



**Perley Rideau**

The Perley and Rideau  
Veterans' Health Centre

## Family and Friends Council Minutes of Meeting

March 17, 2016

Boardroom, 2<sup>nd</sup> Floor

7:00 PM

**Attendees:** *Ray Bailey, Mark Bowman, Carolyn Young-Steinberg (PRVHC Staff Liaison), George Leir, Marnie Crossley, Colleen LaPlante, Jim LaPlante, Margaret Becker, Lucile Tresa, Maureen Mersey, Brent Mersey, Brenda Tobin, Joan Olinik, Heather Moxley, Mary Boutette*

**Regrets:** *Diana Hennessy, Fran Cordukes, Doreen Rocque*

1. Welcome and Roundtable Introduction
2. Review and Approval of the March 17, 2016 Agenda, and February 18, 2016 Minutes.
  - a. Motion – Joan Olinik
  - b. Seconded – Brenda Tobin
  - c. Approved
3. Report from PRVHC Management – provided by Mary Boutette, COO PRVHC
  - a. MOHLTC – Annual Inspection, 6 inspectors over 10 days.
    - i. Start with a random sample of 40 residents, and then interview those residents or their POA. Also review medical and other records. Observe care processes and facilities. Report is posted. Positive – staff comfortable answering questions, quality of medication administration. Opportunities for improvement – management of creams and ointments managed at the bedside; need to ensure the products can't be misused by others. Wanted to see the FFC engaged in the creation of the annual resident survey.
    - ii. Call bell system. Compliance order from the Ministry to replace the system by December 31<sup>st</sup>. The system needs to be easy to use for the residents but will provide benefits to the staff so that they will be notified effectively but quietly. A Request For Proposals (RFP) has been issued, bids are expected by mid to late of April.
  - b. LHIN/Ottawa Hospital – Sub Acute unit – the Sub Acute Care for the Frail Elderly (SAFE). Meeting on April 4<sup>th</sup> between the heads of the PRVHC, the OH and to review the

proposal with the LHIN. Then Ministry approval is needed, so the likely timing is now the fall.

- c. Blueprint for the Seniors Village – still looking at how to best meet the needs of the community.
  - d. Question – Criteria for access to the Apartments – there is a rental office, not managed through the CCAC. There is currently a wait list. 90 spots within the apartments are also eligible for assisted living through the LHIN based on need. Total there are 139 apartments.
  - e. Question – has the PRVHC seen any changes in the Annual Inspection process based on the government statements earlier this year. The response was that the Annual Inspection process that was just completed felt like the process in the two previous years.
  - f. Reminders – the PRVHC is a not for profit, long term care home. Previously terminology might have been nursing home. Retirement homes are governed under different legislation.
  - g. Question – were there any recurring themes in the MOTHLC inspection. Yes, the call bell system needs. Critical incidents – responsive behaviours that result in incidents between residents. Samantha Holgrin, the PRVHC Nurse working on responsive behaviours is very engaged to help manage those situations. Management of personal mobility devices, it is sometimes challenging to clean that equipment as the residents can be very possessive of their equipment. Working a cleaning schedule during rest times is one approach that is being taken.
  - h. Question – general question about restraints. At the PRVHC the number of restraints is at about 5%, and the reduction doesn't appear to have caused any increase in the number of falls.
4. Special Session: Speaker was Mary Boutette.
- a. Review the Resident Quality of Life Survey
    - i. New survey in fall of 2015. InterRAI Self-reported Quality of Life Survey for Long Term Care Facilities
    - ii. Scientific and rigorous tool, enables benchmarking, administered internationally, used by members of the Seniors Quality LEAP initiative
    - iii. Questions are challenging and meaningful. E.g., “I get to eat my favourite foods”, “Someone here is my close friend”.
    - iv. 372 homes in the reference data set in Canada, the USA and Belgium.
      - 1. Need to understand if the self reporting quality of life due to different service delivery models, or differences in expectations
    - v. Survey administered to cognitive aware residents, as needed with the approval of their power of attorney. 82 residents were surveyed.
    - vi. 10 Canadian Long Term Care homes were specifically included in the analysis, the relative position of the Perley Rideau in the group of 10 was noted for each of the questions.
    - vii. ‘Recommend this organization to others’ – 85.3% positive (most of the time or always)
    - viii. ‘I can express my opinion without fear of consequences’ – 85.3% positive
    - ix. 5 domains
      - 1. Staff Responsiveness
        - a. Treated with dignity – very positive

