

# LONG TERM CARE RESIDENT AND FAMILY EXPERIENCE SURVEY:

## Stensrud Lodge

June 2018



**Report prepared for:**

**Seniors' Health and Continuing Care (Saskatoon)  
Saskatchewan Health Authority**

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## **Having a Voice and Blazing the Trail: A Message from the Long Term Care Advisory Council (LTCAC)**

The goal of the LTCAC is to improve the experience of residents living in long term care homes within the former Saskatoon Health Region. The council aspires to have residents and their families direct their care and service. The council has become a vehicle of empowerment whereby residents and family members will identify continuous improvement initiatives to ensure that residents' needs are met with respect and dignity.

The LTCAC upholds the survey as a foundational mechanism for residents and family members to share their experiences and be involved in discussion and planning to improve relationships and services within the homes.

This report is a compilation of the voices of individuals receiving care or walking alongside someone who is receiving care at this home. Receiving and reviewing this report is the first important step toward a pathway to excellence. Most important are the opportunities for open discussion and participation. It is only through shared commitment and working together that the trail may truly be blazed.

Thank you for your commitment to partner with residents and families in resident-directed/family-centred care!

*The LTCAC*

### **Background**

In December 2017, the former health regions were amalgamated into one provincial Health Authority. All homes in the province were directed by the Ministry of Health to have their surveys completed by March 2019. Sixteen of the thirty homes in the former Saskatoon Health Region completed surveys in April 2018. This report describes the results for Stensrud Lodge.

### **How the Survey was Conducted and Participants Were Chosen**

Methods are described in detail in Appendix A.

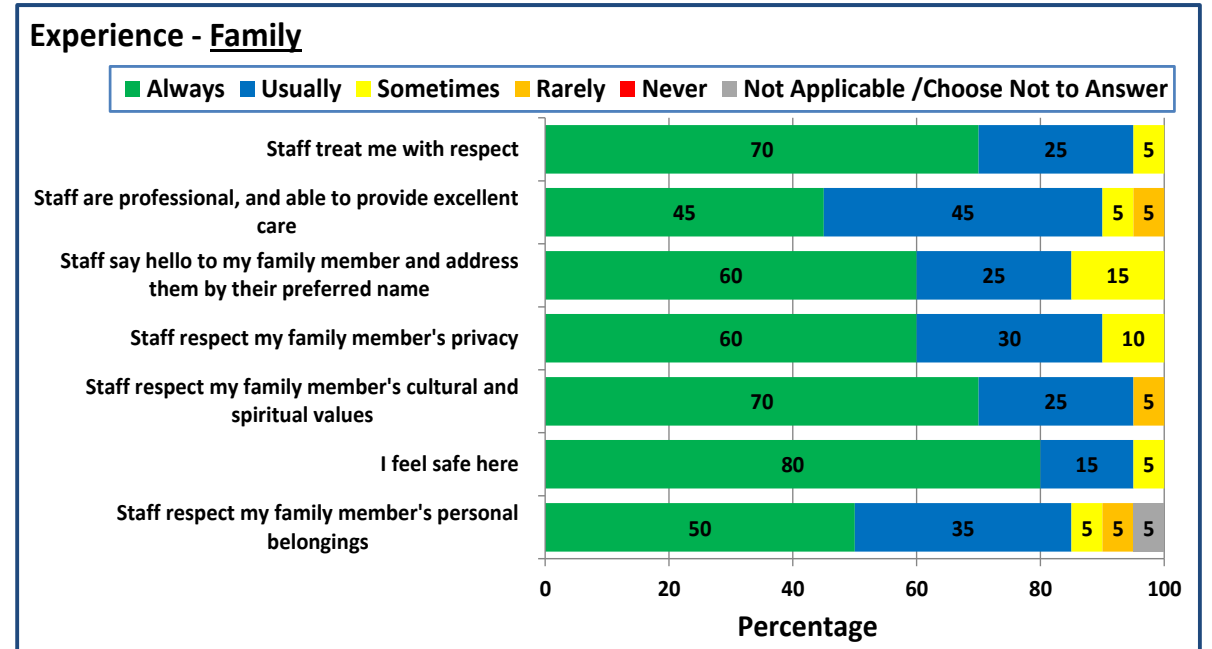
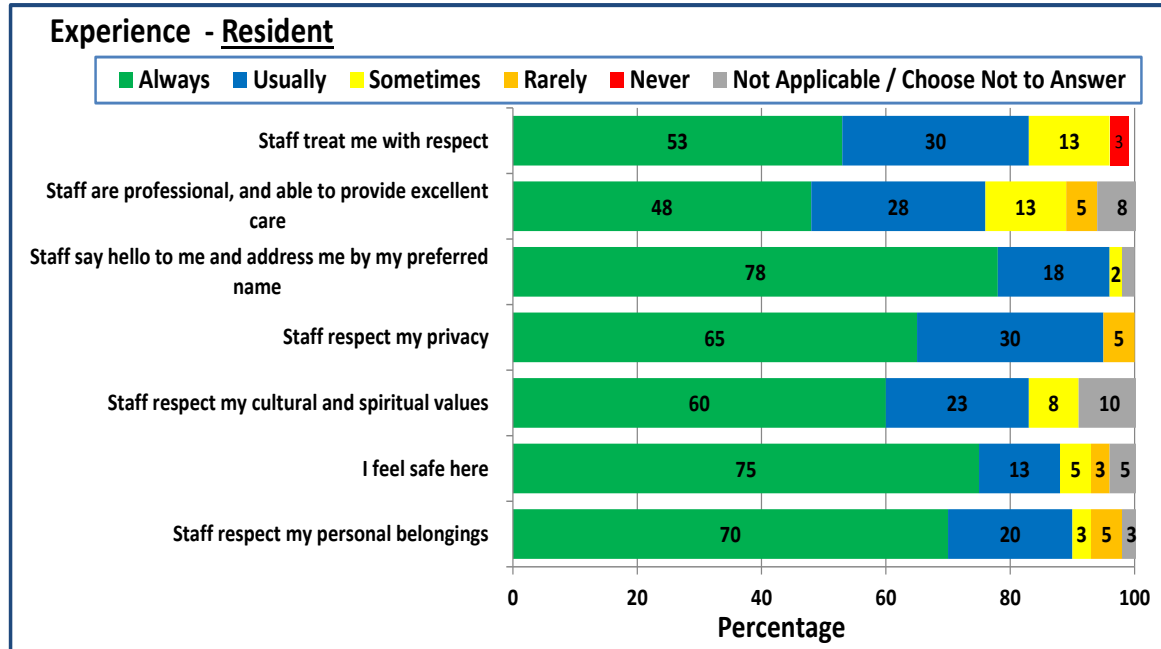
### **Who Participated**

