

LONG TERM CARE RESIDENT AND FAMILY EXPERIENCE SURVEY:

PORTEOUS LODGE

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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 Porteous Lodge.

How the Survey was Conducted and Participants Were Chosen

Methods are described in detail in Appendix A.

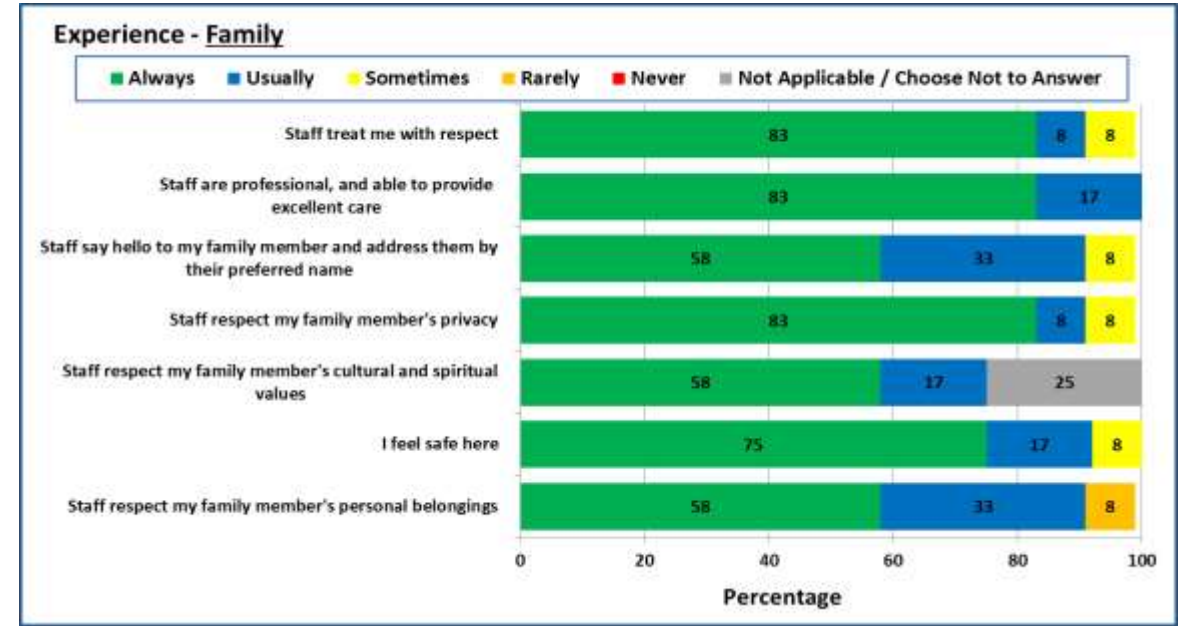
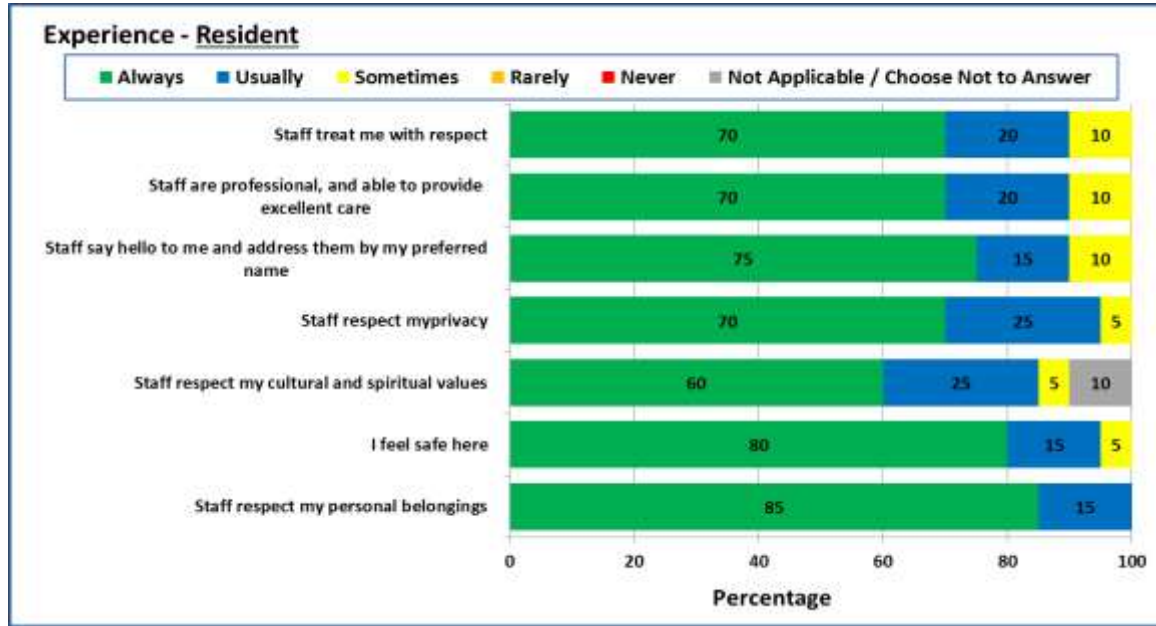
Who Participated

There are a total of 99 residents of Porteous Lodge. After implementing the survey process described in Appendix A, there were a total of 20 residents who participated. This means that 20% of residents of the home participated. There were 12 family members who participated in the survey.

