



We speak up for fairness

Northwest Territories Ombud

INVESTIGATION REPORT

Sahtú Dene Nechá Kó Long Term Care (SDNK) facility located in
Norman Wells, NT.

RAPPORT D'ENQUÊTE

sur l'établissement de soins de longue durée

Sahtú Dene Nechá Kó
situé à Norman Wells, aux TNO

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Executive Summary

The investigation was initiated after three individuals contacted the Ombud Office about their concerns regarding the Sahtú Dene Nechá Kó Long Term Care (SDNK) facility located in Norman Wells, NT.

The SDNK opened in August of 2018 and is attached to the Health Centre. It has 18 bedrooms for residents, divided between two separate wings.

Persons residing in Long Term Care Facilities are residents who are no longer able to live independently or who require onsite nursing care, 24 hour supervision, or personal support.

This segment of our population can be viewed as our most vulnerable and often include Elders, who are held in high regard by families and cultural traditions.

The investigation proceeded to an “own-motion” investigation to allow for a systemic approach which does not solely focus on the individual complaints. During the process of this investigation, it was determined the complaints, parts of which were outside of the jurisdiction of the Ombud, were also being addressed through a quality review and a workplace assessment.

This investigation looked into the standards of care at SDNK, the roles and responsibilities and accountability measures in place, processes for addressing concerns from residents or family members and any other factors affecting the quality of care at SDNK.

The result of this investigation found there were no breaches of the standards of care provided at SDNK but did result in recommendations to improve different aspects that indirectly could impact the quality of care provided.



Sommaire

L'enquête sur l'établissement de soins de longue durée Sahtú Dene Nechá Kó (SDNK) situé à Norman Wells, aux Territoires du Nord-Ouest (TNO), a été lancée après que trois personnes ont transmis leurs préoccupations au Bureau du protecteur du citoyen au sujet de cet établissement.

Celui-ci a ouvert ses portes en août 2018 et est rattaché au centre de santé de la collectivité. Il compte 18 chambres pour résidents, réparties entre deux ailes séparées.

Les résidents des établissements de soins de longue durée sont en perte d'autonomie ou nécessitent des soins infirmiers directs, une supervision en tout temps ou des mesures d'aide personnelle. Il s'agit de la frange la plus vulnérable de notre population qui comprend souvent des aînés, tenus en haute estime par les familles et selon les traditions culturelles.

Cette enquête a été menée à l'initiative du Bureau du protecteur du citoyen pour qu'elle puisse suivre une approche systémique qui ne met pas l'accent strictement sur les plaintes individuelles. Au cours du processus d'enquête, il a été déterminé que les plaintes, dont certains aspects dépassaient la compétence du Bureau du protecteur du citoyen, étaient également traitées au moyen d'un examen de la qualité et d'une évaluation du milieu de travail.

L'enquête a permis d'évaluer les normes de soin de l'établissement SDNK, les rôles et les responsabilités des membres du personnel, les mesures de responsabilisation en place, les processus servant à résoudre les problèmes soulevés par les résidents ou les membres de leur famille, ainsi que tout autre facteur pouvant avoir des répercussions sur la qualité des soins dans cet établissement.

Les résultats de l'enquête nous ont permis de constater qu'aucune violation des normes de soins en vigueur à l'établissement SDNK n'avait été commise. Nous avons néanmoins formulé des recommandations pour améliorer divers aspects qui pourraient avoir une incidence indirecte sur la qualité des soins prodigués.



Introduction

In the Northwest Territories, Long Term Care (LTC) means a home-like facility that provides care and services for people who are no longer able to live independently or who require onsite nursing care, 24-hour supervision, or personal support.¹

The Department of Health and Social Services and the regional Health and Social Services Authorities are both involved in the delivery of LTC in the Northwest Territories. The SDNK facility is operated by the Northwest Territories Health and Social Services Authority (the “NTHSSA”).

In this report we will present the background, present our analysis and findings, and provide recommendations to the NTHSSA.

