

Grace Manor Family Council Meeting MINUTES

Date:	Tuesday, June 13, 2023
Time:	14:00-15:00
Location:	Virtual - ZOOM Meeting

In Attendance	Representing
Michelle van Beusekom (regrets)	FC Chair
Marc van Beusekom (regrets)	FC Co-Chair
Angie McCrea (acting Co-Chair)	FC Recording Secretary
Fred Benedikt (acting Co-Chair)	Special Projects & Member
Justine Dudziak	HCH Administrator, Grace Manor
Dora Quarshie	GM BSO
Jody Clarke	HCH Director, Programs & Services
Alice Scheepstra	Member
Elizabeth Stepanic	Member
Gus Van Weert	Resident Council Liaison
Hank Kuntz	Member
Lisa Stepanic	Member
Patricia Roelofsen	Member

Minutes Items

Welcome and co-chaired by Angie McCrea and Fred Benedikt

Old Business

- **Minute (May 9, 2023)** version with amendments (described below) approved – moved by Hank; seconded by Lisa:
 - Justine requested changes:
 - Sharing Care Plan prior to Annual Care Conference
 - Care Plan: “Release of Healthcare Records” this is the only form that needs to be completed when receiving the care plan. The home waives the copy cost of the Care Plan. The Care Plan can be requested any time and will be provided to the resident or the POA of resident is not competent and or if the resident is competent and consents to the POA having the Care Plan.
 - WIFI at Grace Manor
 - Residents can have the option to pay for a dedicated internet connection in their rooms; The fee is \$44.00 per month including tax.
- **Access to Resident Care Plan – Update by Justine**
 - Resident and local SDMs need to pick-up the care plan in-person and sign a release form for the document. This is the application of an existing process. The previous way of making an oral request for the Care Plan was not the correct process and has been discontinued.
 - Eligible SDMs not able to pick up personally, can now request to get the information in an encrypted email format. This will be a 2-step process; the receiver of the email would need to contact Justine for the password to view the information.
 - GM can provide access to health info at any time but only upon request to competent residents and/or formally designated SDMs; cannot commit to send it automatically before the Care Conference due to administrative workload.

Minutes Items

- Resident Advocate sets up the family Care Conferences by telephone, email, or with the resident themselves (depends on family preference).
- Proposal: When the Care Conference is setup by email invitation and the SDM responds indicating they can attend at the suggested future date/time, they can make a request to receive the Care Plan.
- The HCH internal Release of Healthcare Records Form (Appendix A - #2) is to be completed to request the Care Plan. It indicates you received and are responsible for this health record information as outlined in the Personal Health Information and Protection Act (PHIPA). Complete health records can be requested using the HCH Internal Request Form (Appendix A #1).
- These 2 forms are part of HCH's process and Justine has explained and shared these forms to be very transparent.
- Fred's contention is that for a resident/SDM to sign this particular release form assumes they have knowledge of PHIPA rules and regulations; otherwise, it is not meaningful consent. Additionally, Fred raised the question if PHIPA even applies to residents/SDMs receiving this care plan information.
- **Paintings for Home Units – Update by Justine**
 - FC funded the materials for the creation of 15 paintings by Audrey's brother-in-law which will be distributed between the GM Home Units. Twelve (12) paintings are being stored in Justine's office, the final three will be delivered soon.
 - Resident Council (RC) will decide how the paintings will be distributed at the next Resident Council Meeting.
 - **Action** – wait for RC decision.
- **Murals (final feedback) – Update by Fred**
 - The Resident Council Liaison (Gus) asked for feedback on the murals at the last RC meeting. Gus reported that the residents had mainly neutral comments about the murals.
 - A family member raised a concern about the legality/safety of covering exit doors with murals. The fire code permits this – provided the door signage is not blocked – the signage is clearly visible.

New Business

- **Discussion on a proposed change to the regular FC meeting day – Update by Fred**
 - The Chair made a request to change our regular meeting from the 2nd Tuesday of the month to the 2nd Wednesday of the month. In her new work role, she has a standing meeting which conflicts with our 2nd Tuesday at 1400 ET meeting.
 - According to our Terms of Reference (ToR), this request change is possible. This change requires a discussion at this meeting and a 2/3 majority vote at the next meeting. To be more democratic with few members at this meeting, an email will be sent to the general membership (about 100) requesting this change. The members present had no objection to the proposed meeting change.
 - **Action** – Michelle will email the general membership about the requested change and request only negative votes to be sent as a reply.

