

January 6, 2005

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Ms. Shelley Mabbott
Chair
Carewest
1070 McDougall Road NE
Calgary AB T2E 7Z2

Dear Mr. Tuer and Ms. Mabbott:

**RE: Carewest Dr. Vernon Fanning Centre, CALGARY
Routine Visit – October 19, 20 and 21, 2004**

A routine visit to the Carewest Dr. Vernon Fanning Centre was conducted by members of the Health Facilities Review Committee in October 2004. A summary of their observations and findings has been attached for your review. The following are **recommendations** for your attention:

- 1. Continue to encourage and promote participation in the Resident and Family Councils, and in program/unit-based meetings with families and residents, and ensure that the concerns put forth by these groups are addressed and corrected.**
- 2. Ensure that lifts are kept in good working order and that there are sufficient lifts available so that resident care and safety are not jeopardized.**
- 3. Investigate ways to increase rehabilitation services to improve care and quality of life for residents in Unit 3W and the Enabling Quality of Living Program, without affecting services provided to other units in the facility.**
- 4. Take necessary action to address the issues put forth by the group meeting of residents, family members/friends with visiting members at the time of the routine review.**
- 5. For the benefit of residents and their families, ensure that each resident's personal laundry is properly labelled, put in bags separately from facility laundry, and returned to the resident after cleaning to reduce the number of missing clothing items.**
- 6. For the safety of residents and staff, take steps to address the issue of vehicle exhaust fumes entering the building through the fresh air intake system in the lower level of the facility.**

7. Review the need for more social work consultation, and ensure that clients' and residents' needs are being met.

Your reply to these recommendations is important to us. We would appreciate your response by **March 31, 2005** indicating what measures you have undertaken to address the recommendations and the results either expected or achieved.

During the course of this visit, the members were pleased that significant positive changes had been made and new initiatives had been implemented since the Committee's last routine visit in April 2002. These changes are highlighted in the attached summary. The members were especially impressed with the overall manner in which this facility copes with and provides treatment to a very diverse population of residents, including long-term care, sub-acute and transition services. It is our sincere hope that efforts will be made to improve communication and follow-up with residents and family members on concerns and issues identified at the time of this routine review.

In closing, I wish to thank the residents, family members, visitors, administration and all staff members who participated in this review.

On behalf of the Health Facilities Review Committee, please accept our appreciation for the provision of quality care to the residents of the Carewest Dr. Vernon Fanning Centre. The Committee asks that you share this report with all staff members.

Thank you. We look forward to your response.

Sincerely,



Leonard Mitzel, MLA
Chair

Attachment

c.c. Honourable Iris Evans
Minister of Health and Wellness

Ms. Paddy Meade
Deputy Minister, Health and Wellness

Mr. Jack Davis
President and Chief Executive Officer
Calgary Health Authority

Executive Director
Carewest

Site Leader
Carewest Dr. Vernon Fanning Centre

ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

ROUTINE VISIT - SUMMARY OF FINDINGS

Carewest Dr. Vernon Fanning Centre, Calgary

Dates of Visit: October 19, 20 and 21, 2004

PEOPLE INTERVIEWED:

- 103 Residents
- 22 Family Members/Visitors
- Site leader
- Unit Leader, Regional Community Transition Program
- 2 Program Leaders, EQUAL Program
- Pharmacist, Team Leader Pharmacy
- Non-Clinical Educator
- Clinical Educator
- Occupational Therapist
- Program Leader, Neurological Rehabilitation
- Seating Technologist
- Activity Convener
- Recreation Therapist, Young Adult Day Support Program
- Recreation Therapy Assistant, Woodworking
- Team Leader, Food Services and Carewest Commissary
- Coordinator, Infection Prevention and Control
- Maintenance Facility Leader
- Team Leader, Physical Plant Services
- Housekeeping Staff Member
- Personal Laundry Staff Member
- Social Worker
- Director/Clinical Social Worker, Huntington Society of Canada
- Program Leader, Community Services and Liaison
- Other Staff Members

INITIATIVES/CHANGES SINCE THE LAST VISIT IN APRIL 2002:

Follow-up actions taken on recommendations from the last visit:

- Visiting members noted that the recommendations from the previous visit have all been addressed. The rotary oven in the commissary is cleaned on a daily basis. The biomedical waste refrigerator is kept locked at all times. The preventative maintenance program is being kept up-to-date. Steps to improve security have been taken. Portable fire extinguishers are being inspected on a monthly basis, with inspections recorded on the attached tags.

Notable changes to the facility/building or equipment since the last visit:

- As part of a total replacement program, additional electric beds have been purchased and it is expected that all manual beds will be replaced within two years. New tubs and floor lifts have been acquired, and to establish an organization standard for ceiling lifts and medication carts, trials of various alternatives are almost complete. A number of units and dining rooms have been redecorated, and furniture and window coverings have been replaced.
- Two accessible computer workstations for the residents and their families have been installed in the common area on the main floor.
- The Resident Council is very active; however, the facility has not experienced the same level of success with the Family Council and continues to pursue initiatives that would increase interest and attendance. (See Recommendation # 1)

Program changes/improvements since the last visit:

- In partnership with the Canadian Mental Health Association and the regional health authority, the facility is participating in the Under 65 Mental Health Project.

1.0 RESIDENT CARE:

- When visiting members visited with residents in their room or in a common area, the following comments were heard:
 - "Good staff."
 - "No problem with food."
 - "I like working with wood, so enjoy the woodworking shop."
 - "Have a problem with theft of money and clothing."
 - "This is a great place."
 - "They have really helped me."
 - "The occupational therapist helped get me the right chair, which is really appreciated."
 - "I had money stolen so had to change the lock on the dresser."
 - "There is no sense going to unit leader with problems because he won't do anything."
 - "I don't get enough to eat. They won't give me seconds."
 - "They take the food away quickly, and don't give me time to eat."
 - "Food is always covered in a sauce or gravy so it all tastes the same."
 - "I had money stolen from my room."
 - "I had a watch stolen."
- One visiting member attended a Resident Council meeting with the site leader. At the meeting, the matter of lifts was discussed. It was pointed out to the site leader that the lifts, particularly on the red pod, do not work, and when one is required, the staff

must get one from the blue pod. This creates a problem for both the staff and the resident waiting for assistance. The site leader advised that they are undertaking a study of various track configurations to see which lift works best, and also stated they hope to have ceiling lifts installed in all residents' rooms in five years. The facility will begin this project in 2005. Until this project is completed, it will be necessary to keep the present lifts in working order. The residents pointed out to the site leader that they feel the staff are getting burnt out from having to look for a lift that is working, and in the meantime, the resident must remain in whatever position they are in until a working lift is located. Although the residents felt the ceiling lifts would be a great asset, it was openly stated that they could not continue under the present circumstances for the next five years. The site leader advised that he will review the lift situation and will do an audit to see what is needed. He felt that it might be necessary to purchase additional lifts for use over the next five years. (See **Recommendation # 2**)

- During the Resident Council meeting, the site leader advised that he had to leave the meeting, but encouraged the residents to openly discuss any problems they had with the visiting member. Members of the Resident Council requested a meeting with all of the visiting members to discuss a wide variety of concerns and indicated that a number of other residents and their family/friends would also like to attend such a meeting. A meeting was scheduled for the afternoon of the final day of the visit and a summary of that meeting is provided later in this section of the report under "Other".
- The 49-bed Regional Community Transition Program is located on Unit 2 West, and functions as a sub-acute care unit for residents awaiting transfers back into their own home with in-home support, or to a designated assisted living or long-term care facility. Visiting members were told that the average length of stay on the unit is currently 40 days with about 20 to 40 percent of clients returning directly to their own home.
- The Regional Community Transition Program residents have their own dining area with feeding assistance provided by nursing assistants and food service staff. Residents can make use of the supervised kitchenette for between-meal snacking. Only one of the residents requires a WanderGuard bracelet, and all of the residents are provided with social work consultation, physiotherapy and occupational therapy services. Alberta Mental Health staff visit this unit every Wednesday morning to deal with referrals only. All residents, family and friends interviewed expressed satisfaction with the quality of care and food services, and residents stated they especially appreciated the therapy they were receiving to prepare them for their ultimate transfer out of the facility.
- Units 1E, 1W and 3E, each with 49 beds, are part of the Enabling Quality of Living (EQUAL) program which is designed to provide continuing care to residents between the ages of 18 and 65 who are cognitively aware and who do not require psychiatric services or a secure environment. This somewhat younger population has a greater

need for rehabilitation services and each unit shares a social worker, physiotherapist, occupational therapist and 1.5 FTE activity convener. There is one therapy assistant assigned to each unit. Interviews of the residents in the Enabling Quality of Living program disclosed a wide variety of opinions as to the quality of care being provided and there appeared to be pockets of discontent, but no specific complaint could be identified.

