

**LBHH Family Council Survey Results Analysis Fall 2020 – 10 pages**

**31** total # of Respondents; 5 Questions

***Q 1: Please think about what you see and what happens when you or family members visit your family member or a resident at Louis Brier before COVID.***

***What are things staff do that you like or liked?***

Category	Positive Highlights (Respondents)	Challenges (Respondents)	Comments/Recommendations (FC)
<b>Activities</b>	- <b>Proactive</b> in getting resident to go		See also Q2 “Proactive”
<b>Treatment of resident</b>	<ul style="list-style-type: none"> <li>- With respect, dignity and kindness; <b>show compassion</b>;</li> <li>- Go out of their way to be <b>kind</b>, gentle, caring; - keep <b>resident well groomed</b>;</li> <li>- Take care and <b>appreciate resident</b>; mainly pleasant;</li> <li>- Like <b>own family</b> member;</li> <li>- Getting <b>dressed on time</b> in the mornings and waiting for family member;</li> </ul>	Staff <b>threatening</b> residents; residents <b>rushed</b> ; residents <b>not being paid attention to</b> when upset	<ul style="list-style-type: none"> <li>-Most responses show very positive treatment of residents; continue with staff in-service training and supervision to maintain high level of consistency in resident care.</li> <li>- For distressed residents - FC suggestion for playing soothing music at each nursing station was effective for those sitting in hallways; Appropriate choice of music has a calming effect on the residents.</li> </ul>
<b>Work Habits</b>	<b>Hard working</b> ; well intentioned; <b>patience</b> ; <b>pleasant and attentive</b> ; work extremely hard to ensure health and well-being of residents; caring nature	<b>Lack of best dementia care practice</b>	Continue with staff professional development & education
<b>Connecting with families and friends</b>	<ul style="list-style-type: none"> <li>- Provide <b>updates</b> on resident</li> <li>- Talk about something special loved one has done</li> <li>- Greets me (family)</li> <li>- <b>Welcomes and express appreciation to visitors</b></li> <li>- <b>Friendly and helpful</b>; feel welcomed and valued every time</li> <li>- Smiles and <b>acknowledgement</b> of who I am</li> </ul>	<b>Lack of communication from management and care staff</b>	<ul style="list-style-type: none"> <li>- Provide brief updates on individual resident on regular intervals by email to families. Continue existing kind, attentive practice.</li> </ul>

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	<ul style="list-style-type: none"> <li>- Calls me right away when something is of concern</li> <li>- <b>Suggests better caring</b> for loved one</li> <li>- <b>Go out of their way</b> to check in with my loved one and me whenever I visit</li> <li>- Always <b>open</b> to being approached</li> <li>- <b>Kind and attentive</b></li> <li>- <b>Follow up</b> and listen to requests with respect and attention</li> <li>- Treated me with <b>great respect</b> when my loved one was palliative</li> </ul>		<ul style="list-style-type: none"> <li>- Continue to build upon the Skype, FaceTime, Zoom and other methods of communicating.</li> </ul>
<b>COVID related</b>	<ul style="list-style-type: none"> <li>- Temperatures are taken and masks worn</li> <li>- Seniors are being kept safe</li> <li>- Consistently kind and patient regardless of stress during this very difficult time</li> </ul>		
<b>General</b>		Difficult to know because cannot see what's going on.	

***Q 2: Please think about what you see and what happens when you or family members visit your family member or a resident at Louis Brier before COVID.***

***What are things that you wish staff could do?***

<b>Category</b>	<b>Could Do More (Respondents)</b>	<b>Suggestions (Respondents)</b>	<b>Comments/Recommendations (FC)</b>
<b>Activities</b>	<ul style="list-style-type: none"> <li>- <b>Proactive</b> in introducing activities and programs</li> <li>- Being proactive in getting my wife <b>to activities</b></li> </ul>		<ul style="list-style-type: none"> <li>- Proactive means to take control and make things happen rather than just adjusting to situation or waiting for something to happen.</li> <li>- Consider anticipating the needs of residents when they can no longer interact with friends and family.</li> </ul>