Minutes Items

- **June 24 informal gathering for Family Council members – Update by Fred**
 - Michelle suggested holding an informal gathering so that GM family members could get better acquainted. Preliminary expression of interest in attending are 8 “yes” and 6 “no”.
- **Skin and Wound Care – Update by Dora Quarshie**
 - Dora outlined the process aimed at reducing wound and skin impairment. Upon admission, there is a thorough head-to-toe assessment of the resident.
 - Information is entered into the PCC (Point Click Care) system and followed up by weekly assessments.
 - The care team monitors daily for any skin/wound impairments or skin alterations. The doctor is informed as necessary for any intervention. SDM/family members are also informed as necessary.
 - Skin/wounds alterations have a variety of sources such as but not limited to: lack of hydration, lack of positioning, diet, many of our new admissions have come in with wounds from home or hospital, etc.
 - Residents in bed or wheelchairs should be repositioned every 2 hours.
- **Continuous Quality Improvement (CQI) Resources – Update by Fred**
 - Information on the CQI Bulletin Board is now available on the HCH Website under the Family Information Tab - scroll down to CQI Resources <https://www.hch.ca/family-information/> This information is about HCH processes and how they are used to collect/collate data for performance metrics and published reports, including what data is shared with the Ministry.
- **Home Updates - Administrator**
 - General home updates
 - 3 Ministry Inspectors were on-site 17 – 26 May
 - The Ministry Report used their usual inspection protocols and inspected the following: - a regulation follow-up (re: resident emergency evacuation/ relocation), resident fall with injury (x2) and a staff to resident abuse allegation.
 - Ministry removed the Order, GM is now in compliance (emergency evacuation/relocation)
 - Ministry issued a Written Notification re: dining and snack service. This is now addressed by assuring the staff are seated while serving the residents fluids and food.
 - The full Ministry public report details can be found in Appendix B, the GM Bulletin board or in the link - <http://publicreporting.ltchomes.net/en-ca/homeprofile.aspx?Home=2942&tab=1>
 - Update on RIA Survey Results
 - The RIA (Research Institute in Aging) report was recently released with input from staff, residents, and families.
 - One of the recommendations to improve Resident Centered Care is for staff to learn the musical preferences of residents. Knowledge about their favourite music could be included with the care plan or may be tied to the future “Music & Memory” program.
 - The report also offers suggestions related to dining/food, relationships and creating an action plan.

Grace Manor Family Council Meeting MINUTES

Minutes Items
<ul style="list-style-type: none">▪ Action – Justine/Jody to follow up re: better understanding music preferences, provide an RIA summary report, and the process for creating a GM action plan to respond to report findings.▪ Side question about the Who Am I poster metal frames – no timeline for installation, but the request is with maintenance.▪ Update by Acting Co-Chair – WAI metal frames with posters now installed
FUNDRAISING / PROJECTS <ul style="list-style-type: none">• No items for discussion
CLOSING REMARKS/REMINDERS <ul style="list-style-type: none">• We need your good ideas and observations about improving resident quality of life and care. Also consider a more active role and join the Executive Council.• Agenda suggestions, please email gracemanorbramptonfc@gmail.com• Next meeting: Tuesday, July 11, 2023, at 2:00pm by Virtual Zoom
MEETING ADJOURNMENT

Appendix A – HCH Health Information Access Forms

Appendix B – Grace Manor Ministry Public Report 30May2023

Appendix A

Exhibit # 1



Resident/POA PHI Internal Request Form

Privacy Rights Request Form		
RESIDENT NAME:		ROOM #:
1. Requester Information <i>To be completed by the requester or manager getting the request</i>		
First Name	Last Name	Initial
Relationship to Resident/Client (if requester is not the resident):		
Street Address (street,)		
City, Province, postal code		
2. Request Description <i>Describe the health care information that the requester wants to access or have copies of and reason for request.</i>		
Internal Use		
Request Date:		
Request completed Date (dd/mm/yyyy)		Other Organizations involved (if any)
Person handled the request		
Status		
Notes: (Fees if applicable)		

Important Notes

- Completed form - to be given to Administrator when completed
- Remind requester to notify us immediately if they believe that the information in the record is inaccurate and provide a copy of our Privacy Policy highlighting the review and complaint section.

