

Chester Village Family Council

Minutes: March 28, 2018

Present: Lynne Smith (Chair); Deidre Balyk (Secretary); Tracy Torrance; Dianne Surette; Hannah Trumper; Lyndia Eberhardt-Butler; Glenna Clayton; Mike Plouffe; Mike Watson; Sandra Monks; Shelley Allen; Scott Torrance; Gary Schleiffer; Linda Redford; Diane Klim; Cynthia McCarrey; Tyler Torrance (via speaker phone)

Regrets: Bev Desjardins

Guest: Cynthia Chiappetta

Cynthia presented us with thorough explanation of the way Chester is funded. We are provided with funds in 4 different “envelopes” from the Ministry which were outlined as follows:

- (i) For “Nursing and Personal Care”, we receive \$96.90 per resident per diem. The final amount of this envelope is dependent on our CMI (Case Mix Index) which relates to the average level of care required by all residents. It works on a percentage basis: if our CMI is 100% of the provincial average, we receive 100% of the amount. If our CMI is higher than 100%, we receive more; if lower, we receive less. This year, our CMI was higher than last year which meant we received an increase in our funding and got \$107.88 per resident per diem for a yearly total of \$7,993,368.

The CMI is based on various criteria and all aspects of care are carefully documented monthly by the nursing staff. Our documentation procedures have yielded the highest CMI in our LIHN (“Local Integrated Health Network”) because of their care and attention to this documentation.

It is the LTC’s responsibility to plan how this money is spent and most of it goes to staffing. The money in this envelope can be shared with other envelopes if there is a surplus...anything that is not spent must be returned to the Ministry.

- (ii) For “Programs”, we receive \$9.60 per resident per diem. This money is used for Program staff, supplies, outings, entertainment, etc. In addition, it pays for our Volunteer Coordinator, Dietitian, and Family &

Community Coordinator. Physiotherapy is also funded through this envelope at an additional \$812 per bed per year. As with the Nursing envelope, what isn't used from this envelope must be returned. We can, however share these funds with the Nursing and Raw Foods envelopes.

- (iii) For "Raw Foods", we receive \$9.00 per resident per diem. It covers all food costs for residents only, including special therapeutic meal and snack items. All non-resident food must be invoiced and reimbursed to this envelope. Again, excess money must be returned. Unlike the others, this money cannot be shared with Nursing or Programs.

- (iv) For "Other Accommodation", we receive \$55.28 per resident per diem for a total of \$4,095,971 annually. This money, along with residents' co-payments, pays for Laundry/Housekeeping/Environmental/Dietary and Administration Staff wages and benefits. It also covers such items as building equipment, repairs and maintenance, utilities, insurance and mortgage costs. Other miscellaneous revenue items which add to this fund include a small accreditation supplement per resident, an operating enhancement of \$10.35 per resident per diem, interest on investments, donations, etc.

Cynthia pointed out that we still have a mortgage for the next five years which costs about \$1.6million per year. Our hydro costs are over \$600,000 per year and maintenance is working on lowering this by replacing all light bulbs with LEDs. Our union staff is well paid in accordance with the collective agreement which helps us attract the best and reduces staff turnover, but negotiations can be difficult because paying them any more would eventually lead to a reduction in staff. Our staffing levels are helped a lot by the numbers of student nurses and PSWs we take in and we do our best to hire the best students whenever we are able. Finally, Cynthia told us that all department managers are responsible for handling their own budgets and that the ministry funding is not affected by geography: all LTC homes in Ontario are funded under the same formula.

Cynthia then told us that she just received news of Liberal budget promises of increased funding to long-term care. Specifically, we should be able to

add one RN to the nursing; there will be an increase in the Raw Foods funding; and increased support is promised for behavioral resources. There were other details in this announcement that are yet to be clarified.

In answering the questions from some of the members present, Cynthia told us the following:

- . “non-profit” and “not for profit” long-term care homes are the same thing and Chester Village is a not for profit home with a charitable designation;
- . while we do not do any research ourselves, we do participate willingly in a lot of research programs;
- . while we do not work with any lobby groups or receive funding from them, Lynda is able to help any family who might need assistance with funding for costs of care, wheelchairs, etc;
- . we do have a Whistle-blower (non-reprisal) policy in place and it is strictly enforced...family members were asked to report any violations of this policy they might witness. There is zero tolerance of abuse and progressive discipline is in place. The binders in the front lobby hold copies of these Chester Villages policies;
- . the evening nurse managers do regular checks on all units to ensure that correct policies and procedures are being followed;
- . we receive valuable benefits from the pharmacy we use in return for allowing them to charge our residents the co-payment amount of prescriptions even though some other homes don't have these charges.
- . in answer to questions about the composition of the Board of Directors, Cynthia told us that the 12 seats on the Board are currently filled and that Chester Village does not participate in the selection of new members. Family members can join the Board's sub-committees though the turnover rate of family members makes this difficult. Lynne Smith (FC Chair) currently sits on the Quality Care committee. The Board's AGM is held sometime in May; sometimes family members can attend for a fee, but last year's meeting was closed to family members.
- . finally, a family member had a question about how responsive behaviors are managed by staff and Cynthia suggested that we invite Gina Santos (Director of Nursing) to a future meeting to discuss this.

