



Fair Haven Homes Society
FAMILY COUNCIL
 6:15 p.m. Tuesday, February 28, 2023
 via [ZOOM](#)

MINUTES

Attendees: Angela Lee, Ann Wong, Carol Ji, Hamid Fakhi, Lynn Friesen, Shirley Lee

Guest: Dr. Thomas Wu, Medical Coordinator (FH Burnaby Lodge)
Chair: Shirley Lee (Acting Chair)

Staff Liaison: Anne Shatkin
Recorder: Anne Shatkin

Item	Action	Name	Comments
1. Call to Order & Welcome	Opened meeting & introduced guest Dr. Wu	Chair	Opened @ 6:18 pm
2. Guest Speaker: "Comfort-Focused Care" • Q & A	Presentation Discussion	Dr. Thomas Wu Medical Coordinator (FH Burnaby) All	<ul style="list-style-type: none"> • Informative overview of the philosophy and delivery of medical care for our elders in LTC (Comfort vs. Medically Focused care) • Emphasis on FH as residents' <i>home</i> which influences how seniors are assessed for level of assistance & care they need. • Robust Q & A; check out the presentation recording for full discussion; • Presentation highlights below.
3. Approval of Agenda	Approve	Chair	• Approved
4. Feb 9 Minutes Approval	Review & Approved	Chair	• Feb 9 Minutes
5. FC Governance • Terms of Reference • Code of Conduct & Confidentiality Agreement	Update & Discussion	Chair All	• Reviewed Feb 9 proceedings and confirmed acceptance by all in attendance.
6. FC Meeting Format - Survey Results • Hybrid virtual / in-person meetings • Meeting frequency	Discussion	Anne S.	<ul style="list-style-type: none"> • Survey results did not flag major changes, but noted benefits of in-person meetings for members to connect. • Resume in-person format on rotating schedule every other meeting, alternating between Burnaby and Vancouver sites. • Keep online option for those unable to attend in-person. • Continue meeting monthly on 4th Tuesday at 6:15 pm. • Revisit hybrid model as FC grows
7. BC Regional Family Councils • VCH LTC Resident & Family Council Town Hall & • 1 st VCAFC Regional Forum	Update	Chair	• FHFC is represented on both the VCH (hosted by VCH staff) and the VCAFC (hosted by Lisa Dawson) Regional Councils

We acknowledge that we live, work and play on the ancestral, traditional and unceded territory of the Qayqayt First Nation, and all Coast Salish Peoples including the Musqueam, Squamish and Tsleil-Waututh First Nations.

			<ul style="list-style-type: none"> Provides many opportunities FHFC to learn from other communities of FCs in BC. Key advantage from participating in regional FCs: gives FHFC a voice at the provincial council to provide feedback directly to provincial health ministry on the quality of care delivered by LTCs in BC.
8. Gift from VCAFC to FHFC “Now What? Managing the Emotional Journey of Long Term Care for Families” by Deborah Bakti	Update	Chair	<ul style="list-style-type: none"> Shirley shared book that Lisa Dawson gave to FHFC to encourage members in our journeys with loved-ones in LTC.
9. Planning 2023 FC meetings <ul style="list-style-type: none"> Agenda topic suggestions? FC sponsored projects 	Roundtable Discussion	All	<p>Topic suggestions for future:</p> <ul style="list-style-type: none"> Mobility safety & therapy (physio, OT as guest speakers) Brainstorm strategies & suggestions for improving resident care at FH (e.g. increasing care hours per resident, or reducing ratio of residents to care aid, etc.) Schedule future meeting solely for this purpose.
10. ACTION ITEMS			
a. Alzheimer Society	Contact Society	Anne S.	<ul style="list-style-type: none"> Book speaker for June 27 meeting
b. Cradle+ Course	Resend link	Anne S.	<ul style="list-style-type: none"> Canadian Remote Access for Dementia Learning Experiences+ (CRADLE+) - D2L
c. Mobility support for residents – guest speaker	Contact OT	Anne S.	<ul style="list-style-type: none"> Engage someone from FH’s OT or PT team to speak at FHFC
d. Communication tools for FHFC: WhatsApp & FaceBook	Create FHFC chat group	Shirley L.	<ul style="list-style-type: none"> Shirley to create chat group in WhatsApp and invite FHFC members to join FaceBook Group already created, but members prefer WhatsApp for now
9. Next Meeting		Chair	March 28, 2023 (Hybrid - Vancouver Lodge)
10. Adjourned		Chair	Closed at 7:30 pm

