

Grace Manor Family Council Meeting MINUTES

Date:	Tuesday, April 12, 2022
Time:	14:00-15:00
Location:	Virtual - ZOOM Meeting

In Attendance	Representing
Michelle van Beusekom	FC Chair
Maria Tandoc	FC Co-Chair
Angie McCrea	FC Secretary
Jody Clarke	HCH Director, Programs & Services
Albert Armah	Director of Resident Care
Audrey Schreuders	Member
Catherine Jotautas	Member
Fred Benedikt	Member
Gwen Veenstra	Member
Hank Kuntz	Member
Hennie Visser	Member
Joanna Lee	Member
Patricia Roelofsen	Member
Prakash Dannie	Member
Ron Buschman	Member
Sue Bailey	Member
Susan Dulis	Member

Minutes Items

Welcome and chaired by Michelle van Beusekom

- Acknowledgement of the loss of Family Council member, Carole Berry. Her husband resides on 3N. Keep your thoughts and prayers for her family and loved ones.
<https://www.arbormemorial.ca/scott-brampton/obituaries/carole-jean-berry/81429>

OLD BUSINESS

- Minutes approval (March 1, 2022) – motioned by: Gwen; seconded by: Fred

NEW BUSINESS

- Administrator's Update – Justine was unable to attend. Albert provided the update.
 - Grace Manor is seeking CARF Accreditation (Commission of Accreditation for Rehab Facilities). CARF provides accreditation services worldwide to health and human service providers. The assistance of staff, residence and families will be sought out at different points during the accreditation process.
 - On Monday April 11, 2022, the Fixing Long Term Care Act 2021 and O Reg 246/22 replaced the LTC Homes Act 2007 to regulate the LTC sector in Ontario. (Appendix A – Resident Bill of Rights - NEW)
 - The new legislation is being implemented in two phases and priorities are:

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1. Improved staffing and care.
 2. Protecting residents through better accountability, enforcement, and transparency. This includes a new Resident Bill of Rights which has been shared with all members and was discussed briefly.
 3. Building modern, safe comfortable long-term care homes.
- Proactive Inspection Program (PIP) - The new Proactive Inspection Program (PIP) framework was introduced by the Ministry of Long-Term Care in late 2021 with a focus on improving the home inspection process. The new process is intended to be resident-centred and will include direct discussion with residents.
 - Care Team Update (Albert)
 - Dr. Hannah Hughes has resigned her position as Attending Physician at Grace Manor (1S) effective April 30, 2022. She will be replaced by Dr. Elahi effective May 1, 2022.
 - Dr. Elahi is not new to HCH as he volunteered with Dr. Thind at Faith Manor and helped during the 1st wave of the pandemic. He will be onsite weekly on Tuesdays.
 - A new staffing model with permanent PSW staffing and home-unit TEAMS came into place on Sunday April 10, 2022. These permanent assignments replace the Covid-19 Temporary staffing lines (and heavy reliance on Agency Staff and RAs) that were adopted in response to the staffing shortages caused by the pandemic. Goal of the new model is to ensure stable staffing on home-units and continuity of care. The new model and permanent staff assignments were put into place in collaboration with the Unions.
 - Ratio of PSWs to residents on day and afternoon shifts is 1:8
 - Clarification on Covid Isolation Protocols for Residents
 - A decision-making tree explaining updated isolation protocols for residents who have been exposed to Covid-19 will be shared with members (Appendix B – GM Decision Making Tree for new COVID cases - 2022)
 - Third Party Service Providers
 - Albert gave a brief overview on how service providers are selected. Michelle took a quick poll of members online which confirmed there are some shared concerns about the quality of footcare and dental in particular. This conversation will be continued with Justine at the next meeting.

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- Activities Update/Assessment of OBIE machine usage / Staff Appreciation Week / Wishing Well (Jody)
 - OBIE machine is being used, and staff feedback on the different units has been positive.
 - Staff Appreciation week is May 9-13 and special events will take place during the day. Any help from families is appreciated for any raffle prizes or contribution for staff. Please contact Jody directly if you would like to contribute.
 - Wishing Well program has been setup on the 1st floor Atrium area for both Manors. The program offers residents the opportunity to share a dream or wish of something they would like (e.g., a special outing). Ballots are available to be filled out and collected monthly by the Rec Dept. Review of ballots will be done on a quarterly basis by Family Council Committee who will select one wish per quarter to come true.
 - Legacy of the Manors – initiative involving family & staff to share highlights/attributes about individual residents. Goal is to promote getting to know people on a personal level and celebrating their achievements. This will get started at the end of the month and rely on help from staff and families. Family Council will add this to the agenda for next meeting.

