

Seasons



Celebrating the Seasons of Life | For Residents, By Residents

Spring/Summer 2020

***Through Our Eyes
Program Spotlight***

**Organization:
APANS Health
Services**

NEW

**PSW Spotlight:
*Why They Love
What They Do***

**OARC Board Member Barry Hickling Shares How
Residents can be part of LTC Hiring Practises**

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.

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

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FIND THE WATERING CAN & WIN!

If you are a resident living in LTC and you find the hidden watering can, please email 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 Tim Hortons Gift Card!



OARC's Springtime

Change is in the air. Winter is fading and spring is approaching. Temperatures are about to shift from supporting our unpredictably cold, wet, snowy winter to those that will leverage the dormant energy in the ground giving way to new flowers and shrubs, leafy branches, and the singing of birds; a sense of fresh new beginnings. There is a feeling that springtime brings... excitement, as we energetically anticipate new beginnings that are the product of many factors working together. That's collaboration.

The OARC team shares this sense of excitement as we prepare to carry out the next chapter of our work. Change is in the air. It's OARC's Springtime.

The complexity of resident life and health in long-term care homes, together with human and fiscal resource challenges has brought us to a critical place. Never before has the effort to obtain, hear and move forward with the resident voice been more challenging. We know that Residents' Councils must change and more generally, how we access resident voice in long-term care must change. That's our Springtime, and just as Springtime in nature requires collaboration, so also does ours.



OARC's mandate cannot be actualized without collaboration. We are working with stakeholders across the long-term care sector in newly defined ways, one of which is a 'Think Tank' in May where together, we'll re-envision how to capture the resident voice in these challenging times. We're excited to spring into action based upon the direction and ideas that'll be generated together in May.

So, as we acknowledge the challenge of effectively capturing the resident voice, we are resolved that while it is difficult, we won't quit! We're hopeful that our call to collaborate will enable us to be stronger, better informed, and best equipped to serve the residents who rely on knowing that their voice is heard! If you have ideas and success stories please share with us. Collaboration begins with you!

Sharron Cooke
President, OARC

Dee Lender
Executive Director, OARC



Residents Doing Hiring? What's This?

By Barry Hickling, OARC Board Member/Residents' Council Executive,
The Village of Aspen Lake LTC, Windsor

About five years ago my home, The Village of Aspen Lake Long-Term Care (LTC) in Windsor, began putting thoughts to paper and interest grew quickly around having residents directly involved in the hiring process. Our Residents' Council agreed to this new empowering adventure and five residents expressed a greater desire to be involved in the interviewing process.

Before I became a resident myself, my understanding and thoughts on resident empowerment were minimal and focussed on individual preferences like being able to get up or eat when and what I wanted. Being asked to be involved in the hiring process created new meaningful opportunities for empowerment—I became part of a team and something bigger. I was no longer on the sidelines, but an active part of the team.

Our Council set out to approve ten strategic questions they felt were appropriate to ask our potential candidates for employment. The initial fears and trepidations were quickly replaced with great focus and comfort in asking the questions and what answers we most look forward to. Resident Leona says this of her experiences: "I have grown and learned to hone my skills. I really enjoy the direct contact with candidates. When I see people after they are hired, they come up to me and acknowledge me. I build personal relationships with others."

"The residents' voice must be heard and valued as a significant team-player's contribution to the ongoing effective operation of the home"
—Barry Hickling, Resident

After each interview with a potential candidate, a brief huddle takes place to discuss our findings and opinions for approval or not. I can't emphasize enough that the residents' voice must be heard and valued as a significant team-player's contribution to the ongoing effective operation of the home.

Below are some guidelines that our home used for developing interview questions:

- * Questions 1 – 3 focused on position, training, experience.
- * Questions 4-5 related to what lead them to long-term care and specifically to our home.
- * Questions 6-9 dealt with resident experiences and our fundamental principals around "resident-centered care."
- * Question 10 is open ended for the candidate to clarify or add to comments and further information that might influence our decision.

Being part of the interviewing process is a worthwhile venture to engage in. It lifts spirits and encourages resident empowerment. As a resident, it is rewarding to have the experience and know that your voice is heard and respected. That is empowerment.

