dining room at breakfast and lunch.

Purposeful Interactions was implemented in February 2016 with significant success! Numerous 'Better Every Day' stories have been shared by residents, staff and families.

Staff at Circle Drive are not unionized and there is low staff turnover. Strong clinical leadership is provided

by the Director of Care (DOC), who has worked in the home for a total of 23 years (10 of which were in the DOC position).

The Resident-Family Council meets monthly.

Circle Drive reports that there has been a successful partnership with the Community Paramedicine Program, which has allowed residents to be assessed and treated, if necessary, in their home rather than being transferred to the Emergency Department.

The generator has been replaced.

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

29(1) Information redacted as it may identify an individual.

Several equipment items are needed, including additional low beds and (10) mattresses and ceiling track lifts. As outlined in the 2015 Action Plan, the Nurse Call System must be repaired or replaced (no parts available).

Recent changes to the Palliative Care Program in SHR have created challenges in providing excellent palliative care to our residents. Previously, palliative care physicians and nurses were available in a timely fashion to provide consultation and to recommend plan of care for applicable residents. Without this expertise, the staff in the homes are challenged to implement care plans based on best practice for palliative care. Also, there is lack of clarity around how funding is provided for select palliative care residents.

It has been suggested (here as well as in many of the other Homes) that the Community Paramedicine Program should be expanded to 24-hour per day coverage. Access to portable x-ray and the ability to do sutures at the Home instead of having to transfer to hospital would also be ideal.

We discussed the processes that are in place in SHR for transfer of residents into long term care homes. It was felt that there is occasionally lack of or inaccurate information provided to the homes. This has the potential to create a risk for the resident and the home (for example, inadequate information about individual with antibiotic resistant organism (ARO)).

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

SHR will work with Circle Drive to review functioning of Nurse Call System and develop plan to repair or replace, and prioritize accordingly.

Circle Drive and Seniors' Health & Continuing Care (SHCC) will continue to work together to review and prioritize equipment that is required to improve the safety and quality of life of residents.

SHCC will, in collaboration with our Palliative Care colleagues, develop a plan that will ensure our residents are getting the palliative care support necessary. We will also clarify the process for funding select Palliative Care residents.

SHCC will continue to work towards expansion of the Community Paramedicine Program to 24 hours per day.

SHCC will continue to work with our Client/Patient Access Services (CPAS) colleagues to refine processes for transferring residents to Long Term Care.





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| <input type="checkbox"/> Prairie North               | <input type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **CUDWORTH NURSING HOME**  
and Number: **23753**  
Demographics: **Owned & Operated by Saskatoon Health Region**  
**29 LTC beds + 3 respite**  
**Age of Home: 48 years**

Date of visit (DD/MM/YYYY): **08/ 06/ 2016 (June 8)**

Please list those from the RHA that attended:

Diane Shendruk, Vice-President  
Karen Levesque, Director, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Recruitment and Retention of Continuing Care Aids:* The Earn While You Learn (EWYL) Program was implemented, but due to location of program, Cudworth has not seen the benefits as much as other sites. Work is ongoing in this area. The EWYL program is a partnership between Saskatoon Health Region and a learning institution that was developed to recruit Continuing Care Aides (CCA's) into Long Term Care. This program affords individuals the opportunity to learn, develop and practice skills under supervision and mentorship while working and receiving an income. Upon successful completion, the participant receives certification as a CCA.

*Replacement and Addition of Low Beds and Lifts:* Cudworth is very appreciative of the new lifts (tub, free-standing and ceiling track). Currently, no low beds have been purchased for this home.

*Implement Purposeful Interactions:* Completed in November 2015.

*Implement Staff Idea Sheets:* There is a suggestion box for staff to put ideas into. In addition, staff feel free to make suggestions in their daily work, including at daily huddles.

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

The Cudworth Nursing Home is small and has a very homey atmosphere. The care team works well together and it is obvious that they take pride in the care they provide to the residents and in the home itself. Meetings are held daily, with all staff participating. With five years of experience, the Clinical Nurse Leader, along with the Manager, who is also a Nurse, provides strong clinical leadership to the team.

There is a very active Recreation Program, which the residents and families find beneficial and satisfying. 'Special events' are made very special due to the passionate and engaged Recreation staff. One of the goals of the team is to bring the community in – and they do this by hosting events such as inviting a local band to play in the home on a regular basis. A family member hosted a wedding at the home this past year.

Cudworth was one of the first homes in Saskatoon Health Region to implement Purposeful Interactions, and, at the time of the visit, 77% of staff were trained. Positive results have been reported.

Although families don't regularly attend the Family Advisory Council, the residents are actively involved in the quarterly meetings.

Perimeter security has been installed over the past year – which has created additional safety for the residents of the home.

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

Recruitment and retention continues to be a challenge as Cudworth is a small community with limited health care professionals living there. In addition, being only an hour from a large tertiary centre, some individuals prefer to work in Saskatoon, rather than in Cudworth. This staffing situation contributes further to retention as the lack of available staff occasionally creates challenging workloads for those who are on duty. The team works well together – but, without adequate staff, those who are expected to take on additional workload get tired out.

The phone system in the Cudworth home has not worked well for several years. A replacement phone system would cost over \$90,000. The decision was made to continue to work around the deficit, however this creates additional challenges for staff.

The Manager identified opportunity for supply cost savings by standardizing supplies across rural and urban locations.

The current lock on the medication room door may be a safety risk. A card lock system (swipe card) would improve the security of the medication. This will fit with the new Perimeter Security system that has recently been installed.

The tub requires replacement. There is a request for four low beds and five ceiling track lifts.

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

We will continue to work with the Home and our Human Resource Team to improve recruitment and retention in Cudworth – including sharing staff between other homes that are in close proximity (such as Wakaw). There is also opportunity to explore other options with the Earn While You Learn program to enhance CCA recruitment.

We will work with SHR Supply Chain Management to develop a plan to standardize supplies in rural SHR. The goal is to decrease overall supply costs while, at the same time, increasing quality of supplies and, subsequently, resident satisfaction.

The lock on the Medication Room door will be changed to a swipe to ensure additional security for medications at the home. Target date for completion: September 2016.



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| <input type="checkbox"/> Prairie North   | <input type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <b>X Saskatoon</b>                       |   |  |

Facility Name: **Saskatoon EXTENDICARE**  
and Number: **73803**  
Demographics: **Affiliated with (but not owned & operated by) Saskatoon Health Region**  
**82 Long Term Care Beds**  
**Age of Building: 53 years**

Date of visit (DD/MM/YYYY): **06/ 04/ 2016 (April 6)**

Please list those from the RHA that attended:

Andrew Will, Interim CEO  
Rod MacKenzie & Karen Levesque, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*SHR will assist with the home to address the current challenge with nurse call system.* Extendicare has developed a 3-phase plan to repair the nurse call system over 3 years, starting Fall of 2016.

*Repurpose the four-bed rooms to improve experience for residents and family.* SHR VP of Integrated Health Services and I/CEO met with Extendicare management in March 2016 and the decision was made to NOT repurpose these rooms at this time due to financial constraints.

*Improve the food choice options for residents.* Residents have been more involved with food choices – including having opportunity to request foods to their liking.

*Develop a plan to address the low pool of casual staff available and to hire staff required.* Extendicare has taken the opportunity to have students from various schools (Saskatoon Business College, Sask Polytechnic, University of Regina) do part of their training at this Home – with a plan to recruit some or all of these students.

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

Extendicare is a small, well-kept Home that is bustling with energy and activity. Residents and staff, and occasionally Missy, the dog, greet visitors with enthusiasm as they walk through the front door. Families frequently compliment Extendicare on the care that is provided and the staff involvement with their loved ones.

The Resident Council meets monthly, with active engagement of residents. There have been few concerns expressed at the last few meetings.

A 'high risk' meeting is held monthly to review any care issues that affect residents. At this time, staff and managers review quality metrics and develop plans for improving in areas in which the targets are not met.

Management and staff are excited to have the Community Paramedicine Program start at Extendicare as it will provide necessary support for residents who are experiencing urgent/emergent health issues – and will decrease need for transfer to hospital.

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

Extendicare was built over 50 years ago and the rooms are small and all, except 20, are shared – with every resident sharing a bathroom. Four of the rooms have four residents. Although residents and families are generally pleased with the care provided, there is considerable dissatisfaction with the shared rooms and bathrooms. There is also minimal storage space available. The shared accommodation is the reason for the high turnover rate.

Extendicare is very interested in repurposing the existing four 4-bed rooms into 'Urgent Assessment and Care' beds. Due to financial constraints, this is not feasible at this time.

As the complexity and needs of residents continues to increase, it is difficult to manage with existing staffing ratios.

Recruitment and retention of care staff continues to be challenging.

Additional Ceiling track lifts are required at the Home.

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

Extendicare management will work with their organization to ensure a plan is in place to recruit and retain staff.

Seniors' Health & Continuing Care (SHCC) will work with Extendicare to review and prioritize equipment items – such as ceiling track lifts – that will improve the safety and quality of care of our residents.



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| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **GOLDEN ACRES - Wynyard**  
and Number: **73787**  
Demographics: **Owned & Operated by Saskatoon Health Region**  
**57 Long Term Care beds plus 2 respite**  
**Age of Golden Acres: 15 years**

Date of visit (DD/MM/YYYY): 15/ 06/ 2016 (June 15)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR (July 11, 2016)  
Rod MacKenzie, Karen Levesque, Directors of Seniors' Health & Continuing Care (June 15)

Follow up on Action Plan from 2015 Report:

*Develop and Implement Staff Idea Sheets:* Complete but with minimal uptake by staff. Staff share ideas willingly.

*Replace beds that do not go to low height.* There are still 24 beds that do not go to low position.

*Plan to replace Nurse Call System.* This has not been done and Nurse Call system, although still relatively new, does not work well. Manager has been developing standard processes to 'work around' the system – and this has been working quite well. During times when staffing is limited (Night shifts), when requiring help, activating the residents bathroom light will trigger other staff member to help. Doing routine checks regularly, communicating with each other continuously.

*Bathing Survey.* Bathing preferences are reviewed at the regular care conferences that occur with resident, family and staff.

*Staff to address resident needs through regular checks.* Regular checks/attention to resident needs is part of the Purposeful Interactions program, which was implemented at Golden Acres in December 2015. Purposeful Interactions is a philosophy that encourages care team members to make connections and to shift their focus from task-oriented care to purposeful and spontaneous interactions with residents. Developing relationships and understanding each other contributes to increased safety and an enhanced experience by both residents and members of the care team.

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

Golden Acres is a relatively new (15 years) Long Term Care Home that is home to 57 permanent Long Term Care residents and two respite beds. The Home has four neighbourhoods, each set up in a homey environment with a kitchen, dining and living areas and the bedrooms down the back halls. Staff serve snacks from the neighbourhood kitchen and the residents have the opportunity to visit with family and other residents in various areas throughout the neighbourhood and building.

Daily staff huddle is held with representation from every department. Given the layout of the home (with four neighbourhoods), not all staff can be in attendance at the huddle, so there is a very organized system in place to ensure that all staff receive the relevant daily communication.