- Visiting members met with the Director of the Huntington Society of Canada whose office is located at the facility. Visiting members were advised that the 11 residents in the facility with Huntington Disease are receiving good care from staff who have been trained to deal with the debilitating effects of the disease. Visiting members were advised that it is important that there is consistency in staffing and that there be a philosophy of tolerance towards those with Huntington Disease as they can display radical changes in memory, mood and mobility. Visiting members were also told that there needs to be a greater level of occupational, recreation and physical therapy services made available. (See Recommendation # 3)

Unit 2E:

- Unit 2E of the facility is essentially operated and funded as an acute care facility, which is unlike other units at the Dr. Vernon Fanning Centre. Therefore, there is a much higher level of care provided to clients on this unit. The unit has 49 beds, and provides neurological rehabilitation to a variety of patients who have had a stroke, have multiple sclerosis or spinal cord injuries. Visiting members were advised that 60 to 70 percent of the patients return to the community, with the remainder going to long-term care or assisted living facilities after treatment.
- Almost all patients on this unit are admitted from acute care facilities with a variety of care issues, including cognitive, speech, eating/swallowing and a variety of physical and mental disabilities. Staff in Unit 2E provide care for those clients that no longer need acute care, but need a significant level of rehabilitation and nursing care before going back into the community or to long-term care or assisted living facilities.
- Caregivers on this unit use a team approach to patient care, with housekeeping and dietary staff considered an important part of the care team. Visiting members observed that this was the case and spoke with staff from all areas who also confirmed this. Monthly unit meetings are held with all staff, quarterly meetings are held with therapy staff, and monthly meetings are held with nursing staff.
- Visiting members were advised that 80 to 85 percent of the clients receive a very high level of rehabilitation services, with most receiving daily rehabilitation therapy. The goal is to discharge these clients within 90 days, although there are some longer term clients on the unit.

- Staff stated that falls and fractures are not frequent on this unit, with less than 10 incidents over the past four years. It is a rehabilitation unit, so clients are encouraged to do as much as they can, which can lead to falls. Incident reports are filed in for all falls that occur. Staff on Unit 2E provide increased toileting at night so that patients have less need to get up during the night, thus reducing the probability of falls.
- Skin breakdowns are not a significant issue on Unit 2E, as most clients are mobile and not laying in bed. The unit has a nurse specifically trained in wound care. As well, two additional nurses are being trained in wound care, and the physiotherapists and occupational therapists are trained in this area.
- No physical or chemical restraints are used on this unit, except as a last resort, which is infrequent. Visiting members did not observe any clients being restrained. Sleeping medications are not encouraged because of the negative effect they can have on rehabilitation.
- Staff stated that dehydration is monitored carefully given that a number of clients have swallowing issues and they have to drink thickened liquids.
- Visiting members observed that clients seemed well cared for, were well groomed and had positive comments about their treatment and care. Most clients were able to get around unassisted, although a number of clients require feeding assistance.
- All clients eat in the dining room. Visiting members observed the dining room and spoke with a number of clients who indicated that the food was satisfactory. Visiting members also observed that the food was hot and there was adequate help for those who needed help eating.
- Clients are bathed once per week, and can be bathed more frequently by family members or friends if so desired by the client. Visiting members did not hear any negative comments about the frequency of bathing.
- The unit was very clean in both the rooms and the common area. Visiting members spoke with cleaning staff who were very friendly and very helpful to the clients and had a very high sense of pride in their work.
- One of the clients indicated that one nurse was very gruff, but this was the exception based on discussions with clients and observations made by visiting members.
- Based on visiting members' meetings with the Resident Council, it would appear that many of the issues on the other units at the Dr. Vernon Fanning Centre are not present in Unit 2E.

Other:

During the initial meeting with the site leader, visiting members were made aware of changes and improvements to the facility and its programs. When asked who visiting members should interview relative to the Resident Council, the site leader advised that he would be the administration representative at the following day's meeting of the council and invited one of the members to attend that meeting. As indicated earlier in Resident Care, the administrator could not stay for all of the Resident Council meeting, and after his departure, the council members in attendance requested a separate meeting with all of the visiting members. That meeting took place after lunch on the last day of the routine review. There were approximately 12 residents and/or family members present. A number of issues were put forward by all of those in attendance. In summary, those issues were:

- **Staff Breaks:** Very often residents' needs are neglected or delayed because staff are on a break or are told to wait until after the break. Staff appear to go on breaks at the same time, at times leaving no one on the unit to look after residents.
- **Food Service:** Meal service is often rushed, and food is cold, unappetizing and repetitious. Residents indicated that residents who need assistance are told they will have to wait for staff to return from their lunchtime breaks to obtain necessary assistance.
- **Theft or loss of personal jewellery, clothing and money.** Several residents from different units indicated they have been victims of theft of money or other items. Several residents also stated that personal laundry often gets mixed with facility laundry and several items have never been returned. They stated they cannot afford to keep losing clothes.
- **Personal care:** Residents indicated they often have to wait a long time for their call bells to be answered. Occupational therapy services are lacking as some residents indicated they had to wait a very long time to obtain wheelchairs or other equipment or to have splints made and/or adjusted. Residents are left in soiled clothing for long periods of time and are not checked often enough for incontinence. Some residents indicated they prefer to stay in their soiled clothing, otherwise they are returned to bed for the rest of the day. There is insufficient skin care and grooming. Nursing assistants are too busy and don't seem to care.
- **Confidentiality:** Staff openly talk to each other in front of residents and in public places about other residents' personal medical information and other staff.
- **Intimidation:** When residents voice concerns/complaints or when they report they are soiled and need to be changed, they are returned to bed for the rest of the day. Their call bells are put out of reach and are not responded to. Residents are left in soiled clothing. Some residents stated they are treated roughly during bathing/toileting.

Staff make residents feel like they are really bothering them when residents ask for assistance.

- Physical and mental abuse/neglect: Cigarettes are used by staff to control residents. Inappropriate comments made publicly about overweight condition. A resident was slapped on the head by a nurse's assistant. Fear of retaliation was a significant issue identified by those present at the meeting.
- Complaints resolution process: Staff don't take resident concerns seriously, and members of the administrative staff are unapproachable and do not follow-up on identified concerns. A specific individual was identified by name.

All of the above points were brought to the attention of the site leader prior to the wrap-up of the review, and visiting members were assured that they would be looked into. Visiting members were most concerned that the fear of retaliation for speaking out and also the reluctance of many residents to bring issues to the attention of some members of the administration demonstrates the need for improved and more responsive communication between residents and staff, and a plan to address the trust issue between residents and staff and administration. Both the site leader, and the visiting member who interviewed the resident that witnessed the incident where the resident was slapped subsequently reported the incident of alleged physical abuse to Protection for Persons in Care. (See Recommendation # 4)

2.0 MEDICATION ADMINISTRATION/DISTRIBUTION:

- With the exception of Nickle House, all pharmacy services are provided through the centralized Carewest pharmacy located at this facility. Visiting members toured the pharmacy and reviewed the process controls and security procedures.
- Resident care team leaders advised visiting members that both registered nurses and licensed practical nurses have been certified to administer medications. Visiting members observed the administration and charting of medications throughout the facility and found that proper procedures are being followed, and that medication administration records include current photo identification for all residents.
- Nursing staff indicated that medication orders are reviewed every 90 days by both the pharmacist and a physician. Chemical restraints are only used on direction from a physician after consultation with the Alberta Mental Health Association.
- Visiting members observed that medications on each of the units are safely stored. Staff stated that the locks on the doors to the medication rooms are changed regularly.
- The team leader for pharmacy is a member of the regional therapeutic pharmacy committee.

