

2018 SHA CEO Long-Term Care Facility Visits

Since spring 2013, Saskatchewan Health Authority (previously Regional Health Authorities) leadership have been conducting annual tours of long-term care facilities across the province. The goal of these annual tours is to find out what's working well and what can be improved.

The following pages offer additional information about the CEO findings, by community name.

To access the results of previous CEO long-term care tours and the Resident and Family Survey Results, visit:

www.saskatchewan.ca/government/government-structure/ministries/health/other-reports/ceo-visits-to-long-term-care-facilities

**Saskatchewan Health Authority Long-Term Care Quality Assessment –
2018**

1. **Name and number of facility:** Arborfield Special Care Lodge
2. **Community:** Arborfield
3. **Date of visit:** September 21, 2018

4. **Please indicate who attended this visit:**

(Name)

Andrew Will

(Title)

VP, Infrastructure, Information and Support

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

The food services are very good in the facility. A special tea was being hosted the day I was there and staff went above and beyond to make this event special for residents and families.

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

There are several areas that require attention from maintenance. These are:

- Flashing on exterior canopy has been left to rust and has now stained stonework.
- Counter tops in kitchen are chipped which created an IPC risk. While a project has been approved, it has not been implemented.
- Finish on hand railings throughout the facility are worn off and would be difficult to clean properly
- The shower room was damaged by a roof leak. While the roof leak was repaired, the shower room has not been addressed. I was concerned that the plan was to leave this until spring.
- The furnace room door was propped open, leaving a risk of rodents entering the building.
- Flooring is generally in good condition, but the seams where flooring joins need to be re-sealed.

There is a challenge in this facility with a very small common area for resident's and families. This is especially evident when the dining area is sectioned off to get ready for meal times.

7. **Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:**

Within the infrastructure portfolio, there is an opportunity to have regular monitoring of facilities maintenance. There were a significant number of issues observed on this tour that need maintenance attention.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: *Ross Payant Nursing Home-73525*
2. Community: *Assiniboia, SK*
3. Date of visit: *July 26 , 2018*

4. Please indicate who attended this visit:

(Name) (Title)
Bryce Martin (Executive Director, Primary Health Care)
Christine Fischer (Facility Manager)

5. Were members of the Resident and Family Council present during this visit? If not, what is the plan to engage with this group before December 31, 2018?

Yes; 7 residents and 7 family members participated in the discussions.

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

Food – taste is good, variety of items is good but could be improved, pizza/pancakes/perogies are well liked and they would enjoy them more often, choices are available when someone dislikes a certain food (can get an alternate); Activities – variety is good, 7 days per week available, volunteers are good but are aging/could use more younger folks, crafting, gender-based options OK; Environment – proposed secure area close to front entrance with new door that would not require to be alarmed; all private rooms, some shared bathrooms; auxiliary in place, very supportive South Country Health Foundation in place; dental care is very well done by staff (as commented by dentists of families); staff are excellent and provide great care to residents; older building but staff do a good job in making it a home.

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

Food – would appreciate more of the fresh fruit vs. canned fruit options, want more homemade items, would appreciate more access to dietitians; Activities – would appreciate more evening staffing, want more individualized activities vs. groups, bring back the mens/womens group and recruit a male volunteer to lead the men's group; Environmental – no easily accessible area to outside (doors alarmed, shut off/turn back on), washrooms are smaller/not wheelchair accessible (thus hard to get into washrooms by oneself), question if washroom renos could be started a few at a time.

8. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- a. *Emphasis on continued engagement with resident family council to identify successes and challenges, and jointly develop strategies to address them.*
- b. *Promote team of health providers to provide care – dietitians, therapies, dental care.*

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: *Assiniboia Union Hospital Long Term Care-73505*
2. Community: *Assiniboia, SK*
3. Date of visit: *July 26, 2018*

4. Please indicate who attended this visit:

(Name)

(Title)

Bryce Martin (Executive Director, Primary Health Care)

Lisa Cairns (Director of Care)

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

Very good care provided by staff; Activity Coordinator is awesome, provides good variety for programming options, plenty of exercise-style activities to keep the residents moving, enjoy the musical talent options when they are in facility, ministerial association provides rotating visits; food options are good but comments re: possible enhancements to the menu items also recognized that every resident has different tastes/likes; outside patio that is secure, plenty of pots/plants for those who enjoy gardening, 'healing garden' is enjoyed; rooms are clean, bright and large; internal fireplaces in sitting area are enjoyed; communication between facility and families is strong – variety of mediums used, phone calls with any care-related issues that arise, relationship with families is very solid ('wouldn't want Mom anywhere else but here').

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

Activities – evening and weekend availability would be seen as a benefit, addition of younger school-aged children to volunteer base, main activities area is currently physically located away from the general living areas in the facility, would enjoy additional outings/farming-related outings; Food – questions re: fresh fruit options vs. canned fruit, additional homemade baking could be provided; Environment – some residents find it too cool for their liking.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Emphasis on relationship building with communities to explore options for enhancing the overall care provided to residents – it was noted that the current Handivan in the community is aged and past its prime, Director of Care is talking to the town council about options for replacing the unit.

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: Balcarres Integrated Care Centre - 73005
2. Community: Balcarres
3. Date of Visit: October 5, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|--------------------------|---|
| <u>Christina Denysek</u> | <u>Executive Director, Continuing Care (SE)</u> |
| <u>Andrea Dutchak</u> | <u>Manager</u> |

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

- ☐ Staff are caring and dedicated to the residents and those that they serve.
- ☐ There are daily huddles with staff with rotating departments taking a leadership role. Safety of residents and staff are addressed daily.
- ☐ The town owns a bus and the residents are able to utilize this for activities as well as medical appointments if out of town.
- ☐ The support from the Women's Auxiliary has been beneficial and much appreciated.
- ☐ There is a plan to do some 5S work on the nursing supply room.
- ☐ There is work to move towards a relaxed breakfast model.
- ☐ Residents expressed that staff were receptive to hearing them and their ideas and they felt listened to.

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

- ☐ Residents commented that the food seemed very "institutional" with considerable repetition in the menu and not a lot of variety.
- ☐ It was felt that the dining room seems quite noisy at times.
- ☐ While there are activities it was felt that there needed to be more activities for "younger" residents.
- ☐ Request to have more baths more than only once a week

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Continue to work with the residents on menu planning, food selection and variety.
- ☐ Continue to improve the dining experience for the residents.
- ☐ Give consideration to the bathing schedule and consider accommodating the individualized requests for additional baths.
- ☐ Continue to plan for a variety of activities and consider individualizing more for the younger residents.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: BATTLEFORDS DISTRICT CARE CENTRE
2. Community: BATTLEFORD
3. Date of visit: SEPTEMBER 13, 2018
4. Please indicate who attended this visit:

Mike Northcott Chief Human Resources Officer

Karen Kindrachuk Meaningful Life Specialist

Kathy Lee Facility Manager

3a. Date of visit: Sept 24/18

4a. Please indicate who attended this visit:

| (Name) | (Title) |
|--------------------------|-------------------------------|
| Neal Sylvestre | ED of CC Northern NW |
| Karen Kindrachuk | Meaningful Life Specialist |
| Kathy Lee & Jenna Foster | Facility Manager/Asst Manager |
| Wilma Peek | Facility Maint. Manager |

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

- The recreation area is valued.
- Family member: "Not a thing that could be done to improve"
- Resident loves the staff. They are all very friendly.
- Resident: "I really like it here".
- Resident: "I have improved so much here".
- Resident: "We don't need fancy stuff. Need people who care and are here to help. That is what we have."
- Food is good.
- Building is well maintained.
- Family visit room works well.
- Central services planning renovation of area affected by flooding
- Working on process to reduce use of Styrofoam
- Proposal to change name of wards to trees – by Christmas
- Heating check once/month
- Save \$5000 on fixing tent cover

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

- Temperature in the buildings is a challenge. There is no air conditioning.
- Better internet service.
- Lots of issues with respect to dietary concerns – less chicken and fish
- Too much food
- Draft from window
- Purposeful Rounding- Fallen off rails

- Staff swearing- ward 5

10. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- BDCC and the leadership team accept the feedback provided and will help inform improvement efforts in Long Term Care. Any significant issues arriving from surveys are addressed immediately

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Bengough Health Centre - 73007
2. Community: Bengough
3. Date of visit: July 11, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|------------------|--|
| Maggie Petrychyn | Executive Director, Primary Health Care SE |
| Bryce Martin | Executive Director, Primary Health Care SW Leila |
| McClarty | Sen. Regional Director, LTC |
| Sheena Grimes | Director, PHC |
| Kelly Fish | Facility Manager |

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

- ☐ Onsite access to PHC team including NP/physician 3 days/week, lab/xray 3 days/week, EMS
- ☐ Shared access to PHC EMR as LTC staff support outpatient services
- ☐ Recreation 7 days/week – good variety
- ☐ Dining room has flexible space for large functions,
- ☐ Great support from local auxiliary for fundraising, etc
- ☐ Facility supports ADSP, MOW and community bathing program (Home Care)
- ☐ Resident/ Family feedback – “good staff”; good variety of activities that the residents enjoy but feel would benefit from more staff to support the program
- ☐ Environment – rooms are often cold in the winter!!
- ☐ Nicely decorated, inviting palliative room with private deck
- ☐ Beautiful secure outdoor space
- ☐ Recent upgrades to flooring.
- ☐ Lots of integration within the community eg. Supports playground program during the summer

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

- ☐ Challenges with RN recruitment
- ☐ Older facility (50 years) but has been well maintained; laundry in the basement
- ☐ Meals – follow a standard menu; residents feel the main meal is good but would like

more variety and choice

- ☐ Navigation into building is challenging for a new visitor. Parking and entrance signage not clearly identified.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Engage Nutrition and Food Services to review standardized menu with move towards supporting choice further enhancing the dining experience.
- ☐ Each site to review results from LTC Resident/ Family survey with teams with the lens of quality improvement. Once opportunities identified, work with available supports to develop and implement work plans.
- ☐ MDS QI indicators are posted on the visibility wall. Teams are encouraged to discuss results to guide opportunities for improvements and develop QI plans.
- ☐ Perform current state analysis of all LTC Therapeutic Recreation programs. Utilize the data and program evaluation from pilot sites to inform further focused work.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of *Big River LTC*
2. Community: *Big River, SK*
3. Date of visit: *October 18th, 2018*
4. Please indicate who attended this visit:

| | |
|------------------|----------------------------------|
| Andrew McLetchie | VP of Integrated Northern Health |
| Eloise Kazmirek | Site administrator, Big River |
5. Please describe what is working well as identified through your visit and discussions with families and residents:
 - Food was good.
 - Place was clean and staff were seen to care about patients.
 - Willingness to discuss issues and seek solutions to issues as raised.
 - Recreation staff worked hard to support clients with different needs.
6. Please describe areas for improvement as identified through your visit and discussions with families and residents:
 - Family and Resident Council meetings were not occurring with great frequency (family member indicated that they had only two since her family member came in 18 months ago).
 - Communication about changes in other residents were not always communicated. Deaths of other residents were not communicated and caused some concern about how residents dealt with grief and the support family members could provide.
 - Scheduling of the day was seen as rigid. The ability to have evening activities involving multiple residents a certain point were seen to be frowned upon.
 - There were limited cultural activities for Aboriginal residents.
7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:
 - Tour information will be shared with local leadership and ED of Continuing Care.
 - In future FRC (Family and Resident Council) these concerns will be discussed and brought forward as needed.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: BIGGAR & DISTRICT HEALTH CENTRE 73574
2. Community: BIGGAR
3. Date of visit: SEPTEMBER 11, 2018
4. Please indicate who attended this visit:

| (Name) | (Title) |
|-----------------------|---|
| <u>Mike Northcott</u> | <u>Chief Human Resources Officer</u> |
| <u>Linda Brazeau</u> | <u>I/Director for the Rosetown/Outlook PHSA</u> |
| <u>Audra East</u> | <u>Assistant Head Nurse, Biggar Health Centre</u> |
| <u>Leesa Stanley</u> | <u>Clinical Resource Nurse for LTC</u> |
5. Please describe what is working well as identified through your visit and discussions with families and residents:
 - Family – Staff are doing well. Some of new staff are still learning. Experienced staff know what they are doing and care.
 - Generally this is a good place to be.
 - “Know mom will be taken care of.”
 - Safe place to be.
 - Activities: Exercises are excellent. Birthday parties are great.
 - Staff very responsive for things they can do, i.e. rails on toilet.
 - Staff listen to needs.
 - Spiritual Care: Hymn sing on Friday is excellent.
 - Building is very clean. Well maintained.
 - “I am happy with everything.”
6. Please describe areas for improvement as identified through your visit and discussions with families and residents:
 - Family –New staff have lots to learn.
 - Family – When there are high needs residents there is not enough staff to look after the rest.
 - Staff are doing what they can; working hard.
 - Over summer staff have appeared stretched.
 - Food is inconsistent. Need more whole cuts of meat. Luthercare does food well. Why can't it be better here? Choice would be good.
 - Activities: Activities can be tailored more to the skill level of the resident.
 - Spiritual Care: Very few sermons, mostly singing. This does not meet the spiritual needs. The pastor doesn't always attend.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The feedback provided offers valuable insights regarding how Resident Care and their overall experience can be improved.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: ***Birchview Home***
2. Community: ***Birchhills, SK***
3. Date of visit: ***August 29, 2018***

4. Please indicate who attended this visit:

(Name)

Corey Miller

Dr. Paul Babyn

Charlotte Powalinsky

(Title)

Vice President, Provincial Programs

Physician Executive, Provincial Programs

Director of Care, Jubilee Lodge

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

- *Residents and families speak up when concerns arise.*
- *Caring staff with great teams.*
- *Purposeful interactions.*
- *Good communications. Call when risks arise.*
- *Good community support and involvement ~ Senior's Bus.*

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

- *Analog phone system (Antiquated) = RISK*
- *No WiFi.*
- *Sick time.*
- *Need more overhead lifts.*
- *More team / family meetings and huddles.*
- *Some staff do not dress very professionally.*
- *Staffing levels on weekends – weekend coverage for Recreation?*
- *OH&S support needed.*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- *The Birchview Home team along with NE leadership will follow up on issues and continue working with the families and residents to make improvements.*
- *Director of Care (Charlotte) and ED of Continuing Care (Lisa) to look at patterns of issues that may require follow-up.*
- *Discussion of issues with the family or resident councils will occur. Escalation to leadership done as needed.*

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: Broadview Centennial Lodge - 73543
2. Community: Broadview
3. Date of Visit: June 25, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|---------------------------------------|---|
| <u>Christina Denysek</u> | <u>Executive Director, Continuing Care (SE)</u> |
| <u>Emily Watson</u> | <u>Manager</u> |
| <u>Jenifer Dominey (first 30 min)</u> | <u>Director</u> |

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

- ☐ The facility is well cared for and there is much support from, and connections to, the community. There is an active Trust Committee that works hand-in-hand to enhance the facility.
- ☐ A recent improvement is that the door to the outside courtyard was replaced and now allows residents to more freely exit and enter.
- ☐ The outdoor courtyard is a large green space that is enclosed for safety and has a roofed gazebo for shade and comfort. The courtyard and grounds were enhanced through donations from local greenhouses.
- ☐ There were six additional ceiling lifts installed over the past year which have been a welcome addition to enhance the safety for residents and staff.
- ☐ A relaxed breakfast has been implemented and this is appreciated by the residents. There are some limitations with dining options due to available space.
- ☐ The cable system was upgraded this year and allows for residents to gather for movie nights and to watch popular television shows on the large TV.
- ☐ The facility enjoys the availability and access of the Broadview handi-van for the residents as it allows for community events, tours and also transportation to appointments.
- ☐ There is a monthly newsletter that was created for residents and families and this is distributed monthly. Distribution was changed from mailing to emailing and the response from families has been very positive. This is a preferred method of distribution.

- ☐ There is an online well wishes program that is utilized by friends/families of residents and it is well liked.
 - ☐ Residents' rooms are personalized with personal belongings and they are encouraged to make it comfortable, warm and inviting. The resident's picture is outside their room.
 - ☐ There is a daily visual management board that is utilized for daily huddles. Falls are posted along with the corrective action plans. Safety is discussed for both residents and staff.
6. Please describe areas for improvement as identified through your visit and discussions with families and residents:
- ☐ There are some outside repairs at the front of the building that are needing to be attended to. The concrete pad and walkways are needing repair. This has been raised as a concern by family and residents as it is a tripping hazard.
7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:
- ☐ Continue the ongoing maintenance work, including infrastructure needs.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: *Prairie Health Care Centre-73015*
2. Community: *Cabri, SK*
3. Date of visit: *October 9, 2018*

4. Please indicate who attended this visit:

(Name) (Title)
Bryce Martin (Executive Director, Primary Health Care)

Larissa Gader (Health Services Manager, Cabri)

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

Food is excellent (good cooks, variety, options provided if do not like the meal entrée); availability of video technology to allow for family contact with residents; 'Wine Fridays' well supported and enjoyed by residents and family members; 'special breakfast' once a week (extras provided ... ex. bacon and eggs); residents with birthday receive their favorite dessert; recreation and activity options well appreciated; family communications good and a variety of mediums are used; floor heat in facility keeps the environment cozy; community Handivan available; outdoors covered patio a bonus and well-used by residents; Ladies Auxiliary supportive of facility and involved with fundraising activities; flexible mornings (wake up, breakfast time) which families fully support as a more 'home-like' environment.

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

Additional activity options away from the facility.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Options for consideration – continual and effective communications with families and residents should be emphasized; addressing nutrition/food and activities/programming issues should be emphasized, as these are major points identified in discussions with families/residents.

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: Canora Gateway Lodge - 73772
2. Community: Canora
3. Date of Visit: June 22, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Christina Denysek

Executive Director, Continuing Care (SE)

Leanne Buchinski

Health Services Manager

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

- ☐ Ongoing work on improving the environment to make it more “home” like. New furniture and artwork purchased throughout the year with ongoing plans for more as funds are available. Currently work underway to update a lounge area.
- ☐ The facility is very proud to report that they have been outbreak-free for over a year. Considerable work has been done to ensure hand hygiene compliance, enhance PPE and have changed processes for waste management.
- ☐ Installed 4 additional ceiling lifts this past year.
- ☐ 5S work on supplies and slings has been maintained and working well.
- ☐ Daily visual management is well utilized and includes safety issues/concerns, quality indicator review and updates as needed. There is evidence of monthly audits on slings, TLR logo inspections and sling logos.
- ☐ Work progressed in kitchen area to remove old wooden shelving and replace with metal, including progress on kanban.
- ☐ To improve the dining experience for residents, Nursing and Dietary staff work collaboratively to verify diets and resident meals. This has resulted in no errors in giving residents incorrect meals or choices.
- ☐ Staff noted that over the past year they have seen improvements in the laundry. There is more consistency in receiving what is ordered and in the correct quantities. Still concerned with the amount of laundry that is not clean and is unusable.
- ☐ Residents noted some improvements in food and the choices. Russian borscht continues to be a favorite, as well as pancakes and bran muffins with raisins. Residents

noted improvements in the vegetables, soups (still too much soup base used though), and the puddings.

- ☐ Laundry has been better and the new clothing labeler is appreciated as the labels are not itchy.
- ☐ Rooms are very clean and residents are happy with the cleanliness.
- ☐ Have seen much improvement with the placement of call bells and residents feel there is much more effort to ensure that the call bell is within their reach.
- ☐ Activities included a variety of community outings, as well as those at the home. Residents are regularly asked for suggestions and ideas.
- ☐ Staff are friendly and easy to talk to.
- ☐ Overall, residents feel that their family is very welcome at the home and treated very well when they visit. Residents feel listened to and free to speak up about things when they need to.

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

- ☐ Would like to see more choice of white or brown bread. There continues to be too many sandwiches. Would like to see less egg salad sandwiches and more bologna and salmon. Would like steak. Enjoy macaroni.
- ☐ Special diets is still a concern as there does not seem to be a lot of variety for those with a lot of food and diet restrictions.
- ☐ Requests for more condiments such as sauerkraut and pickles.
- ☐ Would like to have a 2nd cup of coffee offered and at times they must ask for even the first cup.
- ☐ Concern raised in regards to the floor washing as the mops seem very wet and the floors have a lot of water on them. This is a definite slipping hazard. It was stated that mops need to be wrung out more.
- ☐ Counter in dining room has rough edges where the arborite is lifted, cracked and broken. This needs replacing and presents a hazard to both staff and residents.

7. Please describe how the information gathered during this visit will be used² to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Continue to work with the residents on menu planning, food selection and variety.
- ☐ Ensure that preventative maintenance requests are captured in the preventative maintenance database.
- ☐ Staff should continue to complete the laundry reports for 3sHealth so that ongoing improvements in institutional laundry can be addressed.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: ***Whispering Pine Place***
2. Community: ***Canwood***
3. Date of visit: ***September 27, 2018***
4. Please indicate who attended this visit:

(Name)

(Title)

Lisa Major
Monica Slobodzian

Executive Director Continuing Care NE
Administrative Assistant

5. Please describe what is working well as identified through your visit and discussions with families and residents:
 - ☐ *Resident's felt that the staff were all excellent.*
 - ☐ *Recreation and activities—Bible study, music, gardening all enjoyed by the residents.*
 - ☐ *The residents enjoy many outings during the year.*
 - ☐ *Resident's enjoy when children are included in the activities.*
 - ☐ *Responsiveness of management and staff—residents felt well cared for and "safe". Staff are always willing to help. Residents feel they are given choices.*
 - ☐ *Family members feel that management is very approachable and proactive. Excellent at addressing issues immediately.*
 - ☐ *Food is very good and there is a variety of different meals.*
 - ☐ *Once a week baths are enjoyed. If residents would like a second bath the staff try to accommodate.*
 - ☐ *The skin care that is provided residents is "second to none".*
 - ☐ *Facility very clean; you never experience the "odor of incontinence".*
 - ☐ *One family member has her mother and two aunts living at facility. Mother has been in 3 separate facilities prior to arriving at Whispering Pine Place and this is by far the BEST she has been in.*
 - ☐ *Family have never seen a resident that appeared uncared for. Residents are typically smiling and very happy.*
 - ☐ *Families are very happy that facility supports family gatherings where they can bring in their own food.*
 - ☐ *Girl that works in Laundry is very creative in assisting residents. One resident pulls hair out (due to boredom?) Laundry worker made Resident a hat out of old pair of yoga pants*

and put a flower on it.

- ☐ *Families Respect and Appreciate the work that all the staff do.*
 - ☐ *Fundraising is being done to increase size of cement pas in outside courtyard area. Almost there!!!*
6. Please describe areas for improvement as identified through your visit and discussions with families and residents:
- ☐ *Only one Rec Therapist provides Range Of Motion exercises. There is no range of motion provided when this rec therapist is away.*
 - ☐ *Would like to see more one on one rec therapy. It is felt that when the residents and families see staff on their devices that it would be an ideal time for staff to take out a deck of cards and play a game, or build a puzzle.*
 - ☐ *It was felt by family members that residents would enjoy taking part in areas they may have enjoyed prior to living at facility. One family member stated that “my mother can shell peas and carry on a conversation like no one else she knows”. This provides resident with a feeling of usefulness.*
 - ☐ *Though activities are well planned they don’t occur every day of the week or on weekends. Weekends and Holidays are boring for residents.*
 - ☐ *Some nursing staff not all “team players”. (One family member present is also a CCA at facility). Family feels that the CCA’s who spend the most time with residents are not “heard” when they report a change in behavior with residents. They also feel that Nurses do not feel and/or see a need to communicate information with CCA’s.*
 - ☐ *Families felt that sometimes pain control is not addressed soon enough. Too many PRN medications as opposed to scheduled. Reporting of residents in pain needs to be done in a more timely manner. Eg, not 4 hours after morning care.*
 - ☐ *It was suggested that facility start using bright sticky notes that CCA’s can place on Med cart for nurse to address after med pass is done thereby not interrupting nurse during Med pass at mealtime.*
 - ☐ *Referrals to SLP take a long time. One family member stated that her mother’s diet should have been changed from puree to minced, however, she remained on pureed due to no SLP reassessing. It was at insistence of family member that diet was changed. **Who should be making this decision?***
 - ☐ *It was felt that the “First Available Bed” policy is very hard on the residents and families. Residents seem to do better when they are in familiar surroundings and see familiar faces.*
 - ☐ *There is danger in uneven surfaces. Bumps in floors likely caused from shifting, sidewalks and curbs sometimes present a safety hazard.*
 - ☐ *Families felt that it is not “their job” to decelerate/diffuse a loved one that is acting out. Sometimes families are not able to “come running”.*
 - ☐ *Cost of resident fees is “Outrageous”. Income testing does not take into account the amount a resident is paying for medications and other necessities not provided by home.*
 - ☐ *There is, at times a large language barrier. No Cree interpreters. Efforts to engage elders and family members to assist have fallen short. There are 5 Cree speaking residents, 4 of which can understand English.*
 - ☐ *Communication needs to improve between staff, between families and staff. Families*

should be notified when a change in behaviour occurs or if there is an illness.

- ☐ *Find it a struggle to keep maintenance workers.*
- ☐ *Currently there are 10 track lifts for 30 Residents. Two of these are in the bath areas.*
- ☐ *Facility is in DESPERATE need of NEW CHAIRS.*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ *The Whispering Pine Place team along with NE leadership will follow up on issues and continue working with the families and residents to make improvements.*
 - ☐ *Director of Care (Patty) and ED of Continuing Care (Lisa) to look at patterns of issues that may require follow-up.*
 - ☐ *Discussion of issues with the family or resident councils will occur. Escalation to leadership done as needed.*
-

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: Moose Mountain Lodge - 73535
2. Community: Carlyle
3. Date of Visit: July 9, 2018 and September 10, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Christina Denysek

Executive Director, Continuing Care (SE)

Danielle Benjamin

Health Services Manager

5. Please describe what is working well as identified through your visit and discussions with families and residents.
 - ☐ The facility is well cared for and is currently in the process of painting and updating décor in the main foyer and dining area. This is being done with the support of the “Friends of Moose Mountain Lodge” Foundation. This will also include a new sitting area for residents as it is a favorite place to congregate.
 - ☐ The Foundation also supports the home with a budget for cut flowers to assist with special monthly celebrations or other events.
 - ☐ The outside courtyard is large and secure. It has benefitted from many recent upgrades including new outdoor carpeting, plants, tables, benches and a gazebo with a roof for shade.
 - ☐ Safety for residents has been enhanced with a fabric bookshelf motif over an exit door.
 - ☐ There is a summer partnership underway with the Cornerstone Family and Youth program. The kids visit the home and are paired with residents for visiting and activities.
 - ☐ Residents shared the following comments:
 - “I love it here. I never get lonesome.”
 - “I like it here.”
 - “I’ve been to other places and this is the best.”
 - “The food here is the best, I have no complaints and good variety of juices.”
 - “There is nothing here that I would change, and if I want something the staff listen to me and they are so good to me.”

- “The nurses give excellent care and they go the extra mile for me”.
 - ☐ Residents stated that their family and friends are always welcome. This was evident as the dining room was a hub of activity of family, friends and community visitors (of all ages).
 - ☐ There are daily huddles held that include representatives from all departments in the facility. Pertinent daily work is discussed such as safety and new admissions. Also have quality indicators and strategic metrics posted.
 - ☐ There is a community handi-van that continues to be available for community outings and visitations. They appreciated the visits to the Red Barn, Casino and Log Cabin. These were requests from the residents and they were happy that they were able to be accommodated. This summer the flowers were very much enjoyed outside as well as the family Barbecue. Thanks to staff for doing such an excellent job. The band was excellent as they played for a long time and they were very personable. Residents requested a Halloween party.
 - ☐ Fall always offers the availability of more local musicians and residents are anticipating the additional visits by these.
 - ☐ Hallways are free of clutter and tripping hazards.
 - ☐ Resident rooms are personalized with personal belongings and they are encouraged to make it comfortable, warm and inviting.
 - ☐ Residents had previously requested apples and oranges and are pleased that these are available, especially in the mornings. Previously also requested more fresh salads and these have been added to the meals and menus.
 - ☐ Family expressed their appreciation to maintenance as there is always plenty of assistance for the families when residents are moving in.
 - ☐ Family also expressed their gratitude to housekeeping as room are clean, garbage is regularly attended to and if there is ever a concern family feel comfortable to speak to staff and issues are resolved very quickly.
6. Please describe areas for improvement as identified through your visit and discussions with families and residents:
- ☐ Considerable work has been underway to promote a scent-free environment for the comfort and safety of residents and staff. This is ongoing.
 - ☐ Ongoing discussions with residents regarding menus and food options.
7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:
- ☐ Continue to promote a scent-free environment for the safety of residents and staff.
 - ☐ Continue the ongoing work that has occurred over the past year with the residents on menu planning, food selection and variety.
 - ☐ Continue with the upgrades to the building and grounds as identified and complete the current painting and decorating that is underway.

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: Sunset Haven – Borderline Housing Inc. 73534
2. Community: Carnduff
3. Date of Visit: October 10, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|--------------------------|---|
| <u>Christina Denysek</u> | <u>Executive Director, Continuing Care (SE)</u> |
| <u>Cindy Simpson</u> | <u>Director of Care</u> |

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

- ☐ This is a well maintained facility with ongoing maintenance and upkeep.
- ☐ Residents were very pleased that their request to have the piano tuned was followed up on. In fact, both pianos were recently tuned.
- ☐ Improvements with the meals being served on time and not served on cold plates.
- ☐ A Facebook page has been implemented to allow more information for families.
- ☐ Residents and families have very much appreciated the partnership with the schools for student volunteers. Residents very much enjoy seeing the students.
- ☐ The activity calendar is appreciated and would like to see the menu on the calendar as it was in the past. This was appreciated.
- ☐ Residents are looking forward to putting together Halloween treat bags for the children in the community.
- ☐ Residents stated, "Everything is going good so why rock the boat!"

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

- ☐ Residents requested that there be options for more frequent bathing rather than only once per week.
- ☐ Request made for more raw fruits and vegetables as well as cold plates for supper.
- ☐ A request has been made for a fireplace or heating insert for the dining area. This would add to a homelike atmosphere and make it cozy. It was noted to residents that this request is being looked at and in progress.

- ☐ The activity calendar is appreciated with an additional suggestion that if there is room on the calendar there may be opportunity for residents to contribute a short poem or “thought of the day”.
 - ☐ There are currently concerns with the size of the kitchen and dining room and there is a desire to make some changes and renovations to these two areas to enhance the quality of life for residents. Fundraising is underway.
7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:
- ☐ Continue to work with the residents on menu planning, food selection and variety.
 - ☐ Give consideration to the bathing schedule and consider accommodating the individualized requests for additional baths.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Carrot River Health Centre (306-768-2725)
2. Community: Carrot River
3. Date of visit: October 9, 2018
4. Please indicate who attended this visit:

| | |
|--------------------------|------------|
| (Name) | (Title) |
| <u>Scott Livingstone</u> | <u>CEO</u> |

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

- Residents felt that the facility is safe, clean and that they are well taken care of by staff
- Discussed the menu and resident choices being incorporated into the menus
- Residents spoke positively about entertainment and activity planning
- Residents also spoke very highly of the gardens and patio areas, its high use and how well it is maintained

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

- Residents did not have a lot of concerns – did mention ongoing concern about food choices but felt the new resident committee was making a difference
- Facility is well taken care of and was very clean

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Staff and leadership's ongoing commitment to quality improvement and regular communication is evident
- Facility was well maintained

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: **Central Butte Regency Hospital (306) 796-2190**
2. Community: **Central Butte**
3. Date of visit: **September 10, 2018**
4. Please indicate who attended this visit:

(Name)
Jeannie Munro
Debbie Bauck

(Title)
Executive Director – Primary Health Care
Facility Director

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

- *Resident has just been in Central Butte since July but both he and his wife indicated they are very happy with the facility. They have had a positive experience. They are happy with the available activities; the food is great; the staff are caring and friendly.*

Further discussion with the manager highlighted a few areas of success:

- *Lots of activities; Recreation coordinator is phenomenal*
- *Ongoing/good success with the hydration program for residents*
- *They are maintaining Purposeful Hourly Interactions.*
- *CCAs have been hired recently; currently no vacancies*

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

- *The resident and his wife had no suggestions regarding areas for improvement.*

Further discussion with the manager highlighted a few areas for improvement:

- *Challenges with Maintenance and addressing required repairs – new benches for outside haven't been installed yet*
- *Outside grounds keeping has been a challenge. Vacancy was recently filled 5 days x 6 hours*
- *Concerns with the sinks in some resident rooms cracking*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- *Continue to offer and support recreation activities that enhance quality of life*
- *Continue to work on facility improvements – inside and out.*
- *Continue to recruit and retain staff*
- *In consultation with families/residents, make improvements as identified through those consultations*

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: *Coronach Health Centre-73020*
2. Community: *Coronach, SK*
3. Date of visit: *August 9, 2018*

4. Please indicate who attended this visit:

(Name) (Title)
Bryce Martin (Executive Director, Primary Health Care)
Lisa Gold (Community Health Services Manager)

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

Facility is very clean and nice appearance; all private rooms with separate washrooms, nice big rooms; hairstyling available; new windows installed in LTC areas; palliative area with family space, private exterior deck; Auxiliary, Coronach & Area Health Care Foundation very supportive; Council meeting was very engaging and residents encouraged to participate (ex. notice re: upcoming Code Green full evacuation mock exercise; reminders re: falls prevention); staff are superb, pleasant, so willing to help; 'to me, this is home' and did not have to move away from my home community; Meals – do very well, try to appease everyone, pancakes are great, options available as alternatives; Activities – coordinator is great, card games, good variety of items, recitals from local piano teacher and connections with schools, pie making/homemade buns and baking, looking at weekly pub nights; communications with families is good – emails, phone calls, calendar of events available; excellent community partnerships – Royal Bank, Auxiliary, schools.

