

Family Matters

A bi-monthly Family Council
newsletter

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Quote of the month

"Hope is the thing with feathers
That perches in the soul
And sings the tune without the words
And never stops at all."

— **Emily Dickenson**

A letter from your Family Council Chairperson

Given the need for family members to be tested for COVID-19 prior to visiting the Grove, I would like to share some basic information about COVID tests from Canada.ca.

For instance, what is the most appropriate test? That,



of course, depends on the objective of the test. The goal may be to confirm an active COVID infection or to identify someone who does not have symptoms but is shedding the virus or to determine whether someone previously had COVID-19.

Secondly, what are the tests? There are 3 types: the molecular test, the antigen test and the antibody test.

The **gold standard** for tests is **the molecular test, also known as RNA or PCR**, because this test is the most sensitive in detecting an active infection, thus providing results that are highly accurate. In doing this test, mucous is collected from the nose or throat using a specialized swab. These molecular tests will detect the RNA (nucleic acid) component of the virus. The PCR test amplifies the nucleic acid in the sample so that it is capable of detecting the virus even if there is a low level of the RNA in the sample. In late January, Health Canada approved a rapid on-site PCR coronavirus test which was developed by Ottawa-based Spartan Bioscience. It is a point-of-care test to be administered by a health professional. The company states that it has basically created ‘a decentralized lab in a box’ which is really portable and easy to use...all it takes is a nose swab.

The **antigen test** is often called a rapid test because the turnaround time is much quicker (less than an hour) than with the molecular test but the sample is obtained in the same way, that is, through nasal or throat swab. Antigen tests identify a specific protein, called an antigen, on the surface of the virus and are highly accurate but the problem is the likelihood of missing an active infection. If one is tested a week or longer after symptoms start, the amount of antigen (protein) is typically low and could go undetected even though the person has COVID. Therefore, if one tests negative with the antigen test but has COVID symptoms, the physician may order a molecular test to rule out a false negative.

On January 27, the Ministry mandated all LTC Homes to transition to **point-of-care antigen tests** for staff, volunteers, students, caregivers, and any visitors who are permitted in the home. The PCR test is to be used only when a person presents with COVID-19 symptoms or has a positive antigen test or has been in contact with someone confirmed with covid-19 or if the home is in outbreak.

The third test for COVID is the **antibody test** where antibodies to the virus are identified. Antibodies are proteins the immune system produces to fight off a foreign invader such as a virus. This antibody test, which is a blood test, cannot diagnose active COVID infection. It does tell you if you have been infected with this virus at some point in the past, thus producing antibodies in defense. Most of these tests are processed in a central laboratory; however, work is being done to develop point-of-care testing for use in doctor’s offices and emergency departments.

Source: www.canada.ca/covid-19/coronavirus

Sincerely,

Marilyn Colton
Grove Family Council Chair
Editor of Family Matters

Dementia: Fact or fiction?

#1 Dementia is unavoidable with age.

Fiction. This is perhaps the most common myth associated with dementia. Dementia is not a normal part of aging. In fact, Alzheimer's disease, the most common form of dementia, affects 3% of people aged 65-74 years in Canada.

#2 Vitamins and other supplements can prevent dementia.

Fiction. There is no evidence to date that vitamin or mineral supplementation for cognitively healthy adults in mid or late life has any meaningful effect on cognitive decline or dementia.

Source: Alzheimer's Society of Canada

Greetings from Judith Gilchrist, VP, Long-Term Care & Administrator



Dear families,

As 2021 unfolds, we continue to manage COVID-19 challenges and developments. Fortunately, we had our first round of vaccines for residents and are planning round two for the second doses.

I want to acknowledge that after being at this for one year now that everyone is experiencing COVID fatigue. However, we need to hang in there a bit longer. It remains critical that we continue to stay vigilant in our daily practices (even post-vaccination) as we work towards the end of this pandemic. COVID-19 has dealt us a great deal of uncertainties and required incredible resilience from each of you. Together, we have done an exceptional job continuing to make the health and well-being of the residents our shared priority – and I would like to extend my appreciation and gratitude for your ongoing support and patience.

2021 will not be easy, but we have much to look forward to including the opening of the new Grove that is certainly making exciting progress. The construction is one part of it, but we have also been focused on engaging residents, family and staff in various decision-making processes including naming themes and furniture choices. As we move through this spring, we will be digging into further planning for a well-coordinated moving day and ensuring each resident has a seamless transition to their new home.

Stay well,
Judith Gilchrist

Update on COVID prevention (Judith Gilchrist): No illness among residents or staff; vaccine administration logistics are in place. Update: Residents who consented were vaccinated against COVID-19 with the Moderna vaccine on January 27 and will receive their booster in the appropriate timeline; staff and essential caregivers will be vaccinated once supply is available.

Presentation on person-centred care (PCC) implementation (Rujuta Kulkarni): The staff are working on developing personalized activity kits for those residents with dementia with the long-term goal of having every resident's activity plan individualized. Family members may be contacted for specific information on residents' preferred activities/leisure interests.