3.0 STAFF:

- For the most part, the morale and attitude of the staff throughout the facility appeared to be good. The majority of staff interviewed stated they like working at the facility, although some of them mentioned they were “run off their feet”. Staff morale on Unit 2E in particular appeared to be very good. However, during some resident interviews on the other units, some of the residents’ responses appeared to be guarded particularly when care staff were present in the area. Concerns expressed by residents in regards to certain staff members were shared with the site leader at the wrap-up meeting.
- The facility has two staff educators, one for clinical and one for non-clinical programs.
- Visiting members were advised that registered nurses receive five days of orientation on all shifts, and licensed practical nurses and personal care aides receive seven days. They then work with a learning guide (similar to the buddy system) for as long as is required.
- All personal care aides must have completed the personal care aide program prior to being hired.
- The learning guide working with all new employees keeps a skills record, and only after they are confident that the new staff member has the necessary training will they sign off the record and allow the new employee to work on their own. The educator is advised if the learning guide feels the new employee needs further training.
- Staff stated that students from Career Design do a two to three week practicum at the Dr. Vernon Fanning Centre.
- The educator advised that he frequently uses the Education Resource Centre for Continuing Care, but finds telehealth of limited use.
- A monthly education calendar is provided to all staff, which lists all courses available that month. Examples of courses provided are: Handling Stroke Residents, Fall Prevention, Lifestyle Choices, Personal Development, Dealing with Dementia, Staff Burn-out, and Dealing with Grief. Visiting members were advised that a course called How to Help Yourself is put on for clients. Additional courses on back care, food handling and lifting techniques are provided.
- The educator stated she feels the staff morale is still low, but is slowly improving. Some staff are resisting and some staff are looking forward to the facility moving to become a more sub-acute centre and the new challenges it will bring.

- The non-clinical educator deals with orientation of all staff on emergency responses, disaster codes, WHMIS, Protection for Persons in Care, etc. All staff participate in a two-day mandatory orientation on these issues.
- Visiting members were advised that 80 percent of the core working group have taken all the mandatory courses. The educator feels it is impossible to reach 100 percent of staff due to shifts, rotation, holidays, illness and injuries. She keeps track of who has taken the mandatory updates, and if a staff member misses one year, the educator ensures they take it the following year. Also, any staff who miss the class are provided with written material, and it is the staff's responsibility to read it.
- Staff spoken with stated that they find the education opportunities satisfactory, they like working at this facility, and find Carewest to be a good employer.
- Visiting members were advised that the Dr. Vernon Fanning Centre is undertaking a significant reorganization, which will place unit leaders on each unit. At the time of the routine visit, there was a program manager on each unit who had responsibility for the unit, as well as other facility and regional responsibilities. This change places a person in charge of the unit, who will actually be on the unit and who will be more active in patient care as well as liaising with other caregivers, family, etc.

4.0 REHABILITATION:

4.1 Physiotherapy:

- Visiting members met with the occupational therapist, but were not able to meet with the physiotherapist due to time constraints. The occupational therapist works closely with the physiotherapist and provided information on her behalf.
- Visiting members observed and, based on discussions with caregivers and clients on Unit 2E, felt that physiotherapy professionals provide a satisfactory level of service to clients on Unit 2E.
- Residents in the Enabling Quality of Living (EQUAL) program and Unit 3W are served by one full-time physiotherapist, three full-time therapy assistants (one for each EQUAL unit), and one part-time therapy assistant for Unit 3W. This staffing level serves almost 200 clients who are considered full-time residents of the facility.
- There is no sharing of resources between the EQUAL program/Unit 3W and Unit 2E and the Regional Community Transition Program.
- A significant number of clients in the EQUAL program and Unit 3W are under the age of 65. Visiting members were advised that there is a significant

physiotherapy staff shortage. Staff advised that the younger residents often fall behind in their abilities because of lack of physiotherapy services. Younger patients who have a longer life expectancy and who want to do more are not receiving the resources they need to serve their needs.

- Most clients get only two half-hour physiotherapy sessions per week, addressing only basic needs such as stretching and range of motion exercises. Visiting members were advised that this is not adequate.
- Visiting members were advised that physiotherapy services for residents in the Enabling Quality of Living program and in Unit 3W are significantly under-resourced and rehabilitation staff have difficulty meeting the very basic needs of the clients/residents. This limits the clients'/residents' ability to achieve their full potential, and has a negative overall impact on patient care. (See **Recommendation # 3**)

4.2 Occupational Therapy:

- Visiting members met with the occupational therapist for the EQUAL program (Units 1E, 1W, 3E). Staff advised that all residents are under 65 years of age upon admission to these units, so many of the residents are aged between 18 and 65. The most significant population (about 40 percent) have multiple sclerosis. The remainder have Huntington Disease, traumatic brain injury or have had a stroke.
- There is one full-time occupational therapist and a 0.2 FTE therapy assistant for the EQUAL program, which supports approximately 150 residents.
- Staff advised that residents require a high level of therapy, and that the occupational therapy department is significantly under-resourced to provide this therapy. Most residents have progressive diseases, so they require more occupational therapy assessment and care as time goes on.
- Occupational therapy covers a number of critical areas, including wheelchair assessments, technical assessments for computer access, call bell assessments so that residents can reach their call bells, accessing resources in the community and other typical occupational therapy care. In many cases, the occupational therapist only has time to help residents with basic issues like being able to access their call bells.
- Occupational therapy staff are also actively involved in skin and wound care, and have become the mattress experts. This has also become a priority which further compounds the lack of resources for other services.

- Visiting members were advised by staff that the work with the residents is very rewarding; however, because of the lack of resources, they can only meet basic needs, and residents are missing out on care that could improve their condition and give them more options both in the facility and in the community. (See Recommendation # 3)

4.3 Recreational Therapy:

- The recreation therapist was not available to be interviewed; however, visiting members spoke with the activity convener.
- The recreational therapy area is staffed as follows: one full-time team leader, one full-time activity convener, one full-time activity convener for the EQUAL program and Lifestyles Choices program, and secretarial support staff.
- There are a number of activities that are available for residents and clients. Various entertainment groups come into the facility, and there are breakfast groups, bus outings, special functions, and enhanced dinners (special menus with entertainment).
- There are some activities, such as pottery and painting, where residents and clients are charged a fee. Visiting members observed the painting class, which was being taught by an instructor from the Alberta College of Art. Residents interviewed indicated this was a very fulfilling program and they enjoyed it. The craft cabin provides a great venue for craft activities.
- There are many activities, such as bingo, sing-alongs, and bowling tournaments that are held in the gym, which is a large, multi-function space.
- An on-site gift shop is run by volunteers.
- Staff advised that happy hour is held every Wednesday evening. Clients from Unit 2E are not allowed to participate in this function because of the negative impact alcohol can have on their conditions.

5.0 COMMUNITY INVOLVEMENT/COMMUNITY SUPPORT:

5.1 Pastoral Care:

- The person responsible for pastoral care was not available to be interviewed; however, visiting members spoke with the activity convener about pastoral care services. Visiting members were advised that the full range of pastoral services are provided in the facility to serve the needs of residents from all religious groups.

- A Catholic priest is located on-site.
- A separate chapel is available in the facility for religious services of all faiths. Also, the gym is set up for Catholic mass every Thursday. Protestant services are held once per month.
- Memorial services are held once every two months.
- Visiting members noted that it appeared that the pastoral needs of the residents/clients were being met.

5.2 Volunteer Support:

- Visiting members were advised that the facility has a volunteer coordinator to manage the approximately 320 active volunteers at the facility.
- All volunteers participate in a mandatory orientation and must undergo security screening. Special training is provided for those volunteers who work in specialty areas such as palliative care.
- Staff stated that the Lions Club is very active in the facility.
- Volunteers assist with bus trips, one-on-one visits, pet visits, hosts for day programs, shopping, etc. They also help with regular programs in the facility. It was noted that most residents don't have significant family involvement in their care, so volunteers are extremely important.
- Visiting members observed a number of activities where volunteers were participating, and it appears that volunteer support serves the needs of the clients/residents. Volunteers are to be commended for their dedication to the residents/clients at the facility.

6.0 DIETARY:

- Overall, visiting members obtained conflicting information about satisfaction with food services. Residents in some areas of the facility, such as Unit 2W and Unit 2E, appeared generally satisfied with food services. However, comments from residents on other units indicated dissatisfaction with the quality of the food provided and the quality of assistance at mealtimes.
- This facility's food service operation includes the central commissary for the preparation of about 60 percent of the entrée items for all nine of Carewest's long-term care facilities in Calgary. As such, approximately 1,100 meals are prepared daily including bakery products and soups. These items are placed in plastic packets, then into a blast freezer, and then into a holding freezer before daily delivery to the various sites. Standardized recipes are used and menus are prepared on a four-week

rotation, with semi-annual seasonal adjustments. There are also site-specific menus so that each facility can accommodate the special needs of their resident population. A chef's choice entrée luncheon is provided every two weeks.