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

Activities – would like to see more outings but recognize the challenges with finding drivers, access to musical entertainment an issue due to cost and close availability; Providers – only one day of physician and one day of NP presence per week; Communications – would appreciate additional updates when medical conditions changing rapidly (one comment).

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Effective resident family council meetings and engagement – involved participation, awareness of upcoming events, community partnerships to enhance care.

**Saskatchewan Health Authority Long-Term Care Quality Assessment –
2018**

1. Name and number of facility: CRAIK & DISTRICT HEALTH CENTRE 73021
2. Community: CRAIK
3. Date of visit: AUGUST 29, 2018
4. Please indicate who attended this visit:

| | |
|-----------------------|--------------------------------------|
| (Name) | (Title) |
| <u>Mike Northcott</u> | <u>Chief Human Resources Officer</u> |
| <u>Cathy Hinter</u> | <u>Director of Care</u> |
| <u>Jackie Straub</u> | <u>Nurse B</u> |

5. Please describe what is working well as identified through your visit and discussions with families and residents:
 - Resident: good care, great people. Great people. Excellent care.
 - Building is well maintained. Likes everything.
 - Blinds are being replaced. This is appreciated.
 - Telehealth on site. Patients really appreciate it. Good for physicians and nurses.
 - Resident and Family Counsel working well.
 - Good access to on-site physician. Really appreciate it.
 - Food is great! Really fortunate with the cooks.
 - Staff goes above and beyond. Don't worry about grandma here.
 - Came here because it has a good reputation. Better than those in the city. It is more like a family atmosphere.
 - Staff very approachable.
 - Staff go above and beyond. Do resident's hair, etc. Do "spa days". They take the time to do it.
 - This facility is A1.
6. Please describe areas for improvement as identified through your visit and discussions with families and residents:
 - Windows need to be replaced in resident rooms. Put up plastic in the winter to stop the draft.
7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Feedback from staff:

- Strong focus on safety - have lifts and TLR Champions.
- Need to teach staff to code properly and understand different diagnoses.
- Care conferencing with physician and pharmacy is working well.
- Physician on site 5 days per week. This works well.

- There is a strong team. Not focused on hierarchy
- OHC Committee has been revitalized. New committee is in place.
- Great staff morale.

The feedback provided will be provided to leadership to help inform improvement efforts in Long Term Care.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: ***Cudworth Nursing Home***
2. Community: ***Cudworth, SK***
3. Date of visit: ***August 28, 2018***

4. Please indicate who attended this visit:

| (Name) | (Title) |
|-------------------|--|
| Corey Miller | Vice President, Provincial Programs |
| Dr. Paul Babyn | Physician Executive, Provincial Programs |
| Corinne Slobodian | Director of Care |

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

- *Dedicated and long-term staff.*
- *Daily huddles with staff at 2 pm.*
- *Caring and high quality staff.*
- *Multipurpose beds provide excellent flexibility for community needs.*
- *Food is good.*

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

- *Integration of LTC & Homecare services.*
- *29 LTC beds and are currently overcapacity. 4 multipurpose beds for respite and palliative.*
- *Staff recruitment challenges.*
- *Staffing complement with complex clients.*
- *Heating system – very cold in the winter and causes breaker to blow*
- *Hand rails are difficult to clean*
- *Arjo Tub needs replacement. One new and one old. No parts available.*
- *Obsolete phone system. Cannot add an extra line.*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- *The Cudworth Nursing Home team along with NE leadership will follow up on issues and continue working with the families and residents to make improvements.*
- *Director of Care (Corrine) and ED of Continuing Care (Lisa) to look at patterns of issues that may require follow-up.*
- *Discussion of issues with the family or resident councils will occur. Escalation to leadership done as needed.*

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Cupar & District Nursing Home
2. Community: Cupar
3. Date of visit: September 10, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|----------------|--|
| Debbie Sinnett | Executive Director, Continuing Care Regina |
| Dan Kohl | Transition Lead, Health Services Organizations |

We joined their daily wall walk in progress (Executive Director, Richard Jensen, Director of Care, Cathy Peters, and 9 staff); attended the resident/Family Council meeting; toured the home.

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

- ☐ The home has access to two “handivans” – one small vehicle for individual needs and one large van for outings. Residents appreciative of the opportunity to go on outings.
- ☐ Staff – care and concern for the residents is “top notch”, “a model nursing home”.
- ☐ Evening recreation – both residents and family enjoy the programming. The home added evening recreation hours in August 2017 from enhanced staffing resources received from the Saskatchewan Health Authority. Staff were acknowledged for their hard work.
- ☐ July picnic was very well attended – 168 people plus the residents! “Great meal & entertainment”.
- ☐ Resident/family quotes – “Cupar does an amazing job”; “the food is terrific, thumbs up, even the pureed food is good”; “residents feel like family here”.
- ☐ Follow-up question from the last Resident/Family Survey regarding involvement in decision-making – residents and family are comfortable that they have a say in the care planning (e.g. changing bath times, allowing flexibility, “commend staff for accommodating their needs”).
- ☐ Cupar Nursing Home has very few smokers but they have a policy in place that is working well (no smoking in building and need to be three meters away from the building). Smoking of marijuana will follow same policy.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Cut Knife Health Complex 73586

2. Community: Cut Knife

3. Date of visit: Oct 9/18

4. Please indicate who attended this visit:

(Name)

(Title)

Neal Sylvestre

ED of CC Northern NW

Leonard Wegner

Facility Manager

Karen Kindrachuck

Meaningful Life Specialist

Christine Stapley (Rec Coordinator) , Keegan Marsh (Maintenance Supervisor), Sarah Tupper (Dietary Supervisor).

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

- Family fun day in July was great, hoped for better turn out. Dunk tank participants Leonard Wegner and Christine Stapley went above and beyond!
- Staff are willing and helpful
- General appreciation of new pharmacy vendor and medication pouch system.
- Family & visitors are commenting on how homey the building is.
- Nice variety of outings for the Residents.

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

- Toilets running – replacing valves
- MOW – No one to deliver meals on Stats
- Residents waiting too long for meals
- Facility without a full time manager since November 2017. Recruitment is ongoing.
- Requests for access to WIFI

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The Cut Knife health team along with NW leadership will follow up on issues and continue working with the families and residents to make improvements. Significant resident and safety concerns identified through Resident/Family Surveys are addressed immediately.

Long-Term Care Quality Assessment – 2018

Facility Name Spruce Manor Special Care Home (Dalmeny, SK)
Number: 73797
Demographics: Affiliated with (but not owned & operated by) Saskatoon Health Region
Total Beds: 36 LTC beds, 1 transitional bed
Age of building: 32 years

Date of visit: 01/10/2018

Please indicate who attended the visit:

Dr. Mark Wahba, Physician Executive, Integrated Urban Health
Dalene Newton, Executive Director of Continuing Care, Saskatoon
Nadine Reid, Administrative Assistant, Physician Executive, Integrated Urban Health
Beverly Dawson, Administrator

29(1)

Were members of the Resident and Family Council present during this visit?

- No, at the time of our visit, there was no Resident and Family Council member present. We did however speak with several residents independently during our visit.

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

- Spruce Manor Special Care Home has a cozy home-like feel.
- The Recreation Director does an excellent job ensuring activities are provided. The residents favorite activities are Book Club, they are currently reading “Little House on the Prairie” and small group meals, in which a room is reserved for a small group to have a unique meal i.e. bacon and eggs for supper. In the summer, gardening is a past time of many residents and the staff also take the residents outside for a barbeque once every week. A recent activity which had been enjoyed by many residents, is Combine Chasing, in which the residents take a ride in the Handivan, pick up lunch from a nearby fast food restaurant, and follow combines while they harvest their crops in the fields.
- The Spruce Manor residents engage in Dalmeny’s Western Days, visiting the petting zoo and enjoying the excitement in the community.
- Volunteers assist with organizing exercise time and singing. A summer student had been hired to attend on Saturdays.
- Spruce Manor Special Care Home collaborates with the Dalmeny school having the Grade 5 classes visit the residents. The Mom’s and Tot’s group within Dalmeny also visit the home.
- With donation funding, the home recently renovated a sitting area and converted it into the Saskatchewan Roughrider Room housing a large screen TV, mural of a football field, and comfortable couches where residents and families who enjoy football come to watch the games.

- “Relaxed Breakfast” gives a personal touch to the home, allowing residents to sleep-in if they prefer to eat later in the morning.
- Recently, a new physician and new Director of Care have given a fresh perspective on the care plans of the residents.
- Spruce Manor is currently fundraising for a wheelchair washer.

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

- Wi-Fi and/or internet located throughout the home would be preferable to some residents, especially those who are younger in age.

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:

- SHA will work with Spruce Manor to make improvements, identified on our visit and in the patient and family experience survey, in order to benefit the lives of the residents that we jointly serve.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: **Davidson Health Centre (306) 567-2801**
2. Community: **Davidson**
3. Date of visit: **Aug. 2, 2018**
4. Please indicate who attended this visit:

(Name)

Jeannie Munro

Cathy Hinthner

(Title)

Executive Director – Primary Health Care

Care Team Manager

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

- *The resident & daughter expressed many positive points about Davidson:*
 - *Very helpful and friendly staff*
 - *Good food; resident stated portions can be too large; satisfied with the variation*
 - *Appreciate the laundry workers; having clean/fresh clothes and linens*
 - *Weekly bath routine is very acceptable*
 - *Great activities – music, bingo, outdoor patio, etc*
 - *The daughter identified that staff are very good in keeping her informed of any changes in her mother's status*
- *The Manager holds regular huddles and improvement work is evident (changes made this past year in relation to flow for the outpatient/observation area).*

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

- *The resident/daughter spoke of challenges related to what they feel is due to shortage of staffing where resident may have to wait for nurses/staff to arrive when she rings her call bell.*
- *The resident felt that her nighttime meds could arrive 'late' on occasion – again stated due to the busy-ness of evening work*
- *The resident stated staff don't always introduce themselves by name*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- *There will be continued review of experience survey results in order to identify areas of improvement.*
- *Staff recruitment and retention can be a challenge so focused efforts on that will continue.*
- *Continue to monitor results of QI indicators and implement actions for improvement.*

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: DINSMORE & DISTRICT HEALTH CENTRE - 73028
2. Community: Dinsmore
3. Date of visit: August 9, 2018
4. Please indicate who attended this visit:

| (Name) | (Title) |
|-----------------|--|
| Rhonda Schwann | Facility Manager |
| Dr. Kevin Wasko | Physician Executive, Integrated Rural Health |
| Karen Earnshaw | Vice President, Integrated Rural Health |

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

- | | |
|---|--|
| <input type="checkbox"/> Care is good and staff are approachable | <input type="checkbox"/> Building is well-maintained |
| <input type="checkbox"/> Van available to take residents out | <input type="checkbox"/> Lots of activities |
| <input type="checkbox"/> Residents well dressed and well groomed | <input type="checkbox"/> Have food choices – good home-like food |
| <input type="checkbox"/> Resident able to get out regularly, and use scooter. | |
| <input type="checkbox"/> Clean, bright and cheery environment | |
| <input type="checkbox"/> Family feels their parents are well cared for and safe | |

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

- ☐ Family members identified parents complain about food – quality of cooking, standard menu, use of lots of leftovers. Menu doesn't match the likes of demographics.
- ☐ Lack of daily activities, hard to meet individual needs, boredom is an issue.
- ☐ High turnover of dietary staff
 - ☐ Trouble recruiting RNs because of less scheduled shifts. LPNs on evening/nights.
 - ☐ Staff are busy, not a lot of time for the 'little things'

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: ***Goodwill Manor Nursing Home***
2. Community: ***Duck Lake, SK***
3. Date of visit: ***October 1, 2018***

4. Please indicate who attended this visit:

(Name)

Dr. Paul Babyn
Cheryl Prediger

(Title)

Physician Executive, Provincial Programs
Director of Care

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

- *In six years there have been 2 outbreaks, most recent December 2017.*
- *Fund raiser this week ~ Garage for van, open area for residents / gazebo, gasrden.*
- *30 beds. Facility opened in 1986 – 3 wings in total. Facility is well maintained.*
- *Facility is highest employer in Duck Lake.*
- *Interviewed 90 year old Resident who has been at facility for 2 years.*
 - *Staff are friendly.*
 - *Food is mostly good.*

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

- *Interviewed 90 year old Resident who has been at facility for 2 years.*
 - *Activities worker has been ill; activities are sporadic.*
- *Occasional staffing shortages. Weekends usually.*
- *Curb outside front door needs to be fixed up for better access.*
- *Hopefully garage could be connected to home so that residents don't have to go outside.*
- *Some wanderers into resident rooms. ? better security and more potential privacy.*
- *Issues of smoker's falling outside.*
- *Number of falls is high – residents are independent. ? Falls in-service.*
- *Have a physician come weekly ~ does clinic in town 2 x / week.*

Observations:

- *Lifts in some rooms...not all.*
- *Furniture starting to wear out.*
- *Tub – out of order.*
- *Some issues with generator.*
- *Once boiler ~ concerns with CO*

Staff Observations:

- **KEY POINT:** *WCB costs are high for facility. ? potential to integrate across province.*
- *Hard to keep staff as often new staff go to other sites once trained.*

- *Need training to start ~ expectation of certain training.*
- *No local housing for students / staff in training.*
- *Census is usually full.*
- *First Nations like to stay in community. No community assistance resources available. Requirements for entrance have become more stringent.*
- *Assessment standards are higher in city than in rural communities.*
- *Not a safe, secure facility – dementia wandering.*
- *Phone system is antiquated – hard to communicate between staff – no Vocera.*
- *No standards for LTC re: security surveillance and needs accommodated.*
- *Issues with funding in regards to covering costs of outbreak.*
 - *Issue of coverage during Outbreaks ~ staff are not required to take flu vaccination, and apparently don't have to work with mask (SEIU) so need to be accommodated with other work but need additional staff.*
- *Staffing is a daily concern ~ LPN or RN, 4 CCA.*
 - *Prince Albert is CUPE – hard to transfer seniority between unions. SEIU vs CUPE seniority.*
 - *Unionized vs non-unionized creates huge differences in costs different aspects not comparable.*
- *30 bed care home, small and costly to run.*
- *One strength ~ we have indigenous residents.*

7. Please describe how the information gathered during this visit will be used to inform the

SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Potential to build Assisted Living adjacent to Goodwill Manor as Foundation owns lot but it is expensive.

Funding for Goodwill Manor has not been reviewed since 2002; funding levels low in comparison to other homes.

Difference between owned and operated and affiliates re: coverage of deficits and funding levels.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

- 1. Name and number of facility:** Wolf Willow Health Centre - 73511
- 2. Community:** Eastend
- 3. Date of Visit:** October 18, 2018
- 4. Please indicate who attended this visit:**
Beth Vachon, VP, Quality, Safety and Strategy
Dennette Warberg, Facility Manager
Dan Stevenson, Nurse B

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

Families state their family members are treated with love and respect. They often attend for special occasion events and are encouraged to do so. There were no concerns voiced by families.

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

As noted, there were no suggestions for improvements in this facility on this visit.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Every Wednesday, residents and their family member(s) join the physician, pharmacist and Nurse B to review medications and any issues the resident or family want to discuss with the care team. This has significantly improved communications and allows for direct input into the care planning.

The dietician reviews every resident's dietary needs and assists in ensuring personal choice is considered in the meal plan for each resident.

Cameras have been installed at each exterior door to ensure a safe environment for residents and staff.

Accommodation has been made in the laundry area to reduce the weight of laundry bags by purchasing 'half size' bags that weigh no more than 20 pounds when full to reduce risk of staff injuries due to lifting.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Lady Minto Long Term Care Centre 73033
2. Community: Edam (NW)
3. Date of visit: August 2nd, 2018
4. Please indicate who attended this visit:

| (Name) | (Title) |
|-------------------|----------------------------|
| Clint Macnab | Site Manager--Edam |
| Andrew McLetchie | VP of INH |
| Neal Sylvestre | ED of CC Northern NW |
| Karen Kinderchuck | Meaningful Life Specialist |
| Wilma Peak | Maintenance |

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

- Links to assisted living in Edam—shared recreation activities.
- Activities well organized and staff in recreation seen as being knowledgeable on dementia and needs of the residents.
- Meals are generally very good and home like.
- Home is well cleaned.
- Changes to patio space to allow for improved access and use seen as a positive change.
- Manager of site (Clint) very approachable and willing to work with families. Makes changes based on discussions.

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

- Purposeful rounding note always consistent. Some family would like to see this consistently used 24/7.
- Some families felt that not all staff understood needs of elderly, particularly those with dementia.
- Injection medications such as insulin done in public places—often during meal times—and this was seen as not being as client friendly.
- Temperature fluctuating based on who had controls of temperature (some rooms had controls for multiple areas).
- Some limitations for laundry for specialty items means that clothes that residents like could not be worn (those requiring dry cleaning or special cycles).
- Challenge with roofing needing repair over dining room—had resulted in meals

delivered in crowded space.

- Uninvited visitors (Residents) coming into other Resident's room.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The Lady Minto/Edam team along with NW leadership will follow up on issues and continue working with the families and residents to make improvements.
- ED of Continuing Care (Neal) to look at patterns of issues that may require follow-up either in the NW or across the province.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Elrose Health Centre - 73565
2. Community: Elrose, Saskatchewan
3. Date of visit: October 2, 2018
4. Please indicate who attended this visit:

| | | |
|--------------|-----------------------------|-------|
| Lenore Howey | ED Pathology & lab Services | |
| Erin Hess | Care Team Manager | |
| 29(1) | 29(1) | 29(1) |

Safety Concern: Soaker tub needs to be replaced. Currently raised on crates due to hydraulics not working.

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

- ☐ Name Tags – Purchased by Auxiliary - Yellow with black writing makes them easily visible for residents.
- ☐ Lab Services – Changed to collection site 2 years ago, 3 days a week, predictable with booked appointments.
- ☐ X-Ray – Wet processing (anticipated to be decommissioned).
- ☐ Clinic is rented space and works well with facility.

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

- ☐ Very Clean – Wood cleaning is a challenge and wall patching required
- ☐ Daily Activity: Stretching at 11am and is well attended
- ☐ Hydration Station for residents/staff/family
- ☐ Great engagement with staff as a team
- ☐ Improvement Required: Ceiling lifts required – Currently have 8/32
- ☐ Very small convalescent rooms
- ☐ Bed Audit – 14 beds are over age limit and need replacement
- ☐ Cool rooms due to poor functioning floor heating in activity room. Space heaters used as the temperature outside drops (safety concern).
- ☐ Resident cats and birds are wonderful
- ☐ Memory reflection location when resident passes is a wonderful idea and appreciated by the residents.

- ☐ Kitchen facility needs stainless steel counters installed. This is a required upgrade for cleaning protocols.
- ☐ Great tub room decorations
- ☐ Raised garden bed with gazebo – community fundraising.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Currently they only get one bath a week, would be good to have two a week.
- ☐ Windows in desperate need of replacement as they are cracking, leaking, mildew but no plan in place for progressive replacement.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and Number of Facility: Centennial Special Care Home -- #73778
2. Community: Esterhazy
3. Date of Visit: July 19, 2018
4. Please indicate who attended this visit:

Jacquie Holzmann – ED – Primary Health Care

Tammy Wolfe – Health Services Manager

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

- Residents and family members very engaged in the discussions and offered ideas for improvements to food and activities.
- Welcoming outdoors and entrance area with nostalgic pieces integrated into the landscaping.
- Improvement ideas from Resident/Family incorporated, i.e. new furniture for sitting areas and dining room in process of being ordered and set up.
- An older building but homey with decorating and personalization of resident's rooms.
- Front entrance a gathering place for residents to keep up with coming and goings.
- Courtyard is enjoyed by residents and families, decorated with donated antiques and flowers by community.
- Good community support (donations,volunteers).
- Recreation is ver-y good- cards/Bingo/exercises and walking club. Special events for Mother's Day, Father's Day,BBQs.
- Bus rides- get to go out and are fair about who goes so all get a turn.
- Good entertainment; company is good. Meeting different people.
- Nice decorations from home/seniors.
- Families and residents report that staff is kind and caring. Not enough staff to respond to their needs. Have changed task times in afternoons to allow for increased intentional rounding.
- Daily staff huddles at 7:00am-quick communication for building.
- Every day visibility wall at 2:30pm- anyone can run the wall (1x/month may not have it if other activities are on).

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

- Space issues- cluttered hallways. Smaller *rooms*, and a long distance for clients/staff to dining room/tub rooms. Small *rooms*, shared bathrooms-

so use commodes. Not ideal for "home" like environment.

- Atmosphere- Temperature of rooms- individual preferences not always able to be accounted.
- Need for fans.
- Food -Breakfast patties- a lot of complaints. Some residents felt that portions could be more generous and that menu is not well thought out for "age" and abilities of population; Menu sounds good but doesn't always taste good. Would like cream for coffee and more choices for breakfast including muffins and snacks. Would like to see more variety for special diets, i.e. pureed diets. Other meals- alternate menu; difficult for choice and limited staff who cater to dislikes.
- Porterage after a meal: waiting a long time in the dining room due to distance to rooms.
- Cleaning- sometimes not happy about floors; left very wet; spills do not get wiped up quickly.
- Laundry- sometimes lose personal laundry (despite labels)- it's done at the hospital and brought here.
- Communication with medical (physicians) and families is not the best.

Critical Incident- pressure ulcer- mini review completed and improvements made.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Continue to make improvements to the home through purchase of equipment, installation of ceiling lifts.
- Continue to review the menu specifically when it comes to variability and choice for snacks and breakfasts.
- Continue to explore staffing task and alignment to residents' needs throughout the day.
- The Resident and Family Council is a very active group- use this forum to review Client/Family surveys and formulate action plans.

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: Estevan Regional Nursing Home - 73533
2. Community: Estevan
3. Date of Visit: September 5, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Christina Denysek

Executive Director, Continuing Care (SE)

Christine Stephany

Nurse Manager

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

- ☐ Residents very appreciative of some of the new activity programming that is being done. Very much enjoyed attending the summer parade. A resident relocated their Sirius radio to the lobby of the home and the music is appreciated by the other residents.
- ☐ The annual Canada Day celebration was enjoyed.
- ☐ There is lots of local talent that regularly visits the facility and entertains residents. This is appreciated.
- ☐ The telehealth equipment is gaining popularity and being used more and more by family and residents to reduce and avoid travel.
- ☐ The new phone system has been installed and this is a good addition.
- ☐ The roofing repairs occurred and this has eliminated the leaking. There is also a new back-up power generator but the age of the building still creates limitations and restrictions.
- ☐ There is ongoing maintenance concerns with the tubs due to their age. Additionally there are 2 tubs located together in one room which is a privacy concern.
- ☐ There has been an improvement in the personal laundry with better carts now in use.
- ☐ There is a very active and supportive Auxiliary Committee for the home and they make regular improvements.
- ☐ The facility is to be commended on their improvement work for residents through partnering with a local hearing aid company for monthly cleaning and maintenance of hearing aids.
- ☐ Food services is regularly invited to Resident and Family Council Meetings to discuss the menu.

- ☐ Residents very much enjoy the gazebo area at the front and back of the building and this was evident by the number enjoying the pleasant weather outdoors.
 - ☐ It was noted at the Resident and Family Council meeting that the influenza immunization campaign would once again be underway this fall. Residents and family expressed appreciation for this being offered within the home.
6. Please describe areas for improvement as identified through your visit and discussions with families and residents:
- ☐ The facility is aging and despite the ongoing maintenance, there are ongoing and often unexpected, issues. The plumbing is the original so there is often challenges with collapsing pipes. Electrical issues are also ongoing.
 - ☐ There are old doors in the building that fail to seal properly when closed.
 - ☐ Aging beds are currently a capital need.
 - ☐ The facility continues to have some double occupancy rooms which causes concerns with quality of life.
 - ☐ Residents noted that food concerns are ongoing with “tough” beef, poor tasting juice.
 - ☐ Ongoing concerns with the “cold” from the air conditioning and this continues to be worked on including changing the direction of the air flow.
 - ☐ Poor air exchange and flow often contribute to lingering and unpleasant odors.
7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:
- ☐ Continue to ensure that capital and equipment deficiencies and needs are identified in the annual capital and equipment planning process.
 - ☐ Continue to work with Food and Nutrition services to improve the food menu and the delivery.
 - ☐ Ongoing changes to the activities is appreciated and should continue to enhance the quality of life for the residents.
 - ☐ Review of the double rooms and their limitations to quality of life, including the impact on quality and safety may be of value

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: St. Joseph's Hospital Long Term Care - 73036
2. Community: Estevan
3. Date of Visit: September 5, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Christina Denysek

Executive Director, Continuing Care (SE)

Amanda Kienlen

Manager Long Term Care

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

- ☐ There is a monthly activity calendar that is posted and appreciated by residents and family.
- ☐ There is currently considerable work being focused on providing more activities that are individualized and specific to care needs.
- ☐ Hourly rounding has been implemented with a checklist that includes numerous safety elements.
- ☐ A focused effort has been made to unclutter the hallways and remove equipment and find a place for items. This has made considerable impact with fewer tripping hazards and obstacles.
- ☐ Linen carts have been changed to better fit the space as well.
- ☐ Residents thoroughly enjoyed several recent tours and outings including seeing the miniature horses, the community church and luncheon. There is enthusiasm for the planned Barbecue in September.
- ☐ A "laughter board" has been started which includes pictures of the residents at various activities. Families are very much enjoying this board and seeing all the great events.
- ☐ There is considerable community support for the outings and activities. The "Smile Van" in the community is utilized.
- ☐ There is an overall project underway to improve the Wi-Fi in the building.
- ☐ A resident expressed appreciation for the new and personalized thermometer for her room so she can better control the temperature.
- ☐ Residents suggested doing Christmas food hampers as a way to give-back to the community.
- ☐ The School Classroom Pen-Pal Program is very much enjoyed.

- ☐ There are daily huddles in the home and the quality indicators and corrective action plans are posted.
- ☐ The home is appreciative of the ongoing support from Physiotherapy and feel that they have excellent services.

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

- ☐ A blanket warmer has been requested from the Foundation and Residents are looking forward to this enhancement.
- ☐ The home is in need of new beds.
- ☐ The “Smile Van” is limited once school begins as it is used to transport children to school. This limits some activities such as breakfasts in the community.

7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Continue to make needs for capital and equipment improvements known.
- ☐ Continue the ongoing improvements in activities and individualizing to better meet the needs of the residents.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: ESTON HEALTH CENTRE - 73037

2. Community: Eston

3. Date of visit: August 8, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Trevor Tessier

Facility Manager

Dr. Kevin Wasko

Physician Executive, Integrated Rural Health

Karen Earnshaw

Vice President, Integrated Rural Health

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

- | | |
|--|--|
| <input type="checkbox"/> Staff take time to provide personal attention | <input type="checkbox"/> Daily afternoon activities |
| <input type="checkbox"/> Great outdoor space with raised gardens | <input type="checkbox"/> Nice bright dining room |
| <input type="checkbox"/> Family room available | <input type="checkbox"/> Relaxed wake/sleep schedule |
| <input type="checkbox"/> Family members speak highly of the facility | |

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

- | | |
|---|---|
| <input type="checkbox"/> Health Centre needs parking lot. Only street parking available with no mobility access | <input type="checkbox"/> No enhanced dining, limited dinner choices. Specific request for soft cooked eggs. |
| <input type="checkbox"/> Food choices need to match demographics | <input type="checkbox"/> Better microphone PA system |

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Identify 'urgent' needs. Standardize and replicate learnings for high functioning sites.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Fillmore Health Center - 73528

2. Community: Fillmore

3. Date of visit: Oct 29, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Maggie Petrychyn – Executive Director, Integrated Rural Health PHC SE

Leila McClarty – Sen Regional Director

Linda Wilson – Facility Manager

Erin Banbury – Director, Recreation

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

- ☐ Pilot project with increased support by Director of Recreation to enhance quality of programming provided – great feedback from residents. Increased focused 1:1 and smaller groups; outings
- ☐ Sensory room well used by residents
- ☐ “Staff are great”
- ☐ Breakfast club well received – provides change from menu
- ☐ Beautiful outdoor space – very well used in summer
- ☐ Local businesses come in regularly to provide residents with opportunity to shop for special occasions (eg. Christmas)
- ☐ Manager who also supports LTC facility in Stoughton looks for opportunities to bring residents together – eg. Upcoming crokinole tournament
- ☐ Discussion with residents around option of getting pet – and looking for their direction as to whether cat or dog.

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

- ☐ Families and residents concerned regarding staffing levels – staff unable to take the time to sit and talk with residents.
- ☐ Looking for variety in standardized menu – residents “tired of same thing”
- ☐ Resident and staff discussed options and ways to engage local school kids in volunteering

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Engage Nutrition and Food Services to review standardized menu with move towards supporting choice further enhancing the dining experience.
- ☐ Each site to review results from LTC Resident/ Family survey with teams with the lens of quality improvement. Once opportunities identified, work with available supports to develop and implement work plans.
- ☐ MDS QI indicators are posted on the visibility wall. Teams are encouraged to discuss results to guide opportunities for improvements and develop QI plans.
- ☐ Perform current state analysis of all LTC Therapeutic Recreation programs. Utilize the data and program evaluation from pilot sites to inform further focused work.

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: Foam Lake Jubilee Home - 73786
2. Community: Foam Lake
3. Date of Visit: August 20, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Christina Denysek

Executive Director, Continuing Care (SE)

Karen Cruickshank

Health Services Manager

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

- ☐ A well maintained home with a “home-like” atmosphere. Plenty of comfortable furniture, décor and decorative window treatments.
- ☐ Residents are looking forward to the start of Fall and the weekly church services resuming for September.
- ☐ Residents very thankful and appreciative for the new repairs of the outdoor patio and the entrance. It is much safer for everyone. The automated doors are also a good addition.
- ☐ The visits by the children are very popular and residents are looking forward to this continuing.
- ☐ There is an activity board posted with the day’s activities for all to see. Centrally, there is a display area that is decorated and changed to match the season.
- ☐ Considerable work has occurred to 5S and Kanban various areas of the home, including the Tub room with personalized bins for each resident. This has been appreciated by staff.
- ☐ There are resident fish and birds at the home.
- ☐ There are daily huddles including a daily visual management board with the quality indicators and plans attached.

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

- ☐ Residents requested that the TV in the common area NOT be turned off in the evenings and would also appreciate light in the hallways.

- ☐ Residents expressed concern that some staff continue to wear scents and that they are not adhering to the scent-free policy.
- ☐ Concerns raised about the staffing levels and residents feel that working short is not good.
- ☐ Some residents raised concerns about the flexible breakfast schedule as it was suggested that it upsets the day's schedule.
- ☐ Residents would like to see additions to the menu including pork chops, French fries, ribs, and dried ribs.
- ☐ Noted that there was a need for a few pieces of equipment.
- ☐ Outside work is required as the sidewalks are deteriorating as well as the front railing. The outdoor service door area is also in need of repair to ensure safety.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Continue to monitor compliance with, as well as reinforce, the scent-free policy.
- ☐ Ensure that outdoor maintenance is included on the capital list for the facility.
- ☐ Pursue the purchase of the smaller pieces of equipment that are required for the home.
- ☐ Continue to work with Food and Nutrition services to enhance the menu including food choices and accommodating requests by residents.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Echo Lodge Special Care Home

2. Community: Fort Qu'Appelle

3. Date of visit: October 18, 2018

4. Please indicate who attended this visit:

(Name)

Dr. Susan Shaw

Beth Vachon

(Title)

Chief Medical Officer

Vice President Quality, Safety & Strategy

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

Manager has been working at this site for approximately 18 months and has done significant active work with staff including labour relations and staff safety, and team culture. She and her team are making the best of an elderly building. Work is starting to have positive impact on staff morale and engagement. Standard work includes huddles and use of data for improvement.

We were able to see team development in action. While there has been some staff turnover, we also met staff who had worked at Echo Lodge for many years, and who cared for residents in a very kind and individualized way.

Team building exercise at morning huddle: strong sense of fun and good energy

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

Infrastructure challenges (physical layout, storage space, ability to keep hallways clear).

Longitudinal care from a stable group of physicians supporting the residents.

Recreational therapy outside of regular daytime hours

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Better understanding of infrastructure challenges. Importance of stable and skilled manager role as key to continuous improvement and resident centred care. Importance of staff building care and supportive relationships with residents and families.

**Saskatchewan Health Authority Long-Term Care Quality Assessment –
2018**

1. Name and number of facility: GAINSBOROUGH HEALTH CENTRE

2. Community: Gainsborough

3. Date of visit: September 20, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Donna Davis

Facility Manager

Karen Earnshaw

Vice President, Integrated Rural Health

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

- Size of facility supports patient-centred services
- Well-maintained, small facility locally supported by a Trust
- Nice outdoor space
- High focus on safety for both residents and staff
- Relaxed breakfast with meal choices
- Staff are local and know each other. Residents take pride in their 'home'
- Bright rooms / good space

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

- 'Team' approach to medical care – participation by MD and pharmacist, i.e. Med reviews
- Would benefit having RNs on call 24/7. Only working 1 in 6 months is not beneficial to residents or team
- Recruitment to professional staffing challenges so converting LPN to PFT instead of Temp.
- Recruitment to Journeyman Cook is 'crippling' the service in community. Need to change the qualification for cooks.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Have a daily 'huddle' with all staff to review information. Onsite manager makes a real difference!

