

Date:	Wednesday, February 14, 2024
Time:	14:00-15:00
Location:	Virtual - ZOOM Meeting

In Attendance	Representing
Michelle van Beusekom (regrets)	Chair
Denise Sannella	Acting Co-Chair and Treasurer
Fred Benedikt	Acting Co-chair and Secretary
Justine Dudziak	GM Administrator
Jenny Stewart	GM DRC
Judy Kirby	HCH Interim CQI and Risk Mitigation Lead
Luyen Loc	GM IPAC Lead
Jody Clarke	HCH Director, Programs & Services
Kris Nielson	GM Advocate and Activation Manager
Hank Kuntz (regrets)	Friend of FC
Catherine Jotautas	Member
Gwen Veenstra	Friend of FC
Lisa Stepanic	Member
Patricia Roelofsen	Member
Susan Dullis	Member

Minutes Items
Welcome
Old Business <ul style="list-style-type: none"> • Approval of previous 8 Nov. 2023 meeting minutes – moved by Denise and seconded by Lisa <ul style="list-style-type: none"> ○ Secretary's Note: The website's publically posted minutes will remove our confidential topic and speaker's name at their request.
New Business <ul style="list-style-type: none"> • RSV Vaccine Rollout and Communication – Jenny Stewart (DRC) and Luyen Loc (IPAC) <ul style="list-style-type: none"> ○ A family member raised concerns about timely communication about RSV vaccination rollout at GM and the fact that vaccination only began in January (well into the flu season). The family member gave an example of another LTC in Brampton that had completed their vaccination rollout before the busy/social holiday season. ○ Jenny reported the RSV vaccine was ordered from Public Health, but only delivered in January. There was also a mis-communication on the HCH website. Luyen Loc, our new IPAC lead is now in place. Consent forms have been shared with Residents / POAs. At the moment 76 out of 117 residents have received the vaccine, plus a few more pending. DRC would ideally like all residents to be vaccinated, but this requires SDM/POA consent.

Minutes Items

- **GM Outbreak Communication Protocols – Jenny**
 - Moving forward, POAs will be notified by the automated telephone system when any new outbreak starts and ends and any related restrictions to visitation. Also please check the HCH website for outbreak status – under Covid-19 Updates (click [here](#) for this information). Additionally there is a sign at the entrance, where you sign-in, indicating the Outbreak Status at GM.
- **CARF Accreditation Process Summary – Judy Kirby**
 - Judy Kirby is the new interim CQI and CARF Lead. She provided us with an overview of the CARF (Commission of Rehabilitation and Facilities) Accreditation process.
 - HCH must remain accredited in order to continue to receive specialized funding for both LTC Manors (Grace and Faith) and their TNO community programs (Tenant Nursing Office).
 - This complex process looks at many of HCH's policies, procedures, plans, surveys, committees, bulletin boards and how this information is available to staff and others.
 - Two (2) Accreditation Surveyors, i.e. auditors, will be on-site from 25-27 March. They will be asking staff and members of Family Council about their understanding of the process mentioned above. Their key concern are in areas such as ethics, person-centred care (a.k.a. EBC – emotion based care), regulatory, legal, various programs, LTC, assisted living, etc.
 - (Secretary's Note - See Appendix A - CARF Accreditation Process)
- **Family Experience Survey (2023) and Action Plan (2024) – Fred on behalf of FC Committee**
 - This year FC formed a committee to provide input into Grace Manor's 2024 Action Plan resulting from last year's 2023 Surveys (both Family and Resident).
 - FC Committee members are Michelle van Beusekom, Yvonne deBoer, Michelle Nash, Marc van Beusekom and Fred Benedikt. Our FC committee will meet with GM Administration on 21 Feb to provide input and suggestions into an action plan designed to address gaps identified in the survey – which is aimed at improving next year's survey results.
 - We took a holistic approach and looked at survey results, comments and action plans from 2021 to the present and noted the recurrence of similar trends and comments year over year. Our suggested actions focus on these chronic areas of concern:
 - 1.Providing consistent, resident-centred, care.
 - 2.Staff-Resident Bonding.
 - 3.Activities & Belonging (Community).
 - 4.Food + Dining Experience.
 - 5.Communications
 - 6.Belongings and laundry

