

## ▲ RIVERCREST CARE CENTRE STORY

January 2019



### ▲ Moving to a new home: a daughter's experience transitioning dad to long-term care

After a lengthy hospital stay, a plan was made to transfer Christine's father to the Rivercrest Care Centre at 10 a.m. on a Friday morning in July. Due to unanticipated delays the transfer didn't occur as initially planned and her dad didn't arrive at the facility until late afternoon. A Friday afternoon in summer – a time typically associated with leaving work behind, hitting the road, and heading out of town. But as Christine and I chat, she remembers her feelings that day and her first glimpse of the dedication of the Rivercrest staff. Wanting to make sure this new resident and his family received a good welcome, day-staff from multiple disciplines stayed into the evening to ensure they all felt settled and secure in this new environment. Before going home, staff needed to be certain all the details were in place for care and services to be initiated. Christine remembers making a strong initial connection that day with Graham, Rivercrest's social worker.

During the days and weeks of transition that followed, Graham acted as a consistent 'go-to person' with his door always open. Any questions or concerns from Christine or her family were promptly and efficiently addressed, or referred to another member of the Rivercrest team who could help. As further relationships with other staff members developed, Christine felt she had the confidence to ask questions to any member of the team, and trusted that they would always do their best to keep her well informed.

Now when Christine is visiting, and staff meet her in the hallway and share a comment about her dad, she knows this knowledge of him can only come from relationships – from spending time with him in conversation, and from getting to know him as a person. Christine tells me this demonstration of the high degree of dedication to their work, the commitment to getting to know people, to being available, and taking prompt action on questions and concerns, has helped her and her family develop trust.

*"We never have to worry about him."*

*Christine,  
Rivercrest family member*

### ▲ Trust and relationship building: Brenda's experience supporting her parents in long-term care

Both of Brenda's parents have resided at Rivercrest Care Centre. While her dad passed away in September 2017, her mom is a current resident. I spent some time listening to Brenda's experiences to better understand her perspective of having a loved one in a long-term care facility.

Early on in our conversation, and similar to the comments I heard during my conversation with Christine, Brenda makes a statement that "once you have trust, you have everything". To further describe how the concept of trust is built, she brings me back to the time – over two years ago – when her parents were admitted to Rivercrest. She tells me how the staff empathically recognized right away this was a massive change for her family and how they understood and appreciated the emotional aspect of the transition to long-term care. Rivercrest staff wanted to hear things from the *family's* perspective, and understand the situation through *their* eyes. Residing in a different city, Brenda wasn't able to be physically present during her parents' admission, but speaks admirably about the exceptional communication she received from the staff during this time and others.

## Enhancing Experiences in Long-term Care

### Brenda's experience supporting her parents in long-term care – continued

"The communication is always excellent and prompting is never needed for them to inform me of any updates," she says.

As the primary family contact, if she was unable to answer a call, Rivercrest would call other family members until a connection had been made. This practice generated further trust. In those early days when Brenda was able to visit the facility, she recalls the high level of personalized interaction she received - meeting all of the department heads and putting faces to the names she had previously talked to via telephone.

*Once you have trust, you have everything."*

*Brenda,  
Rivercrest family member*

During our chat Brenda shares an example of trust and relationship building. It was early after her parents' move that she realized the commitment of the Rivercrest staff, stating "They are strong in their endeavors to individualize the care as much as possible."

Despite the fact her parents had been together for more than six decades, and had never not been together, it was mutually decided it was better they live in separate rooms at Rivercrest. This difficult decision was based on several complex factors related to the individual care needs of her parents and how staff could best deliver the care to meet those needs. However, shortly after they were admitted, during a nightly routine check, staff found Brenda's mom's bed empty. She was not in her room. Thankfully, shortly after this initial discovery, her mom was located. She had found the way to her husband's room and was curled up next to him in his small single bed - a place that had brought familiarity, safety, and comfort for the last 68 years.

*"They are strong in their endeavors to individualize the care as much as possible."*

*Brenda,  
Rivercrest family member*

Her mom did the same thing for a series of subsequent nights. Recognizing the pattern the staff quickly took action and worked together, with family input, to revisit the initial accommodation arrangement and discuss a new plan. After fine-tuning several practical care issues, figuring out logistics, conducting a trial run, and a committing to regular evaluation, Brenda's parents were brought together in a shared room and were able to stay together until Brenda's dad passed away. After his passing the staff found a single private room for her mom, knowing that a different roommate wouldn't have made sense to her.

