

Chester Village Family Council

Minutes: April 24/24

The meeting was called to order at 6:30pm with a review of the recently added Confidentiality Agreement. Family members having no objection, this agreement will be added to our Terms of Reference.

One new family member said it had been only six weeks since the admission of their loved one. They had met the staff and were shown around and were very impressed.

Another family member said that when/if the time came for themselves, they would definitely choose Chester Village.

Lynne said that any care giver she had ever spoken with had said the same thing.

Lynne proceeded with a presentation of the Quality Improvement Plans (QIPs) for 2023/24 and 2024/25.

She first provided us with some general information:

- Final results are compiled by a consulting company (Quality Care Consulting); Chester cannot change the results supplied.
- There have been more new admissions in the past year than ever before. Many residents were not “settled in” when surveys were administered.
- This year’s survey had an inordinate number of “I don’t know” responses causing the consulting company to warn that many items may not have been accurately evaluated.
- Many items in the surveys do not make it to the QIP each year, but that doesn’t mean that they are ignored
- There are 2 Quality Care committees at Chester. One is convened monthly by Gina and is made up of 3 members of the Board of Directors plus Lynne as the Family Council rep. It is Gina’s

opportunity to give us information about the care provided at Chester and includes such things as critical Incidents and Ministry inspections as well as the progress of the current QIP.

- The second committee is mandated by the Ministry and convened by Cynthia. It is made up by members of the management team along with Dr. Birmingham, a representative from the pharmacy, plus a resident and a Family Council member. It is concerned only with the current QIP and meets quarterly for detailed progress reports. Lynne acts as the family rep and she brings regular reports from both of these committees to Family Council.

- In spite of some negative responses on the surveys, the following survey results are important to note:
 - 1) How would you rate Chester Village overall?
 - a. Residents' response: 74% good/excellent, 0% poor, 13% IDK
 - b. Family responses: 90% good/excellent, 0% poor

 - 2) Would you recommend Chester to a friend?
 - c. Residents' response: 86% yes, 3% probably no, 0% no, 13% IDK
 - d. Family responses: 94% yes, 0% no

The responses to these two survey items show us that residents and family members are very supportive of the work that Chester Village does.

At this point Lynne answered some questions from family members.

One wondered if family members were allowed to help residents answer survey questions. It was suggested that they check with the staff member in charge.

Another family member wanted to know if more family members were allowed to join the Quality Care committees. There is only one family member allowed on each committee; because Lynne brings reports back to Family Council, more of us have the chance to add our input. For example, the draft version of the Satisfaction Survey is always shared with Family Council for suggestions before it is finalized.

It was suggested that some questions on the survey were unclear. Lynne will pass this comment along to the management and, hopefully, family members will take a close look at the draft survey we'll receive in the fall and make some suggestions.

Progress Report for the 2022/23 QIP:

We looked at the 4 indicators which were taken from the Satisfaction Survey.

1. % of residents & family members that responded positively to being aware of who to contact to initiate a concern or complaint.

Last years result: 81% Target: 85% This year's result: 74%

*the results were actually 74% for residents, but 94% for family members. Blending these two results together produces a result of 84%

How was this tackled?

a) Reviewed and revised the complaint form and the process to make it more user-friendly.

b) Reviewed the complaint form and process with new staff during general orientation and with all staff in an annual basis.

2. % of residents and family that feel their religious and spiritual beliefs are supported (looking at the "sometimes/never" response)

Last year's result: 24% Target: 15% This year: 9%

How was this tackled?

a) Increased awareness of the different spiritual services offered within the home.

b) Increased the number of spiritual groups that support the needs of residents.

c) Hired a Pastoral lead part-time.

3. % of residents and families responding “never/sometimes” to the mealtime is pleasurable

Last year’s result: 22% Target: 15% This year’s result: 23%

How was this tackled?

a) Improve pleasurable dining services offered within the home through Surge education for staff, volunteers, students.

b) Increase satisfaction by playing music’

*hold meetings in units to determine diversity of music

*review satisfaction with music choices at Food Committee meetings

*conduct monthly pleasurable dining audits

When examining this indicator, it is important to realize that all Homes have difficulty with any indicators related to meals...it is the most common complaint. We should also be aware of the amount budgeted by the Ministry for food i.e. \$12.07 per resident per day for 3 meals and snacks.