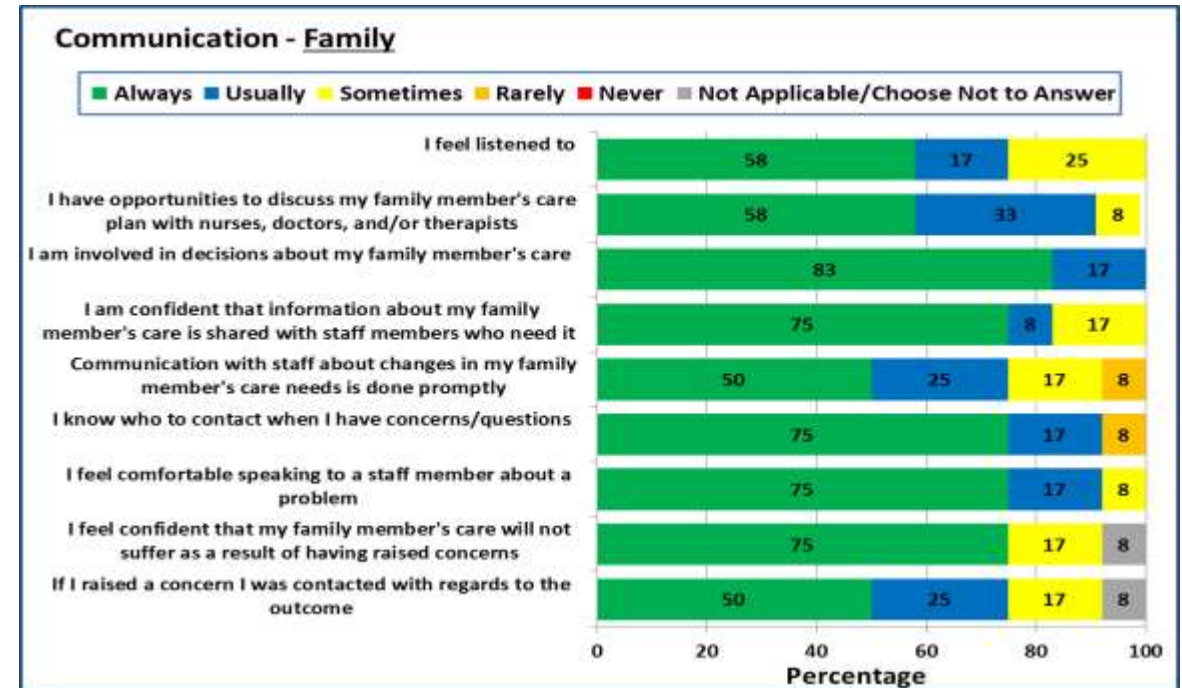
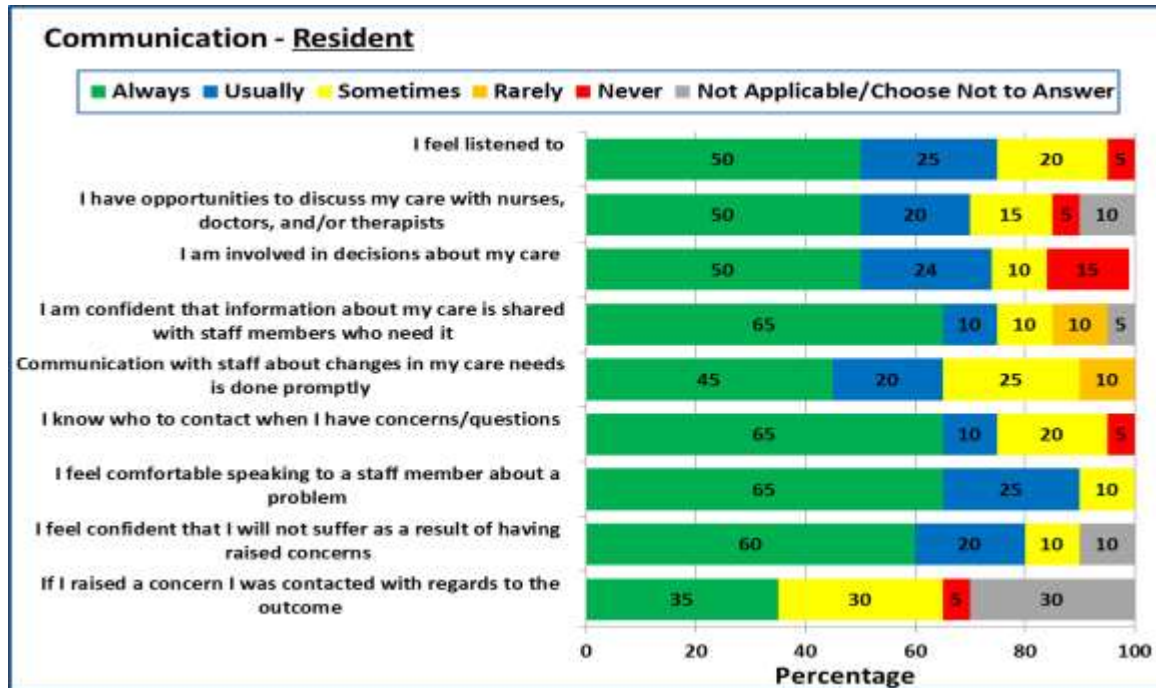
Understanding the Survey Results

