

October 29, 2004

250 Garneau Professional Centre Telephone 780/427-4924
11044 - 82 Avenue NW Fax 780/427-0806
Edmonton, Alberta
Canada T6G 0T2

Mr. David Tuer, Chair
Calgary Health Region
10101 Southport Road SW
Calgary AB T2W 3N2

Dear Mr. Tuer:

RE: Colonel Belcher Care Centre, Calgary
Routine Visit – August 25 and 26, 2004

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

1. **Consider installing a WanderGuard or similar system to ensure the safety of residents who are at risk of elopement.**
2. **Review nursing staff levels and ensure that the facility is able to provide all residents with consistent, compassionate care at all times.**
3. **Ensure that medications are signed for at the time of administration to each resident to comply with the Pharmacy Services Requirements in Long Term Care Facilities, Alberta Health, 1992, Section 3.5, Requirements IX – Drug Administration, Subsection 6, and to comply with legislative requirements under the Nursing Homes Act, Nursing Homes Operation Regulation, Section 11(1)(i)(v) and 11(1)(k).**
4. **For the safety of residents, ensure that the medication rooms are kept locked at all times when not in use.**
5. **Review current staffing levels in the physiotherapy department to ensure that the facility is able to provide residents with adequate physiotherapy services, and to ensure that all residents who require physiotherapy are receiving it.**
6. **Ensure that the amount of recreation activities provided is adequate, that the type of recreation activities is appropriate to meet the needs of residents with different cognitive abilities, and that one-on-one activities are provided, in order to ensure that all residents are stimulated and engaged on a regular basis.**

7. **Consider allowing volunteers to porter residents in wheelchairs to rehabilitation and other activities, in order to allow nursing staff to focus on resident care and perform other duties that better utilize their skills, and to enable all residents to participate in activities in a timely fashion.**
8. **Review the staff's concerns with regard to maintaining the volunteer coordinator position, and consider retaining this position if at all possible, in order that volunteer time can be well utilized, and so that volunteers can continue to be recruited and trained.**

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

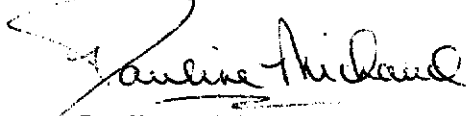
During the course of this visit, the members were pleased that significant positive changes had been made and new initiatives had been implemented since the Committee's last routine visit in July 2001. These changes are highlighted in the attached summary. The members were especially impressed with the efforts that have been made to maintain the facility's military history for the enjoyment of residents, the education opportunities provided to staff, the large private resident rooms, and well equipped and furnished common areas.

In closing, I wish to thank the residents, family members, visitors 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 Colonel Belcher Care Centre. The Committee asks that you share this report with all staff members.

Thank you. We look forward to your response.

Sincerely,



Pauline Michaud
Executive Director

Attachment

c.c. Honourable Gary G. Mar
Minister of Health and Wellness

Dr. Roger Palmer
Deputy Minister, Health and Wellness

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

Director
Colonel Belcher Care Centre

ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

ROUTINE VISIT - SUMMARY OF FINDINGS

Colonel Belcher Care Centre, Calgary

Dates of Visit: August 25 and 26, 2004

PEOPLE INTERVIEWED:

- 108 Residents
- 28 Family Members/Visitors
- Site Leader
- Program Leader
- Administrative Secretary
- Normandy House Registered Nurse
- Education Coordinator
- Physiotherapist
- Rehabilitation Therapy Assistant
- Recreation Therapy Assistant
- Pastoral Care Coordinator
- Team Leader, Resident Services
- Team Leader, Food Services
- Maintenance Worker
- Team Leader, Housekeeping
- Other Staff Members

INITIATIVES/CHANGES SINCE THE LAST VISIT IN JULY 2001:

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

- All staff members are now wearing visible name identification.
- The kitchen garburator was replaced in August 2001.
- The kitchen rangehood fire suppression system is being checked every six months as required.

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

- The Colonel Belcher Care Centre building is new and was opened in May 2003.

Program changes/improvements since the last visit:

- The Supportive Pathways program is used by staff who care for residents with dementia. There are 90 residents who are part of this program.

- The Lifestyle Choices program is in place for those residents who are frail, but cognitively intact.
- Staff in both the Supportive Pathways and Lifestyle Choices programs are given a two-day education program which focuses on the needs of the residents in each program.
- The food service has changed from tray service to bulk service and is served from heated serveries in each neighbourhood. A choice of entrees is available for residents.
- An adult day program has been started and operates four days per week with three days devoted to veterans and one day for seniors from the community. This program is funded by the Calgary Health Region.