- b. I can get help right away – not as positive but staff respond quickly was rated positively.
    - c. Majority about 75%
  - 2. Personal Control
    - a. Lower on scale – I can be alone when I wish, I can bath or shower often as I want (low for all homes)
    - b. Majority about 75%, 2<sup>nd</sup> in the 10 homes
  - 3. Social Life
    - a. Lower score – People as for help or advice – this was low for all homes.
    - b. Positive – able to explore new skills and interests, enjoyable things on weekends
    - c. Ranked 5<sup>th</sup> within the 10 homes
  - 4. Food
    - a. Lower score – favourite foods
    - b. Positive – variety in meals, enjoy mealtimes
    - c. Ranked 7<sup>th</sup> within the 10 homes
  - 5. Caring Staff
    - a. Positive – consider staff friend
    - b. Ranked 3<sup>rd</sup> in 10 homes
- x. Preliminary conclusions – residents compares well to other long term care homes participating in the survey. Residents report staff responsiveness as a strength. Social like is an opportunity for improvement – at Perley Rideau and other long-term care homes participating in the survey. Detailed results are included in the appendix of the presentation that Mary provided.
- b. Family Experience Survey – there is no common tool to use. A survey had been developed in conjunction with family representation. The survey was enhanced in the fall this year to provide more qualitative input and grouping by domains.
  - i. Available online, and on paper, but
  - ii. 137 responses, most by family members (95%), 4% friends, 1% other
  - iii. 92.3% would recommend the PRVHC to others
  - iv. Respect
    - 1. Staff communicated with me in a way that is respectful (positive 94%)
    - 2. The staff knows and respects the resident’s likes, dislikes, and personal preferences – 86% positive
  - v. Responsive Staff
    - 1. Positive results across the 6 questions between 82 – 91%
  - vi. Participation in Decisions – 78% positive
  - vii. Resident Activities
    - 1. ‘The resident participates in activities and celebrations that are meaningful’ – 78% positive
    - 2. ‘I am aware of the variety of programs offered to the resident’ 93% positive
  - viii. Comfort
    - 1. ‘The Home is pleasing and comfortable to live in’ – 92% positive
    - 2. ‘The resident’s room is clean – 79% positive
  - ix. Qualitative Results – Comments
    - 1. 327 individual comments received, spread across all the comment areas
  - x. Overall family experience was positive

1. Strengths – respectful communication, staff responsiveness, variety of activities and overall comfort of the home
  2. Areas for improvement – Participation in planning the resident’s care, resident participation in meaningful activities and celebrations, resident room cleanliness.
- c. Next steps
- i. Sharing results with management, staff, family and friends council
  - ii. Identify and act on shared priorities for action aligned with the Quality Improvement Plan
  - iii. Resurvey next fall to understand our progress
- d. How to share the results – Include Between Us Briefly, possibly the website, meetings with staff.
- e. Suggestion to share the results with the BluePrint team – in particular the final question about whether there were other services that
- f. Staff engagement survey was also done during the fall. About a third of the staff participated. Overall score was about 75%. Areas for improvement – “I have enough time to do my job”. How to give staff some control and autonomy around the work they are doing? Opportunities to improve communication. Areas that were positive – staff felt very positive about their role and that it had meaning.
5. Family and Friends Discussion - This standing item on the agenda is a confidential discussion family and friends on the quality of care provided to residents, unless otherwise noted.
6. Report of the Treasurer
- a. Motion to approve the Statement of Funds for February, 2016. Total funds available as of February 29, 2016 - \$1,342.45.
    - i. Motion by Brenda Tobin
    - ii. Second by Mark Bowman
    - iii. Approved
7. Report of the FFC Executive
- a. Working towards the next series of events around the theme of caring for the caregiver. This will involve the April meeting which talks to the journey of being a caregiver, in May more the physical, emotional impacts of being a caregiver. The June education day will be a panel discussion moderated by Akos Hoffer, June 8<sup>th</sup> 2-4.
8. Other Business
- a. Feedback from Veterans Council about the approach to Jean Cloutier about getting a safer crossing for the residents of the overall village, staff and family and friends. Suggestion that others too may want to reinforce the message with their own area councillors. There has been agreement to improve the sidewalks after the potholes have been fixed.
  - b. Volunteer Awards – the Family and Friends council has submitted a nomination for the Volunteer of the Year.
9. Adjournment – 8:55 pm