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			<ul style="list-style-type: none"> <li>- Consider giving each resident at least 5 minutes social attention rather than or as an alternative to group activity.</li> <li>- Incorporate music daily either individually or in hallways; vital component for mental and physical health</li> </ul>
<b>Spend more time with Residents</b>	<ul style="list-style-type: none"> <li>- <b>Take more time to sit with residents</b>, to laugh, learn about residents’ life; touch hands, whatever makes resident feel seen and cared</li> <li>- <b>Take outside</b> so could visit in-person;</li> <li>- <b>Take needs</b> of residents <b>seriously</b></li> <li>- <b>Socialize with dementia residents</b></li> </ul>	<ul style="list-style-type: none"> <li>- <b>Outside caregivers</b> should be allowed to come inside and work to assist residents as staff simply cannot do it all (successfully) themselves.</li> <li>- <b>Ensure an activity</b> at some level (even social interaction) <b>is provided to each resident daily</b></li> </ul>	<ul style="list-style-type: none"> <li>- Need more ratio of nursing and care-aids to # of residents.</li> <li>- Existing care staff seems overtaxed.</li> <li>- Need more one-on-one time between recreation people and all individual residents.</li> </ul>
<b>Staff #</b>	<ul style="list-style-type: none"> <li>- <b>More staff</b> (needed)</li> <li>- (just) doing what they are supposed to get through on a shift is not good enough</li> </ul>	<ul style="list-style-type: none"> <li>- Have a way family can see who is on break and when. <b>Better understanding of “crunch times” and times when it is best to call</b></li> </ul>	<ul style="list-style-type: none"> <li>- In weekly bulletins let families know best time to call nursing stations, and when to avoid “crunch times”.</li> <li>- Is there an after-hours central voicemail system with staff member to respond within a reasonable time if families/caregivers can’t get hold of the nursing station?</li> </ul>
<b>Care concerns</b>	<ul style="list-style-type: none"> <li>- <b>Treating residents as people</b> not just as tasks</li> <li>- Consider the <b>small things that make a big difference</b></li> <li>- <b>Take more time</b> to get to know the residents’ specific &amp; individual needs</li> <li>- <b>Check on residents more often</b> to ensure they</li> </ul>	<ul style="list-style-type: none"> <li>- (family concern) that breakfast was not the only meal that resident fully Ate that day.</li> </ul>	<ul style="list-style-type: none"> <li>- Focus on hydration and meal consumption of residents</li> <li>- Individual music therapy that targets/ triggers the memory is most effective for all especially for Alzheimer sufferers.</li> </ul>

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	<p>are: comfortable, not soiled, are hydrated etc.</p> <ul style="list-style-type: none"> <li>- <b>Respond faster to call bells</b></li> </ul>		<ul style="list-style-type: none"> <li>- Provide individual music therapy that reflects a resident’s specific past music interest, experience; E.g. use information acquired during intake/admission and ongoing interaction with individual residents.</li> </ul>
<b>Connect w families</b>	<ul style="list-style-type: none"> <li>- <b>Talk to family</b> with ease &amp; confidence</li> <li>- <b>More frequent updates</b></li> </ul>	<ul style="list-style-type: none"> <li>- <b>Leave messages for families</b> (once a week?) to let them <b>know how their loved one is doing</b></li> </ul>	<ul style="list-style-type: none"> <li>- More regular communication and updates between medical staff and residents’ families or designates.</li> </ul>
<b>Technology</b>	<ul style="list-style-type: none"> <li>- <b>Help more</b></li> </ul>		<ul style="list-style-type: none"> <li>- Research how other LTCH integrate technology to connect families at safe distance.</li> <li>- Integrate Point Click Care App with other tools to provide family updates<sup>1</sup></li> <li>- Ensure internet password changes are updated on each resident’s device to reduce resident-user’s frustrations.</li> <li>- Encourage residents to use devices, if applicable, at their levels for social, mental and cognitive stimulations.</li> <li>- Use Voiceover IP (VOIP) to allow access to audio voice messages (repeatable) in resident’s email.</li> <li>- Share photos safely in LBHH new website’s family portal for residents. Photos (could be kept in cloud) can only be available for a period of time then deleted to create space.</li> <li>- Virtual reality <sup>2</sup> - i.e. use for mental wellness and cognitive or physical</li> </ul>

