SUNNYBROOK HEALTH SCIENCES CENTRE
VETERANS CENTRE

External Review

Chronic Care Level 3 beds

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Veterans Centre – Chronic Care Level 3 beds

January 21-25, 2013

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Background

Sunnybrook Health Sciences Centre has been operating the largest veterans' care facility in Canada. Working in close partnership with Veterans Affairs Canada (VAC), Sunnybrook offers long term and complex hospital care to 500 veterans from the Second World War and Korean War, and has been serving the Canadian Armed Forces for 65 years. In November 2012, media reports about quality of care led to the initiation of two external reviews. The first review was completed by VAC on December 10-16, 2012, and included all the 500 beds in the Centre. Two observers from the Office of the Veterans Ombudsman were present during this review. In January 2013, VAC established an External Advisory Committee to provide advice and oversight to review findings and established a Nursing Liaison Role for the Centre.

In order to exercise additional due diligence, Sunnybrook Health Science Centre, supported by the Ministry of Health and Long Term Care in Ontario, initiated a second external review. This second review was completed from January 21-25, 2013 by Dr. Karima Velji. The second review complemented the review completed by VAC, and was limited to the 310 Level 3 chronic care beds in the Veterans Centre. More specifically, the review covered quality of care in the 130 physical support and 180 cognitive support beds in the George Hees and Kilgour Wings.

This report highlights the objectives and methods of the external review. The key findings will be described thematically, and recommendations for action will be outlined.

Objectives

The purpose of the external review included the following objectives:

- To conduct a quality of care review by assessing current processes and practices related to the residents of the complex continuing care beds at the Veterans Centre at Sunnybrook Health Sciences Centre with a specific focus on recent complaints from family members;
- To identify any systematic issues with respect to the quality of care of these residents against existing policies and procedures and best practices/standards for complex continuing care;
- To formulate recommendations to the Directors of the Veterans Centre, hospital management, the Board Quality Committee and Veterans Advisory Committee of the Board, that will contribute to the resolution of any systematic issues identified;
- To develop, if necessary, an action plan to guide the implementation of the recommendations.

Methods

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

Document Review

A review of existing information was completed including recent results of NRC Picker patient and family satisfaction surveys, 2010 findings regarding Sunnybrook's performance against Accreditation Canada standards, policies and procedures, and quality indicator reports available through Canadian Institute of Health Information (CIHI). The following documents with drill down reports were reviewed and analyzed:

- NRC Picker patient and family satisfaction survey results and action plans (September 2011)
- CIHI reports of quality improvement indicator trends (adjusted and unadjusted results) against provincial benchmarks (Q2 2011 - Q2 2012)
- Accreditation Canada on site survey report (November 2010)
- Critical incident and near miss reports and trends (2011 and 2012 year to date)
- Patient safety and executive safety walk around report (May 3, 2012)
- Records of commendations and complaints (2011 onwards)
- Issues management action logs (2012)
- Policies and procedures pertaining to quality of care, patient relations, issues management, staff safety
- Staffing reports, including staffing levels, staffing coverage, sick call management
- Staffing benchmarking and Case Mix Index (CMI) trends
- Patient transfer data
- Resident and family Council minutes (2011, 2012)
- Program Council minutes (2012)
- Respect program (Code of Conduct – 2010)

- Media reports (November 2012 onwards)

- Best Practice Guidelines used in the Veterans Centre (selected)

- Veterans Centre model of interprofessional care (September 2012)

- Veterans Centre orientation and welcome package for residents and families

- Veterans Centre respect agreements

Focus Groups

A number of focus groups were held with residents, families and staff. The focus groups were communicated to the stakeholders through inserts in the program newsletter, notices posted on elevators, unit based communication and on the Sunnybrook.ca website. Focus groups were offered during the day and evening timeframes to enable family participation. The following describes the number of focus groups and participants:

Type of meeting	Number of meetings	Number of attendees
Residents	1	13
Families	4	20
Staff	3	30
Leadership team	1	10
Interprofessional Practice Council	1	8

Individual Interviews

Individual interviews were conducted, including a specific focus on family members who had been the focus of reports in the media:

Type of meeting	Number of attendees	Comments
Residents	2	Including Chair of Resident Council
Families	8	Including Co-Chair of Family Advisory Council
Staff and leaders	7	Including Patient Relations Officer

In addition to the formal focus groups and interviews, several spontaneous conversations with residents, family members, volunteers and staff helped formulate the understanding of the issues. In total, more than 110 stakeholders informed the review, representing a good cross-section of all the units in the two wings of the program.

An interview/focus group guide was used to facilitate the discussion. Participants were assured that the results of the discussions would be presented in aggregate and not associated with their individual identity. Participants were asked to focus on the issues of quality of care and reflect on the following types of questions:

What are you proud about?

What things impact positively on quality of care?

What keeps you awake at night?

What things impact negatively on quality of care?

How do you bring your concerns to someone's attention?

How well are your concerns addressed?

How do you escalate your concerns within the Centre?

What is one recommendation that you would like to write or influence in my report?

Analysis of the Complaints Process

A full analysis of the complaints process was conducted by probing the area in the focus groups and interviews. Policies to oversee the patient relations process were reviewed. Logs to trend the issues and actions were reviewed at the program and unit level.

Observation of Care Process and Unit visits

A tour of the program was conducted prior to the review. During the review, spontaneous visits of selected units were conducted. Observation of the processes of care and rhythm of the units, cleanliness and organization, staffing patterns and staff interactions were done.

Key Findings

The review was completed with ease. Requested information was made readily available by program leaders. All stakeholders appeared open and willing to discuss their perspectives, and made valuable suggestions for enhancing quality of care. Debrief meetings were held every day with program leaders and schedules were amended to accommodate all the residents, families and staff who wished to provide input to the review.

The analysis of the documents and data obtained from the interviews and focus groups are organized into themes. These themes are presented below as findings of the review:

Third-party assessment of quality and safety

Accreditation Canada Survey

The Veterans Centre was accredited in November 2010 by Accreditation Canada. The accreditation process tested the program against 121 standards. Tracer methodologies were used to test the standards at the point of care level. The reviewers concluded that the Veterans Centre was a "flagship for long term care in Canada." The review concluded that the program had met all the standards, and was recognized for two leading practices that were shared with the field. According to Accreditation Canada, leading practices are noteworthy examples of innovative service delivery that are worthy of recognition. The leading practices for the Veterans Centre included the Partners in Veterans Care Workshops (described as a workshop with families, staff and residents dedicated to improving communications), and Quality Indicators for Recreation Therapy.

