

**FAMILY ADVISORY COUNCIL MEETING
MINUTES
Monday,
April 21,
2025
6:45 pm to 8:30 pm**

PRESENT: Gary Fleischmann (Co-chair); Kevin Gilhooly (Co-chair); Elyse Chaplin (A2); Cheryl Lipman(A3); Gilad Samuel (A3); Barbara Cook (A4); Joan Shiner (A7); Anne Clavir (Community); Rebecca Egier (Community); Andrea Gregor (Community); Gail Kaufman (Community); Jolanta Morowicz (Community); Rose Printz (Community); Bernard Rachlin (Community); Eric Sobel (Community); Brenda Vernon (Community); Mide Seyi-Ajayi; Lori Socket

REGRETS: Shalom Schachter (Co-chair); Shari Burrows (A2); Alexis Dawson (A2); Lisa Gold (A2); Sharon Graham (A2); Shelley Kollins (A2); Cherie Miller (A2); Sharona Safran (A2); Miriam Sela (A2); Jori Lichtman (A3); Heather Rich (A3); Sam Blatt (A4); Donna Davis Young (A4); Tammy Joffe (A4); Debra Marshall (A4); Vladimir Radian (A4); Denise Stanich-Land (4); Sarah Fishman (A5); Marcia Gilbert (A5); Jackie Levi (A6); Barbara Rothman (A6); Judy Eileen Shapero (A6); Steiner (A6); Linda Hurlburt (A7); Virginia Lee (7); Helen Pogrín (A7); Lesley White (A7); Pat Gerada (Community); Sholom Glouberman (Community); Renie Hotz (Community); Gayle Kaufman (Community); Paul Litwack (Community); Annie Papernick (Community); Rene Pardo (Community); Shari-Ann Rosenberg (Community); Frieda Schaffel (Community); Mark Schlossberg (Community); Lea Teper (Community)

GUESTS: Dr. Sid Feldman, Executive Medical Director, Residential and Ageing

at Home The FAC meeting was held via on-line zoom.

1. **APPROVAL OF AGENDA And MINUTES**

1.1 **Approval of Agenda of April 21, 2025 Add: Active members confirmation**

*It was duly MOVED and regularly SECONDED that the Agenda of the Family Advisory Council held on April 21, 2025, be approved with changes. **MOTION CARRIED.***

1.2 **Approval of Minutes of March 10, 2025**

*It was duly MOVED and regularly SECONDED that the Minutes of the Family Advisory Council held on March 10, 2025, be approved. **MOTION CARRIED.***

1.3 **Active Members Confirmation**

The chairs of the FAC have requested that everyone present send a confirmation e-mail to Kevin or Gary stating that they were present at the April 21st meeting.

1.4 **Notification**

Shalom Schachter was recently recognized as a recipient of the King Charles III Coronation medal. This metal is recognition of having made a significant contribution to Canada or a particular province, territory or community in Canada.

The chairs attend the Board Quality and Safety meeting last week. Gary's presentation profiled the co-chairs of the FAC.

2. **STANDING / NEW BUSINESS**

2.1. **Concerns of Members**

2.1.1. List for parking privileges

Mide and Lori will work with Paul Nicholson on how best to obtain parking passes for the FAC meetings.

2.1.2. Cockroach spraying

There is confusion as to when the resident rooms are being sprayed. This is causing anxiety for the residents.

There is a list of rooms provided to the pest control company technician every Tuesday, so that when they come on Wednesday, they can check those rooms and make a recommendation for treatment. Depending on activity, some rooms get gelling and other rooms are sprayed, which will require the resident to be out of the room for 4 hours. Confusion is occurring when our staff are not following the schedule.

2.2. **Guest Presentation**

Dr. Sid Feldman was present to answer questions presented by Gary on behalf of the FAC members. What are the protocols for responsiveness to families and residents and their concerns? How do we expedite contact with the doctor? What is the best way to contact them, through e-mail or through contact with the nurses?