All members present agreed that we had learned a great deal from Cynthia's presentation and were grateful for her time.

Old Business:

1. Review of minutes taken at February 28th meeting:

In the interest of time, a full review of these minutes was shortened, and an opportunity was provided for questions from members present with respect to the February minutes. There were no questions.

Committee Reports:

1. Quality Care:

(i) Lynne summarized the notes from the February meeting which had caused some confusion to Family Council members. The items to be worked on in this year's Quality Improvement Program are as follows:

- . Wound care target = 3.2% of residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer' (This target is at the level of the Provincial average)
- . Effective transmissions target=25% of ED visits for modified list of ambulatory care-sensitive conditions. (Target matches Provincial average.)
- . Safe care target= 15% of residents who fell during the 30 days preceding their resident assessment. (Provincial average is 15.6%)
- . Safe care target= 1.49% of residents who were physically restrained every day during the 7 days preceding their assessment. (Provincial average is 5%)
- . Medication safety target = 15% of residents who were given antipsychotic medication without diagnosis of psychosis in the 7 days preceding their assessment. (Provincial average is 20%)

At the February meeting, there was also a summary report of Critical Incidents for the 2017. A Critical Incident is one which causes an injury to a resident requiring a hospital visit. There were 17 such incidents during 2017, involving mostly residents from Diamond. Responsive behaviors, wandering, and non-compliance with fall-prevention interventions (eg.

use of walkers) were at the root of most of the incidents and it was noted that there were repeated incidents with the same 4 residents. Chester will continue with its Falls prevention program and call in the resources available to us such as the Psychogeriatric Outreach Team and the Behavioral Support Outreach Team when necessary. There was also 1 abuse allegation (staff/resident) reported in 2017 which, when investigated, was proven to have no basis.

- (ii) The March Quality Care meeting focused on the improvement initiatives arising from the most recent Resident and Family Satisfaction Survey. These initiatives will be incorporated into our 2018/19 Quality Improvement Plan. The two areas selected were “How well does the staff listen to you?” and “There is enough variety in my meals.” Lynne reviewed and summarized the details of the plan which has been distributed to all family members.

The 3 areas chosen for improvement in last year’s plan (laundry, pleasurable dining and ability to participate in activities) all showed significant improvement thanks to the commitment of Chester’s staff.

Lynne also pointed out the difference in response rates to the survey between residents (67% of those eligible) and family members (28%). Hopefully family members will do better next year! Lynne was asked to bring a copy of the family survey to our next meeting so that those members who are new to Chester could review it.

2. Staff Awards:

The next group of winners (Jan/Feb/Mar) will be chosen by the Staff Awards committee who will meet after the Luncheon being held on April 4th for previous winners.

New Business:

1. News from Providence Healthcare:

There are 2 workshops* scheduled at Providence on the topic of “Advance Care Planning” (ie. end-of-life care). The dates and times are as follows:

(i) Tuesday April 17 from 2:00-4:00 pm

(ii) Tuesday April 24 from 6:00-8:00pm

***The sessions are identical but offered at two different times to accommodate as many interested persons as possible. Members present at the meeting should also note the change in the time of the April 17th session.**

Interested family members are asked to register their intention to attend one of these sessions by calling 416-285-3666 ex. 3810

2. Staff members in the units are being reminded of the need to identify themselves when answering the phone. Family members should ask for identification on the phone if it is not offered initially.
3. John Madill (Environmental Manager) will retire at the end of April. The new Manager, Sorin Tarbujaru, will be joining our staff on April 9th.

Notes of Appreciation:

Family members expressed appreciation of the very effective management of the most recent outbreak which resulted in its short duration.

It was noted that all Receptionists were doing a great job of self-identifying when answering the phone and the name cards at the desk are very helpful.

It was noted that staff in all departments are taking time to address residents by name...much appreciated.

A family member expressed appreciation for the server staff in Jade who try to speak to residents personally to make sure they are happy with their meals.

All family members and residents appreciate and enjoy the lovely displays of fresh flowers in lobby, café area and washrooms.

As stated earlier, we were all very impressed with Cynthia's funding presentation and appreciative of the time she took with us at our meeting. It was my pleasure and I too appreciated the family member support of coming out to the meeting and listening to my presentation. The questions were insightful and helpful to all those present.

Comments and Questions:

1. It would be appreciated if unit staff could be reminded to wear their name tags so that they are visible. This really helps new families to communicate effectively with staff. I will ask all managers to review this with staff at their regular department meetings as well as make it a topic of interest at the next Coaches Corner meetings which happen on the units with all staff.
2. Would it be possible for a small whiteboard to be placed in each room? This would give family members a space to leave notes for staff and to provide staff with possible topics of conversation to assist with the new plan for five-minute "non-care" conversations. I will need to think about this and get back to you.

Once again, thank you for the opportunity to speak at your meeting. The work of the Family Council does not go unnoticed and the improvements you ask for on behalf of yourselves and the residents helps to remind us of the little things we sometimes miss in our daily routines.

Next Meeting: Wednesday, April 25th, 6:30 pm in the Board Room.