

November 9, 2015

Mary McFadyen, Ombudsman
Ombudsman Saskatchewan
150 – 2401 Saskatchewan Drive
Regina, SK S4P 4H8

Dear Mary McFadyen,

Re: Response to Ombudsman investigation into the care provided to Margaret Warholm while a resident of the Santa Maria Senior Citizens Home

In the May 2015 report from the Ombudsman – “Taking Care” – one recommendation was directed to the Regina Qu’Appelle Health Region (RQHR):

“That the Regina Qu’Appelle Health Region:

- a) Develop and implement policies and procedures to operationalize the standards of care in the *Program Guidelines for Special Care Homes*.
- b) Identify, track and report on specific and measurable outcomes that ensure the standards of care in the *Program Guidelines for Special Care Homes* are met consistently for each long-term care resident.
- c) Include these specific and measurable outcomes as performance requirements in its agreement with long-term care facilities.”

The above recommendation has also been made to the Ministry of Health with regard to all Health Regions in the province. RQHR has undertaken a variety of quality improvement measures, while also working closely with the Ministry and our health region colleagues in response to this recommendation.

To that end, our collective response has included:

- Health Regions and the Ministry have developed a process to collect policies/procedures from across the province, with the intent that Regions without such policies/procedures would adopt them, or adapt them for their use. (This work was undertaken by seven working groups, and several additional sub-groups. RQHR had representation on each working group, usually several representatives, some of whom served in lead roles on these groups. In total 25 RQHR Managers, Directors and Executive Directors participated in this process).
- The Ministry of Health is in the process of developing a training video based on the Guidelines, with the intent of serving as an orientation and training tool for both new and veteran staff. This video will be distributed across the province by the end of 2015.

- Health Regions and Ministry are in the process of collectively identifying those metrics that will be used to determine whether or not the Guidelines are consistently being met.

Aside from the above response, RQHR has undertaken a variety of other quality improvement efforts. In some cases these efforts have been devoted specifically to the operationalization of the Guidelines, and in other cases have been more generally aimed at improving quality of care.

Examples of these efforts include:

- Several specific policy/process changes have been implemented, including:
 - Wound Care Nurse Specialists from Home Care will respond to requests from LTC facilities for on-site assessments and will make recommendations re: wound care regimes for individual residents.
 - New RQHR Nutrition and Food Services standards and audit manual for LTC facilities has been developed and implemented, and is being proposed as provincial policy.
 - A new pain assessment tool (PACSLAC II) has been implemented at Santa Maria. Education for staff in other LTC facilities, re: this new tool, will begin on November 10, 2015.
- A new process for Confidential Occurrence/Critical Incident reporting with affiliates has been developed and shared in draft form with affiliates, for their feedback. The process creates a requirement for affiliates to report to the Health Region on all categories of Confidential Occurrences – previously affiliates would only report on Category 3 and 4 occurrences – the most serious ones. The new process also outlines the role for the Region – via the Patient Safety Office – in investigating serious occurrences and Critical Incidents. Planning for implementation is already occurring, including the use of manual and electronic submissions, and flags for critical incidents. The Region’s goal is to have the structure in place by December 16, 2015. (Associated with this new process, the Region has reminded all affiliates of the role of the Region’s Patient Advocates – formerly Client Representatives. Brochures have been updated and shared with all affiliates, and information posted on the RQHR website).
- The LTC Resident Handbook is being updated. The Handbook contains information for residents and families on all quality, safety and care processes that are consistent across the program, and required information for all admissions. This information will include contact information for Patient Advocates, and for the Ombudsman’s office. Each LTC facility will have the ability to include facility-specific information in the handbook as well.
- Re-established the Long-term Care Continuous Quality Improvement Committee (with representation from across the Region, including affiliates). The CQI Committee is tasked with broad oversight of quality-related issues. For the past year the Committee has been largely devoted to accreditation preparation and response. Going forward the Committee will focus on the implementation of Special Care Home Guidelines, corrective action plans for quality indicators, and any other areas of focus as determined.

