

# Relocation of the Vegreville Care Centre

## Selected Highlights for Staff

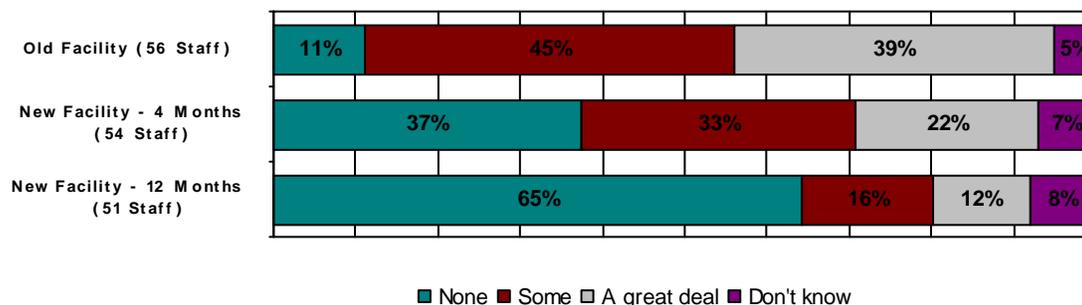
### The Study

- In May 2008, the Vegreville Care Centre was relocated to a new cottage-style facility from an institutional, hospital-like facility. The old facility was attached to the acute care hospital while the new facility was in a downtown neighbourhood location.
- Between April 2008 and June 2009, researchers from the Alberta Centre on Aging at the University of Alberta conducted a case study of the relocation.
- Information was collected prior to the move, 4 months after the move, and 12 months after the move.
- The study began by interviewing 39 residents, 37 family caregivers, 56 staff members and 4 key informants.
- Questions were asked about the move itself, the physical design of the old and new facilities, services provided, family involvement, and staff issues.

### Views about the New Location and the Move

- Prior to the move, several staff members expressed concern about the location of the new Care Centre in a central downtown neighbourhood approximately two kilometres away from the acute care hospital. Over time, fewer people had these concerns (Figure 1).

**Figure 1. Concern about the Distance to the Acute Care Hospital**

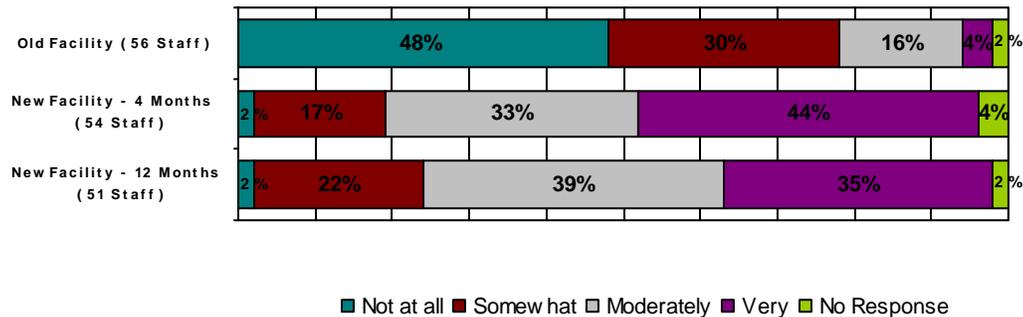


- The move itself was seen as success. However, 29% of staff members prior to the move and 17% four months after the move indicated that there was additional information that they would have liked. Their concerns included knowing ahead of time the location of residents' rooms, the scheduling of the moving of cottages, and their own roles/routines.

## Comparison of the Old and New Facilities

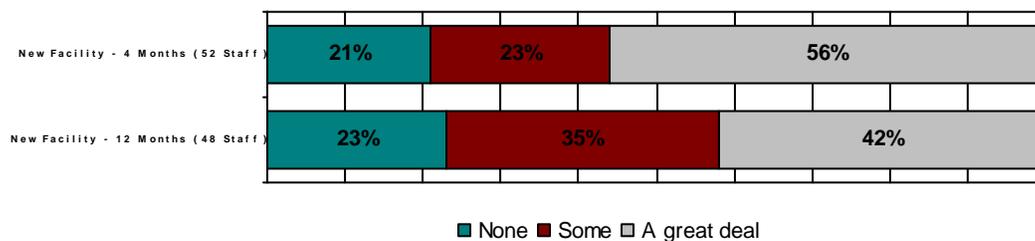
- The new facility was more likely to be rated as homelike than the old facility (Figure 2). Private rooms, personal decorations, and the smell of food were identified as elements of homelikeness.

**Figure 2. Homelikeness**



- The private rooms and bathrooms in the new facility drew many favourable comments. The amount of space, privacy, brightness, and the availability of overhead tracking were mentioned as benefits.
- The kitchen was rated highly, with several comments offered about the smell of the food and the opportunity for residents to watch the food being prepared. Some family caregivers mentioned the lack of access to the kitchen for residents and families, which was necessary due to care standards.
- Areas for improvement included a larger dining room and living room, a larger medication storage room, a better location for the computer than its current location in the dining room, the need for a staff room, and increased parking.
- The lack of staff-only space was a major drawback from the staff's perspective (Figure 3). Over half (56%) had a great deal of concern about the lack of a staff room at 4 months after the move and 42% had a great deal of concern at 12 months. Several staff members expressed the view that the staff's needs were not taken into account in the design of the new facility. Some felt undervalued or unappreciated as a result.