Restraints are not used at all. If a resident is at risk of falling, they are placed in a low bed. (Additional low beds are required.)

Care conferences are held regularly for every resident – and additional conferences will be done upon request by resident or family.

Resident-Family Council meets monthly. Currently, there is less families involved so manager is in the process of recruiting new family members.

60% of the Golden Acres and Hospital Staff participated in a unique and fun 'Integrated Olympic' (Fundraising) Event. Over \$12,000 was raised for the integrated site in Wynyard, and staff had the opportunity to team up for their own Olympics. Kudos to the management and staff who worked many hours to plan and host this event that was all to raise money for our residents and patients!

Purposeful Interactions was implemented at Golden Acres in December 2015, with positive results seen to date. There has been an increased focus on resident-directed care and a suggested improved quality of life for residents.

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

There is a feeling that staffing on nights may not be adequate, in that there are four neighbourhoods with only three staff. The ideal would be to have one staff in each of the four neighbourhoods.

Despite a very successful staff event (the 'Integrated Olympic Event') in early June, there continue to be some challenges with staff morale. It is felt that some focused work with staff would be beneficial.

Challenges continue with the Nurse Call system, which is tied to the bed censor, but management and staff are working on processes to manage.

The majority of beds still have side rails intact despite SHR goal to decrease use of side rails.

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

Staffing compliment will be reviewed – to explore options to adjust staffing that will ensure adequate coverage on all shifts without an increase in cost.

The Manager will engage Organizational Learning and Leadership to assist with plan to increase staff participation and morale. Increase in staff satisfaction will positively impact the resident and family experience.

Clinical Nurse Leader and Manager will work with SHCC Team Manager to develop and implement a plan to remove side rails on 25% of the beds by March 31, 2017.

Equipment needs will be reviewed and prioritized to ensure safety and quality of care of our residents.

Management will work with Facilities/IT and staff to work through challenges with the Nurse Call system.





# Long-Term Care Quality Assessment - 2016

## 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 type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **GOODWILL MANOR – Duck Lake**  
and Number: **73751**  
Demographics: **Affiliated with (but not owned & operated by) Saskatoon Health Region**  
**29 Long Term Care Beds plus 1 Respite Bed**  
**Age of Building: 30 years**

Date of visit (DD/MM/YYYY): **16/ 05/ 2016 (May 16)**

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie & Karen Levesque, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Address severe staffing shortages and training issues. Partner with Duck Lake High School to pilot dual-credit CCA training.* Continued work is being done to recruit. The linkage with School System was not done as the lead contact was on leave.

*Develop plan to enhance nurse call system.* Although Goodwill Manor has recently had a new Nurse Call system installed, there is a need to make some adjustments so that it can be used for staff to staff communication. (Added to 2016 Action Plan)

*Install ventilation systems in both tub rooms.* Complete.

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

Goodwill Manor is a small, quaint, bright home that is welcoming and inviting to visit. The atmosphere is positive and it is obvious that staff care deeply about each resident. This is a small community where everyone is family.

Staff work well together – with older, experienced staff acting as role models to the new staff. Improvements in the Home are initiated and carried out by staff.

The Home is just beginning to trial a new model of care that will better meet the residents' needs around bathing times.

Recent changes to the Activity Program have been very positive.

Goodwill Manor successfully implemented Purposeful Interactions in February/March of 2016 and is seeing positive effects. Purposeful Interactions is a philosophy that encourages care team members to make connections and to shift their focus from task-oriented care to purposeful and spontaneous interactions with residents. Developing relationships and understanding each other contributes to increased safety and an enhanced experience by both residents and members of the care team.

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

There are currently a total of six ceiling track lifts in the Home; additional lifts would be beneficial.

There is a safety risk due to one door (to the garden) not being secure.

Staffing challenges continue. It is difficult to recruit and retain staff, as it is in all rural areas. In addition, it was reported that it is challenging to meet all of the needs of the residents with the current staffing complement.

Physio- and Occupational Therapy support is provided by staff at Rosthern and occurs less than once a month. Additional PT and OT time would be beneficial to improve care of residents.

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

Seniors' Health & Continuing Care (SHCC) and Goodwill Manor will work together to review and prioritize equipment needs that will improve the safety and quality of care of our residents.

Goodwill Manor will develop and implement plan to secure the garden door, to improve the safety of residents.

SHCC will work with Human Resources and Affiliates to assist with recruitment and retention strategy for all rural sites.

SHCC will work with Goodwill Manor and SHR IT to develop a plan for enhancing the staff to staff communication with the Nurse Call system.



# Long-Term Care Quality Assessment - 2016

## Please Select Your Health Region:

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| <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 checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **LAKEVIEW PIONEER LODGE - Wakaw**  
and Number: **73754**  
Demographics: **Affiliated with (but not owned & operated by) Saskatoon Health Region**  
**45 Long Term Care beds plus 1 respite (palliative care) room**  
**Age of Building: 58 years**

Date of visit (DD/MM/YYYY): **08/ 06/ 2016 (June 8)**

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Karen Levesque, Director, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Advocate for safety equipment to support residents and staff.*

The Home has five ceiling track lifts in resident rooms and two tub lifts. The issue with incompatible slings has been resolved.  
The Nurse Call System has been replaced and is working well.  
The Wanderguard System functions well to ensure safety of residents who are at risk for elopement.  
A new generator has been purchased and installed with funding provided by SHR.

*Address resident council concerns re food choices.* Lakeview Pioneer Lodge Administration and staff have worked closely with the SHR dietitian to revise the menu choices to suit the desires of residents.

*SHR to assist with staff recruitment and retention.* Although some challenges still exist around staffing, there has been success in recruiting Licensed Practical Nurses (LPN's) and Registered Nurses (RN's). Managers in Wakaw and Cudworth have developed a mechanism to share staff across the Homes.

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

On the day of our visit, the music was playing and residents, families and staff were gathered for a special birthday party – one of many events that occur regularly at Lakeview Pioneer Lodge. We immediately felt welcome and were invited in to a comfortable, caring and well-kept Home.

29(1) Information redacted as it may identify an individual.



The philosophy at Lakeview Pioneer Lodge is one of 'relationship-centred care'. Staff are genuine and caring, and they truly want to understand each resident, where he or she came from, what his/her needs and desires are – and relationships are built accordingly. Residents are well cared for, and are treated with respect and dignity.

The community of Wakaw is very engaged and involved with the Home, and eager to participate in the many activities and events that occur. There is also a formalized Strategic Planning process in which there is active participation of staff and community.

The Director of Care provides strong clinical leadership – and works closely with staff to ensure that quality metrics are reviewed carefully and regularly, and that plans are developed to improve in those areas in which targets are not meant. Monthly medication rounds work very well. Huddles occur each shift.

Residents are invited to enjoy 'relaxed breakfasts' (i.e. breakfast at the time of their choosing) – and the staff are now working at making other changes that positively impact the residents.

Residents, family and staff are given the opportunity to provide feedback and make suggestions. All comments/suggestions are considered for improvement.

Lakeview Pioneer Lodge was built 58 years ago so there are ongoing challenges with infrastructure. It is obvious that much work has been done to the Home – both structurally and esthetically.

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

There is an opportunity to enhance the relationship between the Resident Advisory Council and the larger Long Term Care Advisory Council.

With only five ceiling track lifts in 43 rooms, the purchase of additional lifts is essential.

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

Seniors' Health and Continuing Care (SHCC) will work with Lakeview Pioneer Lodge to explore ways in which the relationship between the local Resident Councils and the LTC Advisory Council can be enhanced.

SHCC will work with Lakeview Pioneer Lodge to review and prioritize equipment needs that will benefit the quality of life of residents.



# Long-Term Care Quality Assessment - 2016

## 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 type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **LANGHAM SENIOR CITIZEN's HOME**  
and Number: **73798**  
Demographics: Affiliated with (but not owned & operated by) Saskatoon Health Region  
**17 Long Term Care**  
**Age of Building: 46 years**

Date of visit (DD/MM/YYYY): 10/ 06/ 2016 (June 10)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie & Karen Levesque, Director, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*SHR will work with the Home to support replacement of equipment.* Engineering assessment has been done and plans are underway to replace a tub.

*Work with home to address insufficient call system.* No action taken. The Administrator reports that the existing system works.

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

Although the Home is older, it is truly warm and comforting. From the street, it looks like any other house in the community, and, as you enter, it feels like you are walking into Grandma's House – a calm, caring, cozy feeling. Residents sit together in the living area, watching television or playing cards and they eat together in the dining room.

Staff get to know each resident well – as evidenced by the Cook telling us the favorite foods of individual residents and how they like things cooked. With a small staff and a small number of residents, everyone gets to know each other well.

The Wanderguard system is in place at the front door and doors at the end of hallway are alarmed to ensure safety of residents who are at risk of elopement.

There is a small, quaint courtyard in the back, which is the venue for weekly barbecues in the summer and other activities throughout the year. The front deck was expanded last year and has created an additional sitting area for residents and families.

Resident council meetings are held monthly, although there is little family involvement. Few concerns are raised by residents. Families actively participate in care conferences and feel that their voice is heard.

In addition to the 17 long term care beds, there are also 11 'alternate level of care (ALC)' beds in the Home. This allows for flexibility in caring for couples who require different levels of care

29(1) Information  
redacted as it may  
identify an individual.



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

The flooring is in need of repair/replacement, as many of the tiles are cracked.

There are no ceiling track lifts in the Home. There may be challenges installing one or more due to the infrastructure.

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

SHR will review assessments that have previously been done around infrastructure and ability to install ceiling track lifts. Equipment needs will be reviewed and prioritized in a way that addresses quality and safety needs of residents.





# Long-Term Care Quality Assessment - 2016

## Please Select Your Health Region:

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| <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 checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **LAST MOUNTAIN PIONEER HOME - Strasbourg**  
and Number: **73792**  
Demographics: **Owned & Operated by Saskatoon Health Region**  
**38 LTC beds + 1 respite**  
**Age of Building: 52 years**

Date of visit (DD/MM/YYYY): 15/ 04/ 2016 (April 15)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie & Karen Levesque, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015:

*Purchase Ceiling Track Lifts and Low Beds:* There are two beds and 10 ceiling track lifts, three of which were purchased by donation and the rest provided by SHR.

*CCA Recruitment/ Retention:* Successful recruitment of four CCA's through Earn While You Learn Program.

*Improve appearance of the sprinkler system:* Sprinkler heads are very noticeable but, due to cost, were not changed.

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

29(1) Information redacted as it may identify an individual.

There is a caring and relaxed community atmosphere in the Last Mountain Pioneer Home in Strasbourg. The staff are friendly and caring towards residents and to visitors, and the residents seem happy and content. Ranging in age from 50 to 100, the residents are invited to participate in daily activities of the home including caring for Ginger, the resident cat.

The robust Activities program keeps the residents involved. The partnership between the Home and the Day Care & School ensures that both residents and children benefit. Relationships develop as the children from the school read to the residents, and the residents enjoy their time watching the children play in the splash park in the gorgeous garden area at the Home.