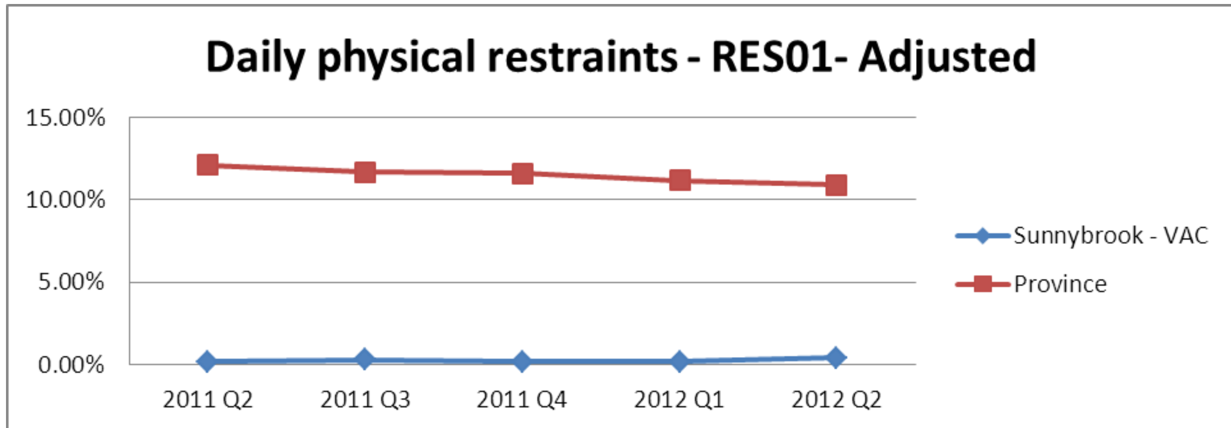
Quality Indicators

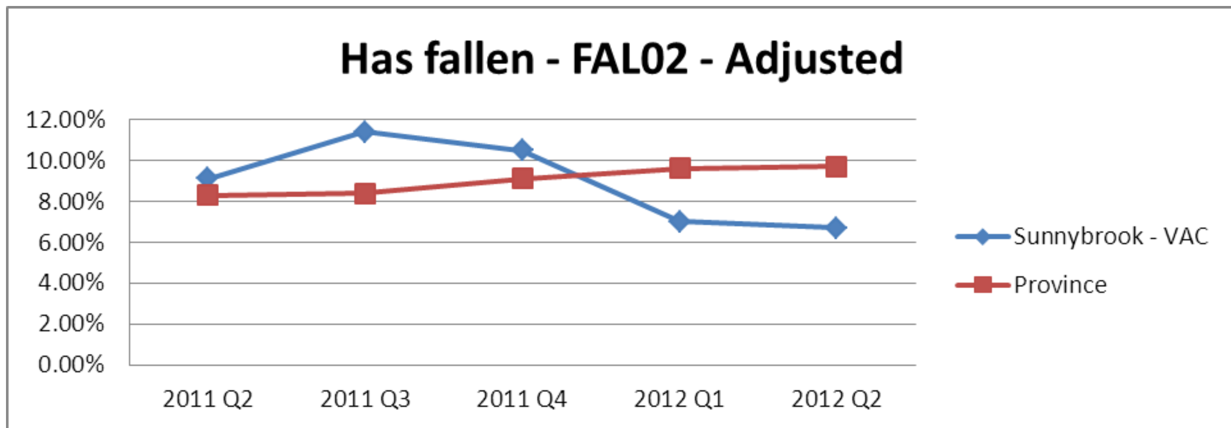
The Veterans Centre monitors a number of quality indicators on a quarterly basis to evaluate the outcomes of the program. These indicators are based on standardized assessments using the standardized Continuing Care Reporting System/Minimum Data Set (CCRS/MDS) methodologies used in the province. The data that populate the indicators are sourced quarterly from the computerized clinical documentation system (Point Click Care) and submitted to the Canadian Institute of Health Information (CIHI) which compiles the Quality Indicators (QIs) and submits reports to the program (and to all other chronic care and long term care facilities in Ontario). The results of the program are assessed against benchmarks of provincial results. Reports are discussed at the program and unit level, and action plans are used to address areas of concern.

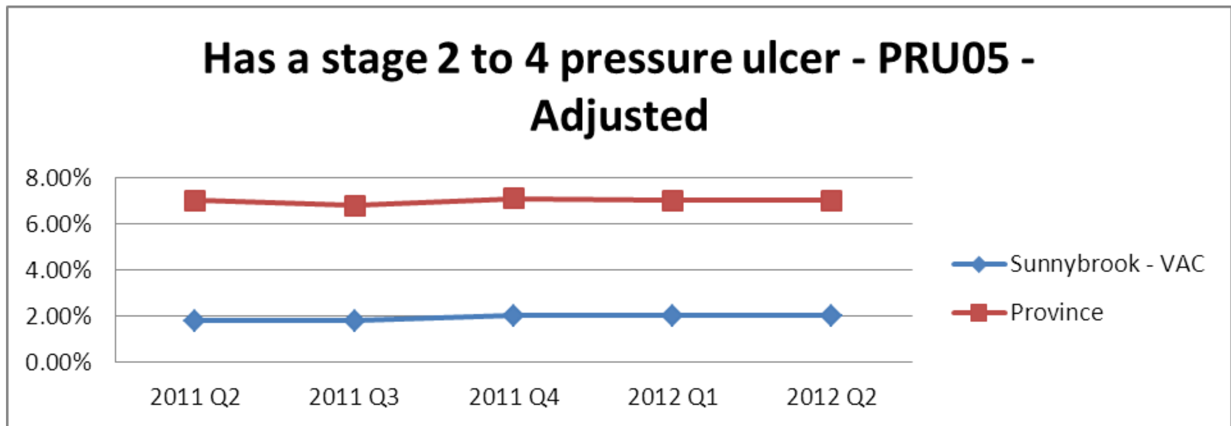
Review of QI trends (adjusted and unadjusted) for the 310 chronic care beds from Quarter 2 (2011) to Quarter 2 (2012) shows that the program performs better than provincial benchmarks in 24 out of 35 MDS based QIs. QI results have to acknowledge the average age of the residents (90 years) and deteriorating clinical conditions such as decreased mobility and dementia.

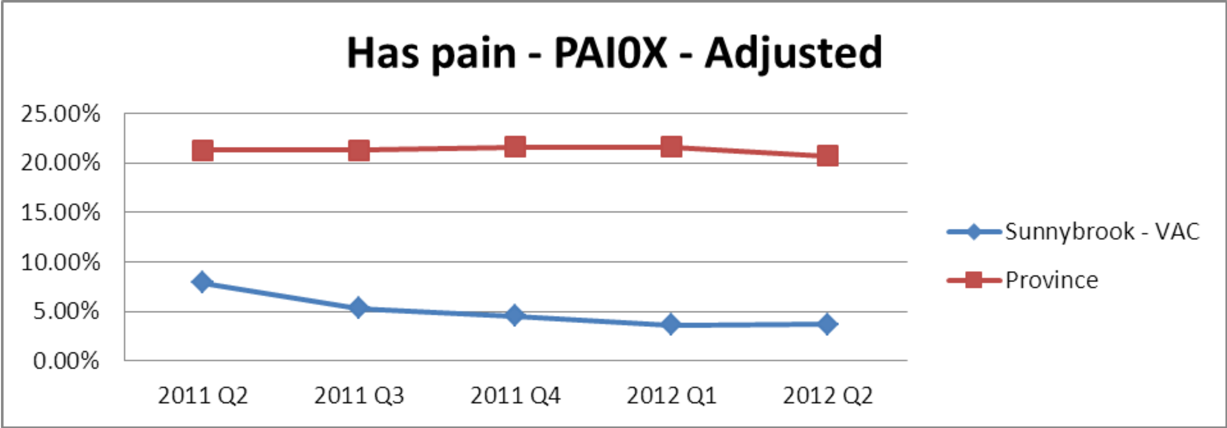
Of particular note and commendable is the performance of the program on restraint use, falls, pressure ulcers and pain, amongst others. For the quality domains of locomotion and continence, performance is both above and below the provincial average, whereas for behaviours it is below. These three indicators should be analyzed further to determine if the results are due to worsening clinical conditions of the clients, or if they are an area of potential quality improvement focus. While the program evaluates its QI results against provincial benchmarks, it does not set its own stretch targets at the unit or program level to drive performance, and should consider doing this for QIs where it is already exceeding provincial benchmarks.

