

**FAMILY ADVISORY COUNCIL MEETING  
MINUTES  
Monday, September 12, 2016  
6:30 pm to 8:30 pm**

**PRESENT:** Robert Tock; Ira Applebaum (A7); Shari Burrows (A2); Anne Clavir (A7); ); Gail Kaufman(Community); Ian Kent (A5); Bernard Rachlin (Community); Shari-Ann Rosenberg (A4); Eric Sobel (A5); Bill Weiss (A3); Sue Calabrese (DOC); Lori Socket

**REGRETS:** Cheryl Alburquerque (A7); Arei Bierstock; Susan Davidson (A2), Rebecca Egier (Community); Sarah Fishman (A5); Harriet Bernstein (A6), Chani Gastfreund (A4); Sholom Glouberman (Community); Lisa Gold (A2); Gail Goldenberg (A7); Bala Hernick (A2), Francie Kendal (Community); Fluffy Rosenbloom; Marilyn Melnick (A6), Joe Myers (Community), Vivian Rosenberg (A6), Eddie Rice (A7); Harriet Rice (A7); Mark Schlossberg; Sue Tepper (Community), Susan Gorewich (A6), Dara Kideckel (A7), Susan Wiskin (A2), Avivah Wargon; Joi Guttman-Young (A7).

**GUESTS:**

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**1.0 APPROVAL OF MINUTES AND AGENDA**

**1.1 Approval of Minutes of August 8, 2016**

*It was duly **MOVED** and regularly **SECONDED** that the Minutes from the Family Advisory Council meeting on August 8, 2016 be approved. **MOTION CARRIED.***

**1.2 Approval of Agenda of September 12, 2016**

*It was duly **MOVED** and regularly **SECONDED** that the Agenda of the Family Advisory Council held on September 12, 2016, be approved. **MOTION CARRIED.***

**2.0 REPORTS AND UPDATES**

**2.1 Medical Services in the Jewish Home for the Aged (Apotex Centre)**

**Dr. Sid Feldman**

**Dr. Gary Naglie**

Robert introduced Dr. Gary Naglie, VP Medical Services and Chief of Staff, and Dr. Sid Feldman, Executive Medical Director Residential Program and Medical Director. Dr. Naglie gave a background review of medical services. There is a patient/client/ resident centred approach to best meet the needs of our residents and their family members. Dr. Feldman circulated an information sheet summary of the Medical Services in the Apotex. We have 12 physicians in the Apotex, 4 are full time and 8 part time. We have done a lot of work around the goals of care for our residents so we understand what the expectations of the residents and their families are. If you need to speak to a physician, please leave a message with the registered staff on the unit. They will assess the urgency and will either page the physician or leave a message for the physician to call

you back. Discussion ensued around the annual review of the resident with the physician and care team.

**2.2 Change Beauty Salon Management Scott Horn**

This presentation has been deferred to a future meeting.

**2.3 Food Tasting: New Cookies – Minced and Pureed Gina Carvalho**

The new snack program was launched on August 22<sup>nd</sup>. Gina Carvalho brought samples of both pureed and minced cookies for the Family Advisory Council to tastes. The samples were pureed strawberry wafers, social tea cookies, and blueberry muffins. Feedback was very positive as to the taste of the samples.

**3.0 STANDING ITEMS**

**3.1 Issues Tracking Robert Tock**

No report at this time. Deferred to October meeting.

**3.2 Apotex Report Sue Calabrese**

New APL in the Apotex: Sue announced that we have a new Advanced Practice Leader, Homaira Haqdad, in the Apotex who started last week. She has a background in physio and should be a great asset in looking at our issues with falls.

Footcare in the Apotex: The chiropodist and foot care nurse will be coming to the Apotex instead of the residents going to the clinic. A letter will be distributed and posted on the units. The PSW's will be assuming the role of regular routine footcare.

Order of Canada: One of our residents will be receiving the Order of Canada award on Sept. 15, 2016. The Governor General will be at Baycrest to present the award.