- The commissary kitchen area is very large, well equipped and organized and appeared to be very clean. Visiting members were shown that the extensive cleaning schedule was followed and up-to-date. The controls around the freezer storage and order shipping operation ensure that each facility receives their meal products at the appropriate temperature.
- The separate kitchen area for the Dr. Vernon Fanning Centre was also inspected and observed to be very clean and well organized. Food products were stored in a safe manner in the coolers and dry storage areas.
- Visiting members were advised that all of the cooks are certified and the dietary staff have taken the Food Safe program. The kitchen rangehood fire suppression systems were noted to have been checked within the last six months. There were numerous handwashing stations located throughout the kitchen areas.
- The region carried out an annual resident and family satisfaction survey in 2003 and the facility has implemented a number of improvements to food services that were identified in the report. Every six weeks, the administrative staff does rounds throughout the facility, talking to residents and family members and observing the meal service. Summer students are also used to survey the residents. Visiting members were advised that Carewest dietitians encourage Heart Smart and high fibre menu items.
- Each of the units has their own dining rooms, which have recently been redecorated, and new tables and chairs have been acquired. Visiting members observed two meal services. Approximately 100 of the residents require staff assistance with feeding, and visiting members noted that the staff appeared to be caring and patient with the residents. The facility has a policy that staff will not clean up a table as long as there is a resident still eating.
- The facility has assigned specific staff (nutrition hosts) in each dining area to function as "Soup Queens", that go through the dining room serving hot soup from a soup wagon, or "Juice Princesses" delivering juice to the residents. The facility has an active hydration program and ensures that there are snacks and fresh fruit available in the kitchenettes on the units.
- Visiting members were told that because of the varied population of residents at this facility, a special effort is made to accommodate the food needs of both the younger residents and the older residents.

7.0 ENVIRONMENT:

7.1 Infection Control:

- The coordinator of infection control advised visiting members that the facility has an active infection control policy and program that is linked to the regional program with regular inservice training made available. The coordinator has input into standards of housekeeping, food service, etc.
- Visiting members were advised that medical wastes and sharps containers are located on each unit and are emptied regularly to avoid overfilling. Medical wastes are stored in closed containers, which are stored in a refrigerated and secure area.
- At the time of the visit, the facility was in the midst of their influenza immunization program. Visiting members were told that in excess of 90 percent of residents and 70 percent of staff had already been immunized.
- Staff advised that there have been no issues with antibiotic-resistant bacteria/organisms, and the facility tries to minimize the potential of an outbreak by ensuring that handwashing and safe bathing practices are emphasized to all residents and staff.

7.2 Maintenance:

- Visiting members were impressed with the overall appearance of the facility and the number of common areas, large spaces for special programs and maintenance rooms.
- The maintenance facility leader advised visiting members that client safety is the number one priority of his staff. He stated that he tries to make sure there are enough support staff in place at all times. As it is now mandatory by law to have the boilers checked every day of the week, staffing schedules and hours have been adjusted.
- The maintenance department staff consists of five people, and three must be at the facility Monday through Friday. The maintenance leader stated he finds that scheduling staff hours is difficult, particularly if any staff are off due to holidays, injuries, or are required at another Carewest facility.
- Visiting members were advised that a WanderGuard system is being installed in one unit on the first floor.
- The maintenance leader advised he feels it is important to maintain a comforting, cozy feeling in the building for the residents who live here.

- The facility has a preventative maintenance program in place, which is kept up-to-date. Only a small portion of the preventative maintenance program is computerized.
- When questioned about the condition of the lifts, visiting members were advised that there is a long wait for parts, as they now have to order through the Calgary Health Region. The maintenance staff are not provided with a catalogue of parts, so it can become quite time-consuming to find the exact piece needed. Any lifts that are still under warranty go back to the manufacturer, and it sometimes takes three days for them to be picked up and then several days to actually repair them and have them returned.

7.3 Housekeeping:

- Visiting members were advised that a housekeeping service survey was recently conducted, and family and residents rated the Dr. Vernon Fanning Centre housekeeping at 4.54 out of 5.
- The housekeeping schedule is posted and kept up-to-date. Housekeeping staff pick up incontinence wastes and sharps from the units, and these are stored in a locked storage room. They also pick up the laundry from the units and deliver it to the laundry area in the basement.
- Housekeeping staff advised that there are seldom any contagious outbreaks on the long-term care unit, but it does happen fairly often on the transition unit. When an outbreak occurs, infection control procedures are put into effect immediately.
- Housekeeping staff are tested every second year on handling workplace hazardous materials, and receive one day of training. The staff also attend the monthly emergency procedure exercises.
- Staff advised that the normal procedure is to clean three to five rooms using the same rags, and mops are changed every other day and are normally used to clean 23 to 25 rooms daily. Water used for mopping the floors is changed after cleaning three rooms.
- Housekeeping staff clean the kitchen floors and walls, but an outside contractor cleans the ranges and rangehoods, and the food service staff clean the tabletops, counters and food preparation areas.
- Housekeeping staff who were interviewed stated that Carewest is a good organization to work for, and they feel there is good teamwork amongst staff.

7.4 Laundry:

- Laundry equipment and space at the Carewest Dr. Vernon Fanning Centre are utilized to provide laundry services to all Carewest facilities and to five other facilities located in the Edmonton area. An outside firm is contracted to provide and manage laundry staff. The facility residents' personal laundry is retained to be handled in-house, with the facility linens being transferred to the contracted firm's main plant at another location for processing and returned to the Carewest Dr. Vernon Fanning Centre when completed. The contracted staff then arrange to have laundry sent back to the appropriate facility locations.
- Laundry staff advised visiting members that the care staff are to place the personal laundry in bags, and to note the name of the resident and the unit on which they reside, prior to sending the laundry to the laundry staff for labelling and washing. When a new resident is admitted, their personal clothing is sent to the laundry staff for labelling. However, a lot of the personal laundry arrives mixed in with the facility linen with no name identification.
- Visiting members were shown racks of clothing with no name identification and were advised that whenever possible, the laundry staff send a list to the care staff to see if they can identify the unit from which it came and ask that the residents be questioned to see if they can pick out what belongs to them. However, due to no response from the units, laundry personnel have discontinued this procedure, but keep the unidentified clothing for 90 days, after which it is boxed and sent to a homeless center or charity organization.
- Laundry staff pointed out some new clothing that they have had for over three weeks, and advised that a list of this clothing was sent to the units, but no one has ever come down to check on behalf of any resident.
- Laundry staff stated they would like to see care staff take more care in bagging the residents' clothing, and to make sure that personal items are not mixed in with the facility linen. If personal items are with the facility linen, which goes to the main plant, it could result in a three-week delay before the resident gets the clothes back.
- Visiting members discussed the laundry issue with management and informed them they would be making a recommendation concerning this matter. Lost items of clothing create additional costs and inconvenience for residents and their families, and a better system needs to be put in place to minimize loss of personal clothing. (See Recommendation # 5)

7.5 Safety/Security:

- The Dr. Vernon Fanning Centre has entered into a contract with Initial Security to provide security personnel from 8:00 p.m. to 8:00 a.m. The site leader spoke very highly of the service provided.
- The site leader advised that he feels security is everyone's responsibility and has held information sessions with residents, family members, volunteers and staff, and stressed that if any of them sees someone who is unfamiliar, to ask if they can help, and to be aware of anybody who looks suspicious and report them immediately.
- Calgary Health Region Protection Services hold an annual course on Personal Awareness Safety and Security. This course has also been held for residents.
- Calgary Health Region staff are called to investigate any reported thefts by staff and/or residents.
- Every six months, the facility conducts a security audit, which involves checking the schedule for the locking of the exterior doors at the facility, and by whom.
- Staff advised that a two-and-a-half day, full site security audit is being done. The audit will review security procedures, and review any losses they are made aware of. The site leader stressed this is being done as a proactive measure and not because they have had any problems.
- Security officers fill out a daily report sheet, which is reviewed first thing every morning. There is immediate follow-up on any noted issues.
- Security officers walk the staff on night/evening shifts to and from the building and their vehicles.
- There are four video recording cameras in the parkade, one each at the front and back doors of the building, and all cameras are linked to the front desk. The video recordings are kept for one month.
- All staff attend mandatory inservices on emergency response procedures and staff attendance is documented. All seven colour codes are reviewed.
- The local fire detachment assists in monthly fire drills. In September 2004, an extra exercise was held on evacuation using staff to test out a new sliding shield, wherein staff acting as residents were moved to another unit in the building.