- The preferred method of contact is to go through the nurse and the team, as the nurse has context which is helpful for the doctor.

The importance of continuity of care

- None of our physicians are casual. We have 11 – 12 physicians who are in the Apotex at different times and will cover each other.
- For nursing and PSW staff, we have full time staff and are currently exploring the option, with the union, to create more full time positions.

How important is it that all frontline staff have training in adaptive (responsive) behavior?

- This training is part of the general training provided to all staff. It also includes training in self-protection. We train our staff in person-centered care and all our new staff get gentle persuasive approach as well. Staff on the TBSU receive extra training to be able to de3al with our most responsive residents.

How are specialists managed and attracted to Baycrest clinics?

- We are fortunate at Baycrest to have Geriatric Psychiatry where we have a psychiatrist to consult on each of our units; and Geriatric Medicine and Neurology.
- There are some challenges in recruiting physicians to work in the clinics.

Can you explain the difference for end of life care between the Hospital and the Apotex? Is MAID available and how is it managed?

- In the hospital, we have a palliative care unit. Most people do not need to go to a palliative care unit and can die where they live. We have 3 consulting palliative care physicians, as well as a number of physicians in the Apotex with palliative care expertise. We try to provide comfort care/end of life care to all the residents in the Apotex. About 25% of residents die in acute care hospitals. Although we are lower than the provincial average of 30%, we would like to see this number go down. We encourage to FAC to support us in having good goals of care conversations, especially at end of life.

- Medical Assistance in Dying is complex at Baycrest. As a Jewish organization, the decision of the Board is that MAID is not supported in our hospital. The Apotex is considered home to our residents, and they have a right to access MAID should they wish to do so. The MAID services are provided by an external physician.

PSW training for actively dying residents (such as mouth care, frequency of turning residents, getting residents out of bed).

- There are times when our staff provide excellent end of life care. It is important to provide skills training to all our staff so they are comfortable in providing palliative care. It is important to provide training to all our staff including recreation, spiritual care and dietary staff.

Frequency and use of Hydromorphone (scheduled vs PRN)

- It was noted that the RPN's are more comfortable giving scheduled doses of hydromorphone instead of as needed (PRN). It is the impression of the family member that the resident may have suffered unnecessarily.
- PRNs don't always work well in long term care facilities as the staff may be busy providing care to other residents. Dr. Feldman supports the idea of using more regular medications and monitoring that we are not giving too much.

Covid and IPAC protocols. What did we learn from the Covid period and how we deal with future epidemics

- We learned that Covid killed older people, and younger people didn't care. The people we take care of in the Apotex are different than the general population. In order to protect our residents, we needed to prevent the virus from coming to the Apotex. We followed Public Health directions.

Assessment protocols for UTI's

- The presence of bacteria alone does not mean that there is an infection. On any given day, 60-70% of our residents have bacteria in their urine. A urinary infection happens when there are urinary symptoms: burning when going to the bathroom, fever, frequency of urination, and blood in the urine. Using the LOEB criteria, we only treat when a resident has 2 or more symptoms.

2.3. Tracker items for review

Care Plan / Kardex update Mide

In due time, most residents/POA's should be having a meeting with the documentation nurses. The purpose is to review the current care plan and build a care plan with the resident and family member. There will be a folder in the nursing station, for staff to look at a 1-2 page care plan. We are still working to fill the remaining part time positions.

2.4. Committee Work Gary F.

There are 3 kinds of committee roles. The first is where you participate in the committee meeting, take notes and report back to FAC. The next kind of role is where you attend meetings, such as the communication committee, and report back to FAC, but also volunteer their time in putting together articles on relevant issues and submit them to the newsletter. The third role is participating in the Family Care Connection (FCC), where you would need to receive direction from the FCC lead regarding new admission and make an initial call. This may expand to several other calls or emails with the family of a new resident.

We are still looking for more volunteers to sit on committees. It is preferred that the FAC member have a relative living in the Apotex.

Skin and Wound

With the prior program lead, there were some issues which were not addressed. We will connect the program lead, Selvi, with Barb Cook, who offered to sit on this committee. Anne to meet with Barb to review issues.

Family Care Connection (FCC)

The FAC members creating the terms of reference for the FCC include Andrea, Rose, Cheryl and Helen. Andrea has a new email which is FCC@baycrest.org. If you know someone who needs support, please send Andrea an email. We are going back to the way the Family Mentor program originally ran. Andrea is waiting for Baycrest to confirm how she will be receiving information on new admissions. On average, there are 130 new admissions each year, we have committed people to help with calling families and provide emotional support for them. We are now waiting for our privacy officer to review the process. Elyse has offered to assist on the FCC committee.

Food Committee

Kevin attended a food committee meeting last week. The meeting is open to residents and FAC members. The meetings are held every 6 weeks. The organizers encourage feedback and reviews of the food. The next meeting is and May 28 and they will be reviewing the new menu. The residents can submit recipes to the committee. On June 3rd, there will be a new summer menu. They are currently introducing new food items such as fresh bagels, fresh fruit and planning some barbecue events.

Apotex Newsletter

We are soliciting regular submissions for the Apotex newsletter. If you think of any topic, it would be appreciated. Note that anything submitted will be reviewed and edited.

2.5. **Heritage Gary**

There was additional Passover programming this year and it was offered in the form of TV and music programming.

Easter Planning: We need to consider other ethnic groups. If you have any suggestions, please submit them to the FAC chairs.

Kosher Meals on Wheels contract: Baycrest in no longer able to participate in the Kosher Meals on Wheels program. We could not meet their needs as defined in the RFP. It's not financially viable for Baycrest. We have been assured that somebody else has been able to secure that contract and those that need the service will still receive it.

2.6. **Staffing Gary**

There are no guaranteed commitments to have staff on call. The market is remains an employees market which results in compliance, discipline and attendance challenges. A new attendance model is still being looked at to replace the current one.

2.7. **Advocacy Gary**

We currently have a 73% Jewish population. The pilot project was put on hold due to various concerns raised by the homes. Mide confirmed that project has been re-started, but the homes have not received direction as to how they are going to review the crisis placements.

It would be helpful if people can reach out to their MPP's to bring up the issue. Brenda will re-circulate the FAQ of points to be raised to their MPP.

2.8. **Other**

Wayfinding issues

- People visiting the hospital are still coming to the Apotex floors. On the weekend, it was a family member who redirected them. There should be someone at the information desk by entrance 7. Mide has addressed this with the redevelopment team. Suggestions include a system with directional lines on the floor.

NEXT MEETING

The Family Advisory Council will next meet on Monday May 12, 2025 at 6:45 pm. both in person and on zoom.

**FAMILY ADVISORY COUNCIL MEETING
MINUTES
Monday, May 12, 2025
6:45 pm to 8:30 pm**

PRESENT: Gary Fleischmann (Co-chair); Kevin Gilhooly (Co-chair); Shalom Schachter (Co-chair); Gilad Samuel (A3); Barbara Cook (A4); Donna Davis Young (A4); Marcia Gilbert (A5); Jackie Levi (A6); Barbara Rothman (A6); Joan Shiner (A7); Rebecca Egier (Community); Sholom Glouberman (Community); Andrea Gregor (Community); Gail Kaufman (Community); Jolanta Morowicz (Community); Rose Printz (Community); Bernard Rachlin (Community); Mark Schlossberg (Community); Eric Sobel (Community); Lea Teper (Community); Brenda Vernon (Community); Mide Seyi-Ajayi; Lori Socket

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GUESTS:

The FAC meeting was held in-person and via on-line zoom.