Sage Recall: A few weeks ago there was a recall of one the Sage Incontinence products. The products were removed from the Apotex and have been replaced.

Poster Presentation: Because of the work that they have done on Avoidable Emergency Room Transfers, Dr. Feldman and the RN's have put in an abstract to present our work at a conference.

LEAP Program: This Thursday we are beginning a 2 day session on Palliative Care and End of Life. An update will be provided at a future meeting.

Speech Language Therapy: We will be going to CCAC and are currently working on the process of when they will be referred etc. An update will be provided at a future meeting.

ED Transfers: An issue arose that when residents were being sent out to Emergency Departments, the change of hospital was not being relayed to our staff. In turn, they could not inform the family members. There is a number provided by EMS so we can confirm where residents are being taken.

Visitor Policy: This policy was developed with the safety of our patients and residents in mind. Between the hours of 9:00pm and 6:00am, you will only be allowed in through the Khedive entrance. You will be required to sign in and will be given a visitor's badge. Staff have been advised that if they see someone on the floor without a badge, they are to call security.

Bubby's Flowers: Sue reminded the group of the Bubby's Flowers fundraiser taking place on October 2, 2016.

**ACTION:**

1. Sue to bring a copy of the staffing pattern document to the October meeting.

**3.3 Quality Report Sue Calabrese**

Ron Saporta, Gina Carvalho and Sue have combined their reports to one report. From the 226 recommendations we received in March 2016, we have completed 115. The remaining recommendations are near complete.

Bathtubs:

There are 3 vendors bidding on the RFP.

Lab Services Update:

We have outsourced our lab services. Dynacare was the successful vendor. They have point-of-care INR's, with immediate results. Dynacare has experience in running a large nursing home.

**3.4 Other Business All**

Meeting with Administrator

The Chairs will now be meeting with Carol Anderson and not Dr. Reichman. There was concern over this change. Robert will send a note to Dr. Reichman's assistant to express the concerns of this committee regarding this change.

4<sup>th</sup> Annual National Forum on Patient Experience

The 4<sup>th</sup> Annual national Forum on Patient Experience is on Tuesday and Wednesday September 20 & 21, 2016. Dr. Andrea Moser is presenting at this event.

**ACTION:**

1. Invite Dr. Andrea Moser to October meeting.

Communications Website

Bill Weiss will be meeting with the Baycrest communications team to review the website. Sue would like to create a Director of Care blog.

Parking Lot

Sue to follow up with Environmental Services regarding issues with the parking lot.

Birds in the Winter Garden

Concern was raised regarding the birds flying around the Winter Garden. This has been a concern for a long time and environmental services has tried over time to get rid of the birds.

HealthLinks

Anne Clavir is the Apotex/Baycrest representative on Health Links. Health Links is a sub-group of the LHINs (Local Health Integration Network) focusing on complex patients and avoidance of ER visits.

**4.0** **NEXT MEETING**

The Family Advisory Council will next meet on Wednesday, October 5, 2016 at 6:30pm in the Exton Boardroom.

**FAMILY ADVISORY COUNCIL MEETING  
MINUTES  
Wednesday, October 5, 2016  
6:30 pm to 8:30 pm**

- PRESENT:** Robert Tock; Shari Burrows (A2); Eric Sobel (A5); Ian Kert (A5); Anne Clavir (A7); Harriet Rice (A7); Bernard Rachlin (Community); Francie Kendal (Community); Gail Kaufman (Community); Rebecca Egier (Community); Sue Calabrese (DOC); Lori Socket
- REGRETS:** Sarah Fishman (A5); Arei Bierstock (A6); Fluffy Rosenbloom (A6); Harriet Bernstein (A6); Marilyn Melnick (A6); Vivian Rosenberg (A6); Joig Young (A7); Joe Myers (Community); Mark Schlossberg (Community); Sholom Glouberman (Community); Bill Weiss (A3); Shari-Ann Rosenberg (A4); Ira Applebaum (A7)
- GUESTS:** Ron Saporta, Executive Director, Redevelopment & Support Services  
Dr. Andrea Moser, Associate Medical Director, Apotex
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**1.0 APPROVAL OF MINUTES AND AGENDA**

**1.1 Approval of Minutes of September 12, 2016**

Correction: Item 3.2 Speech Language Therapy: We are moving towards accessing our speech and language therapy through CCAC.