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.

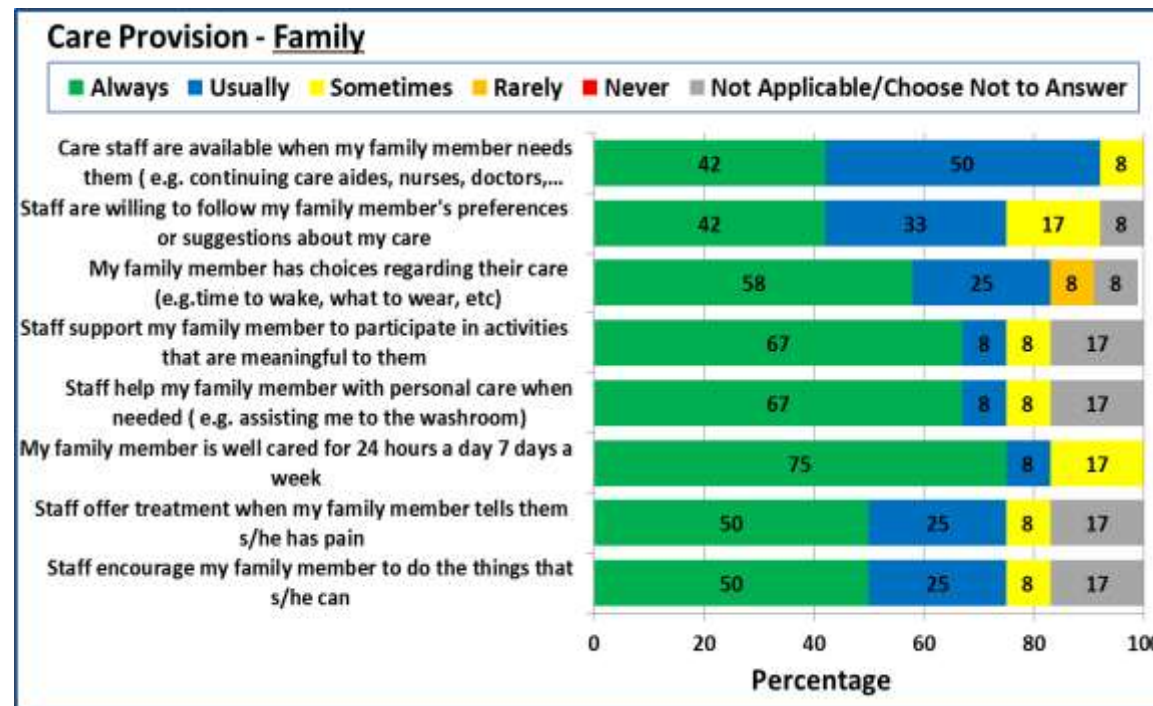
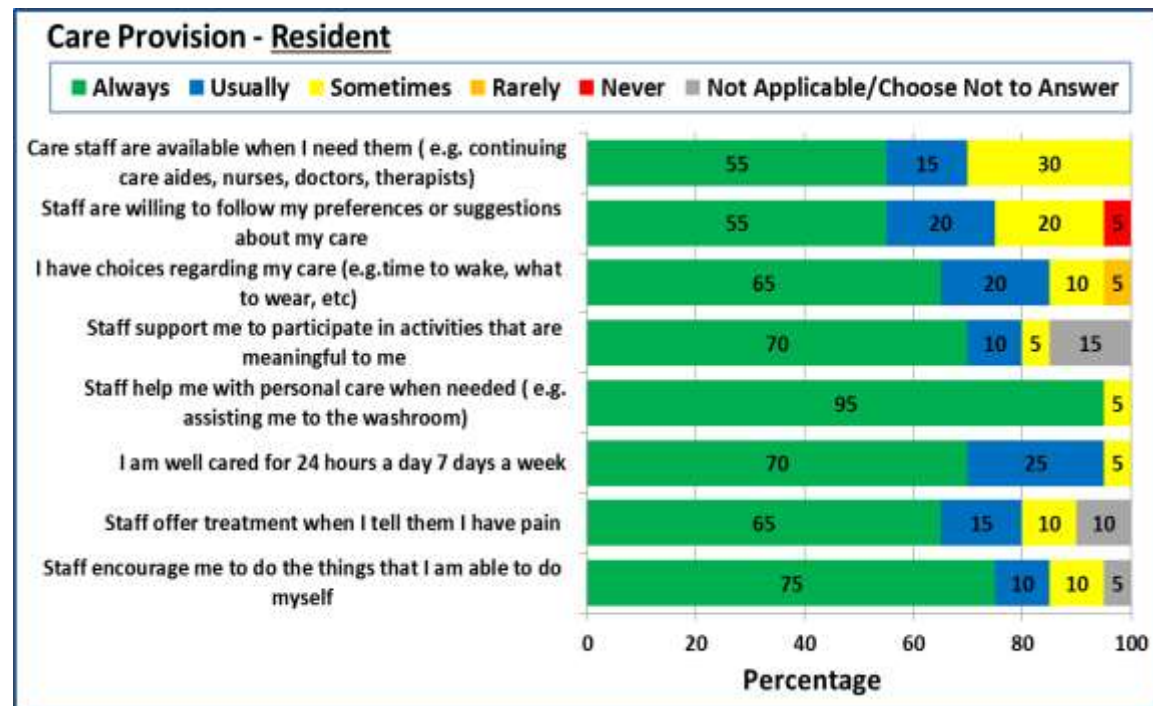
Experience Questions 1-7