Start today - hiring team members who will best benefit the residents in your home!

Seeking Smiles: A Personal Support Worker Spotlight

By Virginia Parraga, OARC Board Member/ VP Residents' Council,
Kensington Gardens, Toronto

This article profiles two special team members, Blossom and Rai, who are Personal Care Assistants (PCAs, also known as Personal Support Workers or PSWs) at my home, Kensington Gardens in Toronto. Each of these women plays a significant role in my own life and the lives of my peers as regular caregivers in my circle of care. I believe that our PCAs are the foundation that our long-term care (LTC) home rests on. I have come to care deeply and respect them as individuals and friends. Similar to residents, our team members each have their own unique story and their own personal "why" that has guided them to pursue a career in LTC. Here are two of their stories:



Blossom landed in Toronto in 1990, as a visitor of a family member. Back home in Jamaica, she had been employed as a teaching assistant for kindergarten children. After applying for a working Visa in Canada, Blossom secured employment with a husband and wife physician team who required

help with their 2-year old daughter. Blossom fell in love with the child, however, when the doctors relocated to the United States, she was left without work. At this time, Blossom was inspired by the remembrance of her grandmother in Jamaica to study long-term care for the elderly. Blossom was hired at Kensington Health shortly after graduation, and she has been a loyal employee for 18 years, making her one of the most senior PCA team members. Blossom is a selfless, caring individual. She has been spotted handing out gift cards for Tim Horton's Coffee for the less privileged on her day off. She loves singing her "Welcome" song for our new residents' arrivals. She also starts the sing-a-long for residents' Birthday celebrations. When asked what her favourite part of being PCA was, Blossom beamed, "I love to put a smile on resident's faces. This is my reward. I will do anything to see them smile, dress up funny, anything to see them have a better quality of life."



Born in Nepal, Rai came to Toronto in 2015 to join her husband, a former native of Tibet. Previously, while living in Nepal, Rai worked for Yeti Airlines as a customer service representative for 10 years. Once she was in Canada, she was inspired by her Aunt to

consider the long-term health care field for her next career. She signed up at Evergreen College and joined the team at Kensington Health about two years ago, following her graduation. Rai is energetic, sensitive, and engages easily with the residents, providing caring assistance and comfort. She shows no compunction against going "Above and Beyond the Call of Duty," should the need be there. Rai possesses all the prerequisites necessary, which include empathy and compassion to be a superb PCA. I am the lucky recipient of Rai's skills on a daily basis. People might think that caregiving roles in long-term care can be thankless work. However, when I asked Rai about her favourite part of being a PCA, she responded brightly, "when I can see a smile on a resident's face, I feel rewarded, knowing I have improved the quality of the resident's life in some way. No need for a thank- you."



Ask a Resident: Questions for OARC Board Members

In a recent social media initiative, the OARC team encouraged our online readership to consider posing a question to an OARC Board Member. From this, the “Ask a Resident” column was born. In this issue, the question posed was: ***“Following your move to your LTC home, do you feel like you were provided every opportunity to be in the driver’s seat of your care?”***

Board Member Response*:

Upon my arrival in my long-term care (LTC) home, I certainly did not feel that I was considered a part of creating my care plan. Not only was I not welcomed to the home, but I felt left out of anything that was taking place. I was taken to a room and left on my own to get my bearings; for example, where the dining room was, or to figure out what services were available. When I found out that eye testing was available, I was not asked if I wanted this service or any other. After being a resident for two years, I recently found out that we can have someone to determine if we need dental care. I am still waiting for that information.

I do not understand how my care plan was developed because I had no part in that process. I have never seen a hardcopy of my personal care plan although I do have the opportunity to review its contents once a year at my care conference.

My own ambivalent move-in experience was likely compounded by the fact that I had already lived through the experience of moving my wife to LTC. It was probably the worst day of my married life. It was so bad that I had to pull off the road because my tears did not allow me to see the road. I mention this because any lack of engaging either the incoming resident or his or her family has a tremendous impact on those involved. I would urge the LTC homes to develop an elaborate program in welcoming new residents and their family to the home.

