

Family Council Agenda (Notes/Draft Minutes)

Meeting Date: August 28, 2014

Time: 6:30 – 8:30 pm

Location: Riverside Glen Long Term Care Physio Room/gym

Chairperson: Siobhan Bulmer

Secretary: a member volunteered

Guest Speaker: Jacqui Tam, Waterloo-Wellington LHIN (WWLHIN)

Eleven members attended the meeting

(times are approximate)

6:30-6:45 pm

1. Welcome new and returning members.
2. Distribution of sign in sheet, agenda and July meeting minutes

6:45-7:30 pm

Guest Speaker: Jacqui Tam

Chief Communications and Community Engagement Officer
Waterloo-Wellington Local Health Integration Network

-Jacqui distributed an information package called “Better Health – Better Futures” and the Service Accountability Agreement between WWLHIN and Schlegel Villages for Riverside Glen.

-Jacqui has been working at WWLHIN for about a year

-her background is in communications at post-secondary institutions

-she has family members in the medical field and Alzheimer's disease has affected her family

-the Local Health Integration Networks were created in 2005

-the goal is to allow local input

-each LHIN is an individual Crown Agency

-the LHINs plan, fund, manage & integrate the health system

-they are also involved in education and community safety

-the LHINs try to improve local health care through integration

-the LHINs are the intermediary between MOHLTC and health service providers which include hospitals, CCAC, long term care homes and physicians/Family Health teams

- the goal is to coordinate care and services that are needed
- the LHIN can intervene if health provider actions are not in the best interests of local residents
- they are trying to better engage individuals and the community for input
- WWLHIN initiatives have included:
 - attracting more Family Physicians to the area
 - development of a referral program for Diabetes
 - development of an integrated stroke program
 - the Behavioural Supports Ontario program in long term care homes
 - a mental health support hotline available 24/7
 - decreasing wait times in acute care facilities.
- there are 35 staff at the WWLHIN, most are in the health system integration area, the remainder are in finance/corporate and community engagement
- WWLHIN accomplishments since 2005
 - more residents have a family doctor
 - more residents have access to diabetes care (Langs Community Health Centre in Cambridge, appointments via referral by doctor or self)
 - shorter wait times for acute care
- in the long term care area MOHLTC transfers money to the LHIN who distributes the funds in four funding envelopes to the various homes
- there are rules regarding transfer of funds from one envelope to another
- the four envelopes of funding are:
 1. Nursing and Personal Care (non-transferable to accommodation)
 2. Program & Support Services (non-transferable to accommodation)
 3. Raw Food (non-transferable)
 4. Other Accommodation (freely transferable)
- WWLHIN tracks falls prevention program success
- LTC homes in this area have the lowest rate of transfers to hospital due to falls
- Nurse lead emergency teams are being introduced in LTC homes, there is one at St. Joseph's LTCH in Guelph
- Behaviour Supports Ontario program is a unique initiative that may now be expanded across Ontario due to its local success
- LHINs evaluate local need for increased LTC home beds
- all LTC homes must have a "Service Accountability Agreement"
- MOHLTC requires an Integrated Health Service Plan, this is a commitment

by Health Service Providers to serve the residents of the local community

- the LHINs develop Annual Business Plans which are three year plans focused on specific initiatives and strategies (eg acute care wait time reduction) and identify the associated funding needs
- LHINs provide input to MOHLTC regarding policies and priorities
- LTC homes provide “performance data” to the LHIN for evaluation

Member questions and discussion

- concerns were raised that the falls prevention at Riverside Glen (RSG) is very poor
- many incidents of falls, fractures with no preventive measures in place for individuals who have been identified as falling frequently
- residents being left unattended while toileting
- residents who have fallen are not examined immediately by an attending physician
- residents in obvious pain not being given any pain medication, not even Tylenol
- residents who could walk prior to falling, then cannot after a fall are “put in a wheelchair” and any investigation is discouraged by staff of the home
- even when family members express concerns about evidence of significant pain in a loved one who has fallen, little is done unless they insist on transfer to hospital
- if “performance data” is provided to LHIN by the home.... who audits this data?.... members are concerned that this home should show poor performance in falls prevention
- Jacqui informed us that there is a “dashboard” on the LHIN website and performance data results should be posted there
- she will take our concern to WWLHIN
- members raised concerns about Neighbourhood Coordinators being funded from Nursing envelope, when they are not involved in resident care, they are clearly management
- members raised concerns about chronic under staffing, evidenced by long call bell wait times & residents left unattended during evening shifts while staff members are on breaks
- if the funding model for all homes is the same, why is the care and staffing so poor in this home..... where is all the money going?

