

Resident and Family Centered Focus Group Meeting

May 16, 2017

1400-1500

4th floor

Attendance: Kim Wright (facilitator); Hilary Wellard (resident), Joanna Johnson (RCM), Danelle Callahan, CCA; Lauren Richardson, dietician, Winnie Forbes (family), Norma (Family), Margo Gallant (family), Brian Bowers (family), Debbie Coombs (RCM)

1.0 Welcome- Kim welcomed everyone. Everyone introduced themselves

2.0 Review of last meeting- Minutes from the last minute were handed out to the group

3.0 Terms of Reference- Reviewed with the committee

4.0 Discussion of Action Plan Priorities from the Survey and Quality Report

4.1 Consistency of Staff- most of our positions are filled which should assist with the weekend consistency of staff. Discussed possibly having management presence at weekend, as that is when staff call in sick when management is not around.

4.2 Meaningful activities- one of the comments from the survey was the lack of activities. Recently there was a Mother's Day tea, Ipod program was initiated by the Rec Therapy student, Canada Day BBQ being organized for the 150 year celebration, discussed picnics in the garden

4.3 Life Story of the resident- Clinical RNs to encourage family members to complete this, and for staff to read the stories to be able to discuss with the residents.

4.4 Resident/family involvement in developing Care Plans

4.5-Changes in Resident's medications/status- one comment was that family aren't always notified if there are changes. This will be discussed at the Quality Meetings, as well as, RN/LPN meetings.

4.6 Pastoral Care- Some of the denominations are finding that there aren't enough services for them (Anglican only has a service once a month). Discussed having a hymn sing, or having theological students come in for residents.

4.7 Dining Experience- ongoing project to improve how the meals are served. Lauren has a student from the Mount who will be assisting with this project. It will involve both nutrition and nursing department. Discussed having a menu group who will have some input into what residents like/dislike etc.

4.8 Hydration rounds- when the Department of Health and Wellness did their inspection, one of the comments was to have a formal hydration round policy in place. The policy has been completed, and is currently waiting to be signed.

4.9 Falls- Falls have increased due to the frailty that the residents are coming to SVNH, our goal is to decrease the number of injuries that are as a result of a fall. Focus is on prevention such as wearing hip protectors, having the bed in the lowest positions, crash mats in place, bed alarms etc.

4.10 *Increase in pressure injuries*- staff have been educated re same. Residents upon admission are assessed using the Braden Scale, and if they are below an 18 then a care plan is completed to assist in the prevention of pressure injuries.

4.11 *IRCC*- The licensing standard for post admission IRCC is 6-8 weeks, and with the volume of admissions that we have been receiving we are looking at 12 weeks post admission. To ensure that we are meeting the requirement, effective June 1st, we will be having the IRCCs held on Wednesdays will be a full day consisting of 6 IRCCS during that day, instead of 2.

5.0 Discussion- several items discussed briefly

- Fence Repair- when will it be done, and are they looking at having a fence that the residents can see out of such as a wrought iron fence
- More children groups such as Brownie, Cubs etc to come in and visit with the residents. Advised that there is a daycare in the vicinity and the children do come and visit periodically.
- Responsiveness of the staff to call bells- haven't heard as many comments that bells aren't being answered or that staff are making the comments "it isn't my resident"
- Hydration round -One concern was that the family find that a snack isn't offered to residents just the drinks. RCM to follow up with the floors to ensure it is being done.
- Tuck cart- the schedule only has it going to 2nd and 6th floor, and not on other floors. Will discuss with recreation therapy to see if they can increase the tuck cart rounds.
- A suggestion for IRCC is that 2 weeks after the post admission IRCC is completed, the Clinical RN follows up with the family to discuss what has been done, and what is being worked on for the IRCC goals.
- New website is up, there is an RFCC section on the website which is where the meeting notices and minutes will be posted.

Respectfully Submitted,

Joanna Johnson