

**Review of  
Williams Lake Seniors  
Village  
Retirement Concepts Inc.  
In Cooperation With Interior  
Health**

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## EXECUTIVE SUMMARY

Williams Lake Seniors Village (WLSV), a new sixty-eight bed residential and thirty-three bed assisted living facility opened its doors June 1, 2004. Since its inception the staff, residents and their families have experienced tremendous change and community controversy. Two facilities, Cariboo Lodge-Heritage House and Deni House were downsized and the residents amalgamated into WLSV. This change was initiated as part of Interior Health (IH) Home and Community Care Redesign Plan to shift residential care to clients with high and complex care needs and upgrade or replace physical plants that are inappropriate for high care needs.

When the doors of the new facility opened adequate management processes and systems that would allow WLSV to respond to the demands of a restructuring healthcare system and absorb that shock were not in place or fully implemented. The full impact of the community's reaction to IH awarding Retirement Concepts Inc. (RCI), a private residential service provider, was not fully appreciated, nor was the depth of the community's angst with the closures and job loss for some employees.

Large system change produces stress which require education and support to ease the transition. There was not enough corporate support for the manager and staff to cope with the plethora of criticism they received, nor was there a detailed plan for communication strategies to respond appropriately. This has played a major factor in the difficulty WLSV has experienced in the change and transition to the new facility. The decisions required to change management infrastructure, increase staff skills and knowledge, develop a comprehensive communication strategy with all stakeholders, and address inadequacies in building design discovered during the transition, have not yet fully occurred. Consequently, WLSV continues to feel the pressure of being under the community's scrutiny.

There are seven critical actions that need to be delivered to enhance the care system at WLSV and to achieve accreditation status in two years time:

1. Review program requirements to ensure development of required infrastructure.
2. Address risk management issues.
3. Enhance the resident/family council to facilitate communication, trust, support, and education of families.
4. Develop a comprehensive communication plan to build bridges with all stakeholders.
5. Develop a site-specific strategic plan with the input of all stakeholders.
6. Develop and implement a quality improvement program.
7. Establish a clear governance model with clear definition of roles, responsibilities, lines of authority and communication.

Implementing these critical actions will establish the foundation to enable a second wave of changes that can address other major system symptoms, such as:

- Provide consistent care staff mentoring and coaching to enable effective delegation
- Strengthen communication including employee feedback to eliminate mistrust with care, management, communication, and employee performance
- Address environmental issues
- Revise and reorganize the health records and documentation
- Ensure timely follow up with staff and families with issues and complaints

Management and staff of WLSV have been under 'a microscope' since the opening and have coped admirably under this pressure. A number of initiatives such as the education fair, using LPN's to full scope, implementing the medical coordinator position and mandating this review will assist the organization to move forward.

## 2. BACKGROUND

IH and RCI are to be commended for mandating this operational review of Williams Lake Seniors Village so that the factors influencing the operation of complex residential care and the facility could be examined. Their response indicates acknowledgement of their responsibility and accountability to the residents, families, staff and the general public and demonstrates their commitment to delivering the best possible resident care.

The staff and management of WLSV cooperated fully in this operational review. They approached this review with a positive attitude of openness and all requests for information were provided where it was available. Employees were willing to be interviewed and the reviewer sensed no reluctance in the interviewees expressing themselves. Families were pleased to be able to meet with the reviewer and share their concerns and acknowledge good care and staff. Residents also were eager to meet and spoke freely and openly.

I met with many caring, committed and proud staff that love working with the elderly, love their new environment and know that they make a difference in the lives of the residents living at WLSV. Considerable criticism by the public, much of which has been unfounded and inaccurate, has caused staff to feel anxious, angry, frustrated, and embarrassed. Staff told me, "why don't the people that are criticizing come in to see the facility and the care that is being provided?"

Because there are so many good staff it is critical to promptly address issues when inappropriate staff conduct is identified. This is not compatible with the standards of care that WLSV aspires to. If staff perceive that responsible follow up has not occurred, this can lead to their questioning the effectiveness of management.

The manager, an experienced, knowledgeable Gerontological nurse, is quite aware of what needs to be put in place but has been spread too thin, resulting in crisis management. Implementation of all required processes to manage effectively has not yet been achieved.

In October 2004, Community Care Facility Licensing received a complaint about: the staffing levels and the ability for staff to provide adequate care to the clients, the skin condition of some of the clients, frequency of bathing, sanitation and cleaning of the facility and certain physical aspects of the building. As Licensing has an obligation to investigate all complaints, an investigation was conducted. WLSV has provided licensing with several responses specific to their investigation.

Review of documents and interviews with staff indicate that management of WLSV has reacted to public criticisms and the licensing review in an appropriate manner. Management is aware and acknowledges that changes in care processes and continued development and implementation of supportive infrastructure is needed.

The management team is well qualified and committed to making a difference and to making WLSV work. They have managed successfully to build a supportive team despite the rough beginning. The manager must now take time to:

- Implement added program resources as outlined in this report
- Continue to implement required infrastructure
- Solidify the team so that they can work in unison towards the RCI mission "To improve the quality of life for seniors by providing choices, strong customer service, a great work environment, and contributing positively to the community".
- Continue the formalized orientation so that all managers, staff, volunteers, and students have the same pertinent information.
- Educate where residential services philosophy and focus is required, identify and capitalize on the management team's strengths and ensure that every one has input into the development of a vision statement for WLSV.

Increasing resident acuity has demanded an increasing number of treatments and medical interventions (i.e. dressings, tube feedings, wound management, etc.). WLSV has met this challenge by utilizing the LPN's full scope of practice guidelines. Education to increase leadership, problem solving, organizational and assessment skills is required for RN's/LPN's to reach their full potential. In addition formalized feedback through performance appraisals with an emphasis on skill building would be most beneficial.

Consistent 'family units' staffing is used on days, evenings, and nights with the exception of the odd re-assignment of residents to readjust workload by applying the Thompson Cariboo Shuswap Workload Measurement Tool (TCSWMT). TCSWMT facilitates the provision of continuity of care for the residents/families and staff. This means that each employee is assigned the same residents for their shift and is accountable for the care they give.

A registered nurse has received education to become the on-site wound expert to provide staff education and to ensure best practice in wound care. An education fair was developed and presented for all care employees in January 2005.

Regular departmental, RN/LPN, and management meetings are held. Circulation of agendas prior to the meetings to allow for staff input and posted minutes of meetings is recommended. A nursing practice committee is also advisable to assist with: setting standards of practice for the organization, developing processes for identifying practice issues and assisting in conducting an inventory of current standards, identifying needs and/or gaps. The committee will be a positive support for the organization and the nurses and will promote quality resident care. It would be an element of the quality improvement program. The Registered Nurses Association of BC and the College of Licensed Practical Nurses of BC could be asked to offer assistance with formalizing this committee. Regular monthly Occupational Health and Safety meetings, with appropriate membership must be held to meet Workers' Compensation Board regulations. There is appropriate liaison with other professional support services/external agencies.

There are three computers for manager's use located in the administration offices, a computer for resident use located on the main floor and a computer for maintenance use located on the lower floor. Communication would be enhanced if managers were linked through computers to facilitate month end and performance indicator reporting. Communication Connections Nurse Call System is an excellent communication tool for staff to communicate during resident care and for residents to communicate with staff.

### 3. ACCOMPLISHMENTS

There have been many successes at WLSV:

- The manager is an experienced, knowledgeable Gerontological nurse
- Appropriate management responses to public criticism and licensing review
- Impressive management 'coping skills' under intense community scrutiny and criticism
- A cohesive, committed management team
- Utilizing LPN's to full scope of practice guidelines
- Developed a RN on-site wound expert
- Consistent 'family units' staffing
- Staff are 'Resident First' focused
- Staff injuries kept to a minimum through the use of ceiling lifts and mechanical lifts
- High resident and staff influenza vaccination rates
- Secured doors
- Home like environment is evident
- Ample spaces available to socialize, dine, be private, and join in activities
- Natural light readily available as well as resident choice of 'fresh air'
- Welcoming attitude to community groups to meet on-site at WLSV
- Food prepared on-site
- Food, refreshments and equipment are available so residents can eat anytime of day
- Many interesting, fun, resident focused activities for both the cognitively well and impaired
- Pleasant outdoor wandering spaces – to be enhanced this year
- Personalized resident space
- Hospice care are partners in palliative care delivery
- RCI and IH initiative to conduct this on-site operational review demonstrating their commitment to delivering 'Quality Care' and to addressing community concerns
- The organizational acknowledgement that further processes must be implemented to ensure a quality improvement framework throughout the organization
- A firm commitment to implement the recommendations of this report

### **3. METHODOLOGY**

1. Complete a thorough review of the operator, utilizing a quality improvement approach in making recommendations for improvement and a plan for implementation.
2. The review to be completed on the residential facility.
3. Examine the operations of Williams Lake site–Retirement Concepts Residential Facility utilizing the Residential Care Model currently utilized in the Thompson Cariboo Shuswap and the Canadian Council on Health Service Accreditation (CCHSA) Standards for Long Term Care.
4. A thorough investigation will be carried out on site. The process will include observation, interviews, review of written materials, attendance at Resident Council meeting, etc. Written report with recommendations will be provided following the model. A daily communication process with Interior Health and Retirement Concepts for feedback will be developed once on site.

Observations and interviews were conducted on site between January 20-26, 2005.

Care observations included as many aspects of care delivery as possible, on days, evenings and on one weekend.

Interviews were completed with seven managers, four family members, two therapists, two residents, two LPN's, two RN's, seven care aides, and the medical coordinator. Three telephone interviews were also completed with a family member, the pharmacist and a community resource for a total of thirty interviews.

One interdisciplinary care conference was attended. A sampling of shift report and care delivery was observed on days and evenings. The writer did not attend a Residents' Council meeting.

