

Chester Village Family Council

Minutes: March 27, 2024

Call to order and Welcome:

Our March meeting opened with a welcome from Askari to all of us and to Lynne after being absent for some time...thanking her for coming to answer some of the questions which came up during our February meeting. He gave us assurance that the minutes would be sent out in a more consistent time frame.

Askari told us that there has been an addition of a Confidentiality Statement to our Terms of Reference. The new Statement reads "Any personal information relating to any individual which is shared during Family Council meetings is considered to be of a confidential nature and all those present are expected to maintain this confidentiality."

(Please note that there will be a 'show of hands' vote held during our April meeting to ensure that members are in agreement with this statement.)

Askari also reported on the question of assistance with filing tax forms and what benefits or deductions our residents could claim. Unfortunately, he learned that the CRA holds only daytime information sessions. Lynne wondered if there might be a family member with expertise in this area (an accountant perhaps) who would be willing to be our guest speaker at some point. We will also look into the possibility of scheduling a mid-day Zoom meeting next fall.

Answers to questions from February meeting:

There was some confusion about the difference between having a Power of Attorney for Property and having a joint account with your resident. Lynne suggested that a POA is a much safer method of handling expenses and also told us that a *Continuing* POA for Property will allow us to act on behalf of our loved one even if the resident becomes mentally incapable where a regular POA would not be upheld in this case.

Lynne read from the CRA website that all long-term-care fees are usable as medical expenses when filing income tax. She said that Chester usually sends out a year-end account of these fees for family members for this purpose.

The cost of hearing aids is also an allowable medical expense and the provincial government will contribute \$500/aid to help patients. Your hearing aid provider should be able to access this grant for you.

With regard to Volunteers, Lynne read us a section from previous minutes when Andrea Macina (Volunteer Coordinator) was our guest speaker. The information Andrea provided is as follows:

"CV is overseen by the Ministry of Health and has been accredited so there are criteria for volunteers to follow...police checks, references, TB tests, and up-to-date vaccinations and boosters.

After a phone call and then a personal interview, volunteers are encouraged to help out where their interests lie or to try something new.

There are training courses available for volunteers, some of which are mandatory, to ensure the safety of residents and confidence in volunteers. These courses are offered online via the computers in the education room at Chester (through Surge Learning). Andrea is open to any suggestions that will add to the enjoyment and participation of residents...she gave us a long list of opportunities such as: serving in the Café, acting as a friendly visitor, escorting a resident to an appointment, assisting with activities, helping with feeding a resident, clerical help and many more.”

At this point, a family member asked if Andrea contacts local schools for volunteers. Another family member mentioned a program at East York Collegiate where students were being trained as apprentices in various trades and perhaps there could be such a program for PSWs.

(Lynne reached out to Andrea and learned that many of our volunteers are high school students, especially on weekends. Andrea also advertises on Volunteer Toronto for high school students. As for the PSW program, Chester already uses students from local colleges (e.g. Centennial) who work directly with our regular PSWs both to learn and to assist. Some of these students end up being hired for PSW positions with us when they have completed their education. This type of education would not be possible in a high school.)

With respect to Family Council awareness, Lynne told us that all family members are sent the Zoom link for our meetings and also receive a copy of the minutes that result. Minutes have also been posted on the bulletin boards in each unit and Askari has volunteered to make sure this is done in the future.

Resources for Family Members

Lynne reminded us of Family Councils Ontario (fco.ngo) and encouraged us to sign up on their website to receive useful information. For example, they are currently giving us access to a series of webinars on MAID (Medical Assistance in Dying).

Thanks to a family member for information about the Research Institute for Aging which is associated with the University of Waterloo. Their newsletter is a useful resource for caregivers and can be accessed at (the-ria.ca).

