

## Media Backgrounder

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## Spring 2013 CEO Long-Term Care Facility Visits

### CEO Visits to Long-Term Care Facilities:

- During Spring 2013, the Minister of Health tasked health region CEOs with visiting long-term care facilities in their regions to find out what was working well, and what areas could be improved.
- Areas working well:
  - Resident and Family Councils providing a voice for residents and families.
  - Dedicated staff providing good care to residents.
  - Activities and recreation programs are resident-centred.
  - Volunteer involvement and engagement.
- Areas for improvement:
  - Food (quality, variety, meal times)
  - Care issues (complexity of care, behavior management, delay in provision of care)
  - Safety (resident's needs, staff training, staffing levels)
  - Resident mix (placing young with older, frail residents)
  - Aging infrastructure

The following pages offer additional information about the CEO findings, by health region. Further information can be found at [www.health.gov.sk.ca/continuing-care](http://www.health.gov.sk.ca/continuing-care).

### Long-Term Care Facts:

- Saskatchewan has approximately 8,700 residents living in 156 long-term care facilities or occupying 17 long-term care units in hospitals/health centres.
- In addition, there are approximately 250 residents receiving respite in long-term care facilities at any given time.
- 29% more beds per population age 75+, compared to national average
- \$237.5 million is being invested in replacing 13 outdated long-term care facilities. Additionally, Government supported development of the innovative Samaritan Place (including couple suites), and has committed to replacing three long-term care facilities in Swift Current with one larger facility.

## FINDINGS FROM CEO VISITS TO LTC FACILITIES

What is working well	Issues identified
<b>Cypress Health Region</b>	
<ul style="list-style-type: none"> <li>• Extensive Eden* Training completed – each facility is choosing how to implement.</li> <li>• Residents/families state that for the most part they are grateful for the way their family member is treated.</li> <li>• Resident councils existing or well underway in majority of facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Want more activities, especially on the weekend.</li> <li>• Residents do not have independent access to the outdoors.</li> <li>• Residents want internet access.</li> <li>• Only get one bath per week and if staff work short may miss bath that week.</li> <li>• Lack of knowledge/expertise about gerontology/long term care.</li> </ul>
<b>Five Hills Health Region</b>	
<ul style="list-style-type: none"> <li>• The organization's formal and consistent commitment to RCC and the communicated expectation to staff.</li> <li>• Residents and families are encouraged to participate in developing individualized care plans through the process of IDCs (Inter-Disciplinary Conferences).</li> </ul>	<ul style="list-style-type: none"> <li>• Resident/Family Council meetings as the mechanism for the voice of the client/family are not fully implemented across the region in all facilities.</li> <li>• There are attitudinal barriers to full accommodation of residents' personal routines and schedules, as well as resource barriers.</li> <li>• Although informal practices exist, there are no formal systems in place to assist residents/family to identify individual care giver team members and their role.</li> </ul>
<b>Heartland Health Region</b>	
<ul style="list-style-type: none"> <li>• Clients and families believe staff are providing the best care possible given the current staffing levels and work environments.</li> <li>• Clients are very happy with the recreation programs and their responsiveness to clients' wants, i.e. client choice meals</li> </ul>	<ul style="list-style-type: none"> <li>• Quality of food with implementation of new CPS regional purchasing system.</li> <li>• Safety and care issues related to inadequate staffing levels and requirements, i.e. complexity of care and Transfers, Lifts, Repositioning (TLR) criteria for 2 person assist with lifts.</li> </ul>
<b>Keewatin Yatthé Health Region</b>	
<ul style="list-style-type: none"> <li>• Standardization of work processes.</li> <li>• Presence of Supervisor at sites twice a week.</li> <li>• Staff engagement with residents.</li> </ul>	<ul style="list-style-type: none"> <li>• Upgrading of some furniture in LTC area.</li> <li>• Standardizing of activities and the communication to residents.</li> <li>• Residents choices not considered as much as they should.</li> </ul>

\* Eden care aims to promote spontaneity and variety, creating care homes that are lively and interesting places to live. Residents are encouraged to engage with plants, animals and children in order to encourage interaction. Choice and control is given to them as they decide what they want to do.