### Rivercrest staff perspectives: four pillars leading to resident and family-focused care



One can't help but feel curious when seeing Rivercrest's improvement in ranking from 32nd in the HQCA's 2014-15 Long-term Care Family Experience Survey, to seventh in the 2017 survey. They also significantly improved their result in the 'Providing Information and Family Involvement' dimension of care. My curiosity led me to connect with Brenda and Christine as well as several other staff members and I am thankful for the opportunity to hear their perspectives on the subtle, and not-so-subtle, factors behind making improvements at Rivercrest.

In my discussions with staff, four themes emerged, aligning with what I heard from Brenda and Christine. These themes included the importance of: an individualized admission process; an emphasis on building relationships and partnerships with residents and families; open door communication; and, interdisciplinary teamwork. Rivercrest considers these their four pillars of resident and family-focused care.

## Rivercrest staff perspectives – continued

As I speak with Guy, Rivercrest’s director of care, and Graham, Rivercrest’s social worker, I also hear underlying philosophies, some of which they acknowledge are influenced by Stephen Covey’s work, such as ‘seek first to understand, then to be understood’, and the importance of being ‘proactive’. Not knowing a lot about Covey, a quick search leads me to a statement saying that his work on the ‘7 habits’ remains highly relevant as it ‘focuses on timeless principles of fairness, integrity, honesty, and human dignity’ – guiding principles perfectly suited to a long-term care setting. (Available at <https://www.franklincovey.com/the-7-habits.html>).

Guy and Graham speak frequently about the importance of gaining a true and genuine understanding of where residents and their families are coming from. They acknowledge and understand that the transition to long-term care can be difficult, and can often be more difficult for families than it is for residents. *‘What is of most concern, or causing the highest levels of anxiety?’ ‘How is this transition impacting the resident? The family?’ ‘What makes these people unique?’ ‘What was/is important to them?’ ‘How can we best support them during this time?’* Their style of inquiry is typically led by these types of questions, which firmly place the needs of others at the forefront.

This ‘seek first to understand’ concept and asking these types of questions is echoed by other team members as I expand my conversations to include staff from other disciplines: Basil (occupational therapist); Amanda (recreation and volunteer coordinator); Lorizel (care manager); and, Josephine (facility educator, and assistant care manager). Amanda, for example, knows that not every resident will be interested in recreation activities with a social aspect such as the baking program, or bingo night, but has a central belief that something can be found for *every* resident to encourage elements of human interaction and enjoyment. And this only comes from getting to know each and every resident, as well as their family members. Family members often know their loved one the best, including what they do and do not enjoy. If it is discovered that a resident prefers less socially-focused activities, or has other identified needs, the recreation team uses a program called ‘sensory serenity’. The sensory serenity program is built upon the importance of promoting sensory stimulation. It provides recreation options which offer tactile, auditory, or visual stimulation such as lotion hand massages, relaxation activities, vibration back massage, or sensory blanket interaction.

Rivercrest **worked closely with** the Fort Saskatchewan quilting guild to develop **quilts composed of** different textured fabrics, buttons, and other **tactilely stimulating embellishments**.

This same individualized approach is also used by Basil, in his occupational therapy work. He believes it’s important not to come across as someone who already knows what is best, but to instead work on an individualized basis with residents and their families to develop and meet activity goals. Basil tells me that in the past, resident profiles provided on admission were more heavily relied upon, but that these rarely tell the whole story. He now strives to meet with all new residents and family members directly, shortly after admission, in order to further develop goals, and appropriate activities based on those goals. He finds this strategy, of spending quality time right at the start, to be time well spent and beneficial for him as well as residents and families. This proactive approach, to get connected as soon after admission as possible, is also practiced by nursing staff led by Lorizel and Josephine. Time is taken to develop and clarify plans of care based on unique resident requirements and ensure the staff delivering care possess the skills to meet those needs.

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### Rivercrest staff perspectives – continued

Graham, who typically leads Rivercrest’s pre-admission resident and family tours, supports this individualized approach by conducting admission tours on a one-to-one basis. This valuable time provides the opportunity to get to know residents and family members on a personal level, truly listen to their unique and individual needs, and provide a firm foundation and primary contact person for future questions or concerns. It also provides the opportunity to stop a tour if needed. Graham shares with me that on several occasions, if he senses certain anxieties or needs, he’ll suggest the tour be transitioned to a sit-down meeting in a quiet location. This provides the space to continue the discussion and address questions and concerns in a more private setting.