29(1) Information redacted as it may identify an individual.

A new initiative has been the use of the 'All About Me' posters that hangs on each resident doorway. This poster provides very important information about each resident – and not only does it remind staff of the life that resident lived, but it also helps them to understand the individual needs of that resident.

The Wanderguard system is working well on all neighbourhoods. A Nurse Call system had been implemented a few years ago but functionality is inconsistent.

The Last Mountain Pioneer Home has a Facebook page, which is regularly used by families and friends to keep up with what is going on in the Home. The Home has purchased an iPod that is shared amongst the residents and allows a resident to connect easily with his or her family members.

The Resident-Family Advisory Council meets monthly. At time of this visit, the council was actively recruiting two residents.

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

Training on the Eden Philosophy had begun in 2014. The Eden Alternative® “seeks to address.. the three plagues of Nursing Homes: loneliness, helplessness, and boredom” and “aims to revolutionize the experience of home by bringing well-being to life”. (<http://www.sherbrookecommunitycentre.ca/sherbrooke-difference/the-eden-alternative-philosophy>) With changing priorities and the implementation of Purposeful Interactions, necessary financial support for Eden training has not been continued. Leadership at the home continues to promote the Eden Philosophy and will look to the foundation for support to continue.

There is a need to do some additional work on quality improvement planning – including ensuring a comprehensive plan is in place to monitor and plan for improvement of the seven quality metrics that are reported to the Ministry.

Several facility improvements are required, including the flooring.

As with all rural locations, staff recruitment and retention is an ongoing challenge.

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

The Manager will continue to promote the Eden Philosophy and to explore options to fund ongoing training of staff. It is felt that understanding and practicing the principles of the Eden Philosophy will be augmented by the learnings from and benefits of Purposeful Interactions, which is scheduled to be implemented in 2016/17 at Last Mountain Pioneer Home. Purposeful Interactions is a philosophy that encourages care team members to make connections and to shift their focus from task-oriented care to purposeful and spontaneous interactions with residents. Developing relationships and understanding each other contributes to increased safety and an enhanced experience by both residents and members of the care team.

Seniors' Health and Continuing Care (SHCC) will develop a strategic plan that will ensure an organized approach to implementation of initiatives that will include Ministry- and Region-directed goals and targets. This will include developing a strategy to plan for quality improvement.

Low beds and ceiling track lifts for this Home will be added to the capital equipment list – and will be prioritized to improve quality of care and safety of our residents.

We will request additional assistance and involvement from Human Resources to develop and maintain an effective recruitment and retention strategy for rural sites.

Information about the 'All About Me' posters for every resident will be shared with other homes in SHR.



# Long-Term Care Quality Assessment - 2016

## 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 type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **LUTHER SPECIAL CARE HOME-Saskatoon**  
and Number: **73806**  
Demographics: **Affiliated with (but not owned & operated by) Saskatoon Health Region**  
**129 Long Term Care beds & 2 Respite beds**  
**Age of Building: 61 and 30 years (Built in 1955 & 1986 respectively)**

Date of visit (DD/MM/YYYY): 11/ 01/ 2016 (January 11)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie & Lori Hinz, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Equipment Needs:* In 2015/16, 10 ceiling track lifts were installed. The site leader has identified that additional ceiling track lifts are required to safely address resident care needs. More low beds are also required. As well, the nurse call system is at "end of life" and is in need of replacement.

*Facility Needs:* The home's dementia neighbourhood, which is home to 49 individuals (the largest secured neighborhood in the province), was built in 1955 and was not "purpose built" so the physical layout does not meet the needs of the residents it accommodates. Extensive renovations would be required to bring it up to today's standards. Three (3) shared rooms are a challenge with the type of customer served resulting in delayed admissions, many internal transfers, families' rejection of offers to accept. Physical appearance is an initial barrier to acceptance. Due to the age of the building, there are many physical challenges such as the main entrance not being wheelchair friendly.

*Resident Care:* Increasing complexity of residents' needs continues to drive care needs. Call bell response is delayed and staff, residents and family express concerns about the timeliness of the response. Antibiotic Resistant Organisms (AROs) continue to be a challenge. The increasing prevalence of residents returning to homes from the hospital with AROs and Pressure Ulcers (either new or worsened) directly increases workload and costs.

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

LutherCare offers a full continuum of care, from independent living to assisted care to long-term care, ensuring that residents are able to "age in place." Families and residents greatly appreciate this model of care and the staff is well known for the quality care they provide.

There are good processes in place for staff morning meetings, which are well attended by all departments. Administration is well versed in using Lean management tools and has been leading in quality improvement work for years. Luther Special Care Home has a well-developed Safety Management Program.

Luther Special Care Home recognizes the importance of the social aspects of care for the residents and has made investments in providing recreational therapy and physio therapy.

Recent renovations to dining areas in the non-secured neighborhoods have helped shift the atmosphere from an institutional environment to a more home like feeling.

The home holds Quality of Life meetings on each neighbourhood every two months. Resident and Family Care Conferences are held annually.

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

Continued support from SHR to address equipment needs (lifts, low beds, etc.) has been requested, as well as, funding to cover inflationary cost increases (e.g., day program transportation, food, medical supplies), cost shifts (e.g., wound care supplies, personal care supplies), standard changes (e.g., infection control) and volume increases (e.g., slings, supplies to deal with increased care complexity/acuity and antibiotic resistant organism (AROs)).

From a facility perspective, the dementia unit is in need of replacement or significant renovations to address deficiencies as noted above. The call bell system is in need of replacement. Ceiling lifts are required as they are not available for many residents who require them.

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

Seniors' Health & Continuing Care (SHCC) will continue to work with Luther Special Care Home to review equipment needs and prioritize items that will benefit the residents.

29(1) Information redacted as it may identify an individual.

Luther Special Care Home has highlighted the positive work they are doing to address the Saskatchewan Ministry of Health Seven Quality Indicators for Special Care Homes. They will continue to use this as a focus as they work with SHR to address the areas of concern identified in this report.



# Long-Term Care Quality Assessment - 2016

## Please Select Your Health Region:

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| <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 checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **MANITOU LODGE - Watrous**  
and Number: **73563**  
Demographics: **Owned & Operated by Saskatoon Health Region**  
**43 Long Term Care beds**  
**Age of Home: 4 years**

Date of visit (DD/MM/YYYY): 11/ 03/ 2016 (March 11)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie, & Karen Levesque, Directors, Seniors' Health & Continuing Care

Follow up from Action Plan in 2015 Report:

*Expand Activity Program to evenings and weekends:* In addition to daytime activities, the residents are invited to participate in an activity every Tuesday evening and Saturday, and church services are available for residents to attend every Sunday.

*Recruitment and Retention of Continuing Care Aides:* Watrous has successfully recruited two Continuing Care Aides (CCA's) via the Earn While You Learn (EWYL) program that was implemented in September 2015. The EWYL program is a partnership between Saskatoon Health Region and a learning institution that was developed to recruit Continuing Care Aides (CCA's) into Long Term Care. This program affords individuals the opportunity to learn, develop and practice skills under supervision and mentorship while working and receiving an income. Upon successful completion, the participant receives certification as a CCA.

*Integration of Nursing Staff between Long Term Care and Watrous Hospital:* Not complete. See below.

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

Manitou Lodge is a beautiful and well-equipped Long Term Care home recently built and connected to the hospital and health centre. There are three neighbourhoods, all of which are bright and homey. All resident rooms are private, and each has its own ceiling track lift, bathroom and shower. One room has been designed to care for bariatric residents; however, it is not possible to put a Sask-a-Pole in because of the suspended ceiling and in-floor heating. A Sask-a-Pole is a pole that is installed from floor to ceiling that is used by residents to assist themselves in getting into and out of bed or chair. They are currently working on purchasing additional bariatric equipment and supplies.

With the hospital and health centre attached, the physicians are co-located and are readily available for regular scheduled as well as unscheduled visits to the residents.

The recreation program offers numerous activities to enhance the lives of the residents. In addition to common activities such as crafts, baking and gardening, the residents are frequently offered outings such as Harvest Tours and Trips to the Beach. Activities occur seven days a week including church service every Sunday. A great partnership exists between the Home and the school and the walking program includes children from Kindergarten to grade 7 encouraging residents to walk with them. Numerous signs of an engaged and passionate activity staff are evident throughout the home; for example, walking paths, pictures on the walls, theme days, special events.

The community very actively supports the Home and the Hospital and they successfully fundraise to make improvements. They have recently purchased a garden tractor, freezers and bariatric beds.

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

Limited staffing does not allow for robust resident-directed care. Bed time and wake up time of residents is mostly driven by staffing availability. There is a one-half hour window of time each evening in which only two staff are on duty for 43 residents. Although it is not ideal, this allows for enough staff on other shifts to meet the needs of residents.

Manitou Lodge and the Watrous Hospital operate under one management structure, and it is not always possible to completely separate the issue and operations. Staffing across the two environments has not been integrated as per the March 2016 timeline but plans are underway to do so.

As with all rural sites, recruitment and retention is challenging and there are occasions in which staff work short because of lack of staff availability.

One of the residents who had lived in the home for several years shared several observations. 29(1) 'loves the girls [staff]' but 29( felt they are always short staffed. 29(1 felt strongly that more staff was needed. 29(1 was happy with bathing once a week, but 29( was NOT happy with the food. 29( also mentioned that there was a fair amount of wasted space in the home (particularly in the resident rooms in which there is a short hall from the doorway to the main room).

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

Staffing complement and schedule will be reviewed with HR and Finance to identify opportunities for enhanced coverage with existing staffing.

Purposeful Interactions is scheduled to be implemented at Manitou Lodge in November of 2016. Given the success at other homes, we expect to have improvement in resident-directed care and resident and staff satisfaction once staff have been trained.

We will work closely with Human Resources to ensure we have a robust recruitment & retention strategy for all rural sites. This will include the option of sharing staff with other rural locations (example, Watrous sharing with Lanigan). We will continue with the Earn While You Learn Program as a recruitment strategy for Watrous.

SHR Human Resources/ Labor Relations has been actively involved in working through the plan to integrate staff across Hospital and Long Term Care. This will create staffing efficiencies.

Management of the home will work with Food & Nutrition to make improvements to the menu and food servings to increase resident satisfaction.



Manitou Lodge, Watrous - 2016



# Long-Term Care Quality Assessment - 2016

## 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 type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **MENNONITE NURSING HOME, ROSTHERN**  
and Number: **73599**  
Demographics: **Affiliated with (but not owned & operated by) Saskatoon Health Region**  
**67 Long Term Care beds, plus 1 respite**  
**Age of Building: 48 years and 27 years**

Date of visit (DD/MM/YYYY): 16/ 05/ 2016 (June 10)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie & Karen Levesque, Director, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*SHR to investigate delayed printer acquisition request. Complete.*

*Plan for resident security. Perimeter Security system has been installed in 2016.*

*SHR will work with Home on recruitment and retention of Registered Nurses. Recruitment was successful at the time, but now ongoing recruitment challenges exist for all members of the care team because .*

*Home will have access to Physio- and Occupational Therapy through SHR Community Services. This has not been resolved, as there are limited resources – both financial and OT/ PT – available.*

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

The Mennonite Nursing Home is set in a beautiful and peaceful setting, surrounded by trees and nature. Residents and family are able to enjoy the outdoors, individually or as participants in the many activities that are offered by the Home.