- too many managers and not enough nursing care staff for the residents
- members noted that there has not been a social worker at this home for over a year this seems to be a requirement and being funded ... Jacqui will follow up
- if a staff position is vacant does the LHIN still transfer full funding to the home?
- members discussed issues surrounding the doctor's office and college
- members want to know what funds are being used for the people escorting the doctor's patients through the home
- members have seen kitchen staff, PSWs, housekeeping staff engaged as patient escorts
- members discussed the large number of MOHLTC inspections.... 17 so far this year, 46 since the doctor's office and college have been in full operation
- members want to know how the LHIN can help the residents of this home
- Jacqui promised to follow up with our concerns

7:30 – 8:30 pm

Council Business

3. Review and approval of previous meeting minutes.
 - reviewed and approved

4. a) Updates arising from previous minutes.
 - none

- b) Upcoming Guest speakers & suggestions
 - September: Kate MacDonald resident/family satisfaction surveys
 - do we include Jennifer Hartwick?
 - members do not want Jennifer to attend
 - chair will inform Kate MacDonald

Committee Updates (if any)

5. Working group report

a) update from City of Guelph

- no date for decision by Council
- chair will be meeting with Guelph Planning Staff next month

Communications review (if any)

6. Riverside Glen management and other agencies.

a) Communications from management

i) Responses to minutes

- members concerned about students taking over resident common areas
- this is an invasion of an area meant for residents and their guests
- very disrespectful..... everyone thought this was resolved a year ago... students stay down stairs unless they are working with residents
- Chair has followed up with MOHLTC
- Chickens should be gone soon
- members wanted bird feeders in outdoor areas to attract birds for residents to watch.... not chickens
- staff care for chickens in same clothes that they work in.... members are concerned about introduction of disease into the home
- members find it unacceptable that the Resident council bulletin board is “on order” for 3-4 months
- just excuses and delay tactics, very disrespectful
- Curtains in semi-private rooms all need laundering immediately, most haven't been washed for over two years... this has been identified by MOHLTC and members since May... why is it taking over 4 months?
- members have been reporting to staff, regarding residents left outside who have become distressed
- when residents are left outside they should be provided with a “portable call bell” or some other device to alert staff of a

problem or their need to re-enter the building..... staff forget about people and this is unacceptable

- members are pleased to see more cups and glasses

- members recommend that the cigarette butts be cleaned up and butt stops be emptied daily...

- please could management designate one outdoor smoking area, since smokers are using all the spaces outside the LTC and non-smokers “can't get away from the smell”

b) MOHLTC inspections reports and summary

- two more reports

 - one had no findings: personal support service

 - the other concerned medication left unattended in a resident's room by both the PN on duty and a PN student, the medication record indicated that the medication had been administered when it had not.

- members are concerned that anyone could have wandered into the resident's room and taken this medication

- members are concerned that residents are not being given their medication and how can it be checked, if staff record it has been given no matter what has happened

- members are concerned that staff are falsifying medication records and are teaching students to do the same

c) MOHLTC communications regarding students in common areas

- policy analysts state this is not supposed to be allowed

- RSG is violating MOHLTC policy and act

d) WDGPH letter regarding chickens in long term care and retirement homes

- deferred to next meeting

Members circle: sharing concerns and ideas and kudos.

-shame on management for using residents with dementia as props during the student orientation, they were not dressed for the cool weather and made to stay outside for 45 minutes this seems like abuse

-All privacy curtains require laundering ASAP

-members are concerned about the falsification of resident records for medication, falls, weight, food and fluid intake, etc

-members are concerned that post fall assessments of residents are inadequate and staff are dismissive of symptoms of pain and reluctant to have physicians examine residents or transfer them to hospital

-parking in the main LTC lot has once again become problematic, members are unable to reliably find a parking space... who is using all of the visitor spaces.... staff... students.... doctor's patients?

Thank you to Tina for all of your support distributing our documents and organizing our meeting room.

Thank you to Food Services for the beverages and snacks.

Thank you to management for ordering new cups and glasses for the neighbourhoods with shortages.