

Through Our Eyes: Bringing the Residents' Bill of Rights Alive



Supporting the
Residents' Bill of
Rights (LTCHA 2007)
Education

Ontario Association of Residents' Councils

Toll Free: 1-800-532-0201

Telephone: 905-731-3710

Fax: 905-731-1755

Email: info@ontarc.com

www.ontarc.com



OARC is funded by the Ministry
of Health and Long-Term Care

Note: The contents of our guide reflect long-term care legislation that has been further updated. The program materials are still applicable, however, we invite you to refer to the expanded **Residents' Bill of Rights**, as you now have 29 Residents' Rights in the Fixing Long-Term Care Homes Act, 2021.

Inspiration, Dedication and Thank You

Through Our Eyes: Bringing the Residents' Bill of Rights Alive is dedicated to the many residents in Ontario who call long-term care (LTC) homes their “home”. It is meant to remind us that working with and caring for people includes being present, actively listening and remembering the importance of autonomy, self-determination and human rights. Thank you to the members of the OARC Board of Directors, who live in long-term care homes and work to support residents across Ontario. Also, thank you to the Region of Durham's dedicated staff and the many residents for the poignant and creative video “27-The Line, Residents' Rights” that brings the Residents' Bill of Rights (LTCHA 2007) to life.

Special thanks to the 2013 Advisory Group members who provided their expertise, energy and guidance for this project. The Advisory Group was developed to represent the voices of various components of our long-term care community including:

- Administrators
- Family Members
- Food Managers
- Lawyers
- Personal Support Workers
- Police Services
- Program/Therapeutic Recreation Managers
- Residents and Residents' Council Leaders
- Social Workers
- Staff Educators
- OARC Staff

Created with the support of:



Funded, in part, by the Government of Ontario through the Schlegel Centre for Learning, Research and Innovation in Long Term Care. The views expressed in this program do not necessarily reflect those of the Government of Ontario.

COPYRIGHT NOTICE

Copyright © 2017 | Ontario Association of Residents' Councils

Terms of Use

The contents of the program, consisting primarily of a DVD/USB flash drive, discussion program, and community resources, have been created with the intent that they be readily available for educational and public non-commercial use only. The *Regional Municipality of Durham* retains all copyright in the "27-The Line, Residents' Rights" video and reproduction of this video is prohibited. The *Ontario Association of Residents' Councils* retains all copyright in the program. The community resources included in this program are copyrighted by their respective organizations and further copies can be obtained from these organizations.

Quality Improvement

OARC is committed to creating meaningful resources that optimize collaboration, resident engagement and quality. We look forward to receiving your feedback and suggestions that may add to and improve this program and contents. To forward your comments, please contact OARC at info@ontarc.com or toll-free 1-800-532-0201.

Contents

- This Educational Experience is Different.....9
- Welcome Facilitators10
- How to use the Program.....11
- A Special Note to Administrators.....12
- The Learning Objectives of the Program.....13

Section 1: A New Way of Facilitation

- A New Way of Looking at Facilitation 15-25
 - For Your Consideration: A Few Topics.....15
 - A. What is Culture Change? 15-16
 - B. Facilitation Defined16
 - C. What is Your Role in Facilitation? 16-17
 - D. Benefits of Resident Engagement: Residents as Co-Developers and Co-Facilitators of Education..... 17-20
 - Three Plagues of Long-Term Care Home Living 18-19
 - What is Self-Determination? 19-20
 - What do Residents say about Self-Determination?20
 - E. Finding Residents Who Would like to Participate as Co-Facilitators 20-21
 - F. What about Residents Living with Cognitive Changes: Can they be involved? 21-24
 - 1. Strength-Based Approach22
 - 2. "I am" Statements 22-23
 - 3. Showing Photographs and Telling Stories23
 - 4. Music24
 - G. Use of Language24
 - H. Adult Learning Principles and Storytelling 24-25
 - MOHLTC Obligation to Report Abuse and Neglect 25-26
 - Provision of Emotional Support26
 - Responding to Questions26
 - A Special Note about Long-Term Care Homes27
 - Key Messages to Facilitators 28-32
 - Resident Co-Facilitator: A Message to You..... 28-30
 - Staff Co-Facilitator: A Message to You..... 31-32

Section 2: Working Together, Developing Your Session Plan

- Preparing for Your Session 33-44
 - Working Together: What Does the Process Entail? 33-34

• Meeting #1: First Steps	35
• Meeting #2: Review Materials	36
• Meeting #3: Forming Our Session	37
• Meetings #4 & 5: Planning Sessions	38-39
• Meeting #6: Practice	40-41
• Meeting #7: Day of Session.....	42
• Meeting #8: Debrief - Part 1	43
• Meeting #9: Debrief - Part 2.....	44
• Discussion Points - Digging Deeper	45-53
A. Respect and Courtesy	46
B. Privacy	47
C. Identify who you are Every Time	48
D. Personhood and Unique Identity of Each Resident	48-49
E. Values, Preferences, Beliefs	49
F. Rushing and Feeling Hurried.....	49
G. Communication	50
H. Neglect.....	50-51
I. Sexuality and Intimacy.....	51
J. Choice, Self-Determination, Autonomy	52
K. Toileting and Incontinence	53

Section 3: Worksheets and Handouts

• “I am” Statements – Worksheet RBR001	55
• Meeting Planning – Worksheet RBR002	57
• Teachable Moments – Worksheet RBR003	59
• “27 – The Line, Residents’ Rights” DVD - Thoughts and Reaction – Worksheet RBR004	61
• Forming Our Session – Worksheet RBR005	63-65
• Encouraging Attendance – Worksheet RBR006	67
• Sample Agenda – Worksheet RBR007	69
• “Our Session Plan” – Worksheet RBR008	71-82
• Develop your Opening/Closing Remarks – Worksheet RBR009 ...	83-84
• Debrief Meeting Part 1 and 2 – Worksheet RBR010	85-87
• Commitment Cards – RBR011	89-91
• Evaluation - RBR012	93-94
• Sample Poster: Advertising Your Session – RBR013	95

Section 4: Resources

• Preamble, Long-Term Care Homes Act, 2007	97
• Préambule, Loi de 2007 sur les foyers de soins de longue durée	99
• Residents’ Bill of Rights, Long-Term Care Homes Act, 2007.....	101-103
• Déclaration des droits des résidents, Loi de 2007 sur les foyers de soins de longue durée (s. 3(1)).....	105-107

- Pictorial of Residents' Bill of Rights (LTCHA 2007)..... 109
- Ontario Legal Requirements to Report Abuse and Neglect in Long-Term Care Homes and How to Report 111
- What the Long-Term Care Homes Act, 2007 Says 112
- Personal Health Information Protection Act, 2004 113
- Concerns about Retaliation..... 114-115
- Crime Stoppers 116

Section 5: Activities

- Purpose of enhancement Activities 117
- A001 – Make a Poster (30 minutes) 119
- A002 – Learning Circle (30 minutes) 120
- A003 – “27-The Line, Residents' Rights”
Section Discussions (30 minutes) 121
- A004 – Perform a Skit (20 minutes) 122
- A005 – Change Your Perspective (30 minutes) 123
- A006 – 24 Hours and a Suitcase (20 minutes) 124
- A007 – Create a Sub-Committee/Advisory Group 125

Resources Included

- References 127-128
- 1- CLEO “Every Resident – bill of rights for people who live in Ontario long-term care homes” (December 2011) – you may wish to visit CLEO’s website to order more free copies of this publication
<http://www.cleo.on.ca/en/publications/everyres>
- “27 – The Line, Residents Rights” DVD and USB flash drive

Meeting Support Videos

The OARC videos listed below were created to support facilitation teams as they work through the program. Please view the corresponding video together before each meeting.

- TOE Meeting 1 <https://youtu.be/eNmoDEoFiFg>
- TOE Meeting 2 <https://youtu.be/0aB9EpcfwuY>
- TOE Meeting 3 <https://youtu.be/XdAtIsF-sF4>
- TOE Meeting 4-5 <https://youtu.be/oApVAX4nZJ4>
- TOE Meeting 6 <https://youtu.be/8gdTwYElOM>
- TOE Meeting 7 <https://youtu.be/8mcdmn9Wua4>
- TOE Meeting 8 <https://youtu.be/wPZpjFneLsM>
- TOE Meeting 9 <https://youtu.be/g2pOQmcCeM8>

This Educational Experience is Different

Relationships are the underpinning of successful long-term care home communities that truly function in a way that puts people first. This program was developed to assist in the building and nurturing of all relationships in our LTC home communities. While the principle focus is on residents who call the LTC building.... “home”, as opposed to a workplace or care centre, we invite all members of the community (not only staff) to participate and learn together. We recognize that in many LTC homes, the traditional focus has been on staff education and on staff members as expert facilitators of that education. Residents have declared repeatedly that they want to be part of the solution; part of the team that comes together to improve quality of living in LTC homes. Let’s work together to include residents as co-creators and co-facilitators of this education on the Residents’ Bill of Rights (LTCHA 2007). That’s what makes this different!



A Special Note to the Staff Facilitator

Through Our Eyes: Bringing the Residents' Bill of Rights Alive was developed through the lense of culture change, upholding the philosophy of person-centred care. These concepts challenge all of us to re-examine how education is developed, who is involved in the process, and ties all efforts back to the lived experience of residents living in their LTC homes. Quality of living, as perceived through the eyes of residents themselves, is the truest measure of successful education. Only then can education yield change in behaviour and create the capacity for heightened sensitivity and awareness. To that end, this program is different because you, the staff member, *will invite* a resident living in a LTC home to co-create and co-facilitate the session...together.

From this point on, the term “facilitator” will refer to both the staff facilitator and the resident facilitator.

Please do not proceed with this program unless you agree to co-develop and co-facilitate this program with a resident. Refer to pages 20-24 for guidance.

Welcome Facilitators

Welcome, and thank you for choosing the *Through Our Eyes: Bringing the Residents' Bill of Rights Alive* program.

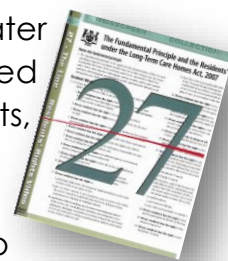
The formation of residents' rights afforded to all persons living in long-term care homes, began in the early 1950's and grew to 27 distinct rights. The Ontario Residents' Bill of Rights is embedded in our provincial legislation, Long-Term Care Homes Act (LTCHA), 2007, and accompanying Regulations (O. Reg. 79/10).

All long-term care homes in Ontario (including those formerly known as nursing homes, municipal homes for the aged, and charitable homes) are governed by the Long-Term Care Homes Act, 2007 (LTCHA). The requirements in the LTCHA ensure that residents of these homes receive safe, consistent, and high-quality resident-centered care in settings where residents feel at home, are treated with respect, and have the supports and services they need for their health and well-being.

As a deeper understanding of the Residents' Bill of Rights (LTCHA 2007) grows and the philosophy of person-centred care is embraced, residents will be well protected. Moving from an institutional model of care to a social model involves examining the status quo, self-reflection, recognizing the full personhood of residents and building strong, respectful, interconnected relationships within the long-term care community. Within these supportive relationships, there is no room for abuse and neglect.

The Origin of the Program

The origin of this project began as a staff education resource and it was later revised through a collaborative process to become a generic tool designed to reach a variety of audiences in our long-term care community (residents, families, volunteers, staff, students, etc.). This program supports the development of a one hour education session about the Residents' Bill of Rights (LTCHA 2007). Section 5 contains a number of activities designed to encourage and sustain ongoing application. It's important to note that the creation and revision process for this project involved residents living in long-term care homes. Their lived experience and input into the program was critical to building an educational experience that comes alive!



Who is the Program for?

The vision of the Ontario Association of Residents' Councils (OARC) is to provide a facilitation team with support and structure to move forward with this important topic. The facilitation team consists of two people; a staff member (perhaps the Assistant to the Residents' Council or staff educator) AND a resident living in a long-term care home (see page 15-18 for a full explanation).

How to use the Program

You, the facilitators, have an awesome role in bringing this important subject to life. Your creativity, enthusiasm and commitment to prepare well will change the education experience for all those who participate in the education.

The program is laid out in several sections. The accompanying DVD/USB flash drive and discussion period is the heart of this education and forms the base for the session. Once this base session has been introduced, please enhance and sustain the learning and exchange of ideas by utilizing any of the activities found in Section 5. The Sections are as follows:

Section 1: A New Way of Facilitation

This section is designed to provide you with tips, hints and concepts to consider as you explore this new way of facilitation together.

Section 2: Working Together: Developing Your Session Plan

This section is designed to support you in the development of the session step by step.

Section 3: Worksheets and Handouts

This section includes [Worksheets](#) to guide you through the session planning process and important handout materials.

Section 4: Resources

This section is designed to provide you with important resources and references for the prevention of and reporting of abuse and neglect.

Section 5: Activities

This section includes ideas for sample exercises to enhance and sustain learning.

Remember that this education experience is intended to be developed and facilitated with a resident living in a long-term care home. Watch the topics come alive in new ways as you co-facilitate the discussion period together and the resident perspective becomes infused into that conversation.

A Special Note to Administrators

Administrators of long-term care homes are crucial in setting the tone within the home by modeling the culture that is developed and nurtured there. This program is written to assist a staff person and resident in becoming a facilitation team to develop and deliver an educational experience in the home you are responsible for. Please encourage the process and people involved.

The program was designed to include you in meetings #1 and #9, when you will meet with the facilitators directly. Take a moment to refer to pages 34, 35 and 44 to see the schedule of meetings and topics for your discussions. We would also like to draw your attention to pages 25 and 26; "Obligation to Report Abuse and Neglect", "Provision of Emotional Support" and "Responding to Questions".

The Learning Objectives of the Program

Learning Objectives contribute significantly to the meaningfulness of any educational venture because they help to keep everyone focused and centred on the principle reasons for investing time and energy into the learning experience. Learning objectives should:

- State specifically what participants should be able to do after the session
- Be specific and measurable
- Communicate what is important

The 3 learning objectives for the *Through Our Eyes: Bringing the Residents' Bill of Rights Alive* program are:

1. To develop an awareness of the Residents' Bill of Rights (LTCHA 2007)
2. To demonstrate an understanding of the Residents' Bill of Rights (LTCHA 2007)
3. To critically evaluate real life situations to ensure residents' rights are upheld

A New Way of Looking at Facilitation

For Your Consideration: A Few Topics

The educational experience you are facilitating is different. It embraces change and is your opportunity to be agents of change who ultimately inspire those you work with to make the Residents' Bill of Rights (LTCHA 2007) real, alive and vibrant so it remains at the core of the living experience for all residents in long-term care homes. What sets this experience apart is appreciation for the following topics, combined with your commitment to work together (resident and staff member) in becoming co-developers and co-facilitators of educational sessions on Residents' Bill of Rights (LTCHA 2007).

