

Seasons



Celebrating the Seasons of Life | For Residents, By Residents

Fall/Winter 2019



**Strengthening LTC Through
Collaboration**

Through Our Eyes Program
Spotlight Organization:
Jarlette Health Services

Seasons

Seasons is published twice a year and contains news and information of interest to those living and working in Ontario long-term care homes.

OARC’s Editorial Team

Devora Greenspon, Board Treasurer
Dee Lender, Executive Director
Josie-Lee Gibson, Education and Community Engagement Manager
Melissa McVie, Education and Home Support

Story Submission

To share your story email or fax Melissa McVie mmcvie@ontarc.com the following information:

- PICTURES – we love sharing your pictures
- Submission title and authors
- 500-word (maximum) story summary of the event, project, program
- Your contact information

Ontario Association of Residents’ Councils

194 Eagle Street, Suite 3105
Newmarket, ON L3Y 1J6

T 905-731-3710 F 905-731-1755
Toll Free 1-800-532-0201

info@ontarc.com | www.ontarc.com



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Cover Page Photo
Congratulations to Alma from Grove Park Home in Barrie, our Seasons Photo Contest Winner!

Back Cover Page
GTA OARC Board Directors at OARC Annual General Meeting.

FIND THE PUMPKIN & WIN!

If you are a resident living in LTC and you find the hidden pumpkin, please email us at mmcvie@ontarc.com and tell us your name, address, and the page number of where you found it! We’ll randomly draw a name for the winner of an OARC pin!



The Fracture Risk Scale (FRS): A Tool for Assessing Fracture Risk in Long-Term Care

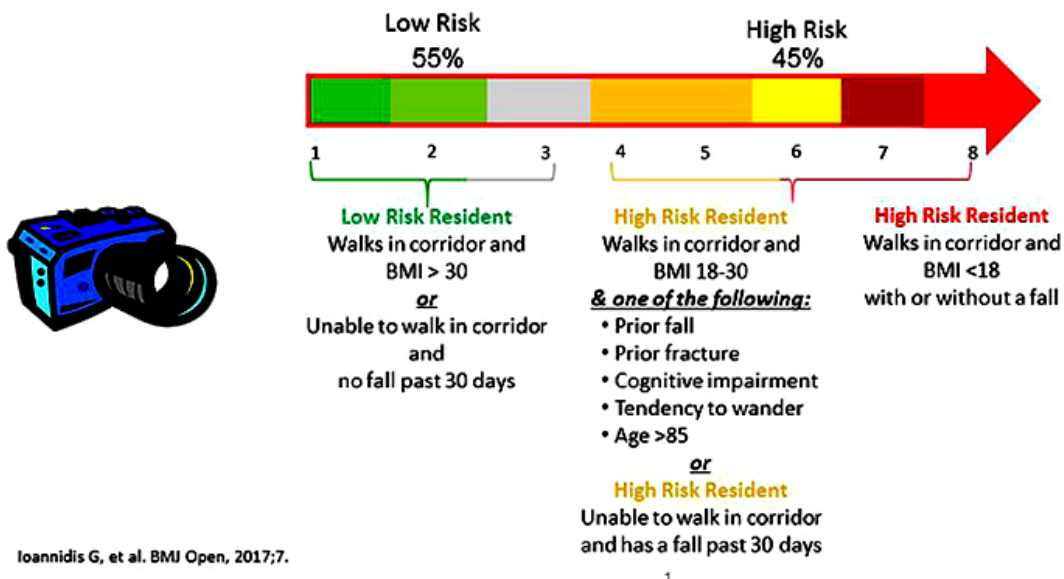
What is the Fracture Risk Scale (FRS)?

The Fracture Risk Scale (FRS) is a tool for assessing fracture risk for residents living in long-term care (LTC). It predicts how likely a resident is to experience a hip fracture within the next year. The FRS was developed by a team of researchers at McMaster University, the GERAS Centre for Aging Research, and the University of Waterloo. It has been validated and approved for use in LTC homes across Canada.

How does it work?