Quality Care Update

From the March QC committee Meeting:

1. Current outbreak (not Covid) for 2 residents to be ended Tuesday March 26, 2024
2. Masking will be ended as of April 1st except for those who wish to continue or in presence of an outbreak.
3. New Clinical Pathways procedures were introduced on Feb. 9 where any newly admitted resident must be assessed and oriented within 24 hours; they will be assigned to a dedicated nurse who will complete the assessment and orientation including asking many “getting to know you” questions e.g. food likes and dislikes, usual morning, and bedtime routines, etc. and all information will be documented in resident’s care plan. A second nurse will be hired to cover the shift of the assessing nurse. Very positive response: Staff appreciate having the time to do it well; residents feel more welcome and comfortable.
4. Increase in medication errors noted last month has been improved through tighter controls and re-training. Note that the errors were as much on the side of the pharmacy as the staff and steps have been taken to improve there as well. No residents were put at risk due to these errors.
5. An inspection report from a March 7th inspection of 3 items was shared. The report details 3 separate incidents where policies related to Care plans, Infection prevention and control, and Falls prevention and management were not followed. In all three cases, there were no adverse effects for the residents; Management was informed of the incidents; and it was made certain that staff members were fully aware of the need to adhere to the policies involved. The final result for all 3 incidents was “written notifications” which are the lowest level of inspection results. It is noted that all inspection reports are available for viewing in the binders found in the lobby and you are encouraged to ask Gina and/or Cynthia for clarification if needed.

A family member asked how we can be sure that the necessary steps were taken to make sure that these incidents are not repeated. Lynne responded that anyone could ask the unit nurse what action was taken; the family member responded that the incidents did not occur in her unit. In that case, Lynne advised speaking to Gina to find out how the incidents were handled.

At this point, Lynne referred to Cynthia’s letter outlining the results of the recent Satisfaction Survey. This letter was sent to both Family Council and Residents Council Chairs to be shared with Council members; it was also posted on the Chester Village website in the sections pertaining to each of the Councils, along with a copy of the new Quality Improvement Plan which will be implemented as a response to the survey results. A copy of the progress report for the 2023/24 plan has also been posted on the website.

(It should be noted that the percentage of residents who responded in a concerning way to the survey items on the QIP is shared as part of both plans.)

A family member said that the Fixing Long-Term Care Act required that management share all the results of the Satisfaction Surveys (*there are more than 30 items and 2 different surveys: one for residents and one for family members*). This family member also said that management was required to publish how Chester’s results compared with other LTC homes.

Lynne responded that she had contacted Cynthia about this assertion and found it to be inaccurate. She said that she believed that if the Act required this level of disclosure, Cynthia would have done it.

The family member continued to insist that it was the Council's responsibility to "hold management to account" by demanding that this information be shared. Lynne replied (several times) that Family Council was not responsible for telling management what should be done as she felt that management had done what was required already.

At this point there was a very heated back-and-forth between Lynne and the family member who was accusing the Co-Chairs of not doing what they should be doing. Both Lynne and Askari asked the family member to stop interrupting the proceedings and let Lynne speak, but their requests were ignored, and the atmosphere continued to heat up. Another family members attempted to support the Chair's position, but they were also interrupted by the initial family member. It was suggested several times that this family member should take their complaint to Cynthia; Lynne was told that this had already been done and Cynthia refused to release more information. Lynne felt that this was because Cynthia knew that the Act did not make the demands suggested by the family member and asked for time to give her complete response to the issue which had not yet been possible. She asked the family member to mute herself while Lynne spoke; but the family member continually unmuted herself to interrupt with the same repeated message.

*(This was the response that Lynne was attempting to present: "The survey is used for the purposes of giving management the information they need to make decisions about areas to focus on and Family Council has no authority under the Fixing Long-Term Care Homes Act to demand to know full results with percentages or the results from other homes. The QIP which evolves from these results IS shared openly with family members...I bring the discussions from the Quality Care committee to Family Council outlining areas being worked on and keeping Family Council up to date with progress made. The QIP is the tool that affects all residents, not the Satisfaction Survey itself."
Unfortunately, this explanation was continually interrupted by the family member.)*

Lynne noted that Morgan's Activity Schedule was posted on the website and in each resident's room. She was unable to read Morgan's full message due to the frequent interruptions, but she did remind those present of the Thursday (March 28th) deadline to sign up for the Easter dinner...we were told to contact Morgan to register.

Lynne also shared that Morgan had arranged for a local school group to exchange letters with the residents of one unit and that there was a school group preparing a concert for us later this spring.

Finally, Lynne read a message from Cynthia reminding family members that they were not allowed to take photos or videos of any residents other than their own family members without the consent of the members involved. Even panning across a room during an activity was a breach of privacy laws and not allowed.

Due to repeated interruptions, Lynne was unable to continue with the meeting's agenda and asked Askari to adjourn the meeting. With apologies to all attendees, this was accomplished.

Next meeting: Wednesday, April 24th
Time and Zoom Link will follow...