Redevelopment update (Rujuta): Construction is proceeding on schedule; no health and safety issues at this time. Update:

- Siding has commenced on the south east end moving toward courtyard.
- Insulation is 80% complete.
- Plumbing fixtures have arrived at site for Block A.
- Clinic area 1066 is boarded, sanded and ready for the first coat of paint.
- Painting has begun in Block A.
- Vanity millwork for Block A has arrived at site.
- Door hardware arrived on Monday the 25th, metal doors to be hung beginning next week.
- Switches and plugs to commence next week.

Completion date is August 17, 2021

Family members are asked to share their preference for the naming of the **Resident Home Areas**. An email was sent out in this regard and will be re-sent by Judith. Family members may respond to the email or simply contact Sunshyne in the Business Office to share your choice(s). Residents have also been given the opportunity to share their ideas.

Report from Residents' Council (Judith). No report at this time. The Recreation Department is now under the Grove organizational structure with the staff reporting to Jennifer Theron, Resident Care Manager.

Collective issues and concerns: None identified; staff were complimented on the 'before and after' pics of residents...well done!

Palliative Care Survey (Judith): Carol Beattie is now the lead. The survey is intended for completion by family members after a resident has passed. Thus, current families are being asked to provide feedback on the questions re: appropriateness, completeness, and comprehensiveness. Judith will forward the survey in a Word document. Please respond in a timely manner so that the survey can be utilized.

Evaluation of clinical programs (Jennifer): The mandatory programs are skin and wound care, continence and bowel management, responsive behaviours, falls prevention and pain management. Jennifer provided a comprehensive evaluation of each program; the one with greatest priority being falls prevention. Jennifer shared specific quality improvement initiatives for each program.

Champlain Region Family Council Network (CRFCN): Our guests from the

executive were introduced: Rosemary Cavan, Eleanor Ryan and Grace Welch. Rosemary provided an overview of the Network mandate and activities with a focus on advocacy efforts that have been successful as well as current initiatives. The Chair forwarded documentation of 2020 work and 2021 priorities. The executive was thanked for their ongoing and tireless efforts on behalf of all 60 LTC Homes in Champlain.

Family Matters Newsletter: The Chair asked members to communicate any suggestions for improvement so that we can assure meaning and value for the efforts involved.

FC meeting time: Those present are happy with the 4:30 pm start time on a regular basis. The Chair noted that this timing will accommodate staff attending as well.

Family Council membership: The Chair reminds all family members that they are automatically members of Family Council. However, to receive key information from CRFCN, Family Councils Ontario or from the Chair, Marilyn Colton, the family member will need to provide their email to Marilyn. Please note that all info forwarded to members is done **BCC** for privacy reasons.

Meeting Notes: To be part of the February *Family Matters* newsletter and posted on the bulletin board.

Next meeting: March 16, 2021 via Zoom at 4:30 pm; invite will be forwarded by Judith to Marilyn and Sunshyne for distribution.

New Grove staff and staff promotions

A warm welcome to new members of the Grove team:

Lori Branje, PSW

Sherry Caesar, PSW

Landon Lacharity, PSW

Jennifer MacElwee, RN, and Resident Service Manager

Reyna Reyes, PSW

Our **congratulations** to **Judith Gilchrist** on her promotion to Vice President LTC and Administrator and to **Jennifer Theron** on her promotion to Resident Care Manager.

We are blessed to have such capable and competent managers and front-line staff who are fully committed to quality resident care and quality of work life.

Up close and personal: Shirley Dean

Hello! My name is Shirley Dean. I was born Shirley Valliant on a farm outside the hamlet of Westmeath. I went to school along with my 5 sisters and one brother.

In the mid '50s, my parents sold the farm and we

moved to Cobden as my mother was a nurse at the Bonnechere Manor in Renfrew and my dad worked for Renfrew County in Pembroke.

I met my loving husband, Donald, in Cobden and we were married there but lived in Pembroke for 35 years. We have 4 sons and 7 grandchildren. Our sons live in Carleton Place, Orleans, Petawawa and Alberta.

In Pembroke, we attended Wesley United Church where I sang in the choir. I was a member of WOW (Women of Wesley) in the church. I also belonged to the St. John Ambulance in Pembroke and we covered many events such as local hockey games, snowmobile races and other events where first aid assistance might be needed. I also competed in local First Aid competitions as well as on teams in Toronto. In addition, I assisted with the training of St. John Cadets.

Don and I enjoyed travel to New Hampshire and Vermont where we would spend a week or two several times a year. Now, I reside at the Grove where I am nice and warm, well-nourished, and get pampered on a regular basis by the amazing staff. This, I enjoy a lot! As well, Don visits me whenever he can and that is the best part of each day.

Shared with the expressed permission of Don and Shirley Dean.



Do you have any suggestions for change or improvement for future newsletters?

**Please contact Marilyn Colton at
mcolton@xplor.net or 613-839-5735.**