The FRS uses information from the resident's assessment with the Resident Assessment Instrument – Minimum Data Set (RAI-MDS). Each resident has a RAI-MDS assessment when they enter a LTC home and every three months after that. The RAI-MDS assesses many areas of health such as memory, pain, falls, and mood. The FRS score is automatically calculated for each resident once the LTC team completes the RAI-MDS assessment.

FRS – Risk Prediction: Snapshots of Residents at High and Low Risk



BMI=body mass index, a measure of body mass using weight and height

What does the FRS score mean?

The FRS is scored from 1 to 8, with 1 indicating the lowest risk and 8 indicating the highest risk. 13% of residents at the highest risk (i.e., with a score of 8) will break a hip in the next year. Compare this with older adults at high risk who live in the community where 3% will break a hip in the next 10 years.

- The FRS helps identify residents who are at high risk for fractures so that strategies can be put in place to prevent fractures
- No extra assessments need to be done – the resident does not need to leave the home to have a bone mineral density scan or have x-rays
- Preventing fractures can improve quality of life and reduce pain, disability, and transfers to hospital

Ask the LTC health care team what your/ your family member's FRS score is (they can find it in the *Outcomes Summary Report*). Click here (hyperlink: <https://www.gerascentre.ca/fracture-risk-scale>) to see an overview of FRS, including a video describing how the LTC team can use it.

...what your LTC Pharmacist does to improve your medication safety and quality of life?



Part of the LTC clinical pharmacist's role is to review the medication profile for each resident 4 times a year. These are in-depth reviews taking into consideration lab test results, nurse's notes on how you are doing (including any side effects), physician's diagnosis, reason for using the medication and most importantly, notes on your goals of treatment.

Are the medications:

- 1) working for your treatment goals?
- 2) causing any problems for you?

The LTC clinical pharmacist is an advocate for your medication safety. This professional can access your healthcare records, make recommendations to manage your drug therapy safely, empower you to make decisions about your health and goals, play a prominent role in promoting your disease prevention such as influenza, pneumonia, stroke, delirium or constipation, identify drug related issues and monitor your health outcomes.

Currently, 60% of the LTC pharmacists' recommendations involve discontinuing medications that cause problems (negative side effects) or are no longer required. Your LTC pharmacist is here to help, and to make sure you are involved in your medication decisions. **Remember, "nothing about you without you."**

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The Power of Peer Support: Reducing Social Isolation in Long-Term Care



Ontario long-term care homes are seeing an increase in loneliness among residents. Studies show that 55 % of residents in care homes feel lonely at times. We know that loneliness and social isolation are linked to negative health outcomes, including depression, dementia, increased mortality, and higher healthcare costs. Residents need social support — this is where the Power of Peer Support project comes in.

The Power of Peer Support project uses facilitated peer support groups to help residents build meaningful relationships and support each other. For example, the Java Music Club is a structured peer support program that allows residents to spend time with each other in a social setting through the use of music, photography, readings, and resident-inspired topics.

The Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) have been working to create resources that allow more residents to use of these powerful peer support groups. The project is led by one of the host sites of the Ontario CLRI, Bruyère in Ottawa, in collaboration with Carleton University's Department of Health Sciences, Bruyère Continuing Care, and Java Group Programs.

The research so far shows that peer support groups can help reduce loneliness and social isolation among residents living in long-term care. Students from Carleton University, along with Dr. Renate Ysseldyk, studied the psychological and cognitive benefits of the Java Music Club in Riverstone Retirement Communities and found that people who participated in the Java Music Club reported higher levels of happiness (compared to a control group). Java Group members who shared a strong sense of identity also reported increased feelings of engagement, greater belonging and trust, increased life satisfaction, and a positive shift in mental health.

The Power of Peer Support project has supported long-term care homes across Ontario through in-person workshops, webinars, newsletters, and coaching. To share the success with as many homes as possible, the team has written articles, given conference presentations and media interviews, and produced a documentary series. The project has brought meaningful peer support programs to 33 LTC homes and five retirement homes across Ontario. Visit www.clri-ltc.ca to learn more about the Ontario CLRI and access resources for long term care homes, including the Power of Peer Support project.