What is working well	Issues identified
<b>Kelsey Trail Health Region</b>	
<ul style="list-style-type: none"> <li>Residents/families are generally satisfied with the care received.</li> <li>Very positive feedback in regards to current recreation program.</li> </ul>	<ul style="list-style-type: none"> <li>Residents and family concerned about staffing levels, i.e. ability of staff to respond in a timely fashion to call bells, toilet and walk residents or give more than one bath/week. Residents hesitant to ask for help or assistance because they know the staff is "busy".</li> <li>Residents and family would like to have more activities in the evening and on the weekends.</li> </ul>
<b>Mamawetan Churchill River Health Region</b>	
<ul style="list-style-type: none"> <li>The long term care facility offers a homey caring environment.</li> <li>Residents personal and emotional needs are seen as paramount and a high standard of care takes place.</li> </ul>	<ul style="list-style-type: none"> <li>Increasing client care needs impacts the availability of staff.</li> <li>Challenges with residents not being able to voice own issues due to physical and cognitive limitations.</li> <li>Food concerns, non-traditional foods and meeting specific dietary requirement</li> </ul>
<b>Prairie North Health Region</b>	
<ul style="list-style-type: none"> <li>Resident input into recreation programming.</li> <li>Family conferences and satisfaction surveys give valuable feedback.</li> <li>Friendly and caring staff contributes to a more family like atmosphere.</li> <li>11 of 13 Resident Councils are now meeting. The other 2 will be meeting by end of July.</li> </ul>	<ul style="list-style-type: none"> <li>Need for regular resident and family input into menu planning.</li> <li>Difficult to accommodate all TLRs to resident's individualized request, early rise for residents (0500) so that staff could ensure everyone is up for breakfast.</li> <li>Facility maintenance related to aesthetics.</li> <li>Some residents and families feel that younger populations should not be admitted to a home with a majority of older residents: differing needs for activities, socialization.</li> <li>Internet access is cost prohibitive.</li> </ul>
<b>Prince Albert Parkland Health Region</b>	
<ul style="list-style-type: none"> <li>Resident councils provide a voice for the residents who can express their needs.</li> <li>Care and activities provided are resident-centered.</li> </ul>	<ul style="list-style-type: none"> <li>High needs, behavior management residents.</li> <li>Access to transportation in urban facilities.</li> <li>Staff workload in a few areas. E.g. late medications, infrequency of bathing.</li> <li>Interpretation services not available.</li> </ul>

What is working well	Issues identified
<b>Regina Qu'Appelle Health Region</b>	
<ul style="list-style-type: none"> <li>• Good quality food.</li> <li>• Caring staff.</li> <li>• Smaller pod/neighborhood/facility size is valued.</li> <li>• Dedicated family members/ volunteer involvement and engagement.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased care staff hours per resident day (RN/RPN, LPN, CCA), access to therapies and social work, use of RN(NP), and activities programming on evenings and weekends.</li> <li>• Flexible meal times/dining options.</li> <li>• More patient/family involvement in decision making.</li> <li>• Infrastructure/space/lack of privacy/shared rooms/small common areas/facilities not designed to accommodate level of care.</li> </ul>
<b>Saskatoon Health Region</b>	
<ul style="list-style-type: none"> <li>• Overall, residents are positive and appreciative of care they receive given the frequent challenges with adequate staffing levels.</li> <li>• Generally, positive comments about activity programs and opportunity to go outside in good weather.</li> </ul>	<ul style="list-style-type: none"> <li>• Current staffing levels for care aides, RN/LPNs, and therapies are not adequate to meet needs of the residents. <ul style="list-style-type: none"> <li>~ Delays in toileting result in continent residents soiling themselves.</li> <li>~ Residents awakened and dressed for the day as early as 5:30 a.m. and assisted to bed for the night as early as 5:30 pm.</li> <li>~ Residents currently receive tub bath once/week; concerns voiced regarding personal hygiene, breakdown in skin integrity and need to have at least 2 tub baths per week.</li> </ul> </li> <li>• Infrastructure/Equipment <ul style="list-style-type: none"> <li>~ Physical structure of several buildings in disrepair and building systems failing.</li> <li>~ Narrow hallways and small bathrooms in many facilities.</li> <li>~ Double rooms in many sites and 1 site with 4 beds per room - privacy and space concerns.</li> <li>~ Nurse call system barely functioning in many sites.</li> <li>~ Therapeutic tubs are ageing.</li> <li>~ Major gap in adequate number of ceiling track lifts.</li> <li>~ Floor lifts are in disrepair in many locations.</li> </ul> </li> </ul>