The Veterans Centre performs better than provincial benchmark in the following indicators (selected):

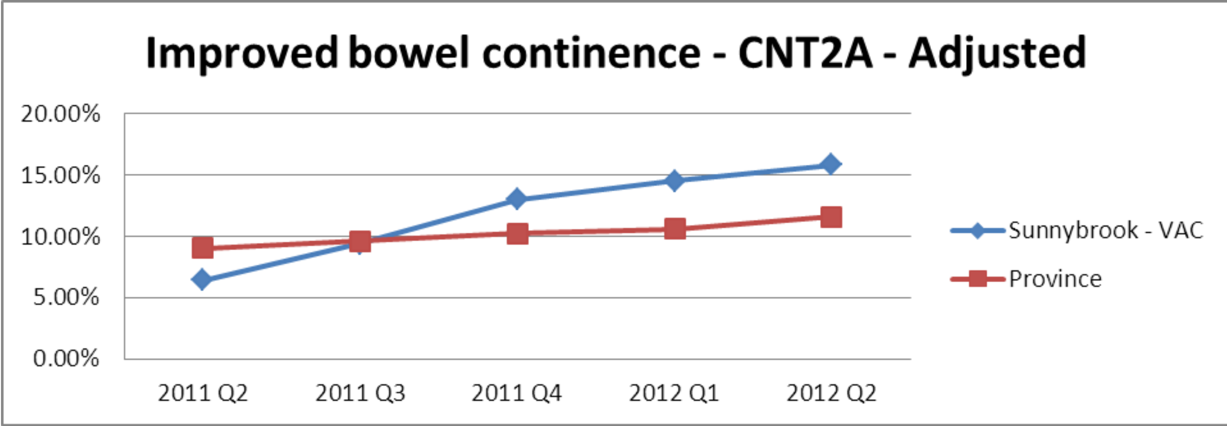




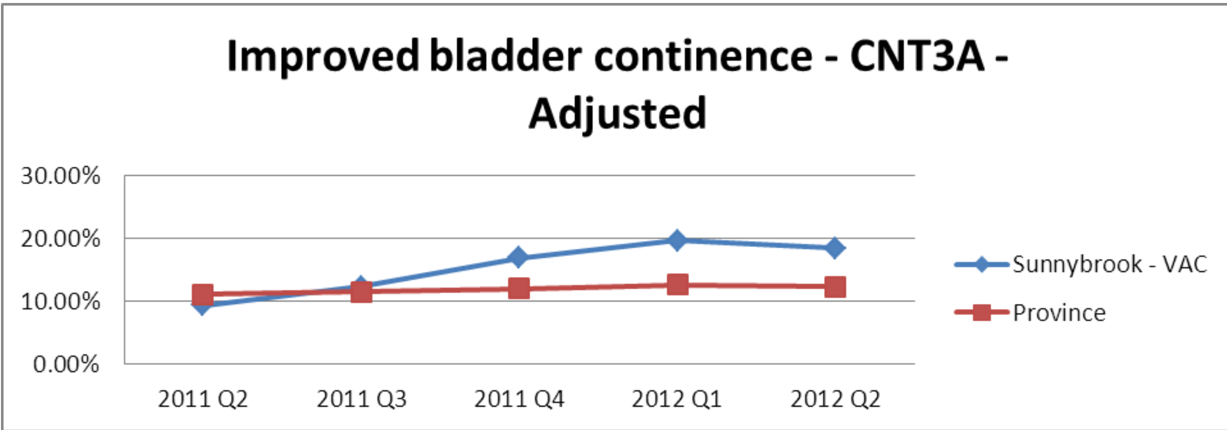




Has pain - PAI0X - Adjusted
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
2011 Q2
2011 Q3
2011 Q4
2012 Q1
2012 Q2
Sunnybrook - VAC
Province

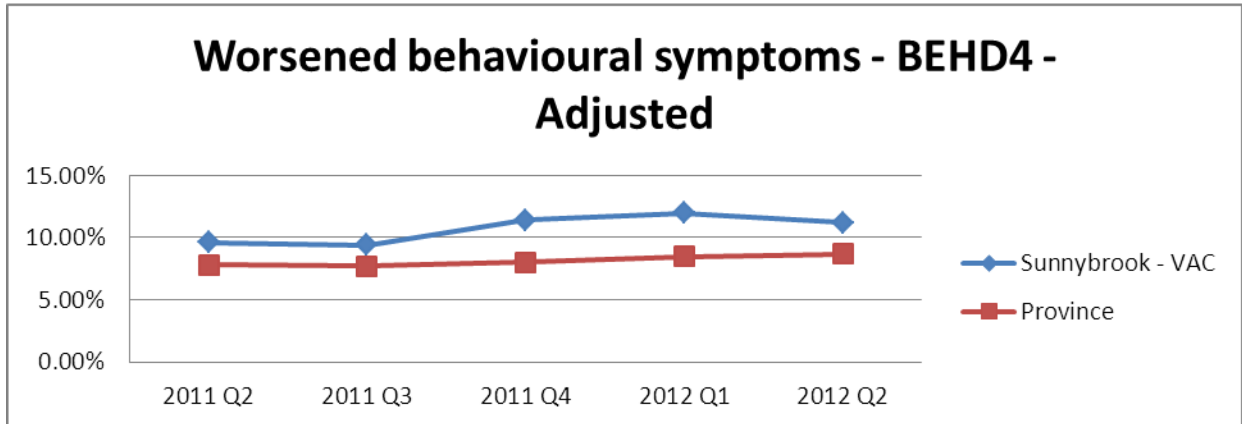


Improved bowel continence - CNT2A - Adjusted
20.00%
15.00%
10.00%
5.00%
0.00%
2011 Q2
2011 Q3
2011 Q4
2012 Q1
2012 Q2
Sunnybrook - VAC
Province

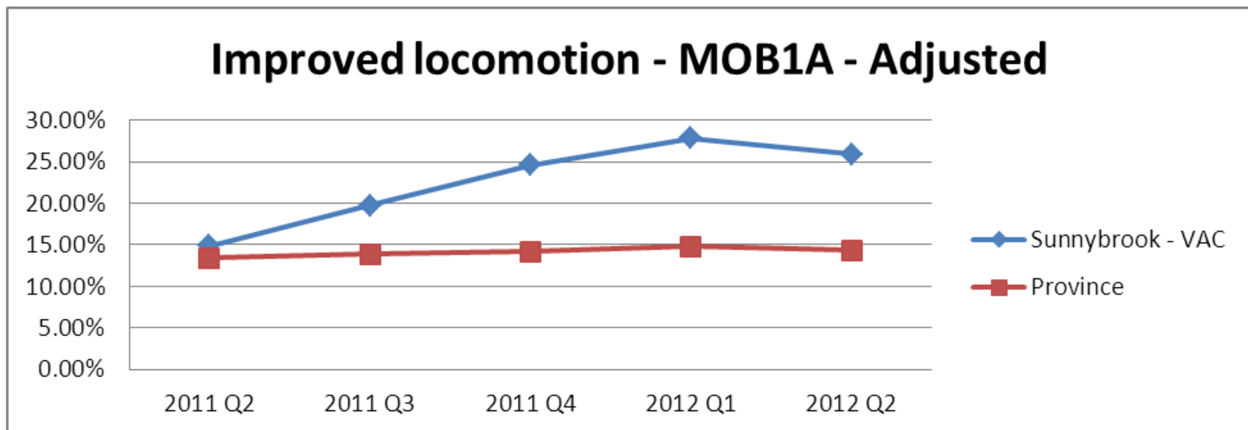


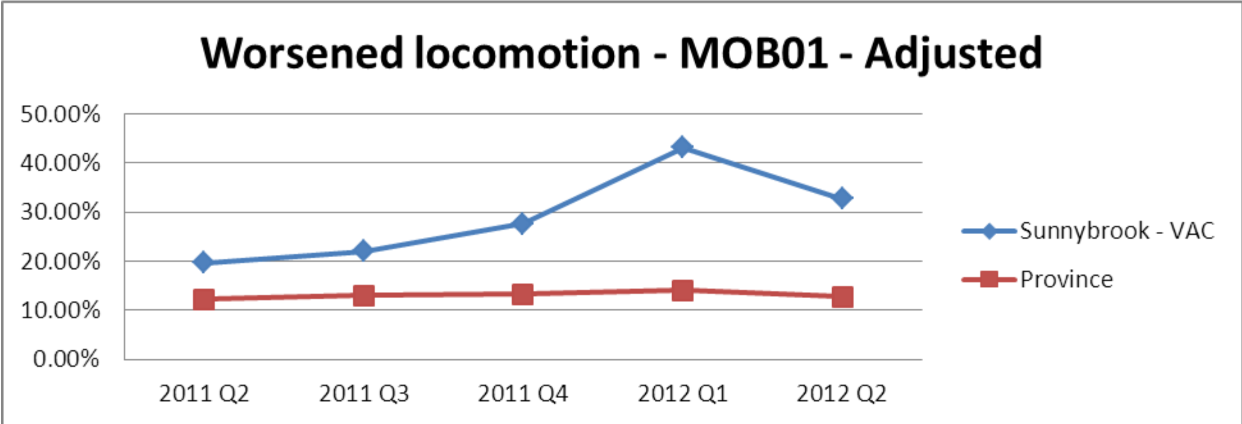
Improved bladder continence - CNT3A - Adjusted
30.00%
20.00%
10.00%
0.00%
2011 Q2
2011 Q3
2011 Q4
2012 Q1
2012 Q2
Sunnybrook - VAC
Province