In closing, I would very much like to let all know that my home is one that is filled with caring, competent and most efficient PSW’s and administration. This residence is slowly becoming my home. I am cognitively well and was aware of what was going on but wonder about the fate of those who are not.

*given the sensitive nature of this question and the yielded response, we have decided not to publish the author’s name.

Tips for Enhancing the Move-In Experience:

- * According to the Long-Term Care Homes Act (2007), on admission, your LTC home team has a 24-hour timeframe to create an initial plan of care or “care plan” for each resident. Your care plan is a living document that is all about YOU and it can be updated as your needs and preferences change over time. We encourage you to ask questions and be informed about your individualized care plan.
- * Consider implementing the role of Resident Ambassadors at your home to assist on Tour Teams that accompany/lead tours with prospective residents and their loved ones – having a resident’s perspective is invaluable.
- * As a Residents’ Council, consider forming a “Welcoming Subcommittee” to formalize a system for peer support and welcoming initiatives for new residents moving into the home. Tune into OARC’s archived webinar to get inspired: <https://attendee.gototraining.com/r/1417610635357147394>
- * Consider creating a Team Member Directory to give to new residents and families. Wherever possible, include pictures of the management team and support staff, as well as their roles/responsibilities. Providing a floor plan and list of contracted services may also be appreciated.

The Secret Ingredient: Enriching Food in LTC



Brownies that are good for your health?

It's not a dream – they do exist! Ontario long-term care (LTC) homes will soon have access to new recipes that will allow residents to get more nutrition out of the foods they already love. The Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) is partnering with a nutrition expert to make it easy for LTC homes to give residents the foods they enjoy the most, while making sure residents are getting the nutrients they need to stay healthy.

Professor Heather Keller, Schlegel Research Chair in Nutrition and Aging at the Schlegel-UW Research Institute for Aging (RIA), has studied optimal ways to enhance nutrition in LTC homes. Her research showed that you can make traditional recipes better with small changes to the ingredients. “Older adults living in residential care often have poor intake for a variety of reasons,” says Professor Keller. “Easy to eat foods that taste good are often preferred. However, these foods are often lower in vitamins and minerals. Adequate intake of these key nutrients is needed to support overall health including the ability to remain as independent as possible.”

In her work with the RIA, Professor Keller transformed existing recipes with ingredients that are healthier and have added vitamins. For example, brownies were made more filling by adding lentils for protein and muffins by adding wheat germ for fibre. “The reality is, most people want to eat sweets and things that taste good. So, we thought perhaps we can put nutritious ingredients in foods that people want to eat. Something can taste good and also be good for you,” she says.

Professor Keller created a seven-day menu that was substituted with one or two nutrient-enhanced foods. She then compared the nutrients and cost of the new menu to the original menu and found that making the changes to ingredients is a good way to tackle malnutrition in older adults, within the confines of an LTC home's budget for food.

To create an inventory of enhanced recipes, the Ontario CLRI recently worked with Conestoga College for a cooking competition where culinary students used foods like tofu and lentils to create yummy snacks, meals, and desserts. **These recipes can be found on the Ontario CLRI webpage: clri-lt.ca/nutrition.** Consider sharing these recipes with your home's food service team to trial at your home, and plan to join us for our upcoming webinar on May 13, “Nutrition in Disguise,” to learn how homes can use these recipes in meal planning.

Register here: clri-ltc.ca/events/nid



The Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) is a resource program for the sector that provides education and shares research and knowledge to enhance the health and well-being of people who live and work in long-term care. Find out more at www.clri-ltc.ca.

Transforming Home Culture with a Resident-Centred Focus and the *Through Our Eyes Program*



The OARC team sat down with Mary Raithby, CEO from APANS Health Services, to learn more about their organization's experience with rolling out the *Through Our Eyes: Bringing the Residents' Bill of Rights Alive (TOE)* program in each of their five Ontario long-term care homes.

How did the APANS Senior Leadership support the individual homes with getting started with the program?