Presentation Highlights (Dr. Thomas Wu, Medical Director, Fair Haven Burnaby Lodge):

Extended care facility as a “home” for our frail elderly

- recognition that FH is a “**home**” for our frail elderly residents, Dr. Wu prefers the less institutionalized approach of “extended care” rather than “long-term care” for FH residents.
 - need paradigm shift away from LTC as a medical facility for a patient, to make LTC a **home** the elderly, one that includes recreation, nutrition, nursing and medical support.
- as seniors age and lose ability to live independently, their care needs are assessed according to their abilities and their quality of life in their “IADL” and “ADL”:
 - “IADL”- independent activities of daily living (phone, grocery shopping, cooking, finances etc.)
 - “ADL” - activities of daily living (ambulation, eating, grooming, toileting, bathing etc.)
- telling statistics from the Office of Seniors Advocate's 2020 Summary Report:
 - average LTC residents age → 84 years old
 - average length of stay in LTC → 834 days (approx 2 years)
- with limited life span while at LTC - our thinking must change - to ensure that LTC is a “**home**” for the elderly (not just an institution).
- direct care hours per resident in LTC → 3.28 (2019) ; slightly more now but still inadequate
 - < 4 hours of care time per resident is clearly **not enough!**
 - direct care hours include care that residents receive from all LTC care providers at the facility:
 - physicians
 - dieticians
 - OT/PT
 - Care aides

Medical Services Available at Fair Haven (Burnaby)

- Nurses on site, physicians on-call with regular site visits, diagnostics, imaging (outpatient), dieticians/nutritionists, OT & PT onsite (occupational & physio therapists).
 - Nb. IV medications & fluids not available in LTC
- **Comfort vs. medically focused care**
- **Comfort Care:** palliative focused care with goal of making resident comfortable with better quality of life, reduce suffering & pain, but neither trying to prolong or shorten life
- **Medically Focused Care:** goal to cure/treat condition and try to ‘save’ a life
- quality of life and vs medically focused care (trying to cure)
- Dr. Wu outlined the decision making process on when or whether a resident is transferred to hospital or stays in the facility for a natural death - different factors involved
- reviewed treatment Codes status (***MOST*** – *Medical Orders for Scope of Treatment*)

CPR vs. DNR

- **CPR:** proper CPR is extremely hard on the body, and not intended on a ‘live’ person; with low survival rate – 10% from survival to hospital discharge
- **DNR** (do not resuscitate)

M1, M2 or M3 levels of medical care; levels of medical treatment administered that resident &/or family would have selected on admission to FH:

- **M1:** treatment if some relief can be given at LTC rather than transfer to hospital; e.g. won't withdraw care, but neither will care staff force-feed a resident at this point
 - **M3:** most medically aggressive treatment; may transfer directly to hospital and possibly with no time to notify family
 - **M2:** is in between M1 & M3; medical staff will try to treat condition while in LTC before transferring to hospital
 - FC members can request a review &/or update of these instructions from FH's care management team if they do not recall if or what level of care was selected for their loved-ones in care on initial admission to FH.
- reviewed steps that happen during end of life phase – check out brochure on this prepared by Reverend Dawn Purdy Karkut, FH's Director of Spiritual Care.
 - medication review is routinely scheduled every six months for each resident
 - care conferences are scheduled annually with a resident's primary family member and hosted by a director or assistant director of care and other members of a resident's care team.

Meeting Principles

1. Speak openly. We value all contributions.
2. Respect confidentiality at meetings – any personal information is not discussed outside of meetings.
3. Focus on improving quality of life for all residents.
4. Focus on the future.
5. Try to present possible solutions when identifying an issue
6. Assume the best in one another and trust each other.
7. Work towards progress and strive to improve.
8. Ask questions to understand.
9. Respect everyone's point of view and accept differences of opinion.
10. Be respectful in your communication.