

May 2023

Family Matters

Family/Friends Council Newsletter

"At the Grove, we celebrate life and living"

Editor: Marilyn Colton

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QUOTE OF NOTE/STAFF APPRECIATION

"A nurse is one who opens the eyes of a newborn and gently closes the eyes of a dying man. It is indeed a high blessing to be the first and last to witness both the beginning and the end of life." —Unknown

We asked that the following be posted throughout the Home...

STAFF APPRECIATION WEEK MAY 8-14/23

"Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring; all of which have the potential to turn a life around." —Leo Buscaglia

On behalf of all families and friends of our residents, we thank each of you for your dedication, commitment, care, respect and dignity shown to our loved ones each day every day.

We want you to know how much we appreciate your efforts to ensure a person-centered culture is enabled throughout the Home.

- You connect with each resident in their current reality;
- You share moments with them even if their reality or perception of the moment is different from your own;
- You acknowledge their emotions and respond with respect and empathy;
- You work with our loved ones rather than for them;



- You don't do to them; you do with them;
- You create opportunities for meaning and purpose in their lives; and,
- You honour the daily rhythms and life patterns of each resident.

Thank you all...you are our 'angels'!

Family and Friends Council. May 2023

QUALITY OF CARE AND QUALITY OF LIFE: A BALANCED APPROACH

Currently, there are four societal trends which are impacting LTC Homes relative to a consumer-centred emphasis on quality of life. The trends are a focus on the rights of those with disabilities, the move toward consumer directives, the attention to physical environments, and ongoing efforts to bring about culture change in LTC Homes. In fact, perhaps in the not-too-distant future, the term 'Long term care' will be replaced by 'Long term services' given the paramount need to truly 'serve' each resident and their family.

LTC decisions dictate the last chapter of a person's biography. LTC shapes where people live, how they live, whom they see, what they do, and the relationships that transpire within families and communities. LTC is intimate care, and how it is given, when it is given, and by whom it is given shapes the biography of the LTC resident and, by extension, the biography of family caregivers and that of their whole family. My father, at age 93, typically had wine with his evening meal and rarely went to bed before 11 pm. Would he have been expected to adapt to a different routine in a LTC Home? Though he was a brilliant duplicate bridge player, would he have been expected to make do with bingo and horse-racing? We must always remember that one size does not fit all. Each person has a unique character and personality and distinct life experiences.

Most LTC Homes aspire to provide the best possible quality of life as is consistent with health and safety. However, the residents may prefer the best health and safety outcomes possible that are consistent with a meaningful

quality of life. This differentiation is key since the care quality and quality of life (QOL) indicators will differ depending on the belief.

A good quality of life must be elevated to a priority goal within LTC rather than a pious afterthought to quality of care. Outcomes, such as a sense of security, safety and order, must be measured as experienced by the resident rather than measurement of the structures and processes that are associated with the outcomes. To define quality as the



absence of negative outcomes is very narrow. Absence of bedsores and absence of depression are not evidence of a good quality of life. A woman of 85 years old, in the words of her obituary, died at home with humour and dignity. A photo showed her propped up in bed at her home a few days before her death. She was holding a whole lobster and smiling broadly. She was surrounded by family when she wanted them, was alone when she wanted to be, and had as much control of her functioning as she wanted. She also had a decubitus ulcer. If this ulcer was being tracked within the LTC system, her care would have been considered poor, yet according to the outcomes she most desired, the totality of her care had almost the best imaginable quality.

So, what do our residents really need? What is QOL to them? Our residents need security: economically, physically (care and diet), and socially in terms of status, friendship and belonging. They want recognition for what they can do mentally and manually, for their capacity to make a contribution to their final home or to their community, for their social and political views, and for their ability to plan their day for themselves. Residents want to be accepted for who they are, to enjoy their friends and to make new friends, to experience new things, and, to continue to learn, for example, using an I-pad or a cell phone. Residents need to relax and to enjoy freedom, dignity and respect. Like every human being, they need social contact.

Therefore, true culture change within a LTC Home means practicing the following:

• Responding to the resident's spirit as well as the mind and body needs;

- Putting persons before tasks;
- Involving the resident and family in the operation of their final home;
- Seeking to enjoy the residents and staff as unique individuals with core values;
- Focusing on activities that are meaningful and fulfilling to the resident;
- Beginning decision-making with the resident and family; and,
- Accepting risk as a normal part of adult life.