There are a total of 100 residents of Stensrud Lodge. After implementing the survey process described in Appendix A, there were a total of 40 residents who participated. This means that 40% of residents of the home participated. 20 family members participated in the survey.

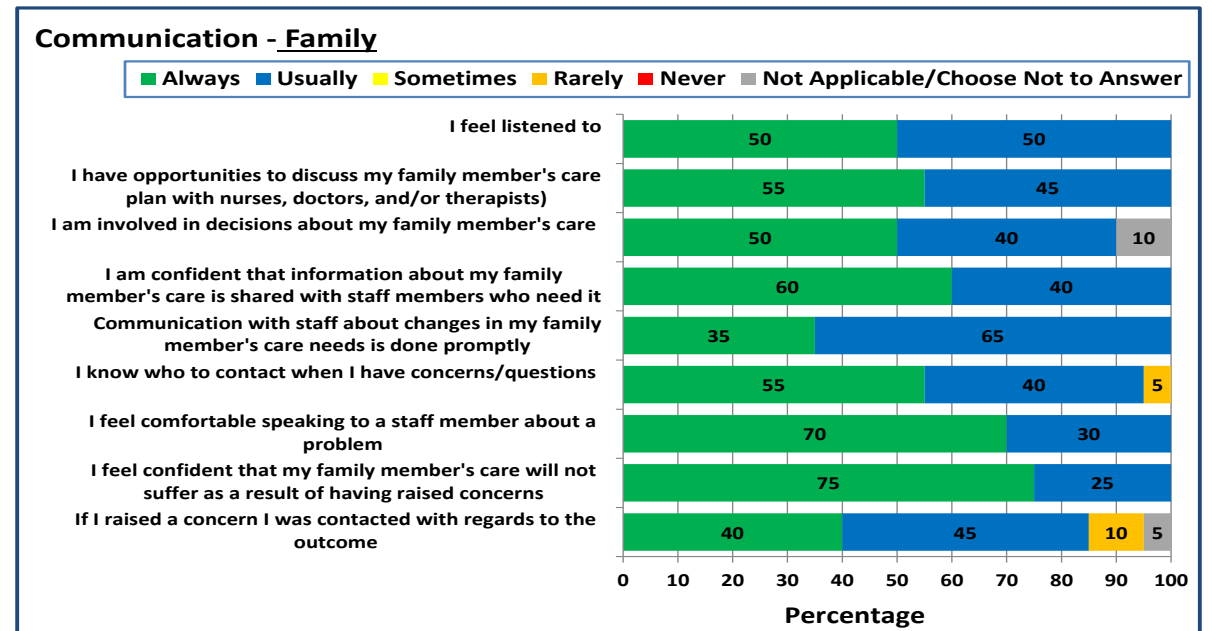
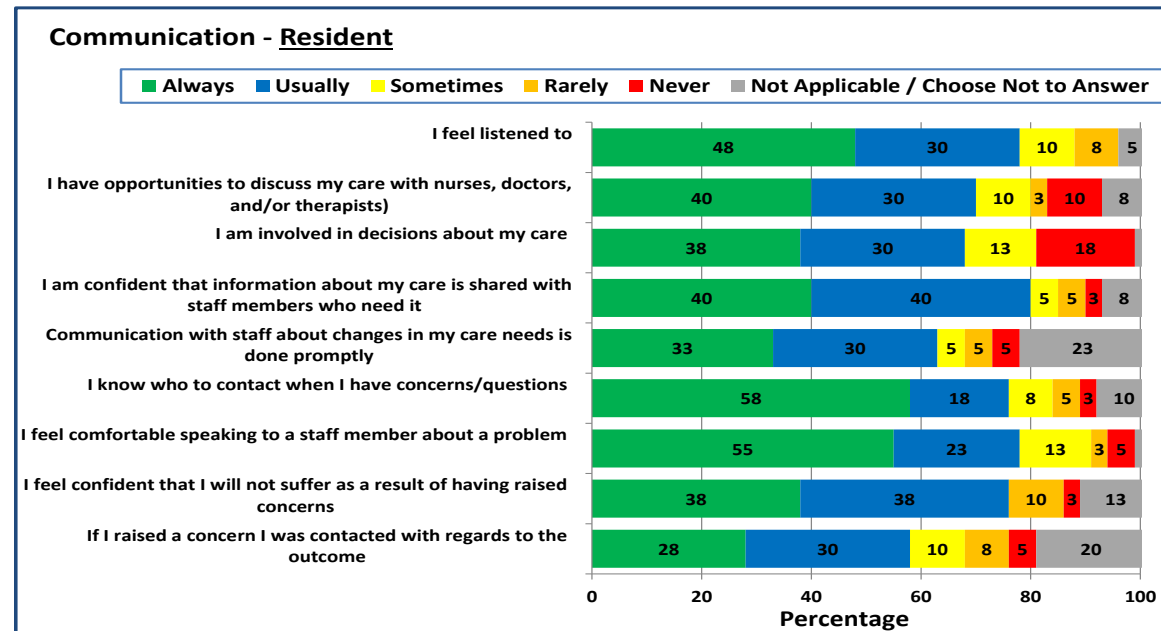
### **Understanding the Survey Results**