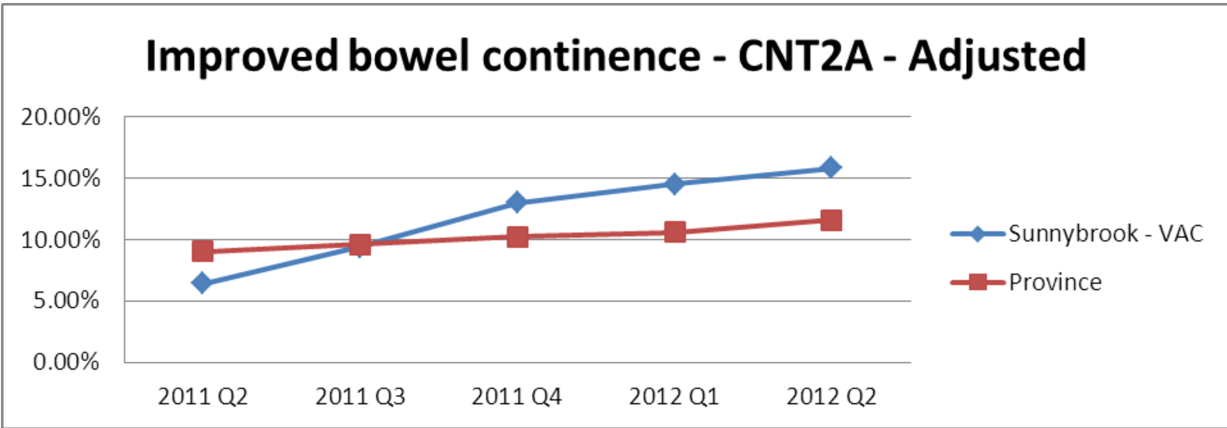
The Veterans Centre performs worse than provincial benchmark in the following indicators (selected):

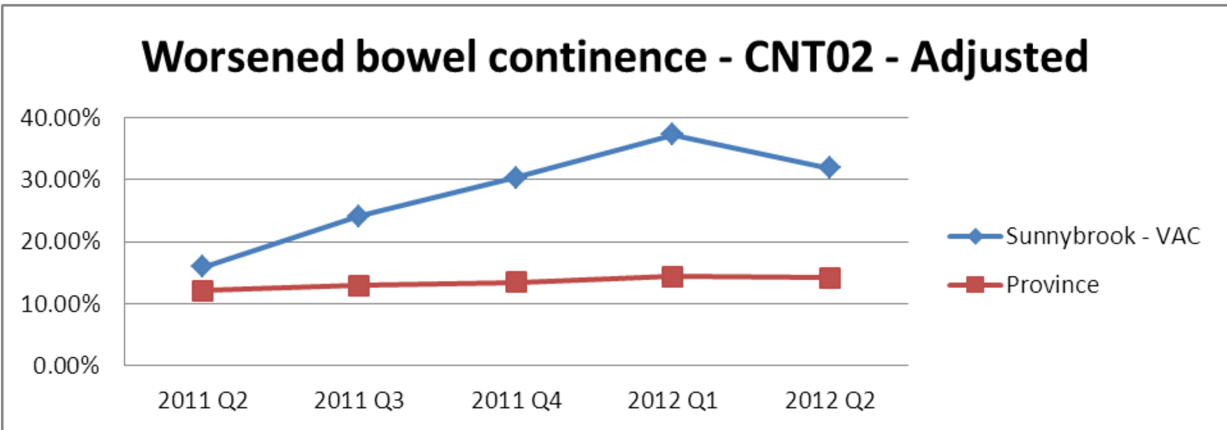


The Veterans Centre performs better than provincial benchmarks on “improvement” indicators for locomotion and continence and worse than provincial benchmark in the “worsening” indicators for the same QIs.









It is also important to note that all organizations in the province who use these indicators demonstrate variability in performance, i.e. excelling at some indicators more than others due to the characteristics of

the populations they serve, their clinical expertise in certain areas of focus, and their quality improvement activities.

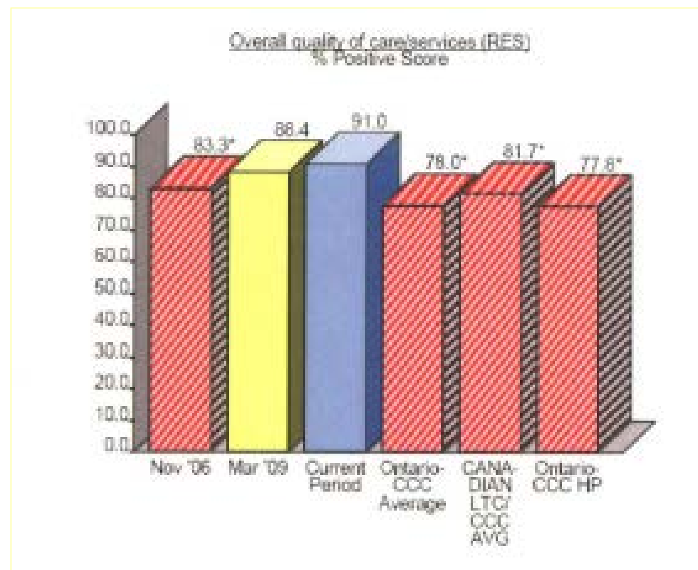
Resident/Family Satisfaction

The Veterans Centre evaluates the satisfaction level of its residents and families every 18 months. Surveys are conducted using third party interviews and surveys completed through National Research Corporation Picker Institute (NRC Picker). Eight dimensions of client centeredness are tested by the surveys and results are presented against provincial benchmarks and high performers. Areas of strength and improvement are identified in the survey report. Results are available at the unit and program level. Each patient care unit is expected to enact the action plan for its own results. The Veterans Centre is encouraged to develop areas of focus and action plans at the program level, and to conduct spot audits/surveys of a sample of residents and families between the 18 month cycles.

The latest NRC Picker survey was completed in September 2011 and highlights the following results for the entire Centre (500 beds):

Resident Satisfaction

440 residents responded to the survey, a response rate of 93%. Overall quality of care (91%) and all domains combined score (76.2%) was rated higher than provincial and national benchmarks, better than previous performances in November 2006 and March 2009, and in many instances exceeding the performance of high performers in the field.



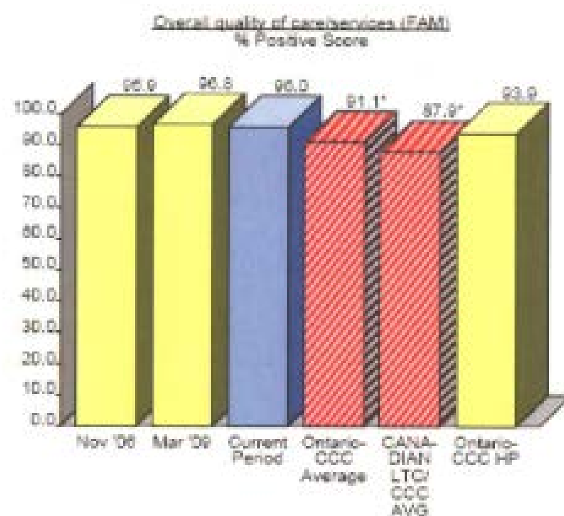
Drill down of the results indicates little variation among patient care units, with the following areas being highlighted as areas of strength and areas of improvement for the Centre:

Top 3 areas of strength	Sunnybrook	Provincial Average	High Performer
Enough opportunities for personal activities	98.7%	89.6%	91.2%
Residence clean and tidy	93%	88%	93.9%
Given enough time to eat	92.4%	87.1%	96.9%

Top 3 areas of improvement	Sunnybrook	Provincial Average	High Performer
Participate in activities	44%	29%	52.3%
Someone would know if you hurt yourself	46.1%	62.9%	65.3%
Choose when to have bath/shower	46.3%	44.8%	51.7%

Family Satisfaction

229 families (response rate = 62.7%) completed the survey. Overall quality of care (96%) and all domains combined score (87.5%) was rated higher than provincial and national benchmarks, and better than previous performance levels for the Centre in November 2006 and March 2009, and established the Veterans Centre as a high performer in the field. Of note is the fact that family satisfaction rates were higher than the resident rates. Based on the reviewer's experience in similar facilities, families are (on average) less satisfied with care compared to residents.