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			stimulation through VR calming, leisure, or travel experiences.
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- <https://www.iadvanceseniorcare.com/how-senior-care-facilities-can-improve-family-communication-and-connections-during-the-pandemic/>
- [https://www.cabhi.com/blog/can-virtual-reality-make-long-term-care-residents-happier-one-cabhi-project-investigates/#:~:text=Virtual%20reality%20\(VR\)%20is%20one,can%20improve%20their%20well%20being](https://www.cabhi.com/blog/can-virtual-reality-make-long-term-care-residents-happier-one-cabhi-project-investigates/#:~:text=Virtual%20reality%20(VR)%20is%20one,can%20improve%20their%20well%20being)

***Q 3. Please think about how you or a family member visits a resident at Louis Brier now in person or by video conference.***

***What is working?***

Category	What is working – Positive (Respondents)	Challenges (Respondents)	Comments/Recommendations (FC)
<b>Family Member Visits</b>	<ul style="list-style-type: none"> <li>- <b>Essential Visitor</b> status; as Essential Visitor, fortunate able to be with wife; level of access to father, and appreciate staff updating me</li> <li>- <b>Real visitation</b>; in person visits; Being able to actually see the resident makes such a difference after several months; new <b>indoor</b> visitation working well; Works once I’m in the building</li> <li>- <b>Outdoor</b> visits are good; thrilled to see mother without a window, electronic or dirty window</li> <li>- <b>Window</b> visits</li> <li>- <b>Virtual visits</b> are better than none; Video conference; helpful to 'see' mother -although not in person</li> <li>- Lovely visits with the loved one in the Shalom Garden</li> <li>- My brother is designated family member allowed to visit mother; as she never leaves her room, they have <b>allowed</b> him to <b>visit</b> her <b>in her room</b></li> <li>- Very <b>organized</b>; Visitation happens <b>on time</b>. The rec team tries really hard to ensure they are available to facilitate video calls.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Nothing is working</b> at this time</li> <li>- Able to visit mom when she moved in. Now that I’m away, I find it <b>challenging as mom isn’t able to manage phone/FaceTime/Skype without help</b></li> <li>- <b>Outdoor visits</b> were okay, apart from the fact that I <b>can't have a conversation with my mother</b></li> <li>- <b>Depends on the mental condition</b> of the <b>resident</b></li> <li>- Hard to say as I haven’t seen my husband since last December</li> <li>- <b>Difficult to know</b> since I can not see what is going on</li> <li>- <b>Video was not helpful</b> as my <b>family member was nearly deaf and could not see the screen</b> well enough to know what was going on</li> </ul>	<ul style="list-style-type: none"> <li>- Outdoor or video visits don’t work for residents with acute mental, visual, hearing, speech, etc. problems.</li> <li>- Hire companions to bring resident to the window for visits.</li> </ul>

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<p><b>COVID related</b></p>	<ul style="list-style-type: none"> <li>- Signing in <b>procedure easy quick and efficient</b>; screening, cleanliness and efforts to communicate with family; new mask provided every day; Temperature taken; Questions regarding health are addressed</li> <li>- <b>Protocols for keeping our parent safe are second to none</b></li> </ul>		<p>Use of heaters and more tents outside, if it is the only way families will be able to visit through the window or outside.</p>
<p><b>Staff</b></p>	<ul style="list-style-type: none"> <li>- <b>Positive attitude</b> and values of the care staff, housekeeping, rehab and social work/pastoral care, quality assurance and infection control teams has <b>made a huge difference</b> to our family</li> <li>- <b>A lot of work behind scenes to project unity and consistency to residents and their families</b></li> <li>- <b>Care is demonstrated</b> from <b>greetings</b> during entry screening, allowing our parent to <b>eat shared meals in his room</b>, the <b>beautiful garden, daily room tidying, patience and acceptance</b> of our parent's 'routines' and moods, and most of all the <b>professionalism and kindness shown to us all throughout tough times</b></li> </ul>		<p>- Wonderful to have added number of awards for “Staff Recognition Awards” this year!</p>
<p><b>General</b></p>	<ul style="list-style-type: none"> <li>- General <b>information</b> availability: in <b>lobby and hallways</b>; brochures, LB <b>digital</b> bulletins; <b>easy access</b> to <b>weekly</b> or <b>monthly activity</b> calendars for the residents; easy access to the weekly and <b>daily menus</b>; <b>anonymous</b> comments <b>suggestions box</b>; <b>FC Information Desk</b></li> <li>- <b>Bi-weekly concerts</b> for residents and families</li> <li>- Everything seems to work <b>just fine</b></li> </ul>		