It all began with Mary bringing together APANS' Directors of Programs and Support Services for an in-person meeting. "It was an opportunity to be together in the same room, watch the OARC *Through Our Eyes* webinar and have conversations about the program," says Mary. "We really liked the concept because it reflects the residents' voice. Looking at life through the lens of residents matters; this is why we are blessed to be working in long-term care." Mary and her team were specifically excited about the 'I AM' exercise included in the TOE program. "Our residents have lives, they are teachers, students, librarians; they like sports, food and travel and so much more. This specific exercise provides a simplistic and powerful message about the resident, the person." The team believes that although they are brief, these messages promote self-worth for residents and increase respect among staff and care team members.

"If you can change the conversation and put the resident in the centre of it, it's really hard to continue unacceptable behaviour or practices."
— Mary Raithby, CEO, APANS Health Services

"Simplistic and powerful" is Mary's description of the program. A few of the APANS Health Services homes have begun to roll out the program and it is Middlesex Terrace that has had the opportunity to move forward and fully embrace it. Many of the residents of Middlesex Terrace have been involved with successful results. "It's critical for residents to have a variety of mediums to tell their story and declare their personhood and the *Through Our Eyes: Bringing the Residents' Bill of Rights Alive* program is one of these vehicles," says Mary. "In fact, we loved this program so much that we used it's framework to model a recent recruiting campaign, 'This is why you would want to work here'. Residents were keenly involved in the campaign declaring why someone would want to work at their home, for example "...because the staff listen, care and know the residents." According to Mary, the campaign was a great platform to give the residents a voice and influence over who would care for them."

How did the APANS team address perceived barriers to program implementation?

Mary is aware of the hurdles that might be in long-term care homes when implementing a new way of doing things. She shared, "we knew there would be barriers and we didn't let barriers stand in our way. Although implementation is not yet complete in all of our homes, we have taken small steps to inject the resident point of view in areas we hadn't thought of before."

Re-envisioning Residents' Rights Education

Mary believes there needs to be a willingness and readiness for the program and suggests taking tiny steps if a home can't roll out the entire program right away. "If you aren't ready for the full TOE program, if your home is in crisis, it doesn't mean you can't start with small things - like talking about the I AM statements for example." Mary says that having these conversations can help refocus on the voice of residents. "If you change the conversation to put the resident in the centre of it, it's really hard to continue unacceptable behaviour or practices."

If you have multiple homes and you can't roll the program out in all homes, Mary suggests rolling it out in one home and using it as a model for the others. She asks us to reflect, "do you have a home that can champion the program and run with its concept?"

Finally, Mary reminds us that residents are the true stars and champions of this program and suggests creating a buzz and conversation about the program with Residents' and Family Councils. She suggests talking about the program at monthly or weekly care team meetings and perhaps encouraging Residents' Councils to champion the program. "Whether exploring plans of care, residents' rights, policies, human resources or social events, using this program focuses us on putting our residents as our center – and reminds us why we are really here."

Middlesex Terrace: Implementation Success and Advice for Moving Forward

As part of the APANS family of homes, Middlesex Terrace began their journey with the *Through Our Eyes: Bringing the Residents' Bill of Rights Alive* (TOE) program in the summer of 2019. Charlene Hillen, Director of Programs and Support Services took the lead to help get the team started. With program in hand and support from APANS she reached out to a peer who worked at a home that implemented the program during its pilot stage for tips and advice.

Charlene turned her focus to recruiting a resident team member and invited Muriel Penny, Resident Leader, to co-facilitate the program. "Muriel is really the voice of our home, she is welcoming and active and loves to meet new residents – Muriel is the heart of our home."

Getting Ready to Present Residents' Rights Education

Charlene and Muriel met about once a week, for



Pictured above from L to R: Charlene Hillen, Muriel Penny and Jan Shkilnyk

several weeks, to work through the program and watch the videos. "We gave each other homework to prepare for our presentation. Muriel loves to write and was able to express her thoughts and emotions through writing." Together they decided they would focus on 3 specific rights from the Residents' Bill of

Re-envisioning Residents' Rights Education

Rights (LTCHA, 2007) for the presentation (rights #4,7, 23). The team got very involved in the program. “We drafted up a presentation and went away and practiced individually and then came back and practiced together. That’s when I realized the emotions coming up in Muriel.” Suddenly Muriel realized that she was speaking on behalf of the residents. “The treatment of Earl in the [27 the Line] video was unacceptable,” Muriel noted, “we are all human beings and we need to care for one another.” The team presented at the home’s quality meeting to staff members and the leadership team. Muriel captivated her audience saying, “It was an emotional experience for everyone in the room we were crying and laughing together.”