Principles of Administrative Fairness

The Ombud has a mandate to investigate “maladministration”, or “administrative unfairness”. Guidance on the principles of administrative fairness comes from the *Ombud Act*², administrative law, and from standards that legislative ombuds have developed together.³

Standards of administrative fairness can be grouped into three categories: fair decisions (what was decided?); fair process (how was it decided?); and fair service (how was the person treated?).⁴ This investigation considered a basic standard of administrative fairness that covers all three of these areas.

¹ <https://www.hss.gov.nt.ca/en/services/continuing-care-services/long-term-care>

² S.N.W.T. 2018, c. 19, ss. 33(1).

³ See, e.g., Canadian Council of Parliamentary Ombudsman (2019). *Fairness by Design: An Administrative Fairness Self-Assessment Guide*. Available at www.nwtombud.ca.

⁴ For more about administrative fairness, see www.nwtombud.ca.

Background

Legislation and Standards

Unlike most provinces, the NWT does not currently have legislation specifically directed at regulating LTC facilities. The *Health Insurance and Health and Social Services Administration Act*, RSNWT 1988, c T-3 (HIHSSA) regulates how health and social services are delivered in the NWT but does not directly address the regulation of LTC facilities.⁵

The Department of Health and Social Services outlined a proposal for continuing care legislation in a 2019 discussion paper, which would include provisions for the licensing and registration of LTC facilities, as well as providing for powers of inspection and the enforcement of standards. The proposed legislation would also provide a mechanism for individuals to make complaints or bring forward concerns and set out provisions to support resident-centred care and transparency for residents, their families, and services providers.

Currently, the Department advises that they are working on draft regulations, but there may also need to be some changes to the enabling legislation. It is anticipated that it will be some time before any regulations are finalized and come into effect.

The *Northwest Territories Continuing Care Standards* (February 2015)(the “Standards”), apply to all facilities currently operating in the NWT. The Standards meet at a minimum: federal and NWT statutes and regulations, best practices in continuing care service provision, accreditation standards, and professional standards of practice. The Standards cover topics like admission and care plans, personal care standards, staffing standards, facility requirements, food services, requirements for programming, cleanliness and maintenance, use of physical restraints, and medication/prescriptions.

The Department of Health and Social Services has also developed a newer set of standards, the *Northwest Territories Long Term Care Standards* (March 2024), that is currently still in draft form. It is anticipated that they will be put into effect, in the winter of 2025 and will be specific to Long Term Care only. Section 2.3.4 of the Northwest Territories Continuing Care Standards (February 2015) provides, “Long term care follows the Supportive Pathways Philosophy of Care”.

The draft Northwest Territories Long Term Care Standards (March 2024) also provide that long term care will follow the Supportive Pathways Philosophy of Care and requires long term care facilities to have policies and procedures in place to ensure their staff has received Supportive Pathways training.

Supportive Pathways is defined in the current Continuing Care Standards as, “A client centred care approach which emphasizes providing a home-like approach, maximizing independence and quality of life. The approach was originally designed to enable front-line care staff to care for

⁵ Continuing Care Facilities Legislation for the Northwest Territories Discussion Paper (Department of Health and Social Services, March 1, 2019).

persons with dementia. The philosophy has grown to encompass all those who provide care for elderly persons. It was developed by Carewest and is completed over two days of training.”⁶

If Standards are not met, under S.25.7 HIHSSA, the Minister can call for an inspection or audit of health care facility and take action to protect and support the clients’ health, safety, security, and rights. As outlined, in the NWT Continuing Care Standards (2015), this action may include:

- Suspension of admission to the facility/program;
- Suspension/closing of operations;
- Transfer of operations and management of the organization to the Public Administrator;
or
- Other actions as determined by the Minister

At the national level, there are two complementary, independent long-term care standards—*Long-term care home operations and infection prevention and control* by the Canadian Standards Association Group ⁷(December 1, 2022) and *Long-Term Care Services*, by the Health Standards Organization ⁸(January 31, 2023).

At the federal level, the Government of Canada is working on a Safe Long-Term Care Act that would apply nationally, but that is not yet in place.

Accreditation

All the LTC’s in the Northwest Territories are accredited by Accreditation Canada, a third party accrediting party approved by the Government of Canada. Accreditation involves the organization or authority complying with a rigorous evaluation process, a comprehensive self-assessment, external peer surveyors conduct an on-site survey during which they assessed this organization's leadership, governance, clinical programs and services against Accreditation Canada requirements for quality and safety. These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning and client experience.