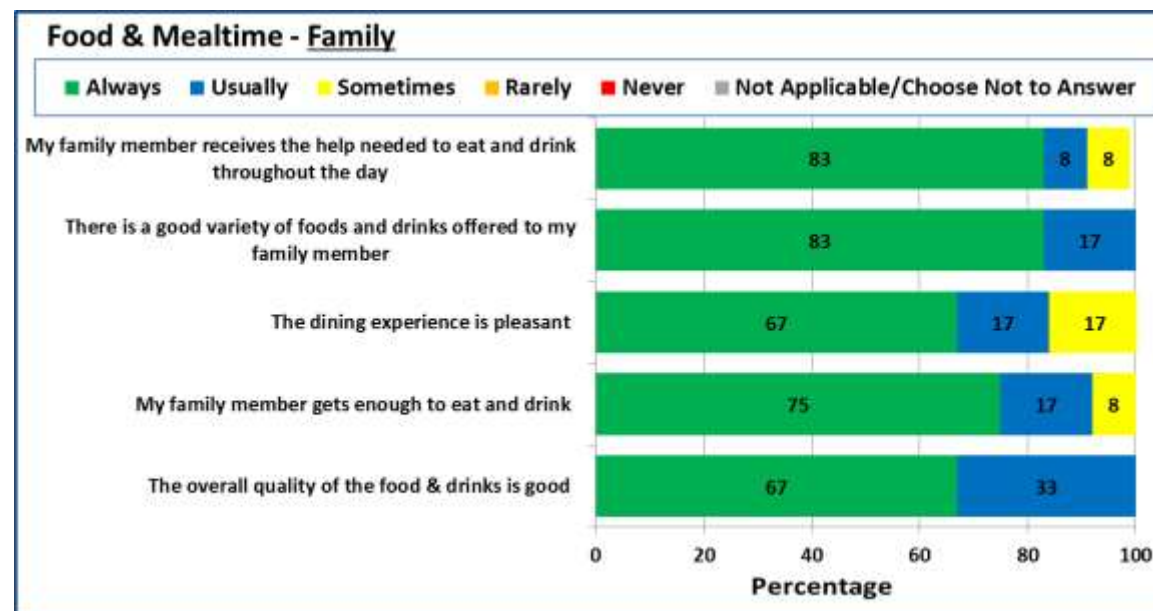
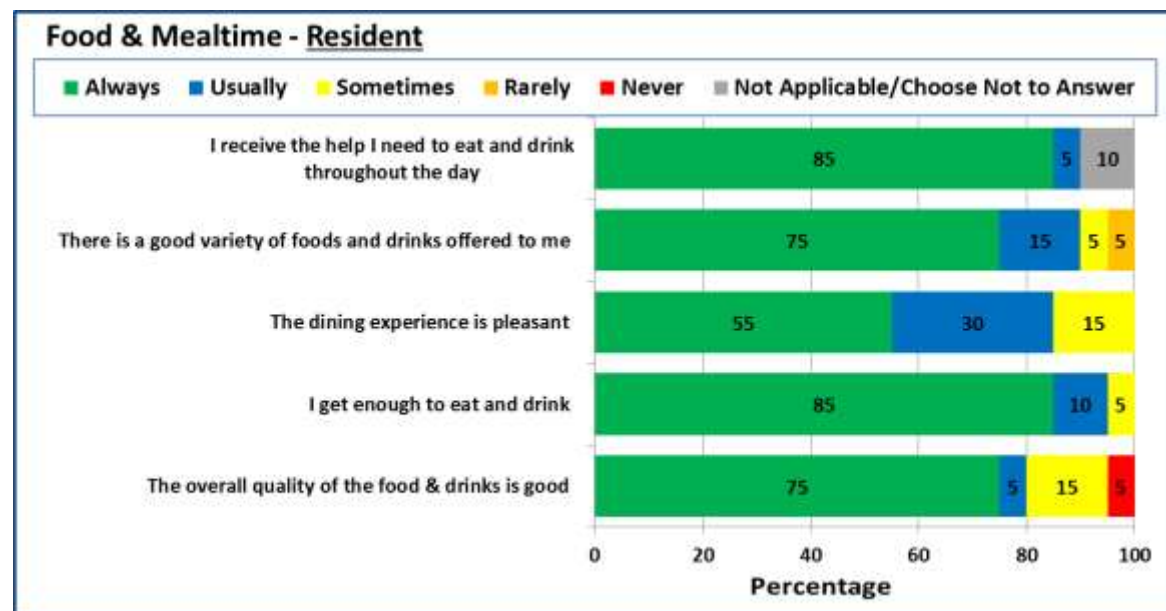
Communication Questions 8-16