Drill down of the results indicate little variation among patient care units, with the following areas being highlighted as consistent areas of strength and areas of improvement for the Centre:

Top 3 areas of strength (high performer results)	Sunnybrook	Provincial Average	High Performer
Feel welcome on unit	97.7%	93%	94.9%
Staff polite and courteous	97.3%	92%	95.9%
Quality of care and services over the last year	96%	92.5%	97.8%

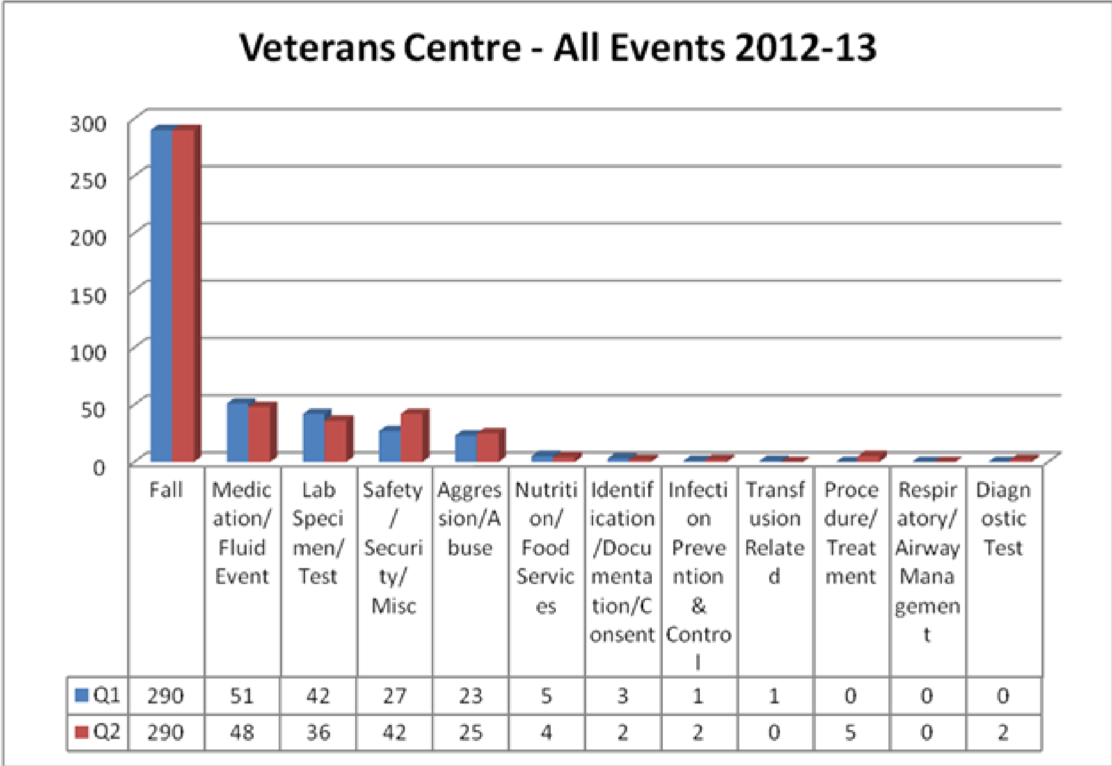
Top 3 areas of improvement	Sunnybrook	Provincial Average	High Performer
Enough staff for resident needs	63.9%	40%	51.4%
Encouraged to bring personal items	68.7	58.8%	63.9%
Staff follow up with requests	74.3%	70.6%	83.8%

Patient safety

The policies and procedures to address resident safety were reviewed. There is a patient safety system in place to capture critical incidents and near misses. A just culture philosophy is in place to encourage the reporting of such incidents. Appropriate investigations are initiated following these incidents and action plans are put into place. Level of harm is categorized and tracked. Patient care managers and advanced practice nurses are responsible for reviewing and investigating the safety reports and initiating and completing action plans. Most of the action planning is at the unit level, which is commendable. Quarterly trends are provided and reviewed at the Veterans Centre Safety Committee and Program Council. The Veterans Centre sets unit and program specific safety goals. The program can enhance its mechanisms to share the learnings from critical incidents across the program.

The Veterans Centre has also initiated executive safety walk rounds, where members of the senior team, including the President and CEO, probe safety concerns and address them. The Centre has quarterly liaison meetings with plant operations and maintenance and environmental services to address safety issues on an ongoing basis.

The trends and types of critical incidents are highlighted below. The majority of the safety events are related to falls and incidents that led to no harm. Nine incidents in Q1/Q2 2012/13 were categorized as “major harm” and were all related to injuries that residents experienced with a fall (e.g. hip fracture). Although the province does not have a standardized system to benchmark critical incidents in complex continuing care and long term care settings, the number and type of incidents seem to be comparable or lower than other facilities, and the program can initiate a focused benchmarking exercise with other leaders in the system. The Veterans Centre is commended for its zero-restraints policy and practice which may trigger a higher number of falls. The number of falls with injuries appears to be comparable or lower than other facilities who serve an older clientele, most likely because the program uses best practices such as the use of hip protectors on high risk clients.



Resident perspectives

Interviews and focus groups were conducted with residents who had cognitive capacity to participate in the discussions. Residents were forthcoming in expressing their views in the formal interviews, and reached out spontaneously in the hallways and units.

Residents expressed overwhelming pride in being at the Veterans Centre, relating the deep and authentic respect the Centre conveyed about veterans' contributions. They felt honoured and respected by all staff in the Centre. Consistently, residents expressed their deep satisfaction with the quality of care in the Centre. In particular, they highlighted the caring and compassion of staff who cared for them, emphasizing the care of primary nurses and physicians who were assigned to their care. They expressed gratitude for being in the Centre with comments such as "the Veterans Centre has returned my life to me," and "I have found a renewed purpose in life at the Centre." The residents complimented the level of meaningful activities and trips that they were able to participate in. They appreciated the quick access to specialty and acute care services at Sunnybrook relating "my medical needs are attended to swiftly and quickly." They praised the natural external physical surroundings and related satisfaction with the overall level of cleanliness. They related their life experiences and expressed gratitude for the services of the staff (e.g. chaplains) that had assisted them to transition from home to institution.

With regards to areas for improvement, residents expressed variable satisfaction with food choices and offerings. More than half were satisfied with food offerings and others expressed variable constructive feedback about the texture, menu choices, and taste of food.

Residents also expressed that while they were satisfied with the level of nurse staffing support extended to them personally, they were concerned about the workload of staff in the "dementia units" where the dependency level and care needs were higher. Lastly, residents consistently expressed distress about the media reports. They conveyed personal pride in the Centre and expressed their concern about how their Centre was being portrayed in the media.

Family perspectives

While residents expressed general satisfaction with care in the Centre, family members conveyed experiences that were more variable. Interviews and focus groups included spouses and children, mostly family members who held Power of Attorney responsibilities for their loved ones. Thus, the family members who participated in the review were largely associated with units with more dependant residents and residents who had higher cognitive needs.

All family members expressed their deep love, respect, and advocacy for their loved ones. While there were a small number of unique concerns, there were agreements on the common themes highlighted below.

Most family members expressed satisfaction with the caring and compassion of staff in the Centre. They were able to pinpoint stellar staff, particularly primary nurses who were assigned to the care of the residents. More than half of the family members expressed satisfaction with the management support on their unit and the patient relations process in the organization.

