

SSM Conference 2015 – Comments from Table Group Discussion

What would improve the experience of Long-Term Care?

FOR RESIDENTS

These points were mentioned most frequently in some form:

- Relationships , personal connection, purposeful interaction – all departments involved
- Personalized space
- Animals - pets, dogs, cats, birds
- PIECES program – music therapy, more music for individuals, update resident interest form
- Allow family members to stay overnight
- Flexible meal times and meal options e.g. breakfast from 7 to 10; “breakfast club” where staff and residents cook breakfast – move toward flexibility bit by bit; get staff buy in; more frequent smaller meals
- CHOICES – LOTS!

These points were mentioned one or more times, but less frequently than those above:

- Privacy
- Own voice
- More volunteers to relate by doing things e.g. read a book to resident
- Story of the day
- Comment of the day
- Active engagement and interaction from/among residents
- Don't be afraid to talk about death – having dialogue
- Integrate normal activities e.g. having a day care in building
- If resident wants to speak, take the time
- Directed care by resident e.g. if they want to stay in PJ's so what
- Less routine for residents
- Happy staff who feel good about themselves and their jobs
- More responsive staff
- Residents live in small groups/pods and relate to the same staff so that relationships build
- HUGS
- Engage the outside for entertainment – share a grandchild, schools
- Engage students – record the stories – seniors who are able can share their stories
- Less labelling
- Welcoming environment – murals
- Baby dolls for some residents, stuffed animals
- All private rooms
- Don't depend on power chairs and other powered essentials – had just typed this when the power went out!!
- Avoid use of labelling
- Cooking in facility vs outsourced food
- Safe place to discuss frustrations and have input to change and care
- Time – if staff can give residents the sense of “all the time in the world for them”
- staff need support to give extra time where needed
- If resident knows you care, the actual time doesn't matter
- Prioritize care – no need for resident to get up by 8 or 9 am
- LISTENING IS IMPORTANT – listen to little details e.g. fitting braces properly, pain from sores
- Never underestimate what the resident knows

- 7 day/week recreation – families participate, opportunities for community outings, with help in funding e.g. complementary tickets to events
- “Face time” and Skype opportunities - volunteers could help?
- Focus on “can do” abilities not “cannot do”
- Opportunities for residents to share their stories
- Dignity and control of their lives
- Adequate staff at night
- More staff to help people eat – families not always able to help
- Palliative care at home – allow people to die at home (LTC home) rather than bringing to formal palliative care area
- Update provincial guidelines to be resident centred
- Why do people need to be in LTC? Support people to stay in their own homes only move to LTC is necessary

FOR STAFF

These points were mentioned most frequently in some form:

- Staff to feel valued – hold up staff as professionals
- Support from management – boss worries about safety glasses and white boards being done instead of care to residents
- Permanent staff assignments – continuity of care; 6 month staff assignment
- Training – skills, language, attitudes, value systems

These points were mentioned one or more times, but less frequently than those above:

- Establish trust with residents – all departments
- More education (staff and family) on “behaviour”, down with restraints
- Regulate private homes
- Extra 15 minute daily break for staff to interact with residents
- Stop offensive language, stop offensive teasing for staff and residents
- Put self in shoes of persons/residents
- More huddles, team work
- Make sure resources are available to ensure buy in is consistent
- Be appreciated, receive thanks!
- Always short of staff! More staff.
- Recruitment strategy
- Manager to be involved with unit and staff and residents
- Strong leadership – walking the walk
- Nurse practitioners in the LTC facilities
- Buddies – mentorship for staff
- Clear about what managers and facility expect – in orientation
- Report system – better tool to pass on information; recording all aspects of care so next shift of staff knows; reports take time, improve documentation efficiency
- Balance staff work load fairly
- Make governments aware of need for \$ and effective use of those dollars
- Communication – internal, external, written, oral and interpersonal
- Rigidity foregone for flexibility
- Registry of workers
- Safe place to discuss frustrations and have input
- Info sheet in bathrooms about a person’s likes/dislikes

- All staff have access to “care plan” information – consistently
- Use a website to share innovative ideas among staff and homes
- Staff/resident minimum ratios provincially
- Gerontologists and geriatric nurse educators needed
- Lists of physicians who are willing to help with Alzheimer’s Disease and dementia patients
- Critical shortage of Continuing Care Assistant Program (CCA), more seats in CCA training programs
- Internationally educated nurses as CCA – not well trained in hands on care. Must speak, understand, read and chart in English

FOR FAMILY

These points were the ones mentioned frequently in some form:

- Educate families prior to admission on e.g. DNR status, expectations like baths health care directives
- Respect from families to staff – too many expect to be first all the time
- Need to be realistic – social work needs to be more involved, stop sugar coating what LTC is all about
- Public awareness of “dirty little secret” of how much LTC residents require. Workers work hard and public needs to know that
- Better communication for families from pre-admission to end of life – throughout the journey; Welcome them to the circle of care and embrace their role

These points were mentioned one or more times, but less frequently than those above:

- Family/volunteer availability
- Volunteer and staff appreciation
- Better admission process
- Pre-admission is a maze – assessment process info needed – do paperwork in advance
- Pre-admission meetings with family, discussing challenges, meds, dentures, glasses jewellery, money, other expenses, furniture, personal items, etc.
- More care conferences; open discussion with families
- More invites to come participate in activities
- Education of general public – general societal understanding – reassurance of standards reduce fear factor based on negative reporting
- Neighbourhood meals with messages
- Ministry report – fear standards reports that focus on caretaker priority, not residents’ priority
- Fear move to homes away from home community
- Education regarding relaxed breakfast programs
- Vouchers for the cafeteria
- Allow family members to stay overnight
- Allow more time for families to decide if they want to accept a bed in LTC – have time for a tour, questions and not rushed into a decision
- Help families learn coping skills for relating to family members with severe dementia
- Who advocates for families?
- Less moving around from facilities
- Transparency, role definition
- Support groups
- Listening is not just “hearing”
- People should be encouraged to look into home options in advance of needing one