29(1) Information redacted as it may identify an individual.

Staff - including retired staff - participate in upkeep and decor of the Home. The tub room has been painted to be much more appealing; a little 'house' has been added to brighten up the dining room; decorations and paintings put on the walls. It is obvious that staff have a great desire to improve the environment for their residents.

A Resident Council is held every second month (led by Recreation Therapy). Very few families attend, but residents are given the opportunity to discuss and give feedback and suggestions. When residents and families come together, they are invited to share their thoughts, perspectives and to make suggestions for improvement. Staff are also encouraged to bring ideas and suggestions forward at any time.

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

29(1) Information redacted as it may identify an individual.

Although the staffing situation had improved in the year prior, recruitment and retention is currently an ongoing challenge, as it is at all of the SHR rural locations.

The current staffing complement does not allow for full resident-directed care.

Physio- and Occupational Therapies benefit residents – however, currently, the Home has no Physio support and only ½ day every two weeks of occupational therapy support. The Home has taken the initiative to implement a walking program that is led by an Exercise Coordinator.

With the ever-increasing complexity and care needs of our residents, more support is needed from behavioral consultants/therapists. At the time of this visit, there was no access to behavioral therapists as the two staff from Seniors' Health & Continuing Care were both on leave. Despite having no access now, two consultants are not adequate to meet the growing demand in this complex area.

More ceiling track lifts are required. In addition, there are several types of 'specialty equipment' (such as specialty mattresses) that should be more readily available so that we can respond, in a timely fashion, to our resident's needs.

The Community Paramedicine Program has not yet started to provide support at this Home – and staff are anxious to get it going as there is great opportunity to enhance urgent medical support to residents in the home and to decrease transfer of residents to hospital.

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

Seniors' Health & Continuing Care (SHCC) will work with SHR Human Resources and with the rural Homes to develop a strategy to recruit and to confidently retain staff for the rural long term care homes.

SHCC will work with the Homes to develop a plan that will allow for sharing of therapies resources across several Homes/

SHCC will continue to work towards increased Behavioral Consultant support, and will also work with Seniors Mental Health team to explore enhancing services within existing resources.

SHCC will work with SHR to plan for implementation of the Community Paramedicine Program support at this Home.

SHCC will work with Mennonite Nursing Home to review and prioritize equipment needs that will improve the quality of care of residents.

In addition, SHCC will review the types of 'specialty equipment' that is regularly required by residents, and will develop a plan to share equipment across all Homes in SHR.



# Long-Term Care Quality Assessment - 2016

## 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 type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **NOKOMIS HEALTH CENTRE**  
and Number: **73105**  
Demographics: **Owned & Operated by Saskatoon Health Region**  
**14 LTC beds + 4 multi-purpose beds**  
**Age of building: 38 years**

Date of visit (DD/MM/YYYY): 15/ 04/ 2016 (April 15)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President  
Rod MacKenzie & Karen Levesque, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Purchase low beds:* Complete.

*Improve communication/ use of visibility walls:* Daily meetings are working well.

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

The Home connected to the Nokomis Health Centre is small and cozy. With only 14 permanent Long-Term Care Residents (and four multi-purpose beds), it has a quaint and homey feel to it. Staff, residents and families get to know each other well.

The 12 private rooms on one wing are a good size, and lifts easily fit into the private bathrooms. There are two permanent Long Term Care beds and four respite beds on the wing closer to the Health Centre.

The Activity program keeps the residents active. Weekly activities occur in the summer, with residents going on excursions in the Bus that was provided by the Legion, or enjoying the weather in the new gazebo and courtyard.

Residents report that the food is very good.

Meetings are done daily, with all staff participating.

Several ceiling track lifts had been purchased over the past couple of years. This has provided additional safety for both residents and staff, and is greatly appreciated.

New flooring has been installed in over half of the building, which has made a significant improvement in both appearance and safety.

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

Although slightly improved from the year prior, there are still considerable human resource challenges. There is a sense that there is a 'negative culture' amongst the staff, resulting in staffing and workload issues. The manager continues to involve Union leadership in trying to resolve issues but both parties are frustrated. Recruitment and retention is a constant challenge, with location being a contributing factor.

There is a need to do additional work on quality improvement planning. This includes ensuring a comprehensive plan is in place to monitor and plan for improvement of the seven quality metrics that are reported to the Ministry.

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

We will request additional assistance and involvement from Human Resources to work through the staffing challenges in Nokomis, and will work with the Manager to develop a plan to improve the overall culture of the Home.

Seniors' Health and Continuing Care (SHCC) will work with all of the Long Term Care Homes to develop a strategic plan that will ensure an organized approach to implementation of initiatives that will include Ministry and Region-directed goals and targets. This will include developing a strategy to plan and implement quality improvement initiatives.



# Long-Term Care Quality Assessment - 2016

## 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 type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **OLIVER LODGE- Saskatoon**  
and Number: **73809**  
Demographics: Affiliated with (but not owned & operated by) Saskatoon Health Region  
**139 Long Term Care beds**  
**Age of Building: 54 and 5 years (Built in 1962 & 2011 respectively)**

Date of visit (DD/MM/YYYY): 14/ 12/ 2015 (December 14)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie & Lori Hinz, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Equipment Needs:* The site leader is appreciative of the recent investments in equipment and would like to continue increasing the number of rooms with ceiling track lifts and free standing lifts to allow for safe resident care.

*Facility Needs:* The 1962 section of the building has a boiler system that is in need of replacement.

*Resident Care:* The previous action plan identified delays in responding to call bells as a concern to staff, residents and family. Oliver Lodge is scheduled to participate in Purposeful Interactions training in March of 2016. Experience with the program has shown that improvements in call bell response times are attainable. This will be monitored. Purposeful Interactions is a philosophy that encourages care team members to make connections and to shift their focus from task-oriented care to purposeful and spontaneous interactions with residents. Developing relationships and understanding each other contributes to increased safety and an enhanced experience by both residents and members of the care team.

SHR's dietician continues to work with the home with meal planning and a regional menu plan. It is a challenge to keep everyone satisfied with choices available. Increasing food costs are also a challenge.

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

Oliver Lodge is a very clean facility and the great work done by the staff results in very few infection control issues and minimal outbreaks.

Staff is thoughtful, friendly and proud of their work. There is a real team feeling. Staff asks each other if they need help and thank each other frequently. Many of the team members are long term employees and anticipate where help will be needed, often responding without being asked. Staff makes an effort to get to know the residents and their family. This is greatly appreciated by the family and leads to many positive interactions.

Oliver Lodge has strong support organizations such as their auxiliary. These groups, as well as staff, work hard to ensure that residents feel well cared for by organizing recreational activities for residents and families. The support of volunteers and donors is evident.

The resident family council meets four times a year. Reports are provided to the board three times a year.

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

Oliver Lodge identified that there are challenges with providing care as residents' needs continue to increase in acuity. There are growing numbers of total care residents and they require more staff time to ensure that their care needs are being met.

29(1) Information redacted as it may identify an individual.

Oliver Lodge has joined centralized staff scheduling and although the system is not yet perfected, it has addressed some of the demands on administration.

Other non-staffing costs (food, medical supplies, etc.) are increasing with no corresponding increase in funding creating a shortfall.

Oliver Lodge would like to offer more recreational activities for residents but current capacity is already being exceeded so it will be difficult to look at expansion of the program without additional monetary support.

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

Seniors' Health & Continuing Care (SHCC) will continue to work with Oliver Lodge to review equipment needs and prioritize items that will improve the quality of life of our residents.

Oliver Lodge will continue to work with SHR's dietician to improve menu options available to the residents.

Follow up to the Purposeful Interactions training will continue to monitor positive impacts on time taken for staff to respond to call bells.





# Long-Term Care Quality Assessment - 2016

## Please Select Your Health Region:

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| <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 checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **PARKRIDGE CENTRE - Saskatoon**  
and Number: **73818**  
Demographics: **Owned & Operated by Saskatoon Health Region**  
**211 Long Term Care beds plus:**  
**4 respite (2 planned, 2 unplanned);**  
**20 Geriatric Re-enablement Unit (GRU) beds;**  
**2 '4C' (Re-enablement for individuals less than 55)**  
**Age of Building: 30 years**

Date of visit (DD/MM/YYYY): 03/ 03/ 2016 (March 3)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie & Karen Levesque, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Explore reclassifying Parkridge Centre as a complex care site.* This has not been done as Saskatchewan currently does not have this designation.

*Capital equipment.* Lifts (ceiling track and floor) and other equipment have been purchased. Thirteen medication carts were purchased in June 2016.

*Bathing Survey.* Bathing survey completed in June 2016. Staffing ratios do not allow for all residents to get the number of baths per week that they want or their preferred bath time (65% of residents request two or more baths a week).

*Communication challenges between staff and residents.* Language assessment is done at interview, and all staff are required to speak English with residents and with their colleagues while at work. The team worked through a process for this that included consultation with SHCC LTC Advisory Committee, Ethics and Labour Relations. The expectation that staff speak English while at work is communicated regularly to all PRC staff at huddles.

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

29(1) Information redacted as it may identify an individual.

Parkridge is home to residents with a wide array of care needs, including: high physical needs; challenging, responsive and difficult behaviors; dementia; mental health and addictions; complex medicine (such as tracheostomies and chronic ventilators); bariatric care. A small number of children and several young adults live in the Home. Parkridge often becomes home to those individuals who other homes have not successfully integrated into. In addition to Long Term Care, Parkridge has 20 Geriatric Re-enablement Unit, two beds dedicated for younger individuals who require rehabilitation care and four respite beds (planned and unplanned respite care).

There is a strong team management structure at Parkridge, which is evident on a daily basis. Attention is paid to quality of care and ensuring a positive life experience for all residents. Any issues that arise at Parkridge are managed quickly and effectively. Management and staff willingly accept challenges and work

through same methodically and with passion.

The Physio- and Occupational Therapy program provides various therapies and treatments for residents, and has a beautiful therapies department for those residents who are able to do their therapy in the department. Programming includes Open Gym and pool services. The Recreation Therapy department offers a variety of activities, including those provided in partnership with other community groups and members, such as schools and volunteers.

Respiratory Therapy is available to support residents who require tracheostomy care and/or chronic ventilation – and have been instrumental in developing an in-house training program with the Care Team for respiratory care. Speech Language Pathology, Social Work, Dietician and Pharmacy all support the complex needs of the residents. Support Services and Security Services are critical in ensuring a safe environment for people who live and work at Parkridge.

29(1) Information redacted as it may identify an individual.

Parkridge offers a Community Day Program, which currently has approximately 60 people enrolled, with at least 18 participants each day. The Resident Computer Program is active supporting many residents to keep connected to their loved ones and the world (Skype, email and internet, etc.).