1.0 RESIDENT CARE:

- The building has 12 units, each referred to as a neighbourhood. Each neighbourhood has a name with a military reference, and military pictures are prominently displayed throughout. There are 175 long-term care beds at this facility: 135 beds for veterans, and 40 beds for members of the community.
- The long-term care building is connected to an assisted living complex. A number of the long-term care residents have spouses living in the assisted living complex. Visiting members were informed by long-term care residents that this arrangement is appreciated as their spouse can come over daily to visit and help with their care. Residents from the assisted living complex use the beauty parlour and have their laundry done in the long-term care facility.
- The residents appeared to be well groomed, comfortable with staff, and visiting members noted that many were participating in some form of activity.
- Each resident in long-term care has a private room and a bathroom with a shower. All rooms have windows to the outside that can be opened. All rooms are equipped with electric beds, with approximately 60 percent fitted with overhead ceiling lifts.
- Each neighbourhood has a living room, dining room, kitchen and several seating areas.
- The facility is well planned, with large windows and skylights. There are no call bells, making the units very quiet. A remote system was installed and staff stated there are still a few quirks in the system. The system is turned on at night and monitors the movement of the residents. Each room has a motion detector for surveillance of the resident's movements.
- Very nicely landscaped, fenced gardens on the ground level are available for use by the residents.

- Visiting members were advised that this facility has a least restraint policy.
- The wound team, which consists of a registered nurse, physician, occupational therapist, physiotherapist and a licensed practical nurse, does rounds twice weekly.
- Visiting members heard complaints from staff regarding the medication room and lack of nursing stations throughout the facility. If a nurse is in the midst of preparing medications and an emergency arises, she must put everything away. Visiting members observed that medication carts are not used and medications are pre-poured into plastic containers with the resident's photo on the lid, and staff sign for medications at the time they pour them. See comments in Section 2.0 of the report.
- The facility has a large activity room which doubles as a chapel. A number of residents were observed to be using the room during the routine visit. The facility also has a library, lounge and smoking room.
- There are memory boxes outside the doors of all resident rooms and the individual rooms are well decorated with personal items and photographs.
- Visiting members were informed that some residents have good family involvement, but there are many who have no family contact whatsoever.
- A WanderGuard or similar system is not used at this facility and visiting members were informed that there have been a number of residents who have left the facility and have been found out in the community. Although it is desirable to have a homelike atmosphere, the safety of the residents must be a priority. (See **Recommendation # 1**)
- Visiting members were advised that on the Vimy/Normandy units, there are only two people who do not require lifts. Staff appear to be sparse and comments from staff are that there is not enough time to provide anything more than basic care. After 1:45 p.m. there is only one nursing assistant to care for 28 residents until 4:00 p.m. In the Normandy unit, there are only two residents who do not require the use of a lift, and eight who require total care. There are six residents who can do most things for themselves. (See **Recommendation # 2**)
- Foot care is available every two weeks at this facility and staff indicated that residents on all units receive foot care on a rotating basis.
- Residents commented that staff were good to them but did not have time to care for them properly.
- In Atlantic/Churchill House, there are 30 beds. Residents in these units are experiencing late stage dementia, and require total care, including feeding, dressing, grooming and toileting. The care given to these residents requires two staff members

to carry it out. An additional staff person has been added for four hours per day due to the high acuity of the residents on these units. Staff indicated that the extra person helps, but it is not enough to give the residents the quality of care they should be receiving. **(See Recommendation # 2)**

- A palliative care nurse is on-site and assists with mental health issues, treatment of pain, and many other end of life situations. There are 30 residents who require her services. She also provides support and education for staff, and palliative care volunteer training.
- In Gibraltar/Flanders House, visiting members noted that the majority of the residents were in the living room watching the Olympics on television or taking part in activities. Many family members were noted to be visiting and assisting in the care of the residents.
- A games room with shuffleboard, puzzles, etc. was noted to be in use by the residents.

2.0 MEDICATION ADMINISTRATION/DISTRIBUTION:

- Visiting members were told that prescriptions are filled at the Carewest Dr. Vernon Fanning Centre.
- Nursing staff stated they review medications on arrival at the facility for potential dispensing errors.
- Visiting members observed that the medication rooms/nursing stations on all units are very small, and due to their design, nursing staff advised visiting members that it is very difficult to prepare medications for distribution in these rooms. Visiting members were advised that the use of medication carts was discontinued when the move to the new facility took place.
- The current practice of medication administration at this facility is to pre-pour medications into plastic containers with the resident's photograph on the lid, and then sign for it prior to administration to the resident. If a resident refuses to take their medication, the nurse is supposed to go back to the medication administration record and note that it was not taken. However, staff indicated that this step is often overlooked. These practices do not comply with current legislation with regard to medication administration, and put residents at risk of medication errors or of not receiving required medications. **(See Recommendation # 3)**
- Staff stated that medication orders are reviewed by the physician and pharmacist every 90 days. The pharmacist also reviews each residents' medications at their annual care conference.