Pertinent documentation was also reviewed, outside agency reports, policies & procedures, protocols, minutes of meetings, incident reports, newspaper articles, brochures, available statistics, health records (active and closed), personnel files etc.



#### 4. FRAMEWORK

Recommendations in this report are rated on the basis of priority, high, medium and low. These ratings are based on the likelihood of an event, the severity of event, and the urgency of action.

The diagram provides a visual tool for how priority was assessed in the recommendations.

A plan must be developed to allow for the earliest implementation of all the high priority recommendations. Appropriate timelines for the medium and low priority recommendations must also be developed.

## PRIORITY

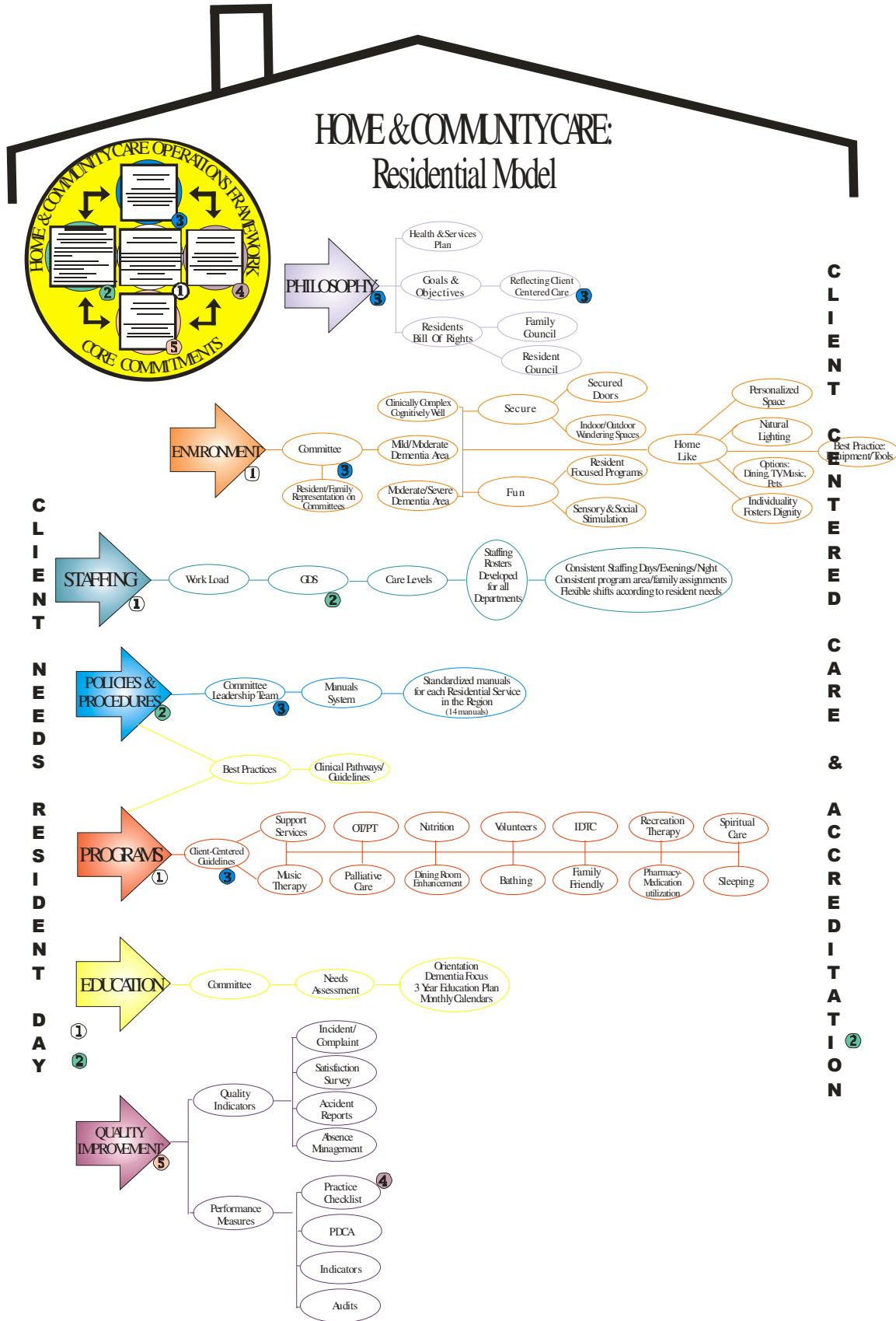
**High Priority**

**Medium Priority**

**Low Priority**

<b>Priority Rating:</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<i>Likelihood of Event</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Severity of Event</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Urgency of Action</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This report applies the Home & Community Care Thompson Cariboo Shuswap Residential Model, lays out action plans for RCI to address these core issues and includes recommendations for action that will provide a template to assist in improving resident care and achieving accreditation in two years time.



5.

PHILOSOPHY



Home &  
Community Care  
Redesign Plan

WLSV was built as a result of the IH Home & Community Care Redesign Plan to meet the vision, "Leading in the delivery of flexible and responsive services that focus on the desire of CLIENTS for Choice, Independence, and Dignity", goals, infrastructure and guiding principles of the redesign plan.



Goals &  
Objectives

WLSV does not have a vision statement, site-specific strategic plan, facility goals and objectives, departmental goals and objectives or a formalized organization chart. This structure is required for staff, residents/families, and internal and external stakeholders to understand where WLSV is going. The organization will not be able to assess 'if they are getting there yet', without a road map.

- 1. It is recommended that a strategic plan be developed for WLSV that would involve input from all the appropriate stakeholders, clearly outline future directions, delineate responsibility and include timelines for achieving results.**

**This is a high priority recommendation.** Without a plan of where WLSV is going it will continue to "crisis manage", with the result that improvements to the organization and resident care will not be translated into action.

The manager's job is to be a visible champion for change, articulating the vision and the need for new direction.

- 2. It is recommended that a concise vision statement be developed, with input of stakeholders to provide staff with focus for their work and to be a beacon to all.**

**This is a high priority recommendation.** Without a vision staff will not have focus for their work.

- 3. It is recommended that organizational goals and objectives be developed and that these goals and objectives form the basis of departmental goals and objectives and is used as a factor in evaluating the performance of all managers and staff. The goals and objectives are to be reviewed on a regular basis throughout the year to determine the level of achievement and to plan new strategies as required.**

"Accountability closes the gap between intention and action."

-Klatt et al, Accountability

**This is a high priority recommendation.** Goals and objectives must be developed and monitored to assist in establishing accountability throughout the organization.

- 4. An organization chart is under development. It is recommended that an organization chart clearly inform all stakeholders of the leadership responsibility, reporting and communication mechanisms. The organization chart is to be posted in a prominent place and be included in admission & orientation packages.**

**This is a high priority recommendation.** It must be clear to all stakeholders, who are responsible, and for what, so accountability and communication channels are delineated.

Communication has been flagged in interviews with staff and families as an area of improvement. Organization changes have not been accepted or understood. Visibility and increased opportunities to regularly dialogue with the manager and department heads is required. All managers must increase staff, resident and family involvement in decision-making that affects them.

Communication must be a priority for every manager. "If there is a single rule of communication for leaders, it is this: when you are so sick of talking about something that you can hardly stand it, your message is finally starting to get through."

- J.D. Duck, The Change Monster

- 5. It is recommended that an information plan be developed with input from all stakeholders to meet WLSV's current and future information needs and to strengthen organizational performance. The plan should prioritize information needs, define goals and expected results, and develop means of meeting needs and goals and designate resources to carry out activities.**

**This recommendation is a high priority recommendation.** The controversy over WLSV, resulting in negative publicity, has weakened the credibility of the organization in the eyes of some of the public. WLSV must build the trust of all stakeholders.

Staff indicated that other health care organization's staff has not been positive, professional and supportive in their communication about WLSV. At times their disparaging communication has taken place in front of WLSV's residents. It is suggested that IH indicate to the staff of all health care organizations in Williams Lake, that inappropriate communication and lack of support is not acceptable.

### Reflecting Client Centred Care

Observations and interviews with staff, residents and families led me to believe that there is a resident centered care "home" philosophy, in writing and evident in care delivery. Staff are 'Resident First' focused, pleasant, patient, and loving with residents. There is definitely an organizational culture supporting 'client centered care'. The majority of staff interviewed had a healthy work attitude, love their work and the residents.

Each resident has a 'Resident Day' (care plan), that reflects his/her wishes and choices and directs staff as the resident's preferences. Family Stories (shift routines for the whole family) reflect resident's priorities and walks the care aide through a shift for that group of residents. Staff must insure that these records are kept current.

The merging of two facilities health records into WLSV's health records has resulted in unorganized health records. The health records needs major reorganization, review and revision to ensure co-ordination of interdisciplinary information, and to facilitate timely interdisciplinary documentation and access. The reorganization must be completed in a timely manner as resident safety will be affected if pertinent care information is not available or easily accessed.

Quarterly interdisciplinary assessments are required to facilitate an interdisciplinary and co-ordinated approach for provision of individual resident care. Each LPN and RN should be assigned a number of residents to complete these assessments. The method of documentation also requires review so that proper recording practices document high-risk situations, unexpected occurrences, and practices that ensure resident safety and well being. Focus Charting is used in many residential facilities and should be considered.

Resident assessment and evaluation, quarterly care review, daily oral hygiene plan, dental services, are all examples of excellent TCS forms that WLSV should consistently use to facilitate best practice care delivery. Interdisciplinary Care Conferences have been initiated and fifty-eight have been completed.

**6. It is recommended that WLSV facilitate safe, efficient resident identification on health record documents, faxes and forms.**

This is a medium priority recommendation. The reorganization of the health record, use of forms, and review of documentation would progress in a more timely fashion with the use of addressographs.

**7. It is recommended that a review of the health records be undertaken to guide the re-organization and management of the health record, and documentation practices.**

**This is a high priority recommendation.** Without appropriate documentation and information easily accessible to the interdisciplinary team, safe resident care is compromised.