Minutes Items

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- In response to these concerns we proposed action items in the following areas:
 - Action # 1 – Improving engagement and responsiveness through better staff distribution within the RHA (resident home area)
 - Action # 2 - Ensuring Variety/Diversity of Activities + Meaningful Activities
 - Action # 3 – Ensuring Consistency in Policy and Procedures
 - Action # 4 – Food, Meals and Overall Dining Experience
 - Action # 5 – Communication
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- **Executive Co-chair Vacancy – Denise**
 - There is a vacancy for this volunteer position. Please consider sharing some of your time, expertise and ideas for the benefit of your loved one and other residents.
- **Home Updates –Justine**
 - The last mail out to families has two notifications. One is about the new Canadian dental care program that will provide free dental care for those who qualify and apply. The other is about GM switching the date for when the accommodation payment is due – switching from 18th of the month to the 1st of the month. You will have a withdrawal on 18 March and then again on 1 April. From then on it will be the 1st of every month thereafter.
 - GM has made changes to PSW staff rotations and a change to the start time of floor staff shifts. Team members have been grouped together based on who works well together. The intention is to build on natural synergies and strengthen teams and their relationships with residents. Shift changes are now on the hour instead of the half hour, e.g. now 6:00 am to 2:00 pm.
 - A member asked how this rotational schedule will work with dementia residents who like PSW familiarity. Jenny stated that the intention is to create a positive environment for the residents. Having worked on the unit and now working on a different unit gives an advantage when returning to that unit for an extra shift since they know the residents. Some staff have heavier assignments and are naturally tired so the rotation change would help. The changes were made keeping both the resident and staff interest in mindset.
 - Kristine Nielson, GM Resident Advocate is taking on new responsibilities as the GM Activation Program Manager – providing leadership to and oversight for all GM activation staff. Kris will also continue in her role as Resident Advocate for GM. This frees up Jody Clarke to focus on activities at Faith Manor and oversight of the volunteers and spiritual care in both Manors. Kris will be replacing Jody as GM FC assistant and will be attending our FC meetings.
 - HCH is in the process of hiring a full time Spiritual Care Coordinator to work alongside the existing pastors. This is a newly created position. This position will support the current spiritual program in the Manors ensuring that all residents are given reasonable opportunity to practice their religious and spiritual beliefs, and to observe the requirements of those beliefs. In terms of spiritual care and support, HCH would like to get back to a pre-covid level of service. The new person will also have a part in providing end of life support.

Minutes Items

- HCH has a new Housekeeping/Laundry manager Behije Mulaj replacing Sorin Dorobeti
- GM has a new ADRC (Assistant Director of Care) starting 5 March. Manpreet comes with ADRC experience.
- HCH has an interim CQI and CARF lead with Judy Kirby; Loraine Anderson resigned.
- Kamal Sekhon was the HCH Education coordinator and is now the new Faith Manor DRC (Director of Resident Care)
- GM Surveys (Family and Resident) and Action Plan – Both GM and FC committees will meet 21 Feb to develop a joint Action Plan to address the core and critical areas expressed from the survey results.
- The URRI (Understanding Resident-to-Resident Interaction) Study is now over. They will be sharing the results when the report is available. All the Honoria were paid.
- GM has new bathtubs and want to make the bathing area look special and spa like – open to suggestions.
- Justine reported on two (2) MLTC (Ministry Long Term Care) inspection reports. One report dealt with a proactive inspection with multiple inspection protocols and the other on falls prevention and outbreak management programs. The details are in the link below:
<https://publicreporting.ltchomes.net/en-ca/homeprofile.aspx?Home=2942&tab=1>
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- GM is in early stages on the path to becoming an Eden Alternative model care home. This model of care is designed to alleviate resident feelings of loneliness, helplessness and boredom and offers a reinterpretation of the environment. Residents will have a say in how they will live their daily lives, e.g. can sleep-in, have pets, helping with chores giving them purpose, visits from children, etc. As part of next steps, we will be identifying Champions and completing the required training to learn how to embed this model of care into GM. More information will be shared as we learn more.
 - (Secretary's note - The basic concepts of the Eden Alternative model is in Appendix B)
- GM annual Program Review Day is Thursday 29 Feb