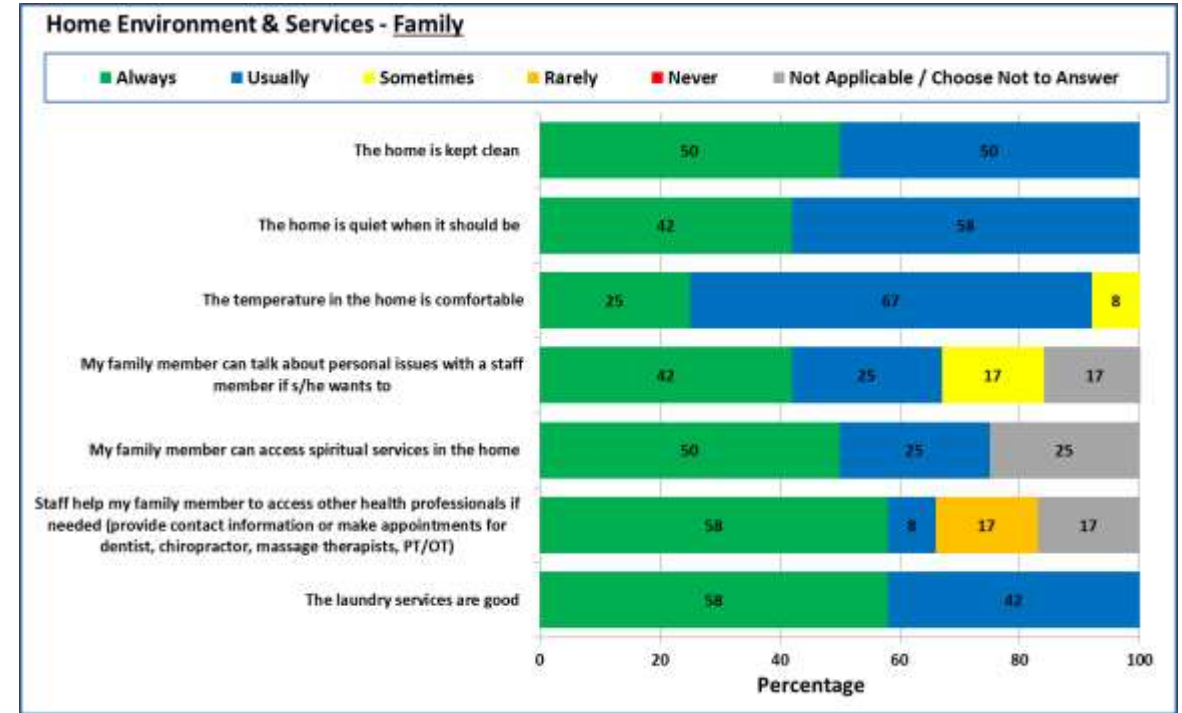
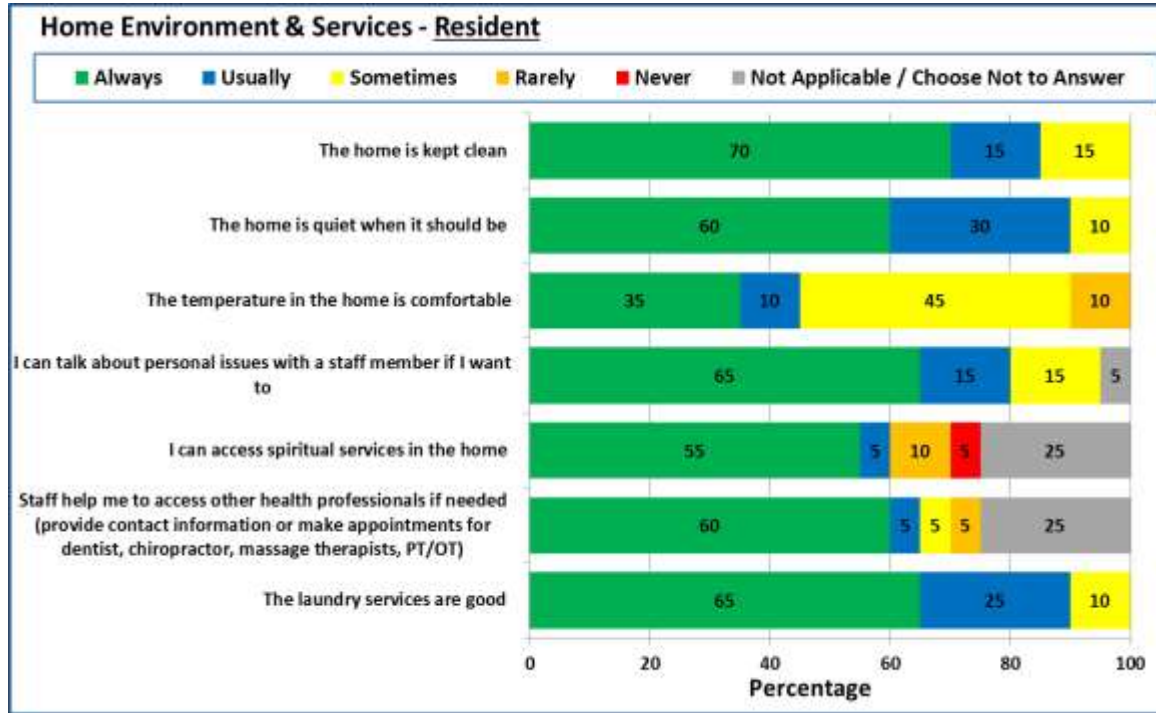
Care Provision Questions 17-24



