



Family Council (FC)
Thursday, May 16 2024

lb.familycouncil@gmail.com

Family Council is a self-led, self-determining, group of families and friends of Louis Brier residents. We advocate for continuous improvement in the quality of life of the residents by way of collaboration with senior leadership. We provide a support forum to share concerns, explore possible causes, and create “next steps”; we facilitate communication in a constructive manner for problem resolution; we solicit examples of what is working well for positive feedback, and we take part in various committees and initiatives at Louis Brier.



Our Conversations:

A. APPROVAL OF APRIL MINUTES PENDING UPDATES

B. PAM KOONER

Pam Kooner, Director of Care

Please feel free to contact her with any questions, concerns or ideas you may have regarding clinical care.

604-267-4784

pkooner@louisbrier.com

1. Why is there no IV in long-term care?

Families:

- Nurses are trained on IVs (however because they don't use their skill, they may need to be re-trained)
- There are residents who clearly suffer from chronic issues requiring IV often – could these people be singled out to have IV?
- health risk going back and forth to hospital just for hydration and antibiotics
- cost of these unnecessary transfers when nurses are trained in administering IV in

their training

- the stress and toll it takes on residents having to leave LBHH and often stay overnight in hallways without treatment for many hours

Pam's response:

- WHILE SOME LONG-TERM CARE HOMES CAN ADMINISTER HYDRATION THERAPY (DIFFERENT FORM IV) LTCHS ARE NOT YET EQUIPPED TO ADMINISTER IV:

- THERE ARE POTENTIAL RISKS AND SIDE EFFECTS OF IVS WHICH WOULD REQUIRE MEDICAL ATTENTION IN HOSPITAL

- DUE TO HIGH RATES OF STAFF TURNOVER IN LTC FACILITIES, IT MAY BE DIFFICULT TO ENSURE NURSES ARE COMPETENT AND HAVE THE REQUISITE SKILLS, KNOWLEDGE, AND ABILITIES TO ADMINISTER IV INFUSIONS. MAINTAINING ONGOING COMPETENCY IS ALSO A CONCERN IF THE LTC FACILITY INTERMITTENTLY PROVIDES CARE TO RESIDENTS REQUIRING INFUSIONS.

2. Transparency and communication between doctor and families

- LBHH is working on team building to ensure resident incidents of change are communicated onto the next shift and between nurses on same shift.

- Families are to be informed in a reasonable time of any sudden changes or incidents which occur to their loved one's health or medication

- Huddles work to communicate individual resident concerns from one care aid to the next

- Focus on greater collaboration between nurses and doctors is emphasized

3. What about the challenge of reaching a doctor after hours and on weekends/holidays

There is always a doctor on call. A doctor must provide the order for new or changing medication. There are no standing orders. Referrals to specialist have their own protocol – while it may only be a week to get a referral to a specialist, it may take longer to get an appointment with them

4. Palliative Model of Care – where is LBHH at with embracing or using this model of care?

A plan of care that has a palliative approach would address the physical, psychological, social, spiritual and practical issues of both the resident and family and continues to provide support into bereavement.

End-of-Life Care is the final stage of the palliative approach.

Reference: Implementing a palliative approach in long-term care (Canada)

https://www.palliativecareswo.ca/docs/LTCH_Resource_%20Guide.pdf

5. Psychiatrist on Staff

Apparently, we have a Psychiatrist available to LBHH resident care but there has to be an assessment and a referral made first by the care team.

6. Communication from LBHH to family:

Request by a Family member: Please identify first whether this is an emergency or urgent call, then provide details. Give family a second to realize the call is not urgent. Request: Only contact the secondary contact on record if the call is urgent. Asking for authorization to immunize is not urgent

C. GENERAL CONVERSATIONS

i. UBC Research VIDEO

Screening only was permitted. No link to this video until announced.

If you would like to see this video, contact Family Council lb.familycouncil@gmail.com

UBC (Dr. Farinaz Havaei and Team) have been working over a year to gather information through various focus groups to find out what makes resident and families effective and what are the barriers.

What contributes to the effectiveness of councils in long-term care?

What is the purpose of the video?

(1) to raise awareness among existing and prospective LTC residents and their families (general public) about the existence and the value of family and resident councils as a way to influence practice, policy and decision at a LTC home level.

- While this project targets councils in long-term care this is part of a larger healthcare issue and a much greater message than the day-to-day care in long-term care. It also is about elevating the voice of stakeholders in long-term care to our regional and provincial levels as a catalyst for change in the way our healthcare system views and supports LTC.

(2) to raise awareness among policy/decision (e.g., Ministry of Health, regional health authorities) and advocacy organizations (e.g., Office of Senior's Advocate, BCCPA, Alzheimer's Society of BC) in relation to two things:

- (a) LTC homes are struggling to establish independently run councils and
- (b) certain elements (e.g., effective communication of information) were found to be important to councils effectively performing.

This film was produced by the research team at **UBC HOPE** (Healthy Outcomes by Improving Patient and Provider Experiences) lab. The UBC HOPE Lab brings together a multidisciplinary team of researchers, trainees, clinicians, decision-makers and patient and family partners to conduct cutting-edge research that responds to Canada's health system priorities.

Two tools are posted on the HOPE LAB:

Council effectiveness Tool: <https://nursing-hopelab-2022.sites.olt.ubc.ca/files/2024/03/Reformatted-council-effectiveness-tool-March-26-Final.pdf>

Key Study Findings: <https://nursing-hopelab-2022.sites.olt.ubc.ca/files/2024/05/Figure-1-v2.pdf>

ii Book Drive

What:

Tidy Up, Replenish and Revitalize the books in Home Centre and Second Floor Libraries

Why:

To improve the quality, diversity, condition and quantity of books available for residents and families and companions to share with residents

When:

Sunday June 2 10:00AM – 2:00PM

Monday June 3 9:00AM – 5:00PM

Where:

Drop off of Books TBD but likely at reception

How:

We need family volunteers for these two June dates!!!!

Please contact: lb.familycouncil@gmail.com

C. Reminder we have a Staff Role Key to help you identify what each person does Link:

<https://docs.google.com/document/d/1as6fQilvXF1xxAtLgDRC1D9dPyrhtp6e/edit?usp=sharing&ouid=115416261227420590869&rtpof=true&sd=true>

D. Gardening on Balcony gratis of Family Council

Please visit and enjoy the flowers and clean deck space.

Please check gardens over the summer for water in the plants. Plants should be moist but not wet. Water using a watering can if need be.

Thank you to all those who took part in the Spring clean up!

E. FOOD ADVISORY COMMITTEE

Minutes attached

We need more families to participate!!!!!!!!!!

We have a dietician at the meeting and the head of food services.

PLEASE email family council if you are interested to attend so we can send you this link

Please contact: lb.familycouncil@gmail.com

Next Meeting Proposed Date; June 20 2024 at 7:00pm

We have Sheila Novak with another UBC Research Group present her report on the research conducted at Louis Brier. Their overall study was Resident and Family engagement in long-term care.

Topic: LBHH Family Council Meeting

Time: Jun 24, 2024 07:00 PM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us06web.zoom.us/j/81379365091?pwd=oVqbh2mqxKGEwdAb0Eq4WdAp2CYS Df.1>

Meeting ID: 813 7936 5091

Passcode: 965930

Dial by your location

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