How TOE Influenced Middlesex Terrace

Jan Shkilnyk, Executive Director, believes that the most important part of this program is for the staff to hear the information from a resident’s voice. “The staff’s reaction made us all stop in our tracks and think about what it is we are supposed to be doing here – it brought us back to ground zero.” By sharing what she has learned and taught, Muriel has noticed a difference, “I have seen a change in both staff and residents.” Muriel believes that it has changed practice for the home’s staff and the residents realized that they must respect and allow their peers their rights.

Plans for the Future of TOE

Jan is proud of the team at Middlesex Terrace, “It’s very much a partnership of care here. Where possible, we welcome residents to our committee meetings, events and recruitment/interview processes. We don’t make any major decisions without going to the residents. There is a real sense of trust and comfort in this community.” Muriel echoed Jan’s enthusiasm and recognizes the importance of open communication and peer support, “I encourage residents to join in on the quality meetings.” Jan recognizes that even though

the home has a culture of open communication she believes in the importance and value of the TOE program. “It was incredible to hear Muriel speak and the experience took us back to why we are here and what we are supposed to be doing,” she says.

Middlesex Terrace plans to work with the Residents’ Council and gather feedback about how residents feel about the Residents’ Bill of Rights. By gathering feedback, they will use specific examples for their next education sessions. “We want to bring concrete examples to use for staff education,” Charlene noted. Rebekah Jakimczuk, Interim Director of Programs and Support Services added that the home is considering video recording the presentation to include in the orientation package for new employees.

Tips for LTC’s Implementing *Through Our Eyes*

BUILD RESIDENT TRUST WITH YOUR FACILITATOR TEAM:

It can be difficult for residents to open up about their lived experiences for others to be able to see through their eyes. Use the exercises in the program guide and work together to build trust.

COMMUNICATION: As a facilitator team, be as open as possible with each other. Muriel says that with open communication, “we can work through things together.” Follow up on every concern a resident has. People should be listened to and taken seriously. Charlene reminds us that “Each moment with each resident is so meaningful.”

ADOPT A “CAN DO” APPROACH: Sometimes we focus on what we can’t do in long-term care. Try to focus on what you can do within your constraints. Within our parameters there is a lot of choice. Ask yourself, “How can we include the residents in this decision?”

BE HUMBLE: Working through the program and presenting the education may bring up difficult topics and conversations. Be willing to say, “we could have/we can do better.”

BE PATIENT: Be patient and listen to the residents, acknowledge what they are saying to you.

Middlesex Terrace is located in Delaware, Ontario and is home to approximately 105 residents.

Through the Eyes of Resident Ambassadors at St. Joseph's Health Care London

Shared By: Lauren Waite and Bernice Haasen

Mount Hope Centre for Long Term Care's journey with the *Through Our Eyes: Bringing the Residents' Bill of Rights Alive* program started over a year ago by introducing the education opportunity to a group of eager residents. As Mount Hope is a larger facility that 394 residents call home, we designed a program that included weekly sessions with the intention to introduce the *Through Our Eyes* (TOE) concept. It quickly became apparent that there was a desire for the residents to be heard. In an effort to do this, a decision was made to align TOE with a program called the Resident Ambassadors. The Resident Ambassador program is considered a "signature" program, with its design and implementation tailored to meet the unique individual needs of all residents at Mount Hope. The overall intention is to give the Ambassadors various opportunities to serve in meaningful roles, ultimately giving back to their community.