FUNDRAISING / PROJECTS

- **Current Financial Statement - Denise (5 min)**
 - For the 12 months ending 31 Dec, we have a surplus balance of \$3,002. We would like to use these funds for the benefit of the residents. Our current thinking is to use these funds to improve activities, but are open to any suggestion.
 - See Appendix C for the financial statement details

CLOSING REMARKS/REMINDERS

Minutes Items
<ul style="list-style-type: none"> • We need your good ideas and observations to help improve the quality of life and care for the residents. Please consider volunteering. We have a vacancy in the co-chair position on family council. Many hands make for light work. • Agenda suggestions for discussion, please email GraceManorBramptonFC@gmail.com • Next meeting: Wednesday, 13 March 2024 at 2:00pm by Virtual Zoom
MEETING ADJOURNMENT

Appendix A – HCH CARF Accreditation Process

Appendix B – The Eden Alternative Care Model

Appendix C – Financial statement ending Dec 2023



ARE YOU READY?

Accreditation Surveyors (2 of them) will be here at HCH from
March 25 to 27, 2024.

CARF stands for: “Commission of Rehabilitation and Facilities”

Holland Christian Homes **must be accredited** in order to maintain our funding for our community programs (TNO) and long-term care homes (Faith Manor and Grace Manor). Our last accreditation was with Accreditation Canada but it expired last year.

WHAT SHOULD YOU EXPECT?

Two CARF surveyors who are health and human services professionals will evaluate HCH for compliance with CARF standards. They will be onsite for 3 days reviewing files, interviewing staff and generally checking out our organization.

The CARF surveyor will need a hard copy of our policies, procedures and other plan documentation to review when they arrive. A general meet-and-greet will take place with all involved parties. Then, the CARF surveyor will review the documentation (this includes resident and tenant files) and possibly meet with and interview staff members who work in different areas of HCH, such as human resources, administration, finance, information technology, quality improvement, nursing, dietary, activities etc.

Different CARF surveyors conduct site visits in differing ways, all with the same objective - *assessing HCH’s compliance with CARF standards*. A report will be written about their assessment, which will also outline recommendations.

The accreditation decision is based on the balance of HCH’s strengths and needed areas for improvement. HCH does not have to meet all the standards to be accredited but we are going to do our best to meet them all. Even organizations who meet the maximum term of accreditation generally still have survey findings to improve upon.

Key focus areas are: ethics, person-centered care, legal and regulatory requirements, aspire to excellence, programs, assisted living, long term care etc.

Please be familiar with the following information in case a surveyor asks you questions.

STAFF – you could be asked about the following:	
Question	Response
Do you know where to find the policies and procedures of the home?	These can be found in SharePoint under policies and procedures. There is a link on all of the desktop computers allowing quick access to the policy and procedure section in SharePoint.
Do you know all the different plans, surveys, committees/teams HCH has?	They are all listed on the next page(s) and can also be found on SharePoint and many can be found on the website.
Do you feel you are educated to competently perform your job duties?	Education is consistently provided, upon hire and annually. In-services are also provided. Staff can go to their supervisor at any time should more education be needed.
Do you feel you are respected?	HCH provides an inclusive workplace and a robust code of conduct. There is 0 tolerance – we expect everyone to work with compassion and respect – teamwork is dreamwork!
Do you know where to go with questions and concerns?	The Charge Nurse and/or your manager/ supervisor are always available to listen and respond to your questions/concerns.
Do you understand Person - centered care? Another name: “emotion-based care”	Person - centered care keeps the individual at the center of care. It is important to get to know the individual as a person and recognize their unique qualities. They have their own personal values, beliefs, boundaries and perspectives. It is vital to not only understand these aspects of the person but to also respect them and incorporate them into the care plan.

