Witness documentation

Long Term and Brutish

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ATTENTION:
Ontario Provincial
Standing Committe
for Long Term Care
RE: Bill 37

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Our homes follow a primary care model which means residents have a consistent team caring for them that understand their individual needs and personal preferences. All staff receive specialized training on how to care for residents with advanced dementia, responsive behaviours, multiple chronic diseases or at end of life. Many homes have certified in house coaches on the Gentle Persuasive Approach to Care which promotes a resident centered care philosophy for addressing the needs of those with dementia

Extendicare - helping people live better, one life at a time

June 1 – 2019

I visit my mother often – in fact it has become a daily journey to tend to her toilet needs, assist at supper, then help her to relax for the evening. However despite these regular visits, my concern for the basic care of other residents on the second floor at Extendicare in St. Catharines grows. It compels me to witness for those who may not have a chance to share their experience.

Even with intimate daily contact, it was only by accident that my brother and I discovered how our mother's perennial sock feet were not being tended to – when her toe was playfully pinched through her sneaker she yelled in pain. And more telling, she was unable to stand or walk balanced because the toe nails were overgrown and curling against other toes, with red swelling and very thick growth on the larger toes. Around this same time she also began expressing discomfort each time I toileted her. In her own words she would wince 'oh my God, my crotch.' She could barely stand straight and spoke of the burning especially when she urinated. I insisted the tending physician make a physical check up after a 5-day prescription of antibiotics made no impact. A UTI was assumed and yet the urine test ordered was consistently delayed. After waiting a week I had it cancelled and requested the Dr.'s attention.

Mom's feet needed expert attention and so a podiatrist was arranged -- at our expense. Only today did I accidentally run into the RN who comes once a month, charges half the rate and does the same thing as the Dr. There was never a discussion as to how to address mom's

feet in the future nor mention of contracting an external service if Extendicare is not able to address her feet. The RN said that the three other long term care facilities that she visits have arranged that she look at residents' feet to assess the need for service. This Extendicare has not asked her to do this kind of prevention work.

And so we are now into week seven of monitoring mom's care, making sure that pads are not saturated with urine from the morning—on several occasions since her affliction was detected her pants were wet through to the wheelchair cushion—and once even her sock and shoe were wet with urine. I dealt with upstairs staff primarily and after a month reported the urine issue to the Director of Nursing—at last count I have reported three times. The bleeding wound between mom's legs (I detected and first reported the blood in her pads) from the roughness of the sanitary pads and urine irritation is now being treated by applying an ointment and softer pads with more frequent changes. At least that's what I hope happens. I must be sure and without guarantees of best practices being observed, I will continue to monitor mom's health and sense of safety. I still do not understand how the toes were so over-looked when she is bathed, supposedly twice a week, and dressed daily.

Today is Saturday. The weekly regular staff are often replaced by students and on call contract agency workers. Often Extendicare recreation and laundry staff assist with tasks such as taking residents to the dining room. I witness and can attest to a lack of consistency with care, strangers in various uniforms and a noticeable fatigue in regular staff who carry more shifts. It

was confided to me that full-time staff time off requests on weekends are usually denied, and so absences occur at last minute with a phone call. There are often times when no one is scheduled for the weekend and so we have noticeable panics as with this afternoon's shift. (FYI - Easter weekend was especially short-staffed.) Today a PSW reports to me that there are no workers on the north ward for the afternoon shift and yet she is called from the south ward to go downstairs to fill a their own staff shortage. Knowing how acute the upstairs' needs are, she declined.

An RN spoke of feeling on the edge of tears due to lack of staffing and support on weekends with the difficult position of directing over-worked staff. She was frank enough to say that this is not the way she wants to work, and that best practices are not being applied--for the residents' sake.

Unexpectedly on this same day a housecleaner confided that she is increasingly worried for the residents. She reported how she is often asked to do 3+ jobs outside of her designated tasks during the course of a day in order to fill the gaps. She sees the stress and fatigue in her colleagues who mean well but are pushed to the limit.

In the past few weeks there are at least three serious injuries on this designated Alzheimers ward. There are new residents to settle and noticeably more behavioural issues and random crises. I visit each day and witness the energy and commitment by only a few bodies who meet the basic care needs and unexpected challenges as best they can.

Before leaving the floor tonight I wander the north ward and there is not one PSW to report to or ask for assistance. The south wing has their attention at this time of preparing residents for bed. A resident sits waiting for a bath that may not happen as scheduled tonight, and tells me that she is appalled that there is not one staff person on the floor of 34 vulnerable residents -- .

June 2 – 2019

Today my brother arrived before me at 3 pm. We take mom out for fresh air and use the back parking area where the asphalt is not as corroded or treacherous as the front area where most visitors park. The day mom fell while being walked to my car was the day she tripped on one of the cracked areas, losing her front teeth. Now she needs a wheelchair and the driveway is bumpy and terribly pot-holed, making it difficult to push and tricky to walk across.

We are pleased that the RN (contracted yesterday) addressed mom's feet and actually ground the big nails more thoroughly than the Dr. did a month ago on a quick Saturday visit. This RN spoke of obvious fungal infection, which the Dr. denied when asked. Mom's shoes were tied so tightly today that she was in obvious distress after I removed her shoes and socks to check her feet—a request of the RN. Thankfully we noticed and the red sensitive area on the bony part of the upper foot was given relief. My brother reported this to the nurses station.

There is still a staff shortage downstairs. A gal from the upstairs was obliged to go down, even though the upper south ward has three residents with broken hips and several with severe developmental issues. I fed a resident at mom's table since she was not being tended to by staff in a timely way, was more alert and obviously ready to eat. The feeding is always like this, depending on how many are available to serve, prepare the trays to be taken to the rooms or stay and sit where residents need assistance in the dining area.

jb 02.06.2019