It is suggested that WLSV initiate the use of TCS's Risk Management and Health Records audits as a starting point to begin self assessment of what is required for documentation and management of the resident health records.

Heath record audits by staff will increase their knowledge about expected standards, provide quality improvement experience, identify areas to improve, and will facilitate staff 'buy in' to required changes.

The need for podiatrist services should be investigated and implemented, if it is a possibility.

### Residents Bill of Rights

A Residents Bill of Rights has been developed. It should be posted on both floors and in all departments. It is part of the Employee Orientation and the Admission package provided to residents and families. There is evidence that residents' rights are being honored.

### Family Council

Families must be seen as partners in the delivery of care. They have a direct visceral and vested interest in the care of their family member, significant other or friend. Families need to be part of the communication and planning process. They can do much to offer support to the residents, each other, the leadership team and staff through their presence, their expertise and their assistance in achieving organization and unit goals. Families want to work positively with the organization and they need assistance with the challenges they face in having admitted a family member to WLSV.

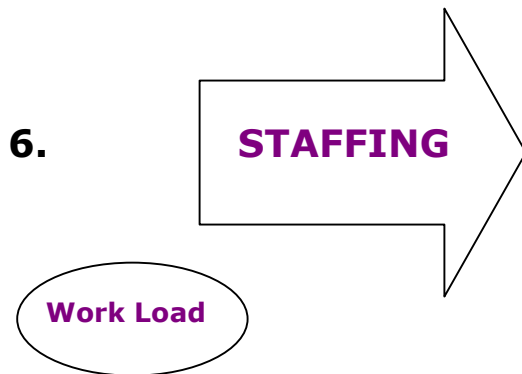
- 8. It is recommended that the combined Resident/Family Council be enhanced so that families are encouraged to be partners in care delivery, organizational planning and services, receive education and support and become advocates for WLSV in the community.**

**This is a high priority recommendation.** Families are partners in care delivery and change implementation. Unsuccessful change will have implications for the reputation and viability of the organization.

### Resident Council

A Residents' Council meets monthly. Family members may attend as well. Minutes are kept. These minutes should be posted so that all residents and families can read what has been discussed. The manager and department heads should attend, on a rotating basis, so that they can receive in person feedback on their services. The dietitian should also attend, when possible, to receive feedback about the menus, suggestions for menu additions, and to provide nutritional education to residents.

Residents' Council should be encouraged to: give their input into the management of the facility to ensure that their needs are being met, keep connected to the community, e.g. invite speakers from the community to discuss topics that may affect their quality of life e.g. transportation, funding, politics, etc., and to establish a Residents' Council 'welcoming committee' to greet new residents/family to WLSV.



Under the contractual agreement with IH, RCI is obliged to provide safe, adequate staffing following Ministry of Health Policy and Licensing requirements.

From my on-site assessment the program staffing issues are:

- LPN's and Care Aide staffing meets the workload measurement requirements; however consistent care supervision is required to provide regular, hands on mentoring and coaching of staff, to initiate a quality practice and resident safety environment
- Bathing must be pleasant, thorough and therapeutic
- Peak loading should be reviewed for a.m. care and sun downing
- Recreation planning must be reviewed to meet the activation needs of residents on evenings and weekends and to increase the amount of volunteer participation
- Leadership development is required to: increase assessment and organizational skills and development of education plans with timelines
- Assistance is required to provide a major review and reorganization of the health record and documentation procedures

### **Other factors and other departments**

Leadership: manager is both the manager and Director of Care  
 Dietary – Food & Nutrition Services support dishing up food and assist with serving  
 Housekeeping – Bed making & bed cleaning done by housekeeping  
 Laundry – wash/dry/put away  
 Permanent Shifts are in place  
 Permanent Families are in place

Staff, residents, and families expressed positive and negative thoughts about their work life and the quality of care.

RN: "We need assistance with the paperwork so we can concentrate on increasing our assessments."

LPN: " Workload is an issue, care aides have 11-12 residents and 10 will need to be up in the morning."

Care Aide: "This is a beautiful place, I like my peers, the workload is manageable, the family story guides my work, I like to be busy."

Care Aide: "We are under staffed. I feel sorry for the casuals. We need four hours starting at three o'clock on the first floor."

Resident: "Staff answer promptly when I call."

Family: "What is needed is a five day nurse coordinator to teach and work with staff."

Health care professional: "There are caring staff, obliging and willing to learn."

Leader: "We needed a consistent RN on days to set the tone in nursing right from the beginning. LPN's do not have the same skill set."

Former Family: "Staffing according to resident's need and not by staff to resident ratio makes sense."

### Global Deterioration Scale

Eighteen residents are located on 'A2' wing of the second floor; three have a GDS of 1-2 (mild dementia). Sixteen residents are located on 'B2' wing of the second floor; one has a GDS of 2-3 (mild dementia). Second floor is designated as a clinically complex/cognitively well area. As indicated there are residents with mild cognitive impairment on this floor. This is a phenomenon that is being experienced all across Canada and will continue to grow as 'baby boomers' age. The total WLM for second floor was 7326.7. Presently there are higher care needs on the second floor.

Eighteen residents with a GDS of 4-5 (mild/moderate dementia) are located on '1A' wing of the first floor. Eighteen residents with at GDS of 6-7 (moderate dementia) are located on the '1B' wing of the first floor. First floor is an area for the mild/moderate dementia. The total WLM for the first floor was 6640.1.

Staff attempt to have residents with 'like needs' grouped together but as care needs change this is not always possible. Staff keeps the movement of residents within the facility to a minimum.

### Care Needs

Care needs are assessed on admission, on a regular basis and, as required. These needs are reflected in the Residents Day and are prioritized for the whole family in the Family Story.

### Staffing Rosters Developed For all Departments

Staffing rosters are in place for all departments. Staff is scheduled to facilitate continuity of care and to meet residents needs. There are non-rotating shifts and staff work less days (5) in a row to prevent burnout.



**Consistent Staffing Days/Evenings/Night**  
**Consistent program area/family assignments**  
**Flexible shifts according to resident needs**

There are individual care aide assignments based on the Workload Measurement Tool and Global Deterioration Scale. Care aide assignments are individual, i.e. their own "Family" of residents. There are creative shift times to accommodate residents needs. Assignments are flexible to support mutually effective resident/staff relationships. There is consistent staffing on days/evenings/nights, which provides for continuity of care. Staff, residents and families are involved in care planning through team conferences.

**7.****ENVIRONMENT**

The environment of WLSV is clean, attractive and home like. Ample outside light is visible, gentle fireplaces, appropriate pictures, wood flooring, and many places where residents and their families can visit. The Bistro is cozy and well used. Outside groups are encouraged to use the all-purpose room for meetings. The grounds are resident friendly with places for residents to congregate, have gatherings outside, and in the future provide opportunities for residents to garden.

A complete review of concerns about odors needs to take place. Decisions about the appropriateness of using carpets in care areas and the use of reusable incontinent products will need to be made as part of the review process. It is critical that this concern be resolved as odors have a major public relations connotation with 'poor care'. This is an impression that WLSV does not wish to leave. This would be an excellent continuous quality improvement project.

Licensing recommendations, WCB inspections and staff suggestions to modify equipment, improve air flow and increase efficiency of care need to be assessed, addressed and implemented, as should the building systems that have not yet been completely installed. To facilitate making environment improvements, 'home improvements' should become an agenda item for all residents' council and staff meetings.

Maintenance books located on each care area for staff to indicate what equipment and structural repairs are needed. There is no formal process to monitor the timeliness of repairs or to indicate if repairs have been appropriately prioritized. A maintenance repair monitoring system is required.

**9. It is recommended that a monitoring system for maintenance repairs be established to review the prioritization and timeliness of repairs.**

**This is a high priority recommendation.** The organization must minimize potential hazards and risks wherever the residents receive services.

It is suggested that future RCI buildings should have restorative professionals and geriatric nursing expertise input into the design stage so that exterior and interior design and equipment facilitates the provision of effective elder care.

**10. It is recommended that an investigation into the concerns about strong urine odors in the care areas be undertaken and that the use of carpets, re-useable incontinent products, infection control, skin care and environmental concerns be considered, as well as, the ease of resident movement. Resident, family and staff input should be part of the process.**

**This is a high priority recommendation.** Resident and staff safety and the reputation of the facility could be affected.

Staff injuries have been kept to a minimum through the use of ceiling lifts, mechanical lifts and a 'zero lift' philosophy. This is a licensing requirement. Staff education about the policy will be required to ensure that staff understand and apply it consistently.

- 11. It is recommended that a 'zero lift' policy be implemented and staff education accompany the implementation to ensure that staff understand and consistently apply the policy.**

This is a low priority recommendation. The health and safety of staff has a direct relationship to the safe delivery of resident care.

There are plans to have residents involved in assisting with the facility's recycling. A formalized recycling policy needs to be developed, in partnership with the community, to protect and improve the health of the environment.

- 12. It is recommended that a policy be developed that identifies opportunities, in partnership with the community, to reduce, reuse, and recycle waste.**

This is a low priority recommendation. There are nevertheless implications for the organization's responsibility and involvement in the community and their reputation.

### Committee

An Occupational Health & Safety Committee (OH&S) is functioning but has not met monthly as required by WCB regulations and has met without staff representation. Minutes must be posted and safety issues and incidents addressed. This committee can also facilitate the development of a Workplace Wellness Program to meet the health concerns and interests of the staff.

- 13. It is recommended that a properly constituted Occupational Health and Safety Committee meet monthly as per WCB regulations to ensure the health and safety of the staff and the workplace. Information about staff incidents must be collected, monitored, and analyzed over time and action taken for follow-up recorded.**

**This is a high priority recommendation.** Provincial WCB regulations must be met and there are staff health and safety implications.

A comprehensive fire plan is available but is not practiced monthly on all three shifts, documentation of staff attendance at the drills, a fire drill form completed to aide in the analysis of each drill reviewed with staff and action plans developed, is required to ensure improvement.