Exhibit # 2



HCH *Here to Care.*

Holland Christian Homes Inc.
7900 McLaughlin Road South
Brampton, ON L6Y 5A7
T. 905.459.3333
www.hch.ca

Release of Healthcare Records

I, _____, acknowledge receipt of personal health information from Holland Christian Homes, related to _____, a past or present resident/tenant of Holland Christian Homes.

I have received on this ____ day of _____, 2019 the following information governed under the **Personal Health Information Protection Act**

Complete clinical record, examinations & reports

I understand that by taking possession of these records I become responsible for the protection of this Personal Health Information in accordance with the Personal Health Information Protection Act, including the secure storage and disclosure of all information contained in the records.

Name of Receiver

Name of Witness

Signature of Receiver

Signature of Witness

Costs (if applicable) for printing / duplicating the record (due and payable to Holland Christian Homes at time of the release of health care record: \$_____

Important: Attach a photocopy of one piece of identification confirming the identity of the individual authorized to receive the healthcare records.

Exhibit # 3

Goals of Care Discussions at Holland Christian Homes

Holland Christian Homes in collaboration with the Central West Local Health Integration Network (LHIN) and Palliative Care Network has a team participating in a quality improvement program.

Our quality improvement initiative is focused on **Implementing Goals of Care Discussions at Holland Christian Homes.**

Goals of Care Discussions means:

- Understanding the resident's values and wishes when it comes to their care
- Removing level of care forms
- Ensuring the substitute decision maker understands their role
- Seeking consent from the resident or their substitute decision maker (when applicable) to proposed treatment plans based on the current situation

Our initiative aims to:

Have documented values and wishes for each resident to help inform treatment plans

Ensure consent to treatment is always obtained from the resident or their substitute decision maker (when applicable) at the time a decision is needed

Reduce potentially avoidable emergency department visits

The IDEAS Advanced Learning Program teaches healthcare professionals to lead quality improvement initiatives that aim to improve patient care, experience and outcomes.

ideas
Improving & Driving Excellence Across Systems

**Ministry of Long-Term Care**

Long-Term Care Operations Division

Long-Term Care Inspections Branch

**Inspection Report Under the
Fixing Long-Term Care Act, 2021****Central West District**

609 Kumpf Drive, Suite 105

Waterloo, ON, N2V 1K8

Telephone: (888) 432-7901

Original Public Report**Report Issue Date:** May 30, 2023**Inspection Number:** 2023-1426-0004**Inspection Type:**

Complaint

Follow up

Critical Incident System

Licensee: Holland Christian Homes Inc.**Long Term Care Home and City:** Grace Manor, Brampton**Lead Inspector**

Janis Shkilnyk (706119)

Inspector Digital Signature**Additional Inspector(s)**

Kailee Bercowski (000734)

Brittany Nielsen (705769)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 17, 18, 19, 23, 24, 25, 26, 2023

The following intake(s) were inspected:

- Intake: #00016018 - Follow-up #: 1 - FLTCA, 2021 - s. 90 (1) (b)
- Intake: #00084258 - complaint related to concerns with resident plan of care
- Intake: #00084981 - fall of a resident with injury
- Intake: #00086384 - allegation of staff to resident abuse
- Intake: #00087255 - fall of a resident with injury

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order ##001 from Inspection #2022-1426-0002 related to FLTCA, 2021, s. 90 (1) (b) was complied.

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The following **Inspection Protocols** were used during this inspection:

- Resident Care and Support Services
- Continence Care
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Dining and snack service

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.

The licensee has failed to ensure that the home used safe feeding techniques to assist residents with drinking fluids.

Rationale and Summary

The home's policy, Meal Service, policy # DIET 04-06, revised January 2023, stated that if a resident required assistance with feeding staff were to sit beside the resident. Mandatory safe feeding techniques education provided to staff by the home stated staff were to sit at eye level with the resident.

Staff were observed standing while assisting residents with drinking their fluids from nourishment carts.

The Director of Resident Care (DRC) stated the expectation is that staff sit to feed residents food and fluids.

By failing to ensure safe feeding practices were used when assisting residents with fluids, there was a risk of residents choking.

Sources:



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Resident observations, interviews with staff, Meal Service policy #DIET 04-06, revised, January 2023, the home's 2022 mandatory training, onboard training.

[706119]



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