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: L. Gervais Memorial Health Center 73045
2. Community: Goodsoil

3. **Date of visit:** August 27, 2018 site visit

4. Please indicate who attended this visit:

(Name)

(Title)

Carrie Dornstauder, ED Mat/Child Prov Prog

Kelly Lyon, Fac. Manager

29(1)

Jacinta Sinclair, LPN

Carie R/Karen D, CCA

Sarah, MOA

Shelby Pallic, CCA

3a. **Date of visit:** Oct 15/18

4a. Please indicate who attended this visit:

(Name)

(Title)

Neal Sylvestre

ED of CC Northern NW

Karen Kindrachuk

Meaningful Life Specialist

Kelly Lyon

Facility Manager

Chelsea

Rec Worker

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

- OT support is great; receiving from SAIL in 6 weeks
- Good equipment – lifts, air bed, Tena products
- P.U. rates extremely low – 0 currently
- Very low UTI rates
- Excellent nursing
- Dr. visits 2-3 days/week
- New reclining chairs – electric
- Christmas gift exchange
- Halloween kids coming

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

- 29(1)

- Lack of technology – poor cell coverage, no wifi, failed generator
- Physio therapy & assets – CCA is to do mobility
- SLP not timely – 3 months for swallowing assessments
- Activities – no weekend coverage – boring & long – CCA do some programing
- Dementia Assessment Unit – prep & care plan for LTC
- Often times there is no physician on site. Large acute ALC – wait list for LTC
- Paint, better food, clinic disruptive, x-ray & lab – outdated beyond repair, no door to respite bathroom – needs renos
- Beef hard to chew
- Perogies and sauerkraut not a favorite
- No change to tasteless veggies
- Room is frequently cold
- Don't like cod fish

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The L Gervais health team in conjunction with the NW leadership will follow up on issues as they occur. Documentation, communication are key attributes in dealing with concerns. Significant resident safety concerns identified through Resident/Family surveys will be addressed immediately.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: *Foyer d'Youville-73517*
2. Community: *Gravelbourg, SK*
3. Date of visit: *July 26, 2018*

4. Please indicate who attended this visit:

(Name)

(Title)

Bryce Martin (Executive Director, Primary Health Care)

Desiree Brisebois (Director of Client Services/Interim Executive Director)

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

Facility is very well maintained and provides a clean and respectful atmosphere; staff are excellent – CCAs do a great job and help us with all of our everyday needs; relaxed breakfast available which is greatly supported by families; food is good – fresh, good variety, plenty of fresh fruit; activities programming are good and well attended – good variety of internal and outside trips, birthday parties, offered 7 days/week, residents involved in food-related preparations to their ability, residents involved in gardening-related programming; volunteers well utilized and could always use more; excellent care – ‘couldn’t ask for better’, each resident is catered to by the staff; regular resident family council meetings; family communications are good – families involved in care planning, variety of mediums used to communicate, feel part of the care and planning for parents, annual family get-together planned; environment – outdoor gazebo donated by local business, well used; internal chapel area is well utilized; French speaking staff members available; hair care options; all private rooms with own bathroom.

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

Food – variety of potato presentations would be appreciated, pasta dishes are not appreciated as often as they are provided; Activities – would appreciate additional opportunities that are male-oriented; admission process is quite overwhelming and request that it be streamlined somewhat; requesting a safe environment for residents to simply walk without alarms/bells going off.

7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Power of regular and effective communications with family and residents; effectiveness of visibility wall discussions for staff.

**Saskatchewan Health Authority Long-Term Care Quality Assessment –
2018**

1. Name and number of facility: Grenfell Pioneer Home
2. Community: Grenfell
3. Date of visit: June 13, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|------------------|--|
| Maggie Petrychyn | Executive Director, PHC |
| Karen Earnshaw | VP, Integrated Rural Health |
| Kevin Wasko | Physician Executive, Integrated Rural Health |
| Jackie Hickey | Facility Manager |

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

- Enhanced dining choices, meals are ok most of the time; relaxed breakfast, good variety/choices.
- Therapeutic recreation – variety of programming; does include some programming on the weekend/ evenings but residents would like more.
- Partnership with town for Televan,
- DVM - daily huddles @ 1330; Safety embedded in discussion; MDS QI's posted and discussed regularly
- Flexible care/ relaxed atmosphere – can go to bed whenever we want
- Residents like that they are able to stay in their home community where friends and family can visit often

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

- Aware of falls rate (f/u correlation Code 3/4 falls with injury), higher due to new beds for pt., applying education offered (eg. GPA, PIECES),
- Enhanced outdoor space/very sunny and warm – some feel no shade is not safe,
- Air conditioning/heating – family supplied own AC unit,
- Limited weekend activities
- No automatic doors to support independent accessibility for resident

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Older building with significant infrastructure issues resulting in closure of one wing (10 beds) in 2016.
- Physical space – mold identified in many areas; asbestos flooring; heaving floors; small kitchen – flow poor; laundry area not meeting code; hallways narrow Old building with

issues such as Asbestos, hold, heaving floors, small kitchen, laundry not up to code, narrow hallways.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Gull Lake Special Care Centre - 73048

2. Community: Gull Lake

3. Date of visit: Thursday, October 25 2018

4. Please indicate who attended this visit:

(Name)

Brenda Schwan

Larissa Gader

(Title)

*Executive Director, Continuing Care SW –
Integrated Rural Health*

Manager – Gull Lake & Cabri

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

- ☐ *The staff take a personal interest with the residents*
- ☐ *As a resident; I feel like a person who matters*
- ☐ *Volunteers are very active in the building*

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

- ☐ *Would like another resident bathroom*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

The importance of having a resident voice in menu planning for long term care.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Hafford Special Care Centre 73597
2. Community: Hafford
3. Date of visit: Aug 23/18

4. Please indicate who attended this visit:

| (Name) | (Title) |
|------------------|----------------------------|
| Neal Sylvestre | ED of CC Northern NW |
| Karen Kindrachuk | Meaningful Life Specialist |
| Doreen Madwid | Facility Manager |
| Vikki Smart | ED of PHC NW |

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

- Perogies and Sausage at BBQ appreciated
- Very clean facility – no odor
- Care staff following PR
- Room temp is good
- Handivan free – just gas
- Only 2 W/C places
- Good volunteer program
- Family & Resident survey complete
- Activities outings once/week in summer
- Special meals (BBQs) enjoyed very much
- Residents very satisfied with laundry
- Seasonal temps are ok with residents, room temps are fine as well
- Family says care is “very good”, and are very impressed with the care
- Attended parade – some residents even IN parade!
- Enjoyed walks to Bistro for lunch, lunch outings to Radisson, Redberry Lake & Forestry Farm

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

- Resident stated room window is broken. Window immediately checked and no damage noted. Follow up discussion of findings with the Resident.

- Request for porkchops, facility manager will look at adding them to menu
- Question raised if fruit cups served at snack time were under-filled? Facility manager will investigate and ensure correct portion size is being offered.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The Hafford team along with NW leadership will follow up on issues and continue working with the families and residents to make improvements.
- ED of Continuing Care (Neal) to look at patterns of issues that may require follow-up either in the NW or across the province.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Herbert Integrated Healthcare Facility - 73051

2. Community: Herbert

3. Date of visit: August 28, 2018

4. Please indicate who attended this visit:

Beth Vachon, VP Quality, Safety and Strategy

Morgan Montgomery, Facility Manager

Robin Munro, NUC

Jackie VanStone, Director LTC

Fred, Maintenance

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

All family members stated they are pleased with the care provided. Stated the food is well prepared, personal laundry is done well, staff care for and about their relative and the facility is clean and well-maintained.

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

There were no suggestions for improvement. One resident likes to go for outings and wishes she was able to do more of this. Many residents were interviewed and all state they are happy in this home, feel respected and well-cared for.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Writer toured the facility with Fred from Maintenance. Overall, the facility envelope is sound. There is one area of the roof that needs new shingles but this is slated for repair. There is one area in the basement storage room where condensation from the freezer and fridge in the kitchen above has created an area where mold has been observed.

Variable breakfast has not been implemented in Herbert. This was discussed with the Manager and her intent is to begin to work toward this model.

**Saskatchewan Health Authority Long-Term Care Quality Assessment –
2018**

1. **Name and number of facility:** Hudson Bay Health Care Facility
2. **Community:** Hudson Bay
3. **Date of visit:** September 21, 2018
4. **Please indicate who attended this visit:**

| | |
|-------------|---|
| (Name) | (Title) |
| Andrew Will | VP, Infrastructure, Information and Support |

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

The facility has a very safe rubbery material at the front entrance on which the family member commented positively. There were comments that the food in the facility was good and that staff were careful about diets. There is a special breakfast day on Sundays, which is appreciated. There is good access to muffins and other snacks. It was impressive that they have moved the nursing manager's office closer to family and staff in the long-term care portion of the facility which has achieved positive results. There is evidence of intentional rounding through a daily visual management board in the facility.

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

The family member commented on past issues with the cooling system which have now been resolved. More track lifts in the facility would be beneficial. There is a leak in the roof near the piano, maintenance will be looking into this. The previous two respite beds are now used full time for long-term care which has left a need for respite care in the community. Management identified a CCA staffing pressure on the 6:15-12:45 time-frame that would be beneficial to address morning care. Lack of accurate, up-to-date structural blueprints are a challenge.

7. ***Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:***

The rubbery material at the front entrance may be something to implement in other facilities in the Province.

Saskatchewan Health Authority Long-Term Care Quality Assessment -2018

1. Name and number of facility: St. Mary's Villa – 73793
2. Community: Humboldt, Saskatchewan
3. Date of visit: October 30, 2018
4. Please indicate who attended this visit:
(Name) (Title)

Rod MacKenzie

Sherri Jule

Britany Silzer

29(1)

Executive Director, Provincial Services – Community Care

Site Leader – St. Mary's Villa

Care Team Manager – St. Mary's Villa

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

- 90% of the time, care is amazing. Conversations with residents and their family reinforce the good news stories we hear regarding resident care. The residents acknowledge that the staff are dedicated and work very hard to provide a pleasant experience for the residents. Residents shared that they love everything for the 1.5 years they lived in home (although they expressed the need for bigger rooms). They said it feels like home.
- Residents shared that they have lots of opportunities to socialize with others. The activities are sufficient and residents are encouraged to engage in additional meaningful activities such as assisting recreation staff with public engagements. It was shared that most residents appear quite happy.
- The food is good, with residents successfully gaining weight to a healthy standard as compared to when they were underweight when they moved in.
- Communication from staff to families and residents is good, contacting families with any concerns.

- St. Mary's Villa Foundation is continuing to fundraise for additional ceiling track lifts, as well as for other necessary equipment, such as dental equipment for a dental suite and renovations in common areas.
- SHA is preparing to renovate two areas:
 - o An area that will serve as a bariatric suite which will support the comfort of residents and also support staff with the appropriate equipment to serve bariatric residents
 - o The boardroom is an area where family meetings, staff interviews and education is completed. This room was in poor condition, with walls that were in disarray and flooring concerns.
- A dental program is being started. This will include dental assessments from a local dentist, cleaning and minor treatments. A dental suite will be added housing a dental chair and equipment necessary to provide basic care. This is being funded by the dentist and the St. Mary's Villa Foundation.
- Additionally, an oral health program will supplement this initiative. The positive impact will be ease for residents to receive dental care and improved oral health.

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

- St. Mary's Villa (St. Mary's) has been providing care to the seniors' population of Humboldt and surrounding area since 1963. The building is showing its age, and requires numerous renovations. The family representative stated a new facility is needed. The rooms are small and outdated with an institutional look and feel.
- St. Mary's residents appreciate the current recreational opportunities and could benefit from even more opportunities to participate in physical activities and events. Family would like to see more physical activity, such as exercises through dancing and music. It is thought that families should be encouraged to participate in activities such as dancing with the residents, in particular during the long dreary winter months.
- Communication between care staff could be improved from shift to shift. Residents would benefit if staff shift their problem solving skills to 'think outside the box'.
- It is recognized that staff work very hard providing good care with the number of providers; however more care providers would provide better which would provide needed care such as changing pads more frequently and improving communication.

7. Please describe how the information gathered during this visit will be used to inform the SHA is overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

-

The information gathered from the visit will be shared with the Directors and Executive Directors responsible for the home so that a coordinated plan for improvement can be developed

**Saskatchewan Health Authority Long-Term Care Quality Assessment –
2018**

1. Name and number of facility: St. Joseph's Health Centre 73056
2. Community: Ile a la Crosse
3. Date of visit: November 8, 2018
4. Please indicate who attended this visit:

(Name)

(Title)

Richard Petit

Executive Director PHC Northwest

Sharon Kimbley

Director of Acute Care and Clinical Services

Michal Kucharski

Patient Care Coordinator

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

There is an overall satisfaction from families regarding the care that is provided at the facility. Purposeful rounding has been established and is ongoing as well as fall prevention strategies.

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

The areas of improvement to work on are Resident Activities and Food Quality and selection. We will work with the Recreation Worker to plan meaningful activities for all residents.

We will also meet with the Manager of Support Services and Dietitian to review food selection as well as the possibility of providing fresh fish from the local fish plant. We could also review the plan to use the food serving table again. The residents can also evaluate their meals using a simple tool.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The Ile a la Crosse health team in conjunction with NW leadership will follow up on issues as they occur. Tour information will be shared with local leadership. Any significant resident safety concerns identified through Resident/Family Surveys are addressed immediately.
- Information gathered from the surveys and meeting will be the drivers of the quality improvement process.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: **Long Lake Valley Integrated Facility (306) 963-2210**
2. Community: **Imperial**
3. Date of visit: **October 12, 2018**
4. Please indicate who attended this visit:

(Name)

Jeannie Munro

Karen Abrey

(Title)

Executive Director – Primary Health Care

Site Leader/Manager

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

- *The resident and daughter identified the following strengths:*
 - *Staff are very friendly and caring*
 - *Daughter and other family are kept informed of other's status*
 - *Happy to be living in her home community*
 - *Some good activities – enjoys cards, but sometimes hard to find another resident to play with*
- *Facility is clean and bright; activities with residents evident on day of visit*
- *Visiting physician/NP services and other services (i.e. public health) provided within the facility*

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

- *Suggestions/areas of improvement as identified by resident/family were related only to meal preferences:*
 - *The food and portions are good, however there is too much pasta; not enough potatoes and sometimes choices are limited*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- *Continued work with resident centered care and resident choices as priority work including full implementation of enhanced dining experience as supported by Suzy Q chart implementation.*
- *Enhanced recreation program with conversion of position to ADLRW from rec worker so nursing expertise is part of daily programming*
- *Networking with Aboriginal affairs to support First Nations clients*
- *Focusing on spiritual care as part of weekly programming vs. monthly*

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: Golden Prairie Home - 73549
2. Community: Indian Head
3. Date of Visit: July 17, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Christina Denysek

Executive Director, Continuing Care (SE)

Devin Bueckert

Facility Manager

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

- ☐ Residents were very appreciative and enthusiastic about the “ART PROJECT” that took place with the Grade 6 students. They asked if it could return and are eager to sign-up again.
- ☐ Family barbecue being planned for July 22. This is a much anticipated event and residents are enthusiastic about it. The “Family Room” will also have a grand opening on this day.
- ☐ Residents were happy with the dietary menu; no concerns raised.
- ☐ Very happy to hear that the Manager’s dog, Murphy, had regained his health and would be returning for visits.
- ☐ The facility has a “home-like” atmosphere with plenty of pleasant décor. A considerable project this past year was the “Family Room”. It has already received considerable use and is much appreciated. This is an area that is often enjoyed by residents for watching TV or visiting.
- ☐ The daily menu is posted in the dining/activity area for easy viewing.
- ☐ The outside courtyard is secure and well utilized. There is green space , flowers and foliage and several shaded areas for sitting. An abilities swing (with sun protection) is available as well as concrete walking and patio areas for the residents.
- ☐ There is a double, three-wheel bike that has been cleaned and repaired and with the purchase of bike helmets, it is getting used this summer.
- ☐ Team huddles are held daily and include discussion on resident needs, resident and staff safety and teamwork.
- ☐ Daily visual management is utilized and includes key performance metrics, quality indicators and safety.

- ☐ The residents' rooms are personalized to suit their tastes with individualized artwork, and name plaques outside each room.
 - ☐ The facility participates in the annual "Communities in Bloom" project.
6. Please describe areas for improvement as identified through your visit and discussions with families and residents:
- ☐ Residents inquired about the status of the washing machine and are concerned with their personal laundry. Work is underway on this.
 - ☐ Some concerns raised in regards to the demeanor of some staff at times.
 - ☐ Residents appreciated the weekly confectionary cart and asked if this could be reinstated.
 - ☐ Residents very much appreciate the one-on-one time and conversations that they have with staff. Would like more of this to occur.
 - ☐ The lighting in residents' rooms is an ongoing concern and has been raised on many occasions. The lighting is old (the original when the building was built) and many lights are in a state of disrepair or not working.
 - ☐ Work is ongoing by the Manager and staff on 5s and storage in order to reduce storage in main hallways and public areas.
7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:
- ☐ Explore opportunity to enhance the residents' experience with the re-instatement of, or another option for, confectionary items.
 - ☐ Continue to prioritize the residents' room lighting upgrade/replacement as a capital requirement for the home.
 - ☐ Continue to encourage and promote team work including coaching and mentoring staff on demeanor and respectful interactions.

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: Invermay Health Centre - 73773
2. Community: Invermay
3. Date of Visit: June 22, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|-----------------------------|---|
| <u>Christina Denysek</u> | <u>Executive Director, Continuing Care (SE)</u> |
| <u>Elizabeth Palchewich</u> | <u>Health Services Manager</u> |
| <u>Tracey Fey</u> | <u>Administrative Assistant</u> |

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

- ☐ The facility is well maintained and has a "home-like" environment.
- ☐ Staff are very proud that residents often come to the facility with the first-available-bed-policy and the resident and/or family will make a decision to decline their initial preference when it comes available due to the good care in the home.
- ☐ For the summer there are resident alpaca's in the back yard as well as a rabbit.
- ☐ Daily visual management is utilized and includes safety issues/concerns. Suggestion made to include quality indicator status and any corrective action plans for visibility.
- ☐ Laundry continues to have room for improvement, although it is better than it was. Still concerned with the amount of laundry that is not clean and is unusable.
- ☐ Residents are encouraged to personalize rooms and that is evitable with personal articles, bulletin boards with family photos, and other pictures and items.
- ☐ There is good community support for the facility. Currently work is underway with the town to pave the road in front of the building which will cut down on dust and allow residents to enjoy the front of the building.
- ☐ Work also underway for new concrete in the front to replace the current which is deteriorating and broken.
- ☐ Visitors and family are welcomed in the home as evident with the daily visitations from family and loved ones.

- ☐ In discussions with residents, the following comments were made and noted:
 - Food is good.
 - Needs are met.
 - Staff listen and respond to me when I talk to them.
 - “Would sooner be in my home but I can’t so this is a good place to be.”
 - ☐ Rooms are very clean and residents are happy with the cleanliness.
 - ☐ Activities are varied and include outside and guest musicians and performers.
 - ☐ Overall, residents feel that their family is very welcome at the home and treated very well when they visit. Residents feel listened to and free to speak up about things when they need to.
6. Please describe areas for improvement as identified through your visit and discussions with families and residents:
- ☐ Residents did not have suggestions for improvements and felt that things were very good.
 - ☐ Continue to use the daily visual management boards to highlight the quality indicators for focus on meeting and maintaining targets.
7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:
- ☐ Staff should continue to complete the laundry reports for 3sHealth so that ongoing improvements in institutional laundry can be addressed.

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: Ituna Pioneer Health Care Complex - 73784
2. Community: Ituna
3. Date of Visit: July 4, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|--------------------------|---|
| <u>Christina Denysek</u> | <u>Executive Director, Continuing Care (SE)</u> |
| <u>Sherri Krochak</u> | <u>Health Services Manager</u> |
| <u>Bernadette Karkut</u> | <u>Clinical Care Coordinator</u> |

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

- ☐ Residents are very engaged in discussions on their activities and provided many suggestions. Were supportive of the new ideas for bingo prices.
- ☐ Residents previously requested that a family barbecue be held and plans are underway for one this summer.
- ☐ Activities for the home for the day are posted on a visible board and this is appreciated.
- ☐ Residents noted the following:
 - ☐ "The girls are very nice."
 - ☐ "Good food here."
 - ☐ "Nice and quiet at night and I can sleep."
- ☐ Residents felt that they are listened to and the staff look after their needs.
- ☐ There is a new stove in the activity area that is greatly appreciated.
- ☐ The facility has a "home-like" atmosphere with much work being done on cosmetics. New blinds have been purchased for some rooms as well as new bedside tables.
- ☐ Staff used their own personal time to paint and create an "Alzheimer's" wall, complete with poem and butterfly decorations.
- ☐ The facility notes good support from the community day care, the school and community as a whole.
- ☐ Ongoing upgrading of ceiling lifts, with one additional lift being installed this past year. An additional sit/stand lift has also been purchased.
- ☐ There is a small canteen/gift area that is available for residents to purchase items.

a theme wall that is changed with the season or celebration.

- ☐ There are two enclosed outside spaces with a gazebo, seating and barbeque. One area is near the Palliative room and is often used. The outside concrete was improved and repaired.
 - ☐ Outside the residents' rooms there are adornments of planters or bird feeders. This view is enjoyed.
 - ☐ Team huddles are held and include discussion on resident needs, resident and staff safety.
 - ☐ Daily visual management is utilized and includes key performance metrics, quality indicators and safety.
6. Please describe areas for improvement as identified through your visit and discussions with families and residents:
- ☐ The facility has implemented numerous safety improvements over the year including key pads and a safety door for air exchange.
 - ☐ Repairs in the kitchen were made this past year. Still some additional work to continue.
7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:
- ☐ Continue to improve safety for residents and staff.
 - ☐ Continue to listen to, and meet the needs of the residents' requests for activities.

**Saskatchewan Health Authority Long-Term Care Quality Assessment –
2018**

1. Name and number of facility: KAMSACK HOSPITAL AND NURSING HOME

2. Community: Kamsack

3. Date of visit: July 11, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Lorelee Davis

Health Services Manager

Jacquie Holzmann

Executive Director

Dr. Ogunibyi

Area Chief of Staff

Dr. Kevin Wasko

Physician Executive, Integrated Rural Health

Karen Earnshaw

Vice President, Integrated Rural Health

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

- Pleasant atmosphere
- All residents groomed and dressed
- Quarterly medication reviews
- Daily activities, entertainment and lots of outings. Have walking program.
- Nice room sizes. 30/62 rooms have ceiling lifts
- Bright space with wide hallways
- Beautiful outdoor space, solarium and new deck
- Staff are nice.

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

- Challenges with relaxed breakfast
- Food is 'awful'. No options, no improvement in 6 years
- Physio is lacking
- Shared bathrooms
- High physical restraints
- Concerns raised about meds not being re-ordered
- No dental care in LTC
- Limited / No access to patients for respite/convalescent care

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Spoke about small house model and discussed retrofitting rooms. Family members expressed interest in moving this forward.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. **Name and number of facility:** Kelvindell Lodge
2. **Community:** Kelvington
3. **Date of visit:** September 14, 2018

4. **Please indicate who attended this visit:**

(Name)

Andrew Will

(Title)

VP, Infrastructure, Information and Support

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

Resident's Council Meeting started with a reading of the resident's rights charter which is impressive. Residents love the perogies, pancakes and French toast and they would like them more often. Management explained they had missed on of their pancake days as a cook was away that day. Residents like the new electric piano. They have great activities in the facility and residents are very excited to participate. It was good to see that bannock was served as a menu item respecting indigenous food choices. The residents also expressed appreciation for the serving of borscht as a menu item. It was impressive how management brought residents up to speed and answered questions about upcoming flu immunizations.

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

One resident mentioned some dietary restrictions that they had and staff agreed to follow up. Really there were no negative comments... keep up the great care and keep those pancakes coming! ☺

7. **Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:**

There is a safety challenge with some of the linen carts. They are too high for some staff to be able to safely lift linen into them

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: KERROBERT INTEGRATED HEALTH CENTRE - 73064

2. Community: Kerrobert

3. Date of visit: August 8, 2018

4. Please indicate who attended this visit:

(Name)

Gloria Park

Dr. Kevin Wasko

Karen Earnshaw

(Title)

Facility Manager

Physician Executive, Integrated Rural Health

Vice President, Integrated Rural Health

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

- | | |
|---|--|
| <input type="checkbox"/> Resident enjoys living here. Better activities than in Unity | <input type="checkbox"/> Resident enjoys activities. Plays crib with partner |
| <input type="checkbox"/> Outdoor area available | <input type="checkbox"/> Relaxed sleep/wake schedule |
| <input type="checkbox"/> Brand new integrated facility with single physician service | <input type="checkbox"/> Facility is accommodating |
| <input type="checkbox"/> Family feels involved in care. Good communication with staff and sharing concerns. | |

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

- | | |
|--|---|
| <input type="checkbox"/> Food is 'institutional' with not enough choices in menu | <input type="checkbox"/> Infrastructure for small home model not fully utilized/implemented |
|--|---|

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Small house model not fully utilized
- Facilities in home exist (stove, fridge, oven) but kitchen staff deliver meals
- Activity schedule displayed
- Share use of QI monitoring approach

**Saskatchewan Health Authority Long-Term Care Quality Assessment –
2018**

1. Name and number of facility: KINDERSLEY & DISTRICT HEALTH CENTRE (Heritage Manor) 73571
2. Community: KINDERSLEY
3. Date of visit: October 22, 2018
4. Please indicate who attended this visit:

(Name)

Gayle Riendeau

Sharon Forsyth

(Title)

ED Acute Care – Integrated Rural Health

Facility Administrator

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

- ☐ Extensive Upgrades – New flooring, room renovations project completed with support of the Kindersley & District Health and Wellness Foundation
- ☐ New journeyman cook hired and present at meeting to introduce herself and to hear the resident/family concerns, likes, dislikes. She also shared goals for service (moving away from pre-prepared, more baking from scratch, etc.)
- ☐ Frequent community outings
- ☐ Resident “*meal of choice*” monthly
- ☐ “Friendly staff – always a smile and a chat”
- ☐ “Made to feel welcomed & comfortable”

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

- ☐ Wandering clients in the other resident’s rooms. (This has been a long standing issue and attempts were made to address but still occurs). Facility continues to research best practice.
- ☐ Several food preferences provided to new cook to consider how to incorporate into many revisions (more fresh fruit vs sweets, smaller servings, too much chicken – would like steak, real potatoes vs instant mashed, less sodium, more cheeseburgers)
- ☐ In private conversation with leadership, a family member requested more communication on changing health status. Information provided “Hard Choices for Loving People” and “Journey’s End”.

10. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: **Jubilee Lodge**

2. Community: **Kinistino, SK**

3. Date of visit: **August 29, 2018**

4. Please indicate who attended this visit:

(Name)

Corey Miller

Dr. Paul Babyn

Mary Tatarynovich

(Title)

Vice President, Provincial Programs

Physician Executive, Provincial Programs

Director of Care, Jubilee Lodge

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

- *Physician Clinic ~ 2 days per week.*
- *Excellent care shared by residents and family.*
- *Food and staff excellent. Very helpful and responsive staff.*
- *Nice community.*

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

- *Analog phone system = RISK*
- *Patient call system = +++ RISK*
- *Better WiFi would enhance quality of life. Only comes to end of lounge. No guest Wi-Fi available.*
- *Too much paperwork and documentation for nursing.*
- *No facilities for husband and wife.*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- *The Jubilee Lodge team along with NE leadership will follow up on issues and continue working with the families and residents to make improvements.*
- *Director of Care (Mary) and ED of Continuing Care (Lisa) to look at patterns of issues that may require follow-up.*
- *Discussion of issues with the family or resident councils will occur. Escalation to leadership done as needed.*

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: Kipling Integrated Health Centre - 73545
2. Community: Kipling
3. Date of Visit: June 25, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Christina Denysek

Executive Director, Continuing Care (SE)

Kelly Beattie

Health Services Manager

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

- ☐ This is a new facility that is well cared and maintained and there is much support from the community to provide enhancements as needed. Recent additions include a pergola in the secure courtyard for shade and the donation of a computer for the residents use. A movable desk/cart is also going to be purchased so it can be moved at the resident's convenience. It is connected to the building's wifi so the residents are enjoying this.
- ☐ In response to requests by residents, outings have been increased and there have been multiple ones recently. These are enjoyed.
- ☐ The home recently initiated the "Forever in Motion" program and residents are very much enjoying this and speak highly of the program. Noted that some large exercise balls are needed.
- ☐ When asked about the experience in the home, residents and family offered the following comments:
 - "We can make it home"
 - "Not lonely and it is big and spacious with room to move"
 - "I have so much fun here and on outings and everyone has opportunity to go"
 - "I enjoy it because of the wonderful care"
 - "Staff do things for us – it is better than at home"
- ☐ Morning breakfast is offered as a relaxed breakfast and work is underway to implement a Suzie Q cart for meal serving.
- ☐ The outdoor courtyard is a large green space that is enclosed for safety and has a considerable variety of foliage including a raised boxed garden. There are many potted planters as well.

- ☐ The facility enjoys the availability and access of the community handi-bus for the residents and it allows for community outings.
 - ☐ Resident rooms are personalized with personal belongings and are encouraged to make it comfortable, warm and inviting. There is a shadowbox outside each room to allow residents and family to display personal items.
 - ☐ There is a daily visual management board that is utilized for daily huddles. Safety is discussed for both residents and staff. There is a focus on Stop-the line and the safety management system.
6. Please describe areas for improvement as identified through your visit and discussions with families and residents:
- ☐ Residents requested that the monthly activities be posted in their rooms. This was a past practice that was liked and they would like it restarted.
 - ☐ Within the courtyard, residents noted that it was sometimes difficult for multiple wheelchairs to move around the walkway and patio. A request to have this reviewed was made.
 - ☐ Residents commented that common areas in the home were often too cool.
 - ☐ More fresh vegetables requested for those that are able to have these.
 - ☐ Residents noted that the courtyard doors are locking too early in the evening. They would like the doors open longer.
7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:
- ☐ Continue to review the menu and provide food choices and options.
 - ☐ Courtyard doors were immediately addressed and this was resolved
 - ☐ Continue to work with maintenance on finding a comfortable temperature for home.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: KYLE HEALTH CENTRE - 73069

2. Community: Kyle

3. Date of visit: August 9, 2018

4. Please indicate who attended this visit:

(Name)

Rhonda Bartlett

Dr. Kevin Wasko

(Title)

Facility Manager

Physician Executive, Integrated Rural Health

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

- | | |
|---|---|
| <input type="checkbox"/> Staff take time to provide personal attention | <input type="checkbox"/> Homemade baking/cakes |
| <input type="checkbox"/> Outdoor garden area | <input type="checkbox"/> Bus available to take to events |
| <input type="checkbox"/> Doctor's clinic is attached | <input type="checkbox"/> Food choice available and catered to |
| <input type="checkbox"/> Relaxed sleep/wake schedule | <input type="checkbox"/> Family provided calendar of events |
| <input type="checkbox"/> Community engaged – school kids visit, church, bingo, musical groups | <input type="checkbox"/> Staff are wonderful, happy, and pleasant. Lots of family involvement |

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

- | | |
|--|---|
| <input type="checkbox"/> Low staffing on evenings and weekends | <input type="checkbox"/> Some rooms too small for lifts, etc. |
| <input type="checkbox"/> Waiting list to get into Kyle | <input type="checkbox"/> More home care investments needed |
| <input type="checkbox"/> Short on EMS staff in Kyle | <input type="checkbox"/> Concerns about lack of ambulance funding |

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: La Loche Community Health Centre 73763
2. Community: La Loche
3. Date of visit: November 5, 2018 (report updated Feb. 13, 2019)

4. Please indicate who attended this visit:

| (Name) | (Title) |
|--------------------------|--|
| Richard Petit | Executive Director PHC NWN |
| Tammy Glasser-Desjarlais | Facilities Manager |
| Brent Stewart | Director of Acute Care and Clinical Services |

There have not been any Resident and Family Council meetings in the last number of years. A Resident and Family Council had been planned for January 24, 2019 that was postponed due to weather and travel. A new date has been selected for March 7, 2019 at 1:30 P.M in the LTC common area. Family and residents will be engaged in this first meeting.

Agenda items are:

Care Plans
Food quality and suggestions
Cleanliness
Recreation program and ideas
Roles and Responsibilities
Home Care Activities
Ideas of care from family
Improvement ideas
Roundtable
Action items and action plan moving forward

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

- Will gather from the March meeting.

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

- Will gather from the March meeting.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The La Loche health team in conjunction with NW leadership will follow up on issues as they occur. Tour information will be shared with local leadership. Any significant resident safety concerns identified through Resident/Family Surveys are addressed immediately.
- Information gathered from the surveys and meeting will be the drivers of the quality improvement process

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: La Ronge Health Centre

2. Community: La Ronge

3. Date of visit: August 10, 2018

4. Please indicate who attended this visit

Beth Vachon, VP Quality, Safety & Strategy

Laurie Zarazun, Director

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

Residents are happy with the Recreation program. Children from the Daycare were present during the visit and actively engage with the residents on a regular basis. There are also a number of student volunteers that regularly attend and participate in the facility.

Staff speak many languages and are able to interact with non-English speaking residents.