- Staff stated that each work area has a manual on fire and disaster codes and procedures.
- The Health and Safety Committee checks the fire extinguishers monthly and fills out the inspection sheets. If any problems are encountered, they are reviewed with the supervisor for what action is to be taken. The Committee has a tracking system in place, and only when corrective action has been taken will the problem be removed from the list.
- Visiting members were advised that the kitchenettes and the smoking room have fire blankets. The smoking room has its own ventilation system.
- During an interview they conducted with the program leader of community services on the lower level of the facility, visiting members noted that there was a strong smell of vehicle exhaust entering the building, perhaps through the fresh air intake. This concern was brought to the attention of the site leader. (See Recommendation # 6)
- All stairwell doors are fitted with alarms and can only be opened using a security code. When a fire alarm goes off, the doors automatically unlock.
- The rear exterior doors are fitted with an electronic lockdown timer set for 6:00 p.m. After that time, they can only be opened with an electronic pass card.
- The security guard locks the front entrance manually at 10:00 p.m. An intercom at the front door is used for emergency entry.

8.0 ADDITIONAL PROGRAMS:

Community Services And Liaison:

- The program leader of community services and liaison was interviewed by visiting members.
- Community services and liaison provides the following services to clients who are not residents at the Dr. Vernon Fanning Centre: seating service, Young Adult Day Support program, woodworking shop, community use of resources, for example, the swimming pool, and a bathing program for members of the community. Clients for these services come from the community at large.

Seating Clinic:

- The seating service is a regional service with a 0.9 FTE occupational therapist, and a 0.9 FTE physiotherapist, dedicated solely to the seating service. The seating service

is contracted to the Calgary Health Region, and Alberta Aids to Daily Living dictate the standards.

- Residents attend the seating clinic and are assessed by both the occupational therapist and physiotherapist. The residents also spend time with the seating technologist to ensure that cushions and any extra requirements suit their needs.
- The seating technologist spends part of his time at the seating clinic, but conducts outreach clinics as well. He goes to other facilities to do assessments for clients that cannot come to the clinic, then goes back to do the fittings to ensure the wheelchair meets the client's needs.

Young Adult Day Support Program:

- The Young Adult Day Support program is directed at providing respite for clients living in the community. Clients are charged a fee of \$10.00 per day, for a six-hour day, which includes coffee and a meal. The program operates four days per week. The program has the capacity for 20 clients per day. There is a waiting list to access the program. Because of the younger age of the clients, openings do not become available very often. All clients must have a referral from Home Care, and once accepted, can stay in the program as long as they wish.
- The majority of the clients have experienced some form of stroke, brain injury or multiple sclerosis, and this program provides respite for caregivers.
- The Young Adult Day Support program is a daytime program for adults with chronic illnesses or physical disabilities, and offers social and leisure opportunities and access to health professionals for wellness information, support and education. The program provides consultations with occupational therapy, physical therapy, nursing and social work. The program provides fitness and exercise classes, mental aerobics, and friendly conversation, and provides the clients the opportunity to learn about disabilities and wellness.
- Recreational therapy is provided to clients of the Young Adult Day Support program, and clients are involved in a number of activities including games, cards, crafts, woodworking, etc.

Social Work:

- Social work services are provided to all units in the facility, except Unit 2E and 2W, by one social worker who divides 25.5 hours per week between the Dr. Vernon Fanning Centre and the Carewest George Boyack facility. Unit 2E has the resources of two social workers, and Unit 2W has one social worker.

- With the exception of units 2E and 2W, staff advised there are only enough social work services to scratch the surface of the needs in the facility, dealing mostly with financial issues, with no time to deal with other important personal and family issues, access to community programs, etc.
- More resources are needed to properly serve the clients/residents at the Dr. Vernon Fanning Centre, particularly given that most clients/residents are younger and require more services both within and outside the facility. (See Recommendation # 7)

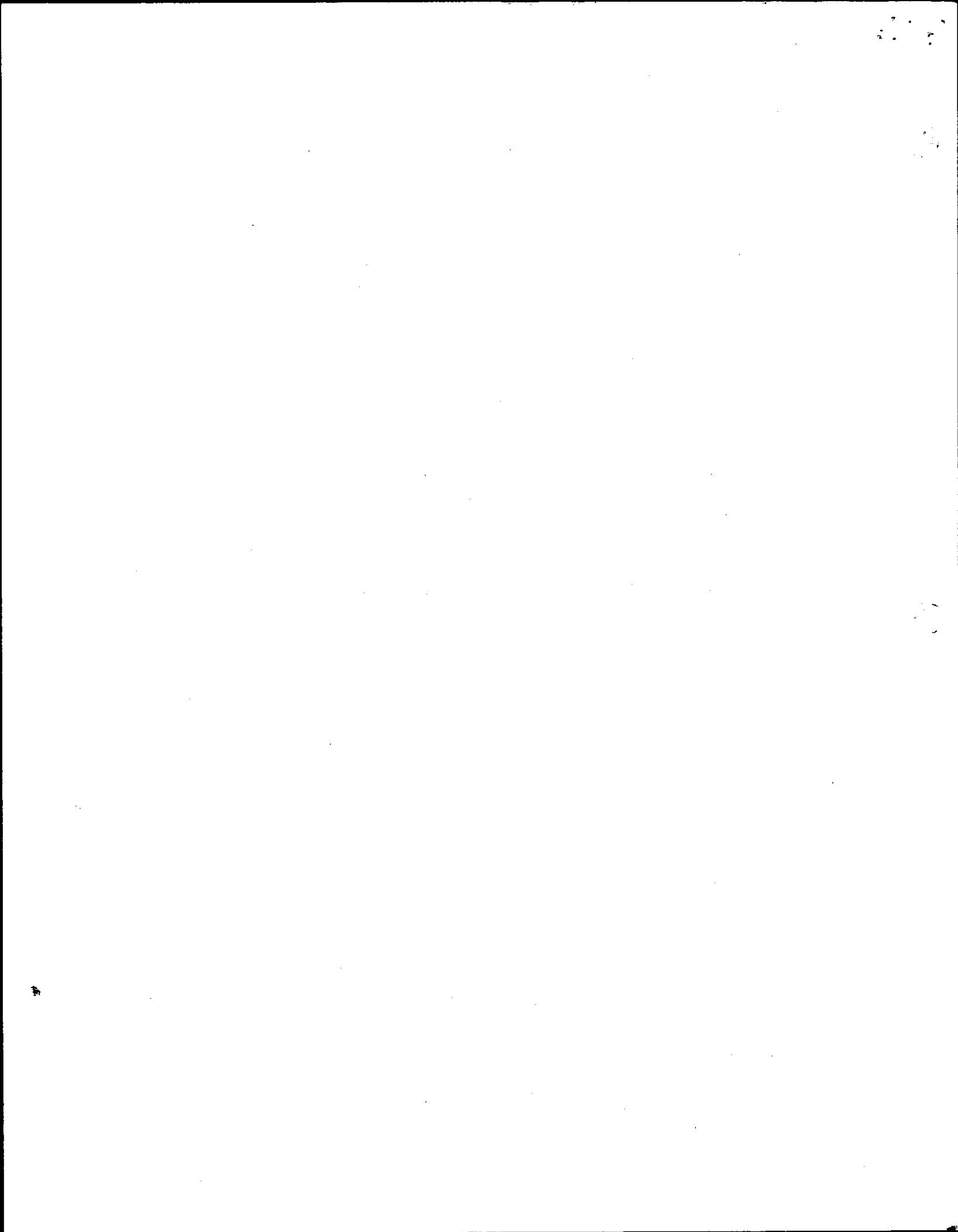
Woodworking Shop:

- A woodworking shop is held twice each day, three times per week. Staff spend the other two days working on cutting and preparing material for the clients. Six clients attend each session.
- Visiting members observed clients working on various projects, and all seemed to be very intent on their work and enjoying what they were doing.
- Clients are referred by the occupational therapist, who has assessed them as to interest, ability and needs. Some clients from the community are accepted upon referral. Staff feel that the woodworking shop provides physical, mental and social stimulation for the clients. Every Friday afternoon, a coffee social is held for everyone in the program, at which time the clients enjoy talking about the projects they are working on.
- All staff are trained in fire procedures.
- Staff advised that they are very thankful to have a well-stocked, large shop with the materials and machines required to provide these workshops for the clients.
- The woodworking room has a dust extraction system. A noise/dust audit is presently being done.
- Staff and clients advised visiting members that they are very happy with the shop and working conditions.

