



Perley Rideau

The Perley and Rideau
Veterans' Health Centre

Family and Friends Council

Minutes of Meeting

January 15, 2015

Boardroom, 2nd Floor

7:00 PM

Attendees: *Ray Bailey, Akos Hoffer, Carolyn Young-Steinberg (PRVHC Staff Liaison), Carolyn Childerhose, Linda Hunter, Vera Abercrombie, Colleen LaPlante, Jim LaPlante, Mark Bowman, Christa Archambault, Fran Cordukes, Brenda Tobin, Diana Hennessy, Doreen Rocque, Heather Moxley, Laura Barber (O/T), Monica Bourque (O/T)*

Regrets: *Brent Mersey*

- 1) Welcome and Roundtable Introduction
- 2) Review and Approval of January 15th Agenda.
 - a) Motion – Fran Cordukes
 - b) Seconded – Diana Hennessy
 - c) ApprovedReview and Approval of Minutes of the October 16th, 2014 meeting.
 - a) Motion – Doreen Rocque
 - b) Seconded – Brenda Tobin
 - c) Approved
- 3) Report from PRVHC Management – Akos Hoffer
 - a) The Year Ahead and the 2015 Budget: presentation used at the Town Halls through the Perley today. Please reference the power point presentation issued along with these minutes.
 - i) Questions and answers
 - (1) What is the target date for the changes to ensure the budget is balanced
 - (a) Notice period with ONA (nurses) is 4 months, CUPE notice is 5 months (unit clerk union)
 - (b) Management changes have already happened
 - (c) Budget does consider the variations in timing and also some severance payments
 - (2) Are RNs in veterans units subsidizing community units? No, the hours are accounted for in the unit provided. Veterans Affairs funds the hours explicitly worked in the Veterans units, hence reduction in Veterans nursing hours would not have an impact on the budget planning.

- (3) What options are there later in the year if the results are not achievable? Risk is in the 1.5% funding assumed to be confirmed by the province in the summer. The plan has been positioned as conservative and attainable in year.
 - (4) Was charging family members for their complimentary parking pass considered? No.
 - (5) Example provided of care being provided by PSW when RN was actively engaged elsewhere, what is the backup plans if there are fewer staff available? The Point of Care system has a dashboard to help identify risk factors so that the focus can be prioritized. Expectations for coverage will be set. Coverage for staff illness: Very good coverage for RPN and PSW for casual and part time staff for coverage. More challenges with the Registered nursing population, and this process will be reviewed. There are plans for backup and contingency in every shift and unit.
 - (6) Feedback on meeting from today – specific example that the staff are excited that they will be getting the support needed to make the transition.
 - (7) Concern is the RN reduction. Historical reality of not having full complement of RNs, what is the risk going forward on only running with one. Working closely with Human Resources on the RN staffing patterns, and this discussion was already underway. Can RPN augment the RN role? Yes, in some functions. Can get RPN up to a scope of practice that is a sufficient level of expectation, with support and training.
 - (8) In night shift might there be a RACE team option as is used at the Civic? Similar to current SWAT (skin and wound assessment team). The advantage is to avoid situations being exacerbated.
 - (9) Other ideas
 - (a) Example provided by the association of LTC homes that regularly share their data and rationale for why they've seen improvements
 - (b) Increased coordination of government approaches
 - (c) Family vouchers to buy unused food
- 4) The Role of Occupational Therapy in Long Term Care – presented by Laura Barber and Monica Bourque
- a) Promotion of rehabilitation through the performance of activities required in daily life.
 - b) Perley fortunate to have OT on site, as that isn't overly common in LTC
 - c) In the PRVHC – generally people know OT associated with wheelchairs. A variety of the areas covered include:
 - i) Have some good donated equipment that they can use, or they can prescribe new equipment. In particular they prescribe the type of chair, cushions, and backrests. Province (Assisted Devices Program, in particular Mobility devices) will usually pay 75% and private insurance may cover the other 25%. The OT will help support the paperwork needed. The 25% for Veterans is covered by Veterans Affairs. There are also some assistance programs that will help cover the other 25%.
 - ii) Custom mattresses that work with managing pressure ulcers.
 - iii) Falls prevention – there is a trigger based on frequency and number of falls.
 - iv) Feeding assistance.
 - v) Restraints referrals to find the best combination for the resident.
 - vi) Committees – sit on pressure management, falls prevention, short stay committees
 - vii) Short stay in Ottawa – respite or convalescent. Role covers the same areas, but OT is also involved in discharge planning – recommendations in where the resident should go next, and modifications to home or aids needed.
 - d) Referrals are received about specific issues and the OT stays with the issue until resolved and then the resident is “discharged” from OT. New residents are not automatically referred. Referrals are usually provided by the Registered staff. The OT team will prioritize the requests.

The issue can be raised by anyone, but the form needs to be submitted, by fax, by the Registered staff.

- e) Prevention and early intervention is always preferable.
 - f) There are 3 OT, not all full time, and a number of OT Aides.
 - g) Funding for devices – main funding is provided by the Assisted Devices Program.
 - h) Walker and cane prescriptions are managed by Family Physio, chairs by OT.
 - i) OT is not automatically engaged in the Care Plan process unless there is a referral from the Registering team. As needed key input is provided by the OT to the care plan. Possibly the OT input may be indicated in the nursing area of the plan.
 - j) Contract with Ontario Medical Supplies for repairs and service – come twice a week and there is a yellow binder in every unit to fix the devices on the units. OT can provide a list of possible vendors if the family is looking to purchase a device, but no matter where it is purchased from Ontario Medical Supplies will cover the maintenance.
- 5) Family and Friends Discussion
- a) Physiotherapy - \$750/resident funding provided to the institution. This may not be sufficient to best support the residents. The funding limitation and process to use the funds is not always clear to the family and friends.
- 6) Treasurer review of the October and November 2014 statement of funds, December balance is about \$1,700, similar to 2013.
- a) Motion to approve – Brenda Tobin
 - b) Second – Heather Moxley
 - c) Approved
- 7) Residents' Council reports
- a) Crista provided summary report at the beginning of the meeting that the Residents' Council will be meeting January 28th. Recreation therapist is working with a volunteer to see if the Residents' council can be revived.
- 8) Report of the FFC Executive
- a) Foundations support – we want to thank the PRVHC Foundation for their continued support with \$1000 funding for the FFC for 2015. Additionally the FFC will be providing further information and feedback to the Foundation about the FFC role and deliveries.
- 9) Adjournment – 9:25pm.