Parkridge Centre has been selected as the location for the Northern Dementia Assessment Unit. Planning is underway for this very important initiative, which will serve residents throughout northern Saskatchewan.

Please describe areas for improvement as identified through your visit and discussions with residents and families: Currently, Parkridge has 55 ceiling track lifts. With 237 residents, additional lifts are required to increase safety of residents and staff. Over 1800 Transfer/Lift/Reposition (TLR) actions occur every day at Parkridge Centre.

Residents do not pay for medical supplies. Given the ever-increasing medical complexity of residents (example, wounds, tracheostomy and ventilator care, etc.), the supply costs have exceeded the budget and continues to grow.

The walls, doors, floors and public areas (washrooms, etc.) are in need of paint, repair and improved accessibility.

Limited staff in all neighbourhoods affects provision of resident-directed care as well as staff morale and, ultimately, recruitment and retention.

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

Equipment needs, such as ceiling track lifts, will be reviewed and prioritized to improve safety and quality of life of our residents.

Parkridge budget will be assessed for opportunity to move budget from other areas to cover higher supply cost.

Seniors' Health & Continuing Care will work with SHR Facilities Management and Capital Planning to develop a plan for flooring replacement in applicable areas and painting of neighbourhoods.

The Leadership Team at Parkridge has developed some excellent strategies to address select resident needs. A plan will be developed to have leaders share their successes and strategies for improvement.



# Long-Term Care Quality Assessment - 2016

## Please Select Your Health Region:

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| <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                   |
| <b>X Saskatoon</b>                       |   |  |

Facility Name: **PLEASANT VIEW CARE HOME - Wadena**  
and Number: **73789**  
Demographics: **Owned & Operated by Saskatoon Health Region**  
**45 Long Term Care beds & 1 respite bed in Pleasant View Care Home**  
**6 beds in the Hospital are reserved for Long Term Care residents**  
**Age of Building: 28 years**

Date of visit (DD/MM/YYYY): 15/06/2016 (June 15)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie & Karen Levesque, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Implementation of Staff Idea Sheets:* The manager shared that there was little staff uptake to completing idea sheets; however, staff feel comfortable sharing their ideas via email, at staff meetings, at daily meetings and with the manager.

*Capital Equipment Needs:* Some capital equipment items have been purchased and minor renovations (eg. flooring in nursing station) have been done by SHR. In addition, a very active Foundation has and continues to provide funding for equipment and renovations. Necessary equipment is put on the SHR Capital Equipment List and is prioritized along with needs from other Long Term Care homes.

*Perimeter security* was installed in January, 2016 - which allows for increased security and safety of our residents who are at risk of elopement.

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

The Pleasant View Care Home is a beautiful home to 46 Long Term Care residents. There are three wings and two bright dining areas. Staff provide resident-directed care, and many activities are available for the residents such as crafts, baking, and special outings.

The Resident-Family Council, led by the Activity Coordinator, is well attended by residents and meets monthly.

The community of Wadena and surrounding area is very involved in health care, and actively fundraises to make improvements in both the Home and the Hospital. They are currently raising money to renovate and improve the grounds so that our residents can enjoy the outdoors.

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

The manager shared that they would like increase staffing levels to better meet the needs of the residents. It was also mentioned that staff find it challenging to effectively manage residents who require specialized or additional care needs, such as those who display aggressive behaviors.

Pleasant View Care Home and the Wadena Hospital operate under one management structure, and it is not always possible to completely separate the issues and operations, despite the staff being separate with having two local unions. It would be most beneficial to integrate the staff across the two work environments, which requires working closely with the staff and Unions to do so.

Although tubs are available for bathing, more residents are requesting to have a shower instead of a bath. Renovation will be required to change a tub room into a shower.

The backup generator is old and in need of replacement.

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

SHCC recognizes that there are minimal resources available to support staff in managing residents with aggressive or other challenging behaviors. With limited availability of psychiatrists (particularly in rural), we rely on Nursing and Behavioral Therapists/Psychologists to provide this service. Seniors' Health & Continuing Care (SHCC) has recently recruited a psychologist to fill a vacant position, and will continue to prioritize requests from the homes for support. Home managers in SHCC provide support as they can with help from our Clinical Nurse Leaders and Supportive Care Project Coordinators.

SHR Human Resources/Labor Relations has been working through a plan to integrate staff across Hospital and Long Term Care (in Wadena and three other rural sites). This will create staffing efficiencies and opportunities to improve resident care.

SHCC continues to work with Human Resources to develop and maintain a recruitment and retention strategy for all rural sites.

We will work with SHR Facilities/Maintenance to explore options of adding a shower or of changing a tub room into a shower.

SHR Facilities has been working on a program to replace aging generators across rural sites.



# Long-Term Care Quality Assessment - 2016

## 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 type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **PORTEOUS LODGE (Jubilee Residence)**  
and Number: **73807**  
Demographics: Affiliated with (but not owned & operated by) Saskatoon Health Region  
**99 Long Term Care beds**  
**Age of Building: 57 years**

Date of visit (DD/MM/YYYY): **08/ 04/ 2016 (April 8)**

Please list those from the RHA that attended:

Andrew Will, Interim President & CEO, SHR  
Rod MacKenzie & Karen Levesque, Director, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Upgrade Nurse Call System.* A new Nurse Call system was installed in July 2015.

*Coaching Out of a Box® will be offered to address concerns re challenges with communication.* Coaching Out of the Box® is a registered program in which leaders and organizations are taught how to leverage the power of coaching and are given skills and tools to implement. All Out of Scope staff working with Jubilee Homes have completed this Program.

*Porteous will participate in the CCA Recruitment/ Retention initiative.* Porteous Lodge has had some success in recruiting CCA's, however, as with all Homes, recruitment and retention of staff is an ongoing challenge.

*Management of Porteous Lodge will work with resident council to explore opportunities to support weekend and evening activity needs for residents.* Porteous Lodge increased their Recreation Staff several years ago and have been offering recreational activities for the residents on evenings and weekends.

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

The Nurse Call system that was installed in July 2015 has worked well.

Jubilee Residences actively fundraises to continually make improvements for residents and staff of Porteous Lodge.

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

The manager indicated that the home would like to improve the staff to resident ratio to improve the care for every resident. In addition to basic care needs and timely response to call bells, management feels that staff need to spend time with residents – and, more importantly, residents need staff to spend time with them.

Recruitment and retention of staff continues to be a challenge.

There have been challenges recruiting, training and retaining Cooks. The current process for preceptorship does not work well.

Management would like to improve the bathing experience for residents. To accomplish this, two renovations are required. First, an additional tub room on 4<sup>th</sup> floor is needed, and, secondly, the floor of the new shower

room needs to be renovated to improve access.

The manager also shared that the residents would benefit from an increase in ceiling track lifts – both in resident rooms and tub rooms.

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

Seniors' Health & Continuing Care (SHCC) will continue to work with Porteous Lodge and SHR Human Resources to:

- identify what the issues are with Cook training, and to develop a plan to address this, and
- develop a strategy to recruit and retain staff for all of our long term care homes.

Seniors' Health & Continuing Care (SHCC) will continue to address capital equipment needs including ceiling track lifts through the SHR Capital Equipment purchase process. Items will be prioritized as per the regional prioritization process. In addition, SHCC will review the types of 'specialty equipment' that is regularly required by residents, and will develop a plan to purchase and share across all Homes in SHR.





# Long-Term Care Quality Assessment - 2016

## Please Select Your Health Region:

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| <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                   |
| <b>X Saskatoon</b>                       |   |  |

Facility Name: **QUILL PLAINS CENTENNIAL LODGE - Watson**  
and Number: **73790**  
Demographics: **Owned & Operated by Saskatoon Health Region**  
**53 LTC residents (40 in Quill Plains Lodge and 13 in Health Centre)**  
**Age of Building: Lodge – 49 years; Health Centre – 29 years**

Date of visit (DD/MM/YYYY): 15/06/2016 (June 15)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President  
Rod MacKenzie & Karen Levesque, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Overtime* has decreased considerably from previous year. At June year-to-date (YTD), Overtime was 59% less than last year.

*Staff Idea Sheets*: There are now various mechanisms used to get staff input, including discussion amongst staff, with manager, at huddles. Very importantly, staff are actively participating in improvement initiatives.

*Capital Needs* will be addressed as funding becomes available. Perimeter security and a new Nurse Call System were installed in 2015/16. See below for more information on infrastructure and equipment needs.

*Resident requests to have more than one bath per week*: Staff discuss bathing needs with residents. This does not seem to be a high priority concern amongst residents.

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

Many families say that this is the 'best place to be'. Frequently, on move in, residents put their names on a transfer list – but, after living in the Home for a short time, they take their name off. This is seen as a great home to live in; the environment is home-like and the staff are very welcoming and caring. The age of residents range from 39 to 101 years.

29(1) Information redacted as it may identify an individual.

A new Nurse Call system has been installed the month prior to this visit. The staff are still learning about the system – but are very happy with it so far.

Perimeter security has recently been installed to ensure the security and safety of residents.

In discussion with one of the longer-term residents at Centennial Lodge, it is clear that 29( is very satisfied – other than with the occasional meals (see below). 29( feels that 29( is well taken care of and is most appreciative of the staff. And, 29( is very happy with her room and environment.

Resident-Family Council is active and meets once a month.

A Health Foundation has recently been established in the town of Watson and they are very interested in supporting the Home. They have already raised money to do some renovations (to East Wing) and to purchase some necessary furnishings and equipment.

Over the past several months, staff morale has noticeably increased. Labor costs, including sick time and overtime, have decreased considerably.

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

53 residents live in the Watson Long Term Care Home: 40 live in the Lodge and 13 on the Health Centre side. With construction of the Lodge in the 1960's, the setting in the Lodge is more 'institutional' with long hallways, small rooms, narrow doorways and shared bathrooms. The East Wing is in highest need of repair/renovation.

Resident reported that, although 29( 'loves' some of the meals, some of the food is 'terrible'. 29( lives on the Health Centre side and feels that a heated trolley would ensure that 29( meals would be hot when served.

A dumbwaiter is still used to transfer laundry and other items from the basement to the main floor – but it is breaking down. Replacement is required as parts are no longer available.

The washing machine is in need of repair or replacement.

Although tubs are available for bathing, more residents are requesting to have a shower instead of a bath. Renovation will be required to change a tub room into a shower.

The administrator indicated that the residents would benefit from the purchase of more ceiling track lifts and low beds.

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

The manager has indicated that she will review the process at meal times and will monitor the temperature of food for the residents on health centre side. If there is confirmation that meals are not hot, the manager will explore a heated trolley or other options.

Purposeful Interactions is scheduled to be implemented in Watson in January 2017 – however, given the manager and staff interest in it, we will try to move the date to earlier. Purposeful Interactions is a philosophy that encourages care team members to make connections and to shift their focus from task-oriented care to purposeful and spontaneous interactions with residents. Developing relationships and understanding each other contributes to increased safety and an enhanced experience by both residents and members of the care team.