- 14. It is recommended that monthly fire drills, on all three shifts, be conducted, attendance and outcome of the drill be recorded, staff given immediate feedback and action plans developed when required. Practice to evacuate residents is also required to give staff experience in managing the process in case of a real emergency.**

**This is a high priority recommendation.** There are implications for resident and staff safety, organization's accountability, reputation and public trust.

Comprehensive drawings of the building and emergency equipment are in place but the processes for preparing for an overall disaster plan has not been developed. Defining how the organization's plan fits with the disaster plan of the community, determining who is responsible for managing and coordinating the response to emergency situations during regular and off hours, outlining how to notify personnel in the event of an emergency, providing backup communications system in the event of a failure, determining how necessary resident information will be collected and circulated, debriefing and providing support after the event etc. needs to be developed. The disaster plan is required to minimize adverse events and to prepare WLSV for disasters and emergencies.

**15. It is recommended that a disaster plan be developed that dovetails with the disaster plan of the community and outlines the processes for preparing for a disaster or emergency situation. The plan should be tested every three years and identified issues as a result of the testing be summarized and resolved.**

**This is a high priority recommendation.** Nevertheless there are implications for the organization's accountability, reputation and public trust.

Disasters and emergencies include a variety of hazardous situations that may occur, including bomb threats, threats of personal violence and power failures. Policies and procedures and staff education should be developed to address these situations and staff must practice the procedure where appropriate.

It was noticed that MSDS sheets were available for housekeeping staff but are not accessible for care staff. WHIMIS labeling for control products and MSDS sheets are a provincial requirement for the organization and must be current and accessible to all employees.

**16. It is recommended that all control products used in the workplace be clearly labeled with WHIMIS labels and updated MSDS sheets are readily accessible for staff.**

**This is a high priority recommendation.** Failure to anticipate and prevent adverse outcomes puts residents and staff at risk.

It was observed that housekeeping carts do not have a locked cabinet for cleaning products. This is a resident safety issue, especially for the cognitively impaired residents. There have been resident deaths in Canada from residents ingesting cleaning products.

**17. It is recommended that housekeeping carts have a locked cabinet for cleaning products to ensure resident safety.**

**This is a high priority recommendation.** Failure to anticipate and prevent adverse outcomes puts residents at risk.

To ensure resident safety, resident's electrical equipment needs to be checked, on admission, to ensure it complies with CSA compliance standards.

**18. To ensure the safe use of equipment, it is recommended that a process be put in place for checking, tagging and logging resident's personal electrical devices, on admission, to ensure CSA compliance.**

This is a low priority recommendation. Ensuring safe resident equipment impacts resident safety.

There are appropriate policy and procedures in place to prevent and control infections. Staff vaccination rate for 2004 were eighty-seven percent and ninety-three percent for residents. This is a good vaccination rate. It is suggested that WLSV network with other Canadian organizations that have achieved a 100% staff vaccination rate to learn about their strategies.

**Resident/Family  
Representation on  
Committees**

As WLSV's goal is to become an accredited facility, the teams for accreditation may as well be created now and left in place to assist with change, planning and the self assessment that is required for the accreditation process. This will develop team knowledge of the accreditation standards, assist in facility problem solving, and provide WLSV with, "gate keepers of new ideas into a system; the opinion leaders".

- E.M. Rogers, 1995

**19. To facilitate communication and partnerships and begin preparation for accreditation in two years time, it is recommended that residents/family and staff be invited to become members of WLSV's five accreditation teams: Leadership and Partnership, Human Resources, Environment, Resident Care Service, and Information teams.**

**This is a high priority recommendation.** Communication and participation in decision making has trust, public relations and workplace wellness implications.

**Clinically Complex  
Cognitively Well**

Second floor is designated as the Clinically Complex/Cognitively Well area and has thirty-four residents; twelve percent have some degree of cognitive impairment.

**Secured  
Doors**

A door security system is located at the care entrances on each floor, personalized resident space is evident, a pleasant home environment is provided, ceiling tracks are in every room on the second floor and best practice equipment is available on each wing of both floors. There have been no elopements since WLSV opened its doors.

**Indoor/Outdoor Wandering Spaces**

There are wandering spaces on both floors; staff take residents to access the pleasant outdoor wandering spaces for exercise and fresh air. These spaces will be enhanced when RCI approves the proposed development plans for the back yard.

**Mild/Moderate  
Dementia Area**

The first floor is home to thirty-four residents whom have mild/moderate cognitive impairment. There is a home like environment with space to wander, gather, dine and have activities.

**Home  
Like**

The area is home like with spaces available to socialize, dine, join in activities and have privacy.

**Personalized  
Space**

Each resident has his or her own room which families are encouraged to personalize. The entrance to each room has a glassed cabinet for families to display the resident's interests. The cabinet presents a homey, interesting and pleasant feeling, as well as assists in identifying the room for the resident.

**Natural  
Lighting**

Natural lighting is readily availability. Windows open so that if residents wish the smell of fresh air, they can do so.

**Options:  
Dining, TV, Music  
Pets**

There are areas on each floor for dining, watching TV, listening to music and enjoying pets when they come to visit. It is suggested that the effect of watching the TV, on the

cognitively impaired, be researched. Playing appropriate, gentle music would create a quieter, less stimulating environment and is encouraged.

Staff serves the residents meals in nicely designed dining areas. A real plus for residents is that food is prepared on site. Meals are nutritious and appealing. To enhance resident focused care and choices, two menu options should be available for residents. Wipeable table clothes and playing gentle music should be considered as part of dining room enhancements. A fine dining experience for both floors would also be a beneficial addition to the 'theme' meal events. Families and friends are able to share a meal with a resident. There are many activities where food service augments the event with food. There are barbecues, baking program, special meals and food themes.

To facilitate communication with residents and families about meals and to provide nutritional education, food services should be an agenda item of every residents and family council meetings. Attendance at these meetings by the dietitian and/or food service supervisor would be beneficial.

**20. To provide resident choice and enhanced dining, it is recommended that alternate menu options for each meal be provided and posted.**

This is a medium priority recommendation. Resident choice is implicit in the delivery of resident centered care. There are implications for the quality of life for the residents, for supervision of meals and for the reputation of the facility.

**Individuality  
Fosters Dignity**

Choices are provided for residents through assessing their needs and interests on admission, their likes and dislikes for food, providing residents choice for the menu planning one day a month, personalizing their rooms, making decisions about what to wear, activities they enjoy and want to participate in, what time they get up and go to bed and when they bathe. Continued review of processes and 'Residents Day' care plan is required to ensure that the residents' needs and choices are the first priority and not the 'staff routine'.

Advanced directives have been recorded for approximately ninety percent of the residents. All residents must have advanced directives documented and updated in the health record.

**Best Practice  
Equipment/Tools**

Ceiling lifts are installed on the second floor. Mechanical lifts are available on both floors, weigh scales, grab bars, etc. Therapists should provide input into new policies and procedures for lifts and should be involved in educating and assisting direct care staff in designating appropriate lifts.

As resident acuity is predicted to continue to increase in the future, with the baby boomers reaching retirement, it is suggested that during construction RCI install ceiling lifts in all resident care areas so that meeting the needs of future residents will be facilitated.

It is evident that the acuity of residents requires more complex equipment therefore, WLSV, RCI and IH need to clarify responsibility for equipment and clearly communicate to stakeholders who will be responsible for providing the equipment to meet these needs, e.g. RoHo seating pillows and mattresses etc.

### **Moderate/Severe Dementia Area**

Mild/Moderate Dementia care is provided on the first floor. National residential healthcare trends indicate that there is a need for residential moderate/severe dementia care areas. This may well be an area for future needs in Williams Lake.

### **Fun**

There are a good variety of 'fun' activities to meet the needs of both the cognitively well and impaired. There are outings, barbecues, opportunities for families to share meals with their loved ones, community entertainers, etc. I observed the Child Resource Centre, "Mother Goose" children's program, and Noodle Hockey. Both of these activities brought smiles and the latter activity, gales of laughter from the residents. The posted monthly activity calendar is used to communicate when a variety of activities are available.

Activities should be provided through the sun-downing period of 4-8pm.

Many facilities in Canada have assessed community needs, developed staff skills to meet the identified needs, assessed staff's interest to provide complimentary therapies, i.e. therapeutic touch, healing touch, shiatsu massage, aromatherapy etc., and then facilitate the staff's training. Encouragement is given to examine complimentary therapies and identify how they can be incorporated into resident care. Therapeutic Touch, Healing Touch are nursing modalities that many innovative facilities, acute and long-term care provide.

### **Resident Focused Programs**

Programs are presented to meet the assessed, physical, psychological, social and spiritual needs of the residents. These include sing songs, choir, one on one interaction, bus trips, baking, special dining, bingo, pastoral care, walking, woodworking and special events e.g. Robby Burns evening. There are plans to have residents involved in recycling. Development of this and other work programs is encouraged. Activation staff is enthusiastic and does a good job in the time that they are allotted.

### **Sensory & Social Programs**

A variety of community groups and volunteers commit their time to entertain the residents with music, lunches, happy hour, woodworking, manicures, outings, crafts, bible study, etc.



These events are well attended and enjoyed by the residents. Activities to keep the senses stimulated include, baking; trivia, humor cart and fifteen reminiscence and activity kits have been developed for staff, families and visitors to use with residents. The development of more of these programs is encouraged.

8.

**POLICIES &  
PROCEDURES**

There are appropriate policies and procedures in place, e.g. a RCI written policy of least-restraint with an assessment and alternative framework. There are a limited number of restraints in use. What is lacking is the monitoring and documentation of restraints when used. Supporting education and role modeling is also needed to ensure that staff understand and apply the policies and procedures.

**21. It is recommended that a policy and procedure of non-restraint, assessment, documentation and a monitoring process be reviewed and implemented.**

This is a low priority recommendation since very few physical restraints are used. Resident safety and reputation could be affected.