The *Through Our Eyes* Resident Ambassadors meet on a weekly basis to work through the curriculum. They have become the champions of the program and continue to devote their time to being advocates for their fellow residents. There were certainly initial hesitations; "Will this make a difference?" "What will staff think?" but it was through perseverance, and an underlying belief in the importance of their fundamental rights, that led to the creation of a presentation that would be incorporated into staff training. The Resident Ambassadors truly made the rights come to life in this training through sharing their perspectives, thus giving meaning that was tangible, and authentic. After this the

Ambassadors were invited to teach at annual training for all staff in the home. Repeatedly they were met with praise and gratitude, being acknowledged for their courage in sharing their personal stories. The Ambassadors reiterated that their intention was not to be critical of staff, rather open their eyes to a new perspective of the rights that they feel should be practiced by all staff on a daily basis. By using a relaxed presentation style, incorporating humor in the form of googly-eyed glasses to emphasis the "through our eyes" tagline the group was able to create a learning moment that was light-hearted and impactful at the same time. For those thinking about implementing the TOE program we hope the Mount Hope story has inspired you. The Residents' Rights are of utmost importance to those living in long-term care, and they are to be valued and respected. By introducing this program in your long term care home you are advocating for the residents by inviting the residents to advocate for themselves and each other.



Managing Personal Expressions Using a Person-Centred Approach at the Wexford Residence

Shared by Julia Beckford, RN, BScN, MN & Sonia Taylor, Recreation and Leisure Programming



The Wexford Residence is a vibrant community located in Scarborough, Ontario. In 2018 we made a commitment to become a pre-designate of the Registered Nurses Association of Ontario's (RNAO) Best Practice Spotlight Organization (BPSO) program. The Wexford has an internal dementia rate of 78% in which personal expressions are often observed. Our mission of 'Enriching Lives Everyday' has become the cornerstone of care provided through a Person-and Family-Centred care approach.

An Innovative Approach

Early detection of personal expressions has been fundamental to our Behavioural Support program. Through extensive education we have equipped our frontline staff to engage in healthy person-centred relationships. Providing a foundation for frontline staff has enabled us to empower, encourage communication and decision making between staff and residents. For example, the Life Enrichment department routinely posts an "All about Me" poster in each resident's room upon admission. The poster summarizes the resident's social history and personal expression triggers. The aim of the "All about Me"

poster is to build a relationship with the resident that is unique and meaningful. Identifying personal expression triggers leads the interaction to be positive by avoiding potential areas of conflict and ensures the interaction remains comfortable for both the resident and staff member.

Best Practice Guideline (BPG) Recommendations

Upon completion of the gap analysis from the RNAO best practice guideline, the home implemented the following recommendations:

- * Educate health-care providers on attributes of person-and family-centred care
- * Create an organizational culture that exemplifies its commitment to person-and family-centred care by:
 - 1) Demonstrating leadership and commitment
 - 2) Involving the person in co-designing plans of care

An Interdisciplinary Approach

The notion of "*nothing about me, without me*" has assisted in strengthening our person and family - centred care focus. Some of our initiatives include:

- * Designated management leads for the Behavioural Support weekly meetings
- * Behavioural identification using the purple butterfly logo for all residents with responsive behaviours
- * The "At a Glance" identification system for listing a resident's personal expressions and methods to intervene
- * Incorporating the "Voice of the Resident" at the Board of Directors quarterly Continuous Quality Improvement meeting
- * Implementing the "I Am" statement prepared by the Resident's Council

Key Learnings: Through integration of identified recommendations from the Person-and Family-Centred Care Best Practice Guideline are able to continuously support our current Behavioural Support initiatives. Practice changes are sustained through our current interdisciplinary approach where each discipline plays an integral role for resident and family engagement. Community partnerships assist with sustainability by ways of continuing education and access to resources. As the team continues to work together, we can ensure our residents achieve optimal quality of care and quality of life living in long-term care.