**Figure 3. Concerns about the Lack of a Staff Room**



- Some family caregivers expressed concern about the location of the nursing office and felt that they did not see the nurses as much as they had in the old facility. Nursing staff also expressed concerns regarding isolation from other staff members and the residents.

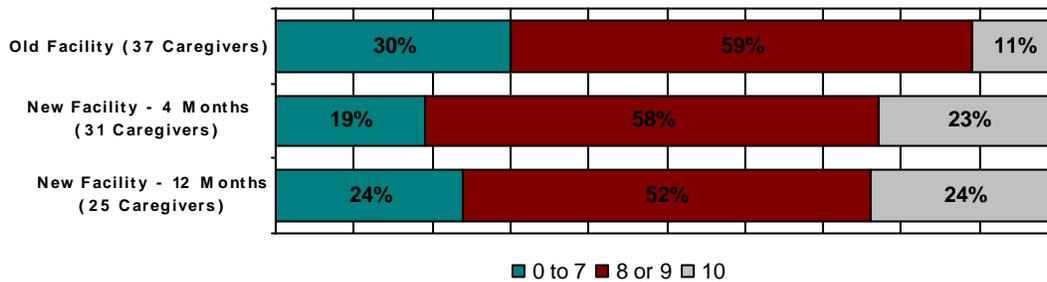
## Cottage Characteristics

- Interestingly, while having the same physical layout and the same philosophy of care, each cottage was distinct and appeared to have its own character. Residents, family caregivers, and staff members all contributed to that character.

## Care and Services

- Family caregivers were asked to rate the following statement “Overall, what number would you use to rate the care (name of resident) gets from the staff?” from 0 (worst possible) to 10 (best possible). The ratings were similar for the old and new facilities (Figure 4).

Figure 4. Ratings of Care



- At 4 and 12 months after the move, we asked family caregivers “Would you say that you have none, some, or a great deal of concern about the amount of time staff has to care for your family member?” At 4 months, 71% of the caregivers had some or a great deal of concern. At 12 months, 64% had concerns.

## Job Satisfaction and Staff Morale

- Staff members were asked to indicate their satisfaction with various aspects of their job, on a scale of 1 (lowest satisfaction) to 10 (highest satisfaction).
- Prior to the move, they gave the highest rating on average to the quality of care given to residents (Table 1). Lower levels of satisfaction were given for workload, work demands and rewards.

Table 1. Job Satisfaction Scales Before Move

Satisfaction Sub-scale	Average Rating Prior to the Move	Average Rating 12 Months after the Move
Quality of Care	8.1	8.1
Training	7.7	7.9
Content of Work	7.6	8.3
Co-workers	7.4	7.8
Workload	6.7	7.0
Work Demands	6.5	6.9
Rewards	5.2	6.4

- At 4 months, the ratings were similar. By 12 months, there were improvements in the satisfaction level with rewards. Some staff members had adapted to the new work demands, had new routines, and had developed ways to obtain the necessary support for their work.
- Staff morale was problematic prior to the move but showed improvements by 12 months. Staff’s suggestions to improve morale included hiring more staff, rotating staff from cottage to cottage, increasing opportunities to interact with staff from other cottages, receiving recognition/ positive reinforcement from administration, and better communication at all levels.

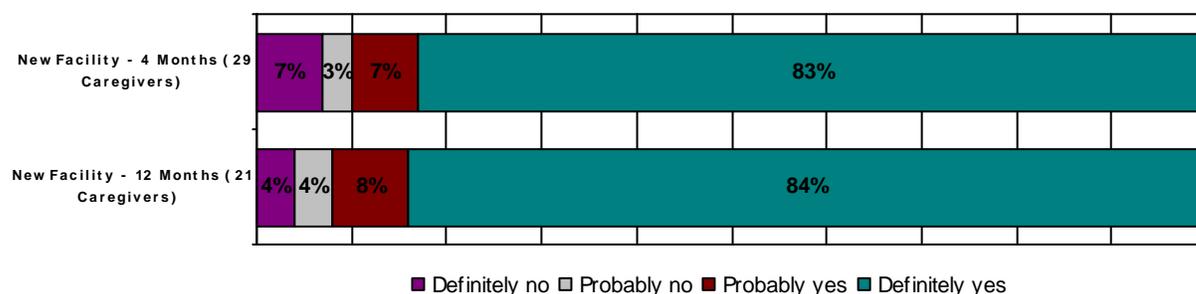
## Residents' Situations

- Some residents experienced improvements such as more independence in bathing or an increase in close relationships with other residents or staff.
- At the same time, there was an increase in the number of pressure sores and in the number of unsettled relationships with staff and other residents.

## Relocation Challenges

- The importance of time both to prepare for the move and to adjust to the new facility was readily apparent.
- Open communication between family caregivers and management, between family and staff, between staff and management, and between staff members is essential.
- Despite the relocation challenges, over 80% of the family caregivers responded definitely yes to the question "Would you recommend this facility to others?" (Figure 5)

Figure 5. Recommending Facility to Others



We would like to thank the residents, family caregivers, staff, and key informants who willingly answered our many questions.

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A more detailed report is available upon request. For further information, please contact the Alberta Centre on Aging.

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