**Multiple avenues to obtain feedback** from residents and family members exist at Rivercrest. These include, but are not limited to:

- ▶ resident/family surveys, in addition to the HQCA’s long-term care family experience survey, are conducted following the resident care conferences that occur six weeks after admission, and annually thereafter;
- ▶ resident and family council meetings; and,
- ▶ an ‘open door policy’ held by all departments, where residents and family members can drop by informally to pose questions, concerns, or obtain updates.

Prompted by the April 2018 *Resident and Family Councils Act*, as well as a desire by Rivercrest to improve relationships and partnerships, significant changes were recently made to their Resident and Family Council. Amanda, who acts as the council liaison, describes that although such a council existed at Rivercrest prior to the legislation, the earlier versions were intended to be more of a place where residents and families could be kept up-to-date on any operational issues, or general ‘good to know’ information. The current version of the council, however, includes resident- and family driven-agendas, open discussions about any topic important to residents and families, and ‘action plans’ requiring formal follow-up. To meet the need to provide general information and ‘good to knows’ to family members, improvements were made to email communication which enabled newsletters, recreation calendars, and any other pertinent information to be communicated electronically.

Regarding family surveys, I’m told that every manager reviews the survey results and comments related to their area (e.g., nursing, housekeeping, food services) with their staff, and is tasked with formulating an action plan to address any identified issues. As I review some of the comments from the HQCA’s 2014-15 survey, I see a comment which states: “...lots of people go in and are scared, they don’t know what’s going on. Someone should help the new people adjust for a few days”.

Hearing from Rivercrest about the importance of initial and individualized connections, establishment of a contact person, and having an open door communication policy illustrates that this comment was taken seriously by Rivercrest.

### Interdisciplinary teamwork; strength in numbers



Every weekday morning, representation from multiple departments attend what Rivercrest calls their ‘IDT meeting’. IDT stands for ‘interdisciplinary team’. The concept began several years earlier in an attempt to improve teamwork and communication. As much as possible, these meetings are attended by Guy, Graham, Amanda, Basil, Josephine, Lorizel, the healthcare aide coordinator, hospice nurse, and other pertinent nursing staff. As able or when needed, the dietician and pharmacist will also attend. Efforts are made to keep this meeting short and efficient, ideally 15 minutes,

## Enhancing Experiences in Long-term Care

### Interdisciplinary teamwork – continued

to meet any changing resident or family needs. They also typically involve at some point, the question of ‘*what do we need to discuss with the family?*’, and designating someone to connect with the family and bring them into the conversation.

While the IDT meetings have obvious benefit to resident care, a few staff members I talked to also mentioned side benefits that have been valuable to them personally. “The more you see each other, the more you feel like a team. It brings everyone together and increases familiarity with the different departments.”

I also heard how the IDT concept has led to improvements in how staff perceive the facility leadership’s open door policy. “Your input is always valued which makes you feel welcomed, and supported, and it also makes it really easy to talk to the leadership about your own questions and concerns.”

*“The more you see each other, the more you **feel like a team**. It brings everyone together and **increases familiarity** with the different departments.”*

*Rivercrest staff member*

### Rivercrest Care Centre; a team with a **shared philosophy**

As I reflect on my time getting to know the staff at Rivercrest, I think back to my first email to Guy. The message was intended to schedule a future telephone call, and we soon set a date and time to chat. On that day, I made my call and was anticipating a conversation only with him, thinking that the Director of Care could likely provide me with the information I needed. I was surprised, however, to be greeted not only by Guy, but by Graham, Amanda, Basil, Josephine, and Lorizel. Guy had arranged a conference room and invited his friends - his team. If possible, I am sure he would have invited every staff member at Rivercrest, as each one of them have contributed positively in some way. If I knew then what I know now about these team members, I wouldn’t have been surprised. This is who they are – a team that sticks together. This is a group who believes in the value of an individualized admission process, establishing relationships and partnerships, having an open door policy, and interdisciplinary teamwork. They are a team with a common philosophy of being proactive, seeking first to understand, and possessing a desire to enhance experiences in long-term care.

*As told by Jamie Stroud, Lead, Health System Improvement, Health Quality Council of Alberta.*

HQCA would like to thank the Rivercrest staff, residents and family members for sharing their story with us.

Rivercrest is one of a group of facilities that had either shown statistically significant improvements in certain dimensions of care, between the HQCA’s 2014-15 and 2017 Long Term Care Family Experience Surveys, or had high positions in the HQCA report’s Zone ranking charts.