There were six categories of statements on the survey, followed by one general satisfaction question. The results for each category of statements and the general satisfaction question are presented in bar chart format showing the **percentage** of individuals choosing each response option. Participants were given the following response options: Always, Usually, Sometimes, Rarely, Never, and Not Applicable/I Choose Not to Respond. Respondents were also provided the opportunity to provide additional comments with respect to what could be done differently to make the home a better place to live, what they find excellent at the home, and any additional comments. These comments are included at the end of the report.

**Experience Questions 1-7**

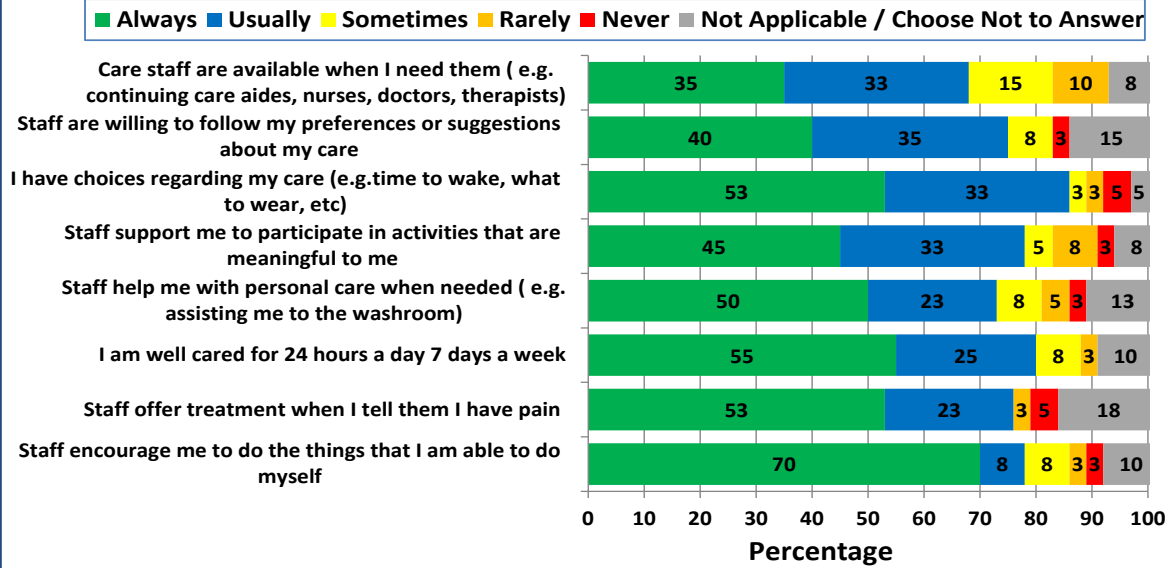