9.0 RECOMMENDATIONS:

- 1. Continue to encourage and promote participation in the Resident and Family Councils, and in program/unit-based meetings with families and residents, and ensure that the concerns put forth by these groups are addressed and corrected.**
- 2. Ensure that lifts are kept in good working order and that there are sufficient lifts available so that resident care and safety are not jeopardized.**

- 3. Investigate ways to increase rehabilitation services to improve care and quality of life for residents in Unit 3W and the Enabling Quality of Living Program, without affecting services provided to other units in the facility.**
- 4. Take necessary action to address the issues put forth by the group meeting of residents, family members/friends with visiting members at the time of the routine review.**
- 5. For the benefit of residents and their families, ensure that each resident's personal laundry is properly labelled, put in bags separately from facility laundry, and returned to the resident after cleaning to reduce the number of missing clothing items.**
- 6. For the safety of residents and staff, take steps to address the issue of vehicle exhaust fumes entering the building through the fresh air intake system in the lower level of the facility.**
- 7. Review the need for more social work consultation, and ensure that clients' and residents' needs are being met.**



2005, March 15th

Mr. Leonard Mitzel, MLA
Chair
Health Facilities Review Committee
250 Garneau Professional Centre
11044 - 82 Avenue N.W.
Edmonton, AB T6G 0T2

Dear Mr. Mitzel

Re: **Carewest Dr. Vernon Fanning Centre**
Routine Visit - October 19th, 20th and 21st, 2004

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Thank you for your correspondence of 2005, January 6th and the accompanying report and recommendations arising from the visit of members of the Health Facilities Review Committee which occurred on October 19 - 21, 2004. Please find below our response to each of the seven recommendations.

Recommendation #1

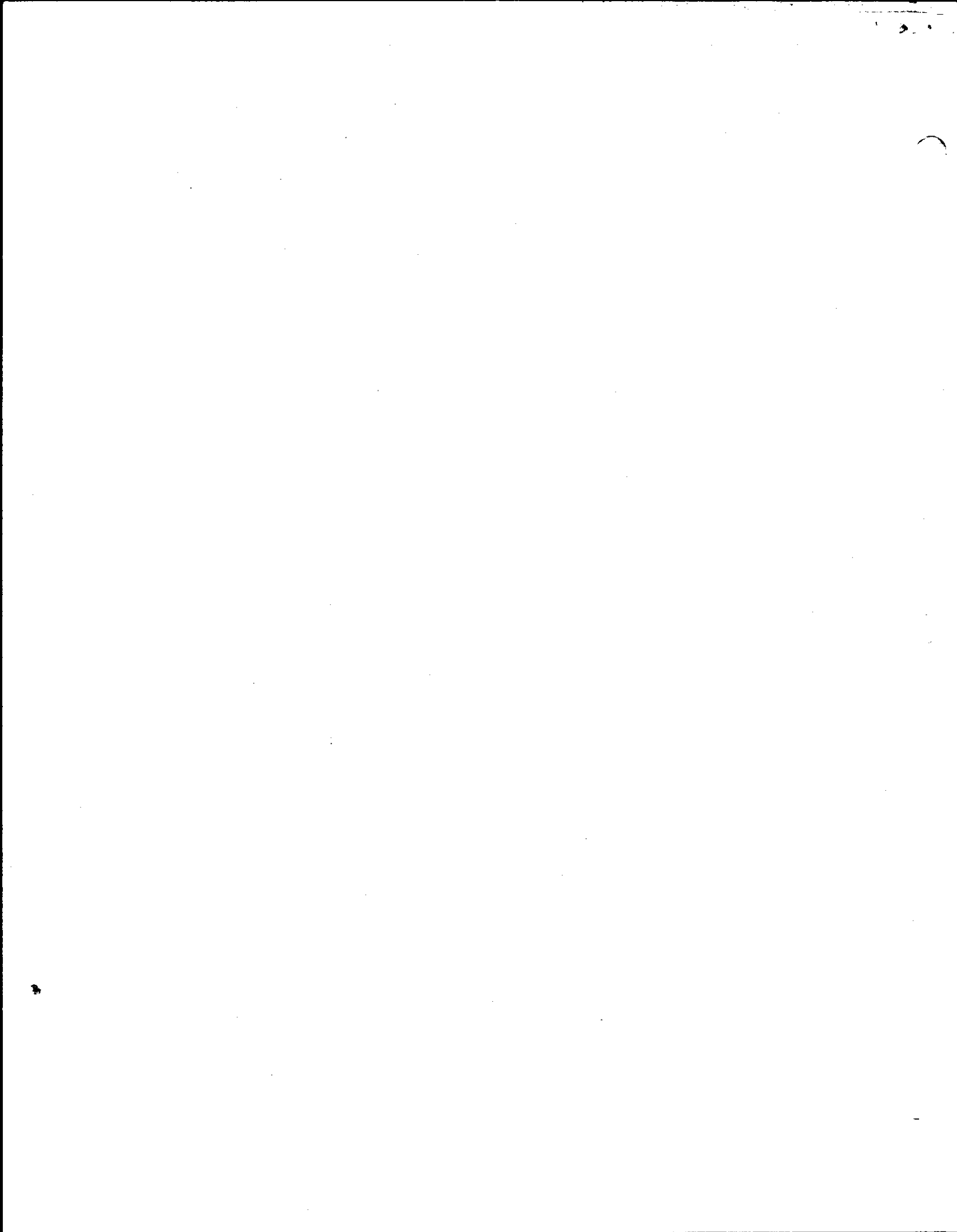
Continue to encourage and promote participation in the Resident and Family Councils, and in program/unit-based meetings with families and residents, and ensure that the concerns put forth by these groups are addressed and corrected.

Response:

As observed in the Report, "the Residents' Council is very active". The management team will continue to support and facilitate this activity level, and also engage Residents' Council in addressing the other recommendations in a collaborative manner.

Efforts at encouraging family involvement have been less successful. During the past two years alternative formats have been trialed with families in an effort to create a forum for family involvement. Firstly, a traditional resident council model of regular meetings led by a small group of interested family members was initiated. Participation was initially high but diminished and this format was disbanded after several months.

Continued....P2



Subsequently, meetings were scheduled with invited guests to speak about issues of interest to families. This too was discontinued after a short period due to low participation. Later in 2004, mailing the quarterly site newsletter to all families was commenced as a strategy to promote ongoing communication with families.

Unit based meetings have also been trialed, and at this time we are pursuing this approach as one that may be of more convenience or interest to families. Also, we are implementing a more systematic approach of one to one contact with families. This will include phone calls or meetings with all families at regular intervals to exchange information and determine if there are any concerns or matters requiring follow-up.

Finally, on the Neuro Rehab program a more structured process of connecting with families at the time of admission is being implemented – this will involve the Client Service Leader meeting individually with each family upon admission and reviewing a consistent information package.

Recommendation #2

Ensure that lifts are kept in good working order and that there are sufficient lifts available so that resident care and safety are not jeopardized.

Response:

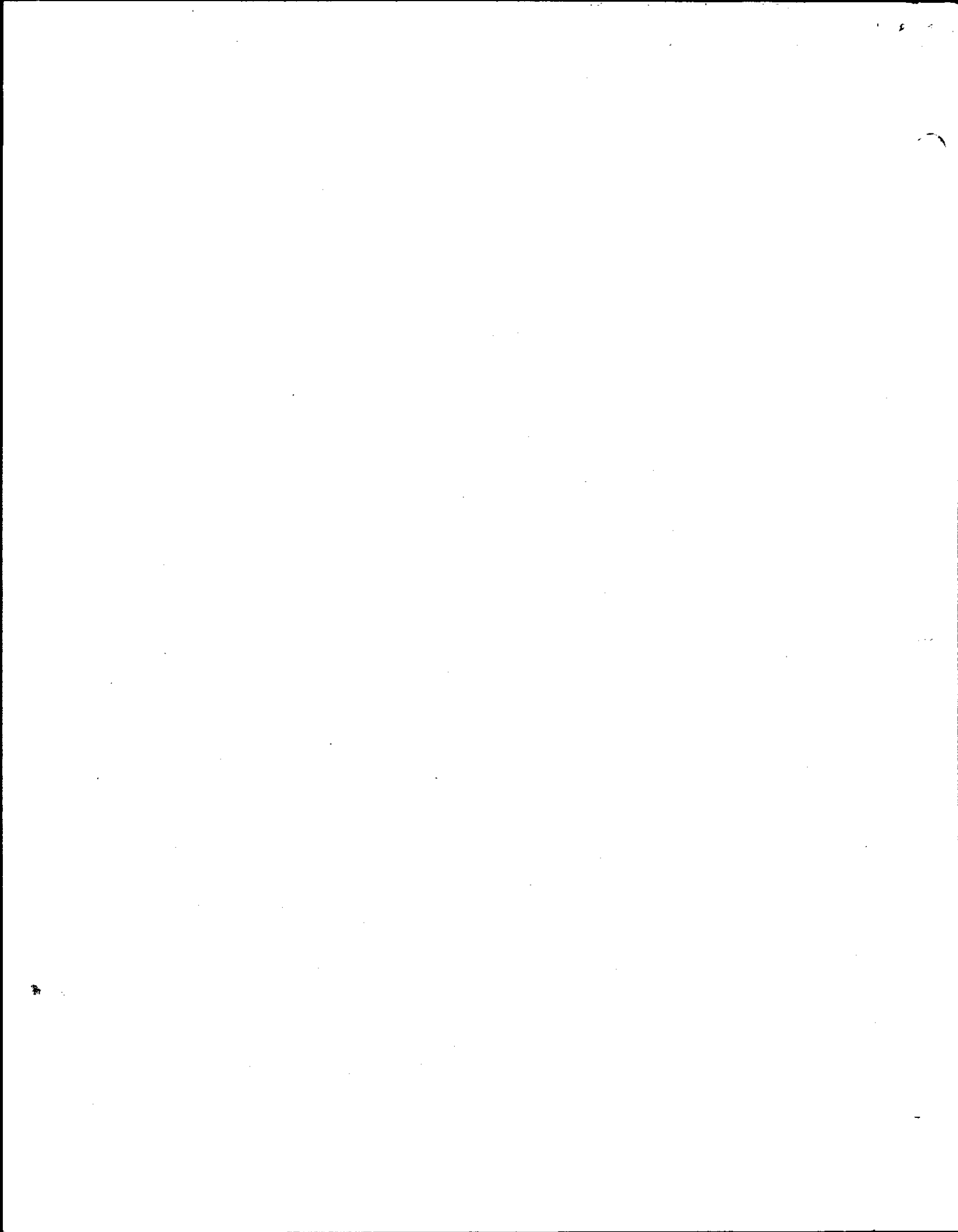
Currently, the site utilizes a mix of ceiling mounted lifts and floor lifts. As observed in the Report, there is a plan in place to install new ceiling lifts in every room for long term care clients over the next approximately five years. In the interim, solutions are needed to improve the availability of reliable lift equipment while this plan is being implemented.

