

Family Matters

A bi-monthly Family Council
newsletter

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Quote of the month

"A true friend knows your weaknesses but show you your strengths;
feels your fears but fortifies your faith;
sees your anxieties but frees your spirit;
recognizes your disabilities but emphasizes your possibilities."

- **William Arthur Ward**

A letter from your Family Council chairperson

This month, I would like to share information on the importance of effective communication by family members with the Grove's team of care and service providers.

As you know, the transition from home to a long-term



care home can be challenging for the resident as well as the family. For instance, to whom do you speak when you have a concern? Likewise, to whom do you convey your gratitude when your loved one seems happy and content? How do you initiate and maintain contact with your loved one's attending physician?

I have always believed that effective and empathetic communication is the foundation of excellence in resident care. Within all long-term care homes, the complex nature of resident care and the overlay of emotions that families bring, make this setting one of the most challenging across the health system in terms of creating meaningful and honest dialogue among all parties. Poor communication contributes to loss of resident's well-being as it exacerbates the resident and family's sense of isolation, helplessness and anxiety. Good communication skills provide for your obtaining the information you need, advocating for your loved one, and for achieving a high level of satisfaction with the care your loved one is receiving.

These are some tips for you to consider:

- Ask to be introduced to staff to learn their names and their role in the Home. Who is providing direct care to the residents and who are the leaders to whom you can address your questions and relate any concerns? (The managers for each department with their contact info is included in this issue). Introduce yourself and let staff know your relationship to the person they are caring for, the significant others in their lives and how often you and other family/friends plan to visit.
- Review the admission package provided to become acquainted with the Home and its policies and procedures. Identify any questions for the manager of a department or to be brought forward to the six-week care conference which will have a representative of each department.
- Let the team know how you prefer to communicate with the Home, your availability for urgent communication, secondary contacts, and expectations of staff regarding any care updates, changes in condition, significant events, incidents, etc. Do you want to receive phone calls, emails, text messages and/or print material by postal service?
- Use a notebook to keep track of staff names within the various departments, key questions to be asked and answers received to date, medications that your loved one is taking, key routines within the Home, personal hygiene items required, etc.
- Be sure to meet the attending physician for your loved one so that you develop a relationship of trust and an understanding regarding the physician's approach to care within a LTCH. For example, what is the view of the physician on medicating the elderly, transfers to hospital or on medical assistance in dying? How often does the physician visit the residents? Will the physician attend the care conferences? How does a family member contact the physician?
- I recommend that you make every effort to attend any scheduled family conferences and, if possible, identify any questions or concerns ahead of time to ensure an efficient and satisfying experience. This is an important

opportunity to ask questions of the various team members from each department and to discuss different opinions regarding decisions that may affect the resident.

- An important and fundamental principle in terms of any communication with the team is to include your loved one in decisions that affect them. Give the person time to express their desires or wishes. If communication by language is no longer an option, then look for body language and non-verbal cues.
- Always remember to compliment the staff and to thank them on a regular basis. Their jobs are not easy; it takes special people to provide the tender loving care and service that each of us wants for our loved one. I do believe that we are fortunate to live in a closely-knit community where a job at the Grove is more than just a job...it entails giving of one's heart and soul to others...it is about staff who are passionate about delivering high quality care and quality of life for each resident within their care.

Sincerely,

Marilyn Colton
Grove Family Council Chair
Editor of Family Matters

Family Council Week winners

In celebration of Family Council Week in June, 35 residents participated in the true/false Family Council quiz and 5 residents had 9/10 statements correct.

The winners of the gift certificates, from PJ's and the Sports Bar (drawn by residents) are Louise Burt and Joanne Laucius.

Congrats, ladies!

Greetings from Judith Gilchrist, Director of Care

Over the summer, the Grove team has been making significant progress as we slowly reintroduce services, activities and visiting. We know how important these aspects of the residents' day-to-day life are for their well being and our team remains committed to following the guidelines and directives as we navigate a safe and gradual reopening.

The Recreation Team continues to facilitate outdoor visits now with reduced restrictions and indoor visits have been a success thanks to your understanding and commitment to the current safety protocols. We will continue to follow the guidance from the Ministry of Long-Term Care and keep you in the loop about any visitor policy developments.

We are also pleased to have restarted foot care for the residents and we're in the process of investigating the requirements and protocols to safely open our hair salon – residents have shared how much of a priority this service is for them!