The Ontario Centres for Learning, Research and Innovation (CLRI): info@clri-ltc.ca or 1-877-789-0614

The Power of Peer Support is a collaborative project between the Ontario Centre for Learning, Research and Innovation in Long-Term Care (CLRI) at Bruyère, Java Group Programs, Carleton University's Department of Health Sciences, and Bruyère Continuing Care. It is funded by the Centre for Aging + Brain Health Innovation, and Carleton University.

The Friendship Club

Shared By: Katie Gansevles, Activity Coordinator, Spruce Lodge

My experience working in long-term care has shown me that although there are a variety of engaging programs and therapies that occur day to day, there are often groups of people living here who may require a different type of program in order to meet their needs.

I noticed three ladies who were slightly younger than the average age of our residents, each with similar abilities. Speaking with them individually, I learned that throughout their lives they had been surrounded by a large circle of friends, friends that are not able to visit as often now that they have moved to long-term care. The loss of close connections and friendships made their transitions even more difficult. These same ladies also sat at the same dining room table, but only engaged in small talk. Imagine eating three meals a day with people you hardly know! Living in long-term care does not change our desire to be social and have friends.

I set out to help establish social connections and invited these three ladies to attend the newly formed “Friendship Club.” We started by getting together every other week to discuss their experiences and



related challenges of living in long-term care, as well as highlights of their week. The ladies shared feelings and stories and made “friendship bracelets.” After just a few weeks, the ladies became very close. They looked



forward to and enjoyed having their meals together and often visited one another in their rooms to hang out or watch TV. The Friendship Club was a success!

But why stop there? When I suggested inviting other residents to our group the ladies wholeheartedly agreed. The friendship and connection these ladies made could benefit others too. One resident shared, “this is a place where people can come together for friendship, comfort and to share problems they might have – and know that everything will be private and not turned into gossip.”

Today, The Friendship Club has 13 residents with similar abilities, and we meet twice a month during the evening. I serve wine, beer or pop and we enjoy snacks. At each meeting, we discuss a different topic such as travel, family, life advice, and we enjoy general conversation that allows us to get to know one another. We also do fun theme nights including Spa night, Zodiac sign readings or Show and Tell. The feedback received so far is that residents value The Friendship Club as part of their monthly calendar, and they look forward to their “social” time. Many of the residents involved now greet one another in the hallway or seek each other out for a visit.

Not only am I proud that initiating this program helped to facilitate friendships between those first three members but I am happy that those ladies were comfortable enough to expand The Club and that those friendships continue to flourish because of The Friendship Club!

How has your Residents’ Council encouraged Peer Support your home? Consider sharing your experiences with us for a future edition of Seasons!

Through Our Eyes Spotlight Organization

A Corporate Commitment: Enhancing Residents' Bill of Rights Education



The OARC team recently sat down with Barb Bryan, Care Services Coordinator - Quality (left) and Stephanie Walpole, Care Services Coordinator (right) from the Jarlette Health Services Long-Term Care Division to learn more about their organization's experience with rolling out the Through Our Eyes: Bringing the Residents' Bill of Rights Alive program in each of their 14 long-term care homes.



***"Start where you are, use what you have and do what you can!
...The beauty of Through Our Eyes is that it can be actioned and
interpreted in so many unique and creative ways."***

Why did you/Jarlette choose the Through Our Eyes program? Were there things about the program that stood out to you?

From the moment Jarlette Health Services was introduced to the OARC *Through Our Eyes: Bringing the Residents' Bill of Rights Alive Program*, we collectively knew it was something we wanted to weave into our existing education and programming. Jarlette Health Services has established a tradition of excellence in care, which is rooted in a holistic, resident-centred experience and is built on a foundation of respect, accountability, responsibility and an unwavering dedication to making an outstanding difference in the lives of others. The *Through Our Eyes Program* and the *Residents' Bill of Rights* undoubtedly parallel our core values and philosophy of care, and ultimately was a natural opportunity to pursue. In addition, the collaborative nature of the program further afforded our Long-Term Care Teams the opportunity to creatively work and bond with their respective Residents, while delivering an incredibly unique and impactful educational experience that illustrated first-hand accounts of life in Long-Term Care. Finally, the *Through Our Eyes Program* 'stood out' to our organization. This interactive experience enabled our Long-Term Care Homes to marry together both advocacy and education and showcase how all involved in the program independently contribute to the ongoing improvement of residents' and families' experience with health care and the *Residents' Bill of Rights*. For our organization, this multi-faceted program represented and successfully resulted in an opportunity to amplify our core values, collaborate, educate and tell the stories that need to be told, while affording our Teams the ability to champion positive change within our industry.

