

Family Matters

A bi-monthly Family Council
newsletter

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Quote of the month

“Health is the greatest gift, contentment the greatest wealth, faithfulness the greatest relationship.”

- Buddha

A letter from your Family Council Chairperson



Given the culture change to a person-centred model within LTC as well as the prevalence of dementia among our residents, I would like to share some thoughts in this regard. In addition, **September was World Alzheimer’s month.**

In terms of statistics, the Canadian Institute of Health Research (2016) reported that 564,000 Canadians were living with dementia and that this number would

increase to 937,000 by 2031. Their report included the fact that, in Canada, 25,000 new cases are identified annually and that the cost to Canadians is \$10.4 billion. It is also noteworthy that 65% of Canadians diagnosed with dementia over the age of 65 are women.

Dementia means that your brain deteriorates so that your ability to think clearly and to behave appropriately, as well as to perform activities of daily living, are impaired. The degree of impairment coincides with the progression of the disease. At the end stage, persons may revert to infantile behaviour and wandering and, in most cases, will require housing and holistic care in a secure unit of a long-term care or a retirement home.

Currently, there is no cure for dementia; although there are medications that may delay the progression of the illness. The prevention of dementia is quite general, in nature. Healthy living including quality food, exercise, rest and regular mental stimulation are recommended.

In terms of care of persons with dementia, it is refreshing to report that a new person-centred approach to the care of those with dementia is being implemented across our communities. We have learned the need to embrace the person's reality rather than attempting to connect their minds with our reality.

As caregivers, we must always focus on resident enjoyment, meaningful activity, functional competence within the limits of the person's physical and cognitive capacities, dignity regardless of whether or not the person can perceive indignities, autonomy in making decisions and spiritual well-being. This new approach can and will happen but will require a **culture change** within long-term care, retirement homes and within private homes. Simply put, it means applying a '**social model of care**' which is centred on the person versus the medical model which is provider-driven.

Sincerely,

Marilyn Colton
Grove Family Council Chair
Editor of Family Matters

Dementia: Fact or fiction

#1 People with dementia can't understand what is going on.

Not true. Very often a person with dementia can understand much more than they can express. It is important to communicate directly with the person rather than speaking to their caregiver or a family member. The person may need more time to gather their thoughts before they respond.

"I recall a resident with Alzheimer's Disease saying, 'they (the staff) treat us as though we were children,'" shared Marilyn Colton.

#2 Someone with memory loss must have dementia.

Not true. Depression, stroke, infections, severe vitamin deficiencies, thyroid

abnormalities and even side effects of medications can cause memory issues, which could be mistaken for dementia. There is also a certain amount of age-related forgetfulness experienced by many. If in any doubt, contact your family physician for assessment. Family physicians are able to conduct a brief, but comprehensive testing process for dementia.

Greetings from Judith Gilchrist, Director of Care

We are in the midst of the second wave of COVID-19 that was anticipated for this fall. Now more than ever, we each need to recommit to the public health measures that have proven to reduce the spread of the virus in our communities. This includes:

- Wearing a mask in enclosed public spaces or whenever you cannot keep distance of at least six feet
- Practicing physical distancing when with people who are not in your defined social circle
- Staying home when you're sick
- Limiting close contact to your defined social circle
- Washing your hands regularly

These are simple measures with big impact and they are even more critical now as we work hard to flatten the curve in the community once again so we can best protect our residents and staff from COVID-19.

At the Grove, we have implemented numerous layers of protection during the pandemic – particularly to allow increased family access in a safe manner. The biweekly COVID-19 test for families who visit indoors, for example, is an important surveillance tool but that negative result only captures a moment in time and it must be paired with adherence to the public health measures in order to keep COVID-19 out of the Grove.

As we navigate this second wave together, our focus must be on not letting our guard down. Although many are fatigued by the situation and restrictions, we have the benefit of the lessons learned from the spring that give us the knowledge and tools to most effectively mitigate risk in order to keep residents and staff safe and healthy.

Stay well,
Judith

Chair's report: September 2020 Family Council Meeting

The first Family Council Meeting since the beginning of this pandemic was held on Sept 15, 4:30 pm, via Zoom. I thank all those families who joined Judith, Rujuta and I for an informative virtual meeting.

Rujuta provided a comprehensive review of the implementation plans to transform the culture of the Grove into a person-centred care approach. Rujuta referred to the Home Advisory team (HAT) where front-line staff, a resident and the FC chair are members. Initiatives of HAT have included:

- A new admission package: 'Welcome to the Grove'
- Preparation of Personalized Activity Kits for those with cognitive impairments;

- and,
- An evaluation process.

The intent is to address three change initiatives prior to March 2021, all of which are in line with the main guiding principles: enhancing resident experience, engaging our residents meaningfully and empowering the staff to provide the best quality care/service. Rujuta also shared information about the redevelopment of the Grove, indicating the build is 40-45% complete, and shared some pictures with family members.

Judith reviewed the 'preparedness assessment for a potential second wave' which was submitted to the Ministry late August. She assured members of our readiness; however, there may be staffing challenges which only time will tell. Judith assured members that, if necessary, she will resume weekly teleconferencing going forward.

There were no collective issues or concerns from families. On the contrary, families are grateful for the ongoing commitment of all staff to our residents and for the warmth and kindness they extend as they provide care/service.