This indicator has been carried over to the 2023/24 QIP as “% of residents responding to the overall quality of food and drinks with never/sometimes”

4. % of residents who respond positively to being able to express their opinion without fear of reprisal

Last Year’s result: 17% Target: 15% This year’s result : 16%

(**% of responses of Never/sometimes)

How was this tackled?

a) Increase awareness for residents on Home's retaliation policy and ways to express their concerns by way of twice yearly information sessions. Provide regular reviews of Residents' Bill of Rights at Resident Council meetings. Staff educator reviewed Whistleblower Retaliation Protection policy

b) Review and educate staff on ways to interact with and support residents' concerns. Conduct 2 staff education sessions. PSW Lead to do in person sessions in various units: they are ongoing with both day and evening shifts. Staff educator presented a session on Personhood and Person-centered care.

c) Staff awareness of issue discussed during Coach's Corner sessions. PSW lead used role play to increase awareness.

Introduction to this year's QIP

Lynne moved on to a brief introduction to the 3 indicators on this year's QIP which were chosen from the Satisfaction Survey. These indicators are in the early planning stage; we will be updated on their plans and progress after the quarterly meeting in June.

1. % of residents that respond positively to the maintenance, cleanliness and tidiness of the building.

Current performance: 70% Target 80%

It was noted that the building is 18 years old and starting to show its age. The newly-hired manager (Derek Middleton) will be our guest speaker at the May meeting to tell us about his plans and to get our input.

2. % of residents that respond positively to "staff are available to me within in a reasonable time when needed".

Current performance: 63% Target: 70%

3. % Of residents responding “never, sometimes” to overall quality of food/drink is good.

Current performance: 44% Target: 30%

Lynne again answered some questions from family members.

It was noted that the indicators chosen had no details of action planned. This is because this is the current QIP which has just been put together. Lynne will bring us a progress report after the next committee meeting in July.

Some indicators have “CB” entered in place of survey results and/or targets. This stands for “collecting baseline”...results have not yet been received and targets have not been decided.

A family member asked about the results of the work on the indicator for “the rate of resident visits to the Emergency Department”. This is a Ministry mandated indicator on all LTCH QIPs and does not take into account the high number of residents in Chester with complicated care needs. Chester does not feel that they should deny any resident the right to go to Emerg. if the resident or a family member feels it is needed.

Another family member related their difficulty in getting a report from the pharmacy about medication costs as needed for income tax purposes. This has been a common problem recently...Lynne will take it to Gina.

Morgan's Report: Special Events in May

Fri. May 3 - Cinco de Mayo Pub Night – 6:15pm

Sunday May 12th - Mother's Day Afternoon Tea on the home areas with
Entertainment.

Thursday May 16th – Trip to the Mall – Please sign up with Morgan

Friday May 17th - 4th floor and Diamond Birthday parties

Saturday May 18th – 3rd & 2nd floor Birthday parties

Monday May 20th – Concerts in Care for Victoria Day Tea - 2:00 pm

Friday May 24th – Dinner Club – Please sign up with Morgan

Saturday May 25th – Music with Emilio – 2:00 pm

Thursday May 30th – Trip to Rosetta Gardens – Please sign up

Lynne also reminded us to watch for information about the annual gardening day and Barbecue which will take place at the end of May or early June.

A family member asked if volunteers were needed to help with resident trips...pushing wheelchairs, for example. Lynne suggested checking with Morgan if you would like to help.

It was mentioned that June is Seniors' Month and Family Council Week is also approaching. Perhaps a good time to promote our own Family Council. Please contact Askari if you would like to be involved.

Next Meeting: 6:00 pm: Wednesday, May 29th

Come prepared with questions about Maintenance for Derek.