Markhaven's Story of Person-Centred Care

Shared by Lindsay Bailey, Recreation Manager, Markhaven Home for Seniors

Markhaven Home for Seniors, a 96-bed not-for-profit long-term care home located in Markham, Ontario, has been serving its local community for more than 50 years. Markhaven is committed to the physical, emotional and spiritual well-being of its residents, with the support of caring staff, volunteers and families. Through participation in the Registered Nurses' Association of Ontario (RNAO) Best Practice Spotlight Organization program we implemented recommendations from RNAO's best practice guideline *Person-and Family-Centred Care(2015)*. Here are some of our accomplishments:



"Getting to Know You Story Boards" & "Getting To Know You Mini Bios":

The purpose of the story boards and mini-bios is to gain knowledge about a resident and to help staff and volunteers communicate with the resident who may not be able to communicate. Our "Getting to Know You Story Board" is created by families, showcasing their loved ones. The story boards tell about the person and their past, giving staff, volunteers, fellow residents, and families a glimpse into who that person is and all the things that give meaning to their lives. Our goal is to complete one for each resident. We display the story boards in the lobby and later hang them in the resident rooms. This is a nice memento and reminiscing tool. Our "Getting to Know You Mini bio" is a biography that is placed on the resident wardrobe which has a series of questions including occupation, birthplace and favorite type of music. All new residents will have biographies completed upon admission. We will soon be rolling out virtual "Getting To Know You" on Markhaven's Facebook page. Families can upload a mini bio to showcase their loved one's lived journey.

Doll Therapy: Markhaven's doll therapy program was launched in January 2018 and we now have over 15 dolls. A bassinet is kept on the home area so the residents can care for their dolls at any time. In June 2019 we opened our Nursery on resident care area Parkway, complete with a change table and baby clothes. We added a self-locking rocking chair that is safe for residents to use independently. Currently we are working on getting a vintage pram restored for use on Parkway. Many residents with memory loss are comforted and find meaning as they care for the dolls.

Horticultural Therapy Cart - Markhaven Memory Garden:

Markhaven saw the need for residents to experience horticultural therapy even in the winter months. We introduced our Memory Garden in February 2018. The garden is on a travelling cart, which houses beautiful plants and flowers for the residents to help take care of. The program consists of watering, pruning, and reminiscing about each resident's own gardens and experiences. This is a wonderful way to brighten up the residents' days and to spark some positive memories.

Our residents have benefitted greatly from our person-centred enhancements. We are grateful to our staff, residents, family and community that took part.



Did you know?

...Clarifying Residents' Rights to Visitors in Long-Term Care

Contributed By: Jane Meadus, Barrister & Solicitor/Institutional Advocate, Advocacy Centre for the Elderly (ACE)

On the November 22, 2019 episode of *CBC Marketplace*, the plight of Mary Sardelis and her mother, Voula Sardelis was highlighted. Voula lived in a retirement home in Ottawa, and her daughter and caregiver, Mary, had been banned by the landlord of the retirement home from visiting her mother using what is commonly known as a "Trespass Order" or "Trespass Notice." (We will refer to these as Trespass Orders). Mary was unable to visit her mother for almost a year, fearing arrest, despite the fact that such orders are not lawful. Unfortunately, "Trespass Orders" are also used by operators of long-term care homes to prevent visitors. It is the Advocacy Centre for the Elderly's position that long-term care home operators CANNOT use these orders to prevent visitors.

Occasionally the management of the home may not want certain persons to visit. This may be because of something the person has done, or because the person complains a lot. To prevent the person from visiting, they may issue a "Trespass Order." This is a notice to the person that they cannot come to the home and if they do, the home will call the police. If the police are called, they can arrest the person and escort them out of the home. The person will not go to jail, but can be issued a ticket under the *Provincial Offences Act* for failing to comply with the "Trespass Order."

The law the operator is using is called the *Trespass to Property Act*. This law allows an "occupier" of a property to bar someone from entering the property; however, this ability is limited.

The Advocacy Centre for the Elderly does not believe that the operator of a long-term care home can use the *Trespass to Property Act* to bar visitors. The *Trespass to Property Act* says it cannot be used where the person has a **right** to be there, which would be the case of residents' visitors. Therefore such "Trespass Orders" are not valid. There are two reasons for this:

Resident as occupier.

The resident is also an "occupier" under the *Trespass to Property Act* and therefore has as much right as the operator to invite someone onto the property. The operator cannot use a "Trespass Order" to prevent another occupier from having a visitor.

Resident has a right to visitors

The fundamental principle of the *Long-Term Care Homes Act* is that it is "primarily the home of its residents." Residents do not lose rights just because they move into a long-term care home. For example, they are allowed to have visitors.