**Communication Questions 8-16**

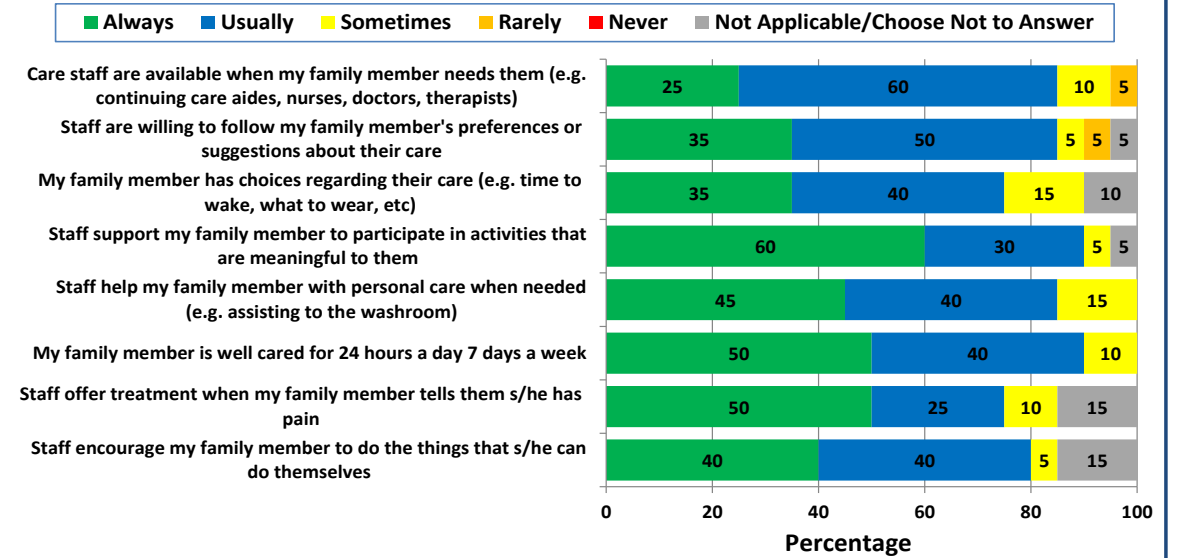


Care Provision Questions 17-24

Care Provision - Resident

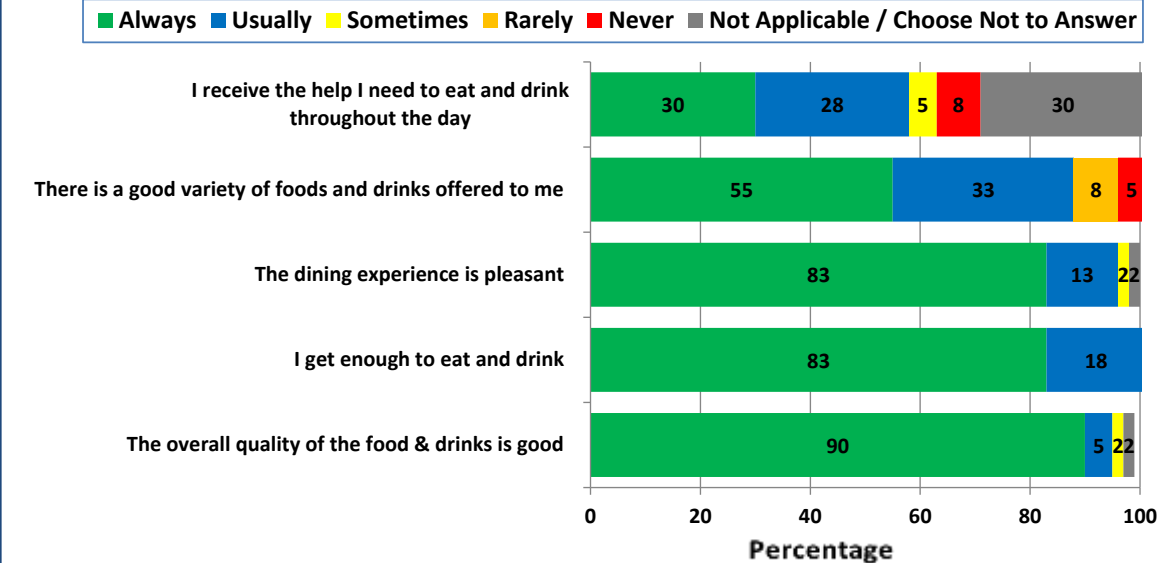


Care Provision - Family

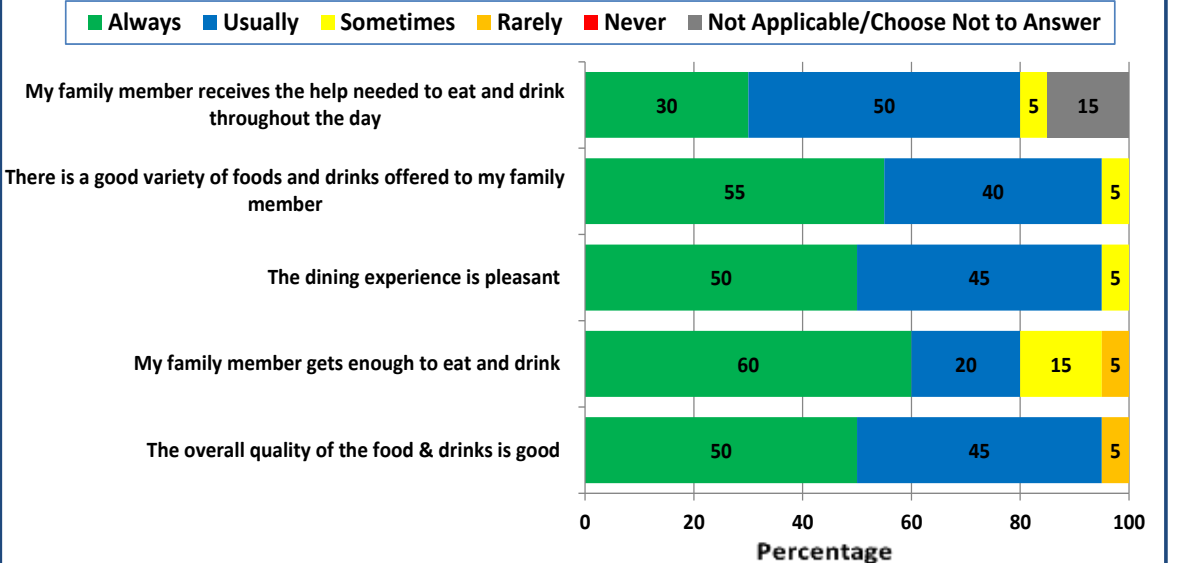


Food and Mealtime Experience – Questions 25-29

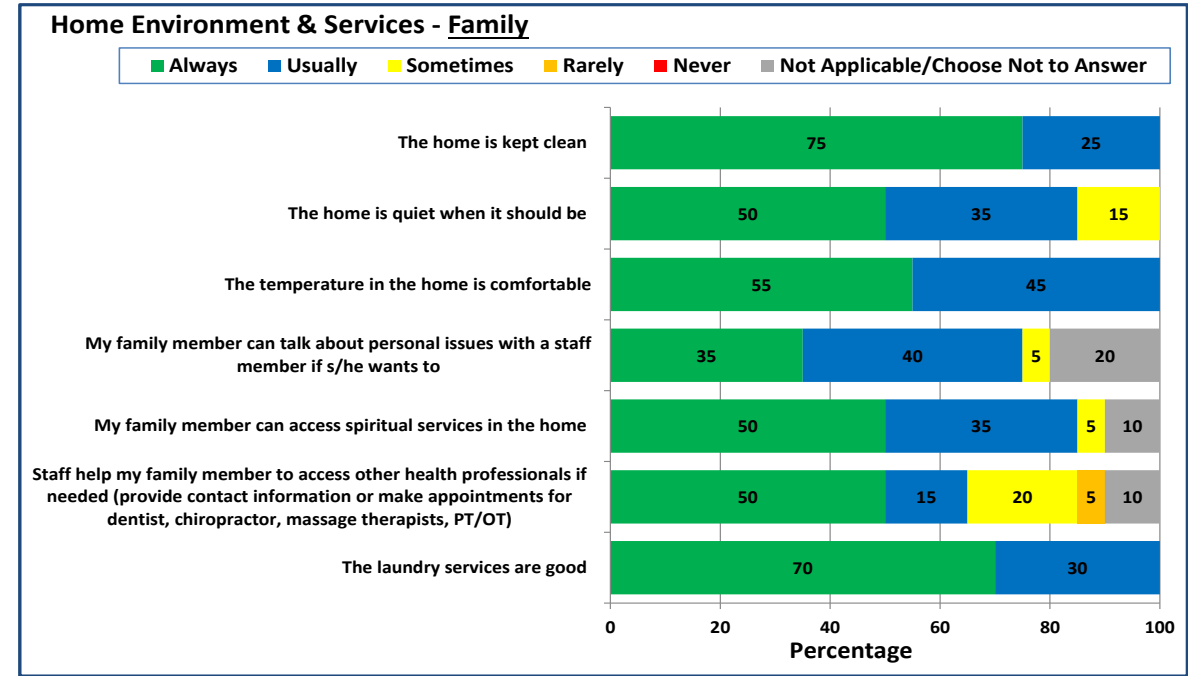
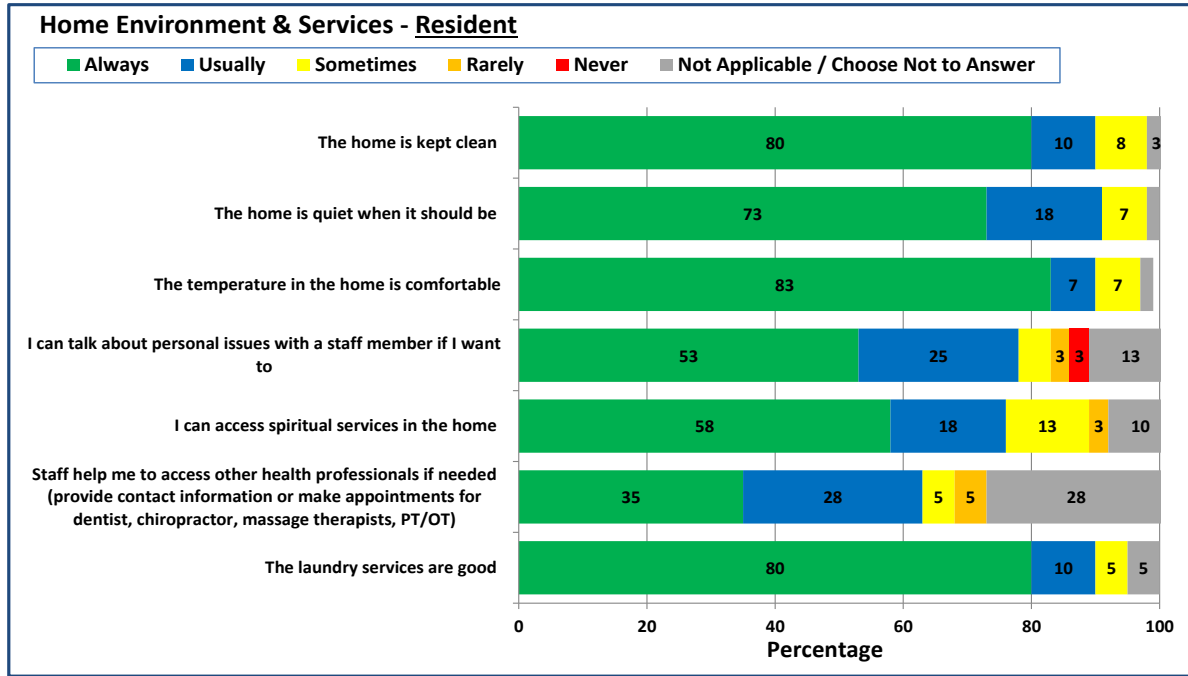
Food & Mealtime - Resident