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***Q 4. Please think about how you or a family member visits a resident at Louis Brier now in person or by video conference.***

***What is not working? Suggestions?***

Category	What is not Working (Respondents)	Suggestions (Respondents)	Comments/Recommendations (FC)
<p><b>Family Visits - In Person</b></p>	<ul style="list-style-type: none"> <li>- No adoption of FACT that <b>families are "essential caregivers"</b>.</li> <li>- <b>Sign up</b> has been very <b>frustrating</b>, so that it's been difficult to have a time that works for us.</li> <li>- Sign ups happened and <b>people moved quicker than me</b>.</li> <li>- <b>Uncomfortable</b> in the one session so far in the Bistro; <b>Too distant</b> for either of us; Well over 2 metres between our chairs.</li> <li>- Many residents are <b>hard of hearing</b>, visitors have to speak very loudly.</li> <li>- When 2 visits are close to each other, awkward and difficult to make oneself heard, or other visitors are putting up with our loud voices.</li> <li>- <b>Demented residents</b> more <b>agitated after visits</b>.</li> <li>- Family member has dementia and anything other than holding hands and hugs in person makes her angry or upset.</li> <li>- When I leave, concerned that the rest of day, she will not have the attention I have just given her at breakfast.</li> <li>- Wish there is some way of providing a <b>daily diary</b>, as</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Face to face visits</b> - being able to <b>hold hands</b>. Being able to <b>sit next to mum</b> so I can <b>speak into her good ear</b>.</li> <li>- Would like to <b>visit</b> mother <b>in her room to see</b> what she <b>needs</b> and <b>assess</b> her clothing needs and personal hygiene needs; To sit in her room with her would be wonderful.</li> <li>- <b>Having 2 - 3 week intervals for designated visitor</b>. In this way <b>another designated visitor</b> (e.g. my brother) could visit as well.</li> <li>- It would be great to <b>set up a third visitation spot indoors</b>.</li> <li>- Screening could happen with existing staff and there wouldn't be a need for more hovering over a third visit area if it was close by.</li> <li>- Those who were a daily or multiple day/week part of their resident's lives should be able to continue to see those residents as if they were companions. In fact, those <b>family caregivers</b> (I am one) <b>can reduce the</b></li> </ul>	<ul style="list-style-type: none"> <li>- Consider all primary family caregivers as essential visitors.</li> <li>- In room visits for all screened in-person visits by primary family caregivers or designates.</li> <li>- In-room visits would free up space so more screened families / designates could visit</li> </ul>

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	<p>constantly worry she is alone; would like to know what she did during the day.</p> <ul style="list-style-type: none"> <li>- Why <b>cannot</b> the only family designate be able to <b>visit with resident in own room</b></li> <li>- <b>Only once a week?</b></li> <li>- <b>In person visits not working</b> as so many <b>families are not following the rules and safety precautions</b> which puts everyone at risk</li> <li>- It's difficult to tell because I can not see what is going on.</li> <li>- <b>Not</b> being able to <b>accompany him to activities and rehab sessions</b>. He (<b>Resident</b>) <b>must choose between spending time with me and participating in LB scheduled events/activities</b>.</li> <li>- <b>Not</b> being able to <b>visit at the same time as his other essential visitor</b>, my sister. It doesn't make sense to my father and distresses him.</li> <li>- <b>Not enough visits</b> are allowed in person.</li> </ul>	<p><b>pressure on care staff</b> because we keep the resident occupied, stimulated, hydrated, happy, comfortable and we get what we need from the care staff before the want becomes a "need". We know when to alert to diaper changing and bedding and other personal needs. <b>Help us help you!!!</b></p>	
<p><b>Video and Over the Phone Visits</b></p>	<ul style="list-style-type: none"> <li>- <b>Visitation via I phone is not working</b>. Too noisy inside.</li> <li>- Videos are usually at times that she is not in a great frame of mind. It's often times that she's sundowning.</li> <li>- Prefer to see her when she's alert.</li> <li>- Used to access skype on the computer with my mother's companion. <b>Skype is no longer available</b>,</li> <li>- <b>Appointments on zoom but the times were not convenient for me</b></li> </ul>	<ul style="list-style-type: none"> <li>- If there was a way we could still <b>access skype once a week on companion days</b>, i.e. (on Tuesdays) then that would be really helpful to me.</li> <li>Perhaps there is a way to <b>assist seniors on computers in a main area?</b></li> </ul>	