The Residents' Bill of Rights specifically says this:

14. *Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person **without interference.***

This means that the home may not stop a resident from having visitors or restrict things like visiting hours. The *Trespass to Property Act* specifically says it cannot be used when the person has a right to be there given under another law. In this case, that is the right under the *Long-Term Care Homes Act*.

Unfortunately, many police officers are unaware of the rights of long-term care home residents, and enforce

the “Trespass Orders,” even though they do not have the legal authority to do so. If the visitor “breaches” the “Trespass Order,” the police may arrest the visitor, remove them from the building, and ticket them. The Advocacy Centre for the Elderly recommends that if a resident has had a visitor banned from the home, that they make a complaint to the Ministry of Long-Term Care Action Line because of the breach of their rights under the *Long-Term Care Homes Act*. The resident may also want to contact a lawyer for legal advice. If a visitor receives a “Trespass Order,” they should immediately seek legal advice. The lawyer can provide advice on the legality of the order, and how to challenge it.

While the Advocacy Centre for the Elderly cannot provide legal advice to persons who have been issued “Trespass Orders” we may be able to provide information and referrals. For residents, in some cases we may be able to provide legal advice and/or representation.

Where visitors commit possible offences under the *Criminal Code* or other criminal laws while at the home, the home is always entitled to call the police. If the police believe that a criminal act has occurred, the visitor may be arrested. The police and the courts can limit the visitor’s access to the home and the resident through the criminal system. This is NOT the same as using a “Trespass Order.”

Conclusion: Just because a home issues a “Trespass Order,” this does not mean it is legally correct. The resident and visitor should both seek legal advice about the order.

*The Advocacy Centre for the Elderly (ACE) is a community-based legal clinic for low income senior citizens.
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Ask Your Pharmacist

By: Carla Beaton, Vice President, Clinical Innovations and Quality Improvement, Medical Pharmacies

A recent change to the way long-term care (LTC) pharmacies are paid by the Ministry of Health may cause some ripple effects on home staff and their residents. As of January 1, 2020, pharmacies that specialize and service LTC homes are now paid a flat fee per bed rather than per prescription. Both the Ontario Long-Term Care Association and AdvantAge Ontario are in discussions with the Ministry of Health and the Ministry of LTC to address any unintended consequences of this pharmacy funding change. They have asked for a new LTC pharmacy program to fill any gaps. The good news is the resident copay of \$2.00 per prescription is no longer being charged to residents under the capitation model.

Long-term care clinical pharmacists will continue their efforts to keep the medication management system safe. Even with the best of intentions, many older adults are left on unnecessary and potentially dangerous or duplicative medications that might precipitate adverse events and other negative outcomes (Manju T. Beier, clinical associate professor of pharmacy, The University of Michigan). This is why the clinical pharmacist is essential to recommend how to optimize the number of medications, decrease the risk of adverse drug reactions, prevent harm from potential drug–drug interactions and avoid drug–related hospitalizations. Polypharmacy is a term referring to multiple medications prescribed to a resident where some may no longer be necessary. Deprescribing is a stepwise reduction of unnecessary or potentially inappropriate medications by pharmacists and prescribers in partnership with residents and family. The literature is showing patients are in favour of decreasing and stopping some of their medications when recommended by their pharmacist. The benefits include improvements in mobility, cognition, fall-risk, and overall quality of life with less medication. Talk to your clinical pharmacist about the need for all your medications and how to reach your therapy goals and wishes.





Ontario's FIRST Residents' Councils Week: September 14-19th, 2020

Residents' Councils in long-term care homes are unique. They offer a place for residents to share with their peers, organize their efforts, plan events in their home and in their community and so much more. Councils come in different shapes and sizes - small, large, some have presidents and vice-presidents, others have leadership teams. Regardless of the size and style they exist to support all residents in their home.

The Ontario Association of Residents' Councils team is creating downloadable poster templates, printable games and a list of ideas to help your Council plan a memorable week! All materials will be posted on our website: **www.ontarc.ca**

Through Residents' Council week we recognize and celebrate all residents who reside in long-term care homes.

Lift and celebrate resident voices through Residents' Council Week!

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