The following topics are intended to whet your appetite for further reflection and independent learning. By delving into these topics a little, or a lot, you'll be reinforcing your abilities to facilitate through strength-based approaches, embracing fundamentals of change. Please consider contacting OARC to be connected with our Education Team for enhanced skill development, networking and support. Remember, the topic areas are not exhaustive, but are intended to spur you on towards creative ways of bringing this essential understanding alive. Enjoy learning together as you explore the following topics.

"If you want to build a ship, don't drum up people together to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea."

— Antoine de Saint-Exupéry

A. What is Culture Change?

Long-term care (LTC) communities are changing. The medical model of care developed decades ago has been undergoing a transformation to a social model of care. The medical model is associated with people (i.e. residents) being removed *from* their community, and placed *into* care. In this model, residents become recipients of a health care plan that is designed by a team of well-intentioned, highly-skilled medical professionals, but in many cases, care is delivered *to* residents who are *passive* recipients. Unfortunately this model of care often neglects personhood, and can be foreign to residents' personal wishes, tendencies and preferences. Systemically, the new 'role' that people adopt once they become 'residents' may involve the stripping away of human rights. The positive shift that is underway currently embraces residents as full human beings, and recognizes them as full

participants in the development of their care plan and their life's journey, no matter what health condition they are living with. Changing deeply-rooted behaviour and embracing a new philosophical approach to care involves patience and a deep commitment by all members of the LTC community. Key principles involved in this Culture Change include:

- Practicing self-reflection
- Examining the status quo
- Willingness to try new ideas
- Involving residents in all decisions
- Building relationships
- Refocusing from a task-driven work environment
- Building community and teamwork
- Seeking ways to support holistic health (mind, body, spirit)
- Viewing residents as experts of their own health and well-being

When Culture Change is understood, adopted and lived out by members of the LTC community, residents' rights flourish and are well protected.

"Coming together is a beginning; keeping together is progress; working together is success."

- Henry Ford

B. Facilitation Defined

A facilitator is someone who "helps to bring about an outcome (as learning, productivity, or communication) by providing indirect or unobtrusive assistance, guidance, or supervision" to a group of participants. (Merriam Webster on-line dictionary n.d.)

The "outcome", in our present context, is a heightened awareness of the legislation and ethics, to the degree that *all behaviour* supports upholding the Residents' Bill of Rights (LTCHA 2007). Fundamentally, the goal is to inspire behaviour change where needed in the LTC community so that residents live in full dignity and respect.

C. What is Your Role in Facilitation?

You are agents of change! As the facilitators of this program you are creating the space for new ideas, new ways of learning and new ways of conceptualizing fundamental principles so that all people living in LTC homes feel protected and honoured as whole human beings.

As co-facilitators, your job is not to be the 'giver of information' necessarily, but to create an experience that inspires and motivates:

- New ideas
- Change
- Personal connection
- Thirst to know more

All LTC homes are required to publicly post the Residents' Bill of Rights (LTCHA 2007). Even so, the words on the wall must come to life, must be meaningful, and must be internalized by people in the LTC community so that the *behaviour of everyone* supports these rights.

Inspiring people to examine their own biases and deeply-ingrained thought patterns can be challenging. Encouraging people to make personal connections with the topic at hand can be challenging. Assisting in the safe exchange of ideas in open, relevant and sensitive ways can be challenging. Working together, resident and staff member, in the development and delivery of the session can be challenging. But it's worth it, and by doing so, you are facilitating an extraordinary learning experience.

"You cannot teach a man anything, you can only help him find it within himself."

— Galileo Galilei

D. Benefits of Resident Engagement: Residents as Co-Developers and Co-Facilitators of Education

Traditionally, staff educators or consultants have been considered expert leaders in delivering educational sessions through careful development of curriculum and optimizing adult learning principles. Parameters set through our legislation (Long-Term Care Homes Act, 2007 and Regulations (O.Reg.79/10)) have also contributed to our understanding of what is considered mandatory education. What has often been undervalued is the incredible impact that personal connections play in bringing subject matter to life, moving from theoretical learning to experiential learning rooted in empathy and relationship. People often remember what they have felt, rather than what they have heard.

Some of the greatest connections can be made when we share a piece of our lives through story with others. People empathize more easily and they're more apt to understand each other. Authentic, supportive relationships protect everyone.

The goal of engaging residents in the co-development and co-facilitation on Residents' Bill of Rights (LTCHA 2007) is to invite rich storytelling person-to-person, expressly communicated from residents who live in LTC homes. When we invite the LTC community to 'look at living through residents' eyes' we believe a heightened awareness and commitment to change behaviour is possible. When we collectively agree that residents are whole human beings, capable of living full lives and exercising self-determination, our LTC homes will be absent of abuse and neglect and the Residents' Bill of Rights (LTCHA 2007) will flourish.

Research supports the notion that there are tremendous benefits when residents are involved and viewed as leaders, visionaries, and experts in identifying key aspects of improving quality. (Sura, Siders, & Dannefer, 2001)

These benefits may include:

- A decrease in sense of helplessness and powerlessness
- Opportunities for residents to demonstrate their competence
- An increase in quality of life through rich social engagement and connectedness
- Opportunities to generate viable resident-led initiatives in the home
- Improvement in the sense of community
- A heightened sense of self-determination
- The promotion of respect for residents' wisdom, insight and experience
- Opportunities to address power imbalances within the traditional structure of LTC homes

"To deny people their human rights is to challenge their very humanity."

— Nelson Mandela

Three Plagues of Long-Term Care Home Living

Doctor Bill Thomas is a leading expert in Culture Change, elderhood and geriatric medicine. He is the founder of the Eden Alternative, a philosophy and program that identifies three plagues that negatively affect people living in a long-term care home: loneliness, boredom, and helplessness. Alleviating these three plagues is integral to the well-being of LTC residents. This is in part achieved through building a sense of community in the LTC home that supports rich resident engagement. (Thomas, 1996)

We suggest that engaging residents in this important education on Residents' Bill of Rights (LTCHA 2007) helps to alleviate loneliness, boredom and helplessness, one resident at a time, one relationship

at a time. By doing so, community is strengthened and a renewed definition of quality of life emerges that recognizes the Residents' Bill of Rights (LTCHA 2007) as foundational.

What is Self-Determination?

Think about any given day and what you do in that day. How much of the activity done in your day is decided by you? How much is done *to* you, or *for* you, or *around* you without your control or consent? How much can you do for yourself, upon your own initiative, and how much is done by others for your benefit? What does the balance look like in your day?

Three basic needs are expressed through the psychological concept of self-determination theory: autonomy, relatedness, and competence. (Deci & Ryan, 1985) Autonomy involves making decisions around what you will do, how you will do it, when you will do it and with whom you will do it. Relatedness involves your sense of connecting with what is going on around you; your environment making sense to who you are as a person. Competence involves your perception of mastery; being able to participate well and with success in what you do. *A key principle of self-determination theory poses that the desire to have these three needs satisfied does not fade with age. The human need for autonomy, relatedness and competence is a foundational identifier of human health and vitality throughout our entire life, all around the world.*

"The rights of every man are diminished when the rights of one man are threatened."

— John F. Kennedy

People moving into a long-term care home are doing so through the experience of change and loss in many domains, including healthy social connectedness, financial well-being, etc. They have been led to the doorstep of the LTC home as people who require a significant amount of assistance in order to establish personal well-being. Through a medical model of care, health care professionals design health care plans that are subsequently delivered to the resident, often in the absence of their ability to exercise self-determination.

Through the eyes of Culture Change, moving towards a social model of care, residents are supported as full contributors to their own lives and care plans. The ability to determine how one wants to carry out one's wishes, one's intentions, one's activities and preferences in place and time can often be overlooked in LTC homes; the absence of self-determination.

Residents participating in the development and facilitation of this Residents' Bill of Rights (LTCHA 2007) education have significant potential to positively affect the culture of the LTC home in moving towards a culture that fully embraces, honours and maximizes opportunities for residents to live through self-determination. Residents, independently and collectively, will reap the benefits of being supported in living full lives based on strengths, not loss.

What do Residents say about Self-Determination?

"Residents want to feel that they have empowerment and control over their own lives, and it hasn't been that way before." *Milly Radford, former resident of Chartwell Gibson LTC Residence, Toronto*

"It's within myself. It's being able to make my own decisions. It's being able to be my own person." *Devora Greenspon, resident of Extendicare Bayview, Toronto*

"It's about being able to make your own decisions; not have people make decisions for you. No matter what your illness may be, you still should be able to be in control; control of your care plan, your end of life plans, anything that concerns you. You still should be able to have some type of control. It's about knowing that you're worth something; that you can decide things about your own life. It's also about working in collaboration with others so that you as a person become known." *Sharron Cooke, resident of York Region Newmarket Health Centre*

"I am no bird; and
no net ensnares me:
I am a free human
being with an
independent will."

— Charlotte Brontë,
Jane Eyre

We are embarking on a journey together to change the way people live and work in LTC homes. Thank you for deciding that the time has come to do something differently!

E. Finding Residents Who Would like to Participate as Co-Facilitators

The Residents' Council in your long-term care home is an excellent place to begin looking for someone who may wish to partner with a staff member in the development of this education. The Residents' Council may not be the exclusive avenue to pursue, but introducing this new education may begin discussions that will yield one or two volunteers who are seeking an opportunity to become more actively involved. Discussions within team (staff) meetings and management meetings will likely yield the names of some

residents to approach too. Don't forget to invite people from all program areas into these discussions because every member of the staff team has relationships with residents and may know of someone who is a 'good fit' for the project. Discussions amongst Family Council members are appropriate too, especially when trying to work with a resident who is unable to speak for himself/herself due to cognitive or functional changes.

F. What about Residents Living with Cognitive Changes: Can they be Engaged as Co-facilitators?

The short and immediate answer to this question is YES! The realistic profile of long-term care home residents reveals that over 60% of people are living with cognitive changes due to Alzheimer's Disease, other dementias, mental health conditions, etc. (Ontario Long Term Care Association, 2016) This may present a challenge when working with a resident to develop and deliver this education, but it is not impossible. Creativity, acknowledging that people living in LTC homes remain whole individuals, and embracing a strength-based approach to interacting with residents is essential.

If you are the staff member assuming the facilitator role for this session, please consider working with cognitively well people AND people who are living with cognitive changes. If the the resident you work with is not able to communicate verbally, or appears to be asleep, or reacts in ways that may be unexpected or socially 'inappropriate', or is otherwise unable to participate fully in the development and delivery of this education, then certain accomodations may be necessary.

As you build your session utilizing the meeting outlines (Section 2) and accompanying worksheets (Section 3), adaptations will be necessary. Consider working with the resident themselves and family members or friends to capture key aspects of the resident's personhood. Using a strength-based approach while recognizing that every person is unique and whole will help you to be successful in engaging any resident, even those who are living with advanced dementia.

"Please use your
freedom to
promote ours."

— Aung San Suu Kyi

Please consider:

1) Strength-based approach when identifying components of the session to be facilitated:

- a) Can this resident do this on their own?
- b) Can this resident do this if I ask them?
- c) Can this resident do this with support?
- d) Can this resident be by my side while I do it?

Because this program is not intended to be prescriptive in nature, we encourage you to ask yourself these questions when considering with whom you might work to facilitate this session. Have discussions with your teammates, colleagues, family members, management teams, etc., to discover ways in which resident engagement can happen, working with residents across the spectrum of cognitive wellness.

Here's what one resident noted about a co-resident with cognitive decline:

"We had a Continuous Quality meeting, and residents were there. I was there and there was a lady there who falls asleep often. Sure enough, she appeared to be sleeping during the meeting. But then a question was asked, and guess what? She came out with an answer! So you never know. You don't know what's going on in the brain!" *Devora Greenspon, resident of Extendicare Bayview LTC in Toronto*

"When it comes to human dignity, we cannot make compromises."

— Angela Merkel

2) "I am" Statements

When working with residents who are unable to speak for themselves, you might consider the power of "I am" statements. These are a series of short descriptive sentences (15-20), often beginning with the words, "I am". When spoken, they form a type of 'personhood declaration' reminding everyone in the room that the person before them is whole, has intrinsic value and deserves to be treated with dignity and respect. "I am" statements can challenge those in the room to view the person beyond their present disease or medical condition. Perhaps you could invite a family member to develop these statements, accompany the resident to the education session and read them as a way of introducing the resident.

PLEASE NOTE: "I am" statements are powerful when spoken by the resident themselves (if able) or when spoken by someone

introducing a resident, i.e. they are useful when declaring the personhood of any person along the cognitive wellness spectrum. See [Worksheet RBR001](#) found in Section 3 when developing “I am” statements.

Sometimes we need to be reminded that every person living in a long-term care home is whole, has a history and has a personhood that deserves knowing. “I am” statements are an effective way of capturing this important concept.

Example of “I am” statements:

I am a woman who was born with spina bifida
I am a person who was told I would never walk, but I do walk
I am diabetic and I have osteoporosis
I have lived in a long-term care home for 7 years
I am a person who likes to do the right thing
I am a sports lover, except for football
I am busier than I have ever been before
I am learning how to use a computer
I wear a medical alert bracelet
I am hardworking
I am a person who loves to watch the news
I am a scrabble player
I like to stand up for myself
I have walked on broken feet and ankles
I am a strong woman
I am not done yet...I am still here, and I am whole!
I am Milly Radford

These “I am” statements were written and declared by Milly Radford, a woman who lived at Chartwell Gibson LTC Residence, Toronto, Ontario. Milly was the President of her Residents' Council in her home and 2nd Vice President of the Ontario Association of Residents' Councils. Thank you Milly! (Milly died in August 2014)

3) Showing photographs and telling stories

Invite a family member or friend to create a photo board that shows the resident's life's journey. Capturing the person's identity through photos can be very helpful in separating the person from their disease or condition, and introducing the group to the full person who exists.

4) Music

Play a song that the resident enjoys as the session begins and pay attention to body language, including facial gestures, movements, etc. that may give insight into the resident's unique personality and likes/dislikes. Again, this is a way of connecting with the person, not the disease or condition.

Please view the Through Your Eyes Information video (7 minutes) to see how residents across the spectrum of cognitive changes have been incorporated as co-facilitators. This video is found on the DVD/USB flash drive included with this program.