*It was duly **MOVED** and regularly **SECONDED** that the Minutes from the Family Advisory Council meeting on September 12, 2016 be approved with correction. **MOTION CARRIED.***

**1.2 Approval of Agenda of October 5, 2016**

*It was duly **MOVED** and regularly **SECONDED** that the Agenda of the Family Advisory Council held on October 5, 2016, be approved. **MOTION CARRIED.***

**2.0 REPORTS AND UPDATES**

**2.1 Environmental Services**

**Ron Saporta, Executive Director, Redevelopment & Support Services**

Ron addressed the issues regarding parking. The upgrades to our parking include a new 2-way communication access at the pay stations which will provide live support 24 hours a day, 7 days a week. There are 3 new alarm stations. The new pay machines will be installed soon and will activate the new parking passes. These will be lit at night.

It was suggested that the machines should have covers to protect them in bad weather. The ink on the current monthly tickets fades in the sun. The new contractor will be upgrading the machines so they are user friendly. The card reader has been upgraded as well as the ink.

Monthly passes: Currently not being sold in all machines. These are only usable in the main lot. Monthly passes are not allowed for parking at the Kimel Building (short stay) lot. It was requested that this lot be available for monthly parking in the evening.

Signage: Being updated to provide clear information.

New Rates:

There are new 5, 10 and 30 day passes which are for non-consecutive days, but must be used within one year of purchase. These passes were mandated by the ministry. The monthly pass rate has increased from \$70 to \$80.

Family Member participation on committee:

There should have been a family member representative sitting on the committee when the decision to increase parking rates was made.

**ACTION:**

1. Accessible parking for side loading and unloading with wheelchairs. Ron to speak with parking providers to ensure that special parking spaces are provided which are wide enough for loading/unloading.
2. Ron to investigate the possibility of identifying monthly pass users who can park at the Kimel lot after hours.

Entrances locked at Rosh Hashonah:

The electronic doors were locked during Rosh Hashonah. There were no notices posted prior to this time that these doors would be locked.

**2.2 LHIN and the Baycrest/Apotex Quality Improvement Plan**

**Dr. Andrea Moser, Associate Medical Director, Apotex**

Dr. Moser is the Associate Medical Director at the Apotex. As well, she is a family physician and the Clinical Quality Table Lead for the Toronto Central LHIN. In the health care sector, the Ministry of Health and Long Term Care is the funder for Nursing Homes in Ontario. They are in charge of legislation and home inspections. The Local Health Integration Networks (LHIN) are regional organizations. Baycrest is in the Toronto Central LHIN.

On October 20<sup>th</sup>, there is a free conference on Quality in the Health System given by Health Quality Ontario. This conference is for health care providers as well as patients, families and caregivers. The focus of the conference is on patient experience.

Apotex Quality Team

Quality Improvement is imbedded in what we do in the Long Term Care Home as indicated in the Long Term Care Homes Act. We have a Quality Subcommittee which meets on a monthly basis. There is a family member who sits on this committee. The Quality Subcommittee looks at how we are doing compared to provincial and national benchmarks, areas which are working well and areas where we need to improve. This committee reports to both the Apotex Leadership team and the Baycrest Quality

Steering Committee. We tend to perform very well compared to the provincial benchmarks.

Apotex Quality Improvement Plan

On an annual basis, we submit the Quality Improvement Plan (QIP). This plan shows initiatives being worked on, including targets. Currently on our plan are the Plan for Life Sustaining Treatment (PLST), Falls with Injury, Potentially Avoidable ER Visits, Review of Hospital Transfers and Client Experience.

