

SCHLEGEL VILLAGES  
RIVERSIDE GLEN

External Review

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**External Review**  
**Schlegel Villages – Riverside Glen**  
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## **Background**

The Village of Riverside Glen is one of twelve Schlegel Villages and is located in Guelph, Ontario. The village incorporates a continuum-of-care design featuring retirement living, assisted care, memory care and long-term care with a robust main street and town hall. The Village serves approximately 400 seniors in its residential programs. The organization has been awarded one of three Centres of Learning, Research and Innovation by the Ontario Ministry of Health and Long Term Care.

To facilitate the integration of primary health care with seniors care, Riverside Glen incorporated a private physicians practice (health centre) within the Village in July 2012. In February 2013, a number of concerned persons of Riverside Glen escalated concerns to the City of Guelph and to the Public Health Department of Guelph regarding the presence of the health centre in Riverside Glen. They expressed that by serving members of the public who were not residents of the Village, the health centre was in violation of zoning by law provisions outlined in (1995)-14864 section 4.23.1. They also expressed that the location of the Health Centre was an invasion of the privacy, dignity and rights of the residents, as well as a threat to their health and safety from an infection control perspective. These parties elaborated that the health centre only served six residents in the Retirement Living Section of the Village and none of the residents of Long Term Care, thus offering limited value to the community being served by Riverside Glen.

Similar concerns were expressed regarding the presence of the on-site Conestoga College education programs. For a number of years Conestoga College has been using space in the basement of the Village as a living classroom for students in the practical nursing and personal support worker programs.

A review of the concerns was carried out by Village leadership team, in collaboration with Public Health and City of Guelph. The Waterloo Wellington Local Health Integration Network was involved in the deliberations. Multiple inspection visits by the Ministry of Health and Long Term Care were prompted by the concerns lodged. An external third party review by an infection control expert was solicited. The infection control expert concluded that the health centre did not pose additional infection control risk to the long term care residents.

To address the concerns raised, Riverside Glen submitted an application for a zoning change to the city in order to build a separate entrance to the Health Centre, and is awaiting building permits. The plan provides for a separate elevator, an emergency exit strategy, an accessible washroom, and separate ventilation system for the health centre. It is expected that such an entrance would be built six months following municipal approvals being provided. Health care students will continue to have classes at Riverside Glen, they will be vaccinated for influenza, and they will keep out of resident spaces unless it is

a part of their program. With these plans, Public Health has withdrawn its objections to the Village application.

Riverside Glen has expressed a need for an additional third party review to understand if Village community relations/quality assurance processes or communication mechanisms, related to the health centre and/or college programmatic development, could be improved into the future. In particular, the organization is interested in understanding if its approach to addressing resident/family relations is optimal, and to identify and address any shortcomings. In the spirit of just culture and learning, the organization wishes to surface lessons learned and cultivate action plans to optimize its ongoing relationship with its constituencies. It is envisioned that such a review would culminate with a meeting of stakeholders where results of the review would be shared and elements of proposed action plan outlined.

### **Objectives**

This review addressed the following objectives:

- Conduct a review of the resident/family relations process;
- Identify systematic issues with respect to resident/family relations against best practices/standards for residential care;
- Formulate recommendations for the leadership of Riverside Glen that will contribute to the resolution of any systematic issues identified;
- Identify elements of an action plan;
- Present findings of the review to a meeting of stakeholders.

The following areas were deemed to be “not in scope” of this review:

- Zoning rules as they pertain to the operations of the health centre and living classroom in the long term care facility; zoning application process will address this area.
- Infection control risk; there is an external consultant report that has specifically addressed this area.

## Methods

The following methods were used to address the objectives of the review:

### *Document Review*

The following documents were reviewed:

- Resident quality of life survey results and action plans.
- CIHI MDS reports of quality improvement indicator trends (adjusted and unadjusted results) against provincial benchmarks.
- Schlegel Villages accreditation survey report.
- Staff engagement results.
- Resident and family council minutes.
- Records of concerns and action plans related to the Health Centre/College location, including chronology of pertinent events.
- Policies and procedures pertaining to resident/family issues management, action logs.