G. Use of Language:

Language is important to the culture of your home. Words used to express care and concern in a medically-driven model may unintentionally demean the personhood of people who live in LTC homes. If LTC homes are truly to be 'homelike' then the LTC community must embrace a new vocabulary. There are always replacement words that can be used that embrace dignity and respect while nurturing a sense of community and wholeness as opposed to reinforcing the culture of institutionalization. It takes practice to change these commonly used words and phrases. You can model these changes in the words you choose to use each day. Here are some examples:

Medical Model	Social Model
unit/hallway	neighbourhood/home area
admission/placement	moving in
patient/client	resident/person (or use the person's name)
facility/institution	home
demented people	people with varying levels of cognitive changes
assessment form	resident preference sheet/ 'My Way' form
I will feed a patient	I will assist a resident with their meal
Allow resident to...	welcome/encourage resident to...
front line staff	resident assistant/care partner/team member

H. Adult Learning Principles and Storytelling

Most likely you will be facilitating the learning experience with a group of adults (students, employees in LTC homes, residents, family members, volunteers, managers, etc.). While everyone has different

and preferred learning styles, research on adult learning principles indicates that adults learn best when the subject matter is personally applicable, relevant, and can be applied realistically (behaviour can be changed). (Queensland Occupational Therapy Fieldwork Collaborative, n.d.)

Resident co-facilitators are the best and most obvious people to tell stories of what life is truly like living in a long-term care home and what took place to lead them to making the decision to move into a long-term care home. Residents live in their homes every day, all hours of the day. Residents see personal expressions from all people in their home and witness communication exchanges every day that may leave them with feelings that give evidence to how well the Residents' Bill of Rights (LTCHA 2007) is understood and internalized. Residents' lived experience, as told by them in their own words in the form of short stories or personal examples, can be powerful in helping the people in the education session build empathy and make a connection between their own behaviour and the experience of a resident.

"Education is the kindling of a flame, not the filling of a vessel."

— Socrates

Storytelling is a powerful medium through which ideas, thoughts and emotions can be generated in the listeners' brains. When information is relayed to someone, the parts of their brain responsible for processing language and decoding meaning are used. When stories are told, there is a dramatic change in how the brain is activated. "Not only are the language processing parts in our brain activated, but any other area in our brain that we would use when experiencing the events of the story are too." (Widrich, n.d.)

When a resident speaks about his or her personal experience, the learning environment becomes robust and participants are engaged and literally affected by what they hear. Stories and personal examples are critical to the success and sustainability of this education, as the Residents' Bill of Rights (LTCHA 2007) becomes real, not merely words on the page.

Obligation to Report Abuse and Neglect

In engaging in this type of education there may be times when participants disclose incidents of abuse and neglect. It is VERY IMPORTANT to inform the group at the beginning of the education session that under section 24 of the Long-Term Care Homes Act, 2007, any person (including those in attendance) who has reasonable grounds to suspect that abuse or neglect of a resident

has occurred or may occur must notify the Director at the Ministry of Health and Long-Term Care (LTCHA, 2007, s. 24. (1).2.) Please inform the group that as facilitators of the session, you will be calling the Ministry of Health and Long-Term Care (MOHLTC) if any accusations of abuse or neglect are voiced, or if you suspect there has been an occurrence of abuse or neglect.

MOHLTC Action Line 1-866-434-0144

Furthermore, the Long-Term Care Homes Act, 2007, O. Reg. 79/10, s. (98) directs that the licensee of an LTC home, when made aware of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence, shall immediately notify the appropriate police force.

As co-facilitators of the session, you must inform the Administrator of any accusation or evidence of abuse or neglect, voiced or suspected.

Provision of Emotional Support

Speaking about the Residents' Bill of Rights (LTCHA 2007) can be an emotional topic. Sometimes personal stories may spur on sadness or draw attention to how residents may be treated in ways contrary to the Residents' Bill of Rights (LTCHA 2007). There are people available in the long-term care home to provide support. Advise the participants to speak with the Administrator, Social Worker, member of the Residents' Council or Family Council or someone else they trust to seek out the support they may need.

"Peace can only last where human rights are respected, where the people are fed, and where individuals and nations are free."

— Dalai Lama

Responding to Questions

As facilitators, you will witness varying responses from the participants of the session, depending on whom it is you are working with. For example, the session may be with residents only, staff only, or a mix of people comprising the LTC community (residents, staff, volunteers, managers, students, etc.) You may speak with people who know very little about LTC homes or those who have extensive personal or professional experience with LTC homes. Never feel that you are responsible for answering all questions that may arise. If a topic or question is voiced that you are not comfortable answering, respond in a manner such as this:

"Thank you for raising the issue of _____. Your comment is very important, however, I am not the best person to address that at this time. I am happy to direct you to the Administrator of the home after our session today."

A Special Note about Long-Term Care Homes

In some cases, not all audience members will understand what a long-term care home is. Depending on the audience, it may be helpful to say a few words about what long-term care is all about. Try this definition, taken directly from the Ontario Ministry of Health and Long-Term Care website:

“Long-Term Care Homes are designed for people who need access to 24-hour nursing care, supervision or higher levels of personal care. Long-Term Care Homes are licensed or approved by the Ministry of Health and Long-Term Care. Residents pay for accommodation charges and the care is funded by the Ministry of Health and Long-Term Care.

For more information
visit the Ministry of
Health and Long-Term
Care Webpage

www.health.gov.on.ca

All Long-Term Care Homes in Ontario (including those formerly known as Nursing Homes, Municipal Homes for the Aged, and Charitable Homes) are governed by the Long-Term Care Homes Act, 2007 (LTCHA). The requirements in this Act ensure that residents of these homes receive safe, consistent, and high-quality resident-centered care in settings where residents feel at home, are treated with respect, and have the supports and services they need for their health and well-being.”

Key Messages to Facilitators:

Resident Focus Group:

The creation of this program was through true collaboration. One aspect of this collaborative journey involved bringing residents together in a focus group. They voiced their support for this new approach in education and they settled in on some key messages for both co-facilitators. (Pages 28-32)

Resident Co-Facilitator: A Message to You from Residents

Thank you for your willingness to take an active role in this education. This learning opportunity comes alive to a heightened degree because you are involved. Even if you have never done anything like this before, the fact you are present in the room during the session magnifies the ability of participants to:

- Draw real life application
- Develop greater sense of empathy
- Build authentic relationships with residents
- See and feel the impact of their actions from the perspective of residents
- Move from theoretical knowledge to applied, meaningful learning

Consider being involved to the level that you feel comfortable or are able. This program is written from the assumption that you, as a resident in your LTC home, will engage in the creation and delivery of the session, but if you feel that you are not yet ready or able to do so, that is perfectly all right. Work with your staff co-facilitator to discover what you feel comfortable doing, saying and contributing to the experience. You may be able to:

- Attend the session as a resident representative
- Co-plan and/or co-facilitate the session
- Read/ask questions
- Read Opening and/or Closing Remarks
- Give personal examples related to the topic being discussed

In whatever way you decide to become engaged in this education, your efforts are appreciated and valued! You are making a difference in how education on Residents' Bill of Rights (LTCHA 2007) is absorbed and translated into practice in your home.

"The mediocre teacher tells. The good teacher explains. The superior teacher demonstrates. The great teacher inspires."

— William Arthur Ward

Resident co-facilitators, your involvement through drawing on your own personal experiences is critical to the success, sustainability and spread of understanding of the Residents' Bill of Rights (LTCHA 2007) across your long-term care community. The examples you bring forward in your session will give the listeners opportunities to self-reflect and make personal application.

Getting to the Heart of the Matter:

Residents expressed that they 'want to be part of the solution' and they want opportunities in the presentation to 'tell their story' and give real examples of what they see, hear, witness and feel. This is the heart of this educational experience.

Ask yourself the following (fill in the blanks), as you ponder how you will be able to infuse your story and your lived experience into the presentation:

When I see _____ I feel _____.

When I hear _____ I feel _____.

When I witness _____ I feel _____.

When _____ is done to me (physically) I feel, _____. (this taps into your experience when interacting in physical ways with those around you). These questions are repeated in the accompanying worksheets you will use when developing your session.

Here are few examples from the resident focus group:

Resident Example #1:

When I see residents lined up in the hallway, waiting to go into the dining room for lunch, being weighed publicly, one person after the next, then going into the dining room, I feel embarrassed, and sad and angry – like I'm living in some kind of warehouse. How is that action supporting residents' dignity and privacy?

Resident Example #2:

When I hear the Personal Support Worker next door calling to the Personal Support Worker who is with me saying, "Hey, I need you for a lift. How long are you going to be?" I feel badly. Maybe I'm taking too much of her time. Maybe I shouldn't ask for so much help. Maybe I'm taking care away from someone else who really needs it more than me. This reinforces to me that I am living in an environment where everyone around me needs help. It also reminds me that I'm one of many, many people who are waiting for help.

Resident Example #3:

When I hear staff members talking in a different language right in front of me I feel like I don't belong, like I'm a foreigner. It makes me feel uncomfortable. Sometimes I wonder if they're talking about me.

Perhaps you'd like to tell a story that sheds light on a specific example you'd like to be understood. Consider beginning with:

I have an example I would like to share: _____

Once you have shared your comments, consider asking the participants in the group questions that would encourage them to draw personal application to your examples. You could ask questions such as:

- Does that make sense to you?
- How would you feel if that happened to you?
- How would you feel if you observed that?

Note: Invite participation; ask the questions and wait for someone to answer before moving on. It is an important step in the learning process, for the participants to be given the opportunity to make personal connections to how they may feel in response to seeing, hearing, and witnessing what you have explained.

Pages 45 to 53 are called "Discussion Points – Digging Deeper". These pages capture 11 topics for you to consider when looking at how your lived experience in your LTC home gives evidence of Residents' Bill of Rights (LTCHA 2007) being understood, upheld, promoted and respected. These 11 topics create the backdrop for you, as resident co-facilitator, to give your personal examples.

The topics are:

- A. Respect and Courtesy
- B. Privacy
- C. Identify Who You Are Every Time
- D. Personhood and Unique Identity of Each Resident
- E. Values, Preferences, Beliefs
- F. Rushing and Feeling Hurried
- G. Communication
- H. Neglect
- I. Sexuality and Intimacy
- J. Choice, Self-Determination, Autonomy
- K. Toileting and Incontinence

Staff Co-Facilitator: A Message to You from Residents

We are confident that you see how this program presents a unique approach in educating around the Residents' Bill of Rights (LTCHA 2007). *Please do not consider using this program unless you plan on including a resident in the development and facilitation of the session.*

1) Resident Engagement is Essential:

The integrity of this educational experience on Residents' Bill of Rights (LTCHA 2007) finds its foundation in the understanding that resident engagement is essential:

- Residents must:
 - be involved in the co-development and co-facilitation of session
 - have opportunities to give examples of their lived experience in the home
 - have opportunities to interact with the participants in the session

"Tell me and I forget, teach me and I may remember, involve me and I learn."

— Benjamin Franklin

2) What Residents Need from You:

The residents from the focus group requested that the following comments be written in first person singular so that you, their staff co-facilitator, can hear their message in the most direct manner and internalize the messages well. Please envision a resident before you. He or she has the following messages for you:

- Be patient with me.
- Remember that I live in this LTC home for a reason, and I still have valuable contributions to make to my community.
- I want to be part of the solution and I am happy and excited to be part of this project with you.
- Build time into the session for my voice; for me to tell a story or two, to give real examples from my experience, to ask questions of the people in the room if I would like to.
- Help me to see where my strengths lay and how I can contribute because this might be a bit scary or foreign to me.
- Invite me to be involved because you believe in this approach to education, not because you feel obligated to do so.
- When you work with me and my co-residents, be prepared to adapt your approach because we are all different. The process you use with one person may not work with

another, but please don't give up! We all have a way we can contribute to this important message in our home.

- Having me in the education session may feel quite strange to people in the room. I would like to introduce myself (or have you introduce me) and let them know why I am there.
- In the busyness of a day in my LTC home, sometimes I feel ignored. I appreciate the opportunity to be heard. Please encourage the others in the group to listen to the voice of a resident!
- Let's do this together! I look forward to working with you and I believe we make a great team.
- The sky is the limit! We can do great things together and build a culture in this LTC home that fully supports the Residents' Bill of Rights (LTCHA 2007) and makes them real!

3) What the Process Looks Like:

"Work together". This is a nice statement, a favourable concept. However, if a process is not discussed or defined or timelines and expectations are left unclear, the process can become frustrating. Residents expressed the process they saw leading to the co-facilitation of the session. The schedule of meetings that is mapped out in [Section 2 Working Together: Developing Your Plan](#) was developed primarily by residents. Residents expressed what they would like to have in place to feel prepared and well informed, beginning with the very first conversation and culminating with the education session itself.

The schedule of meetings contains two particularly special meetings (#4 and #5). Here the resident co-facilitator is able to reflect on personal experiences and craft some specific examples and messages to the audience, following the structure described on page 29 to 30 (Getting to the Heart of the Matter).

Preparing for Your Session

Working Together: What Does the Process Entail?

You will notice immediately that the process takes time. This joint effort will bring the two of you together over the next few weeks, at least 9 times. The value of having so many 'touch' points is in:

- strengthening your relationship
- learning about the home's culture together
- developing predictability as you plan and decide what you will speak about
- bringing relevant and poignant stories to the forefront of your minds
- developing comfort with speaking together
- encouraging conversation throughout the LTC home; creating anticipation of the education session
- forming 'Our Session Plan' comprehensively and giving time to one another to practice
- having discussions with the Administrator of the LTC home so that he/she who assists with setting the culture in the home understands the importance of upholding residents' rights and is part of the spread and sustainability of the program

In summary, the process includes:

- **Meeting #1:** A time to meet with your Administrator and have a conversation to establish your mutual commitment to the program.
- **Meeting #2:** A time to watch the powerful video, "27 – The Line, Residents' Rights" and look through the resources included in this binder.
- **Meeting #3:** A time to connect on what seems to be most important to each of you in communicating this topic, and then take first steps in promoting the session in your LTC community.
- **Meetings #4 and #5:** A time to develop specific content and details of your session, culminating in a comprehensive document called, "Our Session Plan" that will assist you both in practicing and delivering your session.
- **Meeting #6:** A time to practice.
- **Meeting #7:** You did it! Today you come together to co-facilitate your session!
- **Meeting #8:** A time to meet to review the evaluations and discuss successes and challenges.
- **Meeting #9:** A time to meet with your Administrator to discuss the evaluations and next steps; spreading and sustaining the learnings, choosing activities in Section 5, etc.

Please plan on sitting together with the program open to the page that describes each meeting. For example, for Meeting #1, sit together with page 35 in front of

you so you can be sure you are discussing the concepts and answering the questions designed for Meeting #1. You will be prompted to use certain [Worksheets](#) (found in [Section 3](#)) to assist you in each meeting.

The following process was developed primarily by residents in anticipation of working with a staff member as co-developers and co-facilitators of the session.