**Committee  
Leadership Team**

There are seven members of the management team: the manager, administrative assistant, maintenance, housekeeping supervisor, dining services supervisor, activity coordinator and dietitian. Foodservices, the dietitian, housekeeping and laundry are contracted services. The manager and department supervisors merged as a new team when the facility opened and has had enormous learning curves operationalizing the new facility. Not only were there new: residents/families, staff, work areas, equipment, routines, policies and procedures but as well a 'breaking in' period of the building with some malfunctioning of equipment etc. They have survived this experience and have developed a mutually respectful, collegial team.

The leadership team must work to cultivate internal and external partners. Cultivating business, education and professional organizations as partners will facilitate best practice for care delivery and provide personal growth opportunities for staff and residents.

The shortage of many categories of health care workers e.g. RN's, care aides, therapists, physicians etc. make recruiting and retention a challenge. The need for a human resources plan is essential to ensure appropriate staffing in the future. Planning should include: resident's needs and expectations, care delivery methods, workload, demand for services and available resources. Quantifying the number, category and timeframe that staff will retire, retirement planning, succession and a replacement and recruitment strategy all must be included to ensure that there will be adequate numbers of qualified staff to sustain the viability of the operation. Identified human resource needs must be prioritized and stakeholders involved in the development of the plan.

## Human Resources Plan

### **22. It is recommended that a documented Human Resources plan be developed to anticipate and respond to current and future human resource needs.**

This is a low priority recommendation. Adequate staffing will affect the safe delivery of resident care and the viability of the organization.

The manager must concentrate her efforts to ensure: needed infrastructure is put in place e.g. all building systems are installed and working properly, Licensing and WCB requirements are met, regular OH&S meetings and fire drills occur, role clarity is achieved both within the management team and between departments, best practice consistently translates into care delivery, a quality improvement program is implemented, department month end reports are instituted with performance indicator reporting, performance appraisals and care conferences are completed, the medical coordinators role implemented and bridges are built with internal and external stakeholders through a variety of regular and timely communication strategies.

## Role Clarity

The lack of infrastructure to support leadership and to implement and monitor needed change initiatives and the lack of role clarity has impeded progress. Roles of the manager and the department heads must delineate the appropriate authorities for each, drawing a clear line to, which has authority/accountability for what decisions. A feedback mechanism to the manager must be included so that the system can be managed and will indicate how the system will affect the demand for change.

### **23. It is recommended that the manager and department head roles and responsibilities are clearly defined and the relationship between the roles outlined so department heads can be assigned appropriate accountability for action. Clarification must also include interdepartmental roles so staff understands what they are responsible for.**

**This is a high priority recommendation.** Without clear authority and accountability, needed change will be impeded and will further erode the public's trust.

## Resident Care Coordination

A review of the literature reveals that creating a quality practice environment is essential for resident safety. Increasing a RN leadership presence enables closer surveillance of residents, more timely identification of problems, more effective rescue responses and, consequently, better resident outcomes

- W.Winslow, Creating Quality Practice Environments: Not Easy, But Essential

In response to the identification of patient/client safety as a healthcare issue, the Canadian Council on Health Services Accreditation (CCHSA) have developed six Patient Safety Goals and a number of related Required Organizational Practices (ROPs). All accredited organizations must comply with these goals and practices. As one of WLSV's goals is to become an accredited organization, these safety goals and ROPs will require action and strong, involved leadership to ensure their successful implementation.

Organization practices include:

- strengthening knowledge base at all levels of the organization
- including the resident/family role in safety
- acknowledging that all employees, care providers, and volunteers play a role in resident safety
- ensuring that resident safety improvement initiatives are well coordinated and regularly evaluated and
- recognizing the link between organizational worklife and resident safety

-T. Murphy, P. Greco, Leadership's Role in Patient/Client Safety: Are we doing Enough?

Just as it is clear that coordination of the change process requires the constant, hands on of the site manager, it is equally as clear that the coordination of resident care requires constant hands on coordination to ensure that best practice is translated into positive care outcomes, staff are consistently performing at expected standards, successful teams are developed and supported, care is regularly assessed, documentation meets standards and timely communication and follow up occurs with staff, residents and families.

**24. It is recommended that designated time be allocated for care coordination to allow for staff monitoring, coaching, resident care co-ordination and planning.**

**This is a high priority recommendation.** Failure to be visible and to coordinate care will have implications for the success of needed change, for the reputation of the facility, and for resident safety.

**25. A complete review of every care component being delivered on each unit is recommended. Some of the basic elements of care need to be revisited. The review should include hydration, toileting, skin care, mouth care, bathing, grooming, catheter care, sleeping in, pericare, nail and toe care, interdisciplinary care conferences, restraint policy, risk and prevention of falls, etc.**

**This is a high priority recommendation.** Resident safety, reputation and quality improvement are impacted.

### **Performance Reviews**

Appropriate formats for performance reviews have been developed by RCI. Some probationary performance reviews were given but some were not. Employees deserve to know how they are performing. Performance reviews need to be meaningful and not just a "paper" exercise for all involved. Department heads may need education to understand what the organization's expectations for conducting performance reviews are and how to develop and conduct a review.

**26. It is recommended that the organization evaluate and document performance of all employees, including management, in an objective, interactive and positive way before the probationary period is completed and annually thereafter. It is further recommended that annual assessments are based upon specific achievement of goals and objectives set down during the previous reporting period.**

**This is a high priority recommendation.** Timely employee performance reviews helps ensure that standards of resident care are initiated and maintained and assists with enhancing the credibility of the organization.

It is evident that the manager made conscientious efforts to provide staff with recognition for their consistent efforts while opening the building, providing loving care and team work. Recognition strategies included direct communication, general memos, individualized written communication, and providing a cake for above and beyond teamwork, etc.

The organization must to formalize and develop strategies for keeping qualified staff and volunteers which includes recognizing and rewarding contributions, providing professional development opportunities and carrying out exit interviews for staff and volunteers who leave their positions.

### **Exit Interview**

Seven staff decided to leave the organization and one staff was terminated during the initial three months. As WLSV became more organized and settled, only one employee has left. Exit interviews were not implemented therefore, opportunities were missed to obtain and use employee feedback for organizational improvement.

**27. It is recommended that an exit interview process be developed for staff and volunteers to provide the organization with valuable information, which can be used to make organizational improvement.**

This is a low priority recommendation. Exit interviews is a human resource quality improvement mechanism that provides the organization opportunities for improvement.

### **Staff and Volunteer Recognition**

Regular, formalized staff and volunteer recognition is an important part of keeping qualified staff and volunteers. It creates a healthy work environment, is a morale builder, and is a positive public relations mechanism.

**28. It is recommended that the organization's strategies for keeping qualified staff and volunteers include formalized, annual recognition and rewarding of their contributions to provide quality services.**

This is a medium priority recommendation. Retention and public relations could be affected.

### **Evaluation of human resource processes**

As a result of the stressful start to the facility and the recent unionization of the care aides, it would be beneficial for WLSV to evaluate and improves its' human resources processes. Regular evaluation of human resources processes by collecting and analyzing data and information, over time, in the areas of teamwork, efficiency and effectiveness, satisfaction and well being are necessary if WLSV aspires to become a facility of choice. When opportunities for improvement have been identified, action must be initiated to address them.

## Personnel Files

Personnel files are kept in a locked cabinet in administration. A review of a sample of the personnel files suggested that these records require having a method to secure the information in the file to prevent loss of any information. Files with sections to allow information to be organized are suggested.

## Documentation Support

Care Coordination will focus on establishing leadership, admissions, instilling the philosophy of WLSV, establishing trust relationships with staff, dealing with care and behaviour issues, and liaison with families. Support for care coordination is recommended so that the coordinator can focus their efforts on resident care. The scope of the support should include providing caregiver information, processing physician's orders and assisting with reorganization of the health records.

**29. It is recommended that support be provided, to assist and support communication, reorganization of the health records, provide caregiver information, and process physician orders.**

**This is a high priority recommendation.** Support for staff must be provided if required changes are to be successfully implemented.

## Attending Physician Relations

Discussion with an attending physician raised concerns about the appropriateness of sending residents to the hospital and of sending large numbers of faxes to physicians. An audit to analyze if these events happen, the number of times it happens should be conducted so that concise information is available. A review of attending physician attendance at the facility should also be conducted so that there is information to determine if this is a factor in these occurrences. An audit should also be conducted to determine that physician's are counter signing telephone orders within seven days of giving the order. The process of obtaining physician's orders, including fax orders, must be reviewed to ensure best practice. The analysis of these audits can then be reviewed with the medical coordinator, care staff and attending physicians so that effective improvements can be made.

## Signage

Internal signage is appropriate but there is no external signage to identify Williams Lake Seniors Village. This signage should be put in place as soon as possible so the general public can identify the facility.

**30. It is recommended that external signage be installed to indicate to the public that the building is Williams Lake Seniors Village.**

This is a low priority recommendation. Identification of the building is a factor in establishing a positive relationship with the community and will contribute to improved public relations.

## Manuals System

There is a RCI policy and procedure manual and eleven TCS manuals onsite covering; nursing services, health care records; client centered care, quality assurance, management reporting, etc. The TCS manuals are comprehensive, well thought out and provide a plethora of policy and procedures, audits, and forms. A major positive consideration is that they are updated on a regular basis. It is critical that while WLSV is still implementing infrastructure (and will be for some time), it would be wise to adopt TCS's policy and procedure manuals. Staff education to review policies and procedures and the use of the manuals would be essential. It would not be very efficient to duplicate what is already available. It is suggested that a complete set of TCS manuals be available in each care area.

RCI's philosophy, personnel policies, best practice protocols etc. would be applicable. Concise communication of how these manuals would be amalgamated would be required.