### *Focus Groups*

There are a total of 192 residents in long term care and their families and about 220 staff members at Riverside Glen. A number of focus groups were held with residents, families and staff. The focus groups were advertised by the Village leadership team in a variety of forums to invite open participation.

Type of meeting	Number of meetings	Number of attendees
Families	1	8 (Family Council)
Leadership team	1	4
Process huddles/debrief meetings	10	4 (leadership team)
Total	12	12

### ***Individual Interviews***

Individual interviews were conducted, including a specific focus on family members who had raised the recent concerns:

Type of meeting	Number of attendees
Residents	7 (including co-chairs and one member of resident council)
Families	9 (including three members of family council)
Team Members	6 (including two members of front-line staff)
Total	22

An interview/focus group guide was used to facilitate the discussion (Appendix A). Participants were reassured that results of the discussions would be presented in aggregate and not associated with their individual identity.

### ***Resident/Family Relations***

An analysis of the resident relations and issues management process was conducted by probing the area in the focus groups and interviews. Documents to oversee the resident relations process and records to trend the issues and actions were reviewed.

### ***On site Review***

A tour of the Village was conducted, including the location of the health centre and on-site classroom.

The on-site component of the review was completed over the course of 4 days, including March 13 & 14 and March 18 & 19, 2014. Schedules were constructed to facilitate participation of stakeholders in the morning and evening times. Preliminary report of findings and recommendations were presented to the leadership team on March 18 and to the resident/family/staff groups and City of Guelph officials on March 19.

## **Key Findings**

The review was completed with ease. Requested information was made readily available by the Village leadership team. All stakeholders appeared open and willing to discuss their perspectives, and made valuable suggestions. Debrief meetings were held every day with the leadership team.

### *Assessment of Quality and Safety*

The assessment of resident/family relations and issues management process should always be done by keeping the overall picture of quality and safety in mind, to delineate systematic gaps that may exist. Thus, the review included an assessment of quality and safety processes and outcomes of Riverside Glen.

Overall, the organization has robust mechanisms in place to oversee quality/safety (and no systematic gaps in its approach) as evidenced by the following results:

### *Accreditation*

Commission on Accreditation of Rehabilitation Facilities (CARF) awarded the organization with a three year accreditation in November 2011. The organization is scheduled for an accreditation visit in April 2014. The 2011 report addressed results for the entire organization, and did not specify results for the Riverside Glen site. Many areas of exemplary practice were highlighted by the reviewers. The organization was deemed to be a leader in 22 out of 24 benchmarked indicators (Appendix B).

### *Quality Indicators*

Riverside Glen monitors 35 quality indicators on a quarterly basis to evaluate the outcomes of the organization, and emphasizes quality improvement efforts on indicators reported to Health Quality Ontario (such as pain, pressure ulcers, depression, behaviours, and activities of daily living). These indicators are based on standardized assessments using the standardized Continuing Care Reporting System/Minimum Data Set (CCRS/MDS) methodologies used in the province. The data that populate the indicators are sourced quarterly from clinical assessments of residents at the neighborhood level and submitted to the Canadian Institute of Health Information (CIHI) which compiles the Quality Indicators

(QIs) and submits reports to the program (and to all other chronic care and long term care facilities in Ontario). The results of the program are assessed against benchmarks of provincial results. Reports are discussed at the site and neighborhood level, and action plans to address areas of concern are available.

It is important to note that all organizations in the province who use these indicators demonstrate variability in performance, i.e. excelling at some indicators more than others due to the characteristics of the populations they serve, their clinical expertise in certain areas of focus, and their quality improvement activities.

Review of CCRS/MDS (Q3 2011 – Q22013) risk adjusted trends shows Riverside Glen's performance is better than provincial average on 22 out of 35 indicators (Appendix C). The performance trend in locomotion, behaviour, depression, pressure ulcers are commendable against benchmark while indicators of delirium, infection, and pain may require quality improvement focus. Readers need to interpret each indicator carefully, as lower percentage against provincial average does not always been better performance. A quality improvement or decision support specialist can review the report with interested stakeholders to ensure proper interpretation of the trend data and comparison with provincial information.