The last accreditation report for the NTHSSA , which included all of its LTC’s including SDNK, was issued May 31, 2024 ⁹. NTHSSA received accreditation and the next review will occur in April 2029.

Quality Reviews

There are different types of Quality Reviews. The most comprehensive include a formal investigation with terms of reference. These kinds of investigations result in a formal report and

⁶ Northwest Territories Continuing Care Standards (Department of Health and Social Services, February 2015).

⁷ [CSA Z8004:22, Long-term care home operations and infection prevention and control \(csagroup.org\)](https://www.csagroup.org/standards/csaz8004-22)

⁸ [Long-Term Care Services - HSO Health Standards Organization](https://www.hso.org/standards/long-term-care-services)

⁹ [Accreditation Report, Northwest Territories Health and Social Services Authority, May 31, 2024](https://www.nthssa.ca/accr-rep-2024)

recommendations which are reviewed by the Quality Risk Committee. The Quality Risk Committee is also responsible for following up to ensure recommendations are implemented.

Less formal quality reviews may also be carried out to get a picture of what is happening and any issues that may be arising. These are not as comprehensive and don't usually have formal terms of reference, but would use similar methodologies consisting of chart audits, environmental assessments, interviews with staff and/or residents and families, and tracers with staff. A tracer is putting forth different scenarios to staff and asking them to explain how they would handle them and identify the policies that apply.

Quality Review may be requested at any time by management if there are general concerns or just to monitor whether standards are being met.

At the time of this investigation, a quality review was being undertaken by the authority on similar aspects of this investigation.

Office of Client Experience and Indigenous Patient Advocate Program

The NTHSSA launched the Office of Client Experience and the Indigenous Patient Advocate Program in February of 2023.¹⁰ The services offered by the Office and the Indigenous Patient Advocates include system navigation; providing a point of contact to provide feedback or have a complaint addressed; ensuring patients receive culturally safe and equitable care to help deal with the impact of illness and hospitalization; helping to make connections with family members, elders, and community organizations; and increasing access to cultural, spiritual and emotional support.

¹⁰ <https://www.nthssa.ca/en/newsroom/news-release-hss-office-client-experience>

Investigation Scope and Process

What we investigated

- Are there ongoing breaches of standards of care at SDNK particularly with respect to:
 - Residents' safety, including alarm systems and fall prevention protocols
 - Residents' personal hygiene
 - Residents' access to recreation and social activities and well-being
- Are there clear roles, responsibilities and accountabilities in the continuing care system to ensure appropriate standards of care are met?
- Are there effective processes in place for addressing the concerns of residents and their families?
- Are there other factors affecting the quality of care at SDNK?

Investigation Process

During the course of this investigation an onsite visit was completed by the Ombud and the early resolution officer and 30 interviews were completed with family members and friends of residents of SDNK, current and past staff of SDNK, and staff of NTHSSA and HSS.

In addition, the following documents were reviewed; emails and other documentation provided by staff, documents related to complaints and concerns about SDNK from April 1, 2022 to February 26, 2024, and territorial legislation and long term care standards.

Analysis and Findings

This report provides a systemic review of the following areas and includes our findings.

Are there ongoing breaches of standards of care at SDNK with respect to residents' safety, including alarm system and fall prevention protocols?

The majority of the safety issues we heard about in interviews were related to facility issues.

The process for raising concerns about facility issues is to notify the Manager of Operations for the NTHSSA for the Sahtu region who works out of the health centre.

The February 2015 Standards, has section 5.14, Client Safety. It provides that Continuing care clients are supported in a safe environment and includes the following subsections to ensure compliance:

5.14.1: There are policies for the identification, reduction, mitigation, and management of environmental risks to client safety (facility, building, equipment).

5.14.2: There are policies for identification, reduction, mitigation, and management of personal risks to client safety based on assessment.

5.14.3: Resources are dedicated to support client safety.

5.14.4: Data on client safety are collected and analyzed for quality improvement.

Front Door/Wander Guards

Fob access is required to enter the front door of the facility; however, there are times when the front door will not open for staff, and they have to call or buzz to be let in, or else enter through the Health Centre.