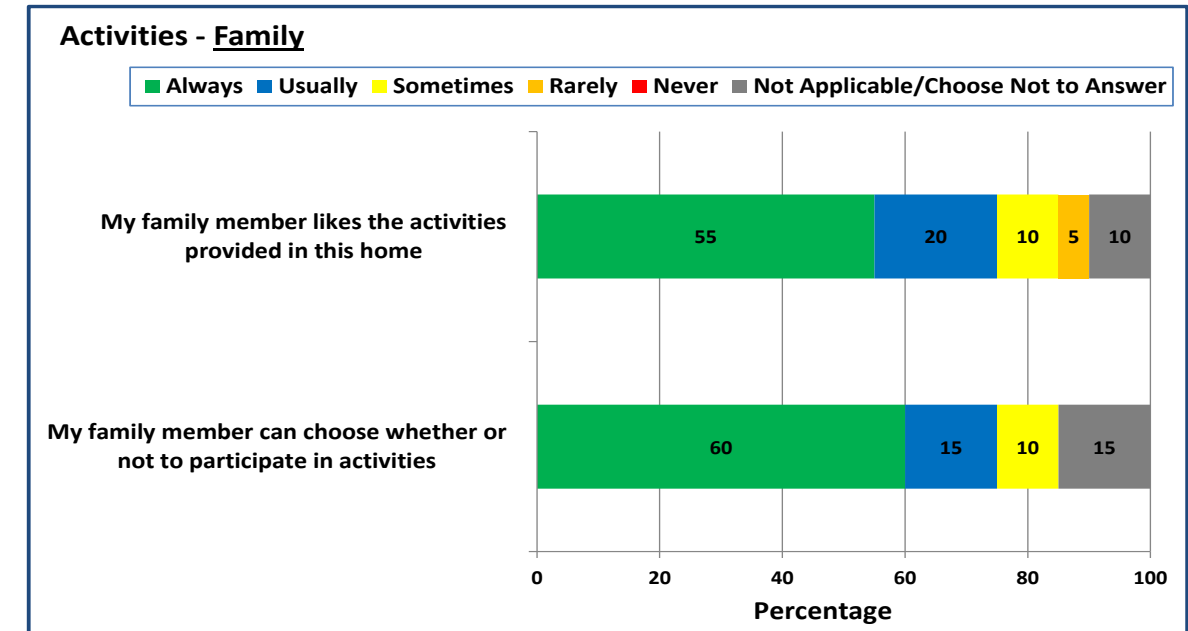
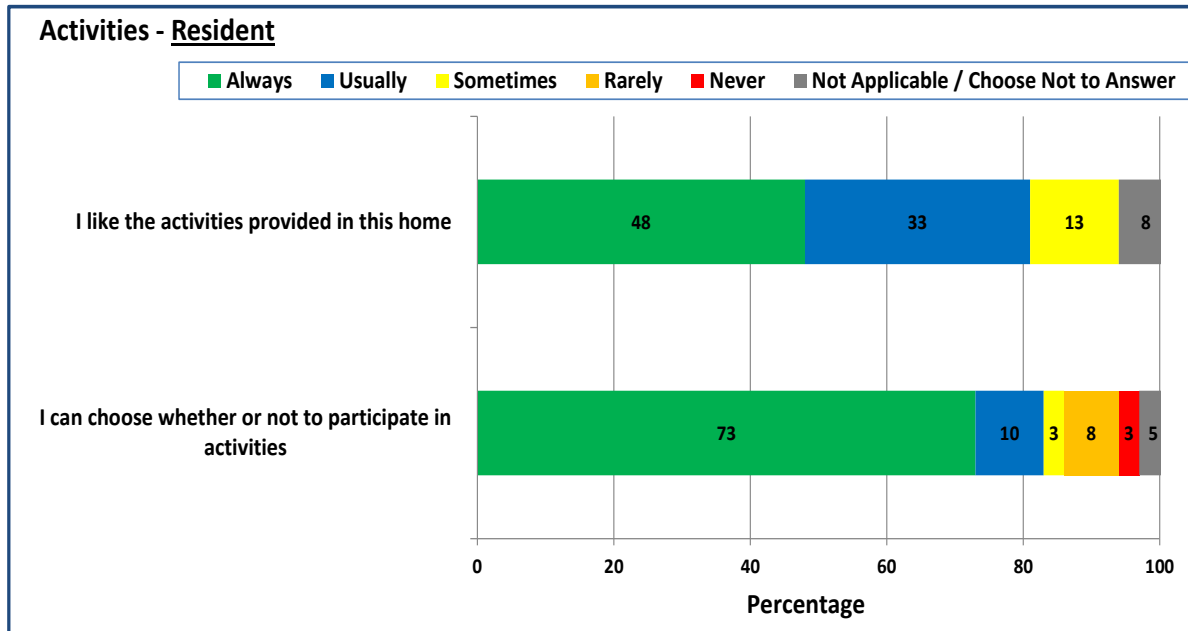
Food & Mealtime - Family