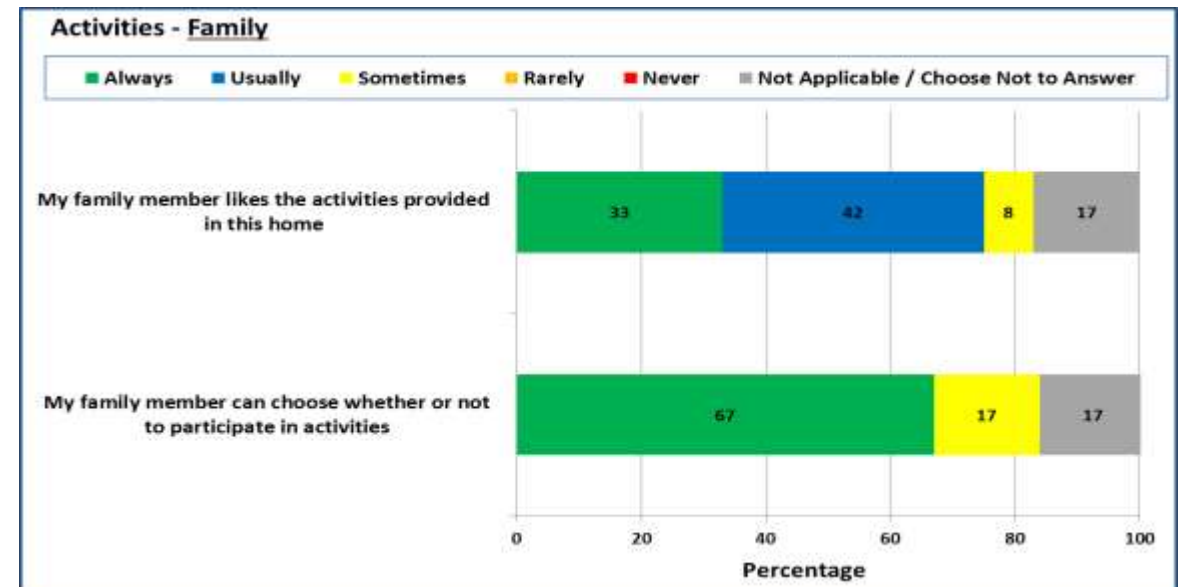
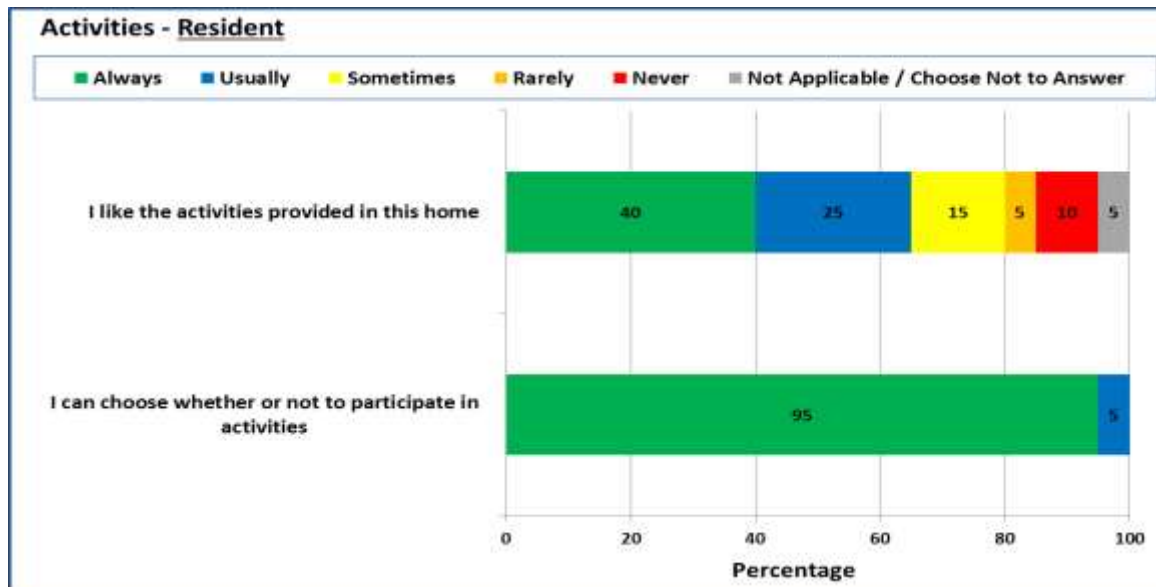
Food and Mealtime Experience – Questions 25-29