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

Residents state they are very pleased with their care. They could not identify areas for improvement.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

There is a significant wait list for this facility. Plans have been drawn for an expanded facility to meet this need. No date has been established for construction.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: *Lafleche & District Health Centre-73071*
2. Community: *Lafleche, SK*
3. Date of visit: *October 16, 2018*

4. Please indicate who attended this visit:

(Name)

(Title)

Bryce Martin (Executive Director, Primary Health Care)

Alison Stobbart-Schultz (Director Home Care South, Lafleche & District Health Centre)

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

Staff provide a high quality of care for the residents, resident-centred approach; food is great (homemade, baking, residents are involved); teamwork between departments; 'this feels like home for the residents'; size of facility and the ability to focus on that 'home like' atmosphere was recognized by families and staff – a feeling of family and home is more easily developed in a smaller facility; families involved in care and always included in updates from staff via variety of mediums; consistency of staff in building is seen as a positive for continuity; activities are good and always involve majority of residents, staff encourages residents to get involved; involvement and support from area Foundation (recent support for internal resident lounge area)

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

- a. *Additional community volunteer opportunities could be developed (ex. schools, community musical availability), as additions to volunteer pool would benefit; formalized regular schedule for Resident/Family Council meetings; ability for health professionals (dentist, denturist, ophthalmologist, etc.) to visit facility to provide services vs. having to take the resident to the service; access to Handivan is nil in community (can neighbouring communities share their unit to Lafleche); access to PT/OT Assistants to assist with mobility maintenance; appearance of exterior landscaping was noted; explore opportunity for new weather-appropriate furniture in outside patio area; access to weekend activities programming would be a benefit.*
- b. *Overall attention to visibility management is being more formally developed; staff are engaged in informal table-top style conversations on regular basis re: information sharing and issue identification; Manager is currently involved in the LILT program and DVM development is one of the prioritized projects to move forward in the future.*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Regular communication with resident/family council would be beneficial; efforts to create inventories of group and individual-based activities programming ideas would be of benefit.

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: Lampman Community Health Centre - 73072
2. Community: Lampman
3. Date of Visit: July 18, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Christina Denysek

Executive Director, Continuing Care (SE)

Cyndee Hoium

Community Health Services Manager

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

- ☐ Residents and family are very appreciative of the new windows that have been installed. This means that there will be no more plastic on them to deter from the view to the outside.
- ☐ Mother's Day Party was very much enjoyed by all!
- ☐ Residents like the fresh fruit in the morning and asked that this continue.
- ☐ Inquiry made about liver this will be on the new menu and there will also be an alternative choice available.
- ☐ The annual "Backyard Bash" is being planned for September and there is much enthusiasm for this event. Residents discussed a date and menu.
- ☐ Residents noted that the home is very clean and that the housekeeping staff do a very good job.
- ☐ The summer walks uptown for ice-cream are popular and enjoyed.
- ☐ The facility has a "home-like" atmosphere with plenty of pleasant décor. The lounge areas were recently painted and refurbished with new furniture. These are areas that are utilized by residents and families.
- ☐ The daily menu is posted in the dining/activity area for easy viewing.
- ☐ The outside courtyard is secure and well utilized and has seen considerable enhancements. There are many small green spaces, flowers and foliage including several shaded areas for sitting, a covered swing and concrete walking paths for the residents.
- ☐ The facility is well supported by the community and the Ladies Auxiliary. The Trust Committee funds special events/activities for the residents.
- ☐ Team huddles are held daily and include discussion on safety.

- ☐ The residents' rooms are personalized to suit their tastes.
- ☐ In response to last year's concern re: sound system, the home made some adjustments to furniture and placement for better hearing and do have a small CD Player. Further concerns have not been raised.
- ☐ There is an annual harvest tour and twinkle tour that is organized through use of transportation in Estevan as there is no local bus.
- ☐ The "walking challenge" has been a valuable contribution as an activity and to falls prevention.

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

- ☐ Residents noted that on occasion their personal laundry gets mixed up. A sign in the room was suggested.
- ☐ Residents noted that at times there is more staff needed. They feel that when residents' needs are heavier they have to wait longer for assistance.
- ☐ Residents felt that more attention needs to be given to the outside yard. There was also concerned that the fountain was not working (currently waiting for parts).
- ☐ Residents requested more pet/animal visitations. These are very much enjoyed.
- ☐ Suggested that for diabetics there was a need for a larger variety of sugar-free snacks and treats.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Continue to work on the menu to meet the requests of residents.
- ☐ Continue to work on internal care processes and adjust work flow as required.
- ☐ Complete the spraying for weed control in the outdoor courtyard and proceed to repair the fountain.

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: Centennial Special Care Home - 73779
2. Community: Langenburg
3. Date of Visit: July 5, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Christina Denysek

Executive Director, Continuing Care (SE)

Colleen LaRocque

Health Services Manager

5. Please describe what is working well as identified through your visit and discussions with families and residents.
 - Main public washroom in the building was painted and is very tastefully decorated by staff for each season. This was a suggested improvement and it is very home-like.
 - Facility improvements throughout the year have included two additional ceiling lifts, change of flooring in the chapel area, new tub installed, new sconce lighting has been installed throughout the hallways.
 - New recliner purchased for the palliative care family room.
 - The facility has excellent community support through the Family & Friends Foundation, the church community, the general community and from dedicated individuals.
 - The outside grounds of the building have also seen considerable improvements with new plants, planters, scrubs and rose bushes. The gazebo is well cared for by a volunteer and it is greatly used by the residents.
 - There are ongoing plans for cemented pathways in the inner courtyard for easier access for residents.
 - Collaboration taking place with the community kids summer program for additional activities and visits.
 - Family BBQ planned for August.
 - Staff have started a family tree wall as a way to share about themselves with residents and the community.
 - The residents very much enjoy the local talent and community performers.
 - Residents felt that their families are very welcome in the home and that their visits are appreciated.
 - Residents very happy about the upcoming clothing sale that will be occurring in the fall.

- Residents offered the following comments:
 - “My care needs are met.”
 - “Good variety of activities and lots of things to do.”
 - “Have hardly missed a good night’s sleep as I feel very safe and secure.”
6. Please describe areas for improvement as identified through your visit and discussions with families and residents:
- Residents requested more barbequed wieners and no boiled ones.
 - Very much enjoy the fresh salads but would ask that the dressing be on the side.
 - Resident raised a concern about their room sink plug being missing.
 - The chicken fingers are enjoyed but felt that they have been dry lately.
 - Concerns raised with the timing of supper being served and felt that at times it is late.
 - Request made to have the “happy hour cart” go around more than once.
 - Concern raised that personal laundry goes missing and is slow to return.
 - Noted that at the entry to the building, there were some water stained ceiling tiles that could be replaced.
7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:
- Continue to work with the residents on menu planning, food selection and variety.
 - Personal laundry needs extra care so that it is not going into the wrong bags or rooms.
 - Continue with preventative maintenance and ongoing repairs of the building as needed.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Langham Care Home
2. Community: Langham
3. Date of visit: September 5, 2018
4. Please indicate who attended this visit:

Conrad Jantzen- Administrator, Langham Care Home

Dalene Newton- Executive Director of Continuing Care- Saskatoon-Urban

5. Were members of the Resident and Family Council present during this visit? If not, what is the plan to engage with this group before December 31, 2018?

- The Administrator indicated that they do not have a Resident and Family Council, he noted that it is a small home with easy access to staff and administration. He noted that this creates an atmosphere of open communication that meets the intent of a council.
- I had several conversations with residents, family members and staff throughout the visit.

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

- The companion suites are of significant importance to this small community. Langham Care Home is 17 beds and is the biggest employer in the town and works hard to meet the community's needs.
- Several staff who have worked at the home for many, many years and continue to enjoy their work.
- Very friendly atmosphere; I enjoyed reading about the residents on the posters outside of their rooms.
- Recreation program in the front hall area was very well attended.
- The kitchen and the food were mentioned by residents as being excellent.
- Clean home.
- Residents feel they are included in some decision making and feel they have input.

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

- The administrator noted that Langham Care Home is interested in working closely with the SHA to determine how to meet the future needs of residents in the Langham area.
- There was a concern raised about privacy in some of the rooms.
- Identified an opportunity to provide an alternate level of care for people who do not require acute care

8. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Continue to discuss options for different levels of care at Langham Care Home given the expressed desire to work closely with the SHA to develop these options.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: **Central Parkland Lodge (306) 365-1400**
2. Community: **Lanigan**
3. Date of visit: **June 28, 2018**
4. Please indicate who attended this visit:

(Name)

Jeannie Munro
Holly Srochenski

(Title)

Executive Director – Primary Health Care
Site Leader/Manager

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

- *Daughter did all of the speaking; mother had a significant stroke but is cognizant. She would nod yes or no at times but mainly seemed to defer to daughter to answer questions.*
- *Daughter described positive points around:*
 - *having exceptional staff*
 - *good food; staff made note of Mom's likes and dislikes*
 - *the ability to have Mom in LTC in home community*

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

- *Daughter indicated areas for improvement and stated she met with the site manager to share her concerns*
 - *Admission process – felt there were some challenges in getting full history/story of mom due to changes in staff during the first few days*
 - *Medication history – felt that staff/physicians should do a better job in ensuring the correct medication history for her Mom.*
 - *Staff need to remember this is a resident's "home" and they are not "patients".*
- *The daughter's most significant area of concern was related to what she identified as a lack of therapy services – both PT/OT. Although the resident was receiving therapy within the Home, the daughter felt it was insufficient and thus was taking her mom to private PT in Lanigan at an additional cost. The daughter spoke at length about her concerns.*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- *Continue to host resident family meetings on a regular basis; this is an open forum and safe place for residents and family to voice any concerns or any improvement ideas. Then, are able to work as a team to make life better for everyone*
- *Continue with purposeful interactions to help build bonds and relationships between residents, staff and family*
- *Regular care conferences to ensure care plans are up to date and reflect the care the residents desire*

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Leader Integrated Care Facility
2. Community: Leader, SK
3. Date of visit: October 23, 2018
4. Please indicate who attended this visit:
(Name) (Title)
Kevin Wasko Physician Executive Integrated Rural Health

Karen Earnshaw VP Integrated Rural Health

Brenda Schwan Executive Director Continuing Care SW

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

- Small house model – independent site that blends PHC, Acute and LTC
- Local Manager identified having support from leaders
- Management very responsive to family requests, good leadership by Manager
- Residents feel safe, involved in care
- Choice of meals, activities, ability to ask questions; answers given to questions asked
- Watches sports on TV – able to do what he wants
- Lots of windows, bright, cheerful
- Resident likes activities, outings in summer
- Resident likes renovations
- 4 years present resident – likes everything about living here
- Food “isn’t bad but you have to be hungry”
- Feedback sought after menu changes (80% have to like food)

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

- Need to work on our purposeful rounding – believe it could reduce number of falls
- Great leads at both Director and ED level (Manager’s words)
- Very low employee injury rates – recruitment of professionals is generally not a

challenge

- New building and model of care – so staff are adjusting to this change
- Family members – nothing “major” is a concern – occasionally staff members could be more compassionate
- Bathrooms aren’t private, no door to separate bathroom/toilet from bed
- Rooms aren’t laid out to see who is coming into room; other resident wandering into room was a challenge
- No room for recliner chair
- Lack of input into menu offerings

7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Recommended work on reducing antipsychotic use
- Consider similar remodeling of other facilities to change to small house model of care
- Minimal staff work-related injury
- Change management – new model of care to small house model
- Care planning related to QIS
- DVM embedded
- Monthly resident Council
- Support for new small house model – as viewed by residents and family

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: **Wheatland Lodge**
2. Community: **Leask**
3. Date of visit: **September 27, 2018**
4. Please indicate who attended this visit:

(Name)

(Title)

Lisa Major

Executive Director Continuing Care NE

Monica Slobodzian

Administrative Assistant

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

- ☐ Families were extremely positive about care that loved ones were receiving.
- ☐ Communication between staff and between family and staff is very good.
- ☐ Nursing care provided after minor procedures done by physicians is “stellar”.
- ☐ Community and Village Council provided RO water system for facility.
- ☐ Facility is very clean.
- ☐ Residents enjoy Movies, Music, Family entertainment.
- ☐ Staff are very vigilant with Residents that are at risk for elopement.
- ☐ Management is very accessible and proactive.
- ☐ Frequently enjoy Outings such as Crop Tours.

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

- ☐ Residents feel they do not have a choice as to when to go to bed. They are made to go to bed. They feel this is their home and they should have the choice. One staff member turned off TV during football game and told resident it was time for bed. Was told she “had bookwork to do”.
- ☐ Though resident’s generally feel they are safe, concerns were raised that there are never fire drills. Anxiety expressed as to what their role in a fire would be. “We’ll just be left to burn as there are only 2 people working at night.”
- ☐ They are not always served enough food and are denied second helpings if they are still hungry. “That would be a dream!”
- ☐ Resident’s would like proper TV. Programs always cut in and out.
- ☐ There is no WiFi.

- ☐ *Expressed wish to have doctor's visit facility rather than having to go to Prince Albert.*
- ☐ *Food is very good though at times a little more variety would be appreciated. Instead of turkey and chicken it would be nice to have some pork or roast beef.*
- ☐ *Concern raised at frequency of Physican/RN(NP) visits. Every 3 weeks.*
- ☐ *Concerns raised over the cost of LTC and that it "just keeps going up!"*
- ☐ *Would like to see more Tactile activities for vision and hearing impaired residents.*
- ☐ *Van for outings only carries 5 residents. There is no medical staff accompanying residents on outings (Last year a resident fell on an outing and it took 2 hours before an Ambulance arrived).*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ *The Wheatland Lodge team along with NE leadership will follow up on issues and continue working with the families and residents to make improvements.*
- ☐ *Director of Care (Debbie) and ED of Continuing Care (Lisa) to look at patterns of issues that may require follow-up.*
- ☐ *Discussion of issues with the family or resident councils will occur. Escalation to leadership done as needed.*

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Evergreen Health Centre 73077
2. Community: Leoville
3. Date of visit: October 2, 2018
4. Please indicate who attended this visit:
(Name) (Title)
Dr. Stephanie Young Physician Executive, Integrated Northern Health
Roxane Sawatsky Facility Manager

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

- Improved activities with 5/7 vs 4/7 days a week now.
- Garden boxes – good harvest this year.
- Families very appreciative of staff at EHC
- Youth volunteers amazing - lots of interest every year. The residents so enjoy this program and the company of the youth.
- Clean & homey environment.
- Call bell system has hugely improved the feel of the home. There are way fewer unsettle residents now that the system has been upgraded.
- Special Care home week – Success with Alzheimer's tea & pancake breakfast.
- Laundry labeler donation - \$2500 from Leoville Health Auxiliary. This will be a lovely addition to the facility.
- Quality Assurance about dietary complaints – huge improvement in patient/family concerns and now there are very few resident concerns about this.
- Twelve Days of Christmas – successful every year.

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

- Handi bus: still no option for transporting residents. There were some thoughts about combining fundraising with Spiritwood and their foundation vs working with Kinsmen to help find funding for this. There was no recent update on this but Roxy will contact them to follow up on this.
- There is an increased staffing in the evenings but there is no budget for this. The suggestion is now for increasing the evening coverage even for 4 hours to help get people into bed.
- No physio or SLP that visit. This is a service that they feel like that they wish they could have come to visit more often.

- It was thought by the staff that there could be benefit in increasing the number of bathing days to 7 days a week. Currently bathing is only done during the weekdays.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The Evergreen health team along with NW leadership will follow up on issues and continue working with the families and residents to make improvements. Significant resident and safety concerns identified through Resident/Family Surveys are addressed immediately.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: St. Joseph's Integrated Care Centre - #73079
2. Community: Lestock
3. Date of visit: October 17, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|---------------------------|---------------------------------|
| <u>Jacquie Holzmann</u> | <u>ED – Primary Health Care</u> |
| <u>Lindsay Olsen Weir</u> | <u>Interim Facility Manager</u> |

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

- ☐ Families reported that the Resident Council Meetings are a good opportunity to participate in improving the home.
- ☐ Very small but home-like despite being a former hospital. A resident cat lives in one resident's room, but also has become a resident cat to all.
- ☐ This is a very small home of 10 residents, and this makes it homey as everyone knows each other and families know each other.
- ☐ Staff are supportive of resident needs. One resident's room personalized to create an office corner to allow her to engage in her crafts and activities.
- ☐ Daily all staff huddles - Staff lead - update on staffing for the day, safety at every wall.
- ☐ Community involvement is getting harder, as volunteers are harder to recruit. This makes planning some activities more challenging.
- ☐ Mass occurs every week.
- ☐ There is a Primary Health Care Clinic and Home Care staff in this facility, with RN staff moving between programs to provide care. E.g. RN in Home Care will do foot care for Residents, and Facility Care Coordinator (RN) will help out with outpatients as needed.
- ☐ Respite client indicated this facility is closer to her home than being in a hospital. It makes it easier for her family to be involved.

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

- ☐ The downside to being a small home is that sometimes getting a group that enjoys the same activities can be more challenging.
- ☐ Families would like to see exercise equipment available for those who can use it. And also more activities like a walking program and exercises.
- ☐ More staff so they can provide one on one care.
- ☐ Recreation outings are very limited as they do not have access to a bus, so outings are smaller.

Challenge in this community is getting
volunteers.

- ☐ There is a day program that is mostly used for baths.
- ☐ Staffing- Challenges with recruitment of all positions, i.e. dietary and nursing (CCAs, RNs, LPSs).
Staff often work short as there are no casual
staff.
- ☐ Food - families wondering why a menu has to be followed - they would like to see more
culturally based foods that are representative of the community of residents living in the home.
- ☐ Residents report they get good care and staff are always there for them.
- ☐ Quiet, calm space and staff.

7. Please describe how the information gathered during this visit will be used to inform the
SHA's overall effort to improve quality of care for residents and staff in long-term care facilities
throughout the province:

- ☐ Continue to look at staffing and recruiting in rural sites. Look into the posting of positions
guaranteed full time between more than one site.
- ☐ Use the family/resident survey and share with Patient Family Council and develop actions based on
input into improvement ideas to improve resident and family satisfaction with aim of overall quality
improvement.
- ☐ Post the Quality Indicator on walls to engage all team members in improving the scores on Quality
Indicators.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Jubilee Home – 50 beds, 4 respite #73582

2. Community: Lloydminster, SK

3. Date of visit: October 31, 2018

4. Please indicate who attended this visit:

Suann Laurent

Chief Operating Officer

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

- Home-like environment, quiet and clean.
- Physio presence on site and weekly OT visits are appreciated.
- Continue with visibility wall walks and huddles.
- Purposeful rounding in place continues with these. Family are very supportive of the rounding approach.

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

- Families, residents and staff would like the flooring in the building replaced.
- Personal laundry machines need replacing.
- Families and residents all were very complimentary of the care they receive and they stated the staff feel like family.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The personal tool kits for each resident located in the bathroom are an excellent idea.
- The compassion fatigue awareness and speaker Bill Harder is a great initiative that recognizes staff safety.
- Work standards in place, using Kanban.
- The Jubilee health team in conjunction with NW leadership will follow up on issues as they occur. Any significant resident safety concerns identified through Resident/Family Surveys are addressed immediately.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: ***Loon Lake Health Centre 73081***
2. Community: ***Loon Lake, SK***
3. Date of visit: August 3rd and September 18th, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|------------------|---|
| Andrew McLetchie | VP of INH |
| Kelly Lyon | Site administrator, Loon Lake & Good Soil |
| Leonard Wegner | Acting Director of Rural Facilities, NW |
| Neal Sylvestre | ED of Continuing Care, NW |

- 3a. Date of visit: Oct 15, 2018

4a. Please indicate who attended this visit:

| (Name) | (Title) |
|------------------|----------------------------|
| Neal Sylvestre | ED of CC Northern NW |
| Karen Kindrachuk | Meaningful Life Specialist |
| Kelly Lyon | Facility Manager |
| Marla | Rec Worker |

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

- Food was good.
- Place was clean and staff were good.
- Outdoor space was improved and residents liked this.
- Recreation staff supported clients with different needs.
- Family members felt welcomed and were encouraged to participate with residents.
- Enjoy BBQ
- Rooms clean, clothes clean
- New love seats – washable fabrics
- Christmas Dinner Dec 15

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

- TVs in common area were too low for all residents to see over each other. Suggestion to raise TVs from ground level or put on wall mounts.
- Suggestions around greater range of activities and having some cultural activities.
- Kitchen equipment and condition was raised as an issue due to age and functionality of it. It was noted that this had not impacted the quality of food.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Tour information of Loon Lake Health Centre will be shared with local leadership and ED of Continuing Care.
- In future FRC these concerns will be discussed and brought forward as needed.
- Any significant resident safety concerns identified through Resident/Family Surveys will be addressed immediately.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Lucky Lake Health Centre - 73082
2. Community: Lucky Lake, SK
3. Date of visit: October 2, 2018
4. Please indicate who attended this visit:

Lenore Howey
Betty Ann Tremblay
29(1)

ED of Pathology & Lab Services
Care Team Manager

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

- ☐ Small single rooms in old hospital area, patients moved as rooms become available in both LTC wings.
- ☐ Residents love the towel warmer
- ☐ Telehealth is a good improvement as they can connect with physicians and educators without travel
- ☐ Windows also all replaced with the exception of a few - which are in progress.

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

- ☐ 8 ceiling lifts – One or two each year with equipment request to MCE.
- ☐ Lab Services - 3 days a week specimens are sent at noon with courier
- ☐ Beechy – 2 days a week – sent at noon with courier to Outlook for processing.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Old hospital component is cold so they are using space heaters. Furnace boilers will be checked. LTC wings x 2 are too hot at times.
- ☐ Share the positive aspects of patient feedback with other facilities in the province.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Lumsden Heritage Home
2. Community: Lumsden
3. Date of visit: October 23, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|----------------|--|
| Sharon Garratt | Vice President, Integrated Urban Health |
| Debbie Sinnott | Executive Director, Continuing Care Regina |
| Dan Kohl | Transition Lead, Health Services Organizations |

Met with the home Administrator, Sara Cox, and toured the home.

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

- ☐ The small size of the home allows administration and staff to personally know each resident and their family. Issues are often dealt with immediately because the staff have a relationship with everyone.
- ☐ The home offers all single rooms and is bright, cheerful, and clean.
- ☐ 18(1)(d), 18(1)(e)

The home also increased recreation staffing to include evenings and weekends with the enhanced staffing resources provided by the SHA over the past two years. Lumsden is exploring the opportunity to share Recreation Therapist resources with other LTC homes in the vicinity.

- ☐ Good integration with the community, including fundraising for items that support resident needs (Lions Club) and programming (schools, preschools, Girl Guides, etc.)
- ☐ Good relationships with other affiliated homes provides opportunity for shared purchasing to obtain volume discounts without stockpiles that time expire.
- ☐ Food services are great – the home is fortunate to retain another “Red Seal Chef” after their previous food services director (also a “Red Seal Chef”) retired. They integrate fresh produce from the local market gardens into the menu. Also, one resident spoke highly of “The Breakfast Club”, each Sunday, where a small group of residents, in rotation, gather in the recreation room and decide what to cook for breakfast – examples: fresh bacon, freshly cooked fried eggs or eggs benedict, French toast, etc.
- ☐ Public Health is offered space in the home to provide well baby clinics, allowing inter-generational opportunities for residents.
- ☐ Quotes from some of the residents – “better than other homes I’ve been in”; “beautiful

facility, great staff”; “great food”.

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

- ☐ Home could use more support from the SHA as home only has two out-of-scope staff, that are less than full time (90%), and struggle to manage all the accountabilities (reporting, training, etc.) – could use more training support (both clinical and non-clinical), human resource/labour relations support, and better Information Technology support. Staff training is more costly because of travel time and overtime to attend training in Regina.
- ☐ Care needs of residents have increased over time and some concerns were raised regarding the ability of staff to manage, particularly on nights when the staffing complement goes down to 2 people.
- ☐ Relief staff – struggle to retain relief care staff. Often have to hire unqualified staff with a commitment to have them certified as CCAs over a two-year period. It is also a challenge to retain qualified maintenance staff to manage the various building systems, especially qualified relief staff if the regular maintenance person is sick or on vacation.
- ☐ The Adult Day Support Program (ADSP) that is integrated into the home programming has several vacancies. It appears community coordinators are not aware or do not get messaging about this opportunity for community clients.
- ☐ Infrastructure – while this home is newer than most in the Regina area, they continue to struggle with roof issues (leaking, ice damming, etc.) and the heating distribution system (though the boilers have been replaced more recently).
- ☐ Board education opportunities –Access to ongoing board governance training would be beneficial to ensure the board is managing as a governance board.
- ☐ For local community residents, access to admissions in the home takes longer given that any resident can request Lumsden as their facility of choice. This has changed over time and there are now fewer local residents in the home.
- ☐ When a resident transfers from one long-term care facility to another they must be discharged from one system before admission can occur in the receiving facility. The Heritage Home is fully electronic using Care Organizer for all functions. If they can't admit the resident they cannot track medications or document other assessments. The number of staff available and trained in each site is affecting the ability to complete the necessary functions.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Continuing Care will communicate ADSP vacancy opportunities and need for up-to-date assessments with Rural Primary Health Care.
- ☐ The SHA will review the opportunity to assist affiliates with SHA services like HR/LR support and training for staff and board.
- ☐ SHA Facilities Management are working on a process for maintenance support to affiliate facilities including support to scope and cost capital infrastructure

upgrades.

- SHA will review communication processes related to chronological transfer lists to ensure consistency and transparency.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility:

2. Community: Macklin 73085

3. Date of visit: Aug 29/18

4. Please indicate who attended this visit:

(Name)

(Title)

Karen Kindrachuk

Meaningful Life Specialist

Lance Turcotte

Facility Manager

Vikki Smart

ED of PHC NW

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

- Building smells clean and is tidy
- There have been no outbreaks for a significant amount of time.
- Call bells are usually answered in a timely fashion
- Temps are fairly regulated when weather is consistent
- Residents and family noted the facility manager is very approachable
- Community handivan is available
- Upcoming events: spa day, bird club, intergenerational program (grade 4 reading program)
- Playschool has a playground right outside the dining room window – resident enjoy watching them play

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

- Residents complain there is too much chicken on menu. Facility manager indicated there is a (pre-determined) alternate available should the resident not want chicken.

- Resident noted the windows could stand a good wash
- Residents have higher needs, not enough staff to go around
- Handicap button/door needs adjustment
- Lawn care can be questionable over the warm months due to manpower (maintenance has to do the yardwork as well)
- Nursing communication could be improved by providing regular communication with families

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The Macklin health team along with NW leadership will follow up on issues and continue working with the families and residents to make improvements. Utilizing documentation tools and communication allows a better working relationship to deal with issues in a timely manner. Any significant resident safety concerns identified through Resident/Family Surveys are addressed immediately.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Maidstone Health Complex 73583
2. Community: Maidstone

3. Date of visit: July 10/18

4. Please indicate who attended this visit:

| (Name) | (Title) |
|------------------|----------------------------|
| Neal Sylvestre | ED of CC Northern NW |
| Karen Kindrachuk | Meaningful Life Specialist |
| Donna Lane | Dietary |
| Terri Kissick | Housekeeping |
| Evelyn Sayers | Laundry |
| Paula Newstead | Activities |

3a. Date of visit: October 9, 2018

4a. Please indicate who attended this visit:

| (Name) | (Title) |
|------------------|----------------------------|
| Neal Sylvestre | ED of CC Northern NW |
| Karen Kindrachuk | Meaningful Life Specialist |
| Leonard Wegner | Facility Manager |
| Paula Newstead | Activities |

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

- Baked potatoes are great
- Activities keep residents busy
- Patio is a big thing
- Appreciate laundry and the job they do
- Grounds look great
- Volunteer appreciation was really good(june)
- Piper the dog is a welcome visitor
- Home-made soup & baked bread/buns are great
- Planning Christmas dinner Dec 8
- Grade 5 kids visiting weekly

- Girls drop in to say hi and joke around – appreciate being talked to
- Really like ²⁹⁽¹⁾ – she does a great job

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

- Frozen veggies – not much flavor
- Hkg staffing loss – quite challenging to get work done
- Waiting to hear back from Derek Miller – Re: Patio Project
- LTC unable to accept garden produce
- Meat balls taste terrible
- Hot water tank failed recently which interfered with bath schedule for a couple of days
- Resident unaware of monthly product charge

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The Maidstone health team in conjunction with NW leadership will follow up on issues as they occur. Documentation of issues through minutes from the Resident and Family Council meetings as well as Quality Indicator Reports are just two examples of the tools in place to help track and improve quality care. Any significant resident safety concerns identified through Resident/Family Surveys are addressed immediately.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Prairie View Health Centre - 73087

2. Community: Mankota

3. Date of visit: Wednesday, October 17 2018

4. Please indicate who attended this visit:

(Name)

Brenda Schwan

(Title)

*Executive Director, Continuing Care SW –
Integrated Rural Health*

Dennette Warberg

Health Services Manager – Eastend & Mankota

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

- ☐ *The food is excellent.*
- ☐ *Love the new kitchen.*
- ☐ *Residents real enjoy the morning exercise program.*
- ☐ *Facility is clean and well kept.*
- ☐ *Families are very comfortable to bring any concerns forward.*

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

- ☐ *A fenced outdoor space for the residents.*
- ☐ *Activities programming to include more variety and individual programming.*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Recreation therapy needs to be a focus provincially not just focus on the large group activities

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Southwest Integrated Health Care Facility - 73504
2. Community: Maple Creek
3. Date of visit: October 16, 2018
4. Please indicate who attended this visit:
(Name) (Title)
Gayle Riendeau ED, Acute Care – Integrated Rural Health
Melissa Schwaab Manager, Southwest Integrated Health Care Facility

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

- ☐ Staffing increases (LPN) have improved the care/response times i.e. pain management
- ☐ Menu tailored to their likes/dislikes
- ☐ “Care is excellent!”
- ☐ Recent Model of Care changes
- ☐ “Activities are great!”
- ☐ Access to Respite & Convalescent Care within LTC setting

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

- ☐ Wandering clients in resident rooms – how to prevent?
- ☐ Client choices regarding medications (i.e. cough syrup, laxatives)
- ☐ Activities to suit all levels of care/cognitive abilities i.e. M.S.
- ☐ Ambulance charges for transfer to tertiary sites for Diagnostic testing can be prohibitive
- ☐ Resident Council meeting times does not always allow all clients to attend
- ☐ Face cloths available through K-Bro are “rough”
- ☐ Cuts of meat available through supplier are “tough”

7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

*Accreditation Canada surveyed site as well in September 2018

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Northland Pioneer Lodge 73587

2. Community: Meadow Lake, SK

3. Date of visit: October 4, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|--------|---------|
|--------|---------|

| | |
|-------------------|-----|
| Scott Livingstone | CEO |
|-------------------|-----|

| | |
|------------|--|
| Lyle Grant | Director of Continuing Care – Battlefords, Lloydminster, Meadow Lake |
|------------|--|

3a. Date of visit: July 18/18

4b. Please indicate who attended this visit:

| (Name) | (Title) |
|--------|---------|
|--------|---------|

| | |
|----------------|----------------------|
| Neal Sylvestre | ED of CC Northern NW |
|----------------|----------------------|

| | |
|------------------|----------------------------|
| Karen Kindrachuk | Meaningful Life Specialist |
|------------------|----------------------------|

| | |
|-------------|---|
| Carmen Jack | Nutrition Services and Operations Manager |
|-------------|---|

| | |
|-----------------|------------------|
| Shelley Wasyliv | Facility Manager |
|-----------------|------------------|

| | |
|---------------|------------|
| Tracy Burnett | Rec Worker |
|---------------|------------|

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

- Residents felt that they are well taken care of by staff. A couple of residents raised the issue of staffing and the concern for staff being overworked. This facility is having difficulty recruiting and retaining staff in a number of areas - SL
- Discussed the menu and resident choices being incorporated into the menus. Overall support and positive about responsiveness to concerns - SL
- Residents spoke positively about entertainment and activity planning - SL

- Love fresh fruit and yogurt
- SE tub floor repair – Aug 7 – 15
- HS snack is enjoyable.
- Residents applauded Rec staff for all their hard work & extra hours in putting the parade float together...the float won 1st place!

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

- Management, staff and residents commented on the current state of the facility and how that is affecting the ability to receive care and support, and well as being able to provide it - SL
- A new facility was announced for Meadow Lake in 2009 -SL
- This facility is clearly in need of replacement. Maintenance and care staff are certainly doing their best to work within the limitations of the facility; however, there are a number of challenges resulting from the age and layout of the facility that impact both the ability to care for patients and for staff to properly support residents and families-SL
- The overall condition of facility is poor and it needs to be replaced. There is significant demand from the north and patients in acute care waiting for placement - SL
- Will have R & F meetings every 3 months
- Prolonged boil water advisory – May11- July
- Veggies are still overcooked
- Ramp coming up is rough and sloped
- Request for automatic door for south exit
- Castors on a number of beds non-operational
- Washing machine not removing stains
- EH has a door that needs repairing
- Building is quite hot in summer months

- The SW wing tub room was out of service for an extended period of time because of weight restrictions on the floor. Flooring was subsequently supported and the tub back in service by end of August 2018.
- The South common area continues to have a structural weight restriction.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- NPL Staff and leadership's ongoing commitment to quality improvement is evident -SL
- Given structural limitations of the aged facility, the hard work of the maintenance staff and cleaning staff was evident -SL
- This facility needs to be prioritized for replacement and will likely need to have the plans for the new facility reassessed as needs have changed since approval of new facility -SL

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: ***Parkland Place***
2. Community: ***Melfort, SK***
3. Date of visit: ***August 29, 2018***

4. Please indicate who attended this visit:

| (Name) | (Title) |
|----------------|--|
| Corey Miller | Vice President, Provincial Programs |
| Dr. Paul Babyn | Physician Executive, Provincial Programs |
| Lori Hinz | Facility Administrator, PP |

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

- *Very good communication. \Great staff ~ knowledgeable and caring.*
- *Beautiful building.*
- *Strong therapies programs at Parkland Place.*
- *House concept works very well ~ calmer environment.*
 - *Better for Outbreaks.*

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

- *Would like to have opportunity to shower every day.*
- *Flexible and personalized decisions on Careplan (i.e.: showering)*
- *Temperature controls.*
- *Moving residents to other communities for Long Term Care admission then transferring back to the home community. (First available bed policy)*
- *Nurse call system.*
- *Staffing levels at night – need 1 more in building.*
- *Need support for residents with responsive behaviours (i.e.: like Tracey D. in Regina)*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- *The Parkland Place team along with NE leadership will follow up on issues and continue working with the families and residents to make improvements.*
- *Director of Care (Lori) and ED of Continuing Care (Lisa) to look at patterns of issues that may require follow-up.*
- *Discussion of issues with the family or resident councils will occur. Escalation to leadership done as needed.*

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: St. Paul Lutheran Home - 73780
2. Community: Melville
3. Date of Visit: July 12 and August 13, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Christina Denysek

Executive Director, Continuing Care (SE)

Kim Bucsis

Administrator

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

- ☐ This is a well maintained facility that is cared for and has a very home-like atmosphere.
- ☐ There is a large photo display with pictures of residents and events.
- ☐ "Resident of the month" continues to be supported by the community flower shop for recognition.
- ☐ There were a variety of activities underway in the home from a large group trivia game to smaller activities in the neighborhoods as well as many individualized activities.
- ☐ There is a large menu board and activities board on display so that residents and family know what is planned for the day at-a-glance.
- ☐ New hand sanitizer stations were implemented in the dining room and are at a better height to accommodate access by residents and staff.
- ☐ The home recently received an abilities swing which is being enjoyed by the residents.
- ☐ The home has made considerable improvements throughout the year including new artwork and décor for walls and a nursing station was moved to offer more space for a resident sitting area. In addition, key-coded locks were installed making it safer as old locks required a sharply pointed instrument to open them.
- ☐ The home is to be commended on the modified "house model" that has been implemented despite space limitations.
- ☐ Meals are dished up to accommodate resident choice and preference at the time.
- ☐ To increase resident safety, a book shelf decal on exit doors and flowers on windows to discourage residents from exiting.
- ☐ There were 29 residents and staff in attendance for the Resident Council Meeting on August 13, 2018. Meetings are held monthly. Of note were the upcoming activities

including a Car show and weiner roast, tour of the dietary and laundry departments for residents, two pub socials and the Alzheimers Coffee Social, Casino outing, and the upcoming Melville Millionaire hockey games beginning in September.