## Standardized manuals For each Residential Service In the Region

**31. It is recommended that WLSV adopt the use of TCS's manuals to implement the infrastructure that is required to support management and resident care decision-making. It is also recommended that staff receive education to support their knowledge about the content and use of the manuals.**

**This is a high priority recommendation.** Staff need clear policies and procedures to provide direction for the delivery of safe, quality resident care.

## Best Practices

RCI has well-developed best practice bowel care, resident falls and skin care protocols with assessment scales for each protocol. IH's protocol for management of urinary incontinence needs to be reviewed and implemented into resident care. Skin and wound care was recently reviewed at the education fair by the WLSV's RN wound care nurse but consistent hands on coaching and mentoring is required to ensure that the protocols and assessment scales are understood and being used.

Networking, reading journals, participating in quality improvement initiatives, and attending inservice is each employee's personal responsibility to maintain their own competence.

**Clinical Pathways/ Guidelines**

TCS has clinical pathways/guidelines developed that clearly outline the processes that need to be in place to provide quality resident care. They cover all the major challenges of care delivery. There are also clinical practice guidelines audits. WLSV is not using the guidelines or the audits. These need to be implemented and used to; improve staff knowledge, participate in auditing, and develop a care partnership with families.



**9.****PROGRAMS**

WLSV needs to decide on the care programs required in their site following best practice and licensing requirements. A documented care, pharmacy and bath program is in place. A medical coordinator, bowel/fluid, work program, and ongoing program review need to be established and documented.

There is a bowel protocol in place. The dietitian has provided staff education about hydration. Fluids are given during all meals and mid morning and afternoon. The program must be documented and more staff education given. The importance of adequate fluid intake in the elderly and the serious problems caused by sub-optimal hydration and dehydration has been well documented. The challenge will be to have adequate and appropriate hydration for all residents, looking at the specific needs of modified consistency for each individual resident. Interdepartmental problem solving will be required for positive implementation, monitoring and results.

Staff and volunteers take residents out for walks. To ensure that all the appropriate residents that could benefit are in this program, the program needs to be formalized and attendance documented.

Some residents help staff with bed making and folding clothes. All work programs need to be documented. The continued development of work programs is encouraged as work activities help residents feel that they are contributing in a meaningful way to their WLSV's community.

To ensure that there is an ongoing program review, it is suggested that on a regular basis, WLSV conduct surveys/audits of all programs to determine how programs are functioning.

There is a medical coordinator's position but it has not been fully implemented. There are nineteen attending physicians. Most physicians do not regularly visit their residents but do come when they are called. The acuity of the residents requires regular medical intervention and support. Developing and implementing the medical coordinator's role will provide: on-site medication reviews, Clinical Advisory meetings, liaison with the medical community and assistance for staff with medical management problem solving. WLSV is fortunate to have a medical coordinator position. Many residential facilities do not have this support.

**32. It is recommended that the manager work with the medical coordinator to develop his role to include quarterly on-site medication reviews, clinical advisory meetings and assistance with resident care problem solving.**

**This is a high priority recommendation.** The medical coordinator's expertise is required to ensure ongoing quality improvement in resident care services and appropriate medical input.

## Client-Centered Guidelines

TCS has developed a client-centered model and audits. The model has the seven components. These key processes insure the quality of care and work life. This model should be clearly posted in all care areas and departments. The audits should be completed as the schedule suggests ensuring continuous quality improvement on an ongoing basis. Staff involvement in auditing is necessary. Results and improvement initiatives should be communicated throughout the organization.

## Support Services

Support services are provided by maintenance, housekeeping, dining services, laundry, a dietitian and an administrative assistant. All but maintenance and administrative assistant are contracted services. All services have gone through growing pains as system processes were put into place. There is good support to resident care from housekeeping, laundry, maintenance, food service and administrative support, including scheduling. Support service must receive education about resident centered care and the change process. Support services must be included in the development of the quality improvement program.

The manager must have processes in place to ensure that contracted services are meeting that WLSV's standards. Regular audits need to be instituted to provide this information.

Performance indicators must be developed for all support service areas, (including contracted services), and data included in a month end report for the manager. Reporting will provide for department supervisor accountability, assist in administrative decision making and ongoing quality improvements. Support departments are actively involved in facility inservice. The dietitian has input into care planning but other support departments are not yet involved in care programming.

**33. It is recommended that departmental performance indicators be developed, data collected and reported monthly to the manager. Performance indicators must include a process for tracking and monitoring all departmental complaints.**

**This is a high priority recommendation.** Resident safety, public relations, decision making and quality improvement are impacted.

### Rehab Services

Physical therapy and occupational therapy services are provided through IH Community Care referrals. Seating assistance, equipment needs, fall assessment advice, and staff education is provided. Therapists should also provide clinical leaders with feedback when staff is not following their directions to ensure that corrective action can be initialized.

### Nutrition

The nutrition program meets individual resident needs and provides an opportunity for socialization. Dining is considered a major activity of the day. Food is prepared on site and thus provides residents with sensory stimulation. Food, refreshments and equipment are available so those residents can eat any time of the day when they get hungry. A part time dietitian provides nutritional assessments, prescribes special diets, develops menus, provides staff education, and assists in managing food service staff. Resident weights are taken on a regular basis and reported to the dietitian. The dietitian should, when possible, attend the residents' council or a menu committee could be established, with resident and family participation, so that foodservices receive customer feedback.

### Care Conference

Interdisciplinary care conferences have been completed on fifty-eight residents. Ten residents still require conferencing. These conferences must be completed as soon as possible. Appropriate interdisciplinary staff attends. It is suggested that the manager develop a process that could allow housekeeping and laundry to give their input, if they had pertinent resident information, into the care conference. Care conferences should always include the input of residents, families or advocates. Consistent admission care conferences, six weeks after admission, have not been initiated. These conferences are critical to establishing a trusting relationship with residents and families and to ensure resident safety.

Interdisciplinary assessments must be completed before the care conference. IH has a developed format that will allow WLSV to identify changes in care over time. It should be used. Documentation of the care conference, what outcome interventions is hoped for, who is responsible and the target date for implementation is a requirement. IH has the format developed. As the health record is reorganized a section dedicated to care conference documentation would provide easy interdisciplinary access to this information.

It was observed that the results of the care conferences are documented in red pen in the health record. Acceptable documentation practice is to use black pen. Resident/family satisfaction surveys have not been implemented. Sending a satisfaction survey to the resident/family with the notice of the conference, a month before the scheduled care conference, requesting they bring the survey to the conference, would be a mechanism for the resident/family to 'frame' their thoughts on care delivery services and would facilitate communication at the conference.

Family members are included when they are available but it is important to note that care conferences need to be scheduled flexibly so that the family and physician attendance and pharmacist attendance (when required) can be accommodated.

Family member: "my mother's care conference was held while I was away, so I had no input. I would like a more formalized communication with me about my mother's care, every two months would be good."

- 34. It is recommended that interdisciplinary assessment be coordinated among service providers and that the team shares the assessment results with residents and families in a clear, easy to understand way at interdisciplinary care conferences. These conferences should be held six weeks after admission, yearly, and as required.**

**This is a high priority recommendation.** Establishment of a resident/family focus vehicle for input and communication are implicit in resident centered care.

### Recreation Therapy

There are fifty volunteers and a good number of activities that volunteers are involved in. Still more volunteers are needed to augment activities for the residents. This will impact the coordinator's time to recruit, orient and to manage the volunteers. A review of the number of activities held in the evening and on weekend will ensure that life for the residents is not as limited as it currently is during these times.

### Spiritual Care

The delivery of holistic resident care requires that the spiritual needs of the residents must be met. These needs must be assessed and be part of care planning and delivery.

Pastoral care is provided by a number of community churches on a rotation basis. There are weekly Sunday church services, bible study, and catholic communion. Memorial services are not held on site but in the community. Increased acuity and adjusting to a new care environment has translated into decreasing length of stay for newly admitted residents. This means that staff requires more support and education to meet resident care needs and to assist them to cope with death, dying and grief including their own, that of the residents and of the bereaved families. On site memorial services would give residents, families and staff the opportunity to have closure and to communicate their memories and what the deceased resident's life has meant to them.

- 35. It is recommended that WLSV explore how to provide memorial service on site to assist resident, families and staff with their grief and that the management team examines how to ensure that spiritual care assessment of residents needs is incorporated into care planning and delivery.**

This is a low priority recommendation. Assistance with death, dying and grieving gives support to resident, families and staff and enhances the quality of resident care.

Inviting the pastoral care committee to a luncheon meeting at WLSV at least bi-annually, to review pastoral care services, give recognition for their contributions and to provide them with an opportunity for their input into the facility's planning.

### **Music Therapy**

There is no formal music therapy program but there is a choir, a harmony hour, sing along, sunshine band, community bands, music appreciation and fiddlers. All of these programs and volunteers are commendable. The benefits of providing music therapy to the 'non joiner', palliative care and the cognitively impaired residents is well documented and should be a future consideration for WLSV.

### **Palliative Care**

A Palliative care inservice has been provided. Continued staff education for a comprehensive on site palliative care course is key. The payback in staff providing compassionate, thoughtful palliative care will be evident and increased staff satisfaction will result. Hospice care is a partner in providing palliative care.

### **Dining Room Enhancement**

The dining areas are home like and provide seating for four at six tables. Wipeable table clothes, relaxing music during meals and providing an occasional fine dining experience for residents and their families would provide an increased dining enhancement experience.

### **Bathing**

One full time bath employee works five days a week.

Bathing facilities have new equipment. Some of the equipment is not easy to access if a resident is unable to step into the tub. One tub takes an unreasonable amount of time to empty, because of this time is taken away from the resident's actual bathing experience. Staff suggestions for modifying the tub allowing more efficient drainage has not been implemented. The bathing rooms do not have adequate ventilation so that temperature and humidity are controlled and odours are eliminated. These deficiencies must be attended to so that a suitable environment is provided for the well being of the residents and staff.

