

Hastings Manor Family Council
2 May 2018 **6:15Pm Internet meeting room, Hastings Manor**

Attendance: 11

Welcome and Introductions

Chairman's Announcements and Information:

1. Su McGrath (Chair) reviews Satisfaction Survey to be discussed by Erin later in meeting advising that HM had been challenged because they had not asked for FC input. Chair had been asked on Ministry RQI questionnaire if FC had been asked for input on SS and she advised they had not. September minutes were reviewed by Ministry and this was substantiated. A new meeting has been scheduled between Jennifer LeClair, Chair, Harold and Paula Curwain to discuss Satisfaction Survey options.
 - Validity of survey is important,
 - Only one survey to be done,
 - Using Loyalist students not a good idea other than as data entry only.
 - If resident unable to do survey then either family member (POA) or resident proctor to do survey.
 - Add FC info to survey so people can contact us and get more information,
2. Chair asked for any questions FC has to be emailed to her as soon as possible so they can go to Debbie Rollins.
3. Chair asked about Accreditation meeting next week. Don't know what it all entails but Chair attending. Suggest we ask HM Admin more about this.
4. Chair advises she did not meet with Debbie and Jennifer as we are starting new process as decided on at last meeting. Questions FC members have are to go to Chair and she forwards to Debbie as Debbie attends next meeting with whatever staff she needs to answer those questions posed weeks prior. This gives Debbie around one month to get answers to questions.
5. FC members discuss new rate change and when it takes effect and believe it to be substantial.

Hastings Manor Administration attended (Debbie Rollins, Erin Chapman, Allana Coakley, Kristen Merritt, Jennifer LeClair)

6. FC advises Debbie that we will forward questions for her shortly so she can respond at our June meeting.
7. Chair brings up first week of June is Family Council Week so will put our next meeting in that week if we can. Debbie states that HM is sending out info sheets for Town Hall meetings for everybody, one during the day and one at night. Will have stake holders at meetings for everyone to listen to and ask questions.
8. Chair mentions doing Euchre Tournament to raise funds that same week as well.

9. Erin then discusses the Ministry's Annual Inspection Report and provides a copy for minutes (see attached). Highlights were as follows:
- HM was written Failure to comply with Wound Documentation Policy. The Ministry did spot checks of HM documents and found that several times HM staff had failed to fill out and complete documents. They are doing an audit of files and locating missing documents and requesting staff complete them by a certain date. Registered Staff to be educated on this. If they find that a particular staff member is repeatedly not doing this required work then they will be doing a one to one session with that staff member.
 - HM is embarking on a project funded by the Ministry that will assist with training on documentation. They don't have a start date for this but they hope it will help with a reduction in this problem and get to 100 percent compliance.
 - They are working with pharmacy to design a new protocol that's a little easier to follow, in order to reduce medication errors. They are monitoring medication issues and between January and March this year they had 3 medication errors.
 - HM was written up for not locking up medication carts while staff was distributing medication. Staff to be educated and HM staff to be monitored. This will be ongoing. Erin is asked if this training includes training to ensure that HM staff stay and watch residents take medication to ensure it is not missed. She states it is if a resident is identified that they must be watched to ensure their medication is taken. Then it is marked on the chart as such so all staff would be aware.
 - HM was written up for providing the wrong medication to a resident. The resident was watched and no ill affects occurred. It was reported right away. They are working with staff to minimize interruptions when giving out medications. There are several plans they are looking at for staff to be re-educated.
 - HM was written up that all residents will receive individualized care. Some residents were not shaved etc. They are instructing staff that if they cannot do something like that before breakfast that they ensure that it is done after. They need to ensure that tasks are completed and not missed.
 - HM was written up for not getting input from FC for Satisfaction Survey Jennifer to meet with FC to discuss alternatives to Satisfaction Survey.
10. Debbie asked about increase in cost for residents and she advises that it is across the Province and not just HM. They base costs on the age of the facility and categories are A to D. HM is an A facility as less than 20 yrs old.
11. Debbie advises that repair costs to HM have come in and are higher than expected. They may consider doing everything at once as it would be cheaper than spreading over several years.

Positive Approach to Care presentation takes place for FC members present.
(See attached Power Point Presentation sheets)

Next Meeting: Monday, June 11th, 2018 at 6:15PM.