- ☐ Residents very much enjoyed the mini-horse and mini-donuts day and requested that this be held again in the future.
 - ☐ Residents were encouraged to feel free to speak to a manager at any time with their concerns. There was no need to wait for a meeting. Also, there may be concerns that are confidential and managers are happy to have private discussions at any time. It was evident that residents felt comfortable with this approach and access it frequently.
 - ☐ Residents were complimentary and noted the following:
 - "Staff are nice"
 - "Everything is fine"
 - "We are very fortunate to have a place like this. It is very nice."
 - ☐ Daily visual management is being utilized and has been enhanced with boards on each of the neighborhoods.
 - ☐ As a focus on staff safety and in response to high TLR injury rates, warm-up exercises have been implemented for staff at the beginning of each shift.
6. Please describe areas for improvement as identified through your visit and discussions with families and residents:
- ☐ Concern raised with a missing blanket, and length of time to find things when it goes to laundry at times.
 - ☐ When items are raised they are handled promptly, i.e. replacement of a un-repairable clock
 - ☐ Concern raised re: call bell placement with a commitment from the manager to review with resident.
7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:
- ☐ Continue to review the menu and provide food choices and options.
 - ☐ Continue with the commitment to listen to residents and address their concerns on an ongoing basis.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Midale Manor & Health Centre - 73530

2. Community: Midale

3. Date of visit: Monday, October 15 2018

4. Please indicate who attended this visit:

(Name)

Brenda Schwan

(Title)

*Executive Director, Continuing Care SW –
Integrated Rural Health*

Cyndee Hoium

*RN/MDS Coordinator – Midale Manor & Health
Centre*

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

- ☐ *Very clean and well-kept facility.*
- ☐ *It feels like a real home.*
- ☐ *Love the new van for outings.*
- ☐ *The activities program.*

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

- ☐ *The menu needs to be more resident focused and reviewed.*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

The importance of maintaining our infrastructure in LTC. This facility is very well maintained and does not show it's age.

Saskatchewan Health Authority Long-Term Care Quality Assessment- 2018

1. Name and number of facility: Bethany Pioneer Village
2. Community: Middle Lake, Sask
3. Date of visit: August 28, 2018
4. Please indicate who attended this visit:
(Name) (Title)
Corey Miller Vice President, Provincial Programs
Dr. Paul Babyn Physician Executive, Provincial Programs

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

- positive transition from City into Rural - smooth transition
- local staff - partners in care
- Volunteer community - 150 people
- facility is excellent - private rooms & bathroom
- Food is local & excellent.
- Beautiful Grounds

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

- distance challenges - hearing test/hearing aid
- dental, physio/therapy
- Staffing levels ↑, Staff Education & Support for dementia
- Obsolete Call System - patient safety concerns - false call
- not working
- Obsolete Phone System - not repairable/used parts

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Gentle pre-sewative strategies

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Montmartre Health Center
2. Community: Montmartre
3. Date of visit: October 22, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|------------------|-----------------------------------|
| Maggie Petrychyn | Executive Director, PHC |
| Sabrina Bovee | Manager, Montmartre Health Center |

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

- Facility is 25+ years old but very well maintained; Main entrance welcoming. Site also supports active PHC team with NP and Physician services being provided regularly from the team in Indian Head.
- Great support from local trust committee; currently working on enhancing the outdoor space to improve access and safety for residents.
- Resident feedback included comments such as “Great staff!” and “good food”!
- Meal board present in the main area – large printing and easily visible for residents and families.
- Working with local school to build side board and shelving units to support beverage cart easily accessible to residents and families.
- Lots of staff engagement; smaller facility in which staff and residents feel like family.
- Team working to reduce the institutional like feel of the facility by encouraging families and residents to decorate their own room and enhancement of family lounge.
- 2 DVM boards present – one used daily by team for tracking metrics such as near misses, TLR/ SMART audit results and hand hygiene. Engaged staff to be accountable for regular audits on a rotational basis. MDS QI results are posted to guide team discussion.

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

- Ongoing concerns noted re: access to secure outdoor space; experiencing challenges in keeping project moving forward. Great support from local trust committee but funding gap noted once plan finalized; local trust committee and service groups looking at fundraising

options.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Each site to review results from LTC Resident/ Family survey with teams with the lens of quality improvement. Once opportunities identified, work with available supports to develop and implement work plans.
- MDS QI indicators are posted on the visibility wall. Teams are encouraged to discuss results to guide opportunities for improvements and develop QI plans.
- Perform current state analysis of all LTC Therapeutic Recreation programs. Utilize the data and program evaluation from pilot sites to inform further focused work.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Extendicare (Affiliate) - 73518

2. Community: Moose Jaw

3. Date of visit: Monday, October 15 2018

4. Please indicate who attended this visit:

(Name)

Brenda Schwan

Rhonda Farley

(Title)

*Executive Director, Continuing Care SW –
Integrated Rural Health*

Administrator - Extendicare

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

- ☐ *An active family support group.*
- ☐ *Food committee that includes residents and staff.*
- ☐ *The staff are very caring.*

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

- ☐ *The building needs to be replaced.*
- ☐ *No room for personnel items – cluttered.*
- ☐ *Most rooms are shared space with another resident.*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

There needs to be a capital planning process for aging facilities.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Pioneer Lodge - 73520 – 73 beds
2. Community: Moose Jaw, SK
3. Date of visit: October 18, 2018
4. Please indicate who attended this visit:

(Name)

Suann Laurent

(Title)

Chief Operating Officer

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

- ☐ Flu shots are almost completed.
- ☐ More choices for food now which families are appreciative of.
- ☐ Residents and families stated they receive great care and the staff are kind and if they have issues they know who to contact.

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

- ☐ Better use of daily visual management would benefit this site – put indicators for LTC on walls.
- ☐ Facility needs paint.
- ☐ Relaxed breakfast options.
- ☐ Purposeful rounding needs to be implemented consistently for all residents.
- ☐ Gentle Persuasion training would be of benefit at this site.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Consistent appreciation of Gentle Persuasion training for all staff across the province.
- ☐ Explore having NP throughout the province to enhance services in LTC.

**Saskatchewan Health Authority Long-Term Care Quality Assessment –
2018**

1. Name and number of facility: Providence Place - 73523
2. Community: Moose Jaw
3. Date of visit: Monday, October 15 2018
4. Please indicate who attended this visit:

(Name)

Brenda Schwan

Dianne Hartell

Brenda Fitzgerald

(Title)

Executive Director, Continuing Care

SW – Integrated Rural Health

Manager – Providence Place

Interim Executive Director – Providence Place

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

- ☐ *Very strong resident council.*
- ☐ *Very active volunteers.*
- ☐ *The variety of the activities.*
- ☐ *Feels like a home.*
- ☐ *Appreciate the chapel.*

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

- ☐ *The meals could be better.*
- ☐ *The facility needs new windows and blinds.*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Need to work towards a resident-centred menu for LTC.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: South East Integrated Care Center
2. Community: Moosomin
3. Date of visit: September 28, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|------------------|--------------------------------------|
| Maggie Petrychyn | – Executive Director, PHC |
| Jenifer Dominey | - Director, Prairie East PHC Network |
| Amanda Watson | - Manager, LTC |

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

- Newer facility with 4 houses. Each house is bright with lots of natural light.
- Great support from local foundation and community – recent upgrades to outdoor space boasts a large covered pergola with BBQ that can be used by families. Local Town Counsellors “flipped burgers” for Volunteer Appreciation event.
- “Great staff!”
- Not like home – but likes that resident can be out on “passes” for a few days to enjoy family outings, etc.
- Lots of focus on enhancing dining experiences - based on resident/ family concerns raised they recently added a salad choice daily at noon meal; more choices of fruit throughout the day; “meal boards” displaying daily menu upgraded based on resident feedback and input
- Facility cleanliness – “always washing some floor”
- Extensive use of DVM throughout the units – daily production boards in each house, daily VBI discussion guidelines to review required care components (eg weekly review of residents using restraints), weekly interdisciplinary huddles
- Recently introduced dedicated “bath CCA” assignment – feedback from residents has been excellent; they like the consistency; team able to embed tasks such as regular skin assessments.
- Sensory stations in each house – used by not only residents but have seen residents engaging and interacting with young visitors playing with them as well
- Team uses MDS QI’s to guide care plans and review as soon as report available (not waiting until Ministry reports sent out).

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

- Concern over lack of privacy - Cognitively impaired residents will wander in and out of rooms; would like to be able to lock their doors when they are out of their rooms.
- Concerns re: meals and choices had been brought to the Resident Council – team took the feedback and added several choice options to menu

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Each site to review results from LTC Resident/ Family survey with teams with the lens of quality improvement. Once opportunities identified, work with available supports to develop and implement work plans.
- MDS QI indicators are posted on the visibility wall. Teams are encouraged to discuss results to guide opportunities for improvements and develop QI plans.
- Perform current state analysis of all LTC Therapeutic Recreation programs. Utilize the data and program evaluation from pilot sites to inform further focused work.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: PINEVIEW LODGE
2. Community: NIPAWIN
3. Date of visit: OCTOBER 5, 2018
4. Please indicate who attended this visit:
(Name) (Title)
Mike Northcott Chief Human Resources Officer
Kellie Stroeder Facility Administrator

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

Feedback from the residents and family members was:

- Most of the CCA's are good, nurses are good, and doctors are good.
- Staff are compassionate.
- Meals have improved.
- Nice rooms.

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

Feedback from the resident and family member was:

- Areas of the facility are cold.
- Staff are very busy.
- Sometimes have to wait until 7:00 to be helped into bed.
- Too many beans and poultry in the menu. Also use skim milk instead of cream for the tea.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Feedback from staff included the following:
 - They are focused on minimizing the number of residents using anti psychotic drugs. Coding is cited as a real challenge with this metric.
 - The layout of the facility is very large. This creates limited sight lines and limited ability to hear from one neighborhood to another.
 - Staffing levels are a challenge.
 - The face cloths that are presently being used are not very soft and should be replaced with something softer for the residents.
- The feedback provided will be provided to leadership to help inform improvement efforts in Long Term Care.

Saskatchewan Health Authority Long-Term Care Quality Assessment -2018

1. Name and number of facility: Nokomis Health Centre – 73105 (14 LTC Beds and 4 Multi-Purpose Beds)

2. Community: Nokomis, Saskatchewan

3. Date of visit: October 29, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Rod MacKenzie

Executive Director, Provincial Services – Community Care

Kim Kardash

Site Lead-Nokomis Health Centre

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

Nokomis Health Centre (LTC) has been actively engaged in creating an environment that can accommodate residents with bariatric needs. This recent focus has allowed a local resident to return to Nokomis from Strasbourg allowing the resident to receive safe and appropriate care closer to home and family.

Nokomis is a small home and residents, family and care staff get to know each other well. Residents appreciate individualized attention and the food “is always good.”

The Nokomis care staff have been actively engaged in an exercise and activity program for residents with good results. A few of the residents have seen increased mobility and independence as the result of the program.

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

There are currently 4 residents in the home with bariatric challenges and increased staffing would help ensure that they are safely supported in the home.

The RM of Mount Hope and RM of Wreford have donated money to purchase six new mattresses for the home. The home would benefit if a few more could be acquired.

The home currently has seven ceiling track lifts. An eighth lift is being purchased through community donations. Additional lifts would improve the homes capacity and provide a safer environment for staff and residents.

7. Please describe how the information gathered during this visit will be used to inform the SHA1s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

The information gathered from the visit will be shared with the Directors and Executive Directors responsible for the home so that a coordinated plan for improvement can be developed.

Saskatchewan Health Authority Long-Term Care Quality Assessment-2018

1. Name and number of facility: Norquay Health Centre- #73771
Norquay
2. Community: September 11, 2018
3. Date of visit:

4. Please indicate who attended this visit:

| (Name) | (Title) |
|-------------------------|--------------------------------|
| <u>Jacguie Holzmann</u> | <u>ED-Primary Health Care</u> |
| <u>Phyllis Olynky</u> | <u>Health Services Manager</u> |

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

- Older residence, but many updates this past year including: Replacement of flooring in dining area and repair of a sloping floor, 2 resident rooms being painted and flooring replaced.
- Very welcoming with decorations and resident rooms personalized.
- New tub in facility from community donations this past year.
- Smaller residence, good staff/resident relationships and know each other well.
- Local community residents, 1 Respite bed is well used.
- Recreation/activities staff 6 days a week (Monday to Saturday). More outings were suggested by residents; they do not have a town/facility bus, but can borrow other facilities'.
- Art students from local high school linked with residents- process starts with an interview, then complete art work which is left with the resident. Has been a great event for residents and students getting to know their community.
- Playschool comes in weekly for crafts and snacks- residents enjoy this interaction.
- Youth group also comes 1 day a month for hymn sing, read to residents, play piano and sing.
- Bands/Churches retuning in the fall for activities.
- Artist of the month club.
- Reworking kitchen processes and times to give priorities to resident's meal times, prior was priority for meals on which created wait for residents.
- Close to 50% of rooms in this residence have ceiling lifts.
- Outdoor Space- Norquay community is very supportive of initiative and donated over \$70,000 to build barrier free outdoor space. There is huge pride in this space from staff, community and residents.
- Regular Occupational Health & Safety meetings are occurring.

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

- Food: Some residents are not liking the puree product from Cisco. Find it lacking flavor. Overall food and mealtime no concerns.
- Clothes- laundry gets mixed up and others are getting clothes that are not their own.
- Equipment storage in front of the TV in the activity room so this makes it hard for some residents to see the TV.
- Some rooms are always cold in this residence. Replacement of windows has helped.
- Staffing is a challenge at this residence, especially weekend staffing in some areas like dietary.
Makes it a hard time to get meals out. Have had challenges also in staffing recreation department.
- Staffing in general I cook/cook assistant challenging due to qualifications needed.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Time of Resident Family Council meetings should be addressed to encourage more families to attend.
- Ongoing recruitment strategies for cooks and dietary staff.
- Continued capital planning for upgrades to older residence. Upgrades and equipment purchases have made this a very inviting home.
- Continue to look for opportunities to increase resident outings.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: River Heights Lodge 73579

2. Community: North Battleford

3. Date of visit: August 8, 2018

4. Please indicate who attended this visit:

Beth Vachon, VP Quality, Safety & Strategy

Kelly Day, Facility Manager

Coralie Kuntz, Adult Day Program/Recreation Manager

Wilma Peek, Facility Maintenance Manager

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

- All family members reported their family members are treated with respect. They identified the facility is clean and the food is good quality. They are pleased with the recreational opportunities available in the home. Families stated they are pleased with the quick response they receive when they have questions and appreciate that staff phone to provide regular updates.
- The manager and nursing staff conduct 'flash' audits on a regular basis for things such as hand hygiene, etc. This is an effective way to monitor quality and safety issues. The facility has implemented falls logos outside doorways that are very easy to see and identify those residents who are at risk of falls.

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

- Two family members identified that they would like to see bathing more frequently than once per week. The other family stated their mother resists baths and that the staff do a very good job of ensuring their family member is clean and does bathe.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The River Heights health team in conjunction with NW leadership will follow up on issues as they occur. Documentation of issues through minutes from the Resident and Family Council meetings as well as Quality Indicator Reports are just two examples of the tools in place to help track and improve quality care. Any significant resident safety concerns identified through Resident/Family Surveys are addressed immediately.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Villa Pascal
2. Community: North Battleford
3. Date of visit: Sept 20/18

4. Please indicate who attended this visit:

(Name)

(Title)

Neal Sylvestre

ED of CC Northern NW

Heather Beatch

Facility Manager

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

- Use of PA system so everyone can hear
- Dietary is good – Ice cream Sundays
- Laundry & Hskg – Good, staff attending meeting
- Fam meeting Sept 24 – Lyle Grant & board members
- Dedicated Rec Therapy
- Outing RHL – tri facility party
- Srs week Oct 1-7
- 147 live acts for last year
- Residents enjoy a Family like environment with care staff.

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

- Facility warm and comfortable
- Turn fans off in dining room during meals. Residents don't like the cool draft
- Outings are usually quite enjoyable but the trip to Jack Fish Lodge was a long ride for coffee and pie.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Villa Pascal and the leadership team accept the feedback provided and will help inform improvement efforts in Long Term Care. Any significant issues arriving from surveys are addressed immediately
- Minutes of Resident and Family Council are detailed and demonstrate outreach to the residents and families.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Outlook and District Health Centre - 73110
2. Community: Outlook, SK
3. Date of visit: October 5, 2018
4. Please indicate who attended this visit:

(Name)

Suann Laurent

(Title)

Chief Operating Officer

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

- PT/OT are close
- Community Paramedicine program in LTC
- Family Council fan-out list
- Clinical Nurse Educator position is seen as an asset
- Activity program and current incumbent are seen as an asset and very well received by families and residents.
- Doctors visit regularly
- Handwashing compliance
- Nursing students “growing your own” are valued

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

- Outlook and District Health Centre has a very warm and welcoming staff – families and residents confirmed this on visiting them.
- Handwashing sinks in corridors and security cameras are appreciated.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Site has capacity for a rehab unit in the health centre portion
- ☐ Night owl program implemented to assess residents at night hourly who are at risk

**Saskatchewan Health Authority Long-Term Care Quality Assessment
– 2018**

1. Name and number of facility: GALLOWAY HEALTH CENTRE

2. Community: Oxbow

3. Date of visit: September 20, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Caroline Hill

Facility Manager

Karen Earnshaw

Vice President, Integrated Rural Health

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

- Central Intake for LTC has lower wait lists
- Food is good but not enough variety
- Relaxed wake times
- Nice and well used outdoor space
- Large well-maintained private rooms
- Increase in LPN in LTC has increased care and focus
- MDs & pharmacists work together on med reviews but do not participate in team conferences
- Relatively new building with a very nice kitchen

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

- Change in qualifications for cooks
- “Rigid” menu doesn’t consider LTC is ‘home’
- Additional MD to support the on-call
- Challenges getting buy-in to use MDS
- Integrated site that perhaps has greater focus on ER rather than LTC
- Not a strong use of DVM or daily huddles

7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Will add to team huddles; inform resource planning and inform the integration of new model for PHC.

**Saskatchewan Health Authority Long-Term Care Quality Assessment –
2018**

1. Name and number of facility: Foyer St. Joseph Nursing Home - 73512
2. Community: Ponteix
3. Date of visit: Wednesday, October 17 2018
4. Please indicate who attended this visit:

(Name)

(Title)

Brenda Schwan Executive Director, Continuing Care SW – Integrated Rural Health

Roxanne Stringer Health Services Manager – Foyer St. Joseph Nursing Home

Deb Hapke Executive Director – Foyer St. Joseph Nursing Home

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

- ☐ *Very good community involvement.*
- ☐ *Stronger relationship with Health Centre.*
- ☐ *Dedicated Staff.*
- ☐ *Spiritual care is very good.*

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

- ☐ *Admission process into LTC needs to be streamlined.*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Now that the Saskatchewan Health Authority is formed, there needs to be work on a standard admission package for LTC.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: **Red Deer Nursing Home**
2. Community: **Porcupine Plain, SK**
3. Date of visit: **October 23, 2018**

4. Please indicate who attended this visit:

(Name)

Pam McKay

Anita Watt

(Title)

RN, BScN, ED ~ Primary Health Care NE

RN, Facility Administrator

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

Love Bingo, curling and trivia (but not too much trivia). They are happy with their bathing experience. Staff are great and helpful, care is good. No one wakes them up they wake up on their own unless they have asked to be woken up. Happy with personal laundry service for the most part (sometimes cloths get stretched out but rare) Meals are good.

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

Food is good but they would like to more variety in the meals especially breakfast, they only get eggs once a week and they would like them more often, it would be nice too if there was muffins available at breakfast. Female residents disappointed that "folding activity" removed. Folding of resident face cloths/towels no longer done by residents due to infection control concerns. Asked if it would be possible for staff to get residents up first in the am if they are ones that sleep through the night and not get up to the toilet. There had been concerns about the face cloths being rough, on the day that I was to visit K-bro had visited and showed the residents the new face cloths that would be purchased and how much softer they would be.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Preeceville District Health Centre - 73117
2. Community: Preeceville
3. Date of visit: September 25, 2018
4. Please indicate who attended this visit:

(Name)

Roberta Wiwcharuk

(Title)

Executive Director, Acute Care

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

- ☐ Fall decorations both inside and outside of the facility.
- ☐ Large fenced in area outside.
- ☐ Large, open concept dining and recreation area. Lots of beautiful indoor plants /trees. There is a large fish tank and there are 2 budgee birds.
- ☐ Family room and hairdressing room is available.
- ☐ There is a shuffle board table for the residents/families to enjoy.
- ☐ 2 tub rooms with showers available.
- ☐ The resident rooms are large with large windows with a nice view. Many residents had a bird house/feeder outside their window. There are shadow boxes outside each of the resident's room where they have personal items that are meaningful to them.
- ☐ Lots of movies/DVDs are available for the residents to watch. A big screen TV was on in the common area.
- ☐ Monthly birthday parties are held for the residents/families.
- ☐ During my visit the residents were making banana bread and it smelled delicious when it was baking. Individual foot baths /spas were planned for the afternoon. On September 26th there was an outing planned to visit neighboring residents at the Norquay Health Centre.
- ☐ The activities for the day were posted on a white board and each resident had a monthly calendar posted in their room.
- ☐ Several residents expressed how much they enjoy the church services and the musical entertainment.
- ☐ One resident stated " the staff are very good to me and I like it here" and another resident stated "the meals are very good"
- ☐ Daily Wall Walks are held, with all department staff participating.

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

- ☐ One resident stated “sometimes the meals are cold when they arrive in my room”.
- ☐ Concern raised in regards to not receiving personal mail in a timely fashion.
- ☐ There had been ants in one resident’s room, but ant traps were set up and the problem was resolved.

7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ The biannual Dietary Focus Groups will continue to address any dietary/menu concerns and the residents will also bring their concerns to the attention of the Facility Manager.
- ☐ The Facility Manager will work with the staff to implement a process to ensure the residents do receive their personal mail in a timely fashion.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Herb Bassett Home
2. Community: Prince Albert (NE)
3. Date of visit: August 23rd, 2018
4. Please indicate who attended this visit:
(Name) (Title)

Andrew McLetchie VP of INH

5. Please describe what is working well as identified through your visit and discussions with families and residents:
 - *Youth volunteer program—linking a youth from the community with a resident and having visits throughout the year.*
 - *Recreation and activities—good parties scheduled throughout the year.*
 - *Responsiveness of management and staff—residents felt supported to stay well.*
 - *Respite admission expressed that she got good support and helped to be able to return home.*
6. Please describe areas for improvement as identified through your visit and discussions with families and residents:
 - *Removal of large trees earlier in year seen as a loss—plans underway to reclaim area as trees were becoming risk for building.*
 - *Some youth volunteers very shy—increased plan for engagement with youth to help reduce fears and better help them work with elders.*
 - *Security—glad to have security in the building but felt there should be more presence or located more centrally (currently station outside of one of the homes).*
 - *Request for locks on doors to prevent wanderers from coming into areas.*
 - *Loss of laundry items a common concern*
 - *Noise in hallways—after hour activity, Zambonis cleaning floors while people are asleep, carts with flat/wobbly wheels*
 - *Support getting back to homes after meal times.*
 - *Desire to see more pets in facility*
 - *Staff not knocking when they enter rooms*
 - *Wifi access inconsistent*
 - *Exercise sessions seen as not inclusive of all residents.*
7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:
 - *The HBH team along with NE leadership will follow up on issues and continue working with the families and residents to make improvements.*
 - *Site Director (Frank) and ED of Continuing Care (Lisa) to look at patterns of issues that may require follow-up.*
 - *Discussion of issues with the family or resident councils will occur. Escalation to leadership done as needed.*

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Mont St. Joseph Home Inc.
2. Community: Prince Albert
3. Date of visit: October 26, 2018
4. Please indicate who attended this visit:

| | |
|----------------------------|--|
| (Name) | (Title) |
| <u>Dr. Stephanie Young</u> | <u>Physician Executive, Integrated Northern Health</u> |

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

- When you walk up to and into the facility, you can see the love that the staff have for the home. The facility is beautifully taken care of and decorated for the season.
- The family's feel that the CCA's go above & beyond all the time.
- Staff, even housekeeping know everybody's name even on the first day of arrival.
- There are a lot of activities for the residents to participate in. The families are happy with the amount and variety. "They take the time to make sure everyone (even dementia patients) are part of the activities."
- The families report that laundry gets a little mixed up but overall it's good.
- The food is lovely, even from the picky eaters. There is a lot of choice and the food is always warm and tastes lovely.
- Point click care has improved the care of residents. The staff are very passionate about this and are fearful for a change to this.

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

- Staffing is an ongoing issue. Care is rushed and staff don't feel like they can give the quality of care the residents deserve (ex. CCAs, LPNs, rec staff). The younger patients can see this and are reserved in asking for help. This is unfortunate for both patient and staff. It was noted that there has been no increase in funding for staff since the 1980's.
- Capital costs remain absent. These are not in regular budget lines.
- Two baths a week would be great. This is an ongoing theme for the majority of the homes in the province
- Support services are lacking for the residents:
 - No help with Diabetic support for residents.
 - No dietetic support
 - Dental service lacking
- Equipment
 - Tub rooms need improvements
 - The thermodyne in the kitchen is in need of critical repair or replacement. Brian will follow up with Lisa Major about this urgently to figure out what the next steps are.
- There is a large need for more respite beds. They only have 1 bed for respite. There have been ongoing requests for more. There was also a request to review the process between respite patients with LTC permanent placements. It seems as though this process is not coordinated and there could be huge improvements made if this was reviewed.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The MSJ's health team along with NE Senior leadership will follow up on issues and continue working with the families and residents to make improvements

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Pineview Terrace
2. Community: Prince Albert
3. Date of visit: October 1, 2018
4. Please indicate who attended this visit:

| (Name) | (Title) |
|----------------|---|
| Dr. Susan Shaw | Chief Medical Officer |
| Rob Gentes | Executive Director Practitioner Staff Affairs |
| Maily Lockhart | Executive Assistant, Chief Medical Officer |

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

Leadership has considerable skill and experience with continuous improvement including daily visual management. Staff are organized using an Eden model. Lovely well-designed modern building.

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

Pineview Terrace reports a high rate of staff turnover which is a barrier to creating a culture that supports a more home-like experience for residents. Challenges experienced in the facility are access to services such as occupation and physical therapies for residents, quality of food and access to fresh produce, accessibility to the bathing equipment to offer relaxation, privacy and dignity.

Aims are to make more use of visual data and metrics and provide better administrative support to staff.

Some residents request same-gendered care for bathing.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

My observations and interactions make me question whether our policies can get in the way of creating a more home-like experience (not specific to my visit to Pineview but in general when visiting owned-and-operated facilities).

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Radville Marian Health Center
2. Community: Radville
3. Date of visit: July 11, 2018 and Oct 31, 2018
4. Please indicate who attended this visit:

(Name)

(Title)

Maggie Petrychyn – Executive Director, Integrated Rural Health PHC SE

Leila McClarty – Sen Regional Director

Sheena Grimes – Director PHC

Bryce Martin – Executive Director, Integrated Rural Health PHC SW

Debbie Donald - Manager

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

- ☐ Newer facility (4 yrs old) integrated with Health Center and PHC
- ☐ 2 House concept supporting many Eden principles; warm color palate with many inviting areas within the plan; flow supports many opportunities/ spaces for residents to safely wander.
- ☐ Beautiful secured outdoor space with several other outdoor spaces available for residents and families to use. Large covered deck area with BBQ and dining areas.
- ☐ Large, bright open activity area; hallway walls covered with “family/ resident” pictures
- ☐ Resident feels supported to maintain independence – eg. Pays own “rent”;
- ☐ Menu offers substitutions for meals resident doesn’t like.
- ☐ Supports resident individual activities – eg. One resident likes to paint
- ☐ Great support from local community for fundraising and volunteers; school kids will come in for various events and high school kids will volunteer
- ☐ Daily huddles used to support care needs, purposeful rounding, etc.

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

- ☐ Challenges with staffing of activity department – staff struggle with programming for changing needs of residents
- ☐ Standardized menu has not changed in many years – residents get tired of same menu options.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Engage Nutrition and Food Services to review standardized menu with move towards supporting choice further enhancing the dining experience.
- ☐ Each site to review results from LTC Resident/ Family survey with teams with the lens of quality improvement. Once opportunities identified, work with available supports to develop and implement work plans.
- ☐ MDS QI indicators are posted on the visibility wall. Teams are encouraged to discuss results to guide opportunities for improvements and develop QI plans.
- ☐ Perform current state analysis of all LTC Therapeutic Recreation programs. Utilize the data and program evaluation from pilot sites to inform further focused work.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: **Silver Heights Special Care Home (306) 746-4800**
2. Community: **Raymore**
3. Date of visit: **October 12, 2018**
4. Please indicate who attended this visit:

(Name)

Jeannie Munro
Lindsay Olson Weir

(Title)

Executive Director – Primary Health Care
Interim Manager

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

- *The family is so happy to have to have their mom in her home community. The activities are good, the food is good and the staff are very friendly and caring. They have no complaints at this time.*

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

- *The only area of concern that the daughter's identified was the need to provide a week's notice if they wanted to join their mother for a meal. They fully understood the need to be able to plan for additional guests but would prefer a shorter timeframe.*
 - *Upon checking with the interim manager, the guideline is 48 hours notice. The manager was planning to follow up with the family.*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- *There will be continued discussions with residents and families to address any areas of identified gaps.*
- *Continue provision of excellent, varied meal options*
- *Continue to hold daily huddles/visual management in order to monitor areas of improvement; monitor QI indicators*

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: Redvers Health Centre - 73536
2. Community: Redvers
3. Date of Visit: July 10, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Christina Denysek

Executive Director, Continuing Care (SE)

Polly Godenir

Community Services Manager

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

- ☐ The facility is well cared for. Staff and the community are very proud of the facility.
- ☐ There is considerable support from the Redvers & District Health Foundation.
- ☐ Considerable work was done in the past year to ensure that the Special Care Home Guidelines training was completed.
- ☐ There are a couple of beautiful and secure outdoor spaces for residents and they are well utilized. There are themed gardens being created, a screened area for shade and bug control, raised garden boxes and in the front courtyard two pergolas are being erected for shade. There was great support from the community's greenhouses with plants and flowers.
- ☐ There is an activity board that is in a common area and regularly updated with the daily menu and activities/events.
- ☐ The home implemented a process for auditing the footwear of residents and this has been a valuable contributor to the reduction of falls and falls prevention.
- ☐ The home holds monthly Resident Family Council meetings and they are well attended.
- ☐ There is a family picnic planned for the summer as well as community performers for entertainment. The residents noted that they very much enjoy the monthly special dinners. The recent "Under the Sea" destination dinner was greatly appreciated with a comment "It was awesome". The decorations were especially appreciated and family commented on how festive it all looked.
- ☐ There is work underway on a summer menu and residents requested that it include more barbeques (weekly). It was noted that there is always alternative food choices available and residents commented that staff are very good to remember their preferences.

