Summary of Debriefing Sessions with Dr. Velji
March 19, 2014 at 2:30 pm & 7:00 pm

-Various representatives of Schlegel Villages, Riverside Glen management and staff, families and residents attended these sessions.
-Introduction of Dr. Karima Velji by Matt Drown (Human Resources, Schlegel Villages Inc.)
-this is an external review
-Dr. Velji was hired by Schlegels

Dr. Velji:
-purpose of debriefings is to highlight
    -objectives
    -methods
    -themes of discussions
    -"preliminary" recommendations (emphasis on preliminary)
-Schlegels fulfilling the "vision" of integration of primary care with seniors' care.
-many concerns expressed with location of medical clinic
    -breach of privacy
    -breach of zoning
    -negative impacts on spaces for residents
        -parking
        -traffic
        -resident common space
-many similar concerns expressed with location of college
    -impacts of students on issues above
-other previous reviews have taken place to address infection control for home and college students
-zoning applications to city to address changes to entrance and HVAC

Review objectives
-focused on understanding and giving recommendations on resident and family engagement
-how and why did the situation escalate
-Final report will be given to Schlegels in 2-3 weeks with final recommendations
-Create an action plan to rebuild trust

Methods

1. Interviews
-Focus groups with 2 groups
    -Leadership team = 4 people
    -Family Council = 8 people
-Individual interviews with 22 people
    -Family = 9
    -Residents = 7
    -Staff = 8 (2 front line/care staff, 6 management)
-daily debriefing sessions with the leadership team
-resident demographics:
        -137 women, 57 men
        -average age: women 84.7 years, men 78 years
        -average length of stay: women 2.5 years, men 2.1 years

2. Document review (Quality of care and complaints)
-analysis of the procedures for resolution and consideration of concerns, and satisfaction analysis
-examination of many documents
    -resident Quality of Life Surveys
    -RQI (Resident Quality Inspection) results
    -Accreditation Survey reports (CARF)
    -LTC home policies and procedures
    -Resident Council and Family Council minutes
    -Issues management
    -chronology of concerns raised
Vision of "community integration" is best practice

Results

1. Document Review
-CARF accreditation:
    -November 2011
    -three year accreditation, highest level of accreditation
    -leaders in 22/24 indicators

-RAI-MDS (Resident Assessment Instrument/Minimum Data Set)
    -this is the evaluation of the quality of care (required data /RQI)

-reviewed data trends for 2011-2013
-there are 35 standard indicators
-22/35 are better than provincial average (includes less use of resident restraints, management of pressure ulcers).. generally okay care
-worst results:
-delerium
-infection control
-pain control

-Quality of Life Surveys
-66 surveys
-77% would recommend home to others "most of the time" or "always" (this is an average result)

2. Interviews
-families don't agree with conversion of home to include research, education and primary care
-Dr. Velji's comment: "the vision is sound, but how it has been enacted is the primary issue"
-Themes discussed by families & residents:

1. "Vision"
-we are sick of hearing about it
-stop selling the vision.... show us how this benefits the residents
-benefits must be without loss of rights for the residents
-there is a lack of congruence between the Schlegel vision and how families and residents see it
-there is not a shared understanding/appreciation
-some say integration of college and primary care would be fine if it is adjacent to the home, not embedded in the home
-must ensure that resident care and rights are number one before "innovations" are introduced
-primary concern was about <u>how</u> the "vision" was executed

2. Front line care
-many spoke glowingly about PSWs and RPNs and empathized with their workload
-generally pleased with full time care staff
-displeased with part time and agency staff

-the care is worse with “strange staff” on duty
-there needs to be more consistency of care
-too much agency staff especially evenings and weekends
-there are issues with recruitment and retention of staff