What is working well	Issues identified
<b>Sunrise Health Region</b>	
<ul style="list-style-type: none"> <li>• Annual Care Conferences/and as required, Resident Satisfaction Surveys, Operational Support Surveys and Bi-Annual Dietary Focus Groups.</li> <li>• Current Activities – Individualized resident activities, entertainment, outings and social events.</li> </ul>	<ul style="list-style-type: none"> <li>• Food – likes/dislikes, choices, temperature.</li> <li>• Timely response to resident requests/call bells and missing personal laundry.</li> </ul>
<b>Sun Country Health Region</b>	
<ul style="list-style-type: none"> <li>• Resident Councils when in place are great opportunities for communication and also discussing concerns and potential solutions.</li> <li>• Units designated specifically for residents with cognitive impairment</li> <li>• Focusing on home-like environment and getting away from rigid schedules</li> </ul>	<ul style="list-style-type: none"> <li>• Concerns throughout Health Region about quality and selection of meals.</li> <li>• Concerns about residents with cognitive impairment in the mix with residents who are very cognitively aware.</li> <li>• This also relates to private space, noise levels in sites, fears and misunderstandings by residents and families.</li> <li>• Some concerns about bathing schedules.</li> </ul>

## **\$10 MILLION URGENT ISSUES ACTION FUND**

**Goal:** To enable health region CEOs to act on the most pressing issues identified in their respective health region reports.

**Process:** Business Cases are to be presented to the Ministry of Health by October 31<sup>st</sup>, 2013. Funding to flow to regions by December 2013.

**Prioritization:** Business cases are to be prioritized based primarily on: (1) how well they respond to the most pressing issues raised in the CEO reports for each respective health region; (2) the likelihood of obtaining efficiencies that increase staff time for direct care; and (3) the appropriateness of the amount requested.

**Expected Outcome:** Results will vary across health regions, as the issues identified in the CEO reports were quite varied depending on region and facility.

**Accountability:** Minister/Ministry oversight mechanisms on the effectiveness and efficiency of the Urgent Issues Action Fund will include: (1) monthly progress reports to Ministry; (2) 60 day, 90 day and 120 day reports on results-to-date directly to Minister; (3) Reports to Minister after annual CEO visits; and (4) annual quality of care surveys provided by the Resident and Family Councils direct to the Minister.

## **\$4.5 Million Home First/Quick Response Pilots**

### **HOME FIRST PHILOSOPHY:**

- When a person enters the hospital presenting with an urgent health need, every effort is made to ensure adequate resources are in place to support the patient to ultimately return home.

### **HOW THE PROGRAM WORKS:**

- Home First/Quick response nurses partner with other staff in emergency departments to assist with providing quick response screening for those patients that can be discharged home but with additional supports.
- Home First nurses also provide interdisciplinary linkages with emergency services, primary health care, physicians, advanced clinical nurses and respiratory therapists.
- The Home First/Quick Response pilots in Regina, Saskatoon and Prince Albert will focus on assisting seniors who go to acute care emergency departments, to return home with appropriate supports. Total cost of all three of these pilots is \$4.5 million.

### **EXPECTED RESULTS:**

- The aim of the project is to help reduce unnecessary hospital admissions, transition patients out of the hospital sooner, responding to crisis intervention in the community and help seniors stay in their homes longer.
- Evidence from other jurisdictions suggests that Quick Response screening in ER can lower the rate of all admissions to hospital beds, reduce emergency room admissions, and increase the number of days between emergency room visits.
- Piloting these programs will allow Saskatchewan to analyze the benefits for hospitals and emergency rooms, but also assess whether these programs are effective at taking pressure off the long-term care system by giving seniors more supports to continue living safely and independently at home.