- ☐ The Community Daycare visits the home weekly in the summer and this is very much enjoyed. Throughout the school year there is also good support from the schools. Residents stated that it would be nice to have the children stay longer in the day.
 - ☐ Residents shared the following comments:
 - “When the kids come, they are so much fun.”
 - “Happy to be here, I love my room, love the food – I can’t ask for more.”
 - “I got my wish yesterday – I got my nails done.”
 - ☐ Residents stated that their family and friends are always welcome. This was evident as there were visitors and small coffee circles.
 - ☐ Residents had previously requested that the courtyard door be unlocked for easier access in and out. This has been accomplished.
 - ☐ There is a rabbit that lives at the home and is well cared for and enjoyed by the residents. Residents very enthusiastic at the idea of additional visits by animals and would appreciate this.
 - ☐ The town owns and operates a handi-bus and this is available to the facility for bookings and community outings.
 - ☐ Resident rooms are personalized with personal belongings and they are encouraged to make it comfortable, warm and inviting.
6. Please describe areas for improvement as identified through your visit and discussions with families and residents:
- ☐ Continue to work with the residents on the summer menu.
 - ☐ Residents thought that there were a lot of bugs outside and perhaps a bug zapper would assist with this.
7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:
- ☐ Continue the ongoing work that has occurred over the past year with the residents on menu planning, food selection and variety.
 - ☐ Continue to complete the additions of the pergolas to the courtyard.
 - ☐ Continue the ongoing work on falls reduction and prevention.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Extendicare Elmview
2. Community: Regina
3. Date of visit: October 25, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|----------------|--|
| Sharon Garratt | Vice President, Integrated Urban Health |
| Debbie Sinnett | Executive Director, Continuing Care Regina |
| Dan Kohl | Transition Lead, Health Services Organizations |

Met with Administrator, Dan Shiplack and Director of Care, Books Brhelle, joined in the daily huddle (17 staff + management), toured the home, and gathered in conversation with 25 residents/family members.

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

- ☐ Administration identified the good working relationship and open communication with SHA when working through needs and concerns, responsive, with collaborative approach to program improvement in QRU.
- ☐ Home is a good size – staff know everyone. Residents have an opportunity to walk the hallways and not get lost. If there's a concern, it gets dealt with immediately. Good communication with families and they feel confident that their loved ones are cared for.
- ☐ The home just received a 100% satisfaction survey result from a recent resident/family survey conducted by Extendicare. This is the second time the home has achieved this status.
- ☐ Enhanced staffing – recreation has been extended to evenings and weekends and additional CCA staff were added in the morning Breakfast is now scheduled at 0900, allowing residents to sleep in and more time to get ready..
- ☐ Elmview is a facility of choice versus a first available bed home with fewer discharges per year than regional norm, despite having semi-private rooms and four-bed wards in their bed mix.
- ☐ Home has experienced only one lost injury day in seven years! They have a strong accountability structure and staff are fully engaged in that accountability.
- ☐ Quick Response Unit (QRU) admissions are now approximately 22% from community – these clients avoid having to present in the emergency department prior to transferring to QRU, to have their care needs assessed.
- ☐ Quotes from some of the residents/families – “I’ve been here for almost 15 years and everything is good.”; “I am happy that I can join with my wife – the home involves me in

everything.”; “Recreation programs are inclusive for all residents – I feel the staff and other residents are part of my family.”; “The care is phenomenal!”; “Dan listens to us.”

- ☐ The home benefits from supports provided by Extendicare system, for example group purchasing, nursing consultation support, etc.. Extendicare is in process of changing to a different vendor for pharmacy services, so Elmview staff are in transition process.

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

- ☐ Facility infrastructure remains a huge challenge for this nearly 60 year old home.
 - Home has some single rooms but the majority of rooms are semi-private with some four-bed wards.
 - Rooms are very small. Shared rooms are a challenge when residents require mobility equipment (walkers and wheel chairs), along with using resident lifts and commodes. One resident asked if Elmview can consider balancing out roommates, based on equipment needs.
 - Resident lifts are stored in hallways as the only ceiling track lifts are in the tub rooms.
 - Operating within the current fire code is a challenge in this old site.
 - Very few common area spaces for residents and families to have privacy.
 - Heating system is challenged– some areas are too warm while other areas are cold.
- ☐ One resident shared her experience trying to navigate their transfer to RGH for investigative procedures. They did not feel comfortable navigating it alone and said they would really benefit having an Elmview staff person attend with them.
- ☐ Residents quarantined during outbreaks is an issue, especially in shared rooms – difficult for residents to be isolated for extended periods of time and also difficult for families to don and doff PPE equipment.
- ☐ Home and residents/families have to manage and complete duplicate resident/family satisfaction surveys – annual process for Extendicare and bi-annual process for the SHA/Ministry of Health.
- ☐ The door alarm system at the front door can be an annoyance. A family member asked if it is possible to have a system where families can enter a code to enter, similar to other LTC homes (this comment was passed on to Elmview Administration for consideration).
- ☐ The public address system is not the best quality and needs replacement.

7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ SHA has been working on LTC renewal plans for several years now, including support of Extendicare’s plan to replace the Regina homes.
- ☐ The SHA is establishing a fire safety working group for affiliate facilities to work collaboratively on mutual issues/concerns.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Extendicare Elmview
2. Community: Regina
3. Date of visit: October 15, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|----------------|--|
| Debbie Sinnett | Executive Director, Continuing Care Regina |
| Dan Kohl | Transition Lead, Health Services Organizations |

Met with Administrator, Jason Carson, toured the home, joined in on the manager daily huddle.

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

- ☐ Home is bright, clean, and cheerful.
- ☐ Enhanced staffing provided over the past two years has seen many positive changes including expanded recreation programming to evenings/weekends and additional CCAs to attend to call bells, toileting, and baths.
- ☐ Visibility walls are neat, organized, and updated regularly.
- ☐ “Positive Morale Wall” is a good way to celebrate staff and share staff events.
- ☐ Electronic menu board for residents/families to see, not only the menu for the current day, nutritional information, but also the menu for the next week or two. This is pilot site for this new initiative.
- ☐ Quotes from some of the residents – “staff are good and attentive”; “They care about us!”; “No complaints”.

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

- ☐ Infrastructure, both physical and functional, is the most significant issue facing Parkside. Ward beds, lack of lounge spaces and private spaces, lack of storage, duct tape on floors, etc. all have a negative impact on the environment for residents and families. One resident asked “when are we going to get a new building?”
- ☐ A few residents commented on the recreation programs:
 - Would like to see more contemporary activities/programs, especially for younger residents.
 - “I would like to do things that are more meaningful, to keep the mind going!”
- ☐ Sometimes staff seem hurried to get their tasks done.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Home is on the right path towards correcting issues identified in the surveys and QIs. In addition to QI's, audits and Resident/family experience survey, Extendicare does an annual resident/family survey, used to inform strategic planning.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Extendicare Sunset
2. Community: Regina
3. Date of visit: October 29, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|----------------|--|
| Debbie Sinnett | Executive Director, Continuing Care Regina |
| Dan Kohl | Transition Lead, Health Services Organizations |

Met with Administrator, Kim Skinner, Director of Care, Kim Burns, and Assistant Director of Care, Debbie Gielis and toured the home.

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

- ☐ Several visibility boards (including education, Quality Indicators (QIs), bouquets, appreciation) offer ample communication items for residents/families and staff.
- ☐ Staff immunization uptake has been upwards of 90%+ in past years (last year was lower though) and the goal is to reach 90% in 2018.
- ☐ Sunset received a 2018 Extendicare Excellence Award for reduction of pressure ulcers. They previously received a 2017 award for zero lost time claims.
- ☐ They have fully implemented a relaxed breakfast approach in Sunset such that residents get up when they choose and then eat breakfast.
- ☐ Home has completed a number of minor renovations to make the environment more pleasant including paint and new flooring.
- ☐ All rooms have an outside facing window and residents/families are allowed to decorate outside the window (wind mills, plants, etc.).
- ☐ Sunset has implemented additional staffing over the past two years including additional CCA shifts on days/evenings, LPN hours, OT/PT assist, and recreation for evenings and weekends. They also used some of the enhanced resources to have a part-time MDS Coordinator (RN).
- ☐ Home has created a new handbook and newsletter to assist in good communications.
- ☐ Quotes from some of the residents – “on behalf of my wife I want to report that everything is going well!”; “Kim is always around and talks to everyone”; “it’s all going great”.

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

- ☐ Infrastructure is the main issue facing Sunset.
 - Very congested in hallways and around nursing station.
 - Very limited storage areas.
 - Continue to have three-bed wards and all room sizes are small – limited space for mobility equipment.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Opportunity to share formalized work on QI's, structured follow up process
- ☐ Family Advisory role partners with Administration and discusses operational and strategic priorities/needs, a similar process to the PFAC structure being implemented. Communication strategies are significantly improved with good access to information for residents and families.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Qu'Appelle House
2. Community: Regina
3. Date of visit: October 1, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|----------------|--|
| Debbie Sinnett | Executive Director, Continuing Care Regina |
| Dan Kohl | Transition Lead, Health Services Organizations |

Met with Executive Director Bev Desautels, toured the home, and joined in the daily staff huddle.

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

- ☐ Very good, caring, engaged staff – staff turnover is very low.
- ☐ Family-style eating wherever possible where the residents serve up their food by passing the bowls around – longer tables (8 per table) very homey.
- ☐ Care staff are multi-service workers that not only provide care and assist for meals and recreation, but also do the housekeeping and laundry.
- ☐ Home is very well maintained, clean and bright/cheery, with several nice lounge areas for residents to be with others or in a quiet spot.
- ☐ The home has a new recreation coordinator (Rec Therapist) and many improvements are being made to the recreation programming.
- ☐ “Family Night” every three months – very well received.
- ☐ Quotes from some of the residents – “everything is good”; “all care is super”; “wonderful staff and management”; “five-star hotel food”; “I can’t be in a better place”.

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

- ☐ Medication management on evenings/nights is an issue because only have limited nurse coverage on evenings (LPN).
- ☐ Fundraising is an issue – many competing fundraising interests in the community and their auxiliary volunteer base is declining.

- ☐ While the building envelope (Cindercrete and concrete) seems to be in good shape, the home is experiencing many of the infrastructure issues with the physical plant and functional space. There is no room to install a bed-pan sanitizer but could really use one for infection control reasons. Noted that the home is renovating the entire kitchen area (replacing original kitchen cabinets etc.) in the next week or two.
- ☐ Staff huddle daily in the dining room to discuss what is happening with the residents and home each day. While the staff must join in weekly “safety talks”, there may be an opportunity to engage staff more formally with rotating topics such as TLR, hand hygiene, and other QI’s.
- ☐ Residents like to sing as an activity but many don’t remember the words and asked for a song book.

7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ The SHA has approved some additional staffing resources last year and this year, from the increase in resident revenue, that the home has chosen to dedicate to the cost of an evening LPN.
- ☐ The home is in the process of creating a song book for residents to sing along during such activities.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Regina Lutheran Home
2. Community: Regina
3. Date of visit: September 27, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|----------------|--|
| Debbie Sinnett | Executive Director, Continuing Care Regina |
| Dan Kohl | Transition Lead, Health Services Organizations |

Met with CEO Alan Stephen, Executive Director Leah Clement, Director of Care Lacy Renauld, and other staff while touring the site.

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

- ☐ “House” concept – a traditional nursing unit of 62 beds now operates as four houses, three 16 beds houses and one 14 bed house. There are consistent staff assignments to the houses, beneficial for both residents and staff.
- ☐ Access to RN (NP) – many positive comments and outcomes having an NP on staff. The NP completes quarterly medication reviews and studies the trending for four quarters plus to ensure the resident is on appropriate medications. One resident commented about the NP – “it’s easier to get medication management and my medication changes; I get help in the moment.”
- ☐ Recreation staffing changes – added a Recreation Coordinator and worked with the resident/family council to increase the effectiveness of the recreation programming. They have an artist working with the residents and have them participate in meaningful activities (e.g. decorations for the Eden Care Gala). Also a partnership with the Regina Symphony Orchestra for music therapy.
- ☐ Administration and staff work hard to manage and maintain good results on the provincial Quality Indicators. The staff that attended the huddle were very engaged.
- ☐ Regina Lutheran Home is part of a campus of services that includes housing, assisted living, infant/child care, home care, and long term care. All of these components work in sync and create an enjoyable environment for all. One benefit is having a spouse living in attached housing and being able to join her spouse in long term care for daily meals – “it’s wonderful that we get to spend time together for meals and recreation”.

- ☐ Lucky to still have an auxiliary for support but it is reliant on volunteers and their volunteer base is aging and declining. They have efforts in place to reach out to younger groups and partner with Sask. Abilities for volunteers.

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

- ☐ Physical infrastructure of the aging building is a challenge in many areas. There is only one nursing station for 62 residents and nowhere to add another touchdown area. Many space challenges, not only for resident enjoyment, but also for supplies/linen and infection control.
- ☐ Making due with old tubs. Replacement tubs are on the SHA capital equipment list.
- ☐ The profile of the resident is changing – as people live in the community longer and longer, they come into long term care with greater care needs and have less mobility which adds to the care workload.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ The RN (NP) for Eden Care is very interested in working with clinical partners at the other Regina Area homes to share clinical practices – e.g. developing a Diabetes guideline for long term care residents.
- ☐ The SHA works closely with Eden Care and look at their opportunities to make innovative changes to help the system.
- ☐ Eden Care has an overall plan in to government regrading redevelopment of their campus, including long term care.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Santa Maria Senior Citizens Home
2. Community: Regina
3. Date of visit: August 13, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Sharon Garratt

Vice President, Integrated Urban Health

Dan Kohl

Transition Lead, Health Services Organizations

We met with the new Executive Director, Kelly Chessie to discuss what was going well and identify any improvement opportunities, attended the August birthday celebration with a chance to speak with residents and families, and toured the home with an opportunity to talk with more residents and staff.

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

- ☐ Good environment – bright beautiful building with many open spaces and mostly single rooms.
- ☐ Supportive group of volunteers raises funds for items of equipment.
- ☐ Spiritual care is readily available with an on-site chapel.
- ☐ Good staff – home makes the most within available staffing resources.
- ☐ Resident/family quotes – “I’ve been here two years and am very happy”; “Wonderful! Lots of activities, good spaces to visit”; “Awesome!”; “Friendly, happy, spacious, comfortable”.

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

- ☐ Family issues are sometimes challenging, especially in the context of Power of Attorney, Health Proxy, healthcare decision-makers etc. Santa Maria to review the “My Voice” information to ensure all understand these various documents and what it means with respect to supporting families in the care journey of their loved ones.
- ☐ Some issues regarding hospital transfers – information sharing is an ongoing issue. Hospital has SCM and LTC homes have paper processes.
- ☐ Issues regarding Fire Inspectors – home had to post large signs on fire exit doors advising that by holding the door for 15 seconds it will open the locked door. Santa Maria is experiencing a significant increase in residents opening these doors and

- eloping. Issue referred to Regina Fire Safety Committee
- ☐ CCA staff need ongoing education/training.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ SCM availability in the LTC homes is currently being reviewed. This would help with communications to/from the rest of the health care system.
- ☐ LTC affiliates are now represented on the SHA Regina Area Fire Safety Committee Working Group to work through the issues presented by the fire inspector.
- ☐ Santa Maria would like to have a kaizen event to help organize CCA work routines. Connect them with the Regina Area LTC Quality Strategy Business Unit to identify their needs in the upcoming work plan for the next year.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: **Wascana Rehab Centre Extended Care/Veterans Program**
2. Community: Regina
3. Date of visit: October 26, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Debbie Sinnett

Executive Director, Continuing Care Regina

Christina Denysek

Executive Director, Continuing Care, Rural East

Met with Shauna Leonard, Interim Director of Care, Shannon Schmidt, Therapies and Veterans Program Manager and toured 2 units and attended resident coffee gathering.

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

- ☐ Resident Care areas are is bright, clean, and cheerful, noted outdoor patio space and small lounge areas on units for family visits.
- ☐ Appreciate the recreation programming, can choose to participate if want, some unit activities and others that are open for everyone, such as coffee parties, musical entertainment and bingo.
- ☐ Resident comment - "Cafeteria is a great space to get together, see friends from other units."
- ☐ Attended huddle and DVM update on Unit 3-3, as well as Visual Wall, with focus on safety and immunization. Hosted by a CCA, shared leadership responsibilities.
- ☐ Engaged team ion 3-3, minimum churn, attribute this to good leadership support, communication and collaboration, working together, and having fun. Pride in being responsive to care needs – noted the room developed for intense psychiatric observation for high risk physically responsive resident and resulting reduction in aggressive incidents based on the use of this room, the careplan and staff approach.
- ☐ Tour of Unit 2-6 and ventilated care area, visit with ventilated resident, pleased with care team, enjoyed interaction. Improvement in service by providing for ventilated care access in lounge space so able to participate in activities, therapies.

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

- ☐ The closure of the gift shop was a loss for residents, the vending machines are not very

accessible for those in wheelchairs and too expensive. Requested an update on when a new gift shop would be opened.

- ☐ Sometimes staff seem hurried to get their tasks done, can be rushed in care.
- ☐ Can be noisy on the units sometimes, people yell out and it bothers others.
- ☐ Staff noted that there is lots of equipment sometimes and this makes it challenging, especially in shared rooms.
- ☐ Room moves for residents are difficult but occur frequently when trying to manage complex care needs, AROs, bariatric and other needs that require private rooms. Shared rooms are a challenge. Residents also identified room moves as a concern.
- ☐ Kaizen event in 2018 held with staff, residents/family advisors to address internal move processes, communication needs and notice time frames to make move experience less disruptive. Standard work being trialed.
- ☐ Ventilated care unit noted limited evening and weekend RT access impacting ability to meet care needs onsite at times.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Key areas of focus remain resident/family engagement, resident move process with balancing home environment with medical/nursing care requirements. The work will have potential to be replicated in other areas.
- Chart audits, QI reporting and internal metrics around hand hygiene, control and TLR help to support improved care and documentation.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: William Booth
2. Community: Regina
3. Date of visit: October 18, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|----------------|--|
| Sharon Garratt | Vice President, Integrated Urban Health |
| Dan Kohl | Transition Lead, Health Services Organizations |

Met with Director of Care, Heather Ness and Recreation Therapist, Linda Ostryzniuk, toured the home, and attended the Resident/Family Council meeting.

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

- ☐ Home is very clean and bright. Home has arranged a partnership with a local florist to receive unpurchased flowers weekly as a donation so there are always fresh flowers on dining tables and lounge areas (great idea).
- ☐ Recreation programming is very good with both individual and group options, tailored to the individual needs. There are ample opportunities for resident outings where they charter a bus and go to places like the greenhouse, shopping, A&W, etc.
- ☐ The home coordinates monthly food parties where residents choose what they want to eat – e.g. KFC is always a popular choice.
- ☐ Home has created several common area spaces for residents/families to enjoy, including an amazing garden area.
- ☐ In the past year the home has expanded their morning float position to assist residents with a “relaxed breakfast” – they stay in bed until they choose to get up, and then have their breakfast. The home also added an evening float position to assist residents to attend evening recreation programs then help them to bed.
- ☐ Home is accredited both by Accreditation Canada and The Salvation Army accreditation.
- ☐ Residents/families say the food is real good, offering choice, good portions, and second helpings. The food is all home-made, including snacks and baking.
- ☐ Quotes from some of the residents – “I want to share a bouquet with William Booth – both my Father and Father-in-law have been in care here and I only have great things to say, thank you!”; “the recreation programming is always good!”; “great food!”.

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

- ☐ Infrastructure – ongoing issues due to the age in portions of the building. Replacement of the kitchen exhaust fan and a portion of the roof are currently being completed.
- ☐ Managing resident acuity is a challenge on approved staff resources. People are living longer and are quite compromised by the time they are admitted; therefore the work load is greater.
- ☐ Permanent staff are very stable, however, relief staff resources are a challenge – the cost to orientate and train staff is greater than funded amount.
- ☐ Information sharing on transfer back from hospital can be problematic, particularly from the Emergency Department. The home has to work to ensure they have all the information from the sending site.
- ☐ Residents and families inquired about plans to replace aging facilities in Regina.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ LTC affiliate homes received additional resources this year and last to begin to address the identified funding challenges.
- ☐ A working group has been established to review information sharing issues on transfers.
- ☐ Working with home care towards developing a protocol to support specialized wound care for LTC residents.
- ☐ William Booth and Infection Control Practitioners have been able to work collaboratively to find practical solutions to address the issue of adherence to ICP protocols that was raised during last year's visit.

**Saskatchewan Health Authority Long-Term Care Quality Assessment –
2018**

1. Name and number of facility: Regina Pioneer Village
2. Community: Regina, SK
3. Date of visit: October 17, 2018

4. Please indicate who attended this visit:

Suann Laurent Chief Operating Officer, Saskatchewan Health Authority

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

- Care conferences are well received
- Amazing staff and leaders delivering great care despite all of the sequenced moves and infrastructure issues
- Highly dedicated team that is very resilient
- Residents and families are very complimentary of staff and care they receive
- Some residents and staff want to stay despite infrastructure issues because of the relationships they have with each other.

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

- Food quality
- Families would like to see whiteboards used and be updated regularly
- Hand sanitizers need to be where required while maintaining safety for population
- Infrastructure issues – Many families, residents and staff voiced their concerns with the safety of the building. They stated that the mold, the poor condition of the building and movement of the residents has placed an enormous burden on everyone. They stated that the building needs to be replaced and has been in very poor condition for years.
- Continue to look at options for purposeful interactions regarding audits

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Great use of visibility walls including prevention control reminders and approach to breaking chain of infection
- Mistake proofing project on infection control
- Talking to residents, about hand hygiene and they have a video they developed
- Morale wall for staff with positive upbeat messages
- TLR audit 100% - great job!

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: *Grasslands Health Centre-73132*
2. Community: *Rockglen, SK*
3. Date of visit: *August 9, 2018*

4. Please indicate who attended this visit:

| | |
|---|---------|
| (Name) | (Title) |
| <i>Bryce Martin (Executive Director, Primary Health Care)</i> | |
| <i>Lisa Cairns (Director of Care)</i> | |

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

Food – open and variable timing for breakfasts (allow residents to sleep in if they wish, lower numbers for staff at a time), enjoy the Chinese dishes/food items, attempts to accommodate likes and dislikes as much as possible, menus are changed regularly to maintain variety, meals are tasty and good; Activities – good variety of options, ‘keeps our minds alive’, music/bowling/curling/baking/movie days with popcorn, fresh baking on occasion and the smells are amazing; Family Communications – use of various mediums including email, phone, texts; Skype is available for contact with families from afar; Environment – plenty of windows, natural light, can open for fresh air; very clean and well kept; all private rooms except for one room that could house a couple, ‘terrific can’t think of anything to improve it’; Staff – treat us like family, reassuring to families that the staff care about the residents so much, hugs for residents, lots of laughter, treated like royalty; hairstyling available; Auxiliary is an active fundraiser and supports well.

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

- a. *Family communications – Facebook page for families was removed due to privacy issue concerns, request to have it re-implemented to allow families from afar to stay in touch with the facility and residents; Activities – would like to see more ‘era specific’ music available on the TV channels, enjoy curling/sports on TVs; Laundry – transported to Assiniboia and some clothing is not returned, sometimes takes 10-14 days to return, requires additional sets of clothing for those residents who experience incontinence.*
- b. *Separate discussion with members of local Trust Advisory Committee – request for an outdoor patio area renovation due to sidewalks heaving and water seepage issues; full funding available to finance the project.*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- a. Development of strategies to utilize available technology to increase communications with family members from afar (ex. Facebook groups, Skype, etc.) but ensure that privacy/confidentiality/consent processes are in place.*
- b. Continued positive relationships with community stakeholders and groups to enhance overall care in facility and assist with projects.*

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: ROSETOWN & DISTRICT HEALTH CENTRE - 73567
2. Community: ROSETOWN
3. Date of visit: OCTOBER 10, 2018
4. Please indicate who attended this visit:
(Name) (Title)
Mike Northcott Chief Human Resources Officer
Coralee Fortin Clinical Resource Nurse

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

Feedback from the residents and family members was:

- Facility is excellent.
- Staff is great. They care about the residents.
- Food is good.
- The staff spoil him (resident) and me (family member) too.
- Residents and their families feel fortunate to have such an excellent facility in their community.

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

Feedback from the residents and family members was:

- The fees are expensive.
- Sometimes residents need to wait a while for help from the CCA's.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Feedback from staff included the following:
 - The layout of the facility is very large. This creates limited sight lines and limited ability to hear from one neighborhood to another.
 - Visual report is a more engaging process for staff and results in better understanding of residents' needs.
 - Staffing levels are a challenge.
 - Would like to go onto electronic scheduling program such as Saskatoon and Cypress is using.
 - Opportunities exist to improve training of new CCA's.
 - Standardized physician rounding would be helpful in planning work.
 - The face cloths that are presently being used are not very soft and should be replaced with something softer for the residents.
- The feedback provided will be provided to leadership to help inform improvement efforts in Long Term Care.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Mennonite Nursing Home
2. Community: Rosthern, Sask
3. Date of visit: October 1, 2018
4. Please indicate who attended this visit:
(Name) (Title)

Dr. Paul Babyn

Physician Executive, Provincial Programs

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

The integration of the facility allows synergies of scope. Overall, this facility includes 68 beds and 1 respite. Resident and Family Council held every 2nd month, but hard to get family involvement. Recreational activities offered 7 days/week. Example, fall supper at the time of my visit, last week was seniors suppers.

Food is described as good, facility is well thought of by residents. Attached teen ranch is a plus during summer especially. Facility does fundraising with charitable members. They have physicians that come every week to the facility. Also have OT/PT that come from Rosthern along with a dietician that does consults.

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

Infrastructure concerns: Boiler equipment, call system. Lifts need replacing as installed in 2000 and not all working. Road repairs ongoing.

Staffing concerns: The staffing level was mentioned as a concern by both resident/families and facility staff. The increased activity level of the patients leads to need for better-trained staff with higher educational requirements, which exacerbates staffing concerns. Not enough staff for the number of difficult patients. Nurses use this facility as a stepping-stone. Currently have four vacant part time positions.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Similar issues will be collated together re staffing, increased activity of patients. Recognize benefit of better-integrated facilities with stepping stone of care levels.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Lakeside Manor Care Home - 73777
2. Community: Saltcoats
3. Date of visit: September 28, 2018
4. Please indicate who attended this visit:
(Name) (Title)
Roberta Wiwcharuk Executive Director, Acute Care

Linda Orosz

Health Services Manager

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

- ☐ The facility was very inviting and was decorated with festive fall decorations. The facility was very well kept, neat, tidy and the hallways were clear.
- ☐ The three wings are named; Cozy Cove, Sunset Lane and Lakeview. There are many beautiful paintings on the walls, there is a Birthday bulletin board, a Family Information bulletin board, recreation activities were posted and the names of the nursing staff for the day was visible on a white board.
- ☐ The resident rooms were personalized, there is a separate Recreation Room, two sitting rooms, a secure patio area and a hairdressing room.
- ☐ There are two tub rooms that are nicely decorated, with a spa like look and they have towel warmers. There is also a separate shower room.
- ☐ There is fish tank, budgie bird and piano for the residents to enjoy. Some of the comments from residents and family members were:
- ☐ "This is the best nursing home in Saskatchewan", "It is a 5 Star", "Staff are all special and are very caring", "Our family feels blessed", "I am pleased with the care and the staff are friendly"
- ☐ Family is pleased they are able to buy a meal at the facility and sit with their family member. Families appreciated the activities that are available to the residents
- ☐ The day I visited the residents were enjoying Bingo followed by Happy Hour.
- ☐ The residents I spoke to stated the meals were good.
- ☐ The physician visits every 2 weeks, which is appreciated.
- ☐ I attended a wall walk where all staff attended and participated. There was a good discussion and problem solving on a safety concern.

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

☐ All of the residents and family members I spoke to were very pleased with the care, services and programs. They felt the meals were very good, but did appreciate having input into the menu. Family members did express their concern with a resident needing to accept a bed in a non-preferred location, in order to be placed on the transfer list. They felt this was an unnecessary step, as the resident could have managed in their own home for a while longer and could have been directly admitted to their preferred location.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ The biannual Dietary Focus Groups will continue to ensure the resident/family concerns and suggestions are heard and addressed.
- ☐ There may be an opportunity to look at improvements to the Long Term Care admission /transfer list process, as processes are standardized across the Saskatchewan Health Authority.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Central Haven Special Care Home
2. Community: Saskatoon
3. Date of visit: October 17, 2018

4. Please indicate who attended this visit:

(Name)

Dr. Stephanie Young

(Title)

Physician Executive, Integrated Northern Health

5. Were members of the Resident and Family Council present during this visit? If not, what is the plan to engage with this group before December 31, 2018?

- Resident Family Council meets every 2 months

- Met with family/residents while on tour

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

- There is a very homelike feel when you enter the home. The staff were very welcoming

- "Great good cook."

- It was reported by both residents and families that the staff are great Staff, nursing staff very caring. "Everybody so caring."

- It was reported that there is a different feel to this home. One example of this is that Resident help other residents.

- There are two dining options with a larger and smaller dining room option.

- "Paramedicine is fantastic!" The staff would love it to be 24/7

- One resident so badly wanted to get into Central Haven that he was quoted to have said "I need to die at Central Haven."

- There is very low staff turnover, which goes to show how the staff feel about their jobs. There is very much a mentality that all staff, no matter what department they are in, are responsible for resident care and wellness. An example of this is that maintenance and service staff help with resident and have received their TLR training.

- Eden Adopted a few years ago. The staff are all very much committed to this.

- Interview focuses on important roles of relationships – spend time with residents "they can call on any of us"

- They practice Resident Centered Care – wake up & go down when every the residents wish to.

- Family is happy with responsiveness to resident's needs.

- 10% of residents were rehabbed back into the community last year. This is a huge success.

- Great visitors from schools and day care. The seniors love these visits.
- From an infrastructure perspective, there are new shingles, paint, water heater, and flooring all replaced recently.
- Central Haven is an animal friendly home. Two cats live in facility. They are well loved. One resident helped with the end of life care of one of the previous cats. There is also dog and a couple rabbits that comes into facility for visits with the residents.
- Bath satisfaction survey results showed 100% satisfaction recently.

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

- It was noted that there was a need for increased numbers of staff. This was said to be affecting patient care.
- One infrastructure concern is that wheel chairs are not able to get into the bathrooms. This has been brought up in past tours and creates challenges with toileting some residents.
- Zero storage in their facility. This lead to having to store things in the hallways. The home would really like to not have to do this, but do not have the resources to create alternative options.
- Bathing once a week seems too little in some family member's opinions. Some families would like more shower options for their residents.
- Call bell system is being upgraded. The funding for this is coming from the Shellbrook foundation. It was in great need of replacement and there seems to have been many delays from the previous SHR in helping get this replaced.
- Back patio remains inaccessible to those in wheel chairs. This is a large outdoor space that could be developed further to hold large activities outdoors.

8. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

The Central Haven health team along with Saskatoon Senior leadership will follow up on issues and continue working with the families and residents to make improvements

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Circle Drive Special Care Home
2. Community: Saskatoon
3. Date of visit: October 17, 2018
4. Please indicate who attended this visit:

(Name)

Dr. Stephanie Young

(Title)

Physician Executive, Integrated Northern Health

5. Were members of the Resident and Family Council present during this visit? If not, what is the plan to engage with this group before December 31, 2018?

- Resident Family Council meet every other month

- Concern forms for families have been great for being able to address concerns. Families are able to complete the form, submit it, and advise the staff if and how they would like to receive follow up about their concern.

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

- Upon entry to the facility there is a beautiful water feature that brings a calming sense to the home. The water is heard throughout the main common areas in the home.
- Laundry system is very valuable & working well.
- Building is 32 years old with 53 residents, level ¾, along with some palliative beds.
- Paramedicine great resource for their residents. It has definitely decreased the amount of residents transferred to the ER.
- Great activities, lots of options.
- There is a lot of appreciation from the residents when the preschool kids come. They also include individuals that are involved in the church respite day program.
- Focusing on preventative infrastructure/maintenance.
- "Facility is more of a home not a facility", as it was said by one resident
- New recumbent bike hugely successful. This was purchased through their fundraising efforts.
- 28 bedrooms with full track into bathrooms. The others are still pending.
- Improved outdoor spaces residents This has been great for residents and their families when they come to visit. There are also activities that are now offered in some of their outdoor spaces.

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

- Palliative resources are still needed. There remains a gap for trying to care for those needing these services more acutely. I understand that there was a more comprehensive program previously but this was changed a few years ago.
- Zero activities on Sundays. It would be nice to increase funding to allow for activities 7 days a week.
- Would hope to replace flooring within the next 5 years. This will be a large cost and there is clarity needed in responsibilities for capital costs with affiliates.
- Nurse call system – This is a priority to have upgraded. It is quite old and on it's last legs. It has needed multiple repairs but should just likely just be replaced.

8. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The Circle Drive health team along with Saskatoon Senior leadership will follow up on issues and continue working with the families and residents to make improvements

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Saskatoon Convalescent Home
2. Community: Saskatoon SK
3. Date of visit: September 12, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Corey Miller

Vice President, Provincial Programs

Dr. Paul Babyn

Physician Executive, Provincial Programs

5. Were members of the Resident and Family Council present during this visit? If not, what is the plan to engage with this group before December 31, 2018?

Yes, one member of the family council and one resident.

- Resident and family member - friendly, good food, need more staff, long waits for buzzers, wandering residents make me feel unsafe.
- Separate neighborhood for wandering residents is needed.
- Daughter took leave of absence from work to support care needs of both parents.
- Not enough staff to answer bells in acceptable time.
- Good food.
- Need for improved communication between staff, residents and families.
- Poor equipment storage - need solution.

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

- 60 beds, 1 respite.
- Community Day Program.
- Namaste program, St. Thomas Moore College.
- Dementia strategy.
- Resident centred.
- End of life and Palliative care.
- Community Paramedicine site.
- Shortage of nurses and cooks.

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

- Funding for staff and care.
- No EMAR because no network.
- Started Home Care, meals on wheels, outreach rehab.
- Staff scrums/Huddles.
- Sept to May OT down 80% and sick time down 70%.
- Improved storage.
- Accumulated deficit.

8. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Minister sharing overall metrics and survey data – allow LTC homes to learn from each other.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Extendicare Special Care Home
2. Community: Saskatoon
3. Date of visit: October 17, 2018
4. Please indicate who attended this visit:
Sharon Garratt - VP, Integrated Urban Health & CNO; Dalene Newton - ED, Continuing Care;
Tanya Mitzel - Administrator, Extendicare
5. Were members of the Resident and Family Council present during this visit? If not, what is the plan to engage with this group before December 31, 2018?
 - The Resident and Family Council was not meeting at the time of the visit. Conversations occurred with residents and families that were present in the home participating in recreational activities and visiting in rooms.
6. Please describe what is working well as identified through your visit and discussions with families and residents:
 - Strong community connections with schools and day cares involved in recreation and entertainment.
 - Proximity to Market Mall allows easy access for resident outings.
 - Homey atmosphere, families reported that staff are kind and caring.
 - Community paramedicine program is good support, would be better with extended hours.
 - Participates in Extendicare and SHA Accreditation processes.
 - Has stable, long-term staff.
 - In process of installing ceiling tracks in all rooms and moving lifts as required to meet resident need.
7. Please describe areas for improvement as identified through your visit and discussions with families and residents:
 - Receives a large number of admissions as first available bed (due to number of 2-bed and 4-bed rooms). Residents then transfer to other sites, which results in large turnover of residents. Families and residents require significant support to adapt to all aspects of care. CPAS provides booklet and advice, but families require additional education.
 - Building is 1967 construction, so there are many accessibility challenges, no private spaces and congestion. Obviously work to keep it maintained, clean and freshly painted.
 - Extendicare made decision to transition to a new provider of pharmacy services so the home is in process of managing the changeover.
 - Maintaining casual relief staff is challenging.
 - Only one computer available for access to MDS and SHA accounts.
8. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:
 - Extendicare has expressed interest in potential to pursue innovative use of 4-bed rooms given that they are not a place of choice for permanent residents. Encouraged them to submit ideas/proposals for review by SHA.

- There was lack of understanding of the Special Care Project Coordinator role as it appears to have changed recently. Clarification will be provided.
- A suggestion from the home is to have the LTC CPAS Coordinator tour the homes to better understand the unique features of each home. This request will be forwarded to appropriate Coordinator.
- Inquire about sending pdf documents to homes as well as the links to SHA information. Not all computers at the home have access to the SHA network to retrieve documents.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Luther Special Care Home

2. Community: Saskatoon

3. Date of visit: August 31, 2018

4. Please indicate who attended this visit:

Vivienne Hauck- CEO LutherCare Communities

Ivan Olfert- VP Health Services

Dalene Newton- Executive Director of Continuing Care- Saskatoon-Urban

5. Were members of the Resident and Family Council present during this visit? If not, what is the plan to engage with this group before December 31, 2018?

- The Resident and Family Council was not meeting at the time of the visit.
- I had the opportunity to meet with a family member of a resident who lives in the Luther Special Care Home. We had an engaging conversation about the healthcare journey of her loved one prior to moving in to Luther Special Care Home. We discussed the opportunity to improve the transitions in care from one program to another and ultimately to this home. The family member identified the importance of communication between the healthcare providers and the family as being key to a successful transition for both of them. She also identified the need for appropriate resources to meet the needs of the residents.

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

- The outdoor space is enjoyed by all and really appreciated by residents and families
- Warm, friendly atmosphere
- Demonstrated strength in leadership and partnering with the SHA
- Luther Special Care Home has improved their safety record to the point where they are no longer required to be part of the WCB Worksafe Priority Employer Program- the team is very proud of this accomplishment
- The Resident and Family Council implemented a Quality of Life box where an individual can write down an idea for improvement or a concern and put it in the box. The Council reviews each of these items at the meeting and addresses the idea/concern.
- The Resident and Family Council identifies, discusses and monitors both quality and safety ideas and maintains a log of this information to complete follow up

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

- The need to build capacity within the home to provide healthcare services that could prevent a hospital admission; continues to work with the Paramedicine Program and would like to explore opportunities to provide that level of service in the home on an ongoing basis
- Challenges to meet the complex needs of residents
- Need for additional training and support for end of life care for residents
- Safety is very important and the need for additional equipment for safe care was identified ie. ceiling track lifts, resident lifts

8. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Provincial review of the Principles and Services Agreement with affiliated homes
- Provincial review of the Program Guidelines for Special Care Homes- setting standards of care as well as policy and procedures.
- Encourage requests to come forward for the Capital Equipment provincial review of needs for resident care
- Work with homes to identify and address complex care needs for residents

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

Facility Name Oliver Lodge

Number: 73809

Demographics: Affiliated with (but not owned & operated by) Saskatoon Health Region

Total Beds: 139 LTC beds

Age of building: 56 and 7 years (Built in 1962 and 2011 respectively)

Date of visit: 10/11/2018

Please indicate who attended the visit:

Dr. Mark Wahba, Physician Executive, Integrated Urban Health

Nadine Reid, Administrative Assistant, Physician Executive, Integrated Urban Health

Brandon Little, Administrator

29(1)

Melissa Klisowsky, Assistant Director of Care

29(1)

Were members of the Resident and Family Council present during this visit?

- No, a Resident and Family Council member was not present. The next Council meeting is on October 17th. We did however speak with several residents and family members independently during our visit.

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

- Oliver Lodge is brilliantly clean, with natural light flowing throughout the renovated home with 7 courtyards to enjoy the outdoors.
- Oliver Lodge houses the Alzheimer's Society office, continuing to be a great resource for both staff and families.
- Oliver Lodge has a Multisensory Room consisting of sensory stimulators to manage behaviors in distressed residents and encourage relaxation. This room was provided with Kinsmen Foundation funding. It is also occasionally converted into a movie room and a room for "date nights".
- Oliver Lodge creates an environment that enables staff to be creative, flexible and empowered to make positive change.
- They have a strong relationship with the community including elementary school students who visit during holidays and occasionally attend the Day Program.
- Oliver Lodge is unique in that it has a woodworking shop. Windsor Plywood is the primary contributor of the lumber. A retired carpenter volunteers his time to help with projects for the residents and as finished products are sold, funds are retained to Oliver Lodge.
- One of the chapels converts into a palliative care space for families to gather, as it is large, comfortable and private.

- Oliver Lodge is connected to Oliver Place, an Assisted Living apartment building. In many cases, tenants eventually transfer to Oliver Lodge. This creates a very smooth transition with many spouses still close to their loved ones.
- Lunch is the largest meal of the day, providing a variety of food options.
- Oliver Lodge had fundraised for two new Crestline Turtletop buses, where residents venture out to the forestry farm and other entertaining destinations.
- Oliver Lodge boasts that they have eliminated bed rails in the entire facility. As you would not have rails at home, you do not need them here. Residents must prove that they need to use them.

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

- Physiotherapist/Occupational therapists are employed only 20 hours a week, which reduces the therapy to strictly comfort and safety issues.
- Due to residents presenting at an advanced age with increased complexity of care needs, this is impacting staff ability to respond effectively to address all residents care needs in the home.
- As the external necessity for training requirements exists for the staff, it is a cost to the home as they are required to backfill the positions that are in training.
- Oliver Lodge feels disconnected with Palliative Care as there are a lack of resources. A palliative care nurse would be helpful.
- It would be useful for Oliver Lodge to have a mini-infusion pump in order to dispense IV antibiotics for the residents at Oliver Lodge.
- A challenge for Oliver Lodge is the increase in residents who transfer from hospitals with Antibiotic Resistant Organisms.
- Unfortunately, there is no social worker on site.
- Quality of skin care dressings have decreased as optimal dressings are too expensive and come out of budget from 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:

- SHA will work with Oliver Lodge to make improvements, identified on our visit and in the patient and family experience survey, in order to benefit the lives of the residents that we jointly serve.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

Facility Name PARKRIDGE CENTRE (Saskatoon)
Number: 73818
Demographics: Owned & Operated by Saskatoon Health Region
202 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)
4 Dementia Assessment Neighbourhood Beds
Age of building: 32 years

Date of visit: 19/07/2018

Please indicate who attended the visit:

Dr. Mark Wahba, Physician Executive, Integrated Urban Health
Derek Yarie – Interim Care Team Manager
Nadine Reid, Administrative Assistant, Physician Executive, Integrated Urban Health

Were members of the Resident and Family Council present during this visit?

Yes, president of Resident and Family Council was present.

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

- The management and staff at Parkridge Centre are courteous and client and family focused.
- The home is clean and bright with improvements including repainting of the foyer/lobby, and Community Day Program room.
- The Community Day Program is excelling with 42 attendants and a waitlist of 12 people on an ongoing basis in a newly renovated room. The program includes activities and provides lunch. The 3 designated Blueline taxi drivers are educated in assisting elderly from home to taxi and back.
- Parkridge Centre has a successful Geriatric Re-enablement Unit, which rehabilitates patients within 4-12 weeks and sends them back to their homes in the community.
- The Northern Saskatchewan Dementia Assessment Program has been in operation for one year and sees 3 of the 4 beds in consistent use. Their 2 dedicated staff to this unit provide half hour observations and monitoring using colour coding based on 24 hour intervals to assess behavior. The clients stay up to 90 days and then are issued proper placement.

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

- Parkridge Centre has a number of residents with complex care needs and behavioral issues. As such, the Centre has a younger average patient age than most long term care facilities (average

age of 54). These challenging behaviours in younger individuals can make it difficult for staff to manage.

- Sometimes patients/clients arriving at G.R.U. are not amenable for rehab services. They are too deconditioned. Consequently, they arrive in G.R.U. only to await placement for a long term care bed.
- Disconnect with acute care regarding what acute care thinks is possible in long term care and what is actually possible.
- The Dementia Assessment Unit is not being utilized to its fullest, and would benefit from promotion to stakeholders, and knowledge to practitioners that this service is readily available.
- There is an oversupply of personal items in some resident rooms. The staff is working to develop an improved Kanban system on the floor to address this issue.
- Concrete outside of the front door is broken. It is a tripping hazard.

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:

- Consider increasing menu choices.
- Fix concrete outside of building for safety.
- Explore patient requirements for Geriatric-Re-enablement Unit, perhaps new criteria necessary so they do not wait for long-term care.
- Is there an opportunity for onsite nurse practitioner to care for patients? Currently, 4 MD's are involved. Samaritan Place has had success with an onsite nurse practitioner and decreased transfers to the Emergency Department.
- Fenced off smoking area.
- Laundry services should continue to be addressed as they were a concern in the 2016 Patient/Family Survey. In 2016, 48% of the residents felt laundry services were unsatisfactory. In 2018, 42% felt this way.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. **Name and number of facility:** Porteous Lodge
2. **Community:** Saskatoon
3. **Date of visit:** September 13, 2018
4. **Please indicate who attended this visit:**
(Name) (Title)
Andrew Will VP, Infrastructure, Information and Support
5. **Were members of the Resident and Family Council present during this visit? If not, what is the plan to engage with this group before December 31, 2018?**

I had the opportunity to join the Resident and Family Council now known at Porteous Lodge as the "Community Association". There was great attendance of residents, family, staff, leadership and a Board Member of Porteous Lodge. In addition, I had the opportunity to have conversations with residents throughout the home.

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

There is a strong sense of team in the building and they are doing a great job of keeping a clean and positive appearance of the facility. This is truly remarkable considering limitations of the building.

Residents appreciate the involvement in the "Community Association". They were very pleased with activities, excited about a new initiative to cover room doors with attractive graphics (to be paid for by residents/families), residents were engaged in resident's choice meal weeks program. One resident proposed that a "pussy cat" join the community on the fourth floor and residents and staff had an opportunity to discuss concerns. Consensus was achieved and they agree to move forward with the new addition. It is clear that the facility has a very strong activities program.

The facility has a new tub room that has been developed with the support of generous donations. It is the most amazing tub room I have ever seen, wow! The facility needs to be very proud of this and the residents are excited about the opening of it. There are also resident rooms being updated as they are able.

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

This facility was built in 1958 and the Villa was added on in 1976. This building does not meet the functional needs of the program in serving residents. For example, each floor in the lodge has only one washroom for all residents on that floor. In the Villa there are double rooms that share a washroom. Halls and doorways in the facility are too narrow for the level of care being provided. There are significant unaddressed building and equipment maintenance issues and the facility has incurred significant costs to keep the building going. There is a roofing project underway to address significant leaks that are impacting the Villa and kitchen facilities. As a result of the roof leaks, there is mold above the ceiling tiles in the kitchen that will need to be addressed. We did not see any visible mold on the tour.

Residents expressed concern about people knocking and then coming straight into the tub room during baths. One resident suggested that there be a "Bath in Progress" sign on the door during bath times, management agreed to implement the idea. Some residents indicated food was great, although one resident expressed that she thought the food was terrible. Residents indicated, when asked for feedback about the new newsletter, that it was too heavy and hard to turn the pages. A resident expressed concern about the discontinuation of wet wipes, rationale for the decision was

provided by leadership.

8. ***Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:***

The SHA is in the process of developing a capital plan which will consider the condition of facilities in the Province. This facility does not meet the functional program needs of residents. I will pass on the suggestion to track falls resulting in injury in addition to the current fall metric for number of falls.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Samaritan Place
2. Community: Saskatoon
3. Date of visit: September 17, 2018
4. Please indicate who attended this visit:

Jaclyn Heinrichs- Care Services Director

Dalene Newton- Executive Director of Continuing Care- Saskatoon Urban

5. Were members of the Resident and Family Council present during this visit? If not, what is the plan to engage with this group before December 31, 2018?

- The resident council was not meeting at the time of the visit.
- A very welcoming atmosphere where I had the opportunity to have conversations with several residents and families, specifically with a resident and his daughter who had also lived in one of the companion suites to support her father. They are both very pleased with the care provided and grateful for the living situation that was offered to them. The resident requires a ceiling track lift and he has a private room. He is very happy living at Samaritan Place and stated several times that “it couldn’t be better” for him.

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

- Access to a team of care givers including: licensed practical nurses, care partners, Nurse Practitioners, Life Enhancement Director, Spiritual Care Director and the administration team
- There are companion suites available to support couples/families with the ability to live together.
- The connection with the community and local schools is strong
- Access to food services throughout the day in an open kitchen environment
- Individual laundry service is also available
- Access to and participation in a Community Garden
- ‘Lunch Bunch’ program in the multi-purpose room
- This home has an electronic medical record that is functioning well for their purposes.

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

- The staff member indicated that they are working on their response times to call bell requests from residents
- Identified a need for laundry access for companions also living in the home.
- We had a conversation about the need for additional support for residents with responsive behaviours, suggesting the need for increased access to specialized services

8. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- A document was created in January 2018 to clarify the roles and responsibilities between the SHA, Ministry of Health and Samaritan Place. Samaritan Place is a Health Organization and not an affiliated home.

- Involve stakeholders in a review of and plan for services and programs required to better meet the increasing demands of residents in long term care who exhibit responsive behaviours.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

Facility Name Sherbrooke Community Centre (Saskatoon)
Number: 73814/73819
Demographics: Affiliated with (but not owned & operated by) Saskatoon Health Region
Total Beds: 221 LTC beds plus 2 respite 40 LTC beds
Age of building: 27 years 21 years
Date of visit: 21/09/2018

Please indicate who attended the visit:

Dr. Mark Wahba, Physician Executive, Integrated Urban Health
Dalene Newton, Executive Director of Continuing Care, Saskatoon
Nadine Reid, Administrative Assistant, Physician Executive, Integrated Urban Health
Suellen Beatty, Administrator
Kim Schmidt, Director of Care

29(1)

Were members of the Resident and Family Council present during this visit?

- Yes, 29(1) is a new member of the Resident and Family Council Board. We did also speak with his spouse and other residents independently.

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

- Sherbrooke Community Centre is a warm and welcoming home, full of excitement and bubbling with activity as you enter the front doors.
- Sherbrooke Centre is an Eden Alternative home since 1999, creating a community where each person has a full and abundant life.
- They are creating a dementia friendly community. Here residents with dementia are mixed in throughout the houses, forming an integrated living community. They are retrofitting doors to keep people from wandering. Sherbrooke Centre will be the first in Canada to do this. Their research has found that more complex needs do better in normalized environments and have previously integrated House 7.
- The residents enjoy time in the art studio, vineyard, greenhouse and community garden, pool, gathering in the activity room for entertainment put on by volunteers, and church services for many denominations during the week. Sherbrooke Centre also provides tickets and travel to events i.e. football games, performances, for residents to enjoy outside of the home.
- Pets are encouraged in the facility as companions for the residents.
- Sherbrooke Centre has a very positive atmosphere, where staff feel engaged and empowered to make changes within their houses that benefit the residents. Staff retention is very high.
- Sherbrooke has laundry services within each house, which prevents laundry from going missing.
- The recreation and PT/OT services are phenomenal.

- Sherbrooke Centre has an active Day Program, Child Care Center and I-Gen Program. Please see link: <http://www.sherbrookecommunitycentre.ca/about-sherbrooke/igen-intergenerational-classroom/>
- Residents feel a sense of community in the home and engage with others in the community i.e. resident teaching ESL.

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

- Staffing shortage issues related to staff taking breaks concurrently, leaving the residents unattended or having only one person attending to them is a concern for the residents and families.
- Staff shortages at peak periods of the day is also concern.

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:

- SHA will work with Sherbrooke Community Centre to make improvements, identified on our visit and in the patient and family experience survey, in order to benefit the lives of the residents that we jointly serve.
- SHA will work with Sherbrooke to ensure the new dementia friendly community does not impede transfer from hospital for patients with dementia.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

Facility Name St. Ann's (Saskatoon)
Number: 73810
Demographics: Affiliated with (but not owned & operated by) Saskatoon Health Region
Total Beds: 80
Age of building: 39 years

Date of visit: 21/09/2018

Please indicate who attended the visit:

Dr. Mark Wahba, Physician Executive, Integrated Urban Health
Dalene Newton, Executive Director of Continuing Care, Saskatoon
Nadine Reid, Administrative Assistant, Physician Executive, Integrated Urban Health
Rae Sveinbjornson, Administrator
Deb Lesyk, Director of Care

29(1)

Were members of the Resident and Family Council present during this visit?

- No, at this point they do not have an active Resident and Family Council. They are struggling to find active families. St. Ann's administration have an open door policy, which gives residents access to admin at any time. In fall, they again will attempt to recruit a Resident and Family Council. We did however speak with several residents and family members independently during our visit.

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

- The home is warm and clean and in the midst of improvements including a sitting area for the residents with many windows that look to the outside.
- 1st Night Call – On the first day the resident moves to St. Ann's, there is an informal process of welcoming the resident. The staff will make an effort to introduce themselves. There is one specific staff member assigned to that resident to give them a tour and make them feel comfortable. After the resident goes to sleep, the designated staff member calls the family to let them know how they settled. They provide pertinent information and ask if there are any further questions which may have been missed.
- St. Ann's has received new tables in their resident eating area which are easily storable and are movable up and down, allowing for wheelchairs to go underneath which is very helpful for the residents and staff.
- The residents feel they are quite active in the home, passing the time doing crafts and playing bingo. The residents also enjoy taking bus tours around the city and they have just received a new bus through fundraising efforts.
- St. Ann's is affiliated with Holy Cross High School, where Grade 9 students take time to visit each resident in their room and fill their water.

- The gardening project is very successful. Planters are provided for residents to grow their own flowers or vegetables.
- Administration takes pride in cooperating with other homes, to ensure that the resident be transferred if they are not content with the home they are living in and vice versa.

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

- St. Ann's is seeking to do a large renovation to increase the functionality without increasing their footprint. Within each resident room, this includes opening up the doorway to the bathrooms, relocating the toilets, new windows, and ceiling tracks. They are also looking to put up wall protection and new flooring in the common areas.
- A bariatric room would be useful in this home. However, the bed size creates much less space in the small room and they would need to create one room out of two existing rooms.
- They provide many family tours, at an average of 5 and up to 15 per week. These tours are very time consuming.
- Many residents use private services for companionship and/or extra bathing per week.

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:

- SHA will continue to work with St. Ann's to make improvements, identified on our visit and in the patient and family experience survey, in order to benefit the lives of the residents that we jointly serve.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: St. Joseph's Home

2. Community: Saskatoon

3. Date of visit: October 18, 2018

4. Please indicate who attended this visit:

(Name)

Dr. Susan Shaw

(Title)

Chief Medical Officer

5. Were members of the Resident and Family Council present during this visit? If not, what is the plan to engage with this group before December 31, 2018?

Yes. I met individually with residents and with family members who shared with me very positive reflections on their time at St Joseph's. One comment that particularly stood out was made by a resident who had recently relocated from a different care home. St Joseph's is her third LTC facility and is "the first one that feels like my home."

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

The Sisters demonstrate their commitment to service through providing a safe and caring place to live and work. The visits from school children as well as the Sister's garden are having a positive impact on the quality of life. The garden vegetables offer more opportunity for home cooked meals and give the residents great joy. The building is impeccable and feels fresh. There is a strong commitment to infection control with several initiatives led by the team to minimize impact on residents and staff. Staff are resourceful and work within their means to support continuous improvement.

A new call system has provided the additional benefit of metrics that the management and staff have used to improve the response times.

Home cooked meals made from scratch.

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

The level of care required has increased but corresponding staffing levels have not increased. The single elevator for a two story building must create challenges but the staff and residents did not seem to be troubled by this fact of life.

10. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Stensrud Lodge
2. Community: Saskatoon
3. Date of visit: September 14, 2018
4. Please indicate who attended this visit:
Yvonne Morgan- Administrator; Deb Taylor-VP Quality Care; Val Hnatuk- Director of Care
Dalene Newton- Executive Director, Continuing Care- Saskatoon Urban
5. Were members of the Resident and Family Council present during this visit? If not, what is the plan to engage with this group before December 31, 2018?
 - As of September 2018, Stensrud Lodge changed the name of their Resident and Family Council to “Community Associations” to mirror the rest of Saskatoon and the community associations in the neighborhoods throughout the city. Yvonne Morgan shared in a letter to the residents and families dated September 2018: Jubilee residences wants to build a sense of community and create opportunities for more meaningful resident and family involvement. This builds community spirit and creates a bond of common interests that leads to more supportive problem solving. When it comes to neighborhood improvements, Community Associations provide local residents a chance to voice their opinions and concerns.”
 - The new Community Association was not meeting at the time of this visit. I had the opportunity to meet and visit with a long time resident and her son. They were both appreciative of the staff and the care received.
 - Several conversations occurred with residents in their rooms and in the hallways throughout the visit.
6. Please describe what is working well as identified through your visit and discussions with families and residents:
 - Strong recreation programs and connections with the community
 - Residents feel very supported by the staff
 - Family member has a wonderful connection with the home and the staff and he feels comforted that his mother is a resident at this home.
 - The resident is encouraged that there is discussion about improving the dining room area to make it more home-like.
 - The resident also indicated that she is very grateful for the care she receives.
 - Enjoys listening to the piano playing at times throughout the day
 - Palliative care training for the nursing staff has been a priority
 - Education for staff completed includes: Gentle Persuasive Approach, TLR, WHMIS, Purposeful Interactions and Safety for Supervisors.
 - Comforts of Home renovation project- in the process of renovating all resident rooms to create a more home-like atmosphere and improve accessibility to the bathroom.
 - Access to a community garden
7. Please describe areas for improvement as identified through your visit and discussions with families and residents:
 - Yvonne Morgan- Administrator, suggested that with the development of the Saskatchewan Health Authority and the Provincial Programs service line that long term

care would also be appropriate in the 'provincial program' model.

- Staff also noted that adequate storage for equipment and supplies is challenging
- The dining room was highlighted as requiring a renovation to create a more home-like atmosphere for the residents, it is a large space with tremendous potential.
- Discussion with the staff included a concern about the need for resources to meet the increasing demands and complexities of care for the residents
- Discussion with staff also questioned the use of the Minimum Data Set (MDS) tools for assessment and care planning

8. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Provincial work on the Principles and Services Agreement with affiliated homes.
- Participation in the revision of the Program Guidelines for Special Care Homes facilitated by the Ministry of Health with participation from all stakeholders including representation from homes that are affiliated with the SHA.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Sunnyside Adventist Care Centre

2. Community: Saskatoon

3. Date of visit: September 26, 2018

4. Please indicate who attended this visit:

(Name)

Dr. Susan Shaw

(Title)

Chief Medical Officer

5. Were members of the Resident and Family Council present during this visit? If not, what is the plan to engage with this group before December 31, 2018?

Yes. I had the opportunity to spend time with a long term resident and her family. The council is active and functional.

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

The LTC manager of this facility is to be commended for his commitment to the leadership and management of this care home. I saw multiple examples of how he has used data and a commitment to providing a caring home for his residents to drive improvement into practice. One example is data demonstrated a risk of falls in the evening. Further analysis led to discovery that residents had limited activity options. The schedule was rearranged to ensure recreation therapy into the evenings and on weekends. The falls rate has since decreased. The manager also is very resourceful, working with other LTC facilities to explore option to share and learn together. Lots of interfacility collaboration.

Strong commitment to staff and resident safety. The OH and S and QI committees have become one and the same.

The manager has what he describes as an “aggressive” return to work plan, with a willingness to help injured staff return as soon as possible whenever possible. Was able to demonstrate positive results from same.

I was particularly impressed by the community garden that is a partnership between Boys and Girls Scouts, the LTC home and some local neighbours.

There are three 40-year staff showing the dedication of individual employees to the residents. The

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

Additional ceiling lifts. Currently has many double rooms. Would require investment/facility growth to address this issue. The facility has a staged plan but this will requires significant

capital.

8. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

- 1. Name and number of facility:** Shaunavon Hospital and Care Centre - 73516
- 2. Community:** Shaunavon
- 3. Date of visit:** October 18, 2018
- 4. Please indicate who attended this visit:**
Beth Vachon, VP, Quality, Safety and Strategy
Crystal Elliott, Facility Manager

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

Family members state they are pleased with the care their families receive. They note the food is good with choices if the meal is not to the resident's liking. Staff are very respectful of the residents and families

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

It was also noted that more frequent baths would be appreciated but do acknowledge that residents receive care for hygiene each day and as required. Call bells are not always answered promptly when staff are caring for others and families wondered if more staff is required. There are few activities on weekends and casual staff don't know the preferences of residents as well as regular staff do.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

The level of acuity is increasing in this facility. There is an increase in the number of residents with dementia and aggressive behaviors as well as a number of residents transferred back to the facility following surgery for convalescence or for IV therapy.

- ☐ Family case conferences are held regularly for care planning. This assists with communication for families and residents.
- ☐ Increased training on responsive behaviors has been occurring.
- ☐ Better pain management for residents has been a priority.
- ☐ Staff break times have been changed to ensure adequate staffing at mealtimes to assist with resident nutrition.
- ☐ Convivium dining is being implemented. This includes education for dietary and care staff. A new rotation has been implemented in the kitchen to accommodate this.
- ☐ Eighteen more ceiling track lifts have been installed this year. There are a further 12 that need to be added to the facility. There have been two lower back injuries experienced by staff this year. TLR training continues as mandatory training.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: ***Parkland Integrated Health Centre***
2. Community: ***Shellbrook, SK***
3. Date of visit: ***October 1, 2018***

4. Please indicate who attended this visit:

(Name)

Dr. Paul Babyn

Traci Wallace

(Title)

Physician Executive, Provincial Programs

Director of Care, PIHC

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

- *Food overall quite good and nourishing.*
- *Good temperature control.*
- *Staff are wonderful.*
- *Good Internet connection in facility.*
- *Interview with family member / husband at facility:*
 - *Staff are very friendly and good.*
 - *Recreation program is outstanding, bus trips.*
 - *Lots of entertainment*
 - *Has had experience with 4 care homes*
- *Fairly new facility ~ 5-7 years old, well laid out.*
- *Have Physical Therapy, Occupational Therapy, and Recreational Therapy.*
- *Many staff going through LILT.*
- *Strong Foundation with \$100,000 per year donated.*
- *No phone concerns.*

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

- *In rooms, lights require better on/off switches ~ remote control in one man's room.*
- *Wheelchair access to cultural room ~ poor clearance, only an inch or so.*

- *Staff not “coming fast enough”. Often short staffed.*

7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- *The Parkland Integrated Health Centre team along with NE leadership will follow up on issues and continue working with the families and residents to make improvements.*
- *Director of Care (Traci) and ED of Continuing Care (Lisa) to look at patterns of issues that may require follow-up.*
- *Discussion of issues with the family or resident councils will occur. Escalation to leadership done as needed.*

Notes from interview with Director of Care:

Traci Wallace ~ has been working at site for 14 months.

Facility is integrated with Acute Care - 20 beds ~ 5 pts ALC from PA Victoria Hospital transferred here.

33 long term care beds, 1 Respite bed = 34 total

3 Houses – 12/12/10 Upstairs. Use Eden Philosophy.

There are no Physical Safety Concerns

**Safety concern voiced was: How to get clients out if there is a fire.*

Staff shift between Long Term Care and Acute care ~ proud of the teamwork between Acute / Chronic, and opening of TLC beds.

Have Vocera – good Interfacility communication. Hard for outsiders to access system.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Spiritwood & District Health Complex
2. Community: Spiritwood
3. Date of visit: October 2, 2018
4. Please indicate who attended this visit:

| (Name) | (Title) |
|----------------------------|--|
| <u>Dr. Stephanie Young</u> | <u>Physician Executive, Integrated Northern Health</u> |
| <u>Sean Perreault</u> | <u>Director of Care</u> |

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

- They have great support from local fundraising. There is a new gazebo that is beautiful and has improved the accessibility of the outdoors for the residents. There is also a new TV that is awaiting upgrades to the cables before it is fully functional but the residents appreciate the size of it.
- Cleanliness apparent, the building is well maintained.
- Great activities “There is always something to do” as per the residents visited with. The families appreciate being able to be involved when they can.
- The staff are very caring & truly know the residents that they care for. This is obvious to the families of the residents.

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

- No bus available for residents. The residents are therefore not able to be transported to out of home for activities. There was some thought about fundraising for this along with Leoville.
- Food probably the largest concern – New kitchen staff & they have had issues with some of the food productions. The staff are trying hard to improve this quickly for residents as it known to be an ongoing issue.
- Sometimes residents have to wait for staff along while after using the call bell. This speaks to ongoing staffing concerns.
- It was noted during this tour that there has been a lot of turn over for the Director of Care position over the past decade. Due to the continuous turnover, it may be worth taking a deeper dive into this.

7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The Spiritwood health team along with NW leadership will follow up on issues and continue working with the families and residents to make improvements. Utilizing documentation tools and communication allows a better working relationship to deal with issues in a timely manner. Any significant resident safety concerns identified

through Resident/Family Surveys are addressed immediately.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: **Chateau Providence**
2. Community: **St. Brieux, SK**
3. Date of visit: **August 28, 2018**

4. Please indicate who attended this visit:

| (Name) | (Title) |
|-------------------|--|
| Corey Miller | Vice President, Provincial Programs |
| Dr. Paul Babyn | Physician Executive, Provincial Programs |
| Louise Kosokowsky | Facility Administrator |

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

- *Strong communication with families.*
- *Excellent, competent staff. Resident mentions never had to wait or want for anything. Commented: "Everything is right".*
- *Good food, clean environment. Bright modern facility.*
- *Small size, homelike atmosphere, and staff and residents know each other well.*
- *Over 50 long-term staff, overtime not bad.*
- *Getting new bus transport*

6. Please describe the results of the long-term care patient/ family experience survey and action or improvement plans:

- *Comments are positive*
- *Small sample size – impacts results*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- *New SHA structure – Single Manager would make sense. Include support services Manager & Nursing Manager*
- *Potential to have standardized processes and documents, shared resources.*
- *Website for FAQ's, sharing information, education and policy*
- *All can work for Special Care Guidelines*
- *LTC – Share and learn together provincially*
- *The Chateau Providence team along with NE leadership will follow up on issues and continue working with the families and residents to make improvements.*
- *Facility Administrator (Louise) and ED of Continuing Care (Lisa) to look at patterns of issues that may require follow-up.*
- *Discussion of issues with the family or resident councils will occur. Escalation to leadership done as needed.*

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: St. Walburg Health Complex 73584
2. Community: St. Walburg (NW)
3. Date of visit: August 3rd, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|------------------|--------------------------|
| Neal Sylvestre | ED of Continuing Care NW |
| Bethany Bloom | Site Manager—St. Walburg |
| Andrew McLetchie | VP of INH |

3a. Date of visit: July 4th, 2018

4a. Please indicate who attended this visit:

| (Name) | (Title) |
|------------------|----------------------------|
| Neal Sylvestre | ED of CC Northern NW |
| Karen Kindrachuk | Meaningful Life Specialist |
| Bethany Bloom | Facility Manager |
| Kay Kivimaa | Rec Worker |

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

- Food was good. Responsiveness to size of portions at request of RFC.
- Laundry and housekeeping was positive.
- Purposeful rounding working well on nights.
- Recreation provides good services when they are available.
- Grounds looking good

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

- Some issues with cold food.
- Concern that some clothes were lost or shrunk during washing; steps taken to improve. Clothes labeling is done.
- Desire for more footcare in house.

- Unclear if purposeful rounding occurring regularly during the day.
- Concern about how respectful some staff were with residents (concern had been addressed before around a member of nursing staff swearing in front of residents).
- Facility can be cool at times.
- Desire for more activities on weekend. No recreation staff on most weekends means that there were limited organized activities for residents.
- Access to facility WIFI
- Access to PT & OT service consistently
- Accordion Doors for dining room – where is the quote. Subsequently completed.
- Often water has no ice

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The Lakeland Lodge/St. Walburg health team along with NW leadership will follow up on issues and continue working with the families and residents to make improvements.
- ED of Continuing Care NW to look at patterns of issues that may require follow-up either in the NW or across the province.
- Any significant resident safety concerns identified through Resident/Family Surveys are addressed immediately.