How did your team get started, what type of support (if any) did they need from you or from each other? Did you experience any hurdles during this process?

Like the integration of all new programs, practices and initiatives, our organization believes that action is the key to all success. To ensure a successful commencement for the *Through Our Eyes Program* at the Home level, our Operations and Management Teams were diligent in attending OARC events to glean further insights and education and also arranged for each Home to secure the comprehensive *Through Our Eyes Program Binder*. In addition to equipping our Teams with the right tools and materials, we emphasized creativity and encouraged each of our 14 Long-Term Care Homes to find a unique and meaningful way to introduce and sustain the program with their community of Residents, Family Members and Staff. To ensure ongoing support and opportunity for collaboration, the Operations Team hosted conference calls to connect all Homes and identify challenges, successes and actionable solutions where required. During the program roll-out, one perpetual hurdle that presented itself was the selection of interested and able Residents who were willing to collaborate and share with Staff. To mitigate this matter, we focused on flexibility, especially when it came to timing and roll-out. We encouraged all of our Homes to take the time to identify the most appropriate candidates for this project and foster a sense of empowerment and trust between them. This led to a few minor delays in program launch within select Homes but ultimately resulted in a much more impactful experience. Division-wide the turn-out for all of our resident-led education sessions was exceptional. The first-hand accounts and mutual respect and understanding that came to life as a result of this program had an unprecedented impact on our Teams and their community of Residents and Family Members.

If you had to offer advice to other organizations on how to get started what would you say? Also, what would you say to other folks about residents participating as co-presenters for education in long-term care homes?

Start where you are, use what you have and do what you can! After rolling-out this program within our Long Term Care Division, we came to the realization that there is no one, clear defined route to success. The beauty of *Through Our Eyes* is that it can be actioned and interpreted in so many unique and creative ways. We highly recommend the use of the OARC *Through Our Eyes Program binder*, but truly believe that empowering Staff and Residents is the primary driver of success. By positioning this program as more of an interactive experience as opposed to education, the entire initiative becomes far more organic. From a Resident participation standpoint, there is absolutely no one better suited for the role of Educator. First-hand testimonials hit home in a way that third-party education does not and helps to challenge existing perspectives, ideas and protocols within our sector.

Any other information you feel is imperative to organizations embracing the program and implementation (how to start) tips?

From our experience at Jarlette Health Services, support calls proved to be integral to ongoing sustainability and collaboration between Staff Members. As an organization, we really did not want to make *Through Our Eyes* a one-time experience and have actively committed to integrating this activation into our annual education and our new employee orientation. We strongly encourage other organizations to do the same and look at this program as a long-term component of care, empowerment and advocacy.

Through Our Eyes is Effecting Change at Muskoka Landing

Shared By: Esther Murphy, Life Enrichment Coordinator

One year ago, I had the privilege of starting this amazing program with our two resident champions, Ann and Wayne. As a new Life Enrichment Coordinator, I had no idea what I was in for, but I knew I had always been passionate about resident centred care! My experience with this program has shown me in a powerful way that each individual needs to be seen and honored with every interaction. Is this a challenge in LTC? Absolutely. But when you hear the personal stories of each resident, get to know and see the individual, the duties become less about the task and more about connecting and offering support to a real, whole person.

Ann is a quiet, unassuming woman. She is thoughtful, kind and when she speaks it is profound. She shared, "when I moved in here, I didn't even know that I had rights. We need to communicate this better to residents and families." She continues to advocate for her co-residents', and she helps us continue the training

with new staff.