Policies, Surveys, Plans and Committee/Teams

HCH has many policies, including specific program policies and program plans. Many policies and plans relate to ensuring a healthy and safe workplace for staff while others ensure that our care and services are delivered using a person-centered approach. In addition to regular staff meetings in each department, we have committees/teams that meet regularly to monitor and oversee our commitment to our mission, vision and values. Committees / teams have broad memberships and can include front line staff, external partners, residents/tenants, and/or families.

We also complete regular / ongoing surveys to engage all of our stakeholders, so we can develop action plans to improve the workplace, our care and services. We also perform regular audits to ensure compliance with legislative requirements.

BULLETIN BOARDS (Know what is posted on these boards and where the boards are located)	
Board	Location(s)
Health and Safety Board	TNO, and GM and FM – in Break Rooms
Education	GM and FM Main Floor
CQI	GM and FM Main Floor
Infection Prevention and Control	GM and FM Main Floor
Tenant, Resident and Family Information	GM and FM Main Floor, TNO Office (outside)
Emergency Management	Every department work area / every nursing unit
Tenant Activities	Main entrance to each building / TNO Office (outside)
First Aid Station	TNO Office, GM 1 st Floor Nursing Station and FM 3rd floor Nursing Stations
Mask-Fit Testing Room	Old FM – 1 st floor

PLANS (Core Documents)			
Continuous Quality Improvement (CQI)	Strategic	Resident Safety	Ethics Framework
Cultural Competency, Diversity & Inclusion	Enterprise Risk Management	Communication	Emergency Management
Faith Manor Quality Improvement (HQO/QIP)	Accessibility (AODA)	Workplace Safety	Risk Management
Grace Manor Quality Improvement (HQO/QIP)	Staffing	Information Technology	French Language Services (FLSP)
3 rd Floor Bariatric Evacuation	Outbreak Management	Organization Chart	TNO Quality Improvement (HQO/QIP)
Code of Conduct	GM and FM Resident/ Family Handbook	Tenant Handbook	Isolation (GM and FM)
Volunteer Handbook	Pandemic	Person-Centered	Health Equity
New Hire Orientation / Onboarding Checklist	L-SAA	M-SAA	New Hire Education (PowerPoint)
Business Continuity	Pandemic		

SURVEYS		
Resident Satisfaction	Family Experience	Tenant
Program Planning	Volunteer Experience	Employee Engagement
Stakeholder Engagement	Learning Needs Assessment	Employee Workplace Violence
Assisted Living Tenant		