The availability of reliable equipment is both a staff safety issue and a client comfort/safety issue. The site Health and Safety Committee has been requested to investigate the current situation and bring forward recommendations to management in May 2005.

Recommendation #3

Investigate ways to increase rehabilitation services to improve care and quality of life for residents in Unit 3W and the Enabling Quality of Living Program, without affecting services provided to other units in the facility.

Continued....P3



Response:

Several in-depth reports have been prepared by the organization over the past twenty years identifying the rehabilitation requirements of long term care clients. In particular, there has been extensive work undertaken to document the needs of young adult long term care clients compared to long term care clients over age 65. This work has included assessments of Carewest clients, and also reviews of the literature and the experience of other organizations and jurisdictions. This has been an issue the organization has considered of utmost importance to our clients.

Information is being updated to reflect the requirements of our current clients. Our initial priority is to document the needs of EQual clients and this material will be compiled by March, 2005. Discussions on this matter have been held with representatives of the Calgary Health Region and the updated information will be used to further this discussion. The needs of Lifestyle Choices clients will be reviewed at a later date, when the current vacant Client Services Leader position is filled.

Recommendation #4

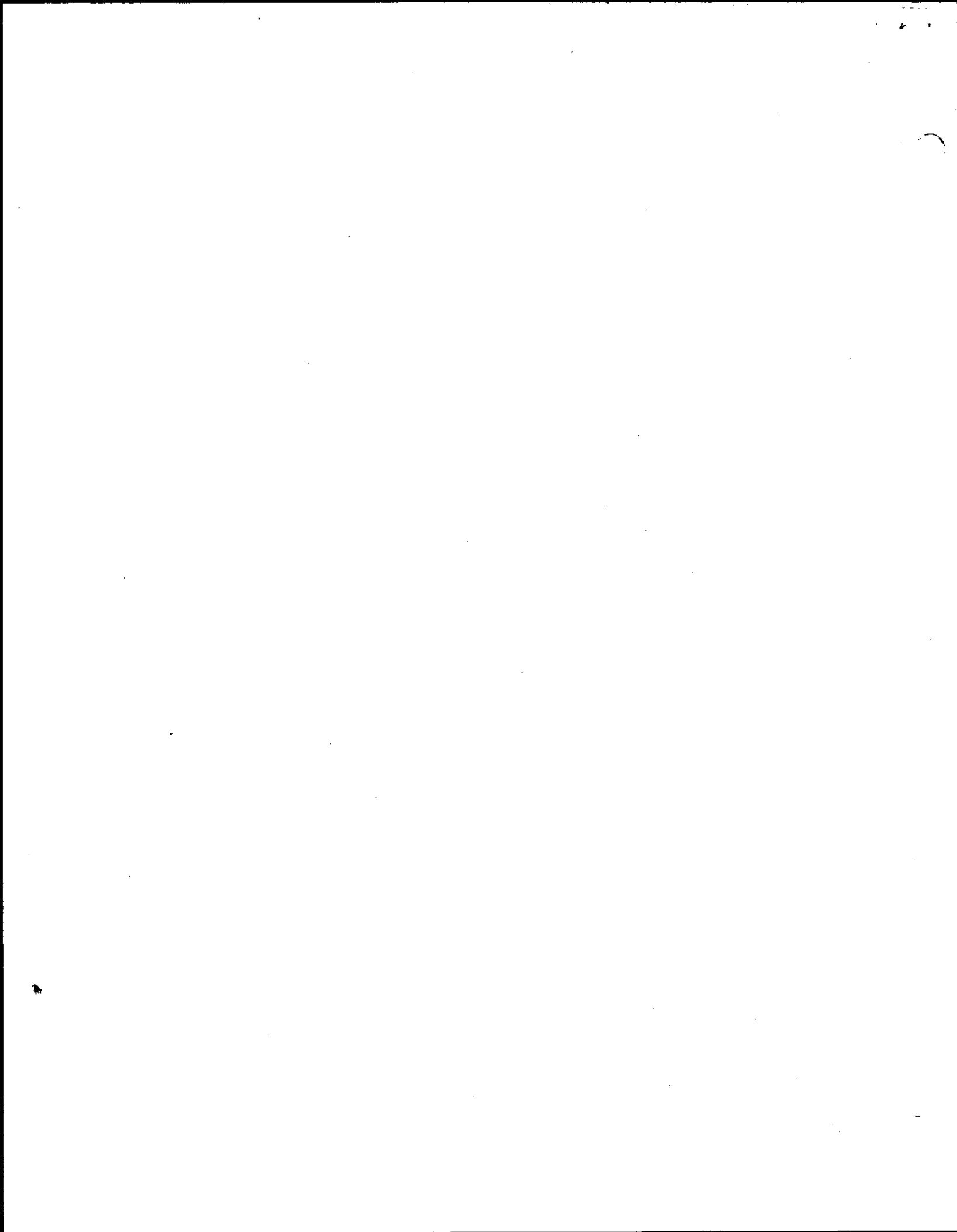
Take necessary action to address the issues put forth by the group meeting of residents, family members/friends with visiting members at the time of the routine review.

Response:

There are several issues identified in the Report which gave rise to this recommendation, and these are addressed below.

1. **Staff breaks:** There is inconsistency across units in how staff breaks are scheduled and administered. Two units recently established a process where consistent breaks were scheduled and assigned at shift change. This will be implemented across the other units in March, 2005.
2. **Food Service:** Two initiatives have been implemented to improve the quality of service at meal time. Firstly, a dining room monitor role has been established. At each meal time a staff member is assigned responsibility for dining room service. Secondly, Dietetics and Occupational Therapy staff are providing inservice education to care staff regarding consistent meal service.

Continued....P4



3. **Theft:** As described in the Report there has been considerable work undertaken to improve safety and security at the site. This work included tracking and analyzing of incidents of lost or stolen property. The number of incidents has declined significantly over the past period. At this time there is no additional action required beyond the ongoing activities referenced in the Report.
4. **Loss of Laundry:** Please refer to the response to Recommendation Five below.
5. **Personal Care; Confidentiality; Intimidation; Physical and mental abuse/neglect; Complaints resolution process:**

There is a common strategy being implemented to address these issues. Over the past period clients and families have expressed concern about consistency in care and who to go to when they have questions or concerns. Staff, similarly have expressed concern about having someone available to go to with issues. In January 2005 a re-organization was implemented in response to these concerns.

Previously there were three Program Leaders with responsibility for the six units. Limiting their availability on the care units was their office location (which was in an administrative area) and also having responsibility for program development issues which required committee involvement offsite.