#### *Resident Experience*

Riverside Glen uses the InterRai Resident Quality of Life tool to measure the experience of residents. These surveys are completed three months after admission and annually on residents who are cognitively able to participate. Interviews are completed by staff members who are not involved in the direct care of the respective residents to ensure objectivity. Analysis is done in-house, and benchmarks are not available, making it difficult to comment on the level of performance. Commendably, results from the resident evaluation are available the organizational level and drilled down to neighborhood level to enable action planning. 2013 results are illustrated in Appendix D. 77.3% of 66 long term care resident participants of Riverside Glen would recommend organization to others.

#### *Family Experience*

Schlegel Villages does not use a structured family experience survey to evaluate the perspectives of family members.

#### *Incident Reports*

Incident report trends to illustrate patient safety performance in areas such as medication errors, infection control, falls, etc. are tracked and actioned.



### *Staff Engagement*

Staff engagement scores are available for 2013, using an internal survey used by the organization. Overall staff engagement score for Riverside Glen = 77% which is deemed to be neutral level performance against the Schlegel score of 81%.

### *Issues Management*

Riverside Glen has good structures and processes to address concerns and issues at unit and program level. Neighborhood coordinator roles have been instituted to ensure responsiveness at the point of care level. Shared governance mechanisms such as the village advisory committee are in place. There are good escalation procedures and systems, including tracking system to log concerns. The action logs illustrate that concerns are documented consistently; however, the closure date and customer service/satisfaction is not always documented. Focus group and interview participants shared further information about the process which will be highlighted in the section below.

### *Focus Group and Interviews*

The review was communicated in a variety of forums and opportunities were provided in the day and evening times to solicit participation. A group of slightly more than 30 resident and family participants provided input with consistent themes.

Data obtained from the interviews and focus groups from the participants are organized into themes. These themes are presented below as findings of the review:

#### *Vision*

Participants were appraised that from the reviewer's perspective, the incorporation of primary care within a seniors care continuum and the intergenerational approach afforded by the living classroom were consistent with best practices in seniors care, and that such models exist within Ontario and across the world.

Participants relayed that there is a lack of congruence between the residents/families and the organization regarding the Schlegel vision of integration of education/research and elements such as primary care and intergenerational approaches. They wanted to clearly understand the rationale for the social vs. clinical model of care and the advantages on integrating academic missions into the organization, in terms of well-being of constituents being served by the facility.

Some participants did not have difficulty with the vision itself; however, they expressed concerns about how the vision was being executed at Riverside Glen. In particular, they emphasized that the integration of entities such as the primary health centre and classrooms have to directly benefit the quality of life of the residents, and have to respect the privacy and spaces of residents and families. Participants relayed that such entities would be accepted by constituents if they were embedded in adjacent spaces (outside the long term care facility itself) and not in embedded spaces that are the home of the resident. They relayed that current health care centre and classroom had no benefit to the current residents and future aspirations about their benefits did not hold any meaning for them. All participants relayed that the concerns were triggered mostly by the current location of the health centre adjacent to the neighborhood which was home to the residents.

#### *Front-line care*

All participants commented that a majority of the front-line staff were to be commended on their professionalism and compassion. They were able to relay exemplars of staff who demonstrated resident and family centered care, and who made a significant and positive difference to the lives of residents. Overall, participants desired more front-line staffing positions, though they recognized that the issue was common to the whole long term care sector. The importance of staff retention was highlighted, and the efforts of “consistent and exemplary” front line staff (particularly PSWs) were emphasized. Participants expressed concern about the lack of consistency in care, owing to recent recruitment and retention challenges, high use of agency staff, and coverage for the evening and weekend shifts.

#### *Leadership*

Most participants relayed appreciation for the on-site Village leadership team but perceived that the team lacked power and authority. They felt that decision-making was driven from the corporate level and relayed a lack of trust between the residents/families (and the respective councils) and the leadership team.

Participants expressed concerns that there were “too many chiefs” and the layers of management in the organization. Participants conveyed a need to streamline the management structure in favor of more front-line staff. They perceived that the layers created a milieu of concerns not being dealt with and a perception of “passing the buck.” Participants relayed a perception of variable approaches to issues resolution between units, and tendency for more reactive vs. proactive approach, and that there were often disagreements about solutions reached. A small number of participants relayed that they had stopped

communicating with leaders of the organization, and would not bring concerns to their attention. Instead, their preference was to escalate the concerns directly to the Ministry of Health and Long Term Care or to Public Health, as this would inevitably trigger an inspection visit, and their concerns would surely be dealt with through these processes.