**ACTION:**

1. Invite Dr. Moser to present Quality data.

**2.3 Hospital Gowns Sue Calabrese**

In the Apotex, the use of hospital gowns has been normalized, however this practice depersonalizes the residents.

**MOTION:**

1. With the support of the Family Advisory Council, we will encourage the use of regular nightwear instead of hospital gowns.

**2.4 Post-Discharge – Room Cleaning Sue Calabrese**

According to the Ministry of Health and Long Term Care, we have to release the room within 24 hours of discharge. We recognize that this is a big problem for both staff and nurses. One of the services we have is that Support Services will pack up a room and store everything in a Shiva Room. We have always called the family first. However, we are not meeting the ministry standard.

**MOTION:**

1. Support Services to pack up room after 24 hours as a standard practice, without the necessity of calling the family first.

**ACTION:**

1. Invite Rachna Chaudhary, Quality Partner, to a meeting to present the findings of Lean Project on how long it takes to turn over a room.
2. Sue will script the dialogue for discussion at the next Family Advisory Council meeting.

**2.5 Contacting Unit Staff Sue Calabrese**

The RN's and RPN's are often called for issues which are best looked after by other staff.

**ACTION:**

1. The information sheet on each floor is being standardized.
2. The message on the machines will be changed.
3. Notice to be posted on bulletin boards in each room indicating who to call, when to call.

**3.0 STANDING ITEMS**

**3.1 Issues Tracking Robert Tock**

Robert Tock reviewed the Issues Tracking document.

**3.2 Apotex Report Sue Calabrese**

Sue Calabrese presented the Apotex Report. We have completed 148 of the 227 recommendations from the Mock RQI we did in March 2016. Our biggest challenges now are completing and implementing the programs. We have completed the Falls Program and the Wound and Skin Program. Still outstanding are the Restorative Care and End of Life Programs. We are on schedule to complete everything by March 2017.

**ACTION:**

1. Sue to share the entrapment policy at November meeting.

**3.3 Other Business**

**Bubby's Bloom:**

The Bubby's Bloom's program was very successful.

**Meeting Start Time:**

It was requested to start the FAC meeting a little later, either at 6:45 or 7:00pm.

**ACTION:**

1. Robert Tock will canvas the committee members prior to the November meeting.

**Report to the Board:**

The Chairs of the FAC have been invited to the October 19<sup>th</sup> CSQSC (Board) meeting. We have been asked to report on one item that has been working well and one item where we need their help to move forward. We will bring forward the Family Mentor program as working well, as ask for their support to keep the program going. Discussion around suggested areas where we could use their support.

Family Advisor Program – a Family Advisory Council member should be sitting on all Baycrest committees, as per the Quality Improvement Plan.

**4.0 NEXT MEETING**

The Family Advisory Council will next meet on Monday, November 7, 2016 at 6:30pm in the Exton Boardroom.



**FAMILY ADVISORY COUNCIL MEETING  
MINUTES  
Wednesday, November 7, 2016  
6:30 pm to 8:30 pm**

- PRESENT:** Robert Tock; Shari Burrows (A2); Bill Weiss (A3); Chani Gastfreund (A4); Eric Sobel (A5); Ian Kert (A5); Ira Applebaum (A7); Anne Clavir (A7); Edward Rice (A7); Harriet Rice (A7); Bernard Rachlin (Community); Rebecca Egier (Community); Sholom Glouberman (Community); George Keri; Mark Schlossberg (Community); Sue Calabrese (DOC); Lori Socket
- REGRETS:** Sarah Fishman (A5); Arei Bierstock (A6); Fluffy Rosenbloom (A6); Harriet Bernstein (A6); Marilyn Melnick (A6); Vivian Rosenberg (A6); Joig Young (A7); Gail Kaufman (Community); Francie Kendal (Community); Joe Myers (Community); Shari-Ann Rosenberg (A4)
- GUESTS:** Jane Van Toen, Executive Director, Redevelopment & Support Services  
Rabbi Geoffrey Haber, Director of Spiritual Care
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**1.0 APPROVAL OF MINUTES AND AGENDA**