Five Client Service Leader positions have been created. These individuals have offices located on their respective units and are responsible for day to day service delivery – these positions will have limited Committee work which will take them offsite. This increased supervisory presence will enable improved monitoring of service and response to issues.

In addition, the steps to increase contact with clients and families identified above (see Recommendation #1) will also improve service delivery.

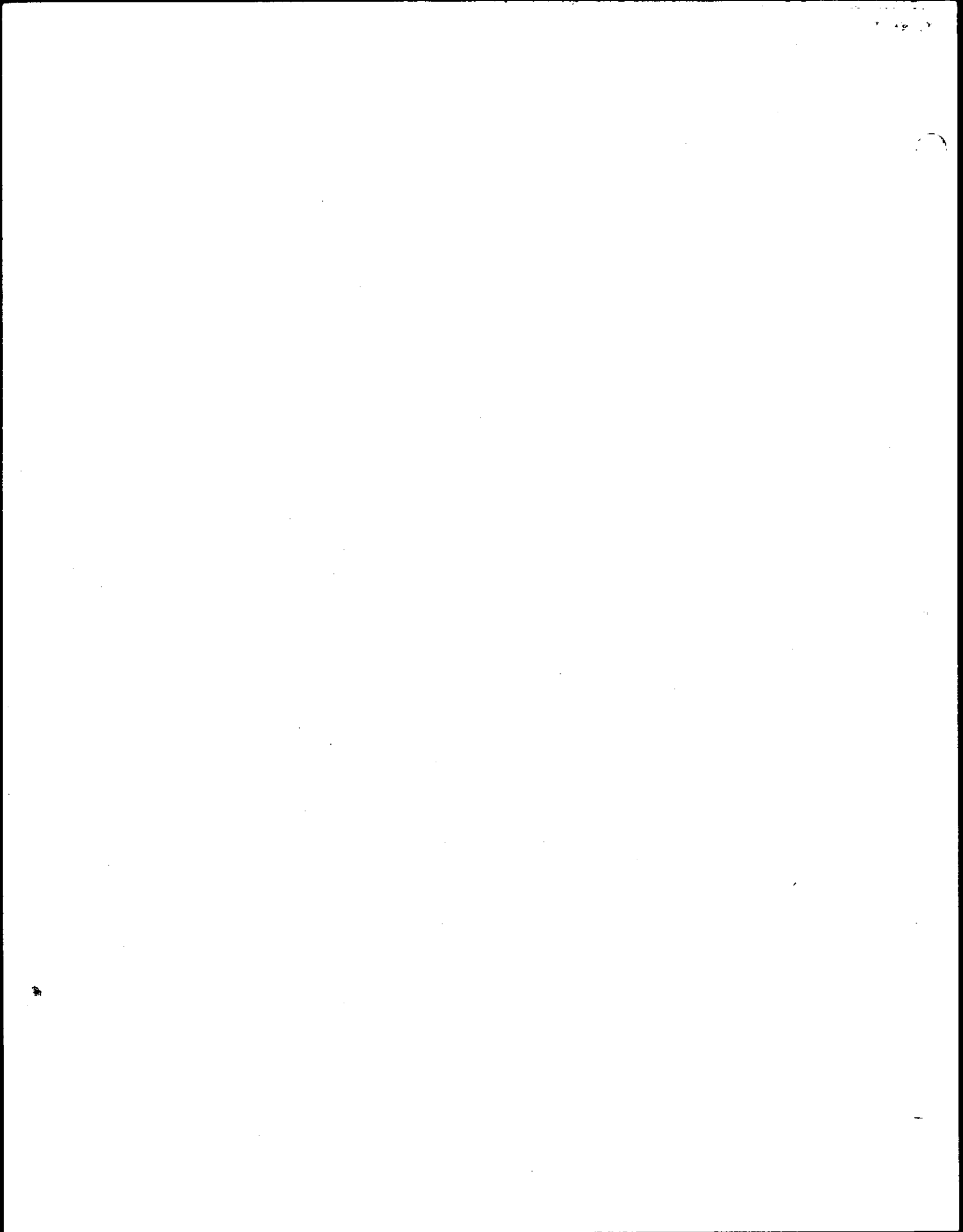
Recommendation #5

For the benefit of residents and their families, ensure that each resident's personal laundry is properly labeled, put in bags separately from facility laundry, and returned to the resident after cleaning to reduce the number of missing clothing items.

Response:

A meeting was held on 2004, December 9th to discuss laundry related issues. Concerns regarding labeling, lost clothing and ongoing problem solving with laundry were discussed. An action plan to address this recommendation is being prepared.

Continued....P5



Recommendation #6

For the safety of residents and staff, take steps to address the issue of vehicle exhaust fumes entering the building through the fresh air intake system in the lower level of the facility.

Response:

It was determined that the source of the vehicle exhaust was a new accessible van which had just been received. The vehicle required repairs as it was emitting a very excessive amount of exhaust. These repairs were completed the next day. There have been no subsequent reported incidents of vehicle exhaust in the building. It was also confirmed that the fresh air intake to the ventilation system is located on the roof of the building and not in the vicinity of the area where the vehicle was parked.

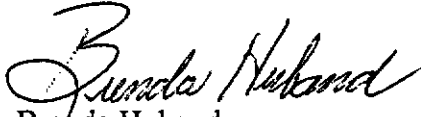
Recommendation #7

Review the need for more social work consultation, and ensure that clients' and residents' needs are being met.

Response:

The response to this recommendation is the same as that identified for Recommendation #3, above. The information being collected on client requirements, and the subsequent discussions, will also encompass social work services.

Sincerely



Brenda Huband
Executive Director

cc: Beth Gorchynski, Southeast Community Portfolio, Calgary Health Region



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October 26, 2004

Mr. Barry Costello, Member
Health Facilities Review committee
250 Garneau Professional Centre
11044 - 82 Avenue
Edmonton, Alberta
T6G 0T2

Dear Mr. Costello:

This is to convey appreciation for the work undertaken by you and your colleagues during your visit to the Carewest Dr. Vernon Fanning Centre on October 19th to 21st, 2004. We have commenced actions to address the recommendations and observations shared at the debriefing. Two issues are being addressed with particular attention:

- 1) The fear of retribution which was communicated by clients/families/companions; and
- 2) The lack of follow-up on issues in a specific service area

On the former issue, we have commenced communicating this matter in staff meetings and identifying corrective actions. On the latter issue, the individual concerned has been advised of this matter and also the expectation of performance improvement - corrective actions are being implemented such as relocation of the individual's office to improve accessibility by clients and families, withdrawal from committee work to enable increased presence on the units, and direct communication with clients and families.

To assist in ensuring these items are corrected, I am requesting that you and your colleagues conduct a further inspection of the site in six months time. The purpose would be to meet again with clients/families/companions to specifically ascertain if the fear of retribution has been removed, and there is appropriate follow-up on issues occurring in the specified service area.

Thank you for consideration of this request.

Sincerely,

ME 
Mark Ewan
Site Leader

ME/lgj

Pc: Brenda Huband, Executive Director, Carewest

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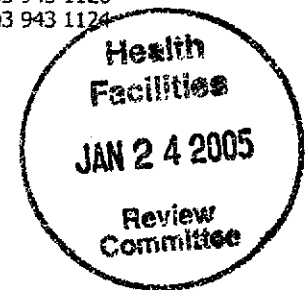
January 14, 2005



calgary health region

Office of the Board

Calgary Health Region
10101 Southport Road SW
Calgary, Alberta, Canada T2W 3N2
website www.calgaryhealthregion.ca
Phone 403 943 1120
Fax 403 943 1124



Leonard Mitzel
Chair
Alberta Health Facilities Review Committee
250 Garneau Professional Centre
11044 - 82 Avenue N.W.
Edmonton, AB T6G 0T2

Dear Mr. Mitzel:

Re: Carewest Dr. Vernon Fanning Centre, *Calgary*
Routine Visit - October 19, 20 and 21, 2004

Thank you for your report of January 6th, 2005 with respect to the routine visit to the Carewest Dr. Vernon Fanning Centre, conducted by members of the Health Facilities Review Committee in October 2004.

By copy of this letter, I am requesting that Ms. Brenda Huband, Executive Director, Carewest, provide a response to the recommendations by March 29, 2005 and copy our office.

I am also forwarding a copy of this letter to our Corporate Counsel for information.

Sincerely,

A handwritten signature in cursive script that reads "David Tuer".

David Tuer
Board Chair

c: Brenda Huband, Executive Director, Carewest
Shelley Mabbott, Chair, Carewest
Beth Gorchynski, Quality Care Specialist, Supported Living Services
David Weyant, General Counsel