

Family Council

Meeting Date/Time: September 24th, 2024 5pm-7pm

Facilitated by: Meaghan Murchison, Kim Croft, Niki Rodenhizer, & Jennifer Tucker

Agenda Item	Action and Responsibility
Review Previous Meeting Notes – June 25 th /24	Comments:
Outstanding Items to Address from Previous Meetings	
- Use of dining areas between mealtimes	- Gaye confirmed that there is no issue for residents and their loved ones to use the dining area as a leisure space in between meal service.
- Staff Appreciation and Recognition	- October is Continuing Care month and when we celebrate long service for employees. We have set up a "comment box" at the front entrance where families and loved ones can choose to leave a kind message for staff. In the past we have read these at our long service event as special messages and it made the night truly memorable.
Recreation Presentation – Niki Rodenhizer	 Comments: In 2023 Shoreham conducted a family experience survey to see how the recreation department was doing in terms of entertainment and activities being provided. The results came back considerably lower than previously seen so this year a more targeted survey was sent about specific activities to see how we can do better. When someone moves into Shoreham, the rec team is given an initial admission sheet with basic information (personal history, info about mobility/capabilities etc.) then

they complete their own initial assessment in the online charting system so others within the care team can access the document as well.

- On admission a recreation booklet is also provided to residents/loved ones with information on who the team is and what they do. It includes contact information for rec members, descriptions of programs, info on spaces to gather etc.
- Family were looking for a refresher on how to reserve a shared space to gather. Niki can provide a booklet with the information but she can always be emailed to book the space. Typically, if the room is not in use, it is open to families at any time.
- Within the first 6 weeks the pre-circulated "Getting to Know You" sheet is shared with residents/loved ones to help get a better understanding of new admissions. The first care conference also takes place within 6 weeks and then reoccurs yearly. Rec members attend and assess abilities, interests, and any needs for adaptations to practice.
- Do rec staff conduct regular check ins between care conferences? Staff see residents every day and watch them as they progress, meaning they see changes and adapt as needed. Referrals can also be sent by staff at any time if they notice changes and family can always reach out to recreation staff with updates.
- What's the best way to check in on how your loved one is doing, if they're accessing rec programs, and what they've been enjoying? We track attendance at rec programs, logs are made daily and there is a monthly calendar that can be printed from the charting system. The team tries to track if someone say no, is it because they aren't interested or just not up to it that day. If anyone wants to see a full outline of what their loved one is attending rec can provide that but talking to the programmer a great place to start.
- Rec continues to provide monthly calendars. They are always open to suggestions for new programs or to volunteers. The recreation board in main lounge has pictures

	of staff with write up and explains what recreation therapy is all about.
General Updates	Comments:
- Updates on the Shoreham Building Replacement Project – Jennifer	 Bidding closed on the 18th for contractors interested in our new building. All proposals came in over budget, so we are working with the architect and contractors to find some financial savings that won't impact day-to-day operations (e.g., changing siding and landscape etc.). This is expected to take 6-8 weeks then the contract will be awarded. The hope is to have forms done and break ground before end of December!
COVID-19 Updates	Comments:
- General IPAC Updates - Kim	 Our current outbreak began on Sept 3rd, since then several residents, staff and family members have texted positive. Happily, our last resident just came out of isolation with the hope that midnight on the 26th the outbreak will be declared over. The variant we're seeing now is different than what the last booster was covered for so that could be one of the reasons for the uptake despite almost all residents are vaccinated. Due to the fact there has still been some community exposure we're not lifting the mask mandate yet. A number of residents still haven't gotten sick, and we want to ensure we don't take steps back. Do you know what strain it is now and what the last vaccine was against? The vaccine last fall and spring was against XX1B1. Public health is now seeing JN1 and JN2 which are strains that act very differently than the variant the vaccine was created for so the fall campaign will focus on the newer variant. This is not to say that the previous booster doesn't help, it's not necessarily a cure but still a way to minimize symptoms. Do we have a timeframe for boosters? Last year it was early October before they announced a plan for the roll out. The notification that influenza vaccines are

