



Perley Rideau

The Perley and Rideau
Veterans' Health Centre

Family and Friends Council

Minutes of Meeting

March 19, 2015

Boardroom, 2nd Floor

7:00 PM

Attendees: Ray Bailey, Mary Boutette, Carolyn Young-Steinberg (PRVHC Staff Liaison), Joan Olinik, Vera Abercrombie, Colleen LaPlante, Jim LaPlante, Mark Bowman, Fran Cordukes, Brenda Tobin, Brent Mersey, Penny Thompson, Judy Fagan-Cornell, Cassy Hopkins and Robyn Oraziatti (Recreation Therapy), Heather Moxley

Regrets: Akos Hoffer, Diana Hennessy, Doreen Rocque

- 1) Welcome and Roundtable Introduction
- 2) Review and Approval of March 19th Agenda.
 - a) Motion – Colleen Laplante
 - b) Seconded – Brenda Tobin
 - c) ApprovedReview and Approval of Minutes of the February 19th meeting.
 - a) Motion – Colleen Laplante
 - b) Seconded – Brenda Tobin
 - c) Approved
- 3) Report from PRVHC Management – Mary Boutette
 - a) Family Satisfaction Survey results are in and being analyzed by Mary and team and will provide a full report at the April meeting. Generally results were positive, but there were some opportunities for improvement.
 - i) One trend was involvement in care planning – from both the family and also the resident perspective. This could be at the quarterly care conference or on a more regular basis.
 - ii) Another area to be explored included dental services, physiotherapy and hearing services.
 - b) PRVHC has just undergone the second resident quality inspection (provincial requirement under the Long Term Care Act). Randomly select 40 residents, interview residents, family members, POA, care team and then follow the care of those residents. Final report should arrive soon. Verbal highlights included –
 - i) Quite positive, the prime reviewer had not been at PRVHC for 2.5 years and noticed positive changes. Overall they ended up speaking with 60 residents, and interviewed 96 staff. It is

anticipated there will be some findings to follow up on, but nothing that would be new information to the management staff.

- c) The future of Perley Rideau with the transition of the Veterans. Veterans Affairs Canada's contract is supporting only the World War 2 and Korean War veterans. The arrangement is supported by the Canada Pensions Act, and was in place before Universal Health Care. The evolution will also end the enhanced funding that is provided by VAC. Analysis is underway and in partnership with the Ottawa Hospital in particular relative to the elderly that are in hospital that may be better served in a different setting. Negotiations are underway with Veterans Affairs about how the funding model will step down as the population changes. Likely Veterans beds will be full for another year, and then possibly reduce a unit a year (about 30 beds a year). PRVHC has 450 LTC beds and it is not specific if they are community or veterans. The challenge in the wage structure is based on the hospital scales, but the ministry funding is for the long term care scales which are lower. Looking at programs that may require a higher level of care that would be consistent with the staffing/wage scales such as convalescent care. PRVHC is the only one of the larger Veterans homes that is fully occupied; Ste Anne's in Montreal and Sunnybrook in Toronto do not have full veterans' beds anymore. FFC has expressed an interest in supporting the PRVHC position with the provincial government; Mary will work with Jay Innes to craft a message.
 - d) Integrated Model of Care Initiative – The FFC has been requested to provide input. The consultants will be coming from Toronto and Mary will help coordinate the date.
 - e) Follow up from the February 19th meeting
 - i) Feedback process – the “pink” form, unfortunate association with “pink slip”. Another concern was that it wasn't always clear as to who to speak to within the unit. Will be working with the Personal Support Workers about receiving feedback and providing information with clarity.
 - ii) Looking at Communication Boards in the units, will be posting names, role, photos and contact information of key staff. Real time access to information about who is on shift. FFC would be happy to review the proposal.
 - f) Art in the Boardroom is part of collaboration with an Artist in the Support our Troops program. The proceeds of the sale/auction will be donated to the PRVHC.
- 4) Recreation Therapy, presented by Recreation Therapists Cassy Hopkins and Robyn Oraziatti.
- a) Recreation Therapy team – Dave, Cassy, Robyn and their leader Carolyn Vollicks.
 - b) Recreation therapists wear many different hats.
 - c) Definition – a recreation therapist utilizes recreation to maximize independence and promote quality of life. In the moment – make today the best they can.
 - i) Functional intervention, education (what is available, how to adapt the programs)
 - d) Assessment – Initial assessment with each resident as they move in. RT gets insight into the residents interests, habits. RT will enter into Point Click Care. Also create a war service record for the veteran – this is not provided by Veterans Affairs. Care plan subsection for REC/CAS is created.
 - e) Recreation and Creative Arts Service – the therapists are supported by:
 - i) 35 staff members for 27.95 fulltime equivalencies
 - ii) 1 manager
 - iii) 3 rec therapist
 - iv) 16 Rec programmers and rehab assistance
 - v) 10 artists, 1 is the studio lead,
 - vi) 2 musicians,
 - vii) 3 music therapists,
 - viii) 1 horticultural therapists,