**Saskatchewan Health Authority Long-Term Care Quality Assessment –
2018**

1. Name and number of facility: NEW HOPE PIONEER LODGE

2. Community: Stoughton

3. Date of visit: September 20, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Linda Wilson

Facility Manager

Monica

Nurse B Coordinator

Karen Earnshaw

Vice President, Integrated Rural Health

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

- Very appreciative of the care being given to family members
- Laundry is done perfectly
- Great MD support, attending weekly and participating in assessments and care plans.
- “Things are going really good”
- Great MD support
- Med reviews done quarterly with MDs and pharmacists participating.

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

- Ceiling tracks in tub rooms
- Food pretty good but want more variety – less macaroni and more meat
- Very noisy in the evenings (7-9 pm)
- Would benefit from more activity hours to extend into the evening

7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Keen interest by all staff to improve quality of life for residents. Actively engaged in listening to family and residents to make improvements.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: **Last Mountain Pioneer Home (306) 725-3342**
2. Community: **Strasbourg**
3. Date of visit: **July 31, 2018**
4. Please indicate who attended this visit:

(Name)

Jeannie Munro
Holly Srochenski
Christine Lofgren

(Title)

Executive Director – Primary Health Care
Site Leader/Manager - Lanigan
Assistant Manager

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

- *The Assistant Manager talked about staffing challenges (small rural facility)*
- *The Assistant Manager identified that families had previous concerns about food – variation/types of foods offered – so improvements have been made based on that feedback*
- *The resident's only identified area of improvement related to internet service. She stated she used the wifi for connecting with family (FaceTime, etc) and she had 'spotty' access in her room and at times would have to go out into the hallway or another area for better service. The Assistant Manager stated this had been reviewed and had been a result of changes in the phone system*

6. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- *Painting project – working with maintenance to get main areas painted. This is ideally going to create a more homelike environment for residents – currently it is a very hospital like environment.*
- *Will be working on a more relaxed breakfast – right now there are strict scheduled breakfast times.*

**Saskatchewan Health Authority Long-Term Care Quality Assessment –
2018**

- 1. Name and number of facility:** The Meadows - 73510
2. Community: Swift Current, SK
3. Date of visit: October 19, 2018
4. Please indicate who attended this visit:
- | (Name) | (Title) |
|-------------------|-------------------------|
| Scott Livingstone | Chief Executive Officer |
| Suann Laurent | Chief Operating Officer |

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

The house concept and flow of the building for residents and staff are commendable. The infrastructure and home-like environment is stellar. Residents and families praise the environment, the staff, the food, community kitchen, the spa, the raised gardens, the art gallery, the pianos. The residents appreciate the kind, caring staff.

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

- ☐ Nurse practitioner model of care would enhance this site and should be explored across the province as a potential option for LTC.
- ☐ Use of visibility walls and huddles need to be implemented and explore electronics apps to assist with enhancing communications.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Consistent electronic charting solution for LTC across the province.
- ☐ Replicate this building design in future green builds for our province.
- ☐ Great use of Kanban throughout this facility.
- ☐ The Meadows Facebook page is an excellent example of enhancing internal and external communications.
- ☐ Social worker presence in LTC is laudable as is physio on site.

Saskatchewan Health Authority Long-Term Care Quality Assessment-2018

1. Name and number of facility: Theodore Health Centre- #73152
2. Community: Theodore
3. Date of visit: October 10, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|-------------------------|---------------------------------|
| <u>Jacquie Holzmann</u> | <u>ED-Primary Health Care</u> |
| <u>Sherri Krochak</u> | <u>Manager, Health Services</u> |

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

- This is a well-kept home that is very inviting on entering the large rotunda. Resident names are displayed in the residence entrance as well as outside of rooms with a photo.
- A new bus was purchased about one year ago and residents and families would like to see more outings with the bus. A limitation has been lack of driver and volunteers.
- Activities- due to staffing vacancies, there have been limited activities. Some activities focus on the same few residents, with the need to pull in others or design activities to the varying interests and abilities. There has been a feedback form families and residents.
- Food- some good food, sometimes too much of the same. Resident choice.
- Feel that their loved ones are taken care of well- "small home is better than large".
- Visiting families should get a free coffee or tea.
- "Overall a good place to live".
- Improvements occurring in the home include painting resident's rooms, space cleaning and repurposing.
- Nursing staff in the facility are very good feel our loved ones are well cared for.
- Quality Indicators for LTC posted on Visibility Wall with corrective action plans.
- One family member indicated she comes daily to home, and is treated as a "family" member.

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

- Limitation with bus is securing a driver for the bus.
- More one on one with CCAs.
- Would like to see more volunteers for visiting and "hand holding" with residents who are not as social.
- Increase Residents menu choice and have them aware of choices they can make. This is not always known.

- Increase RN one on one with residents that require this.
- More activities and variety of activities - currently there is no evening and weekend activities. Some previous activities have stopped due to lack of staff.
- Would like to see pub nights in the facility; if not beer, pop.
- Some concerns expressed that residents have to pay for the "escape" bracelets vs. being provided by facility.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Resident Family Council meetings need to be restarted and occur regularly. Very engaged and active discussion at meeting.
- Activities to focus on more resident involvement and the use of the bus encouraged for outings.
- Continue to work on offering more food choices and improve communication to residents/families on menus and options for choice.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. **Name and number of facility:** New Market Place
2. **Community:** Tisdale
3. **Date of visit:** September 14, 2018
4. **Please indicate who attended this visit:**

| | |
|-------------|---|
| (Name) | (Title) |
| Andrew Will | VP, Infrastructure, Information and Support |
5. **Please describe what is working well as identified through your visit and discussions with families and residents:**

Feedback from residents included that they enjoy fellowship and love the perogies. Residents were very positive about the care and the facility. The facility has a weekly “Big Breakfast” which residents enjoy. The facility has been renovated and an addition added. The facility is very nice and has incorporated a “house model” which is working very well. The facility has a wheel chair washer which is well utilized in the facility. The facility has showers available in resident washrooms which are well utilized.
6. **Please describe areas for improvement as identified through your visit and discussions with families and residents:**

Residents were very positive about their care, but when asked how we could improve, one resident indicated he wanted help making his bed and expressed concerns that the TV cable service had not been reliable. One resident indicated that at times she felt that care was a bit rushed and as a result could be a bit rough. The same resident indicated that any time she has issues they are taken care of kindly.
7. **Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:**

The deployment of the “house model” at this facility will be helpful for other facilities. Also, there are many great ideas that they have incorporated in to their design/project that should be shared with other facilities.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Riverside Health Complex 25128
2. Community: Turtleford, SK
3. Date of visit: September 4, 2018
4. Please indicate who attended this visit:

| (Name) | (Title) |
|-------------------------|---|
| <u>Gloria King</u> | <u>Executive Director, Acute Care NW</u> |
| <u>Len Wegner</u> | <u>Acting Director of Rural Health Facilities</u> |
| <u>Lisa McGillivray</u> | <u>Facility Manager</u> |

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

- They have been solving temperature control issues in the common area and were doing daily temperature monitoring. Residents and family agreed it has improved. The residents were asked specific questions like “Are your rooms clean?”, “Is laundry ok?” The activities were reviewed in detail. There were many compliments about the staff.

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

- The outings are really appreciated by the residents. One resident was able to have her great granddaughter’s twins in for a five generation photo.
- The microphone was used so all could hear.

7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The inclusion of all residents and families to hear the follow up of items that had been raised demonstrates a caring atmosphere.
- There were approximately 14 residents and 3 family members at the meeting. Many compliments were given.
- The leadership at Riverside Health Complex is commended for their timely and comprehensive responses to the needs of residents as demonstrated at the Resident and Family Council Meeting.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Unity and District Health Centre #73576
2. Community: Unity, SK
3. Date of visit: September 26, 2018
4. Please indicate who attended this visit:

(Name)

Gloria King

Deanna Miller

(Title)

Executive Director, Acute Care NW

Facility Manager

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

- The team manager identified the benefit of hearing issues from families – avoided this at Resident Council Meetings due to privacy concerns.
- Evening staffing levels could be reviewed.
- Ensuring that all call bells are within reach.

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

- Quality of Life Recommendations: Music during meals, nature sounds played throughout the facility.
- The Night Owl rounding sheet showed a thoughtful way of recording Purposeful Rounding and reducing the amount of paper that would be required.
- One wall had been developed in a conference room to have daily visuals at all reports. This has been embraced by the nurse aids who are now recording their own pertinent information, creating ownership!

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Minutes of Resident and Family Council are detailed and demonstrate outreach to the residents and families.
- This young Manager of the Unity and District Health Centre is commended for her tenacity and resilience in implementing programs to benefit the residents.

Saskatchewan Health Authority Long-Term Care Quality Assessment-2018

1. Name and number of facility: Pleasantview Care Home / Wadena Hospital - #73789
2. Community: Wadena
3. Date of visit: October 26, 2018

4. Please indicate who attended this visit:

(Name)

Jacquie Holzmann

(Title)

ED- Primary Health Care

Kelly Tokarchuk

Site Leader

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

- Overall facility improvements are ongoing from painting resident rooms, changing out curtains to family/resident choice, families encouraged to personalize rooms. Three new ceiling track lifts installed this past year, taking the facility to about a third of the rooms with ceiling track lifts. By the end of the campaign, we will have almost 50% of the rooms with lifts.
- Wadena's Community Health Council is very active in improving the overall health of the community -current *lift campaign* is raising funds for more lifts - goal is for 7 more, for a total of 10.
- Residents reported they are very blessed with the activities and outings that are offered. Expressed that the Pow Wow and cultural dancers this past summer were entertaining, as well as educational.
- A fishing trip was arranged this past summer, and this was appreciated.
- Other outings have been to Casinos in Yorkton, museum, pub night.
- Fenced in Court Yard is used often and has a fire pit for wiener roasts and family get togethers. Apple trees recently planted, and new outdoor furniture added this year.
- Multipurpose room/activity room a central gathering place for residents, used for family visiting, coffee row.
- Relaxed breakfast, warm breakfast until 9 am. Nutrition station all day long stocked with snacks.
- New door campaign- decals on each resident's door to personalize- families/residents selected door for their room.
- Nicely decorated with a homey feel, pictures of residents, fall decorations.
- Facility has adjoining rooms for couples.
- Hallways have been named and plans to decorate on a theme, based on ideas from the Resident Council meetings.
- Menu is posted on the wall in each hallway as is the activity schedule for the month.
- Facility has used Home Care staff to provide a second bath to residents.
- Activity staff work weekends and 3 evenings a week. Doing a calendar fundraiser for outings - all residents consented to be in the calendar.
- Themed supper nights in the winter- cook own meals in activities room.

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

- More staffing for bathroom help requested by residents. Residents reported being left in bed longer than they want. Some solutions from residents was for them to post what time they want to be up for staff.
- Sometimes residents wait a long time for portering from dining room back to own rooms.
- More activities in evenings, as residents want to go to bed early as there is nothing to do.
- Temperature in rooms is not well controlled. Maintenance to check on a few residents' room thermostats.
- Food Choices- would like muffins more than once a week. Kitchen staff have a list of food preferences and make changes to menu based on these.
- Spoke with a resident who has lived in this home 29 years- feels more staff needed to be more responsive to needs.
- Security of residents at Pleasant View- both those living with complex behaviors and others would benefit from a secure neighborhood; others find the behaviors like wandering, especially into their rooms, concerning.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Continue to explore staffing mix and exploring integration of facility staff to maximize staff availability and better coordinate care in both LTC and Acute Care.
- Explore engaging families to attend resident/family council meetings.
- Post Quality Indicator reports to engage staff in providing ideas for corrective actions.
- Staff engagement needed on Purposeful Interactions.
- Strong support from Community to add equipment to optimize care.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: *Lakeview Pioneer Lodge 73754*



2. Community: *Wakaw, SK*

3. Date of visit: *September 14th, 2018*

4. Please indicate who attended this visit:

| | |
|---------------|--|
| Bryan Witt | Executive Director, Diagnostic Imaging |
| Bridgette Vey | Director of Care |
| Wayne Nogier | Site Manager |

29(1)

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

- *They are very proud of their Accreditation Status.*
- *They are very proud of their Zero Restraint Policy and Compliance.*
- *Lakeview Pioneer Lodge (Lakeview) utilizes a structured planning group (5 year strategy) comprised of residents, families, board, staff, community and administration.*
- *The facility continues to practice a relationship-centered care philosophy. The staff works to understand each resident, including where he or she came from and what his or her needs and desires are, in order to foster strong and meaningful relationships. Goals include ensuring that residents and families are treated with the dignity and the utmost respect. This relationship building is the key to delivering exceptional client and family centered care.*
- *Structured planning group (developing a 5 year strategy) comprised of residents, families, board, staff, community and administration.*
- *Lakeview's Site Leader empowers staff to identify opportunities, problem solve and make decisions in the moment through an open-door policy. This ability to create awareness and seek opportunities for improvement has created a culture of ownership and responsibility with all staff, ultimately improving the quality of care for residents.*

- *Active Resident and Family Council. The Resident and Family Council is actively involved in gathering and implementing ideas for Lakeview's Strategic Planning Committee, which is a successful collaborative approach in introducing positive change and creating opportunities to improve the quality of life for residents. The Strategic Planning Committee includes representation from residents and families, staff, administration, the community and the Board.*
- *Lakeview holds regular Care Conferences with residents and their families, designed to ensure that care plans are current and all resident needs are being met.*
- *Lakeview installed a new Nurse Call integrated phone system last year, which has greatly improved the communication between residents and care team members through better coordination among staff and the ability to track response time data to assist with quality improvement. Nurse call working successfully and has improved communication with residents and care team.*
- *Ceiling track lift (purchased in 2017) is 88% of all beds have ceiling tracks. Ceiling track lifts were purchased in 2017 with funding provided by former Saskatoon Health Region. Having these lifts available to residents ensures safety and is beneficial to both residents and staff, in addition to reducing Worker's Compensation Board premiums for the Home.*

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

- *Desire for Dining Room expansion and enhancement.*
- *Lakeview currently has very limited access to wireless technology. Residents and their families have shared their strong desire to have wireless access available throughout the Home, to allow residents and their families a modernized means of communicating with one another, including the regular use of FaceTime and social media.*
- *Spiritual care access, currently only Roman Catholic. Technology and wireless technology can facilitate Spiritual Care Access.*
- *Lakeview Pioneer Lodge is a dated building that is beginning to show its age in terms of its design and structure. As a result, continual work and cosmetic upgrades are required in order to extend the life of the building. Security of residents living with dementia at Lakeview would benefit from a secure area that is safe and reduces the risk of elopement. Dining Space is also limited and will need to be expanded in the future.*
- *As Lakeview is a 24/7 RN staffed facility, they have developed an SBAR outlining the opportunity to incorporate the Wakaw Emergency/Urgent Care Centre into their own facility.*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- *Lakeview Pioneer Lodge utilizes a new Structured Planning Group comprised of residents, families, board, staff, community and administration to develop a 5 year strategy together.*
- *The Quality and Safety Committee in Seniors' Health and Continuing Care (SHCC) continues to work on quality improvement initiatives that will improve the care and safety for the residents and improve safety for staff. Current initiatives include the development of plans to manage and, more importantly, prevent pressure ulcers in residents and to decrease the number of injurious falls.*
- *The Structured Planning Group and SHCC will work with Saskatchewan Health Authority Capital and Facilities Management department to explore the levels of support available*

to address the Home's structural needs in order to help extend the life of the building and expand delivery of services including expansion of dining hall and potential incorporation of the Emergency/Urgent Care Centre and to seek opportunities for security improvements to ensure at-risk residents cannot leave the building undetected.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

- 1. Name and number of facility:** Warman Mennonite Special Care Home
2. Community: Warman, SK (31 bed LTC site)
3. Date of visit: October 1, 2018
4. Please indicate who attended this visit:
(Name) (Title)
Suann Laurent Chief Operating Officer

5. Were members of the Resident and Family Council present during this visit? If not, what is the plan to engage with this group before December 31, 2018?

Yes talked to members and residents that attend the regularly scheduled Resident and Family Council meeting. The residents and families identified that their issues are addressed and they feel they have input into every aspect of care and anything else they wish to discuss.

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

The residents and families consistently stated that the staff are very caring and compassionate and they do purposeful interaction at this home. The residents and family stated that there generally is good two-way communication and would also like to see that maintained.

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

Families and management raised the staffing issue as they have in the past years and they feel their staffing compliment is not adequate to reflect what the increasing activity and complexities of the needs of the residents are.

8. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

The issue of the need for a Provincial Affiliate Agreement were noted and how affiliates will access and pay for the new AIMS project. Affiliate administration also wondering if they will be able to keep their requested funding for an additional LTC bed, which they were previously denied. The team noted the value of the Paramedic Program, which they have used to provide in-house hydration or antibiotics. The additional assisted living space that was opened in 2016 is esthetically pleasing and offers great support for the residents in the building including a beautiful chapel.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: **Manitou Lodge (306) 946-1200**
2. Community: **Watrous**
3. Date of visit: **June 28, 2018**
4. Please indicate who attended this visit:

(Name)

Jeannie Munro

Leah Ehman

(Title)

Executive Director – Primary Health Care

Site Leader/Manager

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

- *Resident and son described a very positive experience starting with an initial admission into LTC in Saskatoon - Porteous Lodge. The son identified that CPAS worked very hard to get his mom and dad both placed. When his dad passed away shortly after admission, they then requested and received a transfer to Watrous for his Mom (the resident).*
- *Both resident and son describe the facilities in Watrous as “great; state of the art building”*
- *Resident and son stated the staff are very friendly; they are very pleased with the social activities offered; and the meals are good*
- *The Home/grounds are well maintained; bright, clean spaces.*
- *Physician/PHC providers located within the building.*

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

- *Resident and son stated they had no specific recommendations as they’ve had such a positive experience. However, they stated it would be good, if possible, to have increased access to therapy staffing (PT).*
- *Family stated the staff are working very hard and it would be good to see an increase in number of staff on shift.*
- *Recruiting and retaining staff can be a challenge.*

7. Please describe how the information gathered during this visit will be used to inform the SHA’s overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- *Continue to utilize learning from purposeful interaction and work towards implementing new ideas in the home.*
- *Recruiting staff to rural Saskatchewan is always challenging and we will work to continue to recruit and keep staffing levels adequate to provide excellent care to residents.*

Saskatchewan Health Authority Long-Term Care Quality Assessment-

2018

1. Name and number of facility: Quill Plains Centennial Lodge- 73790
2. Community: Watson
3. Date of visit: August 30, 2018
4. Please indicate who attended this visit:
(Name) (Title)
Roberta Wiwcharuk Executive Director, Acute Care (SE)

Dianne Eisner

Facility Administrator

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

- The facility had a very warm, welcoming and home-like feel to it.
- The facility has two separate wings; the Health Centre wing has 13 beds and the Lodge wing has 40 beds. The rooms on the Health Centre wing are large with wide doorways and the rooms on the Lodge wing are smaller with narrow doorways.
- Both wings have their own dining and activity areas. There is a Family Palliative Room available.
- Occupational Therapy visits the facility on a weekly basis and Physiotherapy visits on a monthly basis.
- There is a Prox Security System in place, which provides a very secure environment.
- There was a large fish tank and a parakeet for the residents to enjoy.
- There is a beautiful secure garden, called the Heritage Garden. An automatic door was installed this past year, which allows the residents the independence to access the garden when they choose.
- The daily activities and menu are posted.
- Monthly birthday parties are held for the residents and residents/families may have their own private birthday celebration if they wish.
- Purposeful Interactions was implemented in 2016 and this philosophy continues to be in place.
- Puzzles were in progress during the visit, other individual activities were taking place and the local Day Care children were visiting.
- The residents stated the activities planned for them are very good with lots of variety.
- Hip Protectors and Fall Mats are readily available in the facility to meet the resident's needs.
- There are some ceiling track lifts in place, but not in all of the rooms.
- Daily Visual Management/Wall Walks are in place and held on a daily basis.

- One of the residents stated "My two favorite things are that I love my bath and love the food", "I love it here".
- It was important that the residents were in a facility close to their home. Family and friends are able to visit more easily.
- There is a Caravan in the community they are able to access for outings.

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

- Sometimes the meat is hard to chew; for example the pork chops, but they substitute the pork chops and offer pork cutlets more frequently.
- One resident indicated she needed a window blind put up in her room; the manager will ensure this gets done.
- It was noted the only way to get supplies into the basement is by using the dumbwaiter. If the dumbwaiter were to be out of service the only alternative is to use the stairs.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Resident and Family Council meetings will continue to be held and concerns will be brought forward and addressed by the facility administrator.
- There are plans to relocate the supplies in the basement to the main floor for easier access and less handling of the supplies. This will result in less reliance on the dumbwaiter. This will also allow for additional space in the basement for the laundry department.
- As per the facility administrators request, the Executive Director will provide information on the types of air mattresses/pressure relieving mattresses that are available for comfort measures and for the prevention of pressure ulcer

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of facility: Wawota Memorial Health Centre - 73538
2. Community: Wawota
3. Date of Visit: July 9, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Christina Denysek

Executive Director, Continuing Care (SE)

Holly Hodgson

Manager

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

- ☐ The facility is well cared for and the outside grounds are maintained with many flowers, pots and summer foliage. The facility received great support from a local greenhouse for plants and planters.
- ☐ Sidewalk and concrete work was completed over the past year. It has greatly enhanced the safety of residents and allows the ability to utilize the front area. The new concrete area and flower beds have been leveled also allowing for better drainage.
- ☐ In discussion with residents, the following comments were made:
 - "I am treated like a queen. We had wild saskatoons and cream for breakfast today and nothing compares to that."
 - "Living here is pretty good."
 - "Enjoy the KFC."
- ☐ Residents enjoy the outdoor enclosed courtyard and the new raised garden boxes have made it easier for gardening.
- ☐ Residents noted that there was plenty to do in the home and a very good variety of activities. They are also not pushed to do things when they want to enjoy their own time.
- ☐ There is a calendar that is provided to residents on a monthly basis with the upcoming events. They very much appreciate this as then they know what is coming up. Bingo and the exercises are favorite activities.
- ☐ The community is very supportive with entertainment and music for the residents. The local church community provides a weekly Bible study for residents.

the facility.

- ☐ A community group has donated internet and Netflix services and this is very much enjoyed by the residents. This has provided a large selection of TV series and movies for their entertainment.
- ☐ Family noted that the case conferences are very much appreciated and feel that they are very positive.
- ☐ A family barbecue was held in June and it was very much appreciated and well attended.

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

- ☐ Continue the ongoing work to enhance the common lounge areas to be more inviting and home-like. This work is underway.
- ☐ The Med Room is in need of painting and cosmetic work. This is a room that is frequently utilized and refreshing it with paint would be appreciated by staff.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Continue the ongoing work that has occurred over the past year with the residents on menu planning, food selection and variety.
- ☐ Continue with preventative maintenance and ongoing repairs of the building as needed.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Tatagwa View - 73531
2. Community: Weyburn, SK
3. Date of visit: September 10, 2018
4. Please indicate who attended this visit:

(Name)

(Title)

Scott Livingstone

CEO

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

- ☐ Residents felt that the facility is safe, clean and that they are well taken care of by staff. A couple of residents raised the issue of staffing and the concern for staff being overworked
- ☐ Discussed the menu and resident choices being incorporated into menus. Discussed some of their past concerns in this area. They have created a resident committee to advise on menus and felt that their recommendations are being followed.
- ☐ Residents spoke positively about entertainment and activity planning
- ☐ Also spoke very highly of the gardens and patio areas, its high use and how well it is maintained

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

- ☐ Residents did not have a lot of concerns – did mention ongoing concern about food choices but felt the new resident committee was making a difference
- ☐ Have received an estimate on repairing uneven sidewalks, but in general spoke positively about the maintenance of the facility and the excellent care they were receiving from staff

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Staff and leadership's ongoing commitment to quality improvement and regular communication and huddles is evident
- ☐ Facility was spotless
- ☐ The use of a LTC Nurse Practitioner to manage patient care is unique and very well received by other care team members, physicians in the community and families and residents. This model of care could be used in other areas of the province to support community-based family physicians and facilities in providing timely access to high quality care in LTC.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Weyburn Special Care Home - 73528

2. Community: Weyburn

3. Date of visit: Tuesday, October 16 2018

4. Please indicate who attended this visit:

(Name)

Brenda Schwan

Debbie Obst

(Title)

*Executive Director, Continuing Care SW –
Integrated Rural Health*

*Nursing Manager, LTC
Weyburn Special Care Home*

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

- ☐ *The addition of a nurse practitioner (NP) in LTC attends facility twice a week.*
- ☐ *The variety of activities both large group, small group and individual.*
- ☐ *Staff work well together as a team.*

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

- ☐ *The menu to be more resident focused.*
- ☐ *The maintenance of the facility; aging infrastructure.*

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

There needs to be work provincially on a "resident focused" menu for LTC.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Whitewood Community Health Center
2. Community: Whitewood
3. Date of visit: September 28, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|------------------|--------------------------------------|
| Maggie Petrychyn | – Executive Director, PHC |
| Jenifer Dominey | , Director, Prairie East PHC Network |
| Tracy Shire | , Manager, LTC |

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

- Recent upgrades to kitchen and dining room have greatly increased efficiency and flow of the department. Able to support table side service with Suzy Q cart to better enhance the residents dining experience.
- Dining room upgrades – removed divider wall to open up space; much more functionality and esthetically pleasing; bright area set up with several cozy conversation areas that residents and family can use.
- Temporarily converted a lounge to a resident room to support GPH resident relocation. Team has done a great job in making the space warm and inviting – with plans to keep as a “room” to support palliative care in the future.
- Visibility wall used by team daily – currently revamping based on team feedback.
- New Recreation Worker has brought new life into program. Variety of activities, focused 1:1; engaging all residents
- Facility has 2 new additions to their family – 2 finches. Residents enjoy watching them and are anxiously awaiting the arrival of babies (the finches have 6 eggs!).
- Local Trust committee supported upgrades to the Activity room kitchen – new stove, fridge and sink.
- Beautifully kept secure outdoor space that was used frequently throughout the summer.

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

- Shower area is temporarily out of order related to broken tile - concern that this may be a sign of a larger issue behind the tile.
- The above does impact one younger resident who was able to previously independently maintain ADL's; team has put in a plan to safely support a tub bath in the LTC tub while supporting independence.
- Request and tender submitted to upgrade nursing station.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Each site to review results from LTC Resident/ Family survey with teams with the lens of quality improvement. Once opportunities identified, work with available supports to develop and implement work plans.
- MDS QI indicators are posted on the visibility wall. Teams are encouraged to discuss results to guide opportunities for improvements and develop QI plans.
- Perform current state analysis of all LTC Therapeutic Recreation programs. Utilize the data and program evaluation from pilot sites to inform further focused work.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Wilkie & District Health Centre
2. Community: Wilkie
3. Date of visit: Sept 20/18

4. Please indicate who attended this visit:

| (Name) | (Title) |
|--------------------|----------------------|
| Neal Sylvestre | ED of CC Northern NW |
| Deb Kurulak- Milne | Facility Manager |
| | Rec Worker |

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

- BBQ club & Breakfast club
- Posting tomorrow menu
- New telehealth – specialist, domestic series(Alzheimer Society)
- Podiatrist every 2 mths
- Denturist labelled dentures
- K-Bro April 2017 working well
- GPA refresh
- Staffing explained
- Very engaged family
- Purposeful Rounding - reduction in anti-psychotics
- Family really like accountable care model

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

- Music jam – 38 deg C-Residents in hot sun
- Use of handivan – sometimes had to schedule short notice. Summer months it is difficult to schedule; available 1 – 2 times/mth.
- Staff representation- not happy with Advanced Directives
- Front desk too high to see residents go by
- Overhead paging for primary care procedure room is disruptive to the residents.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- The Wilkie health team in conjunction with NW leadership will follow up on issues as they occur. Tour information will be shared with local leadership. Any significant resident safety concerns identified through Resident/Family Surveys are addressed immediately.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Wolseley Memorial Integrated Care Center
2. Community: Wolseley
3. Date of visit: July 13, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|---|---------|
| Maggie Petrychyn – Executive Director, PHC | |
| Jacqui Kennett-Peppler – Director, Twin Valleys PHC Network | |

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

- The resident feedback indicated they were generally happy with the meals although one thought the portion sizes were too big. Felt that they were offered enough choice. Both felt very safe in the home and felt they received the care they needed. Both appreciated to be close to family and have a large activity area for family gatherings.
- Falls Prevention boards present on each wing; RCC's working to ensure information is consistent as staff work on both wings. Overall DVM board in main hallway; new leadership plan on engaging staff around the value and use to guide quality improvement initiatives.
- New Facility Manager recently started – which will add much needed stability in the leadership team.
- Upcoming renovations planned for tub rooms on both wings – replacing flooring adding to resident and staff safety.
- Large, bright dining rooms with cozy sitting areas around gas fireplace on each wing.
- Clean and well maintained facility with exceptional view of lake with fountain, spillway and swinging bridge.
- Secured outside area on one wing.

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

- Work underway to enhance dining experience including ensuring standard menu implemented, choice offered and relaxed breakfast options.
- Embed/ use of data to guide quality improvement initiatives
- Outdoor patio areas – paving stones sinking in areas; Facilities Management looking at options to replace potentially with cement.
- Noted large deck area can get slick/ icy when wet or frosty. Currently will “close” the area when raining, etc but continues to explore options to roughen the surface to reduce risk to staff and residents.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- Each site to review results from LTC Resident/ Family survey with teams with the lens of quality improvement. Once opportunities identified, work with available supports to develop and implement work plans.
- MDS QI indicators are posted on the visibility wall. Teams are encouraged to discuss results to guide opportunities for improvements and develop QI plans.
- Perform current state analysis of all LTC Therapeutic Recreation programs. Utilize the data and program evaluation from pilot sites to inform further focused work.

Saskatchewan Health Authority Long-Term Care Quality Assessment 2018

1. Name and number of the Home: Golden Acres
2. Community: Wynyard
3. Date of Visit: October 18, 2018

4. Please indicate who attended this visit:

| (Name) | (Title) |
|--------------------------|---|
| <u>Christina Denysek</u> | <u>Executive Director, Continuing Care (SE)</u> |
| <u>Jacquie Holzmann</u> | <u>Executive Director, Primary Care (SE)</u> |
| <u>Cheryl Sinclair</u> | <u>Administrator</u> |

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

- ☐ There are regular daily huddles with all departments in the home with safety discussed. Hand Hygiene audits posted for the previous month as well as weekly staffing indicators. Equipment and home maintenance and repair also discussed.
- ☐ Spontaneous Barbecue lunch held the previous day to take advantage of the beautiful fall weather. This was very much enjoyed.
- ☐ The Home was brightly decorated for the fall season including a display of decorated pumpkins recently done by the residents.
- ☐ "Gentle Breakfast" has been implemented throughout the home for the residents.
- ☐ Rooms are personalized with the belongings of residents and nice display of pictures/collectibles at entrance to rooms.
- ☐ There is a large displayed monthly activity calendar for residents and this is also mailed to all families with the monthly billing. The daily menus are also posted throughout the neighborhoods.
- ☐ The Activity Room was recently painted and the new courtyard was furnished through generous donations.
- ☐ The monthly Breakfast Club is very much enjoyed by residents and staff.
- ☐ The ability to place couples in adjoining rooms/same room if preferred.
- ☐ Involvement of community in the home including "adopt a grandparent" day enjoyed by residents and local preschool.

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

- ☐ Residents and family have raised concerns with the food and its preparation. Improving this is currently underway.
- ☐ There is opportunity to augment huddle boards with the quality indicators and the corrective action plans.
- ☐ Resident Family Council Meetings were appreciated and they are requested to continue.
- ☐ There was concern noted regarding the staffing levels and residents concerned that there should be more staff.
- ☐ Family noted concerns with foot care and wanting to be able to book their own private provider(s).
- ☐ Family expressed concerns with the demeanor and deportment of some staff and found this, as well as the negativity, to be very discerning.
- ☐ A broader variety of activities was requested as well as more individual activities to better meet the needs and interests of residents. Would also appreciate more outings and activities outside of the home.
- ☐ Potential with layout of home to develop small house model.

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Continue to work on improving meals and their preparation so as to improve the dining experience.
- ☐ Continue with regular Resident Family Council meetings in partnership with staff and the home leader.
- ☐ Continue to plan for a variety of activities and consider individualizing more to meet the interests and needs of residents.

Saskatchewan Health Authority Long-Term Care Quality Assessment – 2018

1. Name and number of facility: Yorkton and District Nursing Home (306-786-0804)
2. Community: Yorkton, SK
3. Date of visit: October 15, 2018

4. Please indicate who attended this visit:

(Name)

(Title)

Scott Livingstone

CEO

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

- ☐ Residents felt that the facility is safe, clean and that they are receiving excellent care from staff
- ☐ Discussed the menu and resident choices being incorporated into menus. Residents are pleased overall with food quality and food choices
- ☐ Residents spoke positively about entertainment and activity planning
- ☐ Residents also spoke very highly of the gardens and multiple patios, and how well it is maintained

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

- ☐ Residents did not have a lot of concerns – did mention discussions around how some staff are speaking to each other in non-English languages around residents and how they feel that this is disrespectful. As a committee, they have developed a “patient and family” guidance document that is posted throughout facility about dignity and respect. Residents highlighted the importance of the tone of voice when speaking to them or family members
- ☐ Facility is well taken care of and was very clean
- ☐ Some concerns around way finding signage in facility given its large footprint
- ☐ Some concerns raised about the grouping of residents and some difficulty with noise

7. Please describe how the information gathered during this visit will be used to inform the SHA's overall effort to improve quality of care for residents and staff in long-term care facilities throughout the province:

- ☐ Staff and leadership's ongoing commitment to quality improvement and regular communication is evident
- ☐ Facility is well maintained
- ☐ Some challenges with infrastructure (i.e. ovens in need of replacement), as well as training and certification of cooks, continues to be a challenge. Like Tatagwa View, this facility does all meal prep for the facility. The hospital is also a high volume central kitchen

