Long Term Care Survey Comments

Assessor Coordinators

“There is no case management in LTC. Meaning there are people who improve enough to no longer require LTC and could be supported in home or other supportive living environments after they’ve shown improvements over time. Once deemed at this level (LTC) they are not able to access therapy daily support to improve physically or given options to be supported out of institutional settings. This also contributes to LTC beds being at capacity when there are residents that could be supported in other settings.”

“At one time there were four medical social workers covering ten LTC facilities now there is one medical social worker. This impacts care in that for one of the most difficult transitions of a person’s life – the move to LTC – there is inadequate emotional and psychological care and support. In addition, there is inadequate information on admission of new residents’ social history, which greatly impacts the ability of staff to build a rapport with new residents.”

“Clients are waiting longer, causing flow issues in acute care, community, increased work load with assessing and reassessing. When my client waiting for LTC gets evicted – I have to be “creative” to keep the client from going to hospital and blocking a bed and using excessive resources there. I have to continually receive calls from families in distress stating that their family member is deteriorating and they cannot manage any longer. I have to field calls from physicians in acute care, who want to discharge patients who are medically stable, but are waiting for Long Term Care for months. This all affects how much time I have to provide to other clients on my caseload.”

”For clients not to have access to OT, PT and Social Workers in facilities is ridiculous, peoples’ needs don’t end when they enter LTC.”

Dietitians

“I am shocked by the underfunding of nutritional care for our long-term care residents. This includes all aspects, especially staff training, RD time and supervisor time. These deficiencies would be chargeable violations of LTC regulations in other provinces.”

“Clinical assessments are often slow and there are many barriers to implementing a nutrition care plan. For example, I may suggest a pureed diet, high protein, etc., only to find that the kitchen does not have the training to prepare special diets.”

“The only coverage our rural LTC sites receive from a dietitian is on a consult basis. It is very difficult to find the time to provide site visits and as such most of the work is done over the phone.”

“A business case was presented for dietitian services for LTC that is designed to meet the Government of Saskatchewan’s own mandate for extended services. At this point in time, nothing has changed.”

“Malnutrition in long-term care has emerged in the media in recent months. Although malnutrition is multi-faceted, requiring a multi-disciplinary approach for its prevention and treatment, Registered Dietitians can make a large difference in helping to identify patients most at risk and help develop care plans that help prevent malnutrition.”

“It is unchanged as there has never been a dietitian for LTC in our health region (or food services for that matter). Dietitian coverage of LTC is not a priority and there are no plans to hire dedicated staff for this geographically spread, growing population. Current dietitians and nutritionists try to address urgent requests off the side of our desks. No routine food/nutritional assessment care at all. Food services and LTC do not have food and nutrition experts as part of the core team (either a registered dietitian/nutritionist or a person registered with the Canadian Society of Nutrition Managers - who are the two expert groups recognized as the professionals everywhere else in Canada and Saskatchewan for that matter.”

Occupational Therapists

“It is a disservice to have residents wait months for assessments that impact their safety and put both staff and residents at risk of injury.”

“We provide minimal OT services to 3 LTC facilities near Saskatoon. Within Saskatoon health region the available therapy services are not equal (ex. Sunnyside – barely any services while Sherebrooke has some fantastic services). Most places barely get any OT…(of course until the client has a pressure sore/can’t fit in their wheelchair and needs specialized seating-all of which could have been prevented by providing more than a consultative services).”

“Therapy services are working very short-staffed all of the time. Also, pressure sore management is an important area that should be improved upon.”

“We need specialized seating, wound and pressure management and fall preventions by OT to all long term care facilities as a basic service and not a service for which they have to wait months to receive consultative OT services.”

“Unable to find anybody to fill a full-time occupational therapist leave of absence, so less occupational therapy services at a lesser frequency. Clients wait longer, become more uncomfortable in their wheelchairs, and are at higher risk to develop a pressure wound.”

“It is my understanding that there was a job positing in recent years for an occupational therapist in long term care. This position was not filled and was not reposted in an attempt to be filled. Personally, I have received multiple requests from client’s families (clients who are in long term care) requesting adaptive seating assessments, some due to recent falls that have caused significant injuries. Unfortunately my position as a therapist does not cover the area of long term care facilities) I was told it is the responsibility of the facility to hire a therapist) and I was not able to provide such important assessments and assist these clients in obtaining wheelchairs as an appropriate seating. Increased staffing of physical and occupational therapists in long term care can have a large impact on patient safety and quality of life.”

“Working in a hospital setting, I work with many patients who are residents of LTC or are awaiting LTC placement. The reduction of service in LTC impedes the follow-up of appropriate equipment (i.e. standard and specialty wheelchairs) as well as the maintenance.”

“LTC clients are placed on a waitlist with our other community clients…typically the wait time is 12 weeks at the present time.”

“LTC staff and residents benefit from therapy staffing for basic needs like wheelchair assessments as their mobility needs change with age and acute illnesses. It is a disservice to have residents wait months for assessments that impact their safety and put both staff and residents at risk of injury. LTC has turned into a dumping ground for individuals with limited to no quality of life.”

Physical Therapists

“Physical therapists have to prioritize caseloads, often leaving residents without usual treatment sessions, resulting in loss of mobility and strength.”

“We continue to warehouse the elderly into facilities that don’t offer services to accommodate their needs.”

“Our elderly are neglected. Once they are labelled LTC they immediately drop to the bottom or right off of the priority lists. They are more than underserviced. They are essentially non-serviced.”

“When our department becomes short-staffed, LTC services are cut and clients may wait months to have a seating assessment. This is a major risk for skin break down and a safety concern.”

“There is insufficient PT and OT services at most facilities. Our elders are not being provided the benefit of ongoing rehabilitation activities. Elders are not being provided the opportunities to improve their quality of life with work on transfers (wheelchair to bed/wheelchair to toilet). Wheelchair seating is not being regularly reviewed.”

“Poor staffing ratio; there is no standard for level of therapies in LTC facilities. Therapies play a vital role in keeping residents and staff safe. As they can work to maintain mobility and provided key equipment to residents.”

“We need more therapy staff to ensure appropriate equipment and maintain physical/cognitive function.”

“PT and OT services are completely non-existent in rural.”

“We need to make it mandatory that each LTC facility has full time therapists (OT/PT). Once patients leave acute care where there is access to therapists, their needs for Therapies fall through the cracks. Often they go without equipment that can help them mobilize safely.”

Speech Language Pathologists

“Still no designated FTEs in Speech Language Pathology in this Health Region for LTC.”

“Currently have no SLPs in LTC facilities. In 2014, requested at least 1-2 be hired. No response to request.”

“More SLPs needed everywhere as evidenced by increased referral numbers and increases in the population numbers of those we provide service to - both in acute care and LTC.”