- Staff stated that licensed practical nurses are working at full scope of practice, and are presently taking training to enable them to give injections and perform intravenous starts. After completion of the course, they will give three supervised injections before being allowed to perform these duties on their own.
- Visiting members noted that doors to the medication rooms are not always closed when staff are away from the nursing station. This creates the potential for others to have unauthorized access to the medications and creates a risk for the residents. (See **Recommendation # 4**)
- Staff stated that incident reports are prepared for all medication errors, and reviewed by the program managers.
- Visiting members were told that chemical restraints are only administered on physician's orders and with family consent.

3.0 STAFF:

- Staff commented that they enjoy working in long-term care and enjoy the residents, but the workload is extremely heavy due to a shortage of staff. They feel that they do not have time to spend with residents over and above providing basic care. Staff also told visiting members that they feel they do not have time to promote residents' mobility and independence as much as they would like.
- The majority of staff appeared to be satisfied with their working conditions; however, a number of them mentioned concerns about one of the managers. Visiting members discussed these concerns with the site leader, who stated she would address the concerns.
- Registered nurses and licensed practical nurses receive seven days of orientation, plus one day of classroom instruction, and two days of clinical classes. Personal care aides receive five days of orientation, which includes one day of classroom instruction and one day of clinical courses, and then four days on the buddy system, which is extended if it is felt more training is warranted. All personal care aides must have completed the Personal Care Aide course before being hired.
- The facility has two staff appreciation programs, which are the Service with Distinction award, and the Employee of the Month award.
- The majority of the staff have taken a course called Magic Moments which deals with communication techniques, understanding yourself and others, and methods to deal with residents. This program is also being offered to spouses of some of the residents. Other education programs for spouses are offered on how to deal with dementia and Alzheimer's disease, palliative care and pain management. The

educator advised that she also holds courses on dealing with dementia and Alzheimer's disease for volunteers, housekeeping staff and food service staff.

- Other education opportunities provided for staff include lift and transfer techniques, dealing with behavioural problems, crisis intervention, a ladies support group, veteran culture, post-traumatic stress disorder, and smoking and alcohol use.
- Education is provided through in-house training, workshops, off-site courses, the regional health authority and the Education Resource Centre for Continuing Care. Telehealth is used only occasionally as this facility does not have access to telehealth, and when use is required, another facility is visited.

4.0 **REHABILITATION:**

4.1 **Physiotherapy:**

- The physiotherapist stated she works four days per week. One rehabilitation assistant is shared between all rehabilitation programs.
- The physiotherapist advised that residents are receiving some service, but not to the extent that staff feel is needed. Staff would like to see more therapy for residents during the week than what they are able to provide with the limited staff. When staff have left their employment at the facility, they have not been replaced. At the old Colonel Belcher facility, there were three full-time assistants providing therapy. (See Recommendation # 5)
- Staff stated that the in-floor heating in the physiotherapy department doesn't shut off in the summer months, and the floor becomes very hot.
- Group physiotherapy classes are provided for residents in the physiotherapy department on Mondays, Tuesdays, Thursdays and Fridays.
- Staff stated that the walking program is not conducted on a regular schedule, and if something comes up that requires staff attention, the program is cancelled. Staff on the units do what they can, but lack of staff is a problem.
- Storage space is at a premium and there is no room to store wheelchairs and other equipment when not in use.

4.2 **Occupational Therapy:**

- Visiting members interviewed the rehabilitation assistant, who stated that occupational therapy is available to all residents who require the services of this department.

- Most residents are in wheelchairs and some are using Broda chairs. Staff stated that Veterans Affairs provides what is needed for the veterans at this facility. Other equipment is ordered through Alberta Aids to Daily Living. No concerns were reported with regard to the timely delivery of equipment.

4.3 Recreational Therapy:

- The recreation therapist was on vacation at the time of the routine visit to the facility. Visiting members interviewed the rehabilitation assistant.
- The schedule of events posted for residents' enjoyment appears to be very good. Recreation staff hold group planning meetings every Monday morning. There is a separate recreation schedule for each floor and group of houses. However, visiting members were informed that due to a shortage of recreation staff, the posted programs are not always carried out. Residents living in Churchill/Atlantic House advised visiting members that they do not have enough activities.
- Visiting members received comments from residents in the Vimy/Normandy House which indicated they wish there was more to do, and that they believe there is a high turnover of staff. Staff stated that summertime is a difficult time for staffing because of staff vacations and a lack of volunteers also due to vacations. When recreation staff are absent, there are no replacement staff to implement programs, so residents have less to do during those times.
- Although some residents stated they would like more to do, many stated they prefer to stay in their rooms. Recreation and nursing staff encourage residents to participate in activities. In the Highlander/Lancaster and Vimy/Normandy Houses, there are no one-on-one programs for residents unwilling to participate in group activities.
- Activities are not organized with all residents in mind. The schedule for Highlander/Lancaster House shows Wack the Balloon as a group activity, but this does not appeal to residents who are cognitively aware. (See **Recommendation # 6**)
- Visiting members were told that the previous recreation director was full-time, but the present director works three days per week with three part-time recreation aides (one is on sick leave) and one part-time relief aide. Staff stated that programming is difficult to carry out.
- Activities are carried out during the day shift and the evening shifts and occasionally on weekends and some special occasions. On Tuesdays, recreation staff work from noon until 8:00 p.m., and on other days, staff work from 9:00 a.m. to 5:00 p.m.