Meeting	Topic	Time	Resources	Next Meeting
1 Includes Administrator	First Steps	1.5 hours	• RBR002 • RBR003	3-5 days later
2	Review Materials	1 hour	• RBR004 • RBR002	5-7 days later
3	Forming Our Session	1.5 hours	• RBR002 • RBR004 • RBR005 • RBR006	3-5 days later
4	Planning Session 1	1.5 hours	• RBR002 • RBR006 • RBR007 • RBR008 • RBR009	3-5 days later
5	Planning Session 2	1.5 hours	• RBR002 • RBR006 • RBR007 • RBR008 • RBR009	3-5 days later
6	Practice	1 hour	• RBR008	3-5 days later
7	Day of Session	1.5 hours	• RBR008 • RBR011 • RBR012	1 day after session
8	Debrief – Part 1	1 hour	• RBR008 • RBR010 • Evaluations	3 - 5 days after session
9 Includes Administrator	Debrief – Part 2	1 hour	• RBR008 • RBR010	

Note: This chart is recreated as a [Worksheet](#) in [Section 3 – RBR002](#). We recommend that you complete the next “meeting date” column during [Meeting #1](#), and that you refer to this [Worksheet](#) before each meeting. The resources column indicates the [Worksheets](#) designed for each meeting to support you in your discussions.

YouTube Videos

Just before you dig into the content and discussion for each meeting please take 2-3 minutes to view a YouTube video that corresponds to each of the meetings. OARC's YouTube channel is located

<https://www.youtube.com/channel/UC9zqu513DgytE8UBLjWo05w> These short videos are designed to ensure you have what you need in front of you; they provide encouragement and share highlights of each meeting.

Meeting #1: First Steps (1.5 hours)

This first step is a conversation between the Administrator, resident and staff member to establish your mutual commitment to the project.

You Will Need:

- Worksheets located in Section 3 - RBR002 and RBR003
- Calendar to secure dates and times of all subsequent meetings
- Computer to view YouTube video – Meeting #1

1. This is a self-reflection exercise. Complete the [Worksheet RBR003](#) and discuss together:

[The Mysteries of a Teachable Moment](#)

Think of your most memorable learning experience. Perhaps you'll travel back in your mind's eye to a special moment in elementary or post-secondary school, a family function, or a moment with a friend or colleague. You were changed. You felt challenged and inspired. What happened? Take a moment now to reflect on that experience and record your thoughts. What made that moment a powerful learning experience?

2. Please discuss:
 - The importance of bringing the Residents' Bill of Rights (LTCHA 2007) to life
 - The importance of working together
 - The importance of infusing the resident experience. Why should residents be involved?
 - The Learning Objectives on page 13
3. Set dates and times for subsequent meetings using worksheet RBR002. Please confirm the date and time for [Meeting #2](#)

Meeting #2: Review Materials (1 hour)

This meeting is intended for both co-facilitators to watch the “27 – The Line, Residents’ Rights” video to discuss your reactions and to begin reviewing the material.

You Will Need:

- [Worksheets](#) located in [Section 3 – RBR002, RBR004](#)
- *Through Our Eyes: Bringing the Residents’ Bill of Rights Alive* and “27 – The Line, Residents’ Rights” DVD & DVD player or USB flash drive and computer
- Computer to view YouTube video – [Meeting #2](#)

1. Watch the DVD
2. Discuss your ‘Gut’ reactions with each other:
 - How do we feel immediately after watching the DVD?
 - Are there any topics or Residents’ Rights that you or I feel particularly compelled to speak about?
3. Agree to look over the program independently and come back later to talk about ways to move forward together
4. Confirm the date and time for [Meeting #3](#) (about a week’s time). Please ensure you reserve at least 1.5 hours
5. Agree to watch the video again, but this time independently

Note to staff co-facilitators:

If you are working with a resident who needs assistance in reading through the program and/or watching the video independently, be sure to make that accommodation in planning extra meetings and reserving ample time:

- EXAMPLE: offer to go through the program together, partner the resident up with a volunteer or work with a family member to ensure that the resident has the support needed to get familiar with the content of the program

Meeting #3: Forming Our Session (1.5 hours)

This meeting is designed for you to start planning your session, review your specific discussion topics and begin to promote your session.

You Will Need:

- Worksheets located in [Section 3 – RBR002, RBR004, RBR005, RBR006](#)
- *Through Our Eyes: Bringing the Residents' Bill of Rights Alive* program
- Computer to view YouTube video – [Meeting #3](#)

In working through the worksheet, you determine the audience, purpose and discussion topics. Additionally, you will be assured that you are moving forward together as a creative team. Feel free to expand upon the topics and suggestions as you spend time together. This is a very creative and organic phase!

- Selection of topics/Residents' Bill of Rights (LTCHA 2007) to be expanded upon during the discussion period:
 - There is not enough time, following the watching of the video to discuss all topics and rights. Let's choose 2-3 by:
 - Using the "Digging Deeper" section (see pages 45-53) and the list of topics from [Meeting #2](#) that came from our 'gut' reaction to watching the video (RBR004). Which topics/rights do we feel need to be addressed?
- Our 2-3 topics for the discussion period are:
1: _____ 2: _____ 3: _____
- Advertise – don't keep the project a secret! Celebrate the fact that a new experience is about to occur and get the conversations going with others so anticipation grows:
 - Each of you tell 3 people....
 - Decide when to create and display posters in appropriate locations
see [Section 3 - RBR006](#)
- Confirm the date and time for [Meeting #4](#) (in 3-5 days). Please ensure you reserve at least 1.5 hours.

NOTE: See RBR013 in Section 3 for a sample Poster. A template is available on OARC's website (www.ontarc.com) so you can add your unique details.

Meetings #4 and #5: Planning Sessions Part 1 and 2 (1.5 hours x 2 = 3 hours)

These meetings are intended to help you develop the content and details of your session.

You Will Need:

- [Worksheets](#) located in [Section 3 – RBR002, RBR006, RBR007, RBR008, RBR009](#)
- *Through Our Eyes: Bringing the Residents' Bill of Rights Alive* and DVD/USB flash drive
- Computer to view YouTube video – [Meetings #4 and #5](#)

In looking at the components that make up the one hour session (the agenda) there are several opportunities for the resident co-facilitator to participate as he/she is able or feels comfortable. These meetings provide the opportunity for both facilitators to review the components and decide together, who is assigned to each section. Of course there is room to adapt the plan if something unforeseen arises during the session, but in essence, the document coming out of this time (called “Our Session Plan” – RBR008) will be what is ‘practiced’. “Our Session Plan” will assist each facilitator in becoming comfortable with his/her part.

This process may take longer than one meeting, hence the suggestion of [Meeting #4](#) AND [Meeting #5](#). Please don’t rush this process. Plan for the additional meeting(s), and if you find that it is not required to finish developing “Our Session Plan” then use the time to practice or watch the video again.

This is the agenda for your session (found in [Section 3 RBR007](#))

The main components of the session (1 hour) are:

- 1) Introduction, welcome
- 2) Announcements:
 - a) Timing
 - b) Obligation to Report
 - c) Emotional Support
- 3) Setting of Context
- 4) Statement of learning objectives
- 5) Opening Remarks
- 6) Watching “27 - The Line, Residents' Rights” video
- 7) Discussion Period (2-3 topics)
- 8) Closing Remarks & Commitment Cards
- 9) Evaluation of Session

Use [Worksheet RBR008](#) “Our Session Plan” found in [Section 3](#) to pull the pieces of your presentation together. Notice that the column on the far right of the [Worksheet](#) indicates “resident” or “staff”. Please discuss each element of your session and circle who is assigned to each element.

Review the information on these pages and choose from what you see, or develop your own. Make this experience unique to you and enjoy this time together! Resident co-facilitator, this is your opportunity to draw upon your own personal experience and observations for each of the discussion topics. You will learn a lot about one another in the process.

Meeting #6: Practice (1 hour)

This meeting is intended to practice your session.

You Will Need:

- Completed [Worksheets](#) located in [Section 3 – RBR002, RBR008](#)
- Session Agenda (personalized form RBR007)
- *Through Our Eyes: Bringing the Residents' Bill of Rights Alive* program and DVD/USB flash drive
- Computer to view YouTube video – [Meeting #6](#)

Some people say, “Practice makes perfect.” When facilitating a group of individuals from various walks of life holding various cultural, ethical and religious views, there is no ‘perfect’ presentation because there is no way of controlling the responses or conversation that will be elicited by your audience. Nor is there a way to control their readiness to receive information in this new way.

Remember that your role as co-facilitators is to create an atmosphere of inspiration and motivation so that your audience members feel encouraged to self-reflect and make changes in their thoughts and/or actions. Their motivation to think differently about their own behaviour is linked to their ability to feel personally connected to the topic of the Residents' Bill of Rights (LTCHA 2007) and the resident before them during the session.

Both of you may find practicing will help you to feel comfortable with the:

- Examples you've chosen to share
- Pieces you've uniquely developed (e.g. opening and closing remarks, “I am” statements, learning objectives)
- Presentation style you each have
- Room set up and use of equipment
- Timing of the session (1 hour will go by quickly!)

This meeting is planned for you to sit together with your ‘Our Session Plan’ [Worksheet](#) and go through the education session step by step, noting who has been ‘checked’ off (right column) as being the lead or speaker for each specific item. Feeling organized in thought, materials and process will bring a calmness to your presentation.

Residents from our focus group felt that the more often they practice, the better they feel; they are less reliant on their notes, and are therefore more relaxed to tell personal stories and give examples. Think of this session as a

rehearsed conversation, not so that you feel compelled to say exactly what is written on your [Worksheet](#), but so that you become fluent in the flow and content of the one hour session. Have fun!

The next time you meet will be for the education session! Practice by reviewing [Worksheet RBR008](#). Be sure to make note of the *Session Materials Checklist* on page 82.

Meeting #7: Day of Session (1.5 hours)

Today you come together to co-facilitate your session!

You Will Need:

- Completed [Worksheet](#) located in [Section 3 - RBR008](#)
- Your handout materials (RBR011, RBR012, etc.)
- Extra pens/pencils
- *Through Our Eyes: Bringing the Residents' Bill of Rights Alive* program and DVD/USB flash drive

Residents from the focus group stated that the staff co-facilitator could assist the resident co-facilitator by:

- ensuring that the care team and management team is aware of the timing of the session, so that personal care can be provided in advance (no last minute rushing)
- coming to get the resident co-facilitator 30 minutes prior to the beginning of the session
- having the room set up:
 - equipment set up and tested
 - hand-outs placed on each chair
 - attendance sheet by door
 - refreshments ready (optional)
 - jar for Commitment Cards (RBR011) by door
 - Learning Objectives written on flip chart paper or white board at front of room
- ensuring that the “Our Session Plan” [Worksheet](#) is intact and that BOTH co-facilitators have exactly the same copy

Please make sure:

- The Administrator of the home is aware of the education session happening because of the:
 - Obligation to Report Abuse and Neglect
 - Provision of Emotional Support
 - Responding to Questions

The Administrator needs to know that someone may contact him/her as a result of attending the education session (see pages 12, 25-26).

You will notice the final boxed section (bottom of page 81) on “Our Session Plan” (worksheet RBR008) prompts you to call the Ministry of Health and Long-Term Care if you have been made aware of any incidents of suspected or alleged abuse and neglect. This is in accordance with the Long-Term Care Homes Act, 2007. See pages 25-26 for a full explanation.

Meeting #8: Debrief - Part 1 (1 hour)

Congratulations! You have completed your session, celebrate your successes.

You Will Need:

- Worksheet located in Section 3 - RBR010 and completed worksheet RBR008 ("Our Session Plan")
- Your session evaluations and Commitment Cards
- *Through Our Eyes: Bringing the Residents' Bill of Rights Alive*

You did it! This meeting is intended for you both to come together to discuss how you feel about the education session you co-created and co-facilitated together. You also will be gathering your thoughts and ideas now to discuss with the Administrator so that next steps in this valuable education can be entertained together, as a team. It is important to build on each success and not view this education in isolation. Consider what you as a team can do to spread and sustain the knowledge in new ways (see Activities in [Section 5](#) for ideas).

1. Offer congratulations to each other. You came together over the past several weeks to work towards creating a highly-engaging educational experience. Well done!
2. Complete [Worksheet RBR010](#):
 - a. Review the evaluations and Commitment Cards together.
 - b. Note what you enjoyed and what you found challenging about the process of working together.
 - c. Discuss any messages you wish to speak with the Administrator about including:
 - i. Results/comments from the evaluations and commitments cards.
 - ii. How was the entire process? Looking back, were there any parts of the process that you would like the Administrator to be involved in or informed of?
 - iii. Was there a need to contact the MOHLTC to report suspected or witnessed abuse or neglect?
 - iv. Was there anyone who may be approaching the Administrator to seek out some support for emotional upset?
 - v. Were there any questions that you were not able to or comfortable with answering that you need to relay to the Administrator?
 - vi. What could next steps look like? Review some activities and think about how this learning could be enhanced through those activities (see Section 5 for ideas)
3. Confirm the date and time for Meeting #9. Please ensure you reserve at least one hour.

Meeting #9: Debrief - Part 2 (1 hour)

This meeting is intended to celebrate together with your Administrator, talk about challenges, successes and next steps in spreading and sustaining the learnings.

You Will Need:

- Worksheet located in Section 3 - RBR010 and completed worksheet RBR008 ("Our Session Plan")
- *Through Our Eyes: Bringing the Residents' Bill of Rights Alive*

Your Administrator sets the tone and contributes to the culture in the LTC home, the receptiveness to new ideas and the building of an environment where everyone works together as a community in supporting the Residents' Bill of Rights (LTCHA 2007).

1. Discuss the overall experience with the Administrator.
2. Using [Worksheet RBR010](#), highlight any communications that you previously decided that the Administrator should know about. You may wish to highlight:
 - Important things participants learned
 - Topics participants would like to learn more about
 - Reactions to the facilitator team
3. What could next steps look like?
4. CELEBRATE! Enjoy the completion of this experience by celebrating together. Decide together what you could do to acknowledge the successful experience of engaging residents as co-creators and co-facilitators in educating on the Residents' Bill of Rights (LTCHA 2007). What were the highlights of the experience that could be shared with your LTCH community?
5. Consider contacting OARC to share with us your feelings, successes and challenges at 1-800-532-0201 or info@ontarc.com

Discussion Points - Digging Deeper

The following 11 topics go hand-in-hand with watching the “27-The Line, Residents’ Rights” video. All topics represent aspects of upholding the Residents’ Bill of Rights (LTCHA 2007), most drawing on examples depicted in the video. The topics are:

- A. Respect and Courtesy
- B. Privacy
- C. Identify Who You Are Every Time
- D. Personhood and Unique Identity of Each Resident
- E. Values, Preferences, Beliefs
- F. Rushing and Feeling Hurried
- G. Communication
- H. Neglect
- I. Sexuality and Intimacy
- J. Choice, Self-Determination, Autonomy
- K. Toileting and Incontinence

By reviewing the topics, you will decide which 2-3 you would like to highlight in the Discussion Period of your education session (this is done during Meeting #3). The information is structured in the same fashion for each topic;

- Context – gives factual and/or legislative reference
- Reflections – gives opportunity to internalize the information and make personal connections
- Observations/Suggestions - gives examples of how the Residents’ Bill of Rights was not upheld and offers alternate ways to care for and communicate with residents that keep their esteem and rights intact.