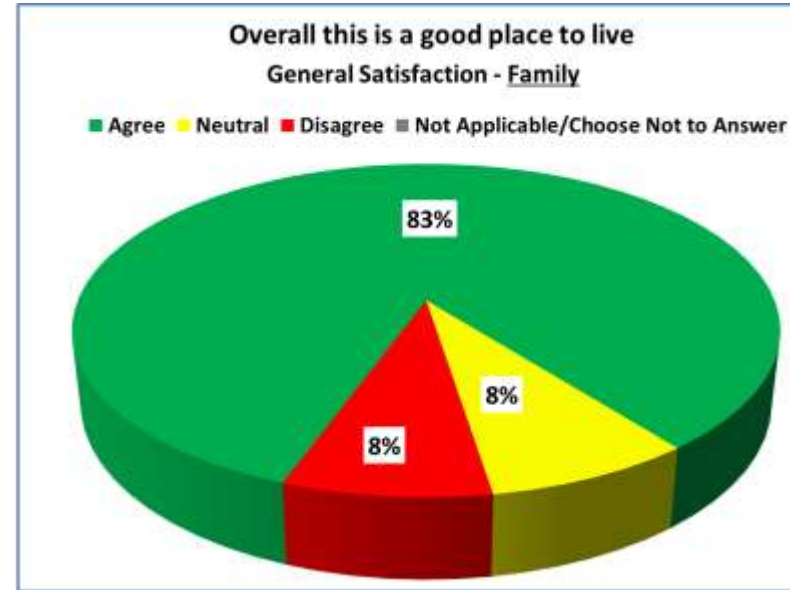
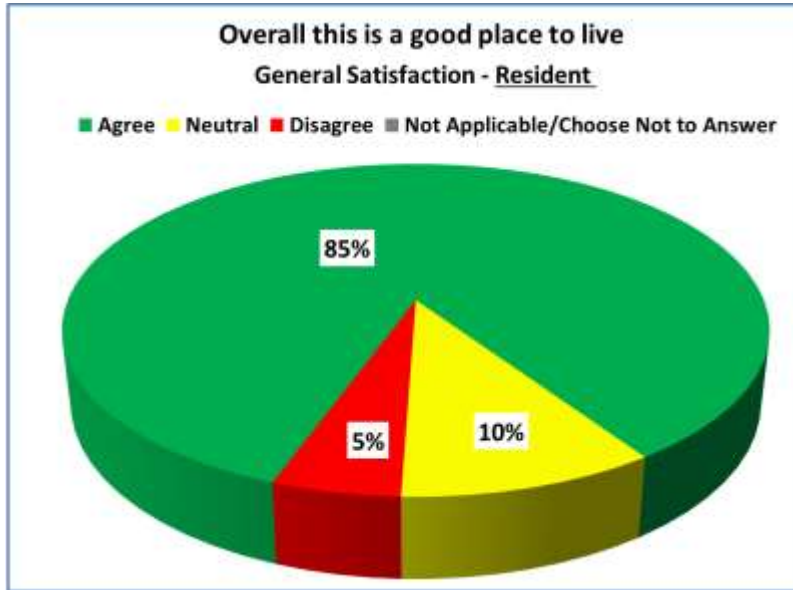
Home Environment and Services – Questions 30-36