All participants relayed that over the past months, the attention of the leadership team and the entire organization had been devoted to issues surrounding the health centre. Some family participants stated that they had stopped attending resident/family council meeting due to the domination of the health centre and classroom on the agenda, leaving little room for their specific concerns.

### *Health Centre*

Participants expressed that the current functions of the health centre were inconsistent with the promises made about the value and benefit of the service provisions to the residents at Riverside Glen, and stated that these entities were operating “illegally” under the zoning rules for long term care.

The location of the centre was considered to be the biggest issue that had to be addressed vis. a vis. perceived concerns about infection control risk, privacy infringement, zoning rules and infringement of resident spaces such as common areas and parking.

Participants were very concerned about the fact that the centre currently resided in the “living room” of residents, referring to the location of the centre directly outside the neighborhood of residents. They relayed that concerns about the privacy breaches related to the location (“strangers can see my mother’s deterioration”).

Participants relayed that the centre was not benefiting any resident of long term care as had been envisioned. Instead, the centre was serving members of the public everyday who walked into the “home of my loved one” with illnesses creating risk for the residents of Riverside Glen.

Participants expressed concern for the violation of rights of residents in long term care – citing multiple examples of constraints created in the common spaces such as meeting rooms and parking areas.

Participants expressed that “rules were being bent” (zoning, outbreaks, etc.) to accommodate the power of the owner/operator in the community. They stated that they would persist in their advocacy to fulfill their civic obligations to residents of today and tomorrow.

There was a clear lack of congruence between the leadership team and other resident/family participants about the communication regarding the health centre.

Leadership team relayed that the current location had always been earmarked for a health centre, and this communication was clear in the planning documents of the organization, and in subsequent communication with the stakeholders. They strongly expressed that no rules were being broken as these functions had been carved out of the additional space (over and above the spaces required by long term care building rules), and consistent with best practices in seniors care.

Resident and Family participants expressed that the communication about the centre was handled poorly, and that opportunities to de-escalate the concerns were not orchestrated in a timely way. While they had understood that the location had been earmarked for a health centre, their recollection was that that such a centre would house functions that would benefit the residents of the Riverside Glen (such as physical therapy and massage services), and house offices for the attending physicians of long term care. They felt that they had not been consulted about the current functionality of the centre and that they had been misled by management as to the intent of the space. They felt that no one had genuinely tried to understand their deep despair and concern.

### *Living Classroom*

The perceived lack of consultation about the evolution of the basement space into a satellite campus, accompanied impact of the increased student volumes on space (mostly parking), and violation of zoning rules were the three most common concerns expressed about the presence of the living classroom.

Participants stated that they favored the inclusion of students as an ancillary activity, and that the evolution of the student space into a satellite campus of Conestoga College had not been discussed with them.

There was a lack of congruence between management and other participants regarding communication about the living classroom. Management team members shared a chronology of communication with constituents about the Living classroom while resident/family participants relayed lack of consultation, and surprise at the evolution of the student activity into a satellite campus in the basement.

Some participants expressed that the Health Centre was the lightning rod, and that the living classroom matters had been “tagged” to the main issue to relay the concerns of the constituents.

### *Path Forward*

Commendably, all participants expressed a desire to resolve the current conflict for the sake of the residents being served. They recognized that too much time had passed and the issues related to the health centre and classroom were draining time and energy, and causing hardship for all concerned.

All participants recognized that the path forward had to start with re-kindling of trust between the concerned resident/families (including the councils) and the leadership team.

When participants were asked about what steps needed to be instituted to re-build the fractured relationships and to find a path forward, they forwarded the following thoughts:

- Owners should meet with affected parties and apologies should be rendered;
- Application for zoning change should be withdrawn; the facility should operate under existing rules/regulations;
- Vision/desire for long term care should be co-created with residents/families;
- The health centre should move into an adjacent space and the current spaces should be re-purposed to functionalities that benefit the residents;
- The living classroom should be moved into an adjacent space and student activity should continue as an ancillary activity;
- The on-site leadership team should be streamlined and be given the requisite level of accountability and authority to make decisions and address concerns;
- Staffing levels need to be enhanced at the front-line; attention needs to be given to consistency in care, with a particular emphasis on evening and weekend staffing;
- Engagement of residents and families in shaping decisions needs to be enhanced.