Wayne is a giant of a man in every way. His entire life has been dedicated to serving his family, his community and the earth. He is so passionate about nature, animals and people living in harmony with them and each other. He

dedicated over 40 years to teaching and he took



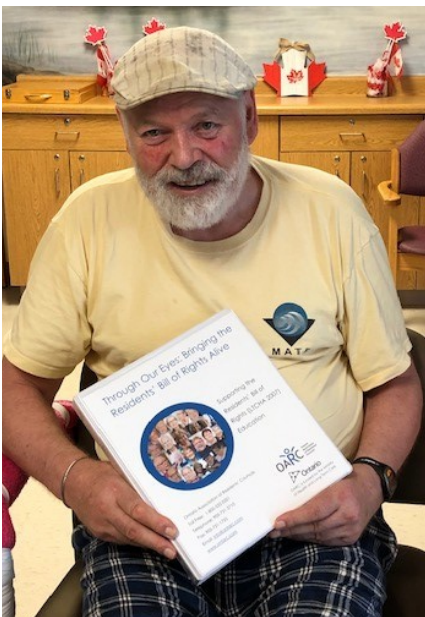
Ann poses with 3 new team members: Kim, Kate and Stephanie

"When I moved in here, I didn't even know I had rights. We need to communicate this better to residents and families" - Ann

on the program easily. He created a photo board to teach people about himself. There are dozens of photographs of his children, houses he built, animals, butterflies, and the beauty of Canada's wildest parts. Looking at the board and hearing him describe the things he loves so much revealed his true identity beyond his ailment, diagnosis or care plan.

One of the exercises following each session are Commitment Cards, where staff commit to one change in practice that will promote resident centered care and the Residents' Bill of Rights and the responses were also amazing. Some of them shared, I commit to, "understanding the residents' life before here [LTC]," "maintaining dignity and respect of all associated with the home," and "not letting lack of time guide me as a caregiver."

We continue to present the *Through Our Eyes* program with each new staff during orientation. The message is powerful. Resident-focused care is a great philosophy. But the practice begins with the recognition of and the commitment to seeing and honoring each individual resident. Thank you, Ann and Wayne, for reminding all of us at Muskoka Landing what the Resident Bill of Rights look like through your eyes.



Wayne holding program binder



With insights from Sarah Davis, Resident and Family Services Coordinator, and Jean-Claude B., Resident, Temiskaming Lodge

The Through Our Eyes Program: Empowering and Inspiring

The Through Our Eyes program was first shared with us back in July of 2018. Feeling inspired, I set out to find a resident in our home to partner with to co-develop our Through Our Eyes education session. Jean-Claude B. (known as “J.C.”) was very receptive to the program and agreed to be involved, welcoming the opportunity to teach and share about his experiences in long-term care. As we began planning our session together, J.C. and I looked forward to our regular meetings and the

chance to get to know one another better. We found the program binder very easy to follow; the goals of each meeting were clear, and the steps were well laid out.

When we started to conceptualize our education session, J.C. and I decided to create a PowerPoint presentation as a visual aid for our audience, adding in personal stories, as well as an activity during our session. The PowerPoint included photos of J.C.'s family and snapshots of his daily routine as a resident at Temiskaming Lodge. These images encourage staff to view the day-to-day experiences through the eyes of a resident, and to really to see what they might "see."

Our first education session was very well-received by participants J.C. and I later made the decision to reduce our group size to eight people to make him feel more comfortable addressing the audience. This small change has allowed our sessions to feel more intimate and make them more conducive to meaningful discussion. J.C. and I hope to start incorporating the stories and experiences of other residents at the Lodge to round out our discussion.

Throughout the process, J.C. and I have felt well-supported by our Administrator, by other facilitator teams, and by our organization. To keep the momentum of the program going following the initial roll-out, Jarlette head office facilitated quarterly conference calls to check in with the homes and to encourage sharing. We have been inspired to continue to make our sessions our own and make any necessary changes along the way. We have also talked about featuring our training at home Education days and are exploring the idea of incorporating these learnings as part of the mandatory education and orientation for new staff.

The Through Our Eyes program really makes participants think differently about their interactions with residents. They are becoming more sensitive to resident perspectives, more knowledgeable and inquisitive about residents' rights, and they view residents as whole people, not simply as those requiring their care. Our staff are becoming more person-centred— if something is not working for a resident, they question it, and consider how their rights may be affected, and they are making positive changes as a result.