- Continued the implementation of Purposeful Hourly Interactions across the Region, with completion by December 31, 2015. When fully and successfully implemented Purposeful Hourly Interactions will improve care by ensuring that the daily needs of residents are met in a more timely way. Among other measures, RQHR will monitor the number of falls related to residents attempting to go to the washroom on their own – which should be minimized if residents are being attended to each hour, in a purposeful way. Another measure will be the utilization of ‘call bells’ – with purposeful, hourly interactions residents will have less need to summon staff; a reduction in call bells will create a calmer environment for all residents and staff.
- Training staff in Gentle Persuasive Approach is nearing completion for existing staff and incorporated into orientation for all new staff. This training is intended to assist staff in their response to residents who exhibit challenging behaviours and to minimize reactive behaviour by residents.
- The hiring of a Quality Improvement Consultant to assist facilities with data integrity and care planning and monitoring. The Quality Improvement Consultant will focus on organizing improvement initiatives, by taking a lead role in linking with key stakeholders, developing project teams, determining scope of projects, establishing target dates and monitoring outcomes. The Consultant will also take a lead role in supporting facility compliance with best practises, and with standards and requirements set by the region and Ministry of Health. This position will work with our team of Continuing Care Consultants, and educators; the position has been posted and filled with a start date planned for mid-November 2015.
- Creation of a Geriatric Service for southern Saskatchewan. Although not exclusively devoted to long-term care, the Geriatric Service will create a dedicated team to provide support, advice, coaching and leadership to all services that provide care to seniors. The Geriatric Service will be jointly led by a Geriatrician and a Program Director, and will include a small, multi- resource team who will work directly with care teams related to specific client needs in the home environment. (Recruitment of a Geriatrician will prove challenging; in the meantime the Region will recruit a Family Physician with a specialized interest in geriatrics).
- Creation of a five-bed specialized dementia care unit to serve southern Saskatchewan. This unit is being established at Wascana Rehabilitation Centre and is currently in the development phase, slated for opening by March 2016. The unit will serve as a temporary placement for residents with highly-challenging, specialized needs. Residents will be assessed and cared for, and their ‘home’ facility/unit will be provided with access to resource supports to provide ongoing care for them. A multi-disciplinary team – the same team identified for the Geriatric Service – will support this unit and facilities across southern Saskatchewan.
- Addressing the recommendations made in the Accreditation Canada Survey of April 2015. Recommendations included: Use of two identifiers for residents; providing written and verbal information to residents and their families about their role in promoting resident safety; documented evidence of training on infusion pumps; process for reviewing the qualifications and experience of unregulated health providers; in collaboration with the resident, use standardized tools to assess, evaluate, and monitor

the resident's pain at admission/moving in, and on an ongoing basis. Updated information provided to Accreditation Canada has been satisfactory, with the understanding that implementation of some of the response will continue into 2016.

- Six affiliated long-term care facilities have begun their preparation for an Accreditation Survey in 2017; they will become a part of the Region's accreditation process in 2019. (The three remaining affiliates – all Extendicare facilities – are accredited with Accreditation Canada via their organization's national process).
- RQHR will be having a two-day Visioning/Strategic Planning session for long-term care at the end of November. The purpose of the session is to reconfirm the values that underpin our approach to resident/family-centred care, and to prioritize our next steps in continuing to improve the quality of care delivery, and the quality of life for long-term care residents.

In reviewing all of the above changes, the question could be asked – what difference would this have made for Margaret Warholm? Ideally, with complete implementation of all of the provincial guidelines, Ms. Warholm's deterioration in health would have been prevented, or at least more compassionately managed. (We refer you to the response letter from Santa Maria, which provides in great detail the many responses undertaken by their management team and staff). Had her decline in health not been prevented RQHR would have become aware much earlier (as a result of improved reporting and monitoring processes) and we would have been able to intervene and assist Santa Maria in their response.

The death of Margaret Warholm was a tragedy for her family, and we are very sorry for our role in the deterioration of her health, and her passing. We are thankful for Ms. Warholm's family and their advocacy for their mother and for long-term care residents in general. As a result of their efforts RQHR has undertaken much reflection into the quality and safety of our long-term care services. We are committed to learning from our mistakes, and we are committed to ensuring that all long-term care residents, and their families, can be completely confident in the quality of care that they receive in any of our facilities.

We are appreciative of the Ombudsman's recommendations, and welcome further feedback.

Sincerely,



Michael Redenbach
Vice President
Integrated Health Services

cc. Keith Dewar, President/CEO, RQHR
Gretta Lynn Ell, Executive Director, RQHR
Dan Kohl, Executive Director, RQHR
Debbie Sinnott, Executive Director, RQHR