In terms of culture change, I firmly believe that we need to take the 'preference pulse' of the current and future consumers and providers of Long

Term Services. Only then, we will get it right!

We must key our eye on the quality-of -life ball or the game is lost.

Marilyn Colton, Family and Friends Council

MAY 2023

TO ALL MOTHERS

A mother is she who can take the place of all others but whose place no one can take!

HAPPY MOTHER'S DAY 2023



Draws for 12 gift certificates were organized by FFC and facilitated by Angie Fraser on Maple, Oak and Pine. Thanks
Angie!

FATHER'S DAY JUNE 18, 2023

Dads are the guiding lights that lead the way, Raising kids to be strong, brave, and never stray, Teaching us to try hard, and put ourselves to the test, To see the funny side of things, and do our best.

Dads inspire us to be optimistic and kind, To find our mission in life, and always keep in mind, That success comes to those who never give up, Who work hard and never hold a grudge.

With patience and love, dads show us the way, To live in the here and now, and seize each day, To face life's challenges with grace and ease, And to never ever give up on our dreams.

Dads teach us values that shape our lives, To be kind to others, and treat them with respect and thrive, Their love and guidance, we'll cherish forevermore,

For dads play a crucial role in the world, that we can't ignore.

~ ANONYMOUS

**FFC has arranged for "Blue Jays" and Other gift draws for all male residents on Maple, Oak and Pine, June 16/23, in recognition of Father's Day.



"Caring is our reason for being..."

Greetings from Janice Dunn

The term "Person Centered Care" or PCC, is not a new concept at The Grove. Staff, Family and Friends and leadership past and present have set the stage for our upcoming launch of Person Centred Care. This has been demonstrated through passion, hard work, commitment and enthusiasm to ensure this is a guiding principle of care for The Grove. Person Centred Care, as a Strategic Goal and Priority' is going before the ARH Board of Directors for approval this week.

There are many versions and models that have been researched and explored in Long Term Care homes over the past few years. These efforts and hard work have heightened awareness of PCC and has helped create a platform for change



in care delivery. With the expansion and occupancy of our 96 beds at The Grove and with the support of our Residents, Families and Friends and Staff, we look forward to exploring the various models of Person Centred Care together. The end goal is to agree with a philosophy of care that we can embrace and to move forward with education and awareness for all of our Team.

Everyone will have the opportunity to be involved! Friday May 19th there will be poster boards in each home area and by the elevator, featuring the attributes of several models of PCC for all to consider. We will ask all Residents, Family and Friends and Staff to cast **one ballot/per person**. You can email your ballot back to The Grove, deposit it in the "Concerns and Compliments" box outside the Business Office or slip your ballot under the Business Office door. I will send out the options by email for families and friends to review as well. There will also be opportunities for comment at the bottom of the ballot.

Results will be shared the week of June 5th. Looking forward to hearing from everyone.

FAMILY PARTNERS

RESIDENT/FAMILY ENGAGEMENT JOURNEY

STAFF ACCOUNTABILITIES

- Establish positive relationships with residents and families.
- Focus on the needs and preferences of individual residents and families.
- Encourage resident/family participation in all decisions.
- Communicate Person-centered Care as a priority at all levels.
- Establish a plan to transform the culture, implement the plan and measure success.

PERSON-CENTRED CULTURE

Core values and PCC dimensions demonstrated through application of principles and practices:

Individuality Whole person approach to care/service Basic rights
Privacy Choice Independence Dignity and respect Continuity and
transition Physical comfort Partnerships Collaboration Communication
Empowerment Integration Care coordination Involvement of carers
and family Access to care



RESIDENT/FAMILY PARTNERS

(reflects the staff shift from the 'expert model' to a 'partnership model' and from 'control' to 'collaboration and participation')

Empowered, partnered and integrated as team partners in care/service on committees, teams, core processes and key functions. As well, the intent is to foster the social model of care so that resident care quality and quality of life is exemplary. Lastly, the goal is to support the staff and volunteers within an integrated structure whereby resident service means 'it's everyone's job'.