3. Leadership
-the trust is broken between management and families and residents
-it should be a collaborative relationship, it is not
-there is a feeling that all of the direction comes from the top of the organization and management has no authority/power
-there are too many layers of management
-management should decrease and the number of care staff should increase
-when concerns are raised with one individual, they “pass the buck”
-management must be streamlined to solve issues
-too much of the management's attention goes towards the health centre
-the response to problems is reactive not proactive
-many said that they no longer go to management with their concerns, they go straight to the ministry (MOHLTC) or public health (WDGPH)

4. Health Centre
-lack of congruence in communication regarding clinic
-Schlegels claim: we always told them what it would be
-residents & families: how it was proposed is not how it is now
-it doesn't serve loved-ones/residents... only the community at large, there is no benefit
-we were told it would care for the residents
-instead it is a primary care clinic
-Dr. Velji`s comment: the location of the clinic is a lightening rod
-”you have put the health centre in the sitting room of my loved-one's home.... this is a home”
-this has caused major concerns for privacy, infection control, resident rights, infringement of common space and parking problems
-the rules have been “bent”, this is an illegal entity
-communications have been handled poorly
-residents and families were not consulted about the function of the health centre

5. College

-lack of congruence in communication regarding college
-original vision was for clinical placements
-most families and residents are in favour of student placements
-now there are impacts on common space and parking
-visitors have had to leave because of the absence of parking on the site
-some say that the primary issue is the Health Centre and the College is secondary

Dr. Velji: how do we rekindle the trust?

-a long term care organization is a "Home" and includes families and residents
-when the relationship deteriorates it is bad for the residents and "they pay for it"
-people want this to be over
-some family members say they stopped going to Family Council because this issue dominated the agenda

Question to families and residents:

If you could write one recommendation in this report what would it be?

-owners should meet with everyone and apologize and start being truthful
-with draw the zoning by-law and official plan amendments
-the "vision" should be in partnership with families and residents
-remove the clinic and classrooms, then start over again
-integration only if they are adjacent to the home, not embedded
-we need leadership that responds to concerns, accountable leadership
-increase the number of PSWs
-increase family and resident engagement and communications, make the communication two way not one way

The manner in which the "Vision" is being instituted is a problem
The primary issue is the location of the Medical Clinic and its function
Number one is resident well-being... first and foremost.

Preliminary Recommendations

1. Keeping promises
   -the current location is not ideal
   -this needs to be a shared "vision" between the organization and families
   -Management: your vision for the future is irrelevant, you must incorporate functions for the residents now. (chiropody, dental, physio, massage)
   -Delineate a role for Dr. Spadafora: those in the clinic space should also attend to residents for assessments/examinations when there is an incident that may require transportation to hospital
   -there must be coherent and quick solutions regarding common space and parking spaces.... residents and visitors should come first.

2. Leadership
   -implement visibility of management
   -give management the authority to carry out decisions and act on assessments of concerns
   -assessment of complaints procedures: documentation is well done, creation of action plan is good, but there are no closure dates or record of satisfaction of the complainant
   -Whoever receives a complaint should look after it, then there should be follow up to see if the complainant is satisfied with the solution

3. Communication and Engagement
   -"nothing about me without me"
   -families and residents must be consulted
   -there will be less problems if management are "up front"
   -need to be more proactive
   -this home had a lot of engaged families relative to other long term care homes, this should be an advantage
   -families and residents could be leaders in Quality Improvement initiatives
   -Family Council needs to rebalance its priorities and increase its emphasis on resident care.
   -There needs to be a quality of life survey for Families

The Final report will be sent to the management in 2-3 weeks

Question from a family member:
Will we get to see the final report?
Answers from Paul Brown:

-After the report is received we are willing to share the path forward, in a gesture of truth and transparency
-then we will make an action plan
-there will be consultation with residents' council to get ideas and suggestions
Promise: to give residents and families a copy of the report

-There is no regulatory oversight of this report (no involvement of MOHLTC, WDGPH)
Promise: to share report with MOHLTC and WDGPH

Dr. Velji: at Baycrest uses are not embedded, they are on the main floor with access from outside and attached to hospital and long term care home.