

## Grace Manor Family Council Meeting MINUTES

<b>Date:</b>	<b>Wednesday, November 8, 2023</b>
<b>Time:</b>	<b>14:00-15:00</b>
<b>Location:</b>	<b>Virtual - ZOOM Meeting</b>

<b>In Attendance</b>	<b>Representing</b>
Michelle van Beusekom	Chair
Jack Morrison	Co-Chair
Denise Sannella	Treasurer
Fred Benedikt	Secretary
Justine Dudziak	Grace Manor Administrator
Loraine Anderson	HCH CQI and Risk Mitigation Specialist
Jody Clarke	HCH Director, Programs & Services
Angie McCrea	Former Recording Secretary
Gus van Weert	Liaison to Resident Council
Gwen Veenstra	Member
Hank Kuntz	Friend
Elizabeth Stepanic	Member
Confidential Speaker	Confidential
Mark Levien	Member
Rose Fontana	Member
Susan Dullis	Member
Dave Adams	Member

<b>Minutes Items</b>
<p><b>Welcome –by Michelle</b></p>
<p><b>Old Business</b></p> <ul style="list-style-type: none"> <li>• <b>Previous Minutes (11Oct 2023)</b> approved as written – moved by Gwen; seconded by Denise</li> <li>• <b>Follow up Reminder – Family Meet and Greet - Fred</b> <ul style="list-style-type: none"> <li>○ The next Meet and Greet will be Saturday 25 Nov 2023 from 10am to noon . This is an informal way to meet other family members. Light refreshments will be served. (Secretary's Note: The confirmed location is the GM Family Room just inside the Grace Manor Lobby).</li> </ul> </li> <li>• <b>Who Am I Poster (WAI) Update – Gwen</b> <ul style="list-style-type: none"> <li>○ When new families register at GM with Kristine and provide permission to be contacted by Family Council for a personalized poster about the resident, Gwen reaches out (by phone or email) and obtains the information.</li> <li>○ To-date 9 families were contacted and 7 WAI poster have been created</li> <li>○ The process is working well</li> <li>○ Gwen has made some nice family contacts</li> </ul> </li> </ul>

## Minutes Items

### New Business

- **Confidential Topic (Confidential Speaker)**
- 
- **Upcoming Resident Satisfaction Survey 2023 – Loraine Anderson**
  - The annual satisfaction survey is required as part of the Ministry's - FLTC Act (fixing long-term care act). All LTC homes are required to do this annually. The survey focuses on resident and caregiver experience with various aspects of the home. The Licensee (HCH) is obligated to consult with the Resident and Family Councils about the survey and seek their input on the resulting action plan. ( See Appendix A – FLTCA S.o.2021,C39, Sched. 1 )
  - This year there will be two different surveys: one tailored for residents and the other for family members – to be eligible all need to have been at Grace Manor for at least 6 months. Both surveys will be conducted using Survey Monkey and the same 5 point Likert scale (residents will use emojis). Previously the Resident survey used a 2 point version. New for this year is the option to provide consent to share any comments anonymously with family council. Family Council feels that not sharing the comments last year, due to privacy concerns, limited our ability to help identify patterns of concern and provide constructive input into the Action Plan. Comments were shared in previous years and we found that they provide valuable information - is something an isolated case? – or a general trend needing attention?
  - Residents will be using tablets and eligible family members will get a link sent to them by email. The Resident Satisfaction Survey will be completed by capable residents with the help of specially trained volunteers.
  - This year's survey was already shared for feedback with GM and FM Resident Councils and FM Family Council. Loraine then presented a quick overview of both surveys. Loraine will send the editable Word version FC so we can provide final feedback.
  - Grace Manor Family Council suggested the following to Loraine ( Note: All of these suggestions were implemented in the final survey):
    - Within the Palliative Care section, there should be a definition so as not to be confused with End of Life Care
    - The consent box to authorize sharing of comments anonymously with Family Council should be at the beginning of the survey.
    - There needs to be a *Not Applicable* and *I don't know* check box. (Note: This is not the same as *Neither Agree or Disagree* because *No applicable* should not count in the score.
    - Recommended that question on home's ability to meet resident needs refer specifically to physical, emotional and spiritual needs.
  - Survey Monkey will be used to quickly and more accurately do the analysis. Ontario Centre for Learning and Research Innovation (CLRI) resources will also be used in the analysis. Resident and Family Councils will be invited to provide feedback on the

## Grace Manor Family Council Meeting MINUTES

### Minutes Items

draft 2024 Action Plan. (Secretary's note: Looking for anyone interested in being part of this sub- committee which greatly impacts the residents ... probably in early January)

- Question – Can someone answer on behalf of a resident who is not capable to complete the survey? Answer: No, since typically the focus is on capable residents with a Cognitive Performance Scale (CPS ) score of 3 or below. Grace Manor's BSO (Behavioural Support) worker and the DRC (Director Resident Care) determine the score for each resident. Currently there are 44 residents deemed capable to answer the survey.

- **GM Home Updates – Justine**

- Ministry Inspectors came to GM 28Sep2023 and reported two non-compliances and one written notification: re: resident Bill of Rights, privacy and resident treatment. The details can be found in the public report (see link below)
  - <https://publicreporting.ltchomes.net/en-ca/homeprofile.aspx?Home=2942&tab=1>
- Additional re-education was given to staff about privacy and use of mechanical lifts
- Ministry on site again 30Nov2023 for a Proactive Compliance Inspection. This is an annual unannounced inspection and looked at a variety of protocols. To-date nothing was reported as being out of the ordinary.
- MLTC again gave homes a masking directive: mandatory for staff, volunteers and support services; recommended for residents, caregivers and visitors.
- Celebration of Life for GM residents who have passed in the past year will be held 28Nov2023
- Nisha Pandey is the new Assistant Director of Resident Care; previously was the IPAC (Infection Prevention and Control) lead. Actively looking for an IPAC lead replacement.

### FUNDRAISING / PROJECTS

- Ran out of time and skipped this item – ( Secretary's Note: Financial Report will be shared at the next meeting )

### CLOSING REMARKS/REMINDERS

- We need your good ideas and observations to help improve the quality of life and care for the residents. Please consider volunteering. Many hands make for light work.
- Agenda suggestions, please email [GraceManorBramptonFC@gmail.com](mailto:GraceManorBramptonFC@gmail.com)
- Next meeting: **Wednesday, 14 February 2024** at 2:00pm by Virtual Zoom

### MEETING ADJOURNMENT

Appendix A – FLTCA S.o.2021,C39, Sched. 1



## Appendix A

### **FROM THE ONTARIO FIXING LONG-TERM CARE ACT, 2021, S.O. 2021, C39, SCHED. 1**

#### **Resident and Family/Caregiver Experience Survey**

**43** (1) Every licensee of a long-term care home shall ensure that, unless otherwise directed by the Minister, at least once in every year a survey is taken of the residents, their families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home.

#### **Administration**

(2) Where the regulations provide for how the survey is to be administered, the licensee shall ensure that the survey is administered in the manner and in the form provided for in the regulations, and that it contains the content provided for in the regulations.

#### **Action**

(3) A licensee shall make every reasonable effort to act on the results of the survey and to improve the long-term care home and the care, services, programs and goods accordingly.

#### **Advice**

(4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

#### **Documentation**

(5) The licensee shall ensure that,

- (a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (4);
- (b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;
- (c) the documentation required by clauses (a) and (b) is made available to residents and their families; and
- (d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part X.