Most family members relayed the process of decision-making to admit their loved ones to the Centre. They expressed their decision-making process in detail, relating that the decision to move a loved one from their own home in the community into an "institution" was "the most difficult decision for me and my family." Selected family members expressed concern about dynamics within their own family units – in particular, between those who have responsibility and designation as POAs and those who don't. The latter felt disempowered in their advocacy efforts on behalf of their loved ones.

All families related that they chose the Centre because of its focus on veterans and also because of its reputation as a "centre of excellence" and "state of the art facility." They expressed heightened expectations for the Centre on behalf of their loved ones "who had put their lives on the line for the

country.” When families expressed concerns, the following areas were the most commonly expressed themes.

Some family members expressed concern about the on-boarding process used in the Centre. They expressed the need for a better orientation process during the process of admission, including clarification of expectations, a tour of the Centre and unit, and one-to-one support. They also expressed the need for heightened support systems for families during this difficult transition process (e.g. psychological and social support, peer groups, etc.), and ongoing two way communication opportunities. They unequivocally expressed the need for more frequent family meetings (family meetings are held 6 weeks after admission, and annually afterwards, with in-between meetings as needed).

Some family members expressed concern about the level of nurse staffing support on the units, and the workload of nurses. They expressed awareness that this was a “system-wide issue” in complex care and long term care settings, but felt that their loved ones – the veterans – deserved better. They were particularly concerned about the level of nursing support on the cognitive support units. They felt that there was a difference between the care of those who were able to direct their own care and the care of those who were more dependant on others. They were astutely aware of staffing levels, staffing mix and staff allocations across all shifts. They expressed concern about the recent staffing recalibration in the program which involved reduction of registered nursing positions on the day shifts. They acknowledged that the recent staffing changes were the “lightning rod” and probably triggered the escalation of the issues to the media. They were most concerned about the level of staffing support on evening, night and weekend shifts. While they appreciated the presence of the primary nursing model of care, families expressed concern about continuity of care, and the multiple nurses assigned to the care of their loved ones. Several family members related that they had employed private caregivers and companions to augment the care of their loved ones.

Some family members expressed concern about the variation in staff knowledge, competency, professionalism and attitudes on the unit. They recognized that the vast majority of staff demonstrated good knowledge, professionalism, and skill and they cited specific examples and instances of commendable and concerning interactions between staff and loved ones. They related that a “minority” of caregivers who did not demonstrate professional behaviours and attitudes were not being addressed as they had powerful unions representing them. They expressed the welfare of their loved ones was the first and foremost concern for them, and they would exercise their advocacy on behalf of their loved ones at all times.

Some family members expressed concern about the variation in the visibility, presence, and support of managers on the patient care units. Many family members were able to identify by name the managers who extended caring, compassion and responsiveness to their needs. They applauded the visibility and presence of these managers on the unit and praised the managers for 'taking charge of their units" and being "on top" of the issues. Other family members were not able to identify the manager on their unit or expressed dissatisfaction with their approach. They felt that certain managers ignored their concern or "laid down the law" with them when they brought up concerns.

Family members expressed distress about the variation in practices across units on various matters pertaining to the care of their loved ones. For example, they expressed that different units had different practices with regard to family member presence in dining rooms, medication delivery, and private companion roles.

Some family members expressed full awareness of the complaints process in the program. They were aware of escalation procedures including the presence of the Patient Relations office. They related that while these structures and procedures are in place, the problem is not in "what" but "how" their concerns are attended to, and disagreements about the solutions to the issues.

Some family members expressed concern about the frequency of resident moves within and between units. They related distress related to witnessing the clinical changes - physical and cognitive changes and deterioration in their loved ones. They recognized that moves were mostly prompted by clinical needs of their loved ones and others, but stressed that the Centre and unit had become their new "homes." They expressed particular concern about moving between the two wings and the adjustment to new surroundings, routines and staff. They related that at certain times, they were not informed about the move until they visited their loved one. They expressed a need to employ better practices and policies around moves, and for the need to recognize that the Centre is a "home" unlike units in the acute care setting.

Some family members expressed concern about the worsening of certain clinical conditions in their loved ones, particularly, continence, mobility, and behavioural symptoms. They felt their wheelchairs and diapers were used more readily instead of mobility and toileting routines due to workload concerns and that the mobility and continence protocols could be enhanced. They expressed concern about the "diaper change policy" and the amount of time people spent in the same diaper sitting in their wheelchairs.

Some family members expressed concern about the physical environment, particularly, concerns about lack of cleanliness, and age and cleanliness of furnishings in the units.

Some family members expressed concern about the level of "activity" support for their loved ones, particularly for those residents who needed more assistance. They expressed that the service offerings were superior compared to other facilities, but support should be enhanced to get the residents to these activities.

Some family members expressed concern about the food offerings, particularly menu choices and food textures. They also expressed concern about the level of staffing support for feeding and meal times, and expressed concern about the nourishment of their loved ones if they did not visit and support this activity around mealtimes.

A small number of family members related concerns about the diversity of staff in the program – in particular, the communication skills of the diverse workforce.

Staff perspectives

All levels of staff participated in the focus groups including nursing staff, physicians, and health disciplines. Staff members were most open and forthcoming in expressing their views.

All staff members expressed a deep sense of caring, compassion and respect for the population they served. All staff expressed respect for the veterans and related that they made conscious decisions to work in the Veterans Centre to honour and "give back" and thank the veterans. All staff expressed pride for the level of care, expertise and support available in the Centre. They expressed an understanding about the care on behalf of the special population they served, and felt they had stepped up and internalized these expectations. The genuine respect and professionalism was palpable across all interviews and focus groups.

All staff members expressed pride in their practice and the use of best practice guidelines in the Centre. They expressed much pride in their colleagues and expressed gratitude for the interprofessional relationships and support, and the teamwork. They particularly commented positively on the level of physician collaboration, presence and support in the program.

Certain staff members expressed concern about level nursing workload on the units. In particular, they expressed concern about staffing in the afternoon, evening and weekend shifts. They also expressed concern about adjustment to recent changes in staffing levels and staffing mix on the units. They related meal times as being amongst the busiest times on a unit, and expressed a need for meal time support. Some staff members felt the access to equipment and supplies could be improved on some units. Staff related the need for more environmental cleanliness and support.

Staff members expressed that they enjoy positive therapeutic relationships with all their clients and the vast majority of family members. They expressed distress about not being able to meet the expectations of a selected minority number of family members (1-5% of families in the program). They felt that some of the families were experiencing deep adjustment issues with regard to moving their loved ones in the Centre and with their deteriorating clinical conditions. They related that a small number of family members expressed their needs in disrespectful ways and had a level of expectations (such as one to one support of their loved ones) that cannot be met by the program. Some staff related that certain family members "spy" on them by looking over and directing every aspect of care that is provided, often challenging their professional judgement. They relayed that certain family members used cameras and phones to record the care provision. They relayed that a small number of private companions serve as an extension of the vigilant families by providing frequent reports to families about the care provision and concerns they may have. They relayed that certain small numbers of family members want private caregivers to direct the care of the professional staff in the program. Staff members expressed that the level of attention and time demanded by these families had the potential to compromise the time and attention to all the other residents and families. Staff members expressed that a small number of families used disrespectful language in their communication with staff, including racial language that expresses their discomfort with the diverse workforce in the program. They expressed that family dynamics and rifts play out on "our backs" particularly when family members have different expectations about the care of their loved ones within the family unit. Staff expressed a need for better organizational supports to address the needs of these family members.

With the exception of one unit that had the cluster of the family reports to the media; staff related a positive stance, good energy and morale. Conversely, while staff on the one unit expressed ongoing pride, caring and compassion in their work, they expressed significant distress and tearfulness about their one to one interactions with selected family members, and distress about the coverage in the media about their unit.

Program leader perspectives

Interviews and focus groups were held with program leaders including the Operations and Medical Director of the program, Executive Vice President and President and CEO, Managers, and Advanced Practice Nurses.

All leaders expressed pride in the caring, compassion and professionalism of their staff, and also conveyed deep respect for the veterans.

They also related that they personally enjoyed deep and vibrant relationships with all the residents and the vast majority of the family members.