- Visiting members were told that in the past, transportation had been a problem, but a new van has been ordered and should be available in September 2004, so that visits to the Legion and other excursions will be continued. Presently a Carewest vehicle is used for longer trips such as to the Legion in Olds. Outings include trips to the Mackay Ice Cream Parlour in Cochrane, and various parks and museums.
- The majority of trips for the veteran residents are to Legion functions. In addition, they try to focus on veteran culture and venues that provide a sense of history.
- A musical program has been implemented for the Highlander/Lancaster units. The program takes place in the Winter Garden and all other residents who are interested come to listen to the music and take part in bingo and other games. The above activities are planned and carried out by a part-time recreation aide. Visiting members observed the music program taking place and the obvious enjoyment of residents from the first and second floor.
- Every Thursday morning, recreation staff porter residents to the physiotherapy department after which the residents are portered to a karaoke sing-along. Volunteers are not used for portering residents in wheelchairs. Staff commented that the union has complained that jobs are being taken away by volunteers. The impact of this action affects the residents' enjoyment of recreation activities as not all of them can be portered in time to attend, and this also prevents the freeing up of staff time to spend on care and other programs for the residents. (See Recommendation # 7)
- Pub night is held five nights per week.

5.0 COMMUNITY INVOLVEMENT/COMMUNITY SUPPORT:

5.1 Pastoral Care:

- The pastoral care coordinator appears to have a very good program, which addresses all the residents' religious needs.
- The pastor works with families of residents who are nearing the end of life.
- A spiritual wellness group operates on a weekly basis. The group combines exercises and faith-focussed discussions.
- Sunday worship services include guest speakers from different faiths.
- Retired clergy attend as guest speakers for Sunday services and also visit residents and assist with portering residents to services.

- All traditional faiths are covered and help to establish faith for individuals that have no particular beliefs.
- Roman Catholic mass is held on Saturdays and approximately 35 residents attend regularly.

5.2 Volunteer Support:

- Visiting members were advised that the facility has 60 regular volunteers.
- The facility presently has a volunteer coordinator, but the contract will be up at the end of December 2004. As of January 2005, a volunteer coordinator from the Dr. Vernon Fanning Centre will be responsible for recruiting and training volunteers. The present staff expressed concern that the programs will suffer and extra work will fall on an already overworked staff. Staff stated they hope that the facility will at least consider a part-time coordinator at this facility. A questionnaire has been prepared for the staff to complete which will assess how helpful the volunteers are. (See Recommendation # 8)
- Most volunteers are from local schools, various service clubs and special needs volunteers.
- Visiting members were advised that some of the activities provided by the volunteers are as follows: Students from the high school act as meal companions, and students from the University of Calgary help with special events. Volunteers also help with birthday parties, portering, the tuck shop, bus trips, escorting residents to doctors' and dentists' appointments, bingo, woodworking, music therapy, karaoke sing-alongs and one-on-one visits.

6.0 DIETARY:

- Visiting members were advised that the team leader of food services attends the Resident Council meetings, which always have a session on food.
- Dietary staff deliver the food to the units and prepare the plates, which are then served to the residents by the nursing staff.
- A whiteboard on the kitchen wall which lists each resident's likes, dislikes and allergies helps dietary staff keep abreast of any changes in residents' dietary requirements.
- Visiting members observed lunch being served in the Vimy/Normandy units and noted that the lasagna servings were very small. Comments received from residents regarding the meals served in the Vimy/Normandy units included the following:

- "Food is good."
 - "Food could be better."
 - "There is too much chicken and eggs served."
 - "The variety is poor and quantity is limited."
- Comments from residents in Highlander/Lancaster House regarding food included the following:
 - "The food is good."
 - "Terrible food."
 - "Not enough variety."
 - "Quantity and quality of food are questionable."
 - Staff stated that 70 percent of the food is supplied by the Dr. Vernon Fanning Centre, with 30 percent being prepared on-site.
 - A refrigerator in each unit's kitchen is kept supplied with fruit, yogurt, sandwiches and milk. Residents are encouraged to help themselves throughout the day.
 - Staff stated that in the event of an infectious outbreak, throwaway dishes and cutlery are used.
 - Dietary staff have all taken the Food Safety/Sanitation courses.
 - The team leader holds weekly staff meetings to review residents' meals and eating habits.
 - Dietary staff stated they find management very supportive of education opportunities.
 - The floor in the kitchen is being replaced with non-slip ceramic tile. The ceiling tiles are also being replaced due to moisture absorption.
 - The facility has a special room for the washing/disinfecting of the serveries after each trip to the units.
 - The facility has a very large spacious kitchen with separate rooms for the washing of dishes, cooking and preparation of food.
 - Visiting members noted that the kitchen was extremely clean and well organized. The kitchen fire suppression system is checked every six months as required, and the rangehood was observed to be clean.