**1.1 Approval of Minutes of October 5, 2016**

*It was duly **MOVED** and regularly **SECONDED** that the Minutes from the Family Advisory Council meeting on October 5, 2016 be approved with correction. **MOTION CARRIED.***

**1.2 Approval of Agenda of November 7, 2016**

Addition to the agenda:  
5.1 Start time of FAC meeting

*It was duly **MOVED** and regularly **SECONDED** that the Agenda of the Family Advisory Council held on November 7, 2016, be approved with additions. **MOTION CARRIED.***

**2.0 REPORTS AND UPDATES**

**2.1 Immunization – Influenza Vaccine**

**Jane Van Toen, Infection Prevention and Control**

Jane Van Toen presented an update on the influenza vaccine for the residents of the Apotex. The influenza vaccine is provided annually for residents, staff and volunteers. We do an enduring consent in the Apotex. We only need to get consent from a resident, or family member, once, and unless the resident withdraws consent, we don't have to obtain it each year. This speeds up the process of giving the vaccine. It takes about 2 weeks for the vaccine to become effective. We aim for 100% of all residents to receive the vaccination, however there are some residents who decline it. We encourage anyone who comes into the Apotex to get the vaccine to avoid spreading the virus.

If we start to see influenza activity or get a confirmed case on a unit, we offer the residents Tamiflu, which is an antiviral. The Tamiflu stops the influenza from spreading. The Tamiflu consent only needs to be signed once.

To control an outbreak, we need to limit traffic on a unit. With family members, we ask that you follow routine practices of hand hygiene. When you come in, just visit your family member and don't socialize as that can increase the risk of spreading the virus. There is an indicator on the staff badge to show that the staff member has been immunized.

As we cannot make vaccination mandatory for staff, we are adopting the mask or vaccinate policy again this year. Staff who are not vaccinated will need to wear masks during the flu season when they are in a patient care area.

If a family member wants to know if a resident has been vaccinated, they should speak to the registered staff.

## **2.2 Religious Implications of a PLST**

### **Rabbi Geoffrey Haber, Director of Spiritual Care**

Rabbi Haber spoke on the religious implications of a PLST, Planned Life Sustaining Treatment. This is the final stage to determine an Advanced Care Plan. An Advanced Care Plan lets the medical team and your loved ones know what to do in the event that you become incapacitated at some point in your life. It can be revised at any time, but it is a plan which provides the way care is provided.

Upon admission, we ask if there is an advanced care plan, which is then put in the resident's file. If there is not one, families receive a brochure which talks about the advanced care plan as well as a book, Your Wishes Matter. The Your Wishes Matter booklet can be found on the Baycrest website at [https://www.baycrest.org/wp-content/uploads/your\\_wishes\\_matter.pdf](https://www.baycrest.org/wp-content/uploads/your_wishes_matter.pdf).

The Advanced Care Plan is divided into several sections based on medical procedures. It goes from the least invasive to the most invasive in each category. The PLST is a broad based document which goes into Meditech and informs the medical staff and care staff of your decisions. It is not a doctor's order. If there is a concern, it states that you should consult your spiritual leader.

Within Jewish tradition, there is only one procedure on the PLST that is questionable. Jewish laws states that you can choose to withhold a treatment and allow nature to take its course. The issue is that once you permit the treatment, can you withdraw the treatment. The only issue on the PLST has to do with artificial hydration and nutrition. If a feeding has been started then it must be completed. However, then you can say that you don't want the next one. In Jewish law there is a debate about whether we are obligated to provide artificial hydration and nutrition. Food and water a basic to life, therefore you must provide food and water. Once you put someone on artificial hydration and nutrition, you cannot remove them from it. The only exception is when the body is no longer absorbing the food and water and there is severe pain and suffering, and preventing nature from taking its course. When a person can no longer feed themselves, then it becomes a medical intervention. At this time, after the food pouch is removed from the current feeding, there is no obligation to continue. At this time, the resident is encouraged to consult with the rabbi.