J.C. closes each session by saying, "I hope something resonated with you about the Residents' Bill of Rights. This education is a good way for us to come together, to gain more awareness and understanding, so that respect and caring grows in my home." Personally, I am thrilled that Jarlette Health Services has supported the implementation of the Through Our Eyes program in our homes. I hope to continue to see positive growth in our home – allowing residents to flourish and contribute as teachers through their lived experience and leaders in culture change in our sector!

Patient Ombudsman Is Here to Help: Understanding Scope and Powers



How the Patient Ombudsman Service Works

Make a complaint with the LTCH first

Patient Ombudsman is “an office of last resort,” which means that a complainant needs to go through the official complaints process of the long-term care home first.

For most long-term care homes that means raising your concerns with either the home Administrator or the Director of Care.

If you are not satisfied with the resolution from the home or if there are delays, please connect with us.

We need your consent

Your privacy and health information are important to us. That is why we need your consent before we communicate with the long-term care home.

Residents can give consent and so can family members or caregivers who have Power of Attorney or are the official substitute decision maker.

Fairness

An Ombudsman looks for fairness. Fairness both in the initial concern that you bring to us and in finding a fair resolution for all parties involved.

As an Ombudsman we work with all sides (you and the long-term care home) to find a fair resolution to your complaint.

With each complaint that becomes a case with our office, we try to find a fair resolution to the concern and make suggestions to the long-term care home to prevent this issue from happening to another resident or family.

Examples of what we <u>can</u> look into	Examples of what we <u>cannot</u> look into
<ul style="list-style-type: none">• Visitation restrictions placed on family members or loved ones• Rude or inappropriate behaviours• Lack of communication or a breakdown in communication• A lack of sensitivity, caring or respect• Dissatisfaction with the complaints process• Inappropriate fees charged• Overall quality of care, including care provided by non-regulated care providers such as personal support workers• Patient Ombudsman can take complaints about recent or past experiences in hospitals and home-care (not just long-term care homes)	<ul style="list-style-type: none">• A clinical decision made by a doctor or nurse about your care, medications• A financial settlement based on distress or poor care• There are some very serious concerns that Patient Ombudsman must make mandatory reports to the Long-Term Care Homes Inspections Branch. Those concerns are around complaints of suspected:<ul style="list-style-type: none">• Violence, neglect, abuse• Misuse of a resident's money or belongings• A resident who is reported missing• An outbreak of a communicable disease• Contamination of drinking water or food



Helpful Tip: If you are unsure if we are the right place for your complaint, that's OKAY. We will make sure you are connected to the right place: **1-888-321-0339**.

You can also access our complaint form on our website at: www.patientombudsman.ca

Our service is **free of charge** and **confidential**. We are happy to help.

Making a complaint takes a lot of courage. Thank you for being courageous!

Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System Report and Recommendations:

OARC's Response from Dee Lender, Executive Director

The report and accompanying 91 recommendations from Commissioner Gillese and her team was released on July 31, 2019. This was the culmination of 2 years of expert and emotional consultation, testimony and tremendous public unrest pertaining to the long-term care (LTC) home system and safety of residents.

OARC, through legal representation, was involved from the beginning as a standing participant in the Inquiry. Team members and Board Members were present for many of the public sessions and participated in consultations with the Commissioner and in a privately held Board Meeting. Our resident-centred position remained clear from the

beginning. The LTC system requires additional financial resourcing to enable more team members (staff) to provide direct care and oversight, and a dramatic systemic shift in culture is necessary. Emphasis on upholding and educating about the Residents' Bill of Rights is imperative so that every person living in a LTC home lives with the utmost dignity and respect. The cornerstone of our position is that authentic relationships pave the way for de-objectifying residents. When residents are seen as whole human beings, not recipients of tasks (objects), there is no room for abuse and neglect.