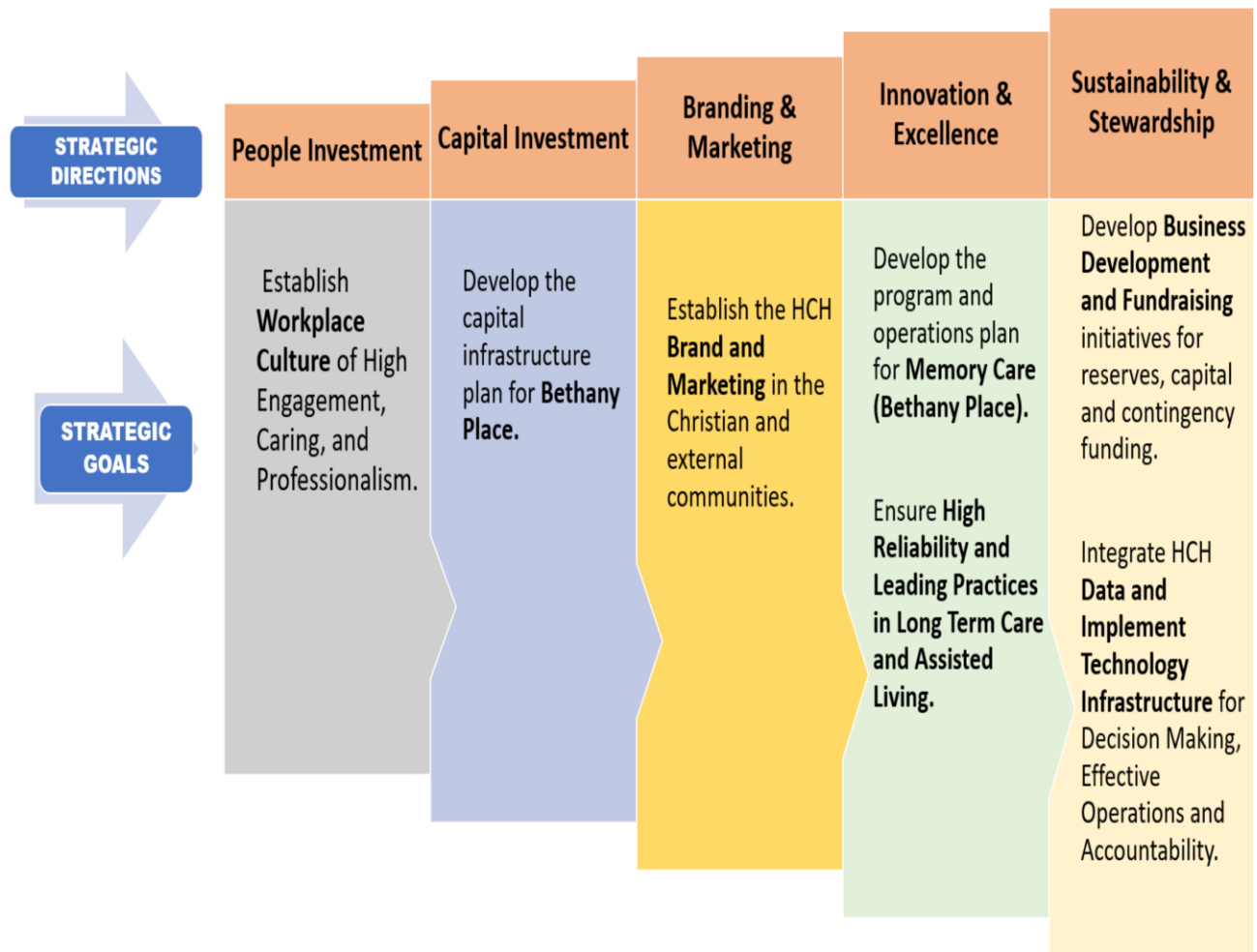
PROGRAMS			
Abuse & Neglect	Accommodation (Housekeeping, Laundry & Maintenance)	Behavior Management	Complaints and Critical Incidents
Continence Care Bowel Management	Continuous Quality Improvement	Education	Emergency Management
Falls Prevention	Family Council	Infection Prevention & Control	Information and Referral
Medical Services	Medication Management	MDS Prevention (Staff)	Nursing & Personal Support Services
Resident Council	Diversity, Equity & Inclusion	Nutrition & Hydration	Occupational Health & Safety
Pain Management	Prevention of Workplace Violence	Recreational / Social Activities	Religious & Spiritual Care
Client Safe Handling – lifts and transfers	Palliative/ End of Life	Restorative Care	Restraints' & PASD's
Skin & Wound	Slips Trips & Falls (Staff)	Volunteer	Assisted Living

COMMITTEES/TEAMS			
Accreditation	Antipsychotic Reduction	Continuous Quality Improvement	Education
Emergency Management	End of Life/ Palliative	Ethics	Family Council
Resident Council	Strategic (IT, Bethany Place, leading practices, financial, & marketing)	Joint Occupational Health & Safety	Infection Prevention & Control
Pharmacy, Therapeutics & Medical Advisory	RAP Steering- Sub committee	Social & Wellness	Specialized Programs
Standards / Health Care Records	Tenant Advisory	Tenant Services	
BOARD OF DIRECTORS - COMMITTEES			
Care	Finance	Governance	Nominations
Executive	Building / Facilities	Development (Adhoc)	

We are so proud of our staff and are confident that the surveyors will see the compassionate care that staff provide every day to our tenants and residents. We have no doubt the surveyors will see what an amazing place HCH is!

