



The Victoria Chinatown Care Centre
Family Council Meeting Minutes
Date: February 13,2020

Present: In attendance were five Family Members, two Directors of the society and two Staff Members.

Purpose of Meeting: Opportunity to express concerns, ask questions and share information.

1. **Welcome** Ramneet Sandhu, Director of Care, welcomed everyone at 5:00 pm. Resource material was provided for each attendee:
 - * Long-Term Care Booklet
 - * Residents' Bill of Rights
 - * 2019 Novel Coronavirus Information Bulletin
 - * Patient Care Quality Info Sheet – "Make A Complaint: PCQO"
 - * VCCC Formal Complaint Form
 - * Policy GA 2 – Ethics
 - * Policy GC 9 – Resident Abuse and Neglect

2. **Family Council Meetings** – According to Accreditation standards, VCCC should host a minimum of two Family Council meetings per year. However, monthly meetings will allow for greater communication. Family members must be given every opportunity to bring their concerns to management.

3. **Concerns and Complaints** – Each person present was asked what concerns they would like to express. Following are the concerns expressed:
 - 3.1. "My father transferred to VCC from Oak Bay Lodge and he loves it here."

 - 3.2. Contact with Nurses is inconsistent, especially when my mother had a fall. It was explained that often falls occur at night making it better to contact family the following day. Nurses contact family members that are listed with Power of Attorney.

 - 3.3. We have felt that we should take Mum's laundry home to do because she says that her clothing goes missing. It was explained that the night Care Aids do the laundry and the day Housekeeper delivers laundry to the appropriate room, All clothing is labeled. Shrinking sweaters was also

mentioned. Sweaters should not go into laundry but should be sent home with family to launder. Bed linens and wash cloths are sent out to an external laundry. Only personal laundry is washed in the Centre.

3.4. My Mum has been coughing. Who contacts the Doctor for medication? This is the Nurse's role. Dr. Snodgrass does a monthly visit to review all resident's health. He will do his next visit on the 13th and 26th Feb@ 1:30. It is a good idea to be here during his rounds if you have questions. Please feel free to let the nurses know right away if you have any concerns and nurses can assess the resident and communicate with the GP.

3.5. I believe staff and administration deserve praise for their good work. However, I am concerned over the infrastructure here. There is only one elevator and exits involve difficult stairs. I worry about fire and disasters. It was explained that VCC conducts fire drills monthly and the Nurses are trained to take charge. Staff role is to get residents away from the fire and ready for the arrival of the fire department. It should be noted that the building is equipped with fire doors and a sprinkler system.

3.6. Observations about Activities: No bus trips are planned. Current Activity Aid is great but things get lost in translation. Wondering if the former Activity Aid has been interviewed to get her ideas. Mahjong is important – we need more volunteers who can play. It was explained that we lack the funding to cover bus trips. And we have a few mahjong volunteers but we need more. Our website lists all the volunteer opportunities we are seeking (see www.victoriachinatowncare.ca)

4. **Policies** – VCC currently lists 256 policies. If you wish to see any of our policies, you are welcome. They are grouped under the following headings:

- * Communication
- * Equipment & Maintenance
- * Food & Dietician
- * Financial Management
- * General Administration
- * Human Resources
- * Infection Control
- * Information Management
- * Medication Management
- * Occupational Health & Safety
- * Palliative & End of Life Care
- * Residential Services

5. **Policy GC 9 - Resident Abuse and Neglect** – The policy was summarized with a recognition of the importance of the understanding of its meaning for

everyone. All staff are asked to read this policy annually and sign that it was read and understood.

6. **Policy GA 2 – Ethics** – This policy was summarized as an example of how everything we do must be in the best interest of the residents. An example: we only discuss resident issues with the person who has been designated Power of Attorney. And we fully recognize the Resident’s Bill of Rights
7. **Formal Complaints** – There are several ways to launch a complaint: The first would be to complete the Form (that is posted on the Family board in the Centre) It would be reviewed by the Administrator and Director of Care. If the result is not satisfactory, the issue could then be raised with the society Board of Directors. And finally if an issue is still unresolved, a complaint could be lodged with Island Health PCQO (see contact information on the handout provided)
8. **Coronavirus** – We are given up-to-date information from Island Health (see Handout provided) It is recommended to stay home for 14 days if you have visited China recently or have the symptoms listed. We remind everyone that good Hand Hygiene is very important. And if you have not had a flu shot, you must wear a mask in the Centre.
9. **High Risk** – We consider falls, pressure ulcers, inappropriate use of antipsychotics, restraints and pain to be high risk. We create care plans to ensure these items are assessed and addressed. For example, if there are falls, the Occupational Therapist will be brought in to assess and recommend new procedures for staff to follow. For pressure ulcers, the care plan suggests a turn in bed every two hours and often the use of a special mattress. We also review the use of inappropriate antipsychotics with the Clinical Pharmacist and Medical Director of Care or GP during medication advisory committee meetings.
10. **Long-Term Care Booklet** – Ramneet reviewed some of the items of interest including Money Matters and What Other Expenses that may not be covered under subsidized care.
11. **Adjournment**– The meeting adjourned at 6:00 pm with thanks to participants for attending.