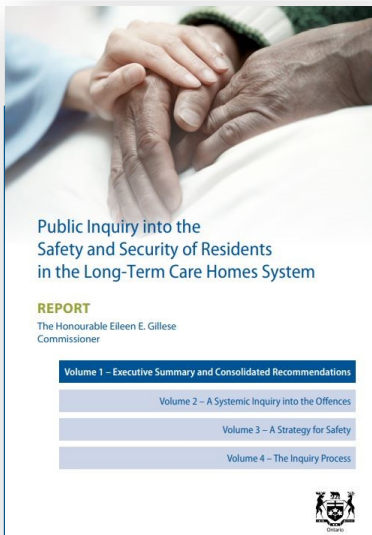
The official obligation of the Inquiry was to make recommendations on how to avoid similar tragedies in the future (ex. prevent health care serial killers). The Inquiry was not tasked with conducting a general overview of the LTC system. That said, Commissioner Gillese, in her report, stated that the offenses were the result of 'systemic vulnerabilities' not individual misconduct. While this position has sparked criticism, there are still many significant and meaningful recommendations that will enhance the system's ability to safeguard the lives of residents in Ontario.

We wish to thank Commissioner Gillese for her thoughtful and thorough work and we extend our most sincere sympathies to the families and victims. While we do not agree with all aspects of this report, we are thankful for the lens of scrutiny that has been shed on LTC so that residents' health, safety and optimal quality of living is discussed more today than it was yesterday. The Commissioner specifically challenged us as a society, asking if we are prepared to invest in the health and safety of residents. OARC believes that the time is NOW to significantly move the needle on changing the culture of aging and redefining what it means to live and work in LTC.

OARC feels positive about the recommendations that focus on:

- The "duty to report" abuse and neglect. Anyone who witnesses or suspects abuse or neglect MUST report to the Ministry of LTC. This crucial obligation seemed to be misunderstood and un-actioned in the past, paving the way for the offences to be committed.
- A public awareness campaign developed by the government to educate society on our obligation to report abuse and neglect
- Strengthening the Coroner's work, so that deaths in LTC homes are met with a more critical eye
- The creation of a new funding envelope for LTC homes to fund training, education and professional development for all team members who provide care to residents (this includes dollars to pay for memberships with organizations that help to support LTC homes)
- Education efforts to sensitively teach about the phenomenon of health care serial killers, how to care for aging people, and promote career opportunities in LTC

OARC is currently reviewing the recommendations and we look forward to working with stakeholders and partners, including the Ministry of Long-Term Care, in the near future to leverage opportunities and actualize the recommendations.



Did you know?

...that you **do not** lose your LTC home bed when hospital stays exceed 30 days?

The time may come when you require hospitalization. This 'medical absence' from your home had a time limit as per the Long-Term Care Homes Act, 2007 (LTCHA). After 30 days your home can discharge you (a psychiatric leave of absence is limited to a 60 days). But what happens if you're not medically stable to return home by the end of the 30 or 60 days? Don't worry! You will not be required to move to a different long-term care (LTC) home when you're ready to go home.

This issue came to OARC's attention five years ago and we have learned that confusion and misunderstanding still exists today. Five years ago, we met with our government to discuss the difficulties this understanding has for the safety and well-being of residents. Sometimes residents are told that they are required to return home at the end of their 30 days to 're-start' their medical leave, to be admitted back to hospital the next day.

In January of 2015, a memorandum was issued from the government providing clarity on this issue. The terms outlined in the memo remain in place today. Specifically, *"Section 177 of the Regulation under the LTCHA provides higher prioritization through the re-admission category for applicants seeking to return to the LTC home where they resided prior to an extended medical or psychiatric leave. This category ranks ahead of all numbered categories, including the crisis category 1, to ensure that previous residents of a LTC home, discharged after a medical or psychiatric absence that exceeds the time permitted in the Regulation, have first access to an available bed so that they can return expeditiously to the home where they previously resided."*

Any hospitals that may be temporarily transferring patients from LTC homes back for the sole purpose of restarting the absence time limit should discontinue the practice immediately..."