SHR will submit a request to Capital Equipment committee to fund the purchase and installation of new dumbwaiter as well as new washing machine. We will also add ceiling track lifts and low beds to the capital equipment request list.

SHCC will work with SHR Facilities to explore the addition of a shower to existing space or to look at the feasibility of changing a tub room into a shower room.



# Long-Term Care Quality Assessment - 2016

## Please Select Your Health Region:

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| <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 checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **SAMARITAN PLACE-Saskatoon**  
and Number: **73821**  
Demographics: Affiliated with (but not owned & operated by) Saskatoon Health Region  
**100 Long Term Care beds (80 single & 20 companion)**  
**Age of Building: 4 years**

Date of visit (DD/MM/YYYY): **22/ 06/ 2016 (June 22)**

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie, Director, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Equipment Needs:* Three additional ceiling track lifts have been purchased over the past two years. The site leader would like SHR to follow up as she believes that SHR had committed to one more lift than was made available. There is still a need for additional ceiling track lifts.

*Resident Care:* The layout of Samaritan Place has allowed for two "cottages" designed for dementia residents. The current staffing model in the cottages has two staff members for 12 residents in each cottage on days and one staff member to 12 residents on nights. The cottages are isolated so support if help is needed is not nearby. The site leader expressed concerns about the mix of residents with dementia and aggressive behaviours creating challenges for providing safe care.

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

Samaritan stands by its commitment to its mission and the "Samaritan Way". "Heart Felt Care" is an expectation amongst leadership and staff. They have a young workforce who has expressed a desire to make employment at Samaritan Place a lifelong career.

Samaritan's staffing model has a Nurse Practitioner available Monday through Friday to direct resident care. Resident care is provided by a combination of LPNs and CCAs. An RN is available on call at night. Administration has also expressed a desire to find a way to enhance "in the moment" leadership and supervision at the care level by utilizing RNs on weekends and evenings.

29(1) Information redacted as it may identify an individual.

Having a Nurse Practitioner available does help with resident care and administration noted that the resident's physicians have a great deal of confidence in the model and rely heavily on the NP as part of the care team. It was mentioned that having an NP available would also provide increased opportunities in the care of palliative residents.

Samaritan Place is a newer home that is well designed, home like and well taken care of. The resident rooms – each with its own private bathroom – are neat and tidy, with large windows looking onto the gardens and

are personalized by the residents and families.

Samaritan Place reports that the partnership with the Community Paramedicine Program has been extremely successful. Having paramedics assess and treat residents in their Home has decreased the number of transfers to Emergency/Acute Care. A collaborative approach to care of our residents has been developed between the paramedics and the care staff.

The Family Advisory Council meets monthly. Residents and families are comfortable sharing their thoughts and ideas as opportunities arise and don't necessarily wait for a formal meeting.

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

The administrator states that the residents would benefit from the purchase and installation of additional ceiling track lifts.

The administrator highlighted several areas they would like to address including 24 hour supervision for care providers as previously described. They would also like to find a way to better address care needs and staffing ratios in the two cottages serving residents with dementia and behavioural needs.

The Community Paramedicine Program is available during the day only. Expanding this program to 24/7 will greatly benefit the residents, and will continue to enhance the critical thinking capacity of our care teams in the Homes through learning, mentorship and partnerships.

Availability of SHR's Behaviour Support Team has recently decreased due to recruiting and retention issues. SHR is working to address this but not having the team available to respond quickly to changes in resident's behaviours has provided additional challenges to the home.

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

Samaritan Place and Seniors' Health & Continuing Care (SHCC) will continue to work together to review and prioritize equipment needs that will improve the quality of care for residents

SHCC will work internally to address the availability of the Behaviour Support Team to address requests for support from homes in a timely manner.

SHCC will continue to explore opportunity to expand the Community Paramedicine Program to provide support 24 hours a day.



# Long-Term Care Quality Assessment - 2016

## 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 type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **SASKATOON CONVALESCENT HOME**  
and Number: **73813**  
Demographics: Affiliated with (but not owned & operated by) Saskatoon Health Region  
**59 Long Term Care beds- 1 Respite Bed**  
**Age of Building: 33 years**

Date of visit (DD/MM/YYYY): 11/04/2016 (April 11)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie & Karen Levesque, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Implement staff idea sheets to get improvement ideas.* A 'Staff Engagement' group was developed to review ideas and suggestions that come from staff, and to lead development of improvement plans. Staff has the opportunity to share their ideas at daily huddles on each floor and weekly huddles as a larger group.

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

Saskatoon Convalescent Home is a three story building, with offices and shared space for socialization and dining on the first floor and resident rooms on the second and third floors. The resident floors are laid out in a home-like environment, with an open-concept dining and living area at the center and bedrooms down the hallways. All rooms are private, each with their own bathroom. Residents are invited to eat their breakfasts on their own floor and at a time that is convenient for them (Relaxed Breakfast). It is a small community, and the staff, residents and families develop close relationships.



Staff at Saskatoon Convalescent Home take pride in the superb palliative care that is provided to residents at end of life. The staff is compassionate, empathetic and always tries to do those 'extras' that will help the resident and family through this time of their life. After a resident passes away, the life of that resident is celebrated by family, staff and other residents.

There is a strong Volunteer Program that has added many touches to all areas to make the Home very appealing and comforting. Volunteers have created picture frames to put outside every resident room. The picture frames have been filled, by loved ones or volunteers, with pictures and trinkets that highlight the lives and the interests of the resident. Walls have been painted and pictures and quotes have been placed throughout. Families are also very involved by participating in events and making items, such as beautiful quilts, that are well utilized by residents in the home.

Saskatoon Convalescent Home is partnering with St. Thomas More College on an international research project called 'Namaste Care'. Namaste Care is a program designed to improve the quality of life for people with advanced dementia. Twenty residents in this Home will participate over the course of the project. The participants are engaged in meaningful activities that help bring comfort and pleasure to their lives. Comfort



and pleasure is provided by multisensory stimulation that addresses touch, taste, sight, smell and sound. This is a one-year project which started in January 2016 – with significant positive results to date.

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

The administrator indicated a desire to improve the staffing ratio to provide all of the care that is needed and desired by the residents. Despite the limited staffing available, the staff is committed to providing excellent care.

Challenges with human resources include:

- There is considerable staff movement/ turnover, resulting in high orientation costs.
- It is difficult to maintain the 'right' number of casual staff. Individuals are hired to work casual, but when shifts are available, few casual staff are available to fill them.
- The Continuing Care Aide (CCA) schedule does not work well.
- The administrator indicated that the Home does not have access to adequate therapies and social work support for the residents.

It was also mentioned that wound care is costly and the Homes did not receive funding for wound care and other supplies when the change was made to remove medically-required supply costs from resident pay responsibility. This, of course, impacts the amount of money available for other operations. In addition to supply costs, there are 'special' equipment needs such as specialty mattresses for residents who are at high risk of skin breakdown.

The administrator shared that the home would benefit from the purchase and installation of additional ceiling track lifts, including one for the tub room.

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

Seniors' Health and Continuing Care (SHCC) will work with SHR Human Resources and Saskatoon Convalescent Home to:

- Share learnings from SHR around use of float pool to decrease reliance on casual staff as well as ideas that have worked to decrease overtime and sick time.
- Assist in development of a CCA schedule.
- Review options to access therapies and social work support from other Homes/areas.

SHCC will continue to work towards resources to support the residents' needs including supply and equipment costs, and supports such as therapies, social work, etc.

SHCC will continue to address the need for capital equipment items (ceiling track lifts) in LTC homes through the SHR Capital Equipment List process. Items will be prioritized through this regional process.





# Long-Term Care Quality Assessment - 2016

## 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 type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <b>X Saskatoon</b>                       |   |  |

Facility Name and Number: **SHERBROOKE COMMUNITY CENTRE  
VETERAN'S VILLAGE – Sherbrooke Community Centre**  
Demographics: **73814/ 73819**  
Affiliated with (but not owned & operated by) Saskatoon Health Region  
Total beds: 263

	Sherbrooke Community Centre	Veterans Village
Number of Beds:	<b>221 LTC beds plus 2 respite</b>	<b>40 LTC beds</b>
Age of Building:	<b>25 years</b>	<b>19 years</b>

Date of visit (DD/MM/YYYY): 27/ 06/ 2016 (June 27)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Karen Levesque, Director, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Implementation of Staff Idea Sheets.* This was an error in the last report. Staff have always been, and continue to be involved in sharing of ideas and problem solving. Staff are comfortable putting forward ideas in various ways – including to the manager, at huddles, throughout the work day, with colleagues, to name a few.

*In follow up to the fact that some residents would like to have more than one bath per week, the bathing survey will be used.* Staff are aware of bathing desires of Elders and, while they try to meet their requests, staffing ratios within allocated budget do not always allow this to happen.

*Improve processes with scheduling.* Scheduling process has improved.

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

Sherbrooke is a large Home nestled into a park in a quiet Saskatoon neighbourhood. Walking up to the main front doors is a huge patio area, surrounded by plants and bustling with activity. In the summer months, the driveway is blocked off with bright planters and garden boxes (maintained by the residents) and changed into a garden-like patio, where elders and families visit and relax. Throughout the home, there are comforting and cheerful special touches that bring a smile to everyone's face. Residents, families, staff and children are everywhere!

Since 1999, the Eden Philosophy has been integral to all that happens at Sherbrooke. The Eden Alternative® "seeks to address ... the three plagues of Nursing Homes: loneliness, helplessness, and boredom" and "aims to revolutionize the experience of home by bringing well-being to life".

(<http://www.sherbrookecommunitycentre.ca/sherbrooke-difference/the-eden-alternative-philosophy/>)

Residents who live in the home are referred to as Elders. An Elder is not defined by age – but rather is defined as a person who has something to teach us. Below, the term Elder is used rather than 'resident'.

Sherbrooke is home to the Oaktrees & Acorns Day Care, as well as to, for 10 months of the year, a Grade 6 Class. Having young children involved with the Elders brings another dimension to all who live and work here. Toddlers have a weekly Tea Party with the elders on Reminiscent Way (the neighbourhood for elders with dementia) and they participate weekly in the Exercise Program with the Veterans. They also make a card and pay a welcome visit to every new Elder who moves into the Home. During the school year, the Grade 6 class is actively involved with activities in the Home.

The leadership team at Sherbrooke feels that 'how we treat staff is how the staff will treat the Elders'. If we love the staff, they will love in return. Staff are empowered to develop relationships and to do what they need to do to enrich the lives of the Elders.

The Resident/Family Council meets bi-monthly and the Chair of this Council sits on the Board of Directors. This allows for direct communication between Board and Residents/Families, and facilitates quick and direct discussion and resolution of issues identified by the Resident/Family Council.

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

The home administrator expressed a desire to improve the staffing ratio in order to provide all care that is needed and desired by the Elders. Despite the limited staffing available, the staff are committed to providing excellent care.

Occasionally, Sherbrooke experiences some challenges in working with SHR CPAS (Client-Patient Access Services). Specifically, there is a sense that CPAS does not fully understand which residents would be best placed at Sherbrooke (and the other Homes), and, at times, CPAS does not have all relevant or accurate information about a resident who is ready for transfer to Long Term Care.