We encourage you, the resident co-facilitator, to think of and speak about personal observations and examples in your own LTC home related to the topics here. Perhaps there are some topics that, in your opinion, need to be addressed over others, based on your observations and experience. The ability of the participants to internalize and connect with how the Residents’ Bill of Rights (LTCHA 2007) can be upheld in every action, every behaviour and every expressed attitude in your home is heightened by hearing you speak about your lived experience. (refer to [Worksheet RBR008](#), Section 7).

A. RESPECT AND COURTESY:

Context:

The Residents' Bill of Rights (LTCHA 2007,s.3(1)1) states: "Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity."

Reflections:

- Would you agree that there were several examples of disrespect in the video?
- Can you identify an example of disrespect from the video and tell me how this made you feel? What would you do differently?
- If you lived in a long-term care home, what would be the most important thing you could do to maintain your individuality and dignity?

Observations/Suggestions:

- Joe was called a "good boy" (treated like a child)
- The staff keep calling him Earl (he prefers Joe)
- When Joe asked what was going on he was told "you are okay" and "don't worry you're fine"(his concern was ignored/overlooked/devalued)
- Joe was told his beard would be shaved off (key mark of individuality/his wife loved his beard)
- A flashlight was turned off and on to wake Joe up (disrespectful)
- The staff asked if Joe "wet his diaper again" (disrespectful)
- The staff was rushing Joe (confusion escalated when rushed)
- Joe asked what tests he was being taken to (staff did not explain, they ignored his questions)

B. PRIVACY:

Context:

The Residents' Bill of Rights (LTCHA 2007,s.3(1)8) states: "Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs."

While long-term care homes strive to provide a home-like environment, the home is also an institution where medical care is provided. Residents are routinely seen by care staff and privacy issues like locks on doors are not always feasible.

Reflections:

- How can we observe and honour residents' privacy in a long-term care home setting?
- Can you give me some examples of how to enter a room or a bathroom?

Observations/Suggestions:

- Knock on the door and wait for an answer before entering the room or bathroom every time. Ask permission to enter a resident's personal space
- Refrain from talking about residents in front of others
- All residents, including those living with dementia, deserve privacy
- Privacy is difficult to manage in a long-term care home setting and therefore should be an ongoing conversation with all disciplines and residents in the home
- Joe was changed and dressed with his room door opened
- In shared rooms make sure the privacy curtains are closed
- Ensure treatments, personal care needs and discussions occur in appropriate and private areas
- Display 'do not disturb' signs on doors and privacy curtains

C. IDENTIFY WHO YOU ARE EVERY TIME:

Context:

Residents interact with many people every day (staff, other residents, family, and volunteers). It may be difficult to remember the names of people or even what the purpose of the interaction might be. Remember that more than half of residents are living with a cognitive impairment. Residents have the right to know who is providing care and the right to be informed about any treatment.

Reflections:

- The staff told Joe "oh you know, don't worry about it", when Joe asked "What tests?" What are your thoughts about this?
- Have you ever been in a circumstance when you can't remember who a person is, even though you realize you should know them? How did you feel?
- When moving a resident in a wheelchair, identify yourself and tell the resident where you are taking him/her

Observations/Suggestions:

- The staff should tell Joe what tests they have scheduled for him and when and where they will occur
- Provide information in a friendly tone....i.e. "Good morning Joe, it's Susan. Good to see you!"

D. PERSONHOOD AND UNIQUE IDENTITY OF EACH RESIDENT:

Context:

Each resident is an individual with personal likes, dislikes, opinions and backgrounds. It's important to honour a resident's preferences and get to know the resident and his/her life story. Residents have rich and interesting life stories and histories.

Reflections:

- Can you identify moments in the video where the staff did not know enough about Joe? How would you recommend that staff/volunteers learn more about residents?

Observations/Suggestions:

- Joe did not like to be called Earl
- Joe's beard was important to him – his wife loved his beard and did not want Joe to shave it off
- Using a calendar in each resident's area to note dates of importance to a resident- i.e. wedding anniversary, family birthdays

- Encouraging family/special photos and memorabilia to be displayed in each resident's room
- Using the admission care conference to learn about the resident
- Using personal preferences in the care plan

E. VALUES, PREFERENCES, BELIEFS:

Context:

The Residents' Bill of Rights (LTCHA 2007, s.3(1)19) states, "Every resident has the right to have his or her lifestyle and choices respected." Joe hated porridge, yet that's what he kept getting for breakfast.

Reflections:

- Why do you think this was happening? What would you do? How could Joe's preferences and choices be honoured in long-term care homes?

Observations/Suggestions:

- Perhaps he has dental or swallowing issues and requires a pureed diet
- Perhaps he now likes porridge? Perhaps he doesn't realize it's porridge?
- Review Joe's plan of care and dietary preferences
- Does he actually eat it?
- Are there other options?

F. RUSHING AND FEELING HURRIED:

Context:

Residents who live with multiple health challenges may need more time to adjust to noise, lighting and make sense of sensory input to process information.

Reflections:

- Can you think of any ways the staff could have slowed the process down for getting Joe ready for his appointment?

Observations/Suggestions:

- Slow down, be gentle and be patient
- The staff could have managed their time better so that the Joe wasn't left until the last minute
- Listen to Joe to see what he wants instead of rushing him
- Ask if Joe is a 'morning' person

G. COMMUNICATION

Context:

Residents are adults and they need to be treated as such. Communicate in a tone and with phrases that you would use with any adult. Call the resident by the name that they prefer. Avoid using patronizing tones or terms when talking to a resident.

A mistaken belief is that the use of endearments such as dear, honey, etc. is nurturing and provides a sense of caring. This is not always true. Ask a resident how they would prefer to be addressed.

Reflections:

- Do you feel that Joe was spoken to in the same manner as the staff would speak to other adults?
- Can you think of an example in the video of Joe being patronized?

Observations/Suggestions:

- Joe was called a “good boy” and told “don’t worry...it’s okay”
- Joe was told he had to get up for breakfast instead of asking him if he would like to get up for breakfast
- Residents have the right to be informed and to be treated with respect and courtesy.

H. NEGLECT:

Context:

The Residents’ Bill of Rights (LTCHA 2007,s.3(1)2&3) states: “Every resident has the right to be protected from abuse.” “Every resident has the right not to be neglected by the licensee or staff.”

Reflections:

- Think about Joe’s experience. Can you identify specific examples of neglect?

Observations/Suggestions:

- Don’t talk around or about residents – talk *with* residents and include them in conversations
- Don’t speak a different language that the resident does not understand in front of residents. This is very disrespectful.
- Think about topics and try to have an interesting and meaningful conversation. Examples of topics include, but are not limited to: pets, recipes, special events, special occasions, vacations, travel stories, values, children, grandchildren, resident occupations, the

weather, the season, TV shows, movies, hobbies, news stories, etc.

- It is inappropriate for staff to talk about their perceived work problems (other staff, schedule, understaffing, availability of supplies and negative sentiments, etc.) around residents and family. This is not a professional information exchange and may cause unnecessary fear and anxiety for residents and families. This can be considered a form of psychological/emotional abuse.

I. SEXUALITY AND INTIMACY:

Context:

The Residents' Bill of Rights (LTCHA 2007, s.3(1)21&18) states: "Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy." "Every resident has the right to form friendships and relationships and to participate in the life of the LTC home"

The need for human contact, intimacy and sexual expression doesn't simply disappear once someone moves to a long-term care home. The belief that residents are asexual is not true. Safe, loving relationships and gentle caring touches help alleviate feelings of loneliness.

Supporting residents' personal sexual preferences can be difficult when they don't match the values and beliefs and opinions of staff, volunteers and family members.

Reflections:

- How can the sexual needs of a resident be supported?
- Why are sexual needs so often ignored in LTC homes?

Observations/Suggestions:

- Talk to the residents about their sexual needs:
 - Books they enjoy
 - Movies they watch
 - How they like to dress
- Educate staff and volunteers
- Provide private space

J. CHOICE, SELF-DETERMINATION, AUTONOMY

Context:

The Residents' Bill of Rights (LTCHA 2007,s.3(1)11) states:

"Every resident has the right to,

- i. participate fully in the development, implementation, review and revision of his or her plan of care,
- ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
- iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
- iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act."

Within a long-term care home, there are many skilled health professionals (doctors, nurses, dietitians, physiotherapists, etc.) who provide health teaching, counseling and encouragement to residents and recommend diets, exercise and medication regimes, etc.

A resident has the right to make choices on the basis of his or her own values, beliefs and preferences and is the decision-maker whenever possible, even though others may not agree. Residents must be informed of the consequences and risks but, ultimately, the choice is theirs to make.

Even if family, staff or others think a resident is making a poor, unhealthy or high-risk choice, this does not mean it is an incapable choice.

Reflections:

- Was Joe given any choices?
- How important is choice to you?

Observations/Suggestions:

- Involve residents in decisions that affect all aspects of their life.
- Encourage attendance at Residents' Council meetings.
- Ask residents if it is ok to give them a hug, come into their room, or sit on their bed.
- Ask a resident what they would like to wear or how they like their hair, etc.

K. TOILETING AND INCONTINENCE:

Context:

One of the most difficult and unthinkable experiences is to lose control of one's bladder or bowel function or to be unable to toilet oneself when one wants due to health challenges (physical or cognitive).

Reflections:

- Joe was asked, "Did you wet your diaper again?" How did that make you feel? Is there another way of approaching this?

Observations/Suggestions:

- Another resident in the video noted that she felt like she was treated like a 2-year-old because she thought she had to go to the toilet but was unable to void when she tried. Think about the lengths you go to protect your privacy at home or in a public washroom. Do you remember a time when someone walked in when you were using the toilet? How did that make you feel?
- Some staff members cope or have learned to deal with this type of intimate care by using what is known as infantilization, or treating adults like babies. But residents aren't babies.
- Many things can influence bowel and bladder function, including aging, illness, disease, medications, diet, stress, etc.
- The feelings experienced by the resident should always be validated.

"I am" Statements:

I am _____

I am _____

I am _____

I am _____

I am _____

I love _____

I like _____

I dislike _____

I _____

I _____

I have _____

I am _____

I am not done yet....I am still here, and I am whole!

I am _____
(Full Name)

Meeting Planning

This [Worksheet](#) is designed to help you schedule your session date and planning meetings. We recommend that you complete this [Worksheet](#) in the first meeting and refer to it at the beginning of each meeting. The resources column indicates the [Worksheets](#) designed for each meeting to support you in your discussions.

Meeting	Topic	Time	Resources	Next Meeting	Meeting Date
1 Includes Administrator	First Steps	1.5 hour	• RBR002 • RBR003	3-5 days later	
2	Review Materials	1 hour	• RBR002 • RBR004	5-7 days later	
3	Forming Our Session	1.5 hours	• RBR002 • RBR004 • RBR005 • RBR006	3-5 days later	
4	Planning Session 1	1.5 hours	• RBR002 • RBR006 • RBR007 • RBR008 • RBR009	3-5 days later	
5	Planning Session 2	1.5 hours	• RBR002 • RBR006 • RBR007 • RBR008 • RBR009	3-5 days later	
6	Practice	1 hour	• RBR008	3-5 days later	
7	Session Arrives	1 hour	• RBR008 • RBR011 • RBR012	1 day after session	
8	Debrief – Part 1	1 hour	• RBR008 • RBR010 • Evaluations	3 - 5 days after session	
9 Includes Administrator	Debrief – Part 2	1 hour	• RBR008 • RBR010		

YouTube videos: <https://www.youtube.com/channel/UC9zqu513DgytE8UBLjWo05w>

NOTES:

Teachable Moment

My most memorable learning experience occurred:

Have a discussion with your co-facilitator, and determine if there are any elements of this exercise you would like to incorporate into your education plan.



Teachable Moment

My most memorable learning experience occurred:

Have a discussion with your co-facilitator, and determine if there are any elements of this exercise you would like to incorporate into your education plan.



Teachable Moment

My most memorable learning experience occurred:

Have a discussion with your co-facilitator, and determine if there are any elements of this exercise you would like to incorporate into your education plan.

“27 – The Line, Residents’ Rights” Thoughts and Reactions

Watch the “27 – The Line, Residents’ Rights” video and record/discuss your reactions with each other.

1. What are our immediate feelings after watching the DVD?

2. Are there any topics or Residents Rights that you or I feel particularly compelled to speak about in our education session?

Bring this completed [Worksheet](#) to Meeting #3.

Forming Our Session

Complete this form together to determine the audience, purpose and discussion topics for your session.

1. We reviewed the program over the past few days:
 - a. What stood out for each of us?
 - b. What did we learn?

2. Who will our audience be (✓ check all that apply):

☐ Staff ☐ Residents ☐ Volunteers ☐ Students ☐ Families
☐ Other: _____

3. What is the purpose of our session?

☐ Mandatory education
☐ Academic support (college, university)
☐ Staff orientation
☐ Other: _____

4. How many people do I feel comfortable speaking in front of? You may wish to have a large session or limit the session to a specific size and have 2, 3 or more smaller sessions.

Resident Co-facilitator: _____
 Staff Co-facilitator: _____

5. Can you decide on a date, time and location for your session? You may wish to consider a few dates and then confirm the date at your next meeting.

Date: _____
 Time: _____ (you will need at least 1 hour)
 Location: _____

6. What are my communication strengths that may assist us in the session?

Resident Co-facilitator: _____

Staff Co-facilitator:

7. Am I nervous about anything?

Resident Co-facilitator:

Staff Co-facilitator:

8. How can we support each other?

Resident Co-facilitator:

Staff Co-facilitator:

9. Which topics/rights do we feel need to be addressed? Selection of topics/Residents' Bill of Rights (LTCHA 2007) to be expanded upon during the discussion period. Using your answers from #2 on [Worksheet RBR004](#) and the "Discussion Topics - Digging Deeper" section on pages 45-53, choose 2-3 discussion topics.

1: _____

2: _____

3: _____

10. Additional Notes/Comments:

Encouraging Attendance

There are many ways to encourage attendance to your session. Have a discussion about some of the creative ways you could engage staff and residents to advertise and share your session date.