7.0 ENVIRONMENT:

7.1 Infection Control:

- Visiting members were advised that 95 percent of residents and 72 percent of staff received influenza immunizations. Staff stated that if a flu outbreak occurs, staff members who have not been immunized are sent home. They can take Amantadine and then return to work. If there is a flu outbreak, all residents are given Amantadine. Last year, this facility did not experience an outbreak of influenza.
- The facility has a care and services manual that is linked to the regional policy and procedures for infection control. The facility has an infection control committee that meets with staff on a monthly basis in order to update them on policies and procedures.
- If antibiotic-resistant organisms occur, they are handled according to policy. At the time of the routine visit, there were no cases of these organisms.
- There was an outbreak of upper gastrointestinal infections earlier in the year. Additional handwashing and the facility's policies were followed. The outbreak lasted approximately one week.
- Staff stated that carpet throughout the facility has special backing that prevents moisture from soaking through. A special product is used to clean carpets soiled by feces.

7.2 Maintenance:

- Visiting members were advised by maintenance staff that a preventative maintenance program is being developed for this facility. Once in place, it will be computerized and kept up-to-date.
- The overall maintenance of the building appeared to be good; however, during the routine visit, a leak developed in the ceiling on the second floor, which was immediately addressed by maintenance staff.
- The back-up generator is tested on a monthly basis.
- Repairs on lifts and tubs are addressed as needed.
- Water volume controls have been installed on all showers in the residents' bathrooms to prevent water overflowing into the bedroom area.
- Staff stated that the temperature of the water in the holding tanks is maintained at 54 degrees Celsius.

- The entire facility has in-floor heating, which is controlled by individual thermostats in each room of the building.
- Maintenance staff advised that a number of warranty issues need to be addressed, and that staff spend a lot of time working out issues associated with a new building.

7.3 Housekeeping:

- Visiting members were advised that housekeeping is contracted out to Aramark Canada.
- Visiting members noted that public and resident areas were clean and tidy.
- Housekeeping staff do a thorough cleaning of five residents' rooms per day with all rooms given general daily cleaning.
- Separate mops are used for each room if an infectious outbreak occurs; otherwise, one mop is used in two to three rooms.
- Each unit has its own cleaning schedule. One housekeeper cleans residents' rooms, which includes basic cleaning every day. Some residents' rooms need carbolizing twice per day if the resident is ill or has incontinence issues.
- All staff members have training on infection/contagious disease control.
- Staff stated that masks, gowns, gloves, rags, mops, etc. are only used once during an infectious outbreak and are kept separate from the balance of the cleaning supplies.
- Public washrooms, kitchens, serveries, common areas, dining rooms and carpets are cleaned twice per day.
- Night shift staff members clean the common areas for a third time, and also clean the main kitchen area during their shift.
- Biohazardous wastes are picked up from the units and taken directly to a locked freezer where they are stored until removed by an outside contractor.
- Staff indicated that 90 percent of the facility is carpeted, and a person has been hired to spend all of his time cleaning the carpets to keep the facility clean and odour free.
- All staff are trained on spot-cleaning of carpets and furniture, using both floor and hand-held machines.

- General facility laundry (sheets and towels, etc) is cleaned at a contracted firm's main plant, but the residents' laundry is done in-house for both the long-term care and assisted living residents.

Safety/Security:

- Visiting members were advised that portable fire extinguishers are inspected on a monthly basis, and visiting members noted that all attached tags were initialled and up-to-date.
- Staff stated that the doors of the facility are electronically locked at 8:30 p.m.
- The facility does not employ security staff.
- Staff commented that some residents are very aggressive towards staff and some family members can be a problem as well. However, there is no one to assist them when difficulties like this occur.
- Staff stated that the facility has had 11 or 12 elopements since it opened, with the residents being found near the river, on Highway 1, and various places around the neighbourhood. (See Recommendation # 1)
- Although the main door is locked to prevent entry, visitors and residents may leave at any time.

8.0 RECOMMENDATIONS:

1. **Consider installing a WanderGuard or similar system to ensure the safety of residents who are at risk of elopement.**
2. **Review nursing staff levels and ensure that the facility is able to provide all residents with consistent, compassionate care at all times.**
3. **Ensure that medications are signed for at the time of administration to each resident to comply with the Pharmacy Services Requirements in Long Term Care Facilities, Alberta Health, 1992, Section 3.5, Requirements IX – Drug Administration, Subsection 6, and to comply with legislative requirements under the Nursing Homes Act, Nursing Homes Operation Regulation, Section 11(1)(i)(v) and 11(1)(k).**
4. **For the safety of residents, ensure that the medication rooms are kept locked at all times when not in use.**
5. **Review current staffing levels in the physiotherapy department to ensure that the facility is able to provide residents with adequate physiotherapy**

services, and to ensure that all residents who require physiotherapy are receiving it.