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	<ul style="list-style-type: none"> <li>- Mother <b>cannot hear well</b> and her <b>speech has deteriorated</b> steadily.</li> <li>- <b>Personal phone on Facetime, screen is very small</b> so mother <b>can barely see me.</b></li> </ul>		
<b>Covid Related</b>	<ul style="list-style-type: none"> <li>- <b>More access for families</b> who were <b>doing care prior to Covid.</b></li> <li>- Although the rules permitted it, that was not the way it was being enforced at Louis Brier. My family member died for lack of adequate care during Covid restrictions</li> </ul>		<ul style="list-style-type: none"> <li>- Consider all primary family caregivers as essential visitors.</li> <li>- In room visits for all screened in-person visits by primary family caregivers or designates.</li> </ul>
<b>General</b>	<ul style="list-style-type: none"> <li>- <b>Clothing missing</b> on a <b>regular basis</b> and clothing that is not hers shows up in her room.</li> <li>- <b>Parking</b> -I very <b>rarely find parking walkable.</b> I have a walker, a car and a handicap pass. Handicapped spots often in use.</li> <li>- <b>No access to weekly activities digital calendars or menus</b> for families' information</li> <li>- <b>No digital information on bulletin</b> about what <b>specific improvements</b> have been made to LB; e.g. new chairs or armchairs; no digital intros of <b>new personnel</b> working or <b>health care improvements</b> done in the resident's wing;</li> <li>- <b>Food quality.</b></li> <li>- <b>Confusion in dining room at meal times.</b> I know we cannot accompany our parent to meals.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Post</b> (weekly activities &amp; menus), specific improvements, new personnel, etc. <b>on LB Digital Bulletin regularly</b></li> <li>- If there are transitioning pains from the recent change in provider, is there anything we can do to help our resident navigate this better?</li> <li>- Don't know</li> <li>- It's rather cold in <b>winter months...more heat for residents</b> when it gets colder</li> </ul>	<ul style="list-style-type: none"> <li>- A main concern is residents aren't eating as well as they should</li> <li>- the dieticians and staff need to spend more time with each resident to make sure they are getting enough nutrition and don't "go to bed hungry".</li> </ul>
<b>Positive Highlights</b>	<p>Staff:</p> <p>Some <b>care aides</b> do seem to be <b>educated in palliative care. Sensitivity to family.</b></p> <p>General:</p>		

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	I think we are all doing our best Nothing to complain about		
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**Q5. Is there anything else you would like to add?**

<b>Goals &amp; Aspirations &amp; Advice</b>
<p><b>Right of every resident</b> to feel safe in own room and install a camera. Their or their representative’s <b>right to choose</b></p>
<p>To have <b>ONE person in charge</b> that I can talk to and get a response.</p>
<p><b>Advocacy</b> – what is family council doing about advocacy work on behalf of residents and for family members to be able to continue relationships through COVID</p>
<p>I heartily encourage new families to take advantage of the precious opportunity to <b>connect with other families</b> of LBHH residents and loved one. For those who live outside of Vancouver, or anyone not able to visit as often as they wish, the Family Council is an empathetic, liked minded group who provide mutually beneficial support to one another.</p>

<b>Appreciation and Satisfaction</b>
<p><b>LBHH:</b> Mostly quite satisfied with LBH. A huge THANK YOU to all the health care workers and support staff that are helping the residents to keep as normal a life as possible in these difficult times.</p>

<p><b>Family Council</b></p> <ul style="list-style-type: none"> <li>- Having Family Council with a collective and constructive voice at LBHH makes LB truly a “caring” home for the residents and their families.</li> <li>- Really appreciate formal communication from your (FC) leadership. E.g. Purposeful, communication from social work, rehab (include Chaplain) and QRM is exemplary.</li> <li>- A note of appreciation to all those who are part of the Family Council. Thank you for giving of yourselves and your time.</li> <li>- Kudos for all the team of the Family Council for a job well done</li> <li>- The volunteers who run Family Council are so wonderful and I appreciate them so much!</li> <li>- Thank you for working on keeping Family Council ongoing</li> </ul>
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