- Create posters (see [Section 3 – RBR013](#) for sample Poster) The Poster template is available on OARC's website (www.ontarc.com) so you can add your unique details.
- Create flyers.
- Depending on your intended audience, include announcements about the session date, time and location at staff meetings, Residents' Council meetings, Family Council meetings.
- Consider email and electronic forms of advertising.
- Is the session at your local college/university? Do they have a way to advertise to their students?

Make a plan on how you will promote your session:

Through Our Eyes: Bringing the Residents' Bill of Rights Alive

Date & Time: _____

Location: _____

SAMPLE AGENDA

- 1) Introduction, welcome
- 2) Announcements:
 - a) Timing
 - b) Obligation to Report
 - c) Emotional Support
- 3) Setting of Context
- 4) Statement of learning objectives
- 5) Opening Remarks
- 6) "27-The Line, Residents' Rights" video (17 mins)
- 7) Discussion Period (2-3 topics)
- 8) Closing Remarks & Commitment Card
- 9) Evaluation of Session

Through Our Eyes: Bringing the Residents' Bill of Rights Alive

"Our Session Plan"

1. Introduction, Welcome

Decide how you would like to introduce the session and welcome your audience. Perhaps you might consider:

- "Welcome! We ____ (your names) ____ have been working together the past two months to ensure that our time together today is as meaningful as it can be. Discussing the Residents' Bill of Rights must translate into action. The words on the wall must come to life, so that residents in ____ (name of LTC home) ____ live in full dignity, respect and have confidence that they are well protected from abuse and neglect."
- "In a moment, ____ (resident's name) ____ will be opening our time together with a few remarks. At this time, we both would like to thank you for coming, for being open to a new kind of learning and for doing what you can do, whatever your role is in our long-term care home community, to bring awareness to the Residents' Bill of Rights."
- "Residents deserve to experience kindness, gentleness, and to be treated with dignity and respect."

If you are presenting to a group of staff and or volunteers, please consider:

- Acknowledging that their jobs can be very difficult. Thank them for doing what they do each and every day (paid or unpaid).
- Indicating that working in a long-term care home is an awesome responsibility as they impact greatly on the everyday life of so many people who depend on them for excellent care and compassion.

2. Announcements

The timing of the session, the obligation to report abuse/neglect and avenues for emotional support are already included in the announcement section. However, you may wish to add other announcements, specific to your home/session, in this section.

3. Setting the Context

You are encouraged to select one or two of the following items to include in your session plan.

- In Ontario, in accordance with the Long-Term Care Homes Act, 2007, every long-term care home must post the Residents' Bill of Rights (LTCHA 2007) where it can be easily seen in the home. The home must

also ensure that everyone working with the residents attend core training that includes a review of the Residents' Bill of Rights (LTCHA 2007) annually.

- Please note that it is important to acknowledge:
 - That there can be challenges as part of communal living and sharing space.
 - The rights of one individual may, at times, conflict with the rights of another individual or with other constraints such as law or home policy.
 - That no one person's rights "trump" another person's.
 - On occasion there are laws, rules, and policies that long-term care homes must abide by as a health care organization, and these can potentially conflict with a claim to rights (i.e. the requirement to test fire and emergency plans). Homes must do their best to minimize the impact.
- Remind Your Audience:
 - That not all residents in long-term care homes are seniors.
 - At times people may not realize that a right is being violated. Education, such as this, aimed to increase awareness, is so important. Relationships and practices can be improved through heightened awareness.
 - To speak up if they feel a right has been violated (report any concerns).

4. Statement of Learning Objectives

The learning objectives for this session have already been provided for you and are listed on the [Worksheet RBR008](#).

5. Opening Remarks

Beginning and ending your session with remarks can set the tone of resident engagement in a unique way and inspire participants to think differently about both the subject matter and the way in which the education occurs. Together, the residents who formed the focus group in developing this program have written sample Opening and Closing Remarks. We invite the resident co-facilitator to assume this role (if possible) by writing and reading the Opening and Closing remarks (with assistance if needed). Please feel free to adapt as you see fit. (See [Worksheet RBR009](#))

"I am" statements can be powerful ways to open the session. They are excellent in communicating the personhood of the resident apart from any disease or condition. They are poignant when used to introduce anyone along the spectrum of cognitive wellness. (Please refer to [Worksheet RBR001](#))

6. Watch the “27-The Line, Residents’ Rights Video

There are some notes provided in this section for you. However, you may wish to edit or add to the notes as you introduce the DVD to your audience.

7. Discussion Period

The heart of the session: watching the video followed by a discussion period drawing from personal experiences expressed by the resident co-facilitator.

Please note that the structure indicated on the “Our Session Plan” [Worksheet](#) follows the format previously described on page 29-30. Refer to those pages for examples provided by our resident focus group.

Now, review the 2-3 topics that you’ve chosen to highlight in your discussion period following watching the video. Contained on the “Our Session Plan” [Worksheet](#), you’ll see some suggested questions to spur on some initial conversation (7.1-7.4). These are not meant to be spoken and left unanswered (rhetorical). Please ask the questions and look at participants in their eyes to solicit their comments.

Next in this section is the naming of the topic, followed by stating the ‘context’, ‘reflections’, and ‘observations/suggestions’. These are stated in the “Digging Deeper” section on pages 45 to 53, and can be transferred over directly to the “Our Session Plan” [Worksheet](#) once you’ve decided which ones you’ll use. Again, now is the time to decide together who will speak about each of the elements. Circle either ‘resident’ or ‘staff’ so your plan is clear.

8. Closing Remarks and Commitment Cards

See #5 (page 72) for instructions about “Closing Remarks”. Have ongoing conversations about resident rights. Ask how we can contribute to creating a culture of respect, caring and kindness.

The “Closing Remarks” make reference to “Commitment Cards”. The cards are used at the end of the session to support audience members as they develop a personal commitment to themselves about residents’ rights. Audience members are instructed to fill out two cards with one commitment: they are to keep one and deposit the other one in a jar on the way out of the session.

Encourage everyone to hang on to their card or put it in a place where they will see it every day, like a locker or refrigerator.

9. Evaluation of Session

A standard evaluation form is included in [Section 3 \(RBR012\)](#) for your audience to complete as the last item on your agenda. Please allow 2-3 minutes for completion. You will need these evaluations for your Debrief Meeting #8.

Please consider sharing your evaluations or a summary of your evaluations with us at OARC. We are here to support you and celebrate with you. 1-800-532-0201 or info@ontarc.com

Through Our Eyes: Bringing the Residents' Bill of Rights Alive - Our Session Plan

	Circle/highlight lead person	
1. Introduction, Welcome		
1.1	Resident	Staff
1.2	Resident	Staff
1.3	Resident	Staff
2. Announcements		
2.1 Instruct all participants to answer question 1a) of their evaluation		
2.2 Timing of the session is one hour	Resident	Staff
<u>2.3 Obligation to report:</u> Please be aware that under section 24 of the Long-Term Care Homes Act (LTCHA 2007), any person who has reasonable grounds to suspect that abuse or neglect of a resident has occurred or may occur must notify the Director at the Ministry of Health and Long-Term Care. As facilitators of the session, we will call the Ministry of Health and Long-Term Care (MOHLTC) if any accusations or incidences of abuse or neglect are voiced or suspected. Also, the Act states that the licensee of LTC home, when made aware of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence, shall immediately notify the appropriate police force.	Resident	Staff
<u>2.4 Provision of Emotional Support:</u> Speaking about the Residents' Bill of Rights (LTCHA 2007) can be an emotional topic. Sometimes personal stories	Resident	Staff

	Circle/highlight lead person	
may spur on sadness or draw attention to how residents may be treated in ways contrary to the Residents' Bill of Rights. There are people available in the long-term care home to provide support and they are:		
<u>2.5 Other</u>	Resident	Staff
3. Setting the Context		
3.1	Resident	Staff
3.2	Resident	Staff
4. Statement of Learning Objectives		
• To develop an awareness of the Residents' Bill of Rights (LTCHA 2007) • To demonstrate an understanding of the Residents' Bill of Rights (LTCHA 2007) • To critically evaluate real life situations to ensure residents' rights are upheld	Resident	Staff

	Circle/highlight lead person	
5. Opening Remarks		
	Resident	Staff
6. Watch the “27-The Line, Residents' Rights” Video		
The video groups the 27 rights into five broad categories: • Rights of Respect • Rights of Citizenship • Environmental Rights • Medical Rights • Social Rights As you watch the video think about the many examples of when residents' rights are not being upheld. Write down as many as you can and your thoughts and feeling on your video reflection sheet	Resident	Staff
7. Discussion Period		
7.1 What was your reaction/feeling watching the video?	Resident	Staff
7.2 Would anyone like to share their comments?	Resident	Staff
7.3 Let's dig deeper. We have chosen some topics to explore with you.	Resident	Staff
7.4 Question of your choice		

[illegible]

Topic 1:

Staff

Resident

Staff

Resident Experience:

Resident

- a) When I hear_____ I feel _____.
- b) When I see_____ I feel_____.
- c) When I witness_____ I feel_____.
- d) When _____is done to me
(physically), I feel _____.
- e) Resident story: An example I'd like to share with you is:
- f) Ask the audience:
- Does that make sense to you?
 - How would you feel if that happened to you?
 - How would you feel if you observed that?

	Circle/highlight lead person	
Topic 3:		
While all 27 rights are important, we felt that this one was important because:	Resident	Staff
Resident Experience:	Resident	
a) When I hear_____ I feel _____.		
b) When I see_____ I feel_____.		
c) When I witness_____ I feel_____.		
d) When _____is done to me (physically), I feel _____.		
e) Resident story: An example I'd like to share with you is:		
f) Ask the audience:		
• Does that make sense to you? • How would you feel if that happened to you? • How would you feel if you observed that?		
8. Closing Remarks and Commitment Cards		
	Resident	Staff

	Circle/highlight lead person	
9. Evaluation of Session		
Please take 2 to 3 minutes to fill out the evaluation form. It will help us as we move forward in this journey together.	Resident	Staff
TO BE COMPLETED IMMEDIATELY FOLLOWING YOUR SESSION Is there a need to call the MOHLTC regarding suspected or alleged abuse and neglect? ☐ YES ☐ NO If "YES" call the Ministry of Health and Long-Term Care Action Line 1-866-434-0144 and notify your Administrator.		

Session Materials Checklist

This checklist is designed to assist you in gathering the material required for the session.

- ☐ DVD Player or LCD Projector and laptop
- ☐ Extension cord
- ☐ Attendance sheet if necessary
- ☐ Flipchart and markers (if desired)
- ☐ Pens
- ☐ Jar (for participants to place commitment cards into)
- ☐ Refreshments
- ☐ Tissues
- ☐ Copies of handouts
 - ☐ Commitment cards (RBR011)
 - ☐ Agenda (RBR007)
 - ☐ Evaluation forms (Appendix RBR011)
 - ☐ Optional depending on audience need:
 - ☐ Copies of “Every Resident – bill of rights for people who live in Ontario long-term care homes” booklets**
 - ☐ Residents' Bill of Rights pocketbook (template available www.ontarc.com)
 - ☐ Brochure about your LTC home

** Consider ordering copies of this booklet in advance at <http://www.cleo.on.ca/en/publications/everyres>

Develop Your Opening and Closing Remarks

Beginning and ending your session with remarks can set the tone of resident engagement in a unique way and inspire participants to think differently about both the subject matter and the way in which the education occurs. Together, the residents who formed the focus group in developing this program have written the following Opening and Closing Remarks. If possible, we invite the resident co-facilitator to assume this role by writing and reading the opening and closing remarks (with assistance where needed). Please feel free to adapt as you see fit.

Suggested Opening Remarks:

Thank you for coming. I look forward to us getting to know each other better through this experience. This will be a different experience for all of us because it's a time that I get the opportunity to speak directly on residents' rights. On behalf of all residents living here, I invite you to look at the Residents' Bill of Rights (LTCHA 2007) in a new way – from our perspective. The Rights are NOT words on a page, they are important concepts to be understood intimately as they relate to each and every person who calls this LTC home....home. Let's learn together. I'm excited to be part of this experience. I hope you are too!

NOTES:

Suggested Closing Remarks:

Thank you for listening and participating today. It was important for you to hear from me because this LTC home is where I live each and every day. I hope there is something that was said, or a feeling you have now, that will cause you to reflect in a different way about the Residents' Bill of Rights. This was an important opportunity for us to come together to build relationships and understanding so that respect and authentic caring flourishes in my home with every interaction, person to person.

I would like to invite you to take your commitment card. Think about something that challenged you today and what you will commit to do differently. Maybe it is something you will do, maybe it is something you will say or think about differently. Maybe a conversation needs to happen with someone. Please write your thoughts down twice and rip the card in half. One half is for us – please place it in the jar on your way out, and one half is for you – put it in your pocket or purse for now. Later, put it in a place that you'll refer to often – your fridge, your locker, your mirror, by your computer screen. Put it somewhere where you will be reminded of what transpired today.

Please talk more, listen more and make the investment in residents each and every day. I encourage you to have talks about residents' rights often! Bring those words to life! Together we are a team and we make a difference in enhancing the lives of residents! Thank you very much. Goodbye for now.

NOTES:

Debrief Meeting Part 1 and 2

1. How do you think your session went? Was there anything that stood out to you?

2. Did you enjoy working together? What was the impact of co-presenting with each other (staff and resident)?

3. Discuss the evaluations and commitment cards. What stands out?

4. Name one thing you would keep doing in your next session.

5. Name one thing you would change in your next session.

6. Think about how you can make the Residents' Bill of Rights (LTCHA 2007) education sustainable and applicable every day. Be creative, can you have staff or resident contests, activities, supplemental sessions? List your thoughts and make plans for the future...

7. Make some notes in preparation for the conversation with your Administrator. Consider the following:

- Results/comments from the evaluations and commitments cards.
- How was the entire process? Looking back, were there any parts of the process that you would like the Administrator to be involved in, or informed of?
- Was there a need to contact the MOHLTC to report suspected or witnessed abuse or neglect?
- Was there anyone who may be approaching the Administrator to seek out some support for emotional upset?
- Were there any questions that you were not able to or comfortable with answering that you need to relay to the Administrator?
- What could next steps look like? Review some activities and think about how this learning could be enhanced through those activities (see [Section 5](#) for ideas)

NOTES in preparation to speak with your Administrator

[illegible]

“I COMMIT TO” Cards

On the following page you will find “I Commit To” cards. Each commitment card is comprised of two sections. The commitment that is pledged is written twice – once on each tag. The attendee tears along the dotted line and keeps one half, while giving the other half to the facilitators at the end of the session. To print the commitment cards, you may use card stock and cut along the horizontal lines or you may wish to use business card stock which is already perforated.