Bathing is not a relaxing, therapeutic experience. Attention to hair, ears, nails and toenails is part of the bathing procedure but are not consistently being done because of time constraints. Nine residents are being bathed on evenings, either because they requested it or because there was no time to bathe them on days. Bathing on evenings takes away from time that should be spent on resident care. Bathing time is separate and above care aide time.

Residents require a pleasant, thorough, therapeutic bath per week. If a resident can not be bathed on the day/evening they are scheduled, there must be flexibility to reschedule them during that week. No resident should go more than one week without a bath.

Staff on each floor should form a quality improvement team to assesses the bathing rooms and brainstorm how rooms could be enhanced to become more like spas. Bathing should be as relaxing as possible and an enjoyable experience. Heat lamps, large warming cupboards, soft music, time for hairdos make up, and cream or after-shave should be part of the experience. This transformation does not have to incur exorbitant costs. Staff creativity, family input and maintenance assistance can all be called upon. Transformation is limited only to the staff's imagination. An excellent quality improvement initiative.

Bathing should occur throughout the day and evening and when required during the night. These suggested changes are realistic, possible and very resident centered.

**36. It is recommended that staff's suggestions for tub modification be instituted to facilitate efficient drainage. Ventilation of the tub rooms must be assessed so temperature and humidity are controlled, and odours eliminated.**

**This is a high priority recommendation.** The organization's physical environment contributes to the well being of residents and staff.

**37. It is recommended that all residents receive a minimum of one pleasant, thorough, therapeutic bath per week, scheduled according to their preference. Infection control guidelines for tub cleaning must also be ensured.**

**This is a high priority recommendation.** Providing adequate time for a therapeutic bath contributes to the well being of the residents.

**Family  
Friendly**

Families are partners in care and must feel welcomed at the facility. They need to be: involved in care planning, kept informed, receive consistent, concise, communication, involved in organizational planning and problem solving, supported, educated and involved in the activities of the facility. Family input to assist with the implementation of required infrastructure would contribute to successful outcomes. A satisfied, involved and informed family will provide WLSV with the best public relations advocates.

**Pharmacy-  
Medication  
Utilization**

A pharmacy safety committee been formed and will meet quarterly. One meeting has been held. The Kipp-Mallery pharmacist has completed a medication safety audit in September. The deficiencies must be addressed in a timely manner and reviewed with staff and the Clinical Advisory Committee. A multidose dispensing system is in place. It is efficient, easy to use and is safe if staff administer medication according to WLSV policy and procedure.

The facilities that have the best success at managing polypharmacy conduct on site medication review with the pharmacist, nurse and physician participating.

Quarterly on site medication reviews with an interdisciplinary approach and with a goal of "Least is Best", is most desirable. WLSV's average number of medications/resident/day is in an acceptable range.

It is suggested that the Pharmacy Safety committee become the Clinical Advisory committee with a broader focus to review: the safety of the medication system, infection control, best practice in care delivery, care delivery problem solving and audits, performance indicator and benchmarking statistics.

**Medication Administration and Treatments and Ointments**

Observations indicate that there is need to review the delivery of treatment medication. There must be a treatment sheet with a treatment cart. The person administering the medication is the person signing for the medication. There are treatment carts on each floor but the documentation of administering treatment ointments is not happening.

Some staff are not following the WLSV policy and procedure for the administration of medication. Review of the policy and procedure and staff education is required to ensure consistency of practice and provide continuity of care.

The Bylaws of the Council of the College of Pharmacists of British Columbia, Bylaw 7 were reviewed and there was a discussion with the College.

"... if full directions are not on each item, they must be on the Medication Administration Record (MAR) or Treatment Administration Record (TAR). The RN/LPN or care aides would have to have those MARs or TARs with them as they administer those medications anyway in order to chart the administration."

In the July/August 2002, College of Pharmacists of British Columbia Bulletin, an article, "LONG-TERM CARE, Treatments", states, "The Long-term Care Committee recommends that Medication Safety and Advisory Committees implement policies and procedures to ensure the safe storage, administration, charting and monitoring of those treatments". This article goes on to outline exactly what these policies and procedures should include.

These policies and procedures must be adopted so that the administration and storage of treatment medication is safe.

**38. It is recommended that the medication administration policies and procedures be reviewed with staff and that the clinical advisory committee implement policies and procedures to ensure the safe storage, administration, charting and monitoring of medications and treatments.**

**This is a high priority recommendation.** There are implications for resident safety and legal liability.

### Sleeping

It seems only logical that residents are healthier and happier if they have a good night's sleep. The literature shows phenomenal physical, emotional and cognitive benefits of undisturbed sleep. Nevertheless, the practice continues to be to wake people to meet institutions 'needs', not resident care requirements.

Confirmation of every resident's choice to sleep in must be reviewed and reflected in resident's day (care plan). Therapist and care staff input is required to determine if a resident needs to be turned or can be left to sleep during the night.

The practice of going into a room at night to do rounds should be based on individual resident assessment and applied to any residents needs that require night attention. Residents wherever possible must be allowed to have a full and peaceful nights sleep.

TCS has a clear policy and guidelines for sleep and rest. The policy and guidelines have been placed on each unit for staff to read and indicate that they have read it. This is a good review for staff, but the policy and guidelines should be inserviced to ensure consistency of practice, continuity of care and documentation in the resident day.



**10.****EDUCATION**

A two-day orientation was provided to staff when the facility was opened. Given the challenges the staff faced commissioning the facility, it is clear this was not enough education support for staff to adjust to new residents and a new environment. Eleven inservices were provided to staff during the first seven months. An education fair was held in January 2005. It was open to all employees and mandatory participation was required for resident care staff. The fair covered lifts and transfers, nutrition, skin and wound care, documentation, dementia care and customer service. It was well attended and the majority of the staff appreciated the opportunity to learn and to refresh their knowledge. RCI head office and community therapists participated in the presentations. WLSV plans to conduct this staff refresher on an annual basis.

Education for the development of leadership skills for the leadership team and RN/LPN's is required if mentoring, coaching and facilitation is the preferred leadership style that WSLV wishes to emulate. Education to enhance critical thinking and clinical skills to meet the needs of more complex and acute residents, decision making, alternate dispute resolution skills, organizational skills, and ongoing charge nurse workshops for new and casual RN/LPN's who assume charge nurse skills is required.

When staff performance is a concern, the leadership team must start requiring a change of behaviour and be prepared to consistently and objectively respond if there is not cooperation. When raising the bar yields improved performance, resident care and employee morale benefits.

"In modern life, the art of fan dancing is in better shape than the ability to demand accountability. Hardly anyone tells anyone else to shape the hell up, then takes the trouble to make sure they do."

-Owen Edwards, Accountability

Change must begin with the leadership team. The team must decide what would be the ideal for how they would want to manage. How should they act and problem solve? What kinds of meetings and conversations should they have and who would be involved? How should they define, recognize and reward appropriate behaviour? When the leaders and employees work side by side to develop the answers to these questions, they will create the improved, WLSV together and trust will be improved or re-established.

Healthcare socialization has taught that emotions are to be left at the door. Ironically change is essentially about feelings. Managers want employees to contribute with their heads and their hearts. Managing people is managing emotions. It is not a question of positive and negative emotions but learning how to deal with them. The most successful way to connect with employees is through the organization's values. If you cut off emotions you also cut off ideas, solutions and new perspectives. Balancing any legitimate gripes off against the successes helps build a healthy environment.

## Committee

An education committee should be formed with staff, resident and family participation. An education plan should be developed to meet the education needs of all stakeholders. The plan should include education family nights, workplace wellness initiatives, invitation to facility and community education, WLSV's involvement in community education, and orientation and annual mandatory education.

## Needs Assessment

A formalized staff education 'needs assessment' would be beneficial to plan for appropriate staff, residents/families, volunteers and the community education. This information would also assist in establishing a workplace wellness program to provide a safe and healthy environment. All concerns that families express with care delivery should be translated into a quality improvement staff education opportunity by the organization.

**39. It is recommended that a formalized needs assessment be conducted to identify the learning needs of staff, residents/families, volunteers and the community. This assessment will form the basis of a three-year education plan.**

This is a medium priority recommendation. Education impacts infrastructure implementation, resident safety, trust, communication and communication.

## Orientation Dementia Focus 3 Year Education Plan Monthly Calendars

### ORIENTATION

There is an orientation program in place for staff and volunteers. A comprehensive RCI Employee Handbook is given to each employee. As WLSV plans on having student placements, the orientation program needs to be expanded to include orientation of leaders and students.

**40. It is recommended that the organization's leaders, staff, students and volunteers go through an orientation process that provides initial training and information about the organization and the job that includes: the mission, vision, goals, and objectives, programs and services, key personnel, roles and responsibilities, relevant policies and procedures, including confidentiality, safety and emergency preparedness, and quality improvement.**

This is a low priority recommendation. Enhancing performance and demonstrating competence has resident safety, public relations, trust and communication implications.

Care staff 'unit' orientation must be expanded to include quality improvement, ethical framework for decision making, dementia care, abuse, resident's rights, risk management, infection control. Annual mandatory education and committee meetings should be scheduled on the monthly information calendars and be posted.

### DEMENTIA FOCUS

As fifty-five percent of WLSV's residents are moderate to severe dementia and twenty percent are mild dementia, an ongoing in house dementia care education program is required for staff, volunteers, and families to support resident care planning based on resident needs. Components may include: what is dementia, individual care planning, communication with family/resident, non-restraint/safety, dementia environment, and aggression management.

- 41. It is recommended that an in house dementia care education program be implemented for staff, volunteers, families, and students to support resident care planning based on resident needs.**

This is a medium priority recommendation. Resident safety, communication, reputation may be affected.