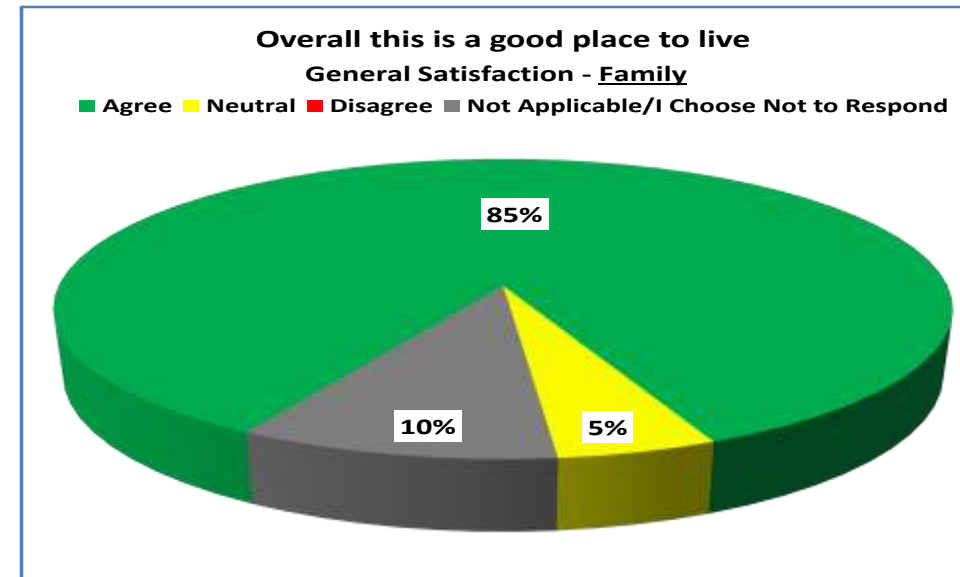
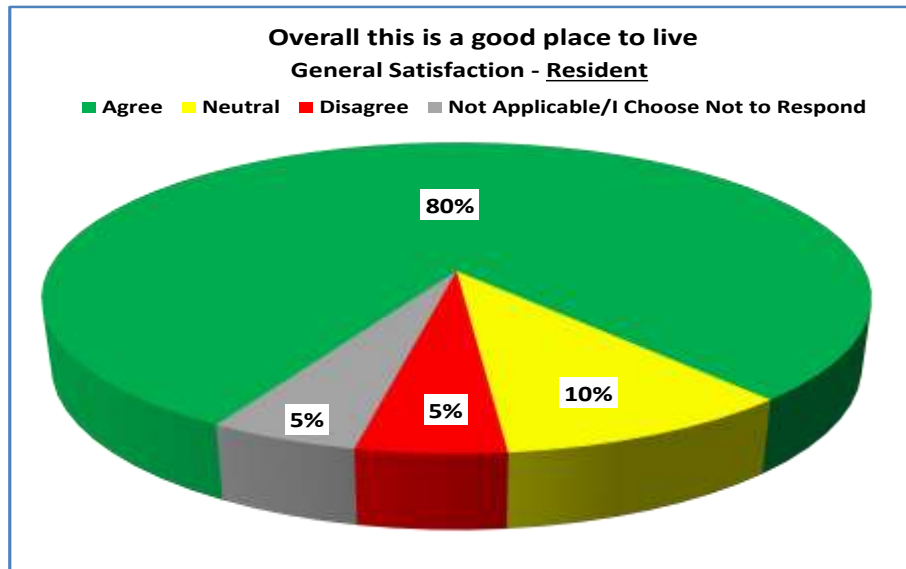
**Home Environment and Services – Questions 30-36**



**Activities Questions 37-38**



### General Satisfaction Question 39



40. If you did not agree that the home is a good place to live, what can we do differently to make this a better place to live?

#### **COMMENTS - RESIDENT**

- The young people and some of the old are stupid but not all. - was happy place before now. Don't care if I come back
- "Woke up at night and door is open. wish I could lock them" bathrooms are not private and someone walks in while I'm using it"
- do not serve green beans
- Have been put to bed at 5:30 - is too early to go to bed. Wanted to watch TV. Think they just want to get me out of their way. If I was at home I would never go to bed at 5:30
- I would like to move to Sherbrook. I only need rest and exercise. I would like to see more intervention for the bed-ridden who are lonely. I would like more quiet at night, there is lots of yelling.
- Laundry is sometimes late. Sometimes its more noisy then it should be in the evenings.
- more staff needed to care (personal) for residents
- people scream day and night beside my room
- residents in other rooms make a lot of noise at night
- The food is not good, could be better if there was variety. No hot food - this needs to happen. Good staff - which helps
- too much food

#### **COMMENTS - FAMILY MEMBERS**

- brush his hair and teeth and shave him daily.
- Improve the meals
- There are many residents that get preferable treatment and outings then others. Favorites.
- They need more staff. More patience from some staff. The physical environment of the facility is far from uplifting. Especially the second floor.