They expressed satisfaction with the level of support provided by their superiors and by the organization.

Unit leaders conveyed pride in the reputation of the Centre as a leader in the field and the level of attention to best practices and scholarship. They expressed that they had chosen to work in the Veterans Centre because of the honour of serving veterans and for the reputation of the Centre in the field. They expressed distress about the media reports about the quality of care.

Unit leaders conveyed that there was a variation in the level of visibility and presence of managers on the units. All expressed the need to re-balance their workload and to find more time with the residents, families and staff. They cited a need for supports for their own roles (e.g. clerical support) in order that they may free up more of their time with residents, families and staff.

Unit leaders expressed pride in their management and practice support to their staff. All leaders expressed that they were able to support their staff and hold them accountable.

Unit leaders expressed distress about not being able to meet expectations of a selected small number of family members. They felt that the organization needed to institute a cadre of supporting strategies and safety nets for these family members, over and beyond what they could do on the units. They expressed concern about the very small number of families who have lost "trust" in staff and in the program, and reflected on additional strategies that could be instituted to address their needs.

Organization level leaders expressed pride in the program leadership. The program leaders were recognized as early adopters of organizational initiatives and leaders who had high standards and who were able to support and hold their staff accountable.

Complaints process

A detailed analysis was conducted of the complaints (concerns and issues management) process in the program. This area was probed in all the interviews and focus groups. Unit based and program procedures were delineated. Policies and procedures and action logs were reviewed.

The Veterans Centre has the requisite structures, policies and procedures in place to deal with concerns and issues. The philosophy and expectation is that most concerns will be addressed at the point of care level by staff who care for the residents, and by the manager of the units. Most concerns are dealt with at

the point of care and selected concerns are escalated to the managers of the units or to the Patient Relations office.

Appropriate escalation procedures are present – such as the office of the Operations and Medical Director and the Patient Relations office. The latter is accessible and located in a visible location on the main floor of the complex. This service is advertised broadly in orientation and welcome packages and throughout the Centre.

Committee structures are in place for both residents and family members to bring forward their commendations and concerns. The resident and family councils meet monthly and meetings are open for anyone to attend. The councils work in partnership with management to address the needs highlighted. The chairs of the councils related several examples of issues that have been brought forward to the council (e.g. laundry services) and that have been addressed in timely ways.

Concerns are documented and followed, and action logs are put into place at the unit and program level. The Patient Relations office uses a formalized database to document the concerns, and to follow up, with a plan to use this data base on the unit level.

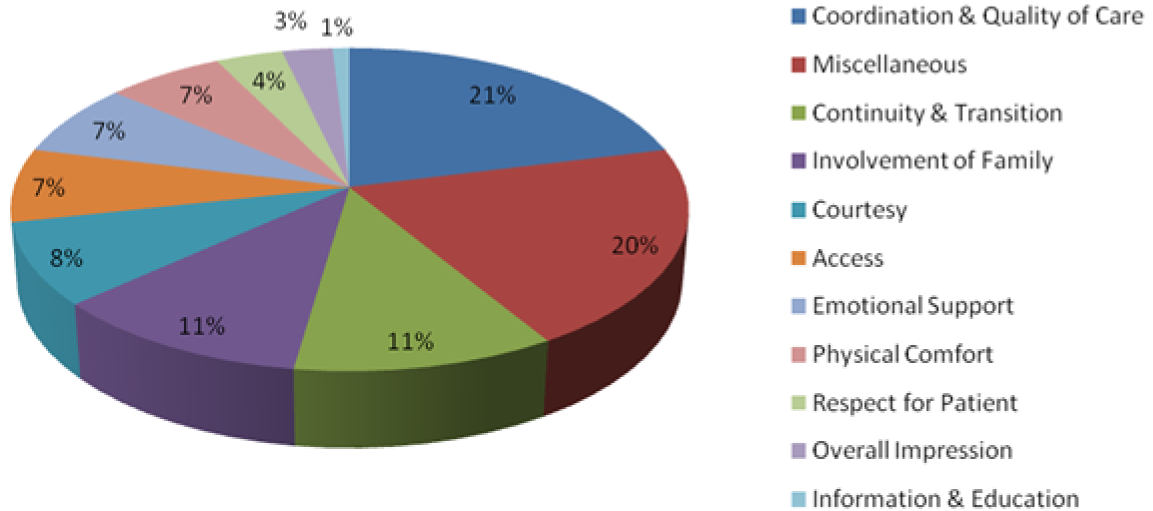
On average, the Patient Relations office attends to 7 concerns a quarter, lower than industry benchmarks. This number has escalated to 12 in the past two quarters. The rise is related to the cluster of 3-4 families on one unit who have subsequently escalated their concerns to the media.

Recent media reports have triggered an escalation in the number of unsolicited commendations that have come forward from residents and families highlighting their satisfaction with care in the program.

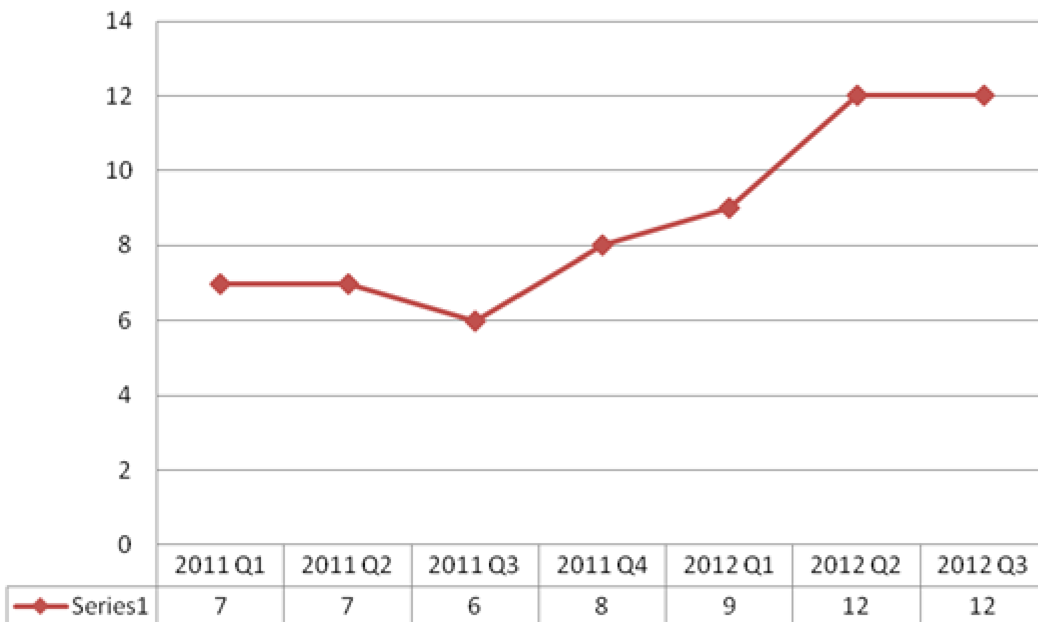
The program can further initiate the tracking of time between initiation of concerns and issues and completion of action plans and satisfaction level with the actions initiated.

The trends and categories of concerns tracked by the Patient Relations office are described below:

Categories of Concerns
April 1, 2011 - Dec 31, 2012



Veterans Centre - Patient Relations Concerns by Quarter
April 1, 2011 - December 31, 2012



	2011 Q1	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3
Series1	7	7	6	8	9	12	12

The trends and categories of commendations tracked by the Patient Relations office are described below:

Themes (April 1, 2011 – December 31, 2012)	Frequency
High quality of care	7
Staff are caring and respectful	7
Residents are given "loving care"	10
Residents are safe and comfortable	3
Family's expectations are met	4
Residents are treated with dignity	6
Staff go above and beyond	2

Deeper analysis of the issues that were further escalated to the media reveals a breakdown in trust and communication between selected family members and the program, mostly due to disagreements about the matters raised and how to address them.

Deep dive into selected concerns

Information was requested to more deeply understand two issues that concerned most of the family members, namely staffing levels and continuity of care and resident moves and transfers.