	coming in October was already received so news about covid vaccines should be following soon. The plan is to vaccinate residents first then staff. We tend to wait until the end of October because our influenza season is a bit later and if we vaccinate too early we miss April which is a known hot spot for influenza A & B in NS. A notice will be sent when there is more information. This year, NS has publicly funded an RSV vaccine as well that will roll out in Nov or Dec. It is a onetime dose for folks in LTC or waiting for LTC that are over 60. None of these three interact with each other so we could give them at the same time, but we typically don't. Lots of vaccines this fall!
Pre-Submitted Agenda Items	Comments:
- Resident and Family Survey Action Plan – Meaghan	 A copy of Shoreham's Survey Action Plan will be pre-circulated for review and discussed at council to allow for family input to be gathered and included. No questions or concerns. Meaghan will reach out to Tasha Ross to see if she can locate survey results that support the reasoning for the differences between targeted surveys received by residents and by families in 2024.
 Abuse Prevention Policy Review – Meaghan Supporting Residents During/After an Allegation or Incident Reporting of Suspected Resident Abuse Abuse Allegation Checklist Investigation Summary Report 	 The current procedure for Supporting Residents During/After an Allegation or Incident is due to be reviewed and was pre- circulated to family members. An additional three documents relating to Reporting of Suspected Resident Abuse were circulated as well as these documents are new to Shoreham and input from family members was encouraged before drafts are finalized. It was identified that a few acronyms were used but not defined such as SV or DSLTC. In the document on Reporting of Suspected Abuse it was mentioned that some distinctions made between types of abuse and individuals involved could be seen as ambiguous, but it was discussed that the wording came directly from the Protection

- IPAC Policy Review Kim
 - Hand Hygiene Policy

of Persons in Care Act and therefore can't be changed. This is the same reason the document uses the term "patients" instead of "residents".

- The document says that washing your hands with soap dries out your skin more than sanitizer, is that true? Soap and water is always best, the problem with alcohol based sanitizer is it doesn't kill all viruses. We try to always have both options available, but hand washing can be more challenging within this facility depending on sink location, newer facilities have hand washing stations that are readily available. Alcohol based hand sanitizer is available always as a first line but that doesn't mean staff don't then go and wash their hands. We also use specific soaps that are better for maintaining the pH of skin rather than regular soaps that can be drying.
- A family member mentioned never seeing residents wash their hands before meals. There is hand sanitizer available but this is an area we've been looking into from an IPAC perspective; we would like to see everyone being offered to clean their hands just before they eat. The plan is for the option to use existing wall dispensers to continue but for staff to also come around and offer individually since we can't leave sanitizer bottles on tables from a poison control perspective. This is reflected in our action plan as an area for improvement!
- It was mentioned that on the list of hand washing times it doesn't identify if soap and water or alcohol based should be used. The recommendation is always to use sanitizer if not at a hand wash station only because we don't want people walking through the halls without a first line defense, but the practice is always to still wash your hands even if you used sanitizer. This document is a general overview, we have other underlying policies that get more into detail about procedures to follow in certain situations. We also have a mandatory education module for staff on this topic as well which

- Infection Control Policy	 we can bring to a future meeting for families to see. This document is also more of a general organization wide policy. It changes frequently; with the upcoming RSV vaccine being offered it will need to be updated. There was mention of Northwood in section 3.2 which Kim will change.
- Engagement Opportunities for Families – Meaghan	 There is an opportunity for family members to join the Pharmacy and Therapeutics Steering Committee. The committee provides direction in policy and procedure development, education, as well as the planning, development, and implementation of pharmacy and therapeutic best practices. Meetings take place on the first Monday of each month. One family member was interested, their contact information was sent along to Danielle Dyke. Sadly, no committee list has been able to be created mainly due to the fact many of these groups discuss sensitive, confidential information and therefore cannot involve members outside of the care team. Meaghan will continue to seek other opportunities for families to engage and to see if any general committees are open to family membership. Is there a committee that focuses on policy review? No there currently is not but Meaghan will look into bringing more policies to the council for review. A family member expressed interest in helping determine what topics will be focused on in future surveys, contact information provided to Tasha Ross.
Open Forum- additional agenda items	Comments:
- Access to Dental Care at Shoreham	- Someone used to come in to complete dental care on site, is it a possibility to have someone come out regularly again? There is currently no dental provider available at Shoreham, sometimes a dental assistant will offer to do cleanings and that information will be shared but unfortunately it's not a part of the care delivery service in LTC. We

	 would explore using a mobile service if one would provide the service and bill families directly, but we haven't had any ability to offer this. There is a dental provider in Mahone Bay that will come in but it can be very difficult to book. Every month the RN will do a dental assessment to identify if a resident needs dental work but typically it's up to loved ones to arrange this. How does this work for residents who are non-verbal and can't tell people they're in pain? There is an oral assessment that all residents get through the RN or LPN on a regular basis. For non-verbal residents, we make note of changes in behaviours and presentation, there is a process to evaluate things like potential pain or infection. Part of the tool kit focuses on people with cognitive impairments and those who might need additional support to accept oral health care, so staff have support in being able to meet that need. The oral care assessment tool can be brought to a future meeting for families to see this.
- Staffing Changes	- Previously when the government announced an additional 4.1 hours of care funding for LTC Shoreham was ineligible due to still relying on support from travel staff. We have since hired and retained enough staff that this is no longer necessary, and we are able to access the extra funding. This has resulted in an increase to the staffing ratio by one additional RN and CAA on evenings and an additional CCA on nights!
Next meeting	Comments: