

Resident & Family Centred Care Framework



MENNO PLACE

COMPASSIONATE CHRISTIAN CARE FOR ALL

Mennonite Benevolent Society
Trusting in God... Devoted to good works. Titus 3:8

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Background

Person or people-centred care is not a new concept, but it is now gaining real momentum in long-term care where the medical model, used for many decades, is no longer meeting resident and family needs or expectations.

In Atul Guwande's book, *Being Mortal: Medicine and What Matters in the End* (2014), readers are challenged to think differently about long-term care.¹ We are asked to consider that aging is not a disease that must be cured, but rather a condition of living. What matters most is having a good or quality life, from the perspective of the person living that life. Guwande stresses that choice is vital to creating the right conditions for this and that we must ask each resident about their goals of care rather than imposing the caregiver's imperatives. This is the basis of person-centred care which will be referred to herein as resident and family-centred care as this better reflects the long-term care setting.

Menno Place is a care community in Abbotsford, British Columbia providing home to more than 700 seniors. On this campus of care, individuals are living in a range of accommodations from independent living and assisted living to long-term care. In the early days when the campus consisted only of long-term care as Menno Hospital and Menno Home, Menno Place functioned under a compassionate, Christian medical model that until recently has generally been accepted. The proactive leadership at this organization has determined that the time is right for a culture shift to be more resident and family-centred.

It was important when developing the RFCC framework that there be alignment with the principles of an engagement-capable environment. Health Excellence Canada describes an engagement-capable environment as one that: ²

- Develops a culture that supports engagement and partnership based on the philosophy of person-centred care.
- Grounds the work of the organization on the experiences of the residents and their essential care partners.
- Is responsive to the needs and priorities of residents and their essential care partners.
- Is based on building and sustaining relationships and trust, and
- Should exist at all levels of the health system.

1. Gawande, A. (2014). *Being mortal: Medicine and what matters in the end*. Metropolitan Books/Henry Holt and Company.

2. Healthcare Excellence Canada. (July 18, 2022). *Engagement-Capable Environments*. Retrieved from <https://www.healthcareexcellence.ca/en/resources/engagement-capable-environments/>

Given the magnitude of this paradigm shift, an external consultant was hired to work with stakeholders in developing a guiding framework, to be used over the course of the following 3 to 4 years to shape the culture shift according to changing resident and family expectations. Based on the Culture Change Toolbox from the BC Quality and Safety Council, to be successful, culture change requires:³

- Engaging people

- Setting the foundation

- Assessing the current state

- Identifying and analysing opportunities for improvement

- Choosing tools and change ideas

- Testing changes

The consultant, using steering group meetings, leadership meetings and stakeholder focus groups, worked through the first 4 steps outlined above in the time committed for the initial part of this initiative. In addressing the last steps of this culture change process, the Resident & Family-Centred Care Framework, acts as a guide for this important work as the improvement ideas within it are tested, implemented, and sustained

3. B.C. Patient Safety & Quality Council. (July 3, 2022) *Culture Change Toolbox*. Retrieved from <https://bcpsqc.ca/resource/culture-change-toolbox/>

Steering Group

It was essential as part of this initiative that a multidisciplinary and diverse Resident & Family-Centred Care Steering Group (RFCC) be created to guide the process who would ultimately take full ownership of the project and ensure its success. The steering group had their kickoff meeting in February of 2022 and met on 10 occasions via Zoom meetings as they worked to complete of the RFCC framework.

Members of the steering group were as follows:

RFCC Steering Group	Role
Rudy Klassen	Board Member
Ingrid Schultz	Chaplain
Moreen Rahil	Project Support
Pearl Nucich	Note Taker
Brian Gay	Care Aide
Shelley Jantzen	Care Aide
Anitha Thomas	Contract Nurse Manager
Kim Wiebe	Social Worker
Garry Janzen	Life Enrichment Coord.
Marlee Groenig	Family Rep
Sherry Mossey	Recreation Therapist
Dale Carlisle	Rehab Assistant
Angela Ross-Fehr	Manager Dining Experience
Dr. Ken Dueck	Medical Director
Dr. Sarah Pawlovich	Physician
Trish Giesbrecht	Manager of Community Enrichment
Michelle Merkel	Consultant (Chairperson)

Ideally, both a family member and a resident would be valued at the steering group level. A family member volunteered to join the steering group. Unfortunately, there was inability to recruit an interested and able resident.

The role of the steering group was to review all information presented by the consultant to ensure it was valid and

to reflect on identified gaps to determine the most appropriate action. The group was tasked with communicating meeting outcomes at the groups they represented (board meetings, resident and family council meetings, staff meetings, etc.) to help ensure there was adequate information-sharing. They were also instrumental in developing the RFCC definition that would be used to move the initiative forward.

RFCC Definition

The first order of business for the RFCC Steering Group was to agree on an inspirational definition for resident and family-centred care that was unique to Menno Place. After reviewing material from several sources, including Accreditation Canada, the Institute for Healthcare Improvement, and the BC Quality & Safety Council and by hearing from the stakeholder focus groups the following definition was approved:

Resident and family-centred care at Menno Place starts with asking our residents and their families, “What matters to you?”. We commit to respectful engagement, collaboration and communication so we can support each resident in achieving their best days possible.

To further embed this definition into the hearts and minds of all stakeholders it was agreed that a tagline contest would be an exciting way to heighten awareness. A tagline contest was held to both build awareness and to find the best slogan to support the definition.

The tagline contest was a great success generating over 240 entries from over 80 people who participated. From these clever and creative entries, the RFCC Steering Group had difficulty selecting a winner, however, the prize was given to the individual who submitted the following tagline entry:

If it matters to you, it matters to me and if it matters to you, it matters to us.

Although the tagline entered into the contest used the word “me”, the RFCC Steering Group determined using “me” would be most appropriate when it is applied personally, such as when wearing a button tee-shirt. Using the word “us” would be more suitable when applying it corporately, such as on the website or on documentation referring to Menno Place.

Roadmap to Success



Stakeholder Focus Groups

To be successful in creating culture change for this initiative it was critical that a process, or roadmap be followed that involved engaging stakeholders, developing a unique resident and family-centred care definition, assessing the current state, and identifying and analysing opportunities for improvement.

Hearing the voice of the stakeholders or those directly affected was achieved using the focus group approach. Focus group meetings were held with each of the four main stakeholders in Menno Home and Menno Hospital:

- Residents
- Families
- Staff
- Physicians

At each of the focus groups we asked these three basic questions that will be expounded on in more detail later:

- What actions by staff portray a resident and family-centered care approach?
- What are we doing well in demonstrating a resident and family-centred care approach?
- What can improve to better demonstrate that our residents and families matter to us?

The findings gathered from the focus groups were analysed, using a gap analysis approach and were taken to the steering group where they were assessed further. The steering group helped to shed light on the status of the desired actions identified by the focus groups, added their ideas, provided context for some items, and reflected on past practices that have put on hold

by the pandemic or have simply been forgotten and now may need re-introduction to strengthen resident and family-centred care.

Resident Focus Group

There were two in-person focus groups held with residents. One was conducted with the Menno Home residents and the other with the Menno Hospital residents. In total, there were six residents who participated. One other willing resident was unfortunately confined to their neighborhood due to a COVID-19 outbreak. Each of those attending were capable and very willing to share their opinions despite their physical limitations.

After having a candid discussion with the residents there were 8 actions that surfaced as being important to them in demonstrating resident-centred care. Some of the actions, they say are being demonstrated quite fully and are upheld as being strengths while other actions are in progress or need to be introduced. Here is the list of actions the residents presented:



1. Staff should smile, listen, demonstrate caring/kindness/patience, and have a sense of humour. Residents say they want to be treated like family.
2. Staff should show respect by not speaking a foreign language when in the presence of the residents. Residents say they are concerned staff may be talking about them. Instead, residents want to have conversations with staff.
3. Staff should provide residents with choice.
4. Staff should know the residents' unique needs and pay attention to detail.
5. Their physician should visit regularly
6. Residents should be given privacy for personal care.
7. Residents should be served tasty meals.
8. A clear complaint process should be in place to reduce fear of retribution.

Family Focus Groups

In total three family focus groups were held via Zoom Meetings to accommodate the availability of willing and interested family members; two were held for family members with loved ones in Menno Home and one was held for those with loved ones in Menno Hospital. Altogether, there were ten family members who participated.



Families had differing expectations than did residents where it comes to demonstrating family-catered care. They emphasized that they felt the direct impact of how the resident was being cared for, citing that how the resident is treated is how they themselves feel treated. It goes without saying then, that if a true resident-centred care approach is used this would demonstrate to families that they matter as well.

There was much discussion, but the following 4 identified desired actions describe how families believe family-centred care is achieved. Again, some of these actions are established practices while other actions would be opportunities for improvement.

1. A positive experience should occur when transitioning into long-term care.
2. There should be ongoing regular communication (status updates).
3. Residents should have competent staff/physicians who use caring approach with each resident.
4. Meaningful activity programs should be available for all residents.

Staff Focus Groups

Two interdisciplinary staff focus groups were held via Zoom Meetings: one for Menno Hospital staff and one for Menno Home. It is difficult to confirm an exact number of attendees at the staff focus group meetings because many staff gathered in a large onsite meeting space to join the Zoom meeting and as the meeting progressed some came while others had to leave to attend to resident needs. As an estimate, there were 8 to 10 in each Zoom meeting so in total approximately 16 to 20 staff participated. Care aides, nurses, social workers, recreation, and rehab aides were the main categories of staff that attended.

It was interesting to hear that staff had yet another perspective on resident and family-centred care. Those who attended had a good understanding of what constitutes resident and family-centred care and despite the barriers that they feel exist to inhibit using this approach, they agreed that it was something they want to achieve.

Overall, the staff focus group outcomes can be summarized as four main desired actions to achieve resident and family-centred care. They agreed they do some of these actions quite well while others are not yet completely achievable from their perspective.

1. Residents should have autonomy and choices should be honoured.
2. Staff should be familiar with each resident's individuality.
3. A high standard of care should be maintained.
4. Activities should be available for each resident's needs.



Physician Focus Group

Finally, a Zoom meeting was held with 5 physicians who provide care to residents in both Menno Home and Menno Hospital. In general, physicians sense the shift from the medical model to the resident and family-centred care approach. While they appreciate this approach, they understand they have work to do to achieve this fully.

After a robust discussion, the first 6 actions below were identified by the physician focus group as being required to demonstrate a resident and family-centred care approach with the seventh being added by the physicians attending the steering group meetings:

1. Goals of care discussions should take place.
2. Physicians should attend all care conferences.
3. Physicians should be interested in LTC and stay up to date.
4. Proactive in-person visits should occur and should include family as much as possible .
5. Residents should be assured there is Physician availability 24/7 .
6. Residents should be aware of physician services and other available healthcare services, such as foot care.
7. Physicians should realize the value of communicating with residents and families when there is an acute change in a Resident's health status and demonstrate that they value the input of family in making clinical care decisions.

Gap Analysis

A gap analysis is a way to assess systems to determine what areas should be improved. It looks at the desired or preferred state and compares that with the current state. Teams can then determine what actions, if any, should be tested or implemented to improve the service gap identified.

Using the information ascertained from the stakeholder focus groups a gap analysis was conducted. The RFCC Steering Group was instrumental in assessing the current state and what actions would be most beneficial to test or implement for each service gap identified to achieve providing a resident and family-centred care approach.

Resident Focus Group Analysis

	Desired State	Current State	Improvement Opportunity	Ideas
1	Staff who smile, listen, demonstrate caring/kindness/patience, and have a sense of humour. Residents say they want to be treated like family.	Most staff are exceptional and fit this description, but not all. Some staff rush, don't listen and blame the other shift for having extra work placed on them. This leads to residents feeling they are a "bother" to those staff. This is particularly true with newer staff and more often occurs on evening/night shift when there is less staff on duty.	Ensure all staff display the characteristics that demonstrate kindness, patience and caring.	<ol style="list-style-type: none"> 1. Create an education plan and ensure all staff are aware of expected behaviour. 2. Instill the concept of conversing while conducting a task with/for a resident which doesn't add time to the task. 3. Have new staff shadow staff who demonstrate the desired characteristics. 4. Regularly recognize staff who model the desired behaviour. 5. Review values statements at department meetings.

				6. Hold staff accountable for upholding standards of conduct.
2	Staff who show respect by not speaking a foreign language when in the presence of residents. Residents say they are concerned staff may be "talking about them". Residents want to have conversations with staff.	English as a second language (ESL) staff often revert to speaking their first language while caring for the residents	Ensure residents feel respected by having staff speak with the residents rather than with each other in their preferred language.	<ol style="list-style-type: none"> 1. Provide education to staff that includes how the residents "feel" when a conversation in another language doesn't include them 2. Hold ESL staff accountable when this occurs. 3. Develop a way for residents to report this concern without fear of retribution.
3	Staff who provide residents with choice.	Residents feel they are routinely provided with choice which was seen as a real strength.	Ensure choice is also being provided to residents who have dementia who are less able to express their preferences.	<ol style="list-style-type: none"> 1. Include ways to provide choice for residents with dementia in staff education. 2. Allow all staff to observe how the staff of the Behaviour Support Transition Neighborhood in Menno Home care for those with dementia.
4	Staff who know the residents' unique needs and pay attention to detail.	Generally, staff are aware of resident needs, but on occasion they leave before completing a task i.e., leave a tray but fail to move the resident's chair into an upright position so they can eat or don't put slippers back in the closet where they belong.	Ensure staff are aware they must complete a task in full before leaving a resident's room.	Educate staff to say, "Is everything ok?" before leaving a resident and going on to the next task.

5	Regular visits from their physician	While some residents are now (post pandemic) beginning to see their physician, some say they haven't seen their physician in a very long time.	Ensure residents have regular access to their physician	Re-introduce physician in-person visitation i.e. a visit every 3 months.
6	Residents are given privacy for personal care	At times, when on a commode, the bedroom door is left open and at times staff do not knock before entering.	Ensure staff are aware of resident privacy needs.	Educate staff on resident privacy needs and keep staff accountable for upholding them.
7	Residents are served tasty meals	Residents are reporting the meals are often bland or meat is dry. There is sometimes too much gravy.	Review menu and recipes for the opportunity to introduce spices, etc.	<ol style="list-style-type: none"> 1. Collaborate with a chef's training program to have student chefs support meal preparation and planning and provide education/tips such as adding tasty spices. 2. Plan more group food events. 3. Create a resident group who volunteer to test taste food and offer suggestions.
8	There is a clear complaint process that ensures no retribution	Some but not all residents felt they could voice a complaint when things are not up to standard.	Ensure there is a clear complaint process that includes follow-up with the resident who submitted the complaint.	<ol style="list-style-type: none"> 1. Review the current complaint process and validate it with the residents to determine if it will be effective. 2. Ensure residents are aware of the complaint process. 3. Build rapport with residents to create trust.

Family Focus Group Analysis

	Desired State	Current State	Improvement Opportunity	Ideas to be Tested/Implemented
1	Positive experience when transitioning into long-term care	There is an overwhelming amount of information and paperwork on move-in day. The RFCC Steering Group advises this has improved to some degree, but more work should be done. Thus far the admission package has been reviewed and duplicate information has been removed.	Reduce paperwork on first day and create a user-friendly process for information sharing.	<ol style="list-style-type: none"> 1. Have a resident and family focus group review the move-in process to help find ways to streamline the process. 2. Assign someone to work with the family a week or two after move-in (orientation period).
		Personal issues such as sexual intimacy needs are not well communicated or understood.	Create a process to ensure all family members feel free to inquire about personal issues.	<ol style="list-style-type: none"> 3. Provide Social Worker contact information along with a Q&A reference sheet for personal issues. 4. Have S.W. contact each family within first 2 weeks of admission.
2	Ongoing regular communication - status updates	Most but not all staff build rapport with families and communicate well - i.e., recognize family, smile, engage in conversation. At this time there is healthcare staffing shortage in British Columbia making it difficult to be as selective as one would hope when hiring nursing and care aide staff.	Ensure all staff are aware of how to create rapport and ensure that all staff practice good communication skills.	<ol style="list-style-type: none"> 1. Continue to hire those who demonstrate an aptitude for customer service. 2. Build communication skills training and expectations related to good communication into general orientation. 3. keep staff accountable by reviewing communication skills in their probationary time and in ongoing staff performance appraisals.
		Phone calls are generally answered during the day shift however, voice mail messages are rarely answered especially during an evening shift. The RFCC Steering Group validates that nurses are often too busy to answer voice mail messages.	Ensure messages are answered in a timely manner i.e. within 24 hours.	<ol style="list-style-type: none"> 1. Designate non-nursing staff who will review voice mail messages and ensure families receive a call back. 2. Provide proactive updates by contacting families on a regular basis (weekly or bi-monthly).

		Annual care conferences are held as well as an initial care conference at 6 - 8 weeks after admission.	Ensure family members can provide their observations (both good and bad) at each care conference.	Continue to hold regular care conferences and ensure families are invited to share their experiences.
		Photos of the residents are occasionally sent to families. This has been very appreciated but is a rare occurrence.	Share photos of residents engaging in their daily activity on a regular basis.	Develop a system for online photo sharing on a regular basis.
		Zoom meetings during COVID appreciated.	Maintain Zoom meeting availability	Continue providing families and residents with the opportunity to meet via Zoom meetings.
3	Competent staff/physicians who use caring approach with each resident. (Families report when their loved one is treated in a caring way, they also feel cared for.)	Families report that their loved ones for the most part experience competent, caring staff and physicians, but not always.	Ensure staff/physicians continue to demonstrate caring and maintain competency.	<ol style="list-style-type: none"> 1. Continue to hire those who demonstrate an aptitude for customer service. 2. Continue to provide educational opportunities and to hold staff accountable
4	Meaningful activity programs available for all residents.	There are 2 recreation staff available for Menno Home and one for Menno Hospital on each neighborhood. Church services available but limited recreation available.	