- 6. Ensure that the amount of recreation activities provided is adequate, that the type of recreation activities is appropriate to meet the needs of residents with different cognitive abilities, and that one-on-one activities are provided, in order to ensure that all residents are stimulated and engaged on a regular basis.**
- 7. Consider allowing volunteers to porter residents in wheelchairs to rehabilitation and other activities, in order to allow nursing staff to focus on resident care and perform other duties that better utilize their skills, and to enable all residents to participate in activities in a timely fashion.**
- 8. Review the staff's concerns with regard to maintaining the volunteer coordinator position, and consider retaining this position if at all possible, in order that volunteer time can be well utilized, and so that volunteers can continue to be recruited and trained.**

November 4, 2004

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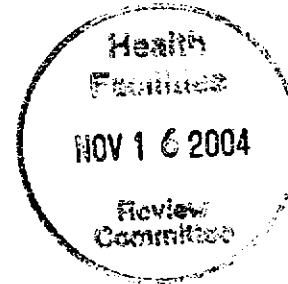
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Calgary, Alberta, Canada T2W 3N2
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Phone 403 943 1120
Fax 403 943 1124

04-12-02 A09:3



calgary health region
Office of the Board

Bob Maskell, MLA
Chairman
Alberta Health Facilities Review Committee
250 Garneau Professional Centre
11044 - 82 Avenue N.W.
Edmonton, AB T6G 0T2



Dear Mr. Maskell:

Re: Colonel Belcher Care Centre, Calgary
Routine Visit - August 25 and 26, 2004

Thank you for your report of October 29, 2004 with respect to the routine visit to the Calgary Colonel Belcher Care Centre, conducted by members of the Health Facilities Review Committee in August 2004.

By copy of this letter, I am requesting that Mr. Mike Conroy, Vice-President, Southeast Community Portfolio, provide a response to the recommendations by January 31, 2005 and copy our office.

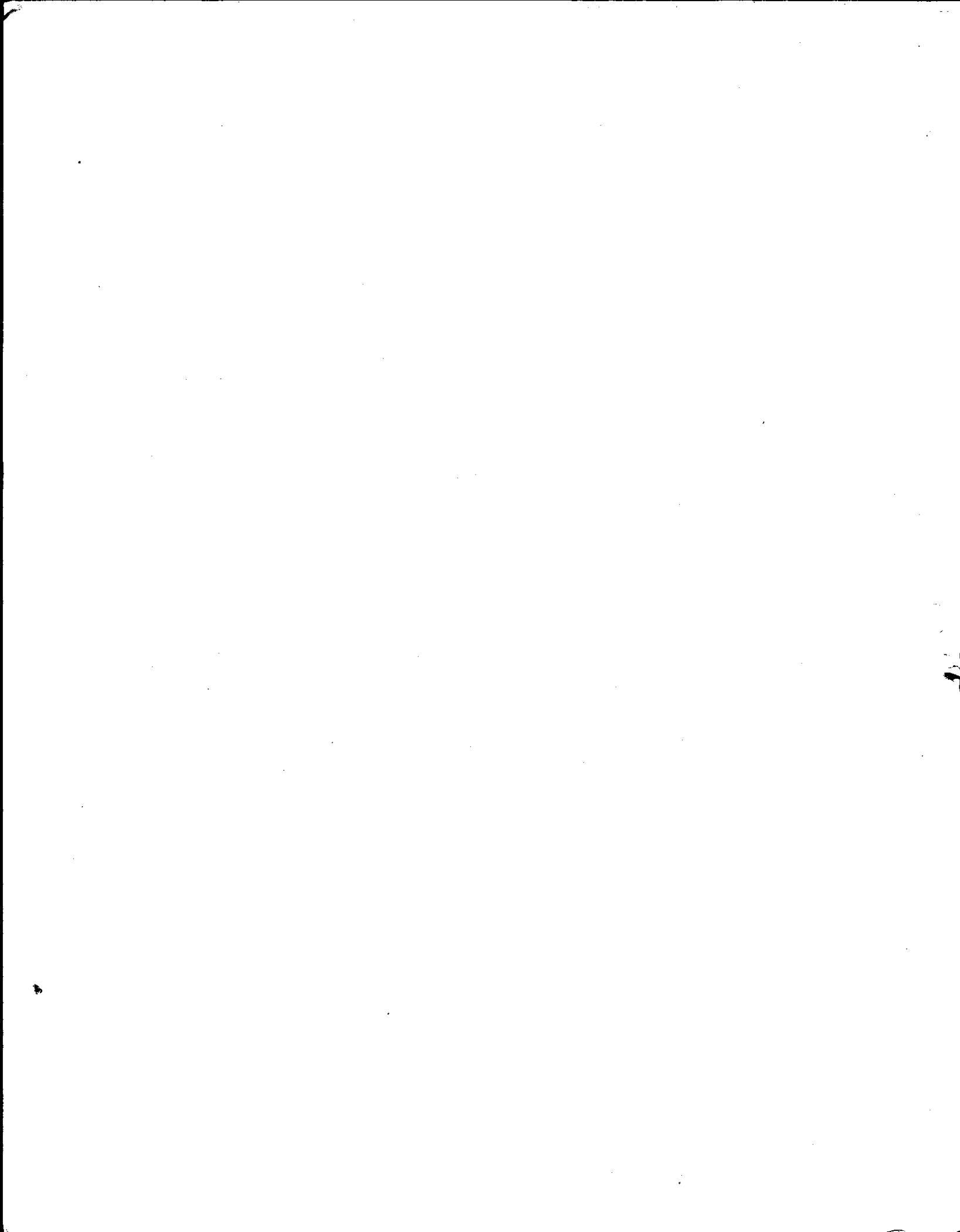
I am also forwarding a copy of this letter to our General Counsel for information.

