Chester Village Family Council

Minutes: May 30th, 2018

Present: Lynne Smith (Chair); Deidre Balyk (Secretary); Tracy Torrance; Diane Klim; Glenna Clayton; Mike Watson; Sandra Monks; Cynthia McCarrey; Kathy Van Laethem; Jennifer Saint; Beverley Desjardins; Hannah Trumper; Linda Redford; Gary Schleiffer; Caroline Snow; Shelley Allen; Scott Torrance; Luisa Scala; Deborah Hopkins; Tyler Torrance (via conference call)

Regrets: Lyndia Eberhardt-Butler

Guest Speaker: Gina Santos (Director of Care)

Gina answered many questions submitted by Family Council members as follows:

1. How are residents handled who refuse medication?

Staff will attempt to administer meds up to three times; if resident's refusal continues it is documented at that point and reported to the doctor. Staff is trained to know when to worry about refused meds and when to let the Doctor know. Any resident with a psychosis must take their prescribed meds. There are often suggestions in the resident's Care Plan (eg. crush and mix with jam, etc.) and there are also several options to oral meds such as patches, gels, injectables and per rectum delivery. Gina stressed that no staff member would ever force a resident to take medication.

2. What are the expectations of a PSW?

The PSW's main job is to assist residents with ADLs (activities of daily living) such as dressing, personal hygiene, mouth/oral care (done twice daily), application of assistive sensory aids (hearing aids, glasses), showering, bathing, toileting/continence care, transferring, positioning, feeding, giving snacks, providing restorative nursing rehab, applying treatments, portering to various appointments, collecting specimens, bedmaking, putting clothing away, cleaning wheelchairs and other mobility devices, contributing to Care Conferences, observation, communication & reporting of all concerns and unusual observations, care plan reviews, documentation on Point of Care, hourly or half hourly safety checks, answer all call bells. Each PSW is responsible for 9 or 10 residents during his/her shift.

When staffing levels permit, extra staff is directed to the units(s) with the highest CMI (case mix index). Morning care is the heaviest in the units since residents are to be ready for breakfast by 8:30am. The night staff starts working with some residents who are early risers and some units have one PSW on a staggered shift who starts work at 6:00. The serving of food is very precisely regulated by the Ministry as to both timing and temperature. It is not allowed to put a meal in the fridge and reheat it later; if a resident misses a meal for any reason, there are alternatives available at a later time such as sandwiches and fruit. Drinking less than 1000mL daily for 3 consecutive days is reported to the dietitian who will then do a dehydration assessment. The same type of monitoring is done for food consumption and this monitoring is also the responsibility of the PSWs.

PSWs are not allowed to administer medication or handle food in the servery (without a Food Handling Certificate). They can apply external medicated creams or ointments as a delegated task, but not allowed to perform wound treatments.

One family member asked if there were time limits allotted for different tasks (eg dressing) and Gina answered that the time spent depends on the individual resident's needs and the time available before the next activity. She pointed out that there is only about 1 ¼ to 1 ½ hours available to have 8-10 residents washed and dressed in time for breakfast. Gina asked that family members with specific concerns should talk to the unit nurse.

3. What are the expectations of RNs?

The main responsibilities of the RNs and RPNs are as follows: providing supervision and direction to PSWs; providing nursing supplies; administering medications, treatments and wound dressings; dining-room supervision during all meals; attending to Doctor's rounds and carrying out Doctor's orders; assessments and daily documentation; care planning; making appointments; booking escorts and transportation where needed; admissions, re-admissions, transfers and discharges; acting as Fire Marshall for unit. The Nurses are the "go to" people for all unit concerns. There is a ratio of 29 residents to each RN/RPN; 2 RNs are on duty during the day and evening shifts; 1 is on duty overnight. They are unable to perform duties which are regulated by other professionals…for example, they cannot prescribe or upgrade diet textures.

The night nurse manager is responsible for the building security; preparing documentation for morning appointments; preparing charts for Doctor's rounds; carrying out Doctor's orders; preparing quarterly medication reviews; chart thinning; checking emergency equipment according to the schedule; managing wheelchair cleaning and clinic. She is in charge of resident care in 3 of the home units: administering meds, catheterization, re-admissions and transfers as needed. She also acts as the RN for the entire building, managing 2RPNs and 11 PSWS. In addition, she manages staff scheduling, replaces sick calls, and completes performance appraisals for night staff, she completes a 24-hour building summary report, runs night meetings and education sessions. The night nurse manager meets with the Director of Care once a month.

4. What sort of oversight is there on care providers?

The RN Managers do rounds daily (days, evenings and nights). The Food Services Manager or Food Services Staff are present at meals times auditing meal service. They are on different floors at different meals. The Assistant Director of Care does rounds a few times weekly and other Nurse Managers also do rounds.

5. How does the staff ensure that all residents feel that Chester is their home?

A great deal of education is provided to all staff and the Residents' Bill of Rights is reviewed frequently during Coach's Corner meeting. Recently, 82% of our PSW staff received an extensive course through Conestoga College called Excellence in Resident-Centred Care. This was an experiential program which involved a great deal of role play to help PSWs understand the emotions and difficulties experienced by residents. The course was well-received by staff and many of its learnings have been implemented.

It was also noted that there is coaching provided to staff by the Psychogeriatric Resource Consultant who makes regular visits to Chester and helps to bring out the best in our residents in collaboration with staff and family members.