- Murals + Wall Art Update (Maria)
 - Focus group is continuing their work on refining the proposal for home unit wall murals designed to make each unit feel more home-like. Next step is to approach vendors for a quote. There will be an opportunity for residents and family council to review design proposals and quotes before the final proposal is chosen.

- Painting at Grace Manor Update (Fred)
 - Painting is on hold so that colour choices can be coordinated with the murals project. 2S, 2N, 3S and 3N are all currently painted in institutional beige. 1S is painted in bright colours (part of the Butterfly model) in accordance with best practices for dementia residents (colour is used to enhance perception of space and to regulate mood). Plan moving forward is to work with a designer who can help make colour choices for all units that will promote a home-like feeling.

- RAP (Residents as Partners) Committee Overview (Fred/Michelle)
 - RAP is a new committee with staff, resident, and family members. Its objective is to come up with long/short- and longer-term initiatives that help move culture and practice towards a more resident-centred-emotion-based care model.
 - Fred outlined several low cost/no costs/short term initiatives that could be implemented quickly. Council members were asked to prioritize the initiatives:

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- i. Modify hourly rounding to include an emotional care component; spend the additional (1/2 hour) time per-resident that staff are supposed to have available on meaningful human to human connection.
 - ii. Establish a communal dining experience – combine dining room tables into a family style dining setup; don't hurry residents back to the common room, let them mingle and interact as much as possible. For residents requiring feeding assistance, hold the plate closer to the face to bring the smell into their eating experience (enhances sensory input).
 - iii. Upgrade to colourful dishes and linens. These provide a visual contrast for dementia residents and make the food more appetizing for everyone. Colourful linens, tablecloths, bibs, napkins can improve one's spirit and increase appetite.
 - iv. Scented flowers – activates another sensory input; provide fresh flowers to the common room and to the residents' dining room areas
 - v. When possible, restore Montessori table items (i.e., things you can fold, things you can sort) removed for IPAC considerations.
- Above suggestions are very minor in scope. The deep cultural changes occur when we help each resident live their daily lives to their full potential and not just a mere existence; this occurs when staff forms a relationship to understand and identify each residents' unique interests.
 - Advocacy Update (Family Councils Action Coalition Staffing Survey results; New LTC Legislation) (Michelle)
 - Family Councils Action Coalition (FCAC) is an informal group of 200+ Family Councils across Ontario. Goal is to use collective voice to make sure families have a say in how to improve residents' quality of care and quality of life in long term care
 - FCAC staffing survey was designed to gather perceptions and gauge if there are common problems/concerns across the province. Survey results showed widespread shared concerns across Ontario about understaffing, poor staffing ratios, reliance on agency staff, continuity of care, etc.
 - Consider sharing the survey results with your MPP and provincial election candidates with a note asking how their party plans to fix long term care.
 - Group agreed to move forward and invite all candidates from Brampton South to join our Family Council before the election and share what their parties plan to do to address systemic problems in Long-Term Care.

FUNDRAISING / PROJECTS

- No updates. Spring garage sale fundraiser on hold because of COVID.

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CLOSING REMARKS/REMINDERS

- Agenda suggestions, please email gracemanorbramptonfc@gmail.com
 - Agenda suggestion from Gwen: overview of daily activities that are taking place on the home units (i.e., crafts)
 - New doctor and new Nurse Practitioner (replacing Katelyn) to introduce themselves at the next meeting
- **Next meeting:** Tuesday, May 10, 2022 at 2:00PM by Virtual Zoom