Although fob access is required to enter the facility, it is not required in order to leave through the front door. We heard that there are times when the front door doesn't close properly, meaning that even with a wander guard, a resident would be able to get out.

Residents who are mobile are given wander guards, which is typically a bracelet residents wear which provides them with freedom to move within the facility while providing staff the ability to monitor residents while attending to other responsibilities. Wander guards lock the door when they approach within a certain distance, to prevent them from leaving without assistance/approval from staff. If a resident removes the wander guard, the resident could leave the facility which is referred to as an "elopement" by the department and persons interviewed for this investigation.

The SDKN facility is equipped with the SALTO system which was installed by a company located in Manitoba. If personnel from that company cannot travel to fix or maintain the system in person, the system requires external contractors to receive a specific licensing in order to address issues within the system. Replacement parts often take months to acquire.

In 2023, two elopements occurred during evening shifts. The resident(s) were not injured and were returned safely to the facility.

As a means to remedy the risk of residents eloping while waiting for or attempting to have the SALTO system fixed, staff at the facility placed a wander guard at the front desk from the hours of 7:30 pm – 3:00 am. This resulted in the door effectively being locked during those times, and it would not be possible to open the door without the removal of the wander guard.

This practice did prevent a subsequent elopement from occurring but raised additional safety concerns from staff and family members of residents in the event of a fire or emergency.

The authority has confirmed the system is designed to automatically open all doors in the event of a fire and would override wander guards worn by patients or if one was left by the front door.

The system's ability to override the wander guards in the event of a fire or emergency was not relayed to residents, staff, and residents' family in an effective manner. This miscommunication resulted in additional safety concerns from family and staff that could have been minimized if this information was clearly communicated.

Alarms

Bed alarms

Most staff reported having some issues with bed alarms at various points.

Residents can use a call alarm from their bed for assistance. There is also an alarm that goes off when the person gets out of bed, to alert of a potential fall risk.

In December 2023, every bed and cord was verified, and some which were defective or damaged were replaced, and all staff were required to do reorientation on the bed alarm system and sign off on it. Since that time there have been significantly fewer complaints about the bed alarms, so it is believed that some of the problems may have been due to not being familiar with how to operate them.

Bathroom alarms

There are alarms in the bathrooms in the activity area and in the visitor's bathroom in the reception area. These alarms ring at the nursing desk area, but a problem can arise if there is no staff at the nursing desk, as they are not heard in the separate houses. We also heard that the alarm in the visitor's bathroom did not ring at the nursing desk in a way that identified where it was coming from. This resulted in residents receiving a delay in care when needing assistance in the bathroom.

The authority developed a process for the day program to ensure timely responses to toileting, i.e. offer bathroom use prior to attending day program and a dedicated staff to respond and check-in regularly for bathroom use.

In addition, an email process was sent to staff to hit the "cancel" button for all call bells following an activation to ensure the next user can get help if needed. If not, it prevents the system from ringing.

Fall Prevention

When a resident falls, there is an assessment done on the spot, including their vitals. If there is no injury, they are helped up. A number of people are notified, including the next of kin, the nurse on call, and the supervisor. A 24 hour check of vital and neurological signs is done, every hour for the first four hours, then every four hours for the next 20 hours. If the person hit their head, they are put under close observation.

If there is an injury, a report also goes directly to occupational therapy (OT). A report will also be sent to OT even if there was no injury, in cases where there was an OT-related reason why the person fell.

Approximately three years ago, there was a cluster of falls at the facility causing injury. These incidents were flagged through their quality system, as that is a quality indicator they collect every quarter. A team was sent in and did a quality review and found some significant findings that could help prevent falls which were put in place. Since this time, they haven't had the falls

with injury, outside of their benchmark comparisons across their system. This was confirmed through the Accreditation Report completed in May 2024 which notes low incidents of injuries sustained during falls.¹¹.

Finding #1

There were no breaches of standards of care at Sahtú Dene Nechá Kó Long Term Care with respect to residents' safety, including alarm system and fall prevention protocols; however improved communication is needed to build trust and understanding in these policies, practices and compliance.