- ix) 1 dance therapist,
 - x) many volunteers
 - f) Activity calendar – there is a master calendar for the overall facility and that then provides the details into the unit specific versions. All calendars are posted near the cafeteria and family and friends are welcome to take their residents to any of the unit events. Robyn is talking to Jay Innes about possibly posting the calendar to the website. The Recreational Therapists are very happy to share a copy through email.
 - g) All programs need to cover the 5 domains of health: Social, Physical, Emotional, Intellectual and Spiritual.
 - h) Supporting the Social program in particular -The Recreational Therapists have 6 iPads (2 per building) and are great tools in particular during outbreaks. Google Earth – street view and walking down the street with them. Skype with family members. They will also connect as needed to the larger TV screens on the units.
 - i) Supporting the Physical domain in particular the Recreational Therapists provided an example of curling/rocks and rings.
 - j) Activity Pro is the tool that records the residents participation. This provides feedback on the residents’ participation and also to the Recreational Therapists for program planning. Monthly reports on residents who are not participating and this is then analyzed to ensure the resident is getting the right match to their needs between type of program and nature of program (group/individual)
 - k) Central Activity Coordination
 - i) Entertainment bookings
 - ii) Special events
 - iii) Outings
 - iv) Pub Programs
 - v) Meals
 - vi) Remembrance Day
 - vii) Legion Events
 - l) Family Feedback. The Recreational Therapists are open to feedback and suggestions.
 - m) Contact: details are on the calendar, and Recreational Therapy will be highlighted in the white boards that Mary mentioned.
- 5) Family and Friends Discussion
- a) This standing item on the agenda is a confidential discussion family and friends on the quality of care provided to residents, unless otherwise noted.
 - b) Helix – Dr Youville has agreed to check and clean resident’s ears for R1N and R1S. As of today the Nurse Practitioner is training the RNs to provide the ear cleaning.
- 6) Treasurer review of the January 2015 financial statements
- a) Motion to adopt February 2015 statement of funds
 - i) Approve – Brenda Tobin
 - ii) Second – Joan Olinik
 - iii) Approved
- 7) Residents’ Council reports
- a) Robyn provided an update on the Resident’s Council meeting yesterday and the volunteer secretary will provide quarterly updates to FCC. Meetings will be every two months; to be re-evaluated in October.

- b) We need to strike the right balance between the various councils – FFC, Residents’ and Veterans and the communication between the councils to ensure we are all supporting our mandates which are consistent with our joint objectives of resident focused care.
 - c) We will remove the standing item to have the council reports provided at the meetings but FFC does welcome the councils to attend.
- 8) Report of the FFC Executive
- a) Jim reports that the draft of the Welcome Book has been provided to Jay Innes and is being validated by each of the areas that contributed. The content has been updated and restructured. Next Jay will help support crafting the look and feel.
 - b) Upcoming special events:
 - i) Family Council Education Day – June 3, in Lupton Hall from 2:00 to 4:00. Topic: Let’s Talk about Pain Management.
 - ii) The FFC November AGM topic will be – Stages of Palliative Care – Resident Rights and Family Responsibilities
 - c) Fran provided an update from the Ethics Committee – the committee is working on streamlining the ethics paperwork that exists. Joshua Landry the LIN Ethicist, Linda Hunter and Dr Robert are co-chairs.
- 9) Adjournment – 9:45pm.