Family Partners (15) have current representation as follows:

Recreation team/Quality committee/Responsive Behaviours team/Falls Prevention/Pain Management/Reno to former Grove building/Policy & practice dev't & revision/Food for Thought committee/Skin and wound Care/Palliative Care

POTENTIAL OUTCOMES:

FAMILY: psychosocial adaptation, enhanced communication between staff and family, satisfaction with care, family-resident connectedness maintained, satisfaction re input to GROVE operations

RESIDENTS: improved quality of life, positive health outcomes, satisfaction with care, more attention to individual needs and preferences, satisfaction re input into their home operations

STAFF: improved job satisfaction, morale booster, enhanced quality of care provided, family support evidenced

GROVE: family orientation, improved relationships and trust among residents, families and staff, PCC culture alive and well!



COMMUNICATION TOOLS:

Family Matters Newsletters Townhall meetings Residents' Council FFC Posters/charts/graphs Care conferences Individual meetings Family mailings ARH Board Presentations Newspapers/TV coverage

Current Family Partners:

Quality Committee: Theresa Whitwell whitwell-theresa@hotmail.com and Terry McCormick

Renovation to the former Grove building: Susan Reid susan.reidheurter@gmail.com

Policy/practice development/revision: Residents' Council/Marilyn Colton

Falls Prevention: Bernie Culhane bculhane18@gmail.com

Pain Management: Melba Cavanagh <u>melbacavanagh@outlook.com</u> and Connie Legg connie.legg@hotmail.com

Food for Thought committee: Bill Thompson and Marjorie Kelly marjoriekelly55@hotmail.com

Skin/Wound Care: Ann Fuisz amfuisz@gmail.com

Responsive Behaviours team: Jennifer MacElwee ilmacelwee@gmail.com

Recreation Services: Melba Cavanagh <u>melbacavanagh@outlook.com</u> and Craig Beattie <u>mistahbt@gmail.com</u>

Palliative Care: Connie Legg

 Are you interested in partnering with staff in one or more of the following areas?

- Human Resources Management/Planning processes/Hiring Panels
- Quality committee
- Continence Team
- Welcoming of new families

**Please contact Carol Beattie or Marilyn Colton ffcgrove@arnpriorhealth.ca or call 613-839-5735 to be connected to the appropriate staff member



FFC INITIATIVES: EMAIL ADDRESS/THE HOME RENAMED/FFC FLYER/WEBSITE/HANDBOOK

FFC now has a distinct email address: ffcgrove@arnpriorhealth.ca; the recipients being the current FFC executive. We have advocated for new signage in keeping with the social model: the new signage being installed will read: The Grove Home. We are developing a one-page flyer to better communicate what our Council is about and the importance of participating as

families and friends of the residents. The Arnprior Regional Health-Grove website has been enhanced with more specific information on FFC, our mission, vision and values. We have asked that a Family/friends Handbook be created as the current one has minimal information on the Grove.



**FFC minutes April 19/23 were distributed under separate cover. An update on resolution of issues will be forthcoming in May/June.

FFC ELECTION 2023

Family and Friends Council: Process for election 2023

- 1. The plan is to have the two positions, chair and co-chair, elected for our September 6/23 meeting.
- 2. We will need 3 family/friends to function as the committee who will facilitate this election process. Please volunteer prior to the July 5 meeting by submitting your name to Carol Beattie or Marilyn Colton, ffcqrove@arnpriorhealth.ca.
- 3. The nomination/self-identification form** is to be submitted via email or drop-off, to the committee by August 2/23, after which families/friends will receive the slate of nominations.
- 4. Again, the two roles being elected are chair and co-chair, who function as a cohesive team in working to achieve the mission and vision of FFC on behalf of all families and friends of residents. At this time, it is believed that a secretary position is not necessary.
- 5. Please reference the slate of nominations, vote for chair and co-chair, and send your votes to the election committee by email, drop off, or phone no later than Aug 31.

- 6. Results will be announced by the election committee prior to the Sept 6 meeting as the two elected individuals will facilitate that meeting.
- 7. The current officers will prepare for, and manage, the transition process for the new team.

** A NOMINATION FORM WILL BE FORWARDED BY EMAIL AND FORMS WILL BE AVAILABLE ON THE BULLETIN BOARD. HOWEVER, NOMINATIONS AND VOTING CAN ALSO BE DONE BY PHONING A COMMITTEE MEMBER.

CONTACT

Do you have suggestions for content? Do you have something to share? Feel free to contact the editor and co-chair, Marilyn Colton or Carol Beattie, chair, through our email ffcgrove@arnpriorhealth.ca.