1. **APPROVAL OF AGENDA And MINUTES**

1.1 **Approval of Agenda of May 12, 2025**

It was duly MOVED and regularly SECONDED that the Agenda of the Family Advisory Council as amended held on May 12, 2025, be approved. MOTION CARRIED.

1.2 **Approval of Minutes of April 21, 2025**

It was duly MOVED and regularly SECONDED that the Minutes of the Family Advisory Council held on April 21, 2025, with typos corrected be approved. MOTION CARRIED.

1.3 **Matters arising from Minutes**

Please remember to respond to the co-chairs if you wish to stay on as a member of the FAC along with the floor of the resident for which you are a family member. The deadline to respond with your confirmation to maintain your participation in the FAC is Tuesday May 20, 2025. To date 33 of 60 persons have responded. The co-chairs will send out a further notice this week to all the member of the FAC.

1.4 **Notification**

New Resident Tea: Can FAC be included in the new resident tea events? This can be an opportunity to raise the profile of the FAC with new residents and their families. Lori will check with the Manager of Therapeutic Recreation.

The FAC will undertake a Future Look at Apotex Financials as part of meeting our mandate under the Fixing long Term Care Act. We should invite someone from Baycrest Finance to a meeting to review the financial statements in order to understand how everything works, how the deficit impacts the care of our loved ones.

Members were encouraged to recommend other persons whom we should consider to invite as guests.

2. **STANDING / NEW BUSINESS**

2.1. **Concerns of Members**

2.1.1. Website update

The website needs to be maintained to upload the minutes of the FAC meetings as well as the description of the FAC membership and activities. Andrea has been working on updating the section of the Family Care Connection (FCC). This is also an opportunity to promote volunteering for a committee position.

2.1.2. Closed Meetings

At the December meeting there was some expression that it would be beneficial to have a close meeting more than once a year. Our July meeting will be closed meeting. It was suggested to take a quick poll to see how many members are available to attend the closed meeting.

2.1.3. Programming

There was some concern that a lot of the programming is happening in the Atrium and not on the individual floors. There is a lot of research being done, and it would be good to hear from somebody whether it is better for people with dementia to be in small groups or in a large group setting like the Atrium. Also, it would be nice to see what we can work on to help improve care at the bedside or help families nurture their loved ones at the Apotex. CABHI has been doing a lot of studies which could possibly be leveraged in the Apotex. There is a lot of research on dementia, however there is not a lot for people with advanced levels of dementia such as the residents in the Apotex. Mide has started meeting with the leaders at the Rotman Research Institute (RRI), the Baycrest Academy for Research and Education (BARE) and the Centre for Aging and Brain Health Innovation (CABHI) to see how we can help researchers figure out what we need. It was also suggested to look at work being done by AgeTech.

Mide mentioned that there is an initiative to welcome students to support the services of Apotex.

2.2. **MOHLTC Inspection Report Mide Seyi-Ajayi**

The most recent inspection report was included in the meeting package. The inspectors reviewed a number of intakes while they were at Baycrest. The outcome of their inspection was three written notifications. These are not severe with regard to issues of non-compliance. They do not require an action plan, however, we nevertheless do complete an action plan for our own internal purposes. The written notifications were for (1) Plan of Care, (2) Report re: Critical Incidents, and (3) Attestation.

Order of severity for findings of non-compliance:

Director's Referral: A finding of non-compliance so severe that that the Ministry will mandate the home to handover operations and oversight to a 3rd party nominated by the Ministry of Long Term Care.

Compliance order: In the event that they find a history of non-compliance with certain issues, or they find an issue that brings about enough concern, they mandate the home to create an action plan which includes a timeline when they will come back to review.

Written Notification: There is a low level of risk or concern.

One of the written notifications concerned the failure to confirm on a timely basis on whether there is an Emergency Plan: The Co-chairs requested copies of the emergency plan. As well, they asked for notification of when the next inspection by the fire inspector will take place. One of the

concerns is whether all residents including residents in wheel chairs can be safely evacuated should that be necessary. A suggestion was made that family members be provided with clarity on the emergency processes.