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

- Everything is good.
- I feel nervous when they are transferring me between the chair and bed. Sometimes people say things that make me angry or upset. Short staffed is an issue. Meals and snacks can be too close together. The religious groups coming are not my religion.
- It feels like a prison which is frustrating. I have had money stolen (\$580) and I know who the culprit is but staff can't do anything about it. I am not always able to ride my scooter (it is inconsistent and it depends on who the staff member is). I don't have any control over my money.
- Maybe hire more staff
- More staff needed
- New elevator
- Repairing things: it is not always done properly. For example the elevator breaks down right after being fixed, and I have been stuck in it before.
- Rooms are too small and too hot, windows in the rooms are too high, I can't see outside. I have to wait and wait for help to come. The activities and outings in this home need to be improved, as they are not exciting. The quality of this home is nothing compared to what Alberta has. I would like deliveries from Drug Stores for personal items, put your order in and items delivered next day.

COMMENTS - FAMILY MEMBERS

- I have no comment on the subject.
- Provide better supervision when resident is confined to bed i.e. falls out of bed! Also even when at the nursing desk, resident falls out of wheelchair! Incontinent residents should be changed more often as my husband had advanced bed sores.
- The building is old and aging. It needs to be replaced. There is only so much you can do with an old infrastructure.

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

- Can't think of anything
- I am quite content with this place.
- I just like it.
- Meals and Nursing Care
- Nothing
- Satisfied with Everything
- The care I get. I don't need a lot of care but I get it when I need it.
- The entertainment is very good.
- The food and the staff
- The Staff
- The Staff are caring
- The staff are good. Brad is very nice.
- The workers in all departments are very good-some are outstanding. Kitchen is really good.
- Very good.

COMMENTS - FAMILY MEMBERS

- Food and Care also trips he gets to take as family cannot take him out anymore needs wheelchair and van. So when home does these trips it's so great gives them something different to think about.
- Loving care provided by most of the staff except an evening RN whom showed no compassion. Recreational staff are excellent and caring, manager was caring and concerned about his needs.
- Staff Communication and Care
- The assistants are amazing at Porteous Lodge. My dad loves it there!
- The caring and respectful atmosphere provided by most staff
- The food is excellent. There is a lot of variety to choose from.
- The pleasant staff, and the excellent professional people
- The Staff
- The staff are excellent. They provide kind and loving care to my family member. They are respectful and go beyond basic care.

42. Please share any additional comments you may have.

COMMENTS – RESIDENTS

- Chairs in front of elevator, clean toilets after use by residents. Really need more staff at night.
- Laundry shrinks clothing. Too hot in the building. I don't ever ring for care on nights, it can take over an hour for someone to come. It is easier to pee in the pad.

COMMENTS - FAMILY MEMBERS

- During my husband's stay at this care home from Feb. 10, 2017 to the day of his death Sept. 20, 2018, I always feared his needs may not be met. He had a lot of pain due to arthritis. Due to his ongoing dementia, I had to be his advocate constantly. Some of the staff complained about his agitation and bad manners instead of figuring out the triggers. He had nine falls since admittance which was a concern. Evening shifts staff did not seem responsible or they were short staffed. As my husband lay dying, I requested his eye drops as he would not close his eyes and the evening nurse said "Oh, he won't need those anymore!"
- His only complaint was he would like more activities on the weekends. And more Bingos!
- I have no additional comments.
- My brother has been in this home for over 2 years and the only complaint we have is he needs a bigger room. He needs a lift chair badly and with his wheelchair and other things he needs to help move he has no room for a chair so he sleeps in his wheelchair a lot.

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 reviewed 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.