**41. Saskatchewan Health Authority wants to provide excellent service and care. We want to highlight and celebrate excellence. What stands out as excellent in this home?**

**COMMENTS - RESIDENTS**

- "nothing is really bad and I don't think I am hard to get along with"
- everything
- Excellent care. Cant expect any better because they are busy. Love the staff - very friendly
- Food is excellent and the care too
- Food is really good
- I will just say it is a good place
- I've been here quite a while. All do the best they can. Worked with a lot of people.
- like it here
- The freedom that we have here. I don't know where else has this.
- the friends, volunteers and nurses
- the married partner lives really nearby
- The system is good

**COMMENTS - FAMILY MEMBERS**

- Access to speak to nurses or management in regards to my concerns.
- General attitude and attention of staff
- Need to be more informative with patient care.
- Pleasant and cordial care
- There are excellent care givers that go the extra mile and provide personal care. The activity directors are excellent. The family gatherings and parties are very well done and everyone feels at home.
- Residents are treated with respect, called by their name; staff provide humor. Recreation is so important and brings joy to the residents as they participate. Most residents appreciate the recognition of their Birthdays. Staff provide LOVE, something some residents may not have had in their past.
- The attention to detail and care of our mother! The staff are excellent all around. The recreation is excellent.
- The dietary staff are excellent in the way they serve and help the residents that need a little extra help. ie. getting more coffee, putting on bibs
- The EXCELLENT staff - from nurses, care aides, right to laundry staff. Cathy at front desk is so great too. We love Lana, Lisa and Darlene in social services - they help mom have fun at social activities.
- The kindness of the staff
- The nursing staff are very dedicated.
- The personal care team. Sometimes it is difficult to provide care when they are understaffed.
- The staff, the food services and recreational activities.
- The welcoming atmosphere when you enter the building..its wonderful

#### 42. Please share any additional comments you may have

##### COMMENTS – RESIDENTS

- missing items from room -doesn't keep money here because its not staff - staff have less patience in the morning - its not nice waking up with cranky staff
- I think this is a nice place to live but not for me. I did not realize that if someone else signed me in I would not be able to leave here.

##### COMMENTS - FAMILY MEMBERS

- As a family member I am happy with care provided. It is tremendous comfort to know my parent has care 24/7 plus additional medical care on site such as physician when needed. My parent's mental health has benefitted from having activities she can enjoy
- I am very pleased with the care my mother is getting.
- It would be nice for the residents to have two baths per week. I feel the doctor is not always checking in properly on the patients. I feel there is a lack of communication between the doctor and nursing staff. There is no follow up with suggestions I have made for the doctor to check on.
- Maybe not have as much turnover in staff as the residents get to know a care giver and then they seem to disappear. We have noticed that the ceiling tile on the first floor have water damage so maybe some repairs in bathrooms on second floor need looking at.
- The home itself is older and there are small rooms/narrow hallways/peeled paint in places. What makes it a home is the kind and loving care provided by the staff. My original plan was to transfer my mom to another, newer home after six months. But she has found a home at Stensrud, and I am glad to have her live here for the rest of her days.
- The smell of urine and feces is fairly strong.
- This survey is designed for residents of sound mind. My family member along with many others in the home are not of sound mind and need family members to advocate for them.
- We appreciate being part of "the Caring" for mom. It is hard for staff to help everyone - they are SO busy! Laundry staff are awesome!! Very great place for Mom
- We love the place! We are so glad that mom ended up in Stensrud and always feel comfortable when going home and not seeing her for a while.
- We're happy!



## **Appendix A –**

### **About the Survey**

The questionnaires were adapted from previous versions of surveys that were administered in the former Saskatoon Health Region in 2016. One version was created for residents of the homes, and a parallel version was created for the families. In 2016, the Ministry of Health established standardized surveys for use in all Long Term Care Homes across the province. Revisions to the survey were made based on the feedback of provincial stakeholders. Major changes to the format of the survey include change the response options. The categories included in the survey are experience, communication, care provision, food and mealtime experience, activities, home environment and services and activities. Residents and family members were asked to rate their experience with various statements in each category. Response choices included Always, Usually, Sometimes, Rarely, Never and Not Applicable/I choose not to answer. The final question of the survey was a general satisfaction question where respondents were asked to indicate their level of agreement that the home is a good place to live. If they did not indicate that the home was a good place to live, respondents were asked to comment on what improvements could be made. In keeping with the Health Authority valuing Excellence in providing services, respondents were also asked to provide comments about excellence within the home. Finally, respondents had the opportunity to provide any additional comments they might have.

### **How the Survey was Conducted and Who Participated**

For the resident surveys, all of the current residents of the homes were screened for eligibility using inclusion criteria (age of majority and Cognitive Performance Scale (CPS) score of 0-3 as per RAI MDS assessment) to create a list of residents eligible for the survey. This means that a list was established identifying residents who were able to understand and participate in the survey. This initial list was vetted by each home and the names of residents who no longer lived at the home, were not at least 18 years old, or no longer met eligibility criteria were removed. Lists were reconfirmed on the specific survey day, in order to create a final eligibility list. Eligible residents had the choice of whether or not to participate in the survey. Residents who chose to participate were surveyed by trained surveyors and responses collected.

For the family surveys, an electronic link to an online survey was provided to family members of each resident, even if the resident was not eligible to participate in the survey. If family members did not have internet access, paper surveys were provided and responses were returned to the home and entered into the online survey.

### **How the Surveys Were Analyzed**

Responses from each resident and family survey were entered into the Ministry of Health Survey Monkey electronic survey hosting website. Data was downloaded from the website into an Excel spreadsheet, cleaned, and collated for each home. Data was transferred to SPSS 18.0 for quantitative analysis, including frequency counts and variance analysis. The results were then presented in a chart format.

At the request of the homes, comments provided by respondents and families were furnished verbatim to the homes, after being screened for non-response and de-identified.