Staff report that it is difficult to keep up with the workload related to Minimum Data Set (MDS) documentation and with implementation of the Special Care Home Guidelines.

Many who call Sherbrooke home are quite young. Younger residents typically have higher expectations than the senior population as they are still actively building their lives. There is increased pressure for staff to meet the needs of this younger group who may still be working or pursuing educational opportunities.

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

Seniors' Health & Continuing Care (SHCC) will continue to work with Client & Patient Access Services to improve communication, understanding and processes.



# Long-Term Care Quality Assessment - 2016

## 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 type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **SPRUCE MANOR SPECIAL CARE HOME-Dalmeny**  
and Number: **73797**  
Demographics: Affiliated with (but not owned & operated by) Saskatoon Health Region  
**36 Long Term Care beds**  
**Age of Building: 30 years (Built in 1986)**

Date of visit (DD/MM/YYYY): 14/ 07/ 2016 (July 14)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie, Director, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Equipment Needs:* The site leader identified that the home could take on more acute residents with the installation of additional ceiling track lifts. The home identified that residents would benefit from a new tub and wheel chair washer.

*Resident Care:* The previous action plan identified a need to work with Spruce Manor Special Care Home to address concerns raised by staff and families around staffing on evenings, need for more physiotherapy and a consistent staffing model to enhance care for residents with dementia. While some work has been done, more will be required. It is expected that Purposeful Interactions training will help address some of the concerns. Purposeful Interactions is a philosophy that encourages care team members to make connections and to shift their focus from task-oriented care to purposeful and spontaneous interactions with residents. Developing relationships and understanding each other contributes to increased safety and an enhanced experience by both residents and members of the care team.

*Other:* To be noted, there are new administrators in some of our special care homes who are a valuable part of our team. These administrators come well prepared and with the necessary skills to successfully provide leadership in the home, however it was recognized that Seniors' Health & Continuing Care is a complex environment and a mentorship program would be appreciated. To date, nothing has been implemented.

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

Spruce Manor Special Care Home is located in a beautiful rural setting and offers fantastic "home cooked" meals and lots of residents activities.

The local high school provides volunteers and the home is sponsored by three churches.

Many of the staff are long-term employees who consider this their second home. They are thoughtful, friendly and proud of their work. There is a real team feeling focused on providing exceptional resident care.

The resident/family council meets every two months (except during summer months). The home is small enough that residents and family are very comfortable sharing their thoughts and concerns directly with the care team without the need for waiting for a formal meeting.

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

Spruce Manor Special Care Home leadership has a positive approach to addressing challenges and identifies the need to look at the staffing model to ensure safe resident care.

While Spruce Manor Special Care Home has enjoyed little staff turnover and continued commitment and engagement from their staff, many are nearing the end of their careers so recruiting and retaining staff may become an issue.

The home administrator indicated that the home will continue to work with what they have and will fund raise to update public areas (lounges, etc.).

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

Spruce Manor Special Care Home and Seniors' Health & Continuing Care (SHCC) will continue to work together to review and prioritize equipment needs that will improve the quality of care for residents.

Spruce Manor Special Care Home participated in Purposeful Interactions training in March of 2016 and are following up to see what impact it has had on resident care.

SHCC will continue to work with Spruce Manor Special Care Home administration to develop a mentorship program that can be utilized by other homes.



# Long-Term Care Quality Assessment - 2016

## Please Select Your Health Region:

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| <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 checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **ST. ANN'S HOME**  
and Number: **73810**  
Demographics: Affiliated with (but not owned & operated by) Saskatoon Health Region  
Total beds: 80  
Age of Building: 37 years

Date of visit (DD/MM/YYYY): **02/ 03/ 2016 (March 2)**

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie & Karen Levesque, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Develop and implement staff idea sheets.* This had not been discussed at the last visit. The home manager shared that staff have always been welcome to share their ideas/suggestions at any time and in various ways.

*Improve process to move residents into all long term care homes (follow up from spring 2015 Design RPIW).* Some initiatives that came out of the design RPIW to improve process have been implemented (such as nurse to nurse communication and electronic notification of bed availability and acceptance of transfer). However, ongoing work is occurring, as the process still needs improvement.

*St Ann's to work with SHR dietitian to revise meal plan.* St Ann's Home now follows SHR menu.

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

St. Ann's is home to 80 long term care residents, whose care is provided using a team approach. Staff in the Home work together as a community of caring to ensure the residents are well taken care of. Regardless of role, staff help out - for example, housekeeping staff assist residents at mealtimes and with transfers.

Mobility and activity is very important to the elderly – but some need assistance to do so. St. Ann's Home has implemented a 'walking program'. A Recreation Worker spends four hours each day walking and moving with the residents. Decreased falls, decreased pressure ulcers, and improved mood and behaviors are outcomes attributed to the walking program.

There is strong clinical leadership at the Home, and nursing staff do all that is possible to ensure that the medical needs of residents are met at the Home, rather than having to transfer to hospital, as per wishes of the residents and families.

The home administrator commented that the support of the Supportive Care Projects Coordinator (SCPC) is most valuable.

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

It was reported that current staffing ratio is not adequate to provide all care that is needed and desired by residents and families. Despite the limited staffing available, the staff are committed to providing excellent care.

Continued follow up is required on the process for transfer/move-in of residents into Long Term Care.

There are challenges with having several physicians caring for residents at one Home. It would be beneficial to have a designated physician for each home(s), with clear guidelines for and expectations of physicians.

Challenges continue with centralized scheduling – affecting staff on shift, as well as impacting budget.

Windows are in need of replacement.

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

Seniors' Health & Continuing Care (SHCC) will partner with Client & Patient Access Services (CPAS) to improve communication, understanding and processes related to transfer of residents to Long Term Care. Recommendations from the 2015 Design RPIW will be considered.

SHCC is currently exploring options for physician leadership for Long Term Care. The model of physician care at the homes will be reviewed.

SHCC will work with St. Ann's Home (and other homes who are on centralized scheduling) and with SHR Scheduling department to review concerns and issues, and develop a plan to improve.

St. Ann's will develop a plan for window replacement, and will consult with SHR to outline assistance required.





# Long-Term Care Quality Assessment - 2016

## Please Select Your Health Region:

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| <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 checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **ST. JOSEPH'S HOME-Saskatoon**  
and Number: **73811**  
Demographics: Affiliated with (but not owned & operated by) Saskatoon Health Region  
**80 Long Term Care beds**  
**Age of Building: 52 years (Built in 1964)**

Date of visit (DD/MM/YYYY): 22/06/2016 (June 22)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie, Director, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Equipment Needs:* The site leader identified that the home has innovative and adequate equipment, however, would benefit from additional ceiling track lifts and specialty mattresses.

29(1) Information redacted as it may identify an individual.

*Facility Needs:* St. Joseph's Special Care Home is aging. Ongoing maintenance and refurbishing is required to ensure that a home-like atmosphere is preserved, which is a high priority at this home and evidenced by continued improvements. The home has recently invested in stucco, windows replacement, and flooring renovations to the foyer, hallways and dining room. Flooring in resident rooms will be replaced as funds permit. The backup generator has been replaced by the home in 2015. Two out of four boilers have been replaced; however, the remaining two are original to the building. This is being addressed.

*Resident Care:* St. Joseph's Home has a steady staff (not much turnover). Over the years, there has been no enhancement in the staffing model, while the complexity of residents' needs have changed.

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

St. Joseph's Special Care Home is a faith-based home.

St. Joseph's Special Care Home operates independently and enjoys a respectful relationship with SHR.

Residents and families are very happy with this home and appreciate its strong Ukrainian culture and spirituality. Residents report receiving excellent care.

Meals are exceptional and the staff use fresh produce available from the garden located on the grounds.

Care to all residents is augmented by the Sisters who live in the home and provide continuous, on-going care. Their presence and leadership set the tone for a healthy living and working atmosphere.

The resident/family council meets monthly and very few concerns or issues are raised.

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

St. Joseph's Special Care Home leadership has strong faith and a positive approach to addressing challenges. An identified priority would be to increase the number of rooms with ceiling track lifts and augment the number of care providers to better address residents' needs.

The home currently contracts physiotherapy and occupational therapy services from Parkridge. If resources were available, this would be increased.

The administrator at St. Joseph's Special Care Home is encouraged by the efforts of the staff to continue to focus on the resident and not the task.

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

St. Joseph's Special Care Home and Seniors' Health & Continuing Care (SHCC) will continue to work together to review and prioritize equipment needs that will improve the quality of care for residents.



# Long-Term Care Quality Assessment - 2016

## 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 type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **ST. MARY'S VILLA - Humboldt**  
and Number: **73793**  
Demographics: **Owned & Operated by Saskatoon Health Region**  
**85 Long Term Care beds**  
**Age of Building: 53 years; St Joseph's Wing: 25 years**

Date of visit (DD/MM/YYYY): **03/ 02/ 2016 (February 3)**

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie & Karen Levesque, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Recruitment:* St. Mary's Villa has successfully recruited Continuing Care Aides and Registered Nurses.

*Communication re: Future of Dust Wing:* Complete in September 2016.

*Staff ideas:* The management team has implemented a process for staff to share ideas.

*Capital Equipment Needs:* Necessary equipment items are on the SHR Capital Equipment List and are prioritized with all other homes' needs, and the Foundation has purchased select equipment in 2015.

*Bathing survey* completed in February 2016.

*Purposeful Interactions (PI)* is a philosophy that encourages care team members to make connections and to shift their focus from task-oriented care to purposeful and spontaneous interactions with residents. Developing relationships and understanding each other contributes to increased safety and an enhanced experience by both residents and members of the care team. PI was implemented at St. Mary's Villa on January 11, 12, 18 & 19, 2016 and has been embraced by staff with very positive results reported by residents, families and staff. PI Champion committee continues to meet on a monthly basis to ensure SMV continues to move in the right direction of providing resident-centred care.

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

There is a positive and calming atmosphere at St. Mary's Villa. Residents appear settled and happy. Some residents shared good news stories about the care they receive and about the food. Staff appeared content and proud of the work they do. There was a sense of camaraderie amongst the staff.

Purposeful Interactions has recently been implemented at St. Mary's Villa – and it is felt that this initiative has made a significant impact on the staff, resulting in substantial improvement in resident care.

St. Mary's Villa is home to 85 Long Term Care residents. Despite the 'institutional' structure (long hallways with many small resident rooms lining each side), management and staff have worked hard to make it as homey as possible.

There is a separate secured neighbourhood – St. Joseph's - for residents who have dementia. It is a beautiful

area with additional activities provided for the residents, based on best practice for dementia care. However, the number of beds is not enough for the increasing number of residents we now have with dementia.

The St. Mary's Villa Foundation is continuing to fundraise for additional ceiling track lifts, as well as for other necessary equipment.

There is an active Resident-Family Council that meets monthly, and works on issues/concerns that are raised by the residents and families.

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

Resident rooms are small, with shared bathrooms. This has been a concern of residents and families – however, it is not possible to change this without significant cost.