## **Recommendations**

The following recommendations are forwarded for consideration in relation to the specific questions posed for the review.

The recommendations do not address the decision that the city will make regarding the presence of the health centre and the living classroom related to the pending zoning application.

The thrust of the recommendations are focused on finding the go-forward path that is predicated on re-kindling trust and collaborative relationship between resident/families (and respective councils) and the leadership team.

It would be advisable to include functionalities in this space that will directly benefit the residents of Riverside Glen today, and to ensure that the common and parking space impacts are dealt with to prioritize the needs of residents and families. To fulfill this expectation, the organization may want to consider the following:

1. In order to coalesce the vision of long term care between residents/families and management, and to imagine the art of the possible, the organization should appraise residents and families of selected senior care continuums that have integrated primary care and academic mandates. Virtual visits to global best practices should be considered and best ways to incorporate these practices at Riverside Glen should be crafted.
2. To address the expectations of residents and families to have service provisions that will benefit the residents of Riverside Glen today, the organization should consider incorporation of additional entities into the health centre that will directly benefit the residents of Riverside Glen (e.g. medical consultation clinics, chiropody, and dentistry). Although some participants do not wish to have any external constituents served in this space, it is the reviewers perspective that aspects of such service provisions will need to be opened up to members of the public to ensure business viability of these entities. In order that the stakeholders can support this notion, the public members served by these additional entities may need to be limited to the seniors' population so that there is alignment with the population being served at Riverside Glen.

3. In order to ensure the benefit of the centre to the residents at Riverside Glen, the organization should consider delineating a role of the existing physician to support residents of Riverside Glen. Such a role should be mutually determined with the residents and families. For example, the current physician's time can be sequestered to support the functions of assessment and triage for residents who have a clinical deterioration before decision is made to transfer the resident to acute care. Inclusion of nurse practitioners in this space can augment the time of the physician to fulfil the goal of preventing or reducing acute care transfers.
4. The organization is commended for soliciting a number of reviews to deal with space. Quick action is needed to develop coherent principles and solution regarding common spaces and parking that prioritizes the needs of resident and families/visitors.

Developing a go-forward path that is predicated on a culture of trust and collaboration will require coherent leadership and robust communication and engagement approaches. The following recommendations are offered to strengthen these elements:

5. The organization should enhance actions to ensure visibility of leaders at all levels, and ensure leaders have accountability to carry out decisions for their level. Concerns should be addressed by the leader to whom the concern is brought; this point person should orchestrate the appropriate staff and leaders who need to create the solution.
6. The organization should deepen its approaches for proactive engagement (nothing about me without me) philosophy with a coherent set of principles that everyone can support, developed in collaboration with residents, families and staff. Such principles should first and foremost respect the rights of residents in their "homes".
7. Families are an integral constituent that have a significant role in shaping the quality of life of their loved ones. To this end, the organization should consider instituting structured ways of evaluating family experience on timely basis, including annual surveys.
8. The participants convey high energy and desire involvement in shaping decisions. The organization should consider channeling this energy in activities that create benefit for the residents being served. Residents/families should be actively engaged in the quality improvement and innovation activities of the organization.

9. The family council has been actively involved in advocacy efforts to address the concerns about the health centre and classroom. The council should re-balance its agenda to re-engage family members who have different priorities and concerns.

## **Conclusion**

Sincere gratitude is extended to all the participants for their valuable input. The passion and desire for change is palpable amongst all stakeholders.

The organization is to be commended on its robust approach to quality and safety; there are no systematic gaps in quality/safety approaches.

The organizations vision for seniors care is consistent with best and next practice; however, it is not shared by the constituents being served. The issue is not as much about the “what” but “how” the innovations are being introduced.

The current conflicts stem from two main places – incongruence between what was promised and what is, and the perceived dispossession of resident rights and spaces in their own homes.

There are common and consistent themes about quality of care and resident/family engagement as highlighted in the results. The key opportunity lies in re-building trust and engagement with residents and families and demonstrating value of innovations for residents today.