Sincerely,

A handwritten signature in cursive script, appearing to read "David Tuer".

David Tuer
Board Chair

c: Mike Conroy, Vice-President, Southeast Community Portfolio
David Weyant, General Counsel





Carewest

Excellence and Leadership in Continuing Care

Carewest Administrative Centre
1070 McDougall Road N.E.
Calgary, Alberta T2E 7Z2
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2005, January 13th

Bob Maskell, MLA
Chairman
Alberta Health Facilities Review Committee
250 Garneau Professional Centre
11044 - 82 Avenue NW
Edmonton, AB T6G 0T2

Dear Mr. Maskell

**RE: Colonel Belcher Care Centre, CALGARY
Routine Visit - August 25, 26, 2004**

HFRC	
JAN 24 2005	
CHAIR	
EA	
MIN	
SEC	
MBRS	
	CORR
BF	
FOIP	
MR	
FILE	

Thank you for your report of the observations of the Health Facilities Review Committee dated October 29, 2004. We submit the following response to the recommendations made.

Recommendation #1

Consider installing a WanderGuard or similar system to ensure the safety of residents who are at risk of elopement.

Although the cognitively impaired residents are in a secure area, sometimes they were inadvertently assisted out of the area. They then proceeded to the front door which automatically opened. The facility has now locked the main entrance and installed a keypad which must be used to exit the building.

Recommendation #2 and #5

Review nursing staff levels and ensure that the facility is able to provide all residents with consistent, compassionate care at all times.

Review current staffing levels in the physiotherapy department to ensure that the facility is able to provide residents with adequate physiotherapy services, and to ensure that all residents who require physiotherapy are receiving it.

These recommendations are related to staffing levels in nursing and therapies. The Colonel Belcher direct care funding is based in the Alberta Resident Classification process. Colonel Belcher does utilize 100% of its funding in these areas therefore increasing staff is not an option at this time.

Continued...P2

More than 40 years of outstanding community service

Recommendation for #3 & #4

Ensure that medications are signed for at the time of administration to each resident to comply with Pharmacy Services Requirements in Long Term Care Facilities, Alberta Health, 1992 , Section 3.5, Requirements IX – Drug Administration, Subsection 6, and to comply with legislative requirements under the Nursing Homes Act, Nursing Homes Operation Regulation, Section 11(1)(i)(v) and 11(1)(k).

For the safety of residents, ensure that the medication rooms are kept locked at all times when not in use.

Colonel Belcher has implemented the use of medication carts and medications are no longer pre-poured. Medications are signed for at the time of administration to the residents. Medications are kept in the medication cart which locks or in locked cupboards in the nursing station (team room). Doors to the nursing station/team room can be closed but physicians need access to this room to review the health record.

Recommendation for #6

Ensure that the amount of recreation activities provided is adequate, that the type of recreation activities is appropriate to meet the needs of residents with different cognitive abilities, and that one-on-one activities are provided, in order to ensure that all residents are stimulated and engaged on a regular basis.