Are there ongoing breaches of standards of care at SDNK with respect to residents' personal hygiene?

The February 2015 Standards defines Activities of Daily Living (ADL) and Instrumental Activities of Daily Living Services (IADL) as supporting clients to participate in their ADL and IADL's to their full potential.

Section 3.5.2 of the Standard provides there are policies in place that describe:

- How and where clients access ADL and IADL services;
- The scope and limits of ADL and IADL services; and
- The roles of staff who provide ADL and IADL services.

In terms of quality of care, out of all the interviews we carried out, 19 responded to the question about their overall impression of the quality of care as being positive, including two who said it had the highest quality of care of anywhere that they had worked in their careers, while 7 responded with a negative impression.

Factors considered in their impression included: no residents had bed sores; four mentioned the food cooked on the premises; four mentioned the high staff to resident ratio; three mentioned the cleanliness of the facility; four mentioned the engagement and connection between residents and staff, and three mentioned the variety and/or number of activities and resident engagement.

Of the 7 interviewees who reported negative impressions of the overall quality of care, 3 of those were the original complainants. The remaining 4 impressions included concerns with the institutional nature of some practices, such as waking residents at specific times and the impact that practice could have on any residents who may have attended residential schools and concerns how staff conflict and tension within the workplace can impact residents.

¹¹ [Accreditation Report, Northwest Territories Health and Social Services Authority, May 31, 2024.](#)

Hygiene, Bathing

The original complainants all raised concerns about bathing but we did not hear concerns about bathing during any other of the other interviews.

With regards to bathing, residents have scheduled bath days; some have one a week, and some have two. This standard is comparable to other LTC facilities. Skin integrity concerns for elders in being bathed too frequently, is a live factor taken into account. Due to the lack of sebum on their skin, on non-bath days, residents get morning and evening care, including a face wash and mouth care.

Resident(s) who are not well would have a bed bath instead of a shower, or if they refused to take a shower, they would be given a bed bath instead, and this would be noted in their chart.

The March 2024 Accreditation Report confirmed low incidents of pressure ulcers but did suggest the authority review best practices guidelines for protocols on regular skin breakdown assessments. The Braden Scale is used by the NTHSSA and is a validated assessment tool under Accreditation Canada that supports best practices, further supported by the NTHSSA Policy: Pressure Injury Assessment under the Continuing Care Domain.

Finding #2

Personal hygiene standards provided at Sahtú Dene Nechá Kó Long Term Care meet standards of care for Long Term Care Facilities. A plain language document of these standards should be provided to families and residents upon intake.

Are there ongoing breaches of standards of care at SDNK with respect to residents' access to recreation and social activities that impact their well-being?

The February 2015 Standards (3.8) provide that social and recreational services contribute to client's quality of life by enabling them to participate in personally meaningful activities by requiring:

3.8.1: Where social and recreational services are offered, the activities meet the needs and preferences of clients.

3.8.2: There are policies for social and recreational services that define the competencies for staff involved in delivering the service, and the professional oversight for service planning and evaluation.

During our interviews we heard conflicting evidence on the utilization of the activity room. Some staff reported the majority of residents went to the activity room after breakfast and again after lunch but others described low utilization or occurrences when the room is closed due to no staff available.

In the activity room, there are puzzles, board games and cards, and sensory activities for dementia patients.

We also heard that there are days when the activity room is closed, if there are no Activity Aides available to work and only core staff on duty. We heard from staff that on these occasions, they would try to do some activities themselves with residents such as bingo or karaoke. They will also put on music that the residents like or a movie.

We heard evidence of some excursions for residents such as going to the park and a concert. At times people come from the community to provide activities; such as a drum workshop that was offered to residents.

Finding #3

Residents at Sahtú Dene Nechá Kó Long Term Care did not have consistent access to spiritual, cultural and recreational services. It did not appear that resident activity assessments have been completed to ensure adequate program planning.

Are there clear roles, responsibilities and accountabilities in the continuing care system to ensure appropriate standards of care are met?

Orientation and Training

Orientation was described as taking 3 or 4 shifts for most people for the day shift, and two shifts for nights, during which they would have someone working alongside them. There are also online courses to be completed such as privacy training and Living Well Together.