As we continue to gradually reopen, it is imperative for our Grove community to

continue following the current public health guidelines to reduce the risk of the virus for residents – including wearing a mask in indoor public spaces, physical distancing when not with your social circle and washing your hands.

Many thanks for your continued support as we navigate this new phase of the pandemic.

Judith

The Long-Term Care Act 2007: The inspection process

Given the recent issues within so many long-term care homes (LTCH) in Ontario and the criticism of the inspection process, here is an overview of how the inspection process is conducted.

The LTCH Quality Inspection program (LQIP) is intended to ensure residents' quality care, well-being and quality of life through inspectors responding to individual complaints and critical incidents* as well as fully inspecting all LTCH's on a regular basis. There are two stages to the full inspection process called a Resident Quality Inspection (RQI). In stage one, the inspectors (3-4 inspectors on site for 5-7 days) randomly select 40 residents whom they interview, observe, and review their health record. The inspectors then interview staff who have provided direct care, and have supervised care, to these 40 residents. The inspectors then interview family members of the 40-resident sample. This is an important opportunity for family members to share their level of satisfaction with all aspects of care and service experienced by your loved one.

Stage two of the inspection involves using an algorithm to analyze information collected in stage one identifying areas that require more in-depth inspections. There are a number of mandatory inspection processes that must be examined during the inspection. They are medication administration, infection prevention and control, Residents' Council interview, Family Council interview and Dining observation. There may be another 11 inspections triggered by the analysis. Examples include: resident's dignity, choice and privacy; recreational and social activities; safety and security; personal support services; and pain management.

All findings of non-compliance in any area are documented within the inspection report. For each instance of non-compliance, the appropriate action is identified and ranges from a voluntary plan of correction to an order to a written notification to the Director who has the authority to revoke the Home's license to operate. All actions are based on an assessment of the *severity of harm or risk of harm* as well as the *scope of harm or risk of harm* resulting from the non-compliance.

"As individual family members and as a Family Council, we must be involved in all Ministry inspections," said Marilyn Colton. "We have the responsibility to share any concerns or issues we may have relative to the quality of care and quality of life of the residents. As well, it is important that we share the positive processes and results we are seeing among residents and our overall level of satisfaction."

Please note that the report from each inspection is made public, as it is provided to the Family Council and the Residents' Council, posted in the Home and accessible on the Ministry's website. Of course, all resident identification details are removed in order to respect their privacy.

***A critical incident relates to the following: resident transfer or admission to hospital; alleged or actual abuse or assault; medication administration such as an adverse reaction; emergency plans such as an unplanned evacuation of the Home; and environmental hazards such as the breakdown of major equipment.**

Dementia: Fact or Fiction?

#1 Alzheimer's disease and dementia are the same.

Not true. Dementia is an umbrella term to describe a set of symptoms that occur when brain cells no longer function normally. There are at least 400 different types of dementia, the most common being Alzheimer's disease.

The disease was identified by Dr. Alois Alzheimer, a German psychiatrist. One of his patients was a 51 year old woman who suffered loss of memory, disorientation and later, severe dementia. On autopsy of this patient's brain, Dr. Alzheimer found two distinctive characteristics: tangled clumps of nerve fibers and patches of nerve-cell branches that had separated. The date was 1906. Dr. Alzheimer died in 1951.

Other types of dementia include Lewy Body disease and vascular dementia. Symptoms of dementia vary depending on the how the brain is affected and may include difficulties in thinking and language, problem-solving, and carrying out everyday tasks, as well as issues with memory and changes in mood and behaviour.

#2 There is nothing a person can do to reduce the risk of dementia.

Not true. There is growing evidence that by keeping socially engaged and learning new skills as well as healthy living habits and challenging the brain with activities such as crosswords, Sudoku and the game of bridge are all helpful in maintaining good brain health.

**Stay tuned for more of Dementia: Fact or Fiction in next issue*

Meet the Home Advisory Team

The Home Advisory Team (HAT) was created with an intent to establish and strengthen a person-centered care culture across the Home by obtaining input from all stakeholders.

The HAT consists of an interdisciplinary team including a representative from the families, residents, frontline staff (housekeeping, kitchen, PSWs, nursing staff) and managers. The chair of Family Council is currently a member.

The HAT meets bimonthly to discuss strategies based on a parking lot of ideas that staff compiled during their training sessions to improve person-centered care in the Home. An action plan is then developed based on approved suggestions. This action plan is then presented to the senior management team for final approval before it is

rolled out across the Home.