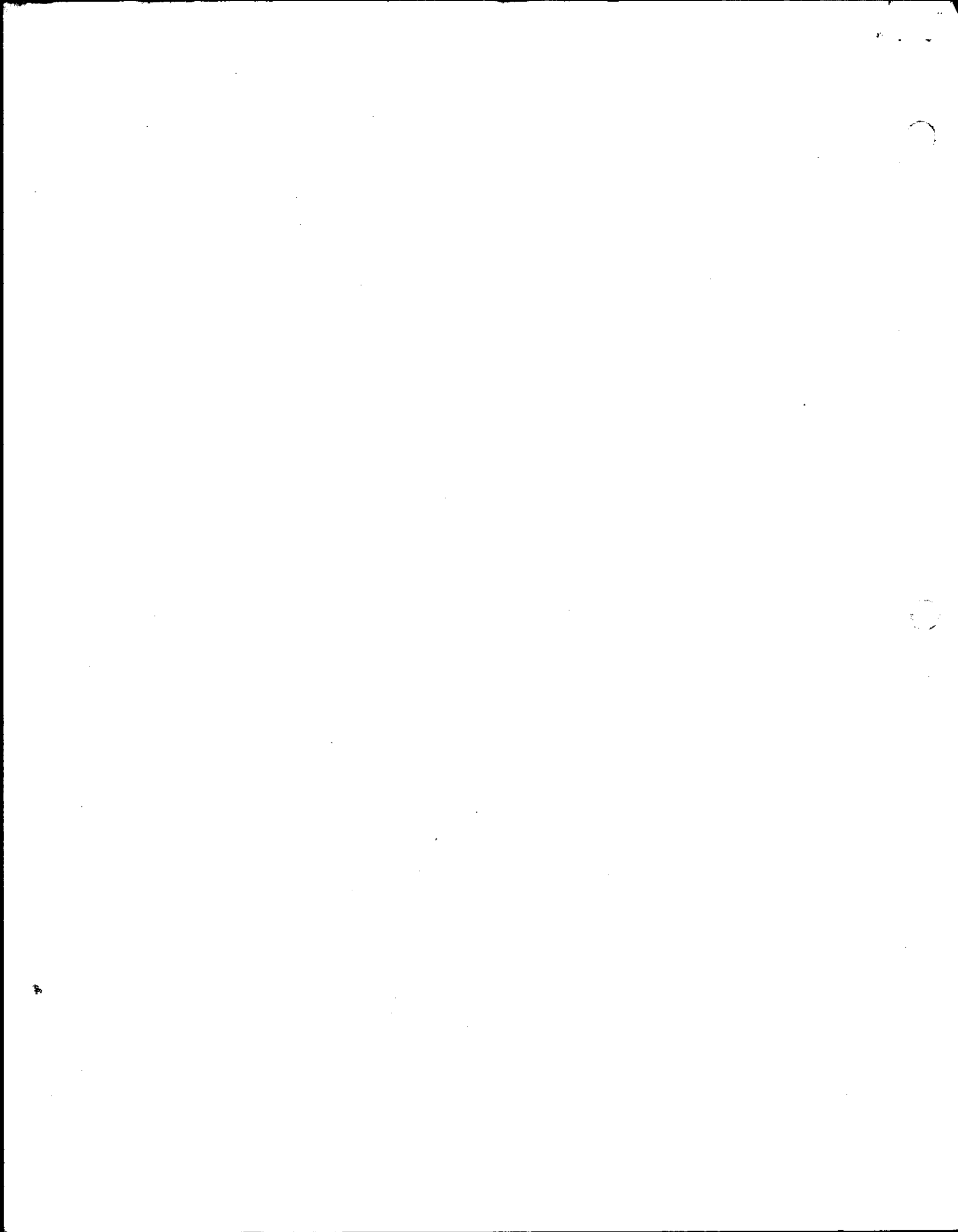
As stated above, the Colonel Belcher staffs according to its funding levels. Recreation is an area that receives additional support from Veterans Affairs Canada. The staff member on sick leave has been replaced on a temporary full-time basis. With reference to an activity not being appropriate for the Highlander/Lancaster homes, these residents are not cognitively intact as the report states. These residents all have mid to late stage dementia.

Recommendation for #7

Consider allowing volunteers to porter residents in wheelchairs to rehabilitation and other activities, in order to allow nursing staff to focus on resident care and perform other duties that better utilize their skills, and to enable all residents to participate in activities on a timely fashion.

Volunteers are utilized for many regularly scheduled activities. Colonel Belcher is rebuilding its volunteer base following the change in location of the centre.

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Recommendations for #8

Review the staff's concerns with regard to maintaining the volunteer coordinator position, and consider retaining this position if at all possible, in order that volunteer time can be well utilized, and so that volunteers can continue to be recruited and trained.

Carewest is in the process of reorganizing how volunteer services are managed to address concerns that have been previously raised about recruitment, training, orientation and retention of volunteers. The centralization of some of these administrative activities will help to ensure a consistent organizational standard regarding the use and management of volunteers in addition to meeting the administrative costs reduction that has been mandated. Carewest's goal remains the same, to increase and enhance the invaluable role that volunteers play.

Thank you again for your report.

Sincerely



Brenda Huband
Executive Director

cc: Pauline Michaud, Executive Director Alberta Health Facilities Review Committee
Beth Gorchynski, Southeast Portfolio Calgary Health Region