6. How is a Care Plan made and managed?

A 24 hour plan is completed within 24 hours of admission based on LHIN information as well as information from family members and the residents themselves. The next 21 days consist of several assessments

(head to toe, skin, falls, bowel & bladder, physiotherapy, social, MMSE (mini mental state exam), dietary, medical and ongoing information gathering from residents and family members. The results are woven into a comprehensive Care Plan that is presented at the initial Care Conference. This plan is reviewed every three months and whenever significant changes are noted.

7. What training does the staff of Diamond receive?

All full-time staff have been trained through the Gentle Persuasive Approach to respond respectfully to responsive behaviours. This a full-day program that focuses on respecting dementia patients as individuals, understanding the disease process, and using compassionate and effective supportive care.

There is also a 3-day course for nurses which is called P.I.E.C.E.S. (Physical, Intellectual, Emotional, Capabilities, Environment, and Social) This is a holistic, person and care-partner model which helps to support the care of older individuals living with complex chronic disease including neurocognitive disorders. The model provides a practical framework for assessment and supportive care strategies and can be integrated with other best practices using a common set of values, a common language for communicating across the system, and a common approach to collaborative care.

Activation staff are trained in ways to keep residents engaged and all staff on Diamond also have this training as well as being trained in the use of the Snoezelen Room. (The Snoezelen Room, though located in Diamond, is available to all residents. Simply speak to Diamond staff to arrange a visit.)

There are monthly meetings held for PSWs with the various Behavioural Resource Consultants where challenges faced with various residents can be reviewed and helpful strategies are suggested. Strategies that are effective for various residents are carefully documented.

8. How are complaints against staff members handled?

The complaint is investigated and a general response provided to the person who lodged the complaint without breaking any privacy rules. There are several levels of intervention used: counselling/education/re-training/buddy system/re-orientation/return demonstrations; verbal warning; written warning; increasing severity of suspension; termination.

9. What are the thoughts/opinions on "independent living" as a policy?

Chester maximizes the potential of a resident to live his/her life as independently as possible although most people who qualify for long-term care require some level of assistance (eg. with showering) Independent living is seen usually in retirement homes and seniors' apartments. In long-term care, residents receive "assisted living" care; some residents have certain requests honoured to support their independence.

10. What are the nursing practices for positioning in bed or in wheelchairs for residents who have mobility issues?

Residents who are unable to move on their own are re-positioned every two hours when awake and every four hours when sleeping. Some residents can be re-positioned by 1 staff member; others need 2 staff. There are also tilting mattresses available to reposition residents when needed.

As you can see, Gina provided us with a great deal of information about resident care! The following notes provide her answers to some additional questions asked by family members at our meeting:

Are staff allowed to take residents out into the garden? Yes.

Who should we contact about making changes to a Care Plan? The unit nurse.

How do part-time staff identify residents? Through photos (updated annually), ID bands, and by asking the unit PSWs.

What kinds of personal hygiene care are provided to residents? Face wash, underarms, hands and feet, peri care, mouth care, shaving as needed, moisturizing skin when changing.

Does Chester have a dietitian? Yes, on contract with three visits weekly. There is also a dietician who visits Jade once a month.

How often are residents toileted? From once daily to three to four times daily, depending on individual needs. "Containment" is used for residents who are unable to use a toilet.

How quickly are call bells answered? The Ministry standard is for bells to be answered within 3 minutes. If there is concern about length of wait from residents or family members, the management can review a call bell report.

How are concerns communicated from one shift to another? Both verbally and in written form.

Finally, Gina reminded us to speak to the unit nurse whenever we have a question or concern about resident care.

Committee Reports:

1. Quality Care:

Lynne made a brief report from the April 30th Quality Care meeting re the Ministry's decision to make public on their website the results of Quality Inspection visits for all long-term care homes in Ontario. Homes will fall into one of 3 categories as follows:

In Good Standing: This would be applied to homes who act to address areas of concern; report incidents and correct issues identified in high risk areas; and generally manage complaints.

Improvement Required: This would be applied to homes in which several areas of concern have been identified; where there is an increasing number of complaints and incidents where residents are harmed or are at risk of harm; where the home needs to take action to improve. These homes will continue to be monitored by the province.

Significant Improvement Required: This would be applied to homes where continual high-risk concerns have been identified by the province and the home has not demonstrated their ability to improve. Further actions will be taken by the province.

It was pointed out that Chester's current profile places us squarely in the first of these categories.

2. Staff Awards:

Lynne noted that, as of a few days ago, there were no nominations in the box in the lobby and new awards will be made at the end of June. She asked that members present consider making a nomination. It was clarified that nominations could be repeated for staff members who were nominated previously and even for previous winners.

New Business:

1. Lynne reported that our request to have Gabriela talk to us about wound care at our June meeting could not be honoured because she would be on vacation at that time. We will set a date for her visit early next Fall.

Notes of Appreciation:

Family members expressed appreciation for the successful Planting Day and especially for the manner in which the BBQ food was distributed. It was great to see so many residents, staff members and volunteers in the garden.

All family members present were most appreciative of the time Gina spent with us to answer our questions about resident care. We all learned a great deal!

Comments and Questions:

With respect to Care Plans and Care Conferences, family members asked if it might be possible for families to be given advance notice of any topics to be discussed at the conference along with the opportunity to add an item to the agenda if needed.

Answer: The Family & Community Coordinator and the DOC will be putting together the standard agenda that will be added in the letter that is sent to residents/families. There is a section for resident/family concerns as well as Others where that opportunity to discuss any other items related to the resident's care can be put on the table.

Next Meeting: Wednesday, June 27th at 6:30 pm in the Board Room.

*** The website for Family Council Ontario can be found at: **fco.ngo** ***