A question was raised as to the official name of this long term care home. Mide answered "Apotex the Jewish Home for the Aged".

2.3. **Tracker items for review**

Continuation of Skin Care discussion

The Skin and Wound Committee will be meeting in June. We will be inviting Selvi as a future guest to speak on skin and wound care, including pressure ulcers and special air mattresses. The FAC was advised that the Apotex system and experience is a model of excellence in the LTC sector.

2.4. **Committee Work Gary F.**

Communications: We are still looking for FAC participation for communications. Please consider submitting Newsletter suggestions.

There was also a request that a committee be established to address heritage programming issues.

FCC: The committee work is moving along although we are currently reviewing privacy issues with the volunteer group. The delay in forming up confidentiality and vetting requirement is negatively impacting volunteers' motivation. Andrea has seen to several admissions and has contacted their loved ones. We are still looking for more volunteers. The level of commitment is only one or two call each month.

Congratulations to Andrea on the work she has done preparing for the launch of the new FCC program. Since the end of April, Andrea has reached out to families of 6 new admissions.

Families are very grateful for having someone to speak to. We provide emotional support to new family members. Andrea has a Baycrest email address where families can reach out to her. It is FCC@baycrest.org.

2.5. **Heritage Gary**

In the Newsletter we learned about the programming that took place for Holocaust Remembrance (Yom Hashoa) and Yom Ha'atzma'ut (Israel's Independence Day) which were focused on institute-wide programming on the main floor. We are proposing that there is more visual material on each floor about the holiday. We have Lag B'Omer and Shavuot coming up and would like some visual representation of these holidays on the floors. It has been noted that other nursing homes with fewer Jewish residents have more information on Jewish holidays and celebrations than here.

We acknowledged the permanent appointment of Deb Galet as CEO of Baycrest and would like to invite her to an upcoming meeting.

2.6. **Terms of Reference Kevin**

We are asking members to respond to the chairs so we know how many member we have and what the quorum should be before we have a vote on what the Terms of Reference should be. It was suggested to put out a survey to the FAC member to see what is relevant to secure qualifying status on the FAC. The goal is to create a more cohesive group that regularly attends and participates at the FAC. We are also looking for people to be involved in the committees.

The committees include:

- Food Committee (Kevin and Barb C.)
- Quality and safety (Gary)
- Communications (vacant)
- Continence and Bowel Management (vacant)

- Pain / Palliative Care / End of Life (Andrea)
- Skin and Wound Management (Barb C. and Anne C.)
- Research Ethics Board (Tammy)
- Family Care Connection (Andrea, Rose, Cheryl, Helen, Gilad, and Renie)

A reminder to those participating via zoom, please turn on your cameras as that facilitates a more inclusive environment for discussion.

Lori will include the zoom link on the agenda.

2.7. **Advocacy** Shalom

During the election we were told that the pilot project was off, and later we heard that it was back on again. The Apotex is not part of the project and we have no further information as to what is happening. Apart from the Pilot there may be other policy issues which we may want to advocate for with the Province. Shalom mentioned specifically Bill 11 dealing with the use of agency staff and Bill 15 proposing amendments to the fixing Long Term Care Act. If you wish to work with Shalom on an advocacy commitment, please let Kevin know. In addition members should regularly be in touch with their local MPP. The FAC can provide guidance and speaking notes.

2.8. **Gratitude**

Jackie expressed gratitude to the staff caring for her mom. Her family is extremely happy with care that her mom has at the Apotex. Her family comes every day and she has never seen or heard something that she didn't like regarding treatment to any of the residents. The staff are extremely kind.

NEXT MEETING

The Family Advisory Council will next meet on Monday June 9, 2025 at 6:45 pm. both in person and on zoom.