What does this mean? Technically, your home may discharge you if you need to stay in hospital longer than the 30 day time limit. However, when you are ready to come back home, you are given the highest priority in terms of being offered a bed in your home. From your perspective, while your actual bed may no longer be available, you will be offered the first appropriate bed in the home itself, above any other person wishing to move into your LTC home. Once you are back home, you can work with your care team to internally transfer to a room/bed that is best suited to you. Bottom line, once you are medically stable to return home from hospital, you can return home – to your LTC home where your special relationships and comfort of familiar surroundings exist.

To view the full memorandum, visit:

<http://ontarc.com/documents/misc/20150120ReminderMemoUseOfReadmissionCategory.pdf>

Do you have a question that you'd like us to help clarify in a future edition of Seasons?

Reach out to the OARC team, we'd love to hear from you!



Prom Traditions at Caressant Care Lindsay

Shared By: Amber Cockburn, Activity Director

This year we celebrated seniors' month with our fifth annual seniors' prom. Our prom has grown to involve the senior students of IE Weldon Secondary School in Lindsay, Ontario. The students make corsages and boutonnieres. We have a dress boutique, a hair and makeup studio, a DJ, and professional photo booth by the photography teacher. It is truly incredible to see the families, students, and residents come together to create this unique experience—the students sharing their rite of passage with our residents.

The most touching moment was a daughter introducing her dad (our resident) to her date. How beautiful is it that families have grown comfortable enough to bring their date/partner to our prom?

A huge thank you is due to Mr. and Mrs. Koekebakker, teachers of IE Weldon. They were the ones who heard of our prom two years ago and reached out to us. The ones who instilled this passion and excitement in young students. A night that brought families, students, teachers, and staff together to create an unforgettable night.



Reconnecting with Passions at Spruce Lodge

Shared By: Katie Ganselves, Activity Director

When developing new program ideas, it is important to be person-centred, and to think outside of the box. What started out as an idea intended to meet one resident's individual needs became a popular program for many residents living with Alzheimer's and Dementia throughout our home!

When getting to know a resident, I learned that she used to be a hairdresser. Since moving in, she had never attended activity programs and rarely left her room. In an effort to find some meaningful leisure for her, I purchased mannequin heads and got a salon to donate an old hairdressing cart and supplies that were no longer being used. Next, I cleaned up the cart, made a sign for the resident, and filled it with the supplies. It was an instant hit. The former hairdresser taught me how to braid and style hair, and was engaged like I hadn't witnessed before.

In the meantime, the other two mannequin heads that I had acquired were being used on other home areas. In a similar way, they appeared to provide a sense of purpose and enjoyment for residents, and this activity soon became a regular hands-on program offered on our monthly calendar!





***NEW!* OARC Reaches into the Future with a Refreshed Strategic Plan**

After months of internal discussions and data analysis from surveying over 70 sources (including resident leaders, Administrators, Residents' Council Assistants, Government, researchers, educators, and other long-term care stakeholders) we're thrilled to announce our refreshed strategic plan. The plan pulls together four directions that will pave the way for OARC to support Residents' Councils and the voice of residents in new and exciting ways over the next 4 years:

Mobilize Residents' Councils:

- We will lead the effort to re-envision Residents' Councils! The Council of today and tomorrow is not the Council of yesterday. New challenges and changes in resident health necessitates the re-thinking of what it means to have and support an effective Residents' Council.

Invest in Strategic Partnerships:

- We will work in collaboration on identifying key issues, brainstorming solutions and reaching lasting impact.

Engage in Targeted Stakeholder Education:

- We will strengthen OARC's ability to teach, support and facilitate knowledge exchange always based on referencing the lived experience of residents.

Build Organizational Capacity and Sustainability:

- We will succeed at strengthening the Board's capacity to strategically lead OARC. We will find ways to creatively diversify resources so that OARC continues to positively impact Culture Change initiatives and strengthen Residents' Councils.

The OARC team is eager to develop and move specific projects that will leverage the 4 Strategic Directions above. We are indebted to Heather from H. Graham Consulting who expertly led this process, and our partners, stakeholders, Associations, Board and OARC friends who generously contributed their thoughts, so we could get this right! THANK YOU!!

T 905-731-3710 | F 905-731-1755 | Toll Free 1-800-532-0201

info@ontarc.com | www.ontarc.com