Staffing/Continuity of Care

The program initiated a nurse staffing benchmarking exercise with 5 complex continuing care and long term care organizations in the province in October 2011. Staffing benchmarks have to be used with caution as there may be variable practices between organizations about coding their worked hour and nurse patient ratio data. The populations within each facility may also vary with regard to age, clinical conditions, etc. It is also important to relate the staffing data with the case mix data for the program as this data delineates the complexity of the clients served. The Case Mix Index (CMI) data trend (Q4 2009/10 to Q2 2012/13) is 0.87 for the Level 3 beds, lower than the provincial average of 1.0, with some variation between units. The higher proportion of clients with cognitive issues related to dementia (59% of residents have a documented diagnosis of dementia) may not be well reflected in the CMI.

The nurse staffing levels have to be evaluated within the total context and care provided by interdisciplinary team members, and the processes of care related to how dining experiences are facilitated, medication administration is handled, etc.

The benchmarking exercise concluded that for 2012/13, after staff reductions of one Registered Nurse on the day shift of each unit, the number of patients per nurse in the complex care hospital beds would be higher than other hospitals visited. Nursing hours per patient day would be lower than comparator organizations though total worked hours would be slightly higher. The Veterans Centre has a higher proportion of registered nursing staff. Since the recent staff reductions have produced concern amongst some of the stakeholders, the program is encouraged to monitor the impact of these staffing changes closely, and to make recalibrations when appropriate.

A detailed analysis of staffing patterns was reviewed for all the Level 3 units. Staffing levels appear to be comparable or higher in the field (based on reviewers experience), higher for dementia units, and include a robust presence of interdisciplinary team presence as well as practice support by 4 advanced practice nurses and 5 patient care managers.

A snapshot report of staff coverage was requested for one month in 2012 to understand how absences are managed and staffed. More than half of the nurse staff absence is replaced by allocating replacement staff through the centralized staffing office. Less than one third of absences are replaced by overtime hours. The remaining hours are not replaced due to relief not required or relief not found. Half of the absences are replaced by the same level of staff (RN with RN, etc.)

Further, a two week snapshot of nurse assignment to residents was examined on one unit to determine continuity of care. There is more continuity of care on the evening and night shifts and the expected variation of staff allocations across all shifts associated with 24/7 workforce and 8-hour shifts.

Approximately 118 private companions and caregivers augment the companionship to 84 clients in the CCC units and facilitate the attendance to activities, etc.

Commendably, the program does not rely on agency or temporary staff.

Resident moves/transfers

Data were provided for resident moves and transfers in all of the 500 beds in the Centre in the past year (2012). The total number of individual residents cared for was 641. There were 116 transfers involving 96 residents. In addition, transfer and move data were examined for the 310 Level 3 beds. There were 98

changes in room assignments for Level 3 residents. The majority of the transfers (85) were due to changes in health status. Changes in health status included:

- Decline in health status requiring increased nursing hours, increased medical attention, increased observation, clients at increased wandering risk, have increased behaviours or no longer independently mobile. (Level 2 to Level 3, secure to non-secure unit or vice versa)
- Improvement in health status requiring decreased nursing hours, medical attention, way finding successfully completed, etc. (Level 3 to Level 2, secure to non-secure)
- Resident assessed on admission and relocated to a more appropriate unit. Application information was not consistent with the presenting profile of resident.
- Behaviours that can be managed only in specialized units
- Resident requiring oxygen on a continuous basis
- Infection, Prevention and Control direction
- Behaviour management/conflicts between residents
- Closer observation/monitoring required, e.g. moving a wandering resident closer

Other reasons included the following:

- Family/resident preference, e.g. private room has become available
- Accommodation of a new resident, e.g. moving residents to make a “female” room.
- Room repairs need to be done

The transfer and move data indicates a higher number of moves and transfers compared to other CCC and long term care facilities in the field (based on anecdotal experience of reviewer). The majority of the moves were related to clinical indications. The program is encouraged to examine their practices more closely with the philosophy that the program is the residents’ home, and to implement mechanisms to reduce the number of moves and transfers within the program.

Recommendations

The review delineated no systematic gaps in structures and processes of care, quality/safety mechanisms and patient relations mechanisms in the Veterans Centre. However, the review identified selected areas of enhancement that have been outlined in the analysis. The following recommendations are forwarded for consideration:

- The Veterans Centre should implement sampling mechanism to audit and survey residents and families between measurements done by NRC Picker. This will serve as a pulse check between measurements. In addition, the Centre should consider increasing the type and frequency of mechanisms to encourage two way communications with residents and families. The Patient

Relations office should consider implementing more proactive mechanisms such as quarterly resident and family forums, and more frequent proactive mechanisms with clusters of families with concerns.

- The Veterans Centre should implement enhanced approaches to address the needs of families from admission onwards. The program should consider a stronger adoption of the philosophy of "admitting a resident means admitting their loved ones." This includes more face to face time with families and residents prior to admission to provide them with the orientation information and the day to day experiences of the program. This will serve to calibrate the expectations, lessening the probability of disappointing families. The program should also implement enhanced protocols for family centeredness for those who need them – in particular, more frequent family meetings, peer support programs, etc. Enhanced family education about dementia and its progression may assist family members to cope with the transitions associated with this condition. Enhanced supports need to be put into place during handoffs and transition points such as resident moves. Alternative approaches should be sought to lessen the amount of resident moves and transfers within the programs (e.g. bringing services to residents rather than moving residents to access services).

- The Veterans Centre should further strengthen the visibility and presence, and approaches used by patient care managers across the Centre. The literature identifies point of care leaders as being the most crucial force in shaping the culture and accountability of units, including resident and family experience, staff accountability, patient care outcomes, etc. In particular, provision of requisite supports to the point of care leaders (patient care managers) can assist them to find the time to manage patient care. A protocol can be implemented to enable managers to know the residents and families on their unit, and to proactively wrap support systems around those who need them. Managers can implement unit based mechanisms to engage residents and families, thus catching issues before they escalate. In complex continuing care and long term care, an engaging management approach is more amenable than the rules based approach to enable long term relationships between all stakeholders.

- The organization should build on the existing respect agreements, and extend them to all stakeholders, including residents and families. Units need to be supported to systematically address the minority number of complex family dynamics and interactions, so that the energy of staff is dedicated to address the needs of those that are served by the Veterans Centre. In particular, protocols about handling differences in disagreements in care between family members

should be uniformly communicated and applied. Systematic mechanisms need to continue to be instituted to support staff members that have been impacted by ongoing and recent family dynamics.

- Lastly, The Veterans Centre should consider a lofty goal for the program – a bigger purpose – one that can become the unifying force to engage all stakeholders including residents, families and staff. This goal should be identified by all stakeholders and transcend the boundaries of day to day functions, and the usual mechanisms that are available in the field. For example, the program can set a goal of achieving upper quartile or higher performance in selected cluster of quality indicators that are important to residents and families, or set out to achieve an external certification in quality/safety or resident/family centeredness. This would serve as a visual representation of the "special and unique" nature of the program, continue to set it apart as a leader in the field, offer scholarship potential, and more importantly serve to unify the energy and activities of all stakeholders in a positive direction. The program should carefully examine its mobility, continence and behaviour indicators and protocols to determine whether QI trends are due to deteriorating clinical conditions or offer a quality improvement opportunity.

Conclusion

Sincere gratitude is extended to all the residents, families, staff and leaders who provided the requisite information and input in the most forthcoming ways. The review delineated no systematic gaps in structures and processes of care, quality/safety mechanisms and patient relations mechanisms in the Veterans Centre. The review did identify selected areas of enhancement that have been outlined in the analysis, and issues related to re-building trust and confidence of family members. The biggest opportunity for Sunnybrook lies in building bridges with families, and embracing an enhanced and proactive approach to family-centered care. The program is well suited to address this matter, building on its stellar reputation in the field and its existing strengths in resident centered care, robust quality and safety mechanisms, good patient relations structures, and the caring and compassion of its staff. The genuine and deep respect for the veterans is palpable amongst residents, families and staff, and will serve as a unifying force in bringing stakeholders together.