Up close and personal: Jim Robertson



Jim Robertson has been a lifelong resident of Arnprior; and he will be celebrating his 80th birthday on August 18!

Jim has always had a passion for music, spending time at the cottage, and he loves family events.

Jim started his career at Jim's Variety Store, working out of his parent's home, followed by a memorable period at Canadian Tire in Arnprior. He then spent the next 24 years of his career working as a Parts Manager at both Reid Bros. and Denata in Arnprior, receiving recognition as "Master Parts Manager's Club Member" on several occasions. Jim retired from Boeing in Arnprior, after 13 years in the position of Buyer.

Jim quickly notes that although his work has always been important to him, his family will forever be his greatest and proudest accomplishment.

Jim is a father of three kids and a doting "Poppa Jim" to his grandchildren.

**Shared with explicit permission from Jim Robertson and his family*

The new Grove construction reaches new heights



The future home for our loved ones is taking shape and the work has forged ahead during the pandemic.

With the project approximately 25 per cent complete, it remains on schedule for summer 2021.

The current construction focus:

- The building structural steel is progressing and the second floor slab was poured
- An area of the ground floor is being prepared for concrete
- Mechanical and electrical rough ins are up next
- Parapets (low protective wall along the edge of a roof) are being installed to prepare for the roofing work.

For an up-to-date view of the construction progress, access the still camera feed [here](#).

Call to join Family Council

A family member of a resident as well as friends and significant others of the

resident are welcome and encouraged to join Family Council. We will meet on a regular basis via Zoom every second month, beginning in September, to discuss ideas and issues pertaining to the Grove, the home of our loved ones. The *Family Matters* newsletter, will be distributed by email and by postal service, the months in between meetings.

By way of invitation, Judith Gilchrist, Director of Care, or her designate will attend all or part of our meetings. The same holds true for any other members of the management team who are asked to respond to our queries and/or share information regarding the new build or other Grove developments.

Please indicate your interest in participating in Family Council by mid August by contacting Marilyn Colton. We are the advocates for our loved ones so it is important for us to be involved in all aspects of their Home.

Your Grove contact guide

Call The Grove at 613-623-6547 to connect with the department or person who can answer your question. Please note that some of the services/support listed below are not available at this time due to COVID-19.

FOR:

All clinical concerns regarding residents, contact:

Resident Care Coordinator

Ext 239

JTheron@arnpriorhealth.ca

Finances, trust fund, rate reduction, tours, admissions, contact:

Business Office Coordinator

Admission Coordinator

Ext 221

ALeblond@arnpriorhealth.ca

Outings, video chats, outdoor/indoor visit bookings, volunteer service, family gatherings, contact:

Recreation Coordinator

Ext 228

MMcClymont@arnpriorhealth.ca

Assisted Living Program, Adult Day Program, Recreation, Volunteer Services- Referrals, concerns with clients or staff of the above programs, contact:

Community Service Manager

Ext 294

EHamilton@arnpriorhealth.ca

Concerns with resident or nursing staff, room changes, Ministry standards, referrals, contact:

Director of Care

Ext 223
JGilchrist@arnpriorhelath.ca

Nutrition care & catering events, contact:

Food Services Manager

Ext 218

CCarnegie@arnpriorhealth.ca

Booking appointments or transportation, renewing health cards, contact:

Ward Clerk

Ext 233

SCampbell@arnpriorhealth.ca

Information for your loved one, especially after hours, weekends and holidays,
contact:

Nursing Station

Ext 227

Valet service, labeling, laundering, lost or missing items, contact:

Laundry & Housekeeping

Ext 285

KSchlievert@arnpriorhealth.ca

Room temperature, water quality, noise, odours, cleanliness, parking, contact:

Environmental Services

613-623-3166 ext 210

JGruno@arnpriorhealth.ca

Cable TV, contact:

Maintenance Supervisor

Ext 225

ERueckwald@arnpriorhealth.ca

Donations, contact:

Foundation Office

613-623-3166 Ext 532 or 362

BGardiner@arnpriorhealth.ca

CWaite@arnpriorhealth.ca

Family Council, contact:

Chair of the Family Council

Marilyn Colton

613-839-5735

mcolton@xplornet.com

Do you have any suggestions or feedback for future newsletters?

**Please contact Marilyn Colton at
mcolton@xplornet.com or 613-839-5735.**