We are all“Here to Care”!

STRATEGIC GOALS 2023-2025



MISSION

We are a Christian seniors' community, providing a professional, supportive, and safe environment, respecting individuality and dignity, and living out our faith in all that we do.

VISION

To be recognized for exemplary and innovative seniors care on a community where Jesus Christ is honored and glorified.

VALUES

We are *Christians*

We are *Respectful*

We are *Caring*

We are *Accountable*

We are *Collaborative*

We are *Supportive*

We are *Empathetic*

Appendix B - THE EDEN ALTERNATIVE CARE MODEL

The Eden Alternative is a philosophy of care that aims to enhance the quality of life for elders in nursing homes and other long-term care facilities. Founded by Dr. William Thomas, the Eden Alternative focuses on creating a positive and engaging environment for residents by transforming the way care is provided.

Although it's not a formal accreditation, an Eden nursing home agrees to abide by the Eden Alternative's principles and work to create a better and more comfortable environment for its residents. A nursing home can apply to become an Eden registry member on the [Eden Alternative website](#).

Once approved, the now Eden nursing home receives an "Eden tree plaque," which they can display on their website. This lets others know that they are committed to the Eden Alternative 10 principles as an Eden Alternative member.

These **principles** are:

1. The elimination of loneliness, helplessness, and boredom, which can negatively affect the health and well-being of residents in long term care.
2. Residents experience a feeling of well-being in a caring, inclusive, and vibrant community.
3. When residents have access to the companionship they desire, they thrive. This is an effective way of combating loneliness.
4. An antidote to helplessness is when residents have purpose and the opportunity to give as well as receive.
5. An antidote to boredom is when residents have variety, spontaneity, and unexpected events in their lives.
6. Having meaning in their lives is essential for residents. Meaning lifts the human spirit and contributes to their overall health and well-being.
7. Medical treatments should support and empower residents to experience a life worth living. This is because residents in long term care facilities are [more than just their medical diagnoses](#).
8. Decision-making should involve the residents who are impacted the most by the decisions. This gives residents a feeling of empowerment, and they don't feel helpless.
9. Keep learning, adapting, and growing. This is because changing a nursing home's culture to create a better one takes time, and it is a never-ending process.
10. Wise leadership is needed for meaningful and lasting change.

The Eden Alternative Domains of Well-Being

The Eden Alternative ® aims to revolutionize the experience of home by bringing well-being to life. “Well-being is a much larger idea than either quality of life or customer satisfaction. It is based on a holistic understanding of human needs and capacities. Well-being is elusive, highly subjective, and the most valuable of all human possessions.” - Dr. William Thomas, *What Are Old People For?*

The Domains of Well-Being are:

Identity: Being well-known, having personhood and individuality; wholeness; having a story.

Growth: Development, enrichment, expanding, self-actualization.

Autonomy: Choice and self-determination; freedom from the arbitrary exercise of authority.

Security: Freedom from fear, anxiety, and doubt; feeling safe; having privacy, dignity, and respect.

Connectedness: Belonging; feeling engaged and involved; having close, meaningful relationships.

Meaning: Purpose; activity that speaks to one's personal values; rituals, recognition, and self-esteem.

Joy: Happiness, enjoyment, pleasure, contentment.

Appendix C – Financial statement ending Dec 2023**Grace Manor Family Council****FOR TWELVE MONTHS ENDING December 31, 2023**

Balance Forward December 31, 2022	13,666
<u>Income</u>	
Donations (monetary & non-monetary)	375
PIN Fundraiser	10
Total Income	385
<u>Expenses</u>	
Versteeg Paintings	1,850
Grace Manor Murals	9,198
Total Expenses	11,048
Fund Balance	3,002