All staff are also supposed to take Supportive Pathways training at the start of their employment. This is offered in Yellowknife. At the time of the investigation there are three new staff members who haven't completed Supportive Pathways yet. It is hoped the training can be delivered in Norman Wells and will also include those staff that have previously taken the training, as there has been workplace conflict over interpretations of the policy in practise.

Staff

Under the Organization Chart, there are seven Licenced Practical Nurse (LPN) positions at SDKN, twelve Personal Support Worker (PSW) positions, and two Relief Personal Support Worker positions. They all report to the Long Term Care Supervisor.

The Long Term Care Supervisor reports to the Regional Manager of Continuing Care. The other positions that report to the Regional Manager of Continuing Care and which work in the LTC are the Head Cook and the Day Program Coordinator. There are three Cook Assistant positions who report to the Head cook. There are two Activity Coordinator positions, and one Rehabilitation/Activity Aide position, who report to the Day Program Coordinator.

The Regional Manager of Continuing Care also has a Continuing Care Program Clerk and a Nurse in Charge for Home Care Services as direct reports. The Regional Manager of Continuing Care reports to the Chief Operating Officer of the Sahtu Region for the NTHSSA.

The Nurse Practitioner, who provides services to SDKN residents, consults with the SDKN Supervisor and staff about residents. This position reports to management at the Health Centre.

Roles and Responsibilities

There is a night shift and day shift checklist of duties for LPN's and PSW's which must be completed each shift.

Every shift has an LPN who acts as charge nurse for the shift. LPNs are the leader on the floor and are responsible for administering medication. Staff are supposed to notify the charge nurse of any issues or concerns. The charge nurse will check with the outgoing staff about their shift, and is responsible for giving the handover report to the next shift when they come on duty.

There is a worksheet for each shift that PSWs fill out, and LPNs will also make notes on it throughout the shift. This worksheet forms the basis for the handover report that the charge nurse gives to the next shift.

Almost all the staff we interviewed who had experience working in other LTCs noted that the LPNs were much more involved in-patient care at SDKN than in the other places where they had worked.

Part of the reason is that when there is more than one LPN scheduled to work because of the need to fill their hours, one of them will be assigned to work in an PSW role while the other one performs the LPN duties. However, even LPNs working as charge nurse reported being requested to assist in resident personal care to an extent that they had not experienced working elsewhere.

We heard concerns from PSWs, LPNs and activity aides when requesting help in completing tasks. Examples varied from when requests were denied, delayed or staff needing to be reminded of their duties which increased tension throughout the shifts.

We also heard that there are staff that are willing being to help and only experiencing difficulties on occasion, when it could be difficult for LPN's to be pulled off in the middle of doing medication

to help with personal care, because it can increase the chances of a medication error to be interrupted in the middle of preparing doses.

A common concern noted was how information was relayed to staff with regards to changes in responsibilities and the ability to provide input. The majority of information is relayed through email. This method of communication is not effective when staff often don't have time to go through all the emails during their shift and doesn't provide an avenue to voice concerns or provide ideas to address matters in a meaningful way.

Finding #4

To accommodate staffing needs and the layout of the facility, staff are often required to perform the duties of a different position. While this is a benefit to the residents and meets the required staffing needs, it can cause confusion or resentment on the roles and responsibilities they are being directed to complete. A meaningful method to relay information and receive feedback should be provided.

Are there effective processes in place for addressing the concerns of residents and their families?

Complaints and Concerns

The existing February 2015 Standards provide that clients have the right to raise concerns, make a complaint or recommend changes in policies and services without fear of reprisal (5.11.1). Section 5.15 also requires that there be a concerns resolution process “for expressing concerns about programs and services”:

- There are policies which guide a fair concerns resolution process for clients/families (5.15.1); and
- Data on client/family concerns are collected and analyzed for quality improvement (5.15.2)

The March 2024 draft Standard has a Concerns Resolution Process. It includes the above sections but builds on this process by providing additional information on how to complete investigations and a method to monitor complaints.