One resident felt that more variety of recreational outings would be nice – but she also acknowledged that 'there isn't as many options here as there would be if I lived in Saskatoon'.

There is an increasing number of bariatric residents requiring long term care and there is a shortage of rooms and equipment to address the needs of this population.

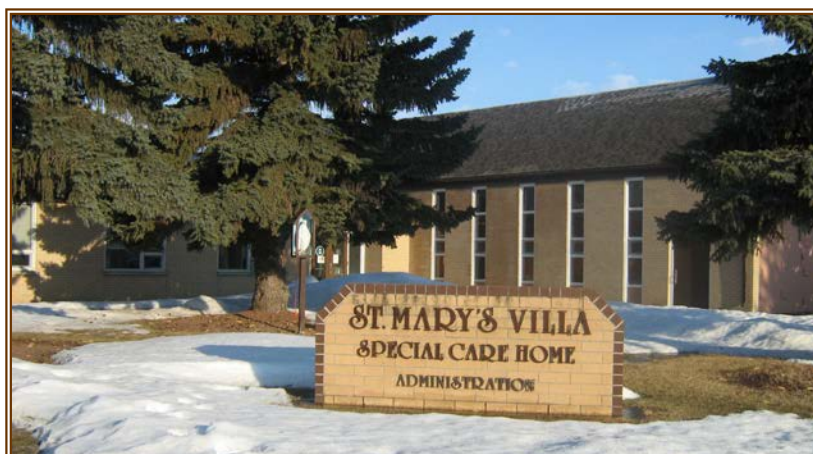
As with all rural sites, recruitment and retention is an ongoing challenge.

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

Dust Wing will remain closed as there are no funds to fix or demolish at this time.

Seniors' Health & Continuing Care (SHCC) will develop a plan to ensure provision of bariatric care in Long Term Care. St. Mary's Villa has expressed an interest in becoming a home that can care for residents with bariatric needs.

SHCC will continue to work with SHR Human Resources to ensure a comprehensive recruitment and retention strategy for rural sites is in place.



# Long-Term Care Quality Assessment - 2016

## 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 type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **STENSRUD LODGE (Jubilee Residences)**  
and Number: **73808**  
Demographics: **Affiliated with (but not owned & operated by) Saskatoon Health Region**  
**100 Long Term Care beds**  
**Age of Building: 39 years**

Date of visit (DD/MM/YYYY): **08/ 04/ 2016 (April 8)**

Please list those from the RHA that attended:

Andrew Will, Interim CEO  
Rod MacKenzie & Karen Levesque, Director, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Implement staff idea sheets.* The administrator at Stensrud Lodge encourages staff to share ideas and discuss opportunities for change and improvement at any time and in many different ways.

*Implement a process for more direct resident care time.* The Care Team continues to explore and implement opportunities that allow for more time spent with residents.

*Address staffing issues (related to staff shortages and overtime).* The administrator shared that staffing continues to be a challenge. Overtime and sick time continues to be high. More staff are requesting and being granted accommodations.

*Develop strategy to replace the Nurse Call system.* A new nurse call system was installed in the spring of 2016.

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

Stensrud Lodge is home to 100 long term care residents in the heart of a neighbourhood that is 'seniors friendly'.

Jubilee Residences has produced a video that is used to orientate residents and families to the Homes (Stensrud Lodge and Porteous Lodge). This video is currently available at <http://streamer.saskatoonhealthregion.ca/VideoPublishing/Channels/32/JubileeVideo/jubileeanniversaryvideo.mp4> and will soon also be accessible on the Jubilee Residence web-site when that site has been renovated.

The Board of Jubilee Homes (which includes Stensrud Lodge) is actively involved in planning for ongoing upgrades and improvements. The kitchen and kitchen equipment has recently been upgraded, which has improved quality and efficiency with food service operations. The windows have also been replaced.

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

Recruitment and retention of staff, as well as minimizing labor costs (overtime and sick time), continues to be a challenge. Initial orientation of staff is provided by Jubilee Homes but, because there are several components that are covered in the Regional 'Welcome Onboard Week' orientation, it may be beneficial for new staff at Stensrud to participate in the regional orientation.

There is opportunity to improve the process for Quality Improvement – including ensuring a comprehensive plan is in place to monitor and plan for improvement of the seven quality metrics that are reported to the Ministry.

There are several capital equipment needs, including: more ceiling track lifts (both in resident rooms and tub rooms), resident beds, and tub replacement.

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

Seniors' Health and Continuing Care (SHCC) will work with SHR Human Resources and Stensrud Lodge to:

- Identify what the issues are with Cook training and hiring program and develop a plan to address this.
- Explore opportunities to work together to develop a plan for recruitment/retention.
- Share ideas and success from SHR around decreasing overtime and sick time.
- Explore opportunity to have staff from affiliate homes participate in the Welcome On Board Orientation.

SHCC will develop a strategic plan that will ensure an organized approach to implementation of initiatives that will include Ministry- and Region-directed goals and targets. This will include developing a strategy to plan for quality improvement

SHCC will add the capital equipment items that Stensrud has identified to the SHR Capital Equipment List. Items will be prioritized as per the regional prioritization process. Stensrud will also prioritize necessary equipment items as per the Jubilee Homes equipment list. SHR and Stensrud will work together to develop plan on how these items will be purchased/replaced.





# Long-Term Care Quality Assessment - 2016

## 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 type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **SUNNYSIDE ADVENTIST CARE CENTRE-Saskatoon**  
and Number: **73815**  
Demographics: Affiliated with (but not owned & operated by) Saskatoon Health Region  
**97 Long Term Care beds**  
**Age of Building: 52 years (Built in 1964)**

Date of visit (DD/MM/YYYY): 20/ 06/ 2016 (June 20)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie, Director, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

29(1) Information redacted as it may identify an individual.

*Equipment Needs:* Over the past two years, 12 ceiling track lifts have been purchased and installed in the home.

*Facility Needs:* While not identified in the previous action plan, Sunnyside Adventist Care Centre is expanding the dining area and adding a recreation room and a resident shower. Renovations will add two resident lounges, a larger physiotherapy room and larger classroom. Shared rooms continue to be a challenge in that residents will take a room knowing that they will transfer to a private room as it becomes available. These internal transfers increase workload for staff and cause delays in accepting new residents into the home. Noise levels are an issue as is limited storage space with equipment being stored in hallways.

*Resident Care:* Sunnyside Adventist Care Centre administration continues to support resident centred care as the focus for decision making and quality improvement.

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

Sunnyside Adventist Care Centre Home is a faith based home that has loyal, long serving employees. The continuity of care provided by the staff enhances the resident and family experience as the employees really get to know and understand the residents.

There is an ongoing effort to improve the atmosphere and esthetics within the home and the efforts are appreciated by the residents.

The home has endorsed the Eden Philosophy and uses this while engaging in strategic planning. The Eden Alternative® "seeks to address the three plagues of Nursing Homes: loneliness, helplessness, and boredom" and "aims to revolutionize the experience of home by bringing well-being to life".  
(<http://www.sherbrookecommunitycentre.ca/sherbrooke-difference/the-eden-alternative-philosophy>).

The leadership in the home continually looks for efficiencies to ensure sustainability without compromising resident care.

The resident & family council meets ten times a year with few concerns or issues raised.

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

Sunnyside Adventist Care Centre leadership has a positive approach to addressing challenges and a willingness to work with SHR to improve care for residents.

The home has small rooms so the use of mobile lifts is challenging. Additional ceiling track lifts would help address the space issues and enhance the care of residents.

The length of time required for admissions continues to be an issue as the number of shared rooms increases resident turnover causing additional work for this home.

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

Sunnyside Adventist Care Centre and Seniors' Health & Continuing Care (SHCC) will continue to work together to review and prioritize equipment needs that will improve the quality of care for residents.



# Long-Term Care Quality Assessment - 2016

## 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 type="checkbox"/> Sun Country            | <input type="checkbox"/> Sunrise                   |
| <input checked="" type="checkbox"/> <b>Saskatoon</b> |   |  |

Facility Name: **WARMAN MENNONITE SPECIAL CARE HOME-Warman**  
and Number: **73816**  
Demographics: Affiliated with (but not owned & operated by) Saskatoon Health Region  
**31 Long Term Care beds**  
**Age of Building: 49 years (Built in 1967)**

Date of visit (DD/MM/YYYY): 11/ 01/ 2016 (January 11)

Please list those from the RHA that attended:

Diane Shendruk, Vice-President, SHR  
Rod MacKenzie & Lori Hinz, Directors, Seniors' Health & Continuing Care

Follow up on Action Plan from 2015 Report:

*Equipment Needs:* The action plan called for the site leader to create a list of equipment needs to be shared with SHR SHCC. The items submitted for consideration include an upgraded tub, tub chair and floor washer. Increasing the number of low beds was also identified.

*Facility Needs:* The 2015 action plan identified that the boiler system is aging and in need of replacement. The plan was to discuss this with SHR to see what assistance could be provided. Discussions have taken place.

*Resident Care:* SHR has been trialing a shortened admission process. Warman Mennonite Special Care Home has identified a desire to adopt the approach when ready for implementation. The home covers the cost of a physiotherapist and makes this service available to all residents. More time could be utilized. It was also identified that the current residents have greater care needs than in the past and that additional CCA staff would assist in meeting the care needs of the residents.

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

Warman Mennonite Special Care Home strongly identifies with its values and the administrator states that the "staff fall in love with the residents". They pride themselves on doing the "little extras" for the residents on a daily basis.

The home is adding assisted living space through new construction. As part of the addition, a new kitchen, Chapel and laundry area is being created. This will benefit residents in the home as well as residents in assisted living. The home administrator suggested that the additional capacity created by the new assisted living space could be utilized to create rural transitional care beds to assist SHR with patient flow issues.

Residents and staff highlighted that food quality in this home is exceptional.

Anna's Garden is a comfortable and attractive outdoor space available to residents and families.

The home is also experimenting with new U/V technology to address infection control issues. Results will be shared with SHR.

The Family Advisory Council is currently not active; since, due to the small, personal nature of the home, residents and families are comfortable sharing their thoughts and ideas as opportunities arise.

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

The Home has identified a desire to upgrade the aging tub and tub lift.

Boilers are nearing “end of life” and planning will take place on how to address this major capital cost.

The home has a willingness to accept palliative residents but does not have suitable space available to accommodate the family of the resident.

Smaller homes are greatly impacted by Workman’s Compensation Board (WCB) surcharges when injuries occur. Warman Mennonite Special Care Home would be an example of this. A recent increase in the surcharge has negatively impacted the operational budget by increasing financial pressure on the home. The home is worried about the effect this may have on the ability to offer services to residents.

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

Warman Mennonite Special Care Home and Seniors’ Health & Continuing Care (SHCC) will continue to work together to review and prioritize equipment needs that will improve the quality of care for residents.

SHCC will continue to work on finding and sharing efficiencies in the LTC admission process.



*Annual walk-a thon for Warman Mennonite Special Care Home*

29(1) Information redacted as it may identify an individual.