I COMMIT TO:

Through Our Eyes:
Bringing the
Residents' Bill of
Rights Alive



Keep this copy with you...

I COMMIT TO:

Through Our Eyes:
Bringing the
Residents' Bill of
Rights Alive



Share this copy with the facilitators...

I COMMIT TO:

Through Our Eyes:
Bringing the
Residents' Bill of
Rights Alive



Keep this copy with you...

I COMMIT TO:

Through Our Eyes:
Bringing the
Residents' Bill of
Rights Alive



Share this copy with the facilitators...

I COMMIT TO:

Through Our Eyes:
Bringing the
Residents' Bill of
Rights Alive



Keep this copy with you...

I COMMIT TO:

Through Our Eyes:
Bringing the
Residents' Bill of
Rights Alive



Share this copy with the facilitators...

I COMMIT TO:

Through Our Eyes:
Bringing the
Residents' Bill of
Rights Alive



Keep this copy with you...

I COMMIT TO:

Through Our Eyes:
Bringing the
Residents' Bill of
Rights Alive



Share this copy with the facilitators...

I COMMIT TO:

Through Our Eyes:
Bringing the
Residents' Bill of
Rights Alive



Keep this copy with you...

I COMMIT TO:

Through Our Eyes:
Bringing the
Residents' Bill of
Rights Alive



Share this copy with the facilitators...

Evaluation

Session Name: _____

1. Please rate your knowledge of the Residents' Bill of Rights (LTCHA 2007) before and after attending the session:

a) **Before:** Not at all I know them thoroughly

1 2 3 4

b) **After:** Not at all I know them thoroughly

1 2 3 4

2. Please list the 3 most important things you learned at the session today.

a. _____ b. _____ c. _____

3. Please indicate how you can apply one of these things in your home or practice.

4. Is there anything you would like to learn more about?

5. Please rate the facilitator team.

Not Effective Moderately Effective Effective
1 2 3 4

Comments:

6. Please rate the session content

Unsatisfactory		Good		Excellent
1	2	3		4

7. Did your session include an exercise? ☐ Yes ☐ No

If Yes, please rate the exercise and add any comments.

Unsatisfactory		Good		Excellent
1	2	3		4

Comments:

8. Please rate the venue for the session

Unsatisfactory		Good		Excellent
1	2	3		4

Comments:

9. Please provide any suggestions for future sessions. Venue? Content? Exercises?

Sample Poster

Through Our Eyes: Residents' Bill of Rights Education Session

Please Join Us:

Add a picture of
the presenters

Add the
Presenters Names



Mark your Calendars...

Join

who have worked together to create
this unique education on the
Residents' Bill of Rights (LTCHA
2007).

DATE:

TIME:

LOCATION:

DESCRIPTION:

Learn what residents are saying
about the Residents' Bill of Rights.

Watch the topics come alive in new
ways as you listen to the residents'
perspective and lived experience.

Join us in the fun and interactive way
of learning together!

This session will be of interest to:

Preamble, Long-Term Care Homes Act, 2007

The people of Ontario and their Government:

Believe in resident-centred care;

Remain committed to the health and well-being of Ontarians living in long-term care homes now and in the future;

Strongly support collaboration and mutual respect amongst residents, their families and friends, long-term care home providers, service providers, caregivers, volunteers, the community and governments to ensure that the care and services provided meet the needs of the resident and the safety needs of all residents;

Recognize the principle of access to long-term care homes that is based on assessed need;

Firmly believe in public accountability and transparency to demonstrate that long-term care homes are governed and operated in a way that reflects the interest of the public, and promotes effective and efficient delivery of high-quality services to all residents;

Firmly believe in clear and consistent standards of care and services, supported by a strong compliance, inspection and enforcement system;

Recognize the responsibility to take action where standards or requirements under this Act are not being met, or where the care, safety, security and rights of residents might be compromised;

Affirm our commitment to preserving and promoting quality accommodation that provides a safe, comfortable, home-like environment and supports a high quality of life for all residents of long-term care homes;

Recognize that long-term care services must respect diversity in communities;

Respect the requirements of the French Language Services Act in serving Ontario's Francophone community;

Recognize the importance of fostering the delivery of care and services to residents in an environment that supports continuous quality improvement;

Are committed to the promotion of the delivery of long-term care home services by not-for-profit organizations.

Préambule, Loi de 2007 sur les foyers de soins de longue durée

La population de l'Ontario et son gouvernement :

croient en des soins axés sur les résidents;

demeurent engagés à l'égard de la santé et du bien-être des Ontariens et des Ontariennes qui vivent dans des foyers de soins de longue durée au moment présent et qui y vivront à l'avenir;

préconisent une étroite collaboration et le respect mutuel entre les résidents, leurs familles et amis, les fournisseurs de foyers de soins de longue durée, les fournisseurs de services, les fournisseurs de soins, les bénévoles, la collectivité et les gouvernements en vue de garantir que les soins et les services fournis répondent aux besoins des résidents ainsi qu'aux besoins de chacun d'entre eux sur le plan de la sécurité;

reconnaissent que le principe de l'accès aux foyers de soins de longue durée repose sur l'évaluation des besoins;

croient fermement en la responsabilisation et la transparence des pouvoirs publics comme moyen de démontrer que les foyers de soins de longue durée sont dirigés et exploités d'une façon qui reflète l'intérêt public et qui favorise une prestation efficace et efficiente de services de grande qualité pour tous les résidents;

croient fermement en des normes claires et uniformes en matière de soins et de services, lesquelles sont appuyées par un solide système axé sur la conformité, l'inspection et l'exécution;

reconnaissent l'obligation de prendre des mesures lorsque les normes ou exigences prévues par la présente loi ne sont pas respectées ou que les soins, la sécurité et les droits des résidents peuvent être compromis;

déclarent leur engagement à l'égard de la conservation et de la promotion d'un hébergement de qualité qui offre un milieu sûr, confortable et familial et assure une haute qualité de vie pour tous les résidents des foyers de soins de longue durée;

reconnaissent que les services en matière de soins de longue durée doivent respecter la diversité des collectivités;

respectent les exigences de la *Loi sur les services en français* en desservant la collectivité francophone de l'Ontario;

reconnaissent l'importance qu'il y a à promouvoir la fourniture de soins et de services aux résidents dans un environnement qui favorise une amélioration constante de la qualité;

s'engagent à favoriser la prestation des services de foyers de soins de longue durée par des organismes sans but lucratif.

Residents' Bill of Rights, Long-Term Care Homes Act, 2007 (s. 3(1))

3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
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.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
 - i. the Residents' Council,
 - ii. the Family Council,
 - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
 - iv. staff members,
 - v. government officials,
 - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.
22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor exercise unless the physical setting makes this impossible.
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Déclaration des droits des résidents, Loi de 2007 sur les foyers de soins de longue durée (s. 3(1))

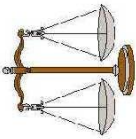
3. (1) Le titulaire de permis d'un foyer de soins de longue durée veille au plein respect et à la promotion des droits suivants des résidents :

1. Le résident a le droit d'être traité avec courtoisie et respect et d'une manière qui tient pleinement compte de son individualité et respecte sa dignité.
2. Le résident a le droit d'être protégé contre les mauvais traitements.
3. Le résident a le droit de ne pas faire l'objet de négligence de la part du titulaire de permis ou du personnel.
4. Le résident a le droit d'être convenablement logé, nourri, habillé, tenu et soigné, d'une manière correspondant à ses besoins.
5. Le résident a le droit de vivre dans un milieu sûr et propre.
6. Le résident a le droit d'exercer ses droits civiques.
7. Le résident a le droit de savoir qui est responsable de ses soins directs et qui les lui fournit.
8. Le résident a le droit à son intimité dans le cadre de son traitement et de la satisfaction de ses besoins personnels.
9. Le résident a droit au respect de sa participation à la prise de décision.
10. Le résident a le droit de garder et d'exposer dans sa chambre des effets, des images et du mobilier personnels, du moment qu'il respecte les exigences en matière de sécurité et les droits des autres résidents.
11. Le résident a le droit :
 - i. de participer pleinement à l'élaboration, à la mise en oeuvre, au réexamen et à la révision de son programme de soins,
 - ii. de donner ou de refuser son consentement à un traitement, à des soins ou à des services pour lesquels la loi exige son consentement et d'être informé des conséquences qui peuvent résulter de sa décision,
 - iii. de participer pleinement à toute prise de décision en ce qui concerne un aspect quelconque des soins qui lui sont fournis, y compris une décision concernant son admission ou son transfert à un foyer de soins de longue durée ou à une unité de sécurité ou sa mise en congé du foyer ou de l'unité, et d'obtenir un avis indépendant concernant ces questions,
 - iv. de voir respecter, conformément à la *Loi de 2004 sur la protection des renseignements personnels sur la santé*, le caractère confidentiel de ses renseignements personnels sur la

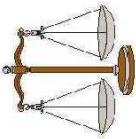
santé au sens de cette loi et d'avoir accès à ses dossiers de renseignements personnels sur la santé, y compris son programme de soins, conformément à celle-ci.

12. Le résident a le droit de recevoir des soins et de l'aide favorisant son autonomie qui sont fondés sur une philosophie axée sur les soins de rétablissement, de façon à maximiser le plus possible son autonomie.
13. Le résident a le droit de ne pas être maîtrisé, sauf dans les circonstances restreintes et sous réserve des exigences prévues par la présente loi.
14. Le résident a le droit de communiquer avec quiconque de manière confidentielle, de recevoir les visiteurs de son choix et de consulter quiconque en privé et sans entrave.
15. Le résident moribond ou très malade a droit à ce que les membres de sa famille et ses amis soient présents 24 heures sur 24.
16. Le résident a le droit de désigner une personne à renseigner et prévenir immédiatement s'il est transféré ou hospitalisé.
17. Le résident a le droit de faire part de sujets de préoccupation ou de recommander des changements de politique ou des modifications aux services, en son nom ou au nom d'autres personnes, aux personnes et aux organismes suivants, et ce, sans être empêché de s'exprimer, et sans craindre la contrainte, la discrimination ou les représailles, que ce soit le résident ou qui que ce soit d'autre qui en fasse l'objet :
 - i. le conseil des résidents,
 - ii. le conseil des familles,
 - iii. le titulaire de permis et, s'il est une personne morale, ses administrateurs et dirigeants et, dans le cas d'un foyer approuvé aux termes de la partie VIII, les membres du comité de gestion du foyer visé à l'article 132 ou du conseil de gestion du foyer visé à l'article 125 ou 129,
 - iv. les membres du personnel,
 - v. les représentants du gouvernement,
 - vi. toute autre personne, à l'intérieur ou à l'extérieur du foyer de soins de longue durée.
18. Le résident a le droit de se lier d'amitié et d'entretenir des relations avec qui que ce soit et de participer à la vie du foyer de soins de longue durée.
19. Le résident a droit au respect de son mode de vie et de ses choix.
20. Le résident a le droit de participer aux activités du conseil des résidents.

21. Le résident a le droit de rencontrer son conjoint ou une autre personne en privé dans une pièce qui assure leur intimité.
 22. Le résident a le droit de partager une chambre avec un autre résident, selon leurs désirs mutuels, si un hébergement convenable est disponible.
 23. Le résident a le droit de cultiver des intérêts sociaux, culturels, religieux, spirituels et autres, de développer son potentiel et d'obtenir une aide raisonnable du titulaire de permis à ces fins.
 24. Le résident a le droit d'être informé par écrit de toute loi, règle ou politique qui influe sur les services qui lui sont fournis ainsi que de la marche à suivre pour porter plainte.
 25. Le résident a le droit de gérer lui-même ses affaires financières, à moins qu'il n'ait pas la capacité juridique de le faire.
 26. Le résident a le droit d'avoir accès à des zones extérieures protégées pour se livrer à des activités de plein air à moins que la configuration des lieux ne rende la chose impossible.
 27. Le résident a droit à ce qu'un ami, un membre de sa famille ou une autre personne qui a de l'importance pour lui assiste aux rencontres avec le titulaire de permis ou le personnel du foyer.
- 2007, chap. 8, par. 3 (1).



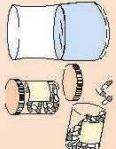
RESIDENTS' BILL OF RIGHTS



▶ To be treated with **DIGNITY** and **RESPECT**

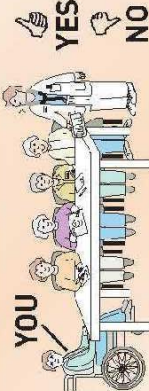


▶ Participate in **MAKING DECISIONS** about your **CARE**



YES NO

• Medication



YOU YES NO

• Case Conference

▶ Know **WHO** will **HELP** you





**Because this
is YOUR HOME**




▶ **INFORMATION**




• Rules

• Speak Out

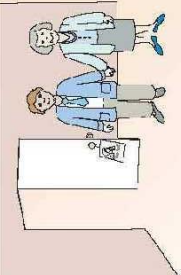
▶ **NO ABUSE**




• Physical

• Mental Abuse

▶ **PRIVACY**



Source: <http://www.aphasia.ca/shop/ontario-residents-bill-of-rights/>

Ontario Legal Requirements to Report Abuse and Neglect in Long-term Care Homes and How to Report (as of February 8, 2012)¹

Reporting

If you witnessed or have heard anything that might suggest:

- that a resident is being neglected, abused or not cared for properly;
- that someone might be stealing or misusing a resident's money;
- that staff or the owner of a long-term care home is not using the funding that they get from the government in a way that benefits the residents and their programs and services.

and you think that there has been or may be harm or a risk of harm to a resident, then you are required to report the suspicion and the information that you have to the Ministry of Health and Long-Term Care.

Protection for Reporting

There are whistle-blowing protections in the Long-Term Care Home Act to protect people from retaliation when they report to the Ministry.

How to Report

Call the Ministry's Action Line

1-866-434-0144

or

Contact the Ministry Director by writing:

Director, Performance Improvement and Compliance Branch

Ministry of Health and Long-Term Care

11th Floor

1075 Bay St

Toronto, ON M5S 2B1

What the Long-Term Care Homes Act, 2007 Says

The Long-Term Care Homes Act (s.24(1)) requires that:

A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it was based to the Director:

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.*
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.*
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident.*
- 4. Misuse or misappropriation of a resident's money.*
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006.*

Note: There is an exception in the LTCHA (s. 24(3)) for residents. This exception says: A resident may make a report (as noted above) but is not required to.