When patients or families raise concerns about LTCs with front-line staff, the general process is to refer them to the charge nurse for any immediate issues that need to be addressed, or to the supervisor or LTC manager for larger issues. People can also complain directly to the Quality Risk

Manager for the region; the supervisor or manager may also choose to contact the Quality Risk Manager for assistance with complaints.

As of February 2023, people with complaints and concerns have also been able to contact the Office of Client Experience for assistance. The NTHSSA is encouraging people to initiate complaints and concerns with the Patient Advocates first for any problems they are experiencing, but the Patient Advocates can also involve the Quality Risk Manager as needed.

Although there is an effective process in place to address concerns from residents or families, it does not appear this information is easily accessible or posted publicly.

Finding # 5

The Concerns Resolution Process should be publicly posted and included in intake packages to improve accessibility, accountability and transparency.

Are there other factors affecting the quality of care at SDNK?

During the process of this investigation, it was determined parts of the complaints that were outside of the jurisdiction of the Ombud, were also being addressed through a quality review and a workplace assessment. Addressing these concerns internally will improve staff morale and working relationships.

Recommendations

1. It is recommended that the authority make all efforts to address the concerns related to the SALTO security system as soon as possible and provide regular updates to all staff and families of residents.
2. It is recommended the authority engage with each resident and their family to ensure that their preferred activities are identified and communicated and that activity programs be planned in advance to ensure adequate staff and resources are available.
3. It is recommended that the authority reinstate in person family meetings and staff meetings. Increasing the methods of communication used to relay information, receive feedback and hear recommendations for improvements, will positively impact the environment within SDKN.
4. It is recommended that the authority update or develop an intake package that includes:
 - a. Information on the Long Term Care Model of Care.
 - Providing this information will ensure residents and families who are considering utilizing Long Term Care Facilities will know what to expect upon admission.
 - Information can illustrate that although the philosophy of care may be different than the care provided prior to admission, it meets standards of care set by federal and territorial legislation.
 - b. Contact information for the Office of Client Experience and how that office can assist residents or/families.
 - c. Plain language document on the complaint process, how complaints are escalated and resolved and contact information.
5. If possible, it is recommended that the authority share the results of the quality review and workplace assessment with staff and work together to determine how to address findings, if any. Collaboration will build trust and accountability among the staff by ensuring their input and concerns are included in the path forward.

Response from Northwest Territories Health and Social Services Authority

1. The NTHSSA established clear communication pathways with the vendor and work occurred to address concerns that have been raised. The NTHSSA is committed to resolving identified issues collaboratively and commits to providing regular updates to all staff and families of residents as these concerns are addressed.
2. NTHSSA Long Term Care staff will work closely with each resident and their family to identify activities that align with their individual preferences and interests and will provide support to ensure access to those activities. The NTHSSA will plan these activities in advance and allocate resources to support these activities, ensuring they are engaging and accessible.
3. To foster stronger relationships, enhance understanding, and provide meaningful platforms for sharing ideas and addressing concerns, the NTHSSA commits to providing in-person family meetings and staff meetings. The NTHSSA recognizes and deeply values the importance of these meetings as essential channels for effective communication. As an example, managers have been attending morning meetings, RCA meetings, LPN meetings and leading the huddles twice a week. Managers have a communication book and are working with staff on additional options.
4. a. The NTHSSA commits that on admission each resident and their family will receive information and a written brochure on Long Term Care services and the model of care. The NTHSSA commits to sharing with residents and families on admission, information on the model of care which includes delivering programs and services that are resident and family focused, with a primary focus on the residents wellbeing and enhancing their quality of life. Each resident will receive care that is based on their individual needs, strengths, and challenges. This approach to care reflects the values placed on treating residents with dignity and respect while maintaining a family-focused home-like environment. Care will be planned and reviewed regularly with the resident and family including on admission, at annual care conferences and as needed.
- b. The NTHSSA commits that on admission residents and their families will be provided with information on the services and supports offered by the Office of Client Experience including program contact information.

c. The NTHSSA commits to providing information to clients and families on the compliment and complaint processes, how complaints are escalated and resolved and the appropriate contact information, including information on the Office of Client Experience.

5. The NTHSSA commits to sharing as much information as possible within the associated legal frameworks. Managers have received the assessment completed by HR Atlantic and are working on Action Plans to address any recommendations.