Prior to this meeting, I requested that Family Council be notified whenever the Ministry inspector(s) visits so that time could be arranged for a brief phone or in-person appointment. Judith will add this item to the Ministry checklist. As well, Judith has informed us that policies and procedures have been developed relative to the concept of essential caregivers.

Next meeting is Nov 17 @ 7 pm via Zoom.

**Marilyn Colton,
Chair, Grove Family Council**

Power of Attorney: Care and Property

At times, someone will say that they are the Power of Attorney (POA) for a resident. The statement is incorrect because the person **has** power of attorney for a resident. A power of attorney is not a person; it is a **legal document** in which the resident gives someone they trust the right to make decisions for them if their health deteriorates to the point that the resident is no longer capable.

There are two types of POA. **Power of Attorney for personal care** implies a document in which the resident has appointed someone who can make decisions about health care, housing and other aspects of his/her personal life if that resident becomes incapable of making those decisions.

Power of Attorney for property allows the person named to make decisions about the resident's financial affairs including paying bills, collecting money owed, maintaining the home, and/or managing investments. However, such decisions can only be made by the person with POA if the resident is mentally incapable.

Clearly, it is critical that the resident trusts the person to whom they give power of attorney to make the best decisions for them. That is why those people who are being paid by the resident, or someone else, who provides services to that resident cannot accept the POA role. These would include the resident's physician, nurse, therapist, homemaker, attendant, or landlord **unless** that individual is also a family member.

A few things to remember: The resident must be considered **mentally capable** to sign a document indicating power of attorney for care or for property. The person chosen to have power of attorney must be considered **mentally capable** at the time they are appointed. For personal care, the person given POA must be at least 16 years of age; and for property, must be at least 18 years of age.

The Ontario government provides a free kit to create a POA and this can be accessed on their website. Another option is to have a lawyer prepare the POA documentation.

How does all this relate to advance directives? An advance directive is a document that directs others on what the resident wants to happen if he needs medical care and is unable to consent or to refuse treatment. For example, there could be an advance directive stating that the resident does not want to be kept alive on life support if he/she has no hope of recovery or the resident wishes to receive medical assistance in dying (MAID). Under Ontario law, if the resident expresses his/her wishes about future care while mentally capable, these instructions will be binding on the person given POA. The only exception would be if the resident's wishes are impossible to follow, then the person with POA would make the medical or care decision.

Introduction of essential caregivers

The Ministry of Long-Term Care has released a long-awaited updated visiting policy, **effective September 9th 2020**. Changes to the policy include clarification on visitors, screening, close contact between residents and visitors, and guidance on non-compliance.

One of the key highlights of this policy is the introduction of a process for identifying and designating "essential caregivers." These essential caregivers are a type of essential visitors and include family members/friends who provide meaningful connection, a privately hired caregiver, paid companions and translators. The policy defines an essential caregiver as someone "who is designated by the resident and/or their substitute decision-maker and is visiting to provide direct care to the resident (e.g., supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making)."

Each Grove resident (or their Substitute Decision Maker) can now designate up to two essential caregivers. These caregivers are able to visit without scheduling a visit or a restriction on the length of the visits. Essential caregivers are also trained by the home on safe visiting (how to safely provide direct care, including putting on and taking off required PPE, and hand hygiene) and can engage in close physical contact. These requirements are based, in part, on families' feedback.

Importantly, if a home is in outbreak, essential caregivers are still permitted to visit (a maximum of 1 caregiver per resident may visit at a time). This means that even during a future outbreak of COVID-19, caregivers will still be able to provide care to their resident. This is a very important step in ensuring care and connection during a crisis.

This revised policy is a huge step in recovering from COVID-19 and planning for subsequent waves of the virus. This policy clearly reflects what Family Council Ontario has been recommending to the Ministry based on family members' feedback.

The new visiting policy reflects and reinforces the essential role caregivers play in the lives of LTC residents.

Up close and personal: Rita Colterman



Born in Pakenham, Rita (Ritz) Colterman spent the bulk of her life in Dacre, ON. There, she raised 5 children with her husband on a beautiful farm for over 60 years.

Rita loved picking strawberries, raspberries and blueberries and spent many hours in her kitchen preparing jams and jelly for the family as well as preserving numerous jars of pickles to be enjoyed over the winter months.

She also enjoyed doing jigsaw puzzles in her spare time and completed a 5,000 piece one of The Last Supper, which her husband framed and hung in their hall upstairs until she made the big move to the Grove in November 2018 and hasn't looked back since.

She now spends a lot of her time doing numerous word find searches, working out with the fitness programs offered, and of course, trying her luck with Bingo! With a smile on her face, you can find her strolling through the hallways of the Grove with her trusty walker.

**Shared with explicit permission from Rita Colterman and her family.*

Construction of the Grove near halfway mark

The construction of the Grove residents' new home is nearing the halfway mark and remains on track to open its doors to 96 residents in August 2021.

With the Grove construction project approximately 50 per cent mark of completion, the contractor, McDonald Brothers Construction, has made the following progress:



- All concrete work is complete
- Majority of the second floor interior walls are framed
- The roofing is complete and watertight
- Mechanical roof top units have been installed
- Exterior walls are nearly closed in and windows are being installed

The Grove Redevelopment Team will be sharing an update with residents soon focused on features and photos of the residents' rooms and shared spaces.

Do you have any suggestions for future newsletters or feedback about this issue?

**Please contact Marilyn Colton at
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