### Three Year Education Plan

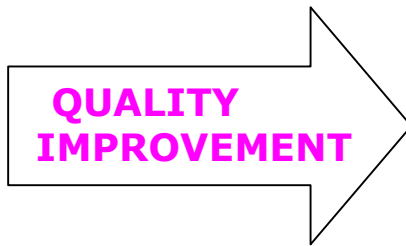
The education needs assessment will provide information about staff, resident/family, volunteer and community needs and will be the platform on which to build the three-year education plan. The TCS residential model outlines a minimum education plan, which should be incorporated into the three-year plan. The three-year plan should be posted and shared with all internal and external stakeholders.

### Monthly Calendars

Monthly calendars are available and posted for dining service and for activities but are not available for inservice education and committee meetings.

- 42. It is recommended that monthly calendars be developed and posted to inform residents/families, staff and visitors what educational inservices are available and what committee meetings are being held.**

This is a medium priority recommendation. Keeping stakeholders informed about; committee meetings, progress with implementation of infrastructure, communication, education, and public relations builds trusting relationships and partnerships.

**11.**

TCS has developed a comprehensive quality improvement process. There is no formalized quality improvement program in place at WLSV. WLSV needs to implement the residential care quality improvement program, the performance master log sheet and the Creating Caring Environments Evaluation Guide, as quickly as possible so that needed infrastructure is put in place. WLSV must make a commitment to quality improvement so that every staff member, contractor, resident/family, volunteer and external partner understands the importance of quality improvement to the organization. Education for stakeholders is necessary so that knowledge about quality improvement is prevalent. All role descriptions must indicate that active participation in quality improvement is an expectation and will be a factor in performance reviews. Quality improvement should be discussed at employee orientation, annual education, and be on the agenda of all meetings.

A quality improvement program must be established and include processes to decide on priorities for:

- monitoring and improving
- developing an annual quality improvement work plan
- involving the appropriate people and assigning responsibility
- monitoring indicators that relate to processes and results
- collecting and analyzing data and information
- using collected information to identify areas for improvement
- evaluating and communicating the results of improvements across the organization.

Quality improvement initiatives must be undertaken in areas of high risk, high volume, high cost and problem prone. Areas such as the environment, complaints, providing timely feedback and public relations would be examples of areas that would point to quality improvement initiatives.

**43. It is recommended that WLSV develop a clearly defined, coordinated system of quality improvement to continually monitor, evaluate and improve quality. It is further recommended that the complete TCS residential model is implemented, with all its components, involve stakeholders in all processes to gain quality improvement knowledge, and to facilitate ownership.**

**This is a high priority recommendation.** There are implications for change management, public relations, communication, building partnerships with all stakeholders.

## Quality indicators

### Incident Reporting

The Incident reporting policy, procedure and follow up requires review. Falls without injury are recorded on an incident log, falls with injury require a licensing incident form be completed, falls with injury that result in hospitalization require a licensing incident form be completed and sent to licensing. It was not clear that appropriate action to prevent the same situation from happening again was being initiated, nor are families regularly being informed when falls occur. Families need to be informed when a resident falls even if the fall is without injury. The families can then choose not to be informed but the choice must be given to them. Review of the incident forms indicated that some: were ineligible, had incomplete information, contained unprofessional comments, required follow up with staff. The resident care team must take a proactive approach to prevent incidents involving residents, staff and visitors. When an incident occurs, the team needs to take immediate action. The team also needs to use information collected over time to put processes in place to prevent future incidents. An incident investigation needs to include the collection of all relevant information, an analysis of the data to determine root cause(s), recommendations, and follow up actions.

- 44. It is recommended that the policy and procedure for reporting incidents and adverse events be reviewed to ensure that they are adequate, investigations are timely, action is taken to prevent further incidents, incidents and adverse events are monitored over time, and information is used to make improvements.**

**This is a high priority recommendation.** There are implications for resident safety, reputation, public relations and system competency.

## Complaints

RCI and IH have a complaint policy and procedure. It explains how resident/family can file a complaint and reassures them against any improper staff action against a resident for making a complaint. Responding to complaints is a critical component of the complaint process and must be done in a fair and timely manner.

Families expressed positive and negative thoughts about the timeliness of responses to their expressed concerns/complaints and about the quality of care.

Family: "I have experienced frustration with staff following up with requests. We are missing a range of experienced staff. I do not believe that the dementia resident gets the attention they need."

Family: "Staff is relatively good at dealing with my concerns."

Family: "I have written five letters to the manager, IH and licensing. Finally on the fifth letter I received a response. The first three letters were ignored."

**45. It is recommended that the complaint process include the expectations and procedure for responding to complaints in a fair and timely manner.**

**This is a high priority recommendation.** Untimely responses to complaints will have negative implications for resident/family partnerships, public relations, communication and quality improvement.

**Satisfaction  
Survey**

To achieve the best possible results or outcomes the organization and managers must regularly evaluate and improve the organization's performance by determining what the organization's desired results are, and soliciting the resident/family, staff's and community's satisfaction with WLSV's services and leadership. RCI has developed a resident/family satisfaction survey, which has not been implemented at WLSV. IH's performance measures include surveys for resident/family, pastoral care services, housekeeping, laundry, volunteer, resident food and recreation therapy. The resident/family satisfaction survey needs to be initiated quickly so that the feedback becomes part of strategic planning process and the formulation of organizational and departmental goals and objectives. Satisfaction surveys should become a quality improvement indicator for all WLSV's operation, e.g. contractors, external health care organizations, end of stay, tours, teamwork, communication, and individual department's performance, etc. Feedback from internal and external stakeholders is 'priceless' information that provides opportunities for improvement. The organization must set aside adequate resources to support the evaluation process including collection, storage, and analysis of information, and education and training to develop staff expertise in evaluation.

**46. It is recommended that RCI and WLSV regularly evaluate and improve the organization's performance by implementing satisfaction surveys for the resident/family, staff, community, and other health care organizations, and that the evaluation results, and the changes made with staff, service providers, other organization, and the community be shared.**

**This is a high priority recommendation.** Achieving positive results requires regular evaluation. Sharing evaluation results and improvements effect reputation, public relations, communication and building partnerships and relationships.

### Accident Reports

All employee accidents reported on an incident report require an investigation and follow up. Accident reports are reviewed at OH & S meetings. A formalized modified return to work program is required to ensure that employees return to work while they are rehabilitating from an injury. WLSV is encouraged to report 'near misses', as this is a proactive approach to ensuring a safe and healthy workplace.

### Absence Management

RCI's has a well-developed Health and Wellness Program with clear policies and procedures to monitor sick usage, analyze trends, and initiate follow up. Timely staff feedback is required for absence management to work. As corporate support for employees is limited, it is suggested that RCI explore ways to participate in an established Employee Assistance Program.

### Performance Measures

TCS has developed a comprehensive performance measures program that clearly outlines the requirements of each element of the Community Care residential model: Philosophy, Staffing, Policies & Procedures, Environment, Programs, Education and Quality Improvement. A master log has been developed that illustrates how the performance measures relate to the strategic direction of community care, CCHSA's AIM's standards, who is responsible to collect the data, what audit tool will be used and the reporting cycle. IHTCS staff is commended for this outstanding piece of work.

The program and tools are developed and available so WLSV has only to use them to ensure that the infrastructure that is required to operate a 'center of excellence' is put in place. Support must be given to the manager and staff so that they can implement the initiatives the performance measures outlines. The complete implementation will take time, therefore the leadership team, staff, residents and families must prioritize what needs to be accomplished, using the same format as the performance measures master log does, and then begin working.

### Practice Checklist

An Orientation checklist is developed, used and complimented by educational material. Each department would benefit from a specific skill level checklist, as this would assist the department heads with confirming the competency of staff during orientation and indicate

where extra coaching is required. Quality improvement and a framework for ethical decision making should be included in orientation.

### Plan Do Check Act Model

This seven-step continuous quality improvement process is:

1. Identify the problem area and reason for improvement
2. Describe current situation
3. Identify and verify root causes = PLAN
4. Plan & Implement counter measures = DO
5. Confirm that problem & causes have been reduced = CHECK
6. Prevent recurrence, standardize = ACT
7. Correct any remaining problems

This continuous quality improvement process, along with team and facilitation skills, must be taught to leaders and staff and must be used as the quality improvement program is implemented. Its application will lead to organizational and care improvements

### Indicators

Under the IH contract with RCI to provide residential care, IH requires facilities to report performance indicators on a monthly basis. On one occasion IH has provided benchmarking statistics for the service area that allowed WLSV to be introspective about the information and assisted them to make quality improvement changes in such areas as falls, aggression, wound care and medication administration. This illustrates the importance of developing, tracking and analyzing performance indicators to make improvements.

It is suggested that IH and RCI provide WLSV with benchmarking statistics on a regular basis. This will be implemented on April 1, 2005.

RCI has a monthly indicator reporting template. This reporting mechanism has not been initiated. Monthly reporting to RCI would provide head office with needed data to monitor and effectively manage WLSV.

### Audits

TCS has an auditing system that encompasses evaluating performance related to: philosophy, communication, staffing, influenza, environment, pharmacy procedure and documentation, inventory and storage, interdisciplinary team conference, care assessment planning system, client centered model, clinical pathway guideline, education, and quality improvements. These audits should be used with appropriate stakeholder participation.



## **12. CONCLUSION:**

Leadership knowledge, caring staff and the desire to deliver quality resident care are all present in the Williams Lake Seniors Village. Support for staff is essential to implement required changes. It is often said that you must crawl before you can walk and walk before you can run. Many basic processes, structures and behaviours that contribute to effective management of a residential facility need to be revisited and installed in the Williams Lake Senior Village organization. Ensuring adherence to policy will provide consistency of practice and provide for overall continuity of care.

With RCI and WLSV's commitment to implementing these recommendations, a template for achieving accreditation status will be created. This will set the foundation for WLSV to become a center of excellence in residential services, and a leader in the field of geriatric care in British Columbia.

The problems can be solved, but only with universal commitment, focus and ceaseless energy by all hands in the months ahead. This is Williams Lake Seniors Village challenge.

As one family member so poignantly stated, "WLSV is what we have, we need to make it work."

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