There are offence provisions within the LTCHA for failure to report that apply to:

- licensees of a long-term care home;
- persons who manage the long-term care home, officers or directors of a corporation who is the licensee of the long-term care home;
- a staff member;
- any person who provides professional services to a resident or the licensee in the areas of health, social work or social services work;
- members of the committee of management or a board of management for a home that is approved as a municipal, territorial district or First Nations home

For the full Long-Term Care Homes Act, please see:

English

Legislation: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_07l08_e.htm

Regulations: http://www.e-laws.gov.on.ca/html/source/regs/english/2010/elaws_src_regs_r10079_e.htm

French

Legislation:

http://www.e-laws.gov.on.ca/html/statutes/french/elaws_statutes_07l08_f.htm

Personal Health Information Protection Act, 2004 (PHIPA)

Legislation: [http://www.e-](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm)

[laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm)

Regulations: http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_040329_e.htm

What is PHIPA?

Ontario's Personal Health Information Protection Act (PHIPA, 2004) provides individuals with access to their own health records and protects their privacy..

What is a Health Information Custodian?

In the Act the "health information custodian" (PHIPA, 2004, SO c 1, s 3(1)) is described as a person or organization that has custody or control of personal health information as a result of or in connection with performing the person's or organization's powers or duties or the work described in the Act.

As described by Police Constable Patricia Fleischmann, Toronto Police Service, a health information custodian could include:

- Health care practitioner
- Long-term care home service providers
- Community Care Access Centers
- Hospitals, psychiatric facilities
- Pharmacies, laboratories
- Ambulance services
- Centre, program or service for community health or mental health whose primary purpose is the provision of health care

For more information contact the Information and Privacy Commissioner/Ontario

Telephone: Toronto Area (416/local 905): (416) 326-3333

Long Distance: 1 (800) 387-0073 (within Ontario)

Health Information Disclosures Related to Risks – Health Information Custodian Immunity

In the case of serious risk to the physical or mental health of an individual, it may be necessary to disclose personal health information as per the Act (PHIPA, 2004, SO c 4, s 40(1), s 43 (1)).

In some cases, the health information custodian may feel reluctant to report or supply information due to retribution or retaliation. The Act provides immunity to those custodians who report or provide information in the case of serious risks. (PHIPA, 2004, SO c 7, s 70, s71(1))

Concerns about Retaliation

The Long-Term Care Homes Act, 2007 and the Personal Health Information Protection Act, 2004 make provisions for whistle-blowing protection and non-retaliation.

What is whistle-blowing?

According to Joseph Cohen-Lyons, Hicks Morley, whistle-blowing, “refers to the disclosure by employees of illegal, immoral, or otherwise illegitimate practices of their employers to persons or organizations that may be able to affect action.” (Cohen-Lyons, 2012)

What is whistle-blowing protection?

In general, whistle-blowing protection is protection from retaliation or retribution from an individual or organization against a “whistle-blower”. The Long-Term Care Homes Act, 2007 includes a section on whistle-blowing protection (Long-Term Care Homes Act, 2007, SO c 2, s 26 (1)):

If you have any questions or concerns about whistle-blowing, contact the Ministry's Action Line at 1-866-434-0144.

Long-Term Care Homes Act, 2007 (s.26(1))

Whistle-blowing protection

- 26.** (1) No person shall retaliate against another person, whether by action or omission, or threaten to do so because,
- (a) anything has been disclosed to an inspector;
 - (b) anything has been disclosed to the Director including, without limiting the generality of the foregoing,
 - (i) a report has been made under section 24, or the Director has otherwise been advised of anything mentioned in paragraphs 1 to 5 of subsection 24 (1),
 - (ii) the Director has been advised of a breach of a requirement under this Act, or
 - (iii) the Director has been advised of any other matter concerning the care of a resident or the operation of a long-term care home that the person advising believes ought to be reported to the Director; or
 - (c) evidence has been or may be given in a proceeding, including a proceeding in respect of the enforcement of this Act or the regulations, or in an inquest under the *Coroners Act*, 2007, c. 8, s. 26 (1).

Personal Health Information Protection Act, 2004 (s.70)

Non-retaliation

70. No one shall dismiss, suspend, demote, discipline, harass or otherwise disadvantage a person by reason that,

- (a) the person, acting in good faith and on the basis of reasonable belief, has disclosed to the Commissioner that any other person has contravened or is about to contravene a provision of this Act or its regulations;
- (b) the person, acting in good faith and on the basis of reasonable belief, has done or stated an intention of doing anything that is required to be done in order to avoid having any person contravene a provision of this Act or its regulations;
- (c) the person, acting in good faith and on the basis of reasonable belief, has refused to do or stated an intention of refusing to do anything that is in contravention of a provision of this Act or its regulations; or
- (d) any person believes that the person will do anything described in clause (a), (b) or (c). 2004, c. 3, Sched. A, s. 70.

Immunity

71. (1) No action or other proceeding for damages may be instituted against a health information custodian or any other person for,

- (a) anything done, reported or said, both in good faith and reasonably in the circumstances, in the exercise or intended exercise of any of their powers or duties under this Act; or
- (b) any alleged neglect or default that was reasonable in the circumstances in the exercise in good faith of any of their powers or duties under this Act. 2004, c. 3, Sched. A, s. 71 (1).

Crime Stoppers

<http://ontariocrimestoppers.ca/index.php>

What is Crime Stoppers?

- A not-for-profit community-based charity that brings together the cooperative efforts of the police, the media and the community in the fight against crime.
- Financed through personal and corporate donations.
- Encourages the public to submit tips on crimes that have been committed, are being committed or are about to be committed.
- Pays up to \$2000 per successful arrest.
- Will NOT ask for your name or ask that you appear in court.
- Submit a tip on-line <https://www.tipsubmit.com/start.htm>
- Call in a tip 1-800-222-8477

Purpose of Enhancement Activities:

The initial one hour education session is complete and now it's time to strengthen, enhance and sustain the learning that occurred.

How is that done?

Spread and sustainability of knowledge that translates into behavioural change must be relevant, personal and engaging. People learn best when they are part of the learning experience, instead of passive recipients of information directed at them.

The following section is special because it can grow with your LTC community. Each and every time you or others try and have success with or develop your own enhancement activity, please let us know via email info@ontarc.com. You'll have the opportunity to add to an ongoing 'bank' of ideas and success stories tried by many LTC communities across Ontario and beyond! From time to time we will send out, via email, updated lists of activities and results that you can use to add to this section. Building a sense of community starts with the sharing of ideas on common ground. This is your opportunity to enhance your Residents' Bill of Rights (LTCHA 2007) education while strengthening your own community and linking with others.

We encourage you to work together with your Administrator and ALL departments (dietary, nursing, social work, environmental services, laundry, spiritual care, administration, activation/therapeutic recreation, etc...) and people in your LTC community (students, volunteers, staff, management, family members, residents) to have frequent, small scale activities in addition to a few larger scale 'whole home' initiatives. Create that 'buzz' in your LTC community that speaks volumes to everyone's commitment and investment of time, energy and resolve to build on the steps you've taken to make the Residents' Bill of Rights (LTCHA 2007) the foundation of all behaviour. It happens moment by moment, conversation by conversation, activity by activity, relationship by relationship....

Have fun, be creative, be inclusive and investigate the endless possibilities before you in bringing the Residents' Bill of Rights (LTCHA 2007) to life!

A001 - Make a Poster (30 minutes)

Purpose: The purpose of this exercise is to engage your participants in demonstrating their knowledge of the Residents' Bill of Rights.

Materials: Large paper or cardboard (poster sized); markers; glue stick; magazines; other types of craft supplies

Instructions: Working in teams; design a poster that illustrates a specific section of the Residents' Bill of Rights. The facilitator may provide one or the group can pick one. When complete, each team will display their poster and explain what message they tried to convey.

A002 - Learning Circles (30 minutes)

The goal of a Learning Circle is share and gather information about a specific topic. It is used to gather participants' feedback in a safe and respectful way. Participants speak when ready and listen to each other as they speak without cross-talk or commenting on what has been said.

How to Participate in a Learning Circle

1. Everyone sits in a circle
2. One person facilitates and poses the question to group (time allotment given)
3. One person volunteers to speak first
4. Once finished, person on left/right goes next
5. Contributions continue in that direction until everyone has spoken
6. No 'cross-talk'
7. Participant can 'pass' once
8. Continue around to include those who passed
9. Open to general discussion

NOTE: You may find it helpful to pass an object from person-to-person. Whoever holds the object will talk without interruption from the group members.

For a Learning Circle, the facilitator:

1. Assists and supports the discussion and other processes of the Circle
2. Is not expected to be a topic expert
3. Gives encouragement and keeps circle moving in order
4. Keeps discussion focused on topic
5. Ensures no one person dominates time
6. Can share the role with others

A003 – “27 - The Line, Residents' Rights”

Section Discussions (30 minutes)

Consider viewing one of the sections of the DVD for a refresher or enhancement session and create a learning circle using that topic with a few focused questions.

1. Rights of Respect
2. Rights of Citizenship
3. Environmental Rights
4. Medical Rights
5. Social Rights

A004 - Perform a Skit (20 minutes)

Purpose: To transfer knowledge to participants about roles and actions in a long-term care home.

Instructions: reverse roles or new roles

CURRENTLY IN DEVELOPMENT

A005 - Change Your Perspective (30 minutes)

Consider viewing one of the sections of the DVD for a refresher or enhancement session. Play the session for the audience and when it is complete, have a discussion. Then provide the participants with a role (something different from what they are) and ask them to think like that person and observe the video in that role, then play the same section again. Have another discussion and compare differences.

A006 - 24 Hours and a Suitcase (20 minutes)

You have just been told you will be removed from your home and placed into a long-term care home. You have 24 hours to gather everything that is meaningful to you to take to the home and it all has to fit into one suitcase. What would you bring? What would you leave behind? How would that make you feel? How can we help new residents' when they enter long-term care homes deal with this?

A007 - Create a Sub-Committee/Advisory Group

Consider forming a sub-committee or advisory group in your home to create ways to make the Residents' Bill of Rights (LTCHA 2007) come alive and remain sustainable. The group could include, but is not limited to, residents, family members, staff and management. Create a terms of reference, objectives and goals and work with your Administrator to support your home.

References

- Action Pact, Inc. (2001). The Learning Circle. Action Pact, Inc. Retrieved from www.culturechangenow.com
- Cohen-Lyons, J. (2012). Law: Whistleblowing in the Public Sector a Balance of Rights and Interests. *Public Sector Digest, Spring*, 16-18.
- Community Legal Education Ontario. (2011, December). Every Resident - Bill of Rights for people who live in Ontario long-term care homes. Community Legal Education Ontario.
- Deci, E. L., & Ryan, R. M. (1985). Intrinsic motivation and self-determination in human behavior. *Plenum*.
- Elliott, A., Cohen, L. W., Reed, D., & Nolet, K. (2013). A "Recipe" for Culture Change? Findings From the THRIVE Survey of Culture Change Adopters. *The Gerontologist*, S17-S24.
- Haldorson, B. (n.d.). One Step Further in Resident Centered Care: Elders Making the Final Decision in Staff Hiring. *Pioneer Network Conference*.
- Keane, B. (2003). The Learning Circle in Culture Change, Why Use It?
- Knowles, M. (1975). *Self-Directed Learning A Guide For Learners and Teacher*. Chicago: Follett Publishing Company.
- Kolb, D. A. (1999). Learning Style Inventory: Version 3. Hay/McBer.
- Koren, M. J. (2010). Person-Centered Care for Nursing Home Residents: The Culture-Change Movement. *Health Affairs*, 312-317.
- Kunzman, L. (2000, September). A Case for Story-Telling: Honoring the Final Journey. *Clinical Nurse Specialist*, 14(5), 209.
- Kwintessential. (n.d.). *Free International Etiquette Guides, Country Profiles - Global Guide to Culture, Customs and Etiquette*. Retrieved 2014, from <http://www.kwintessential.co.uk/resources/country-profiles.html>
- Mager, R. F. (1997). *Preparing Instructional Objectives: A Critical Tool in the Development of Effective Instruction*. Atlanta: The Center for Effective Performance.
- Merriam Webster. (n.d.). *Facilitator*. Retrieved from on line dictionary: <http://www.merriam-webster.com/dictionary/facilitator>
- Mind Tools. (2009). Brainstorming Tool Kit. MindTools. Retrieved from <http://www.mindtools.com/brainstm.html>
- NHS Institute for Innovation and Improvement. (2009). Observation: Through the Eyes of.... NHS Institute for Innovation and Improvement.
- NHS Institute for Innovation and Improvement. (2009). The Experience Based Design Approach: Using patient and staff experience to design better healthcare services. NHS Institute for Innovation and Improvement.

- Ontario Association of Residents' Councils. (2013). *Supporting Your Home's Residents' Council: A Resource Guide for Residents' Council Leadership and Staff Assistants*.
- Ontario Government. (2007). *Residents' Bill of Rights. Long-Term Care Homes Act*.
- Ontario Long Term Care Association. (2016). *This is Long-Term Care 2016*. Markham: Ontario Long Term Care Association.
- Pioneer Network. (2014). *Culture Change*. Retrieved from Pioneer Network: <http://www.pioneernetwork.net/>
- Queensland Occupational Therapy Fieldwork Collaborative. (n.d.). *Adult Learning Theory and Principles*. Retrieved from The Clinical Educator's Resource Kit: <http://www.qotfc.edu.au/resource/?page=65375>
- Regional Municipality of Durham, L.-T. C. (Director). (2011). *27 The Line: Residents' Bill of Rights* [Motion Picture].
- Regional Municipality of Durham, Long-Term Care and Services for Seniors. (2013). *27: Residents' Bill of Rights Facilitator Discussion Guide*.
- Sinha, D. S. (2012). *Living Longer, Living Well, Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on recommendations to Inform a Seniors Strategy for Ontario*. Toronto. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/seniors_strategy/docs/seniors_strategy_report.pdf
- Sura, R., Siders, R. A., & Dannefer, D. (2001, April). Culture Change in Long-term Care: Participatory Action Research and the Role of the Resident. *The Gerontologist*, 41(2), 212-225.
- Teevan, J. J., & Hewitt, W. E. (1995). *Basic Sociology, A Canadian Introduction*. Toronto: Prentice-Hall Canada Inc.
- Thomas, W. H. (1996). *Life worth living : how someone you love can still enjoy life in a nursing home : the Eden alternative in action*. Acton: VanderWyk & Burnham.
- United Nations General Assembly. (1948). *The Universal Declaration of Human Rights*. Retrieved from <http://www.un.org/en/documents/udhr/>
- Widrich, L. (n.d.). *The Science of Storytelling: Why Telling a Story is the Most Powerful Way to Activate Our Brains*. Retrieved from Lifehacker: <http://lifehacker.com/5965703/the-science-of-storytelling-why-telling-a-story-is-the-most-powerful-way-to-activate-our-brains>