

CRFCN CONFERENCE OCT 26/19: SMALL GROUP WORK

The small group work was intended for participants to consider their successes and challenges as families and Family Council members within LTC.

To accomplish this, the facilitator shared the Family Councils Ontario (FCO) purpose of a FC as follows:

- To improve the quality of life of residents;
- To share issues and concerns about quality of care and quality of life and to advocate accordingly; and,
- To further learn and develop as a Council in order to best achieve our mandate

The initial small group work entailed identifying structures and processes that contribute to a quality culture within the LTCH. The second task was to organize those activities under one of the headings, as above, ie., Quality of Life/Advocacy/Learning and Development. The third task was to identify, from the 3 areas of responsibility, what the FC was doing well; where improvement(s) could be made; and, what actions could be taken by the FC to address the needed improvement(s).

In relation to those things that contribute to, or detract from, a quality culture within a LTCH, following are some of the responses:

Name tags for all residents; pets in the Home; improved staff listening skills; more opportunities to go out of the Home; less noise in dining rooms; better informed casual staff; china tea cups/saucers; stable management team; bedtimes and waking times according to resident's wishes; bright lights; colourful Home; person-centred culture; staff training re dementia; intergenerational presence; more staff especially on weekends; enhanced dining experiences; inclusion of community resources in programming; family/resident dining promoted; happy staff; spa bathing experiences; more variety in meals; improved nutrition; better communication between residents, families and all levels of staff; less of a 'clinical' feel in the Home; less drugs; outdoor walks and gardening; more volunteers; no shared rooms; individualized recreation plans; inform families of FC; billboard to advertise Home and invite public in; improve décor; everyone remember that the LTCH is each resident's home; identify ways to get to know

each resident better; accessible management staff; music therapist to support rec activities and individual rec plans; tablecloths; more time for 1:1 staff/residents; winter garden space; sing-a-longs versus performers; better cleaning of rooms; flexible dining times; bathing type and time according to resident preference; visiting pets; open seating for meals; staggered breakfast times; local and fresh foods; more access to staff info; golf cart rides; each resident to have a contact person; staff eating meals with residents; regular outings; staff not to wear uniforms; warm blankets; reading groups; waiting too long to implement the Butterfly model; include volunteers in FC meetings; have administrator attend FC meetings; more speakers for families re various topics of interest; more good cheer...converse with, not about, residents; always including wheelchair bound residents in activities of their choice; pictures of staff; air conditioning; men's programs; daily baking (aroma effect); library and computers available for residents.

Participants then organized the above according to the 3 headings in order to address the third task.

In addressing the third task, overall, participants felt that quality of life of their residents could be improved and that the Person-centred care (PCC) approach was indeed timely in moving forward with the many improvements identified. A significant gap identified was in relation to advocacy to the Ministry of LTC, especially in terms of PSW hrs./resident/day and ministry support of PCC relative to the structure of new builds. In terms of learning and development, areas identified were dementia types, symptoms, and management as well as Medical Assistance in Dying (MAID), rehabilitation support for residents suffering from stroke, and the LTCH organization of staff as well as staff accountabilities.

Other areas identified by the small groups, during the feedback to the plenary, were:

- Securing email addresses for families in order to ensure effective and efficient communication from FC;
- Membership of FC, ie., persons not family members but with a unique connection to the resident; volunteers;
- Annual care conference checklist;
- Support of Family Councils by E. Ryan, District Coordinator, CRFCN