Whatever you put on the PLST, you are still called to be advised of treatment options.

In Jewish tradition, it is permissible to have a DNR. It is also permissible to donate your organs.

Without specific instructions, the treatment is full code. This is regulated by the professional colleges.

#### PAD/MAiD

The Jewish view for Physician Assisted Death (PAD) or Medical Assistance in Dying (MAiD) is that it is akin to murder and should not be done. The legislation is currently being revised to accommodate conscientious objection in religious affiliated long term care facilities. Currently there is no policy at Baycrest. It is in draft form. If a patient/resident expresses the wish to die, it must be taken seriously. The law mandates that the request must be documented in the patient's record. This will trigger an assessment. They must meet a list of criteria in order to be considered for PAD. Then there is a waiting period after which there is a second psychiatric evaluation. There is another waiting period then the administering physician does another assessment at the time of administration. The physician will administer the drug. The Catholic Church will not provide PAD. If the patient wants to explore the possibility of PAD, then he/she is transferred to another care facility. Baycrest are Jewish based facility guided by Jewish ethics and follow the belief that MAiD is akin to murder.

### **3.0 STANDING ITEMS**

#### **3.1 Issues Tracking Robert Tock**

Issues tracking has been deferred to the December meeting.

#### **3.2 Apotex Report Sue Calabrese**

##### ER Destination Protocols

When an ambulance picks up a resident, we are not always informed which hospital the resident is being transferred to. We have been given a phone number where we can call to get this information, however, we cannot give this number to the families. The nurse will call the non-emergency line, identify him/herself from Apotex and request where the resident was sent. The nurse will then call the family to let them know.

##### Visitor Policy

This policy was developed by our security department. After hours, visitors should get a visitor's badge. After hours, the doors are locked and entrance is only allowed at Khedive.

##### Entrapment Policy

Once the entrapment policy is passed, the nurses will be assessing for use of siderails using the tool in the policy. Also, the beds will be assessed annually for entrapment risk.

##### Staffing Pattern

Sue reviewed the staffing pattern.

##### Bathtubs

It was approved that we received the \$500,000 to buy 18 bathtubs. A team consisting of PSWs, an RPN and Ron Saporta are going out to see the bidder of the lowest priced tub. A plan will be brought forward in December.

#### Communication Updates

The telephone messages are being changed. For non-urgent issues, please leave a message which will be picked up within 24 hours. Urgent issues such as status updates and medical concerns should go to the RPN. The "Who to Call" sheets will be updated by the unit clerks and should be in place by the end of the week.

#### **ACTION:**

1. Sue to send a message out to staff to update the white board on units with who is on that day's shift.

#### Website

Bill has had a few meetings with the web designers. We are updating the information on the website available for new residents as well as the hard copy package they receive. We are setting up a portal on the website with a tab to a checklist as to what should be expected each week for new residents and prior to arrival. As soon as drafts are available, they will be presented to the Family Advisory Committee.

#### Mobility Devices

Last month we got a new mobility services provider. Sue has been meeting with them to improve services. We now have a wheelchair cleaning schedule.

#### Sage Update

There was a recall on the Sage wipes. Sage will be bringing back the wipes in small packages.

#### Quality Report

On our mock RQI, with 244 recommendations, 155 have been completed. This quarter we will be focusing on implementing our care programs. The Quality Survey has been completed and will be presented at the Family Advisory Committee meeting in December. We will be focusing on 3 areas for improvement as chosen by the Apotex Program Advisory Committee:

1. Caring staff
2. Residents do not know about issuing a complaint or concern
3. Food Quality

### **3.3 Other Business**

#### Meeting Start Time:

It was requested to start the FAC meeting a little later, either at 6:45 or 7:00pm. Robert received feedback from 3 members, all asking not to move the meeting any later. We can take a vote at the next meeting.

**4.0**     **NEXT MEETING**

The Family Advisory Council will next meet on Monday, December 14, 2016 at 6:30pm in the Exton Boardroom.