MEETING ADJOURNMENT

Appendix A – Resident Bill of Rights - NEW

Appendix B – GM Decision Making Tree for new COVID cases – 2022

APPENDIX A - Resident Bill of Rights - NEW

Preamble

The people of Ontario and their Government

- Recognize that long-term care services and care must respect resident diversity and diversity in communities;
- Respect the requirements of the French Language Services Act in the planning, design, delivery and evaluation of long-term care services for Ontario's French-speaking communities;
- Recognize the role of Indigenous peoples in the planning, design, delivery, and evaluation of culturally safe long-term care services and care in their communities;
- Acknowledge that long-term care residents have diverse and complex physical and mental health needs that require individual, proactive, efficient, and effective supports;
- Are committed to resident-directed, safe, quality care that responds to a resident's physical, psychological, social, spiritual and cultural goals and needs and is respectful of every resident's individual identity and history;
- Are committed to providing and promoting high quality accommodation in a safe, comfortable, home-like environment where every long-term care resident has an ability to enjoy life, and pursue the relationships, activities and interests that are meaningful to them;
- Acknowledge that a resident's health and quality of life depend on integration and collaboration between an ecosystem of people, including fellow residents, family members, caregivers, long-term care home staff, volunteers, service providers, community and government;
- Recognize the importance of caregivers in supporting a resident's physical, mental, social and emotional well-being and quality of life
- Are committed to having a diverse, qualified, and empowered workforce that is respected and supported by effective leadership to meet the individual and diverse needs of residents;
- Share a vision for a province where excellent long-term care services and care are available to all Ontarians who require it and where residents and their families have trust and confidence in their long-term care home;
- Affirm their belief that long-term care homes must be governed and operated in a way that reflects the interest of the public, and promote effective and efficient delivery of high-quality care and services to all residents;

- Are committed to improving public accountability and transparency, through robust and regular inspections and progressive enforcement actions;
- Affirm our responsibility to take action where standards or requirements under this Act are not being met, or where the care, safety, security and rights of residents might be or are compromised;
- Recognize the importance of fostering an environment that supports continuous quality improvement and innovation;
- Recognize the value of transparency from government, long-term care home licensees, staff and service providers with residents and their families;
- Acknowledge that relevant information and data about long-term care homes should be accessible to the public in a timely manner;
- Recognize the principle that access to long-term care homes is based on prospective residents' assessed needs;
- Are committed to the promotion of the delivery of long-term care home services by not-for-profit and mission-driven organizations; and
- Are committed to all long-term care homes operating as mission-driven organizations that have resident-directed, safe, quality care as the primary goal.

Residents' Bill of Rights

Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

RIGHT TO BE TREATED WITH RESPECT

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.
2. Every resident has the right to have their lifestyle and choices respected.
3. Every resident has the right to have their participation in decision-making respected.

RIGHT TO FREEDOM FROM ABUSE AND NEGLECT

4. Every resident has the right to freedom from abuse.

5. Every resident has the right to freedom from neglect by the licensee and staff.

RIGHT TO AN OPTIMAL QUALITY OF LIFE

6. Every resident has the right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference.

7. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.

8. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

9. Every resident has the right to meet privately with their spouse or another person in a room that assures privacy.

10. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop their potential and to be given reasonable assistance by the licensee to pursue these interests and to develop their potential.

11. Every resident has the right to live in a safe and clean environment.

12. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

13. Every resident has the right to keep and display personal possessions, pictures and furnishings in their room subject to safety requirements and the rights of other residents.

14. Every resident has the right to manage their own financial affairs unless the resident lacks the legal capacity to do so.

15. Every resident has the right to exercise the rights of a citizen.

RIGHT TO QUALITY CARE AND SELF-DETERMINATION

16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.

17. Every resident has the right to be told both who is responsible for and who is providing the resident's direct care.

18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.

19. Every resident has the right to,

- i. participate fully in the development, implementation, review and revision of their plan of care,
- ii. give or refuse consent to any treatment, care or services for which their consent is required by law and to be informed of the consequences of giving or refusing consent,
- iii. participate fully in making any decision concerning any aspect of their care, including any decision concerning their admission, discharge or transfer to or from a long-term care home and to obtain an independent opinion with regard to any of those matters, and
- iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

20. Every resident has a right to ongoing and safe support from their caregivers to support their physical, mental, social and emotional wellbeing and their quality of life and to assistance in contacting a caregiver or other person to support their needs.

21. Every resident has the right to have any friend, family member, caregiver or other person of importance to the resident attend any meeting with the licensee or the staff of the home.

22. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

23. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

24. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

25. Every resident has the right to be provided with care and services based on a palliative care philosophy.

26. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

RIGHT TO BE INFORMED, PARTICIPATE, AND MAKE A COMPLAINT

27. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

28. Every resident has the right to participate in the Residents' Council.

29. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of them self or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else:

- i. the Residents' Council
- ii. the Family Council.
- iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part IX, a member of the committee of management for the home under section 135 or of the board of management for the home under section 128 or 132. staff members.
- iv. government officials.
- v. any other person inside or outside the long-term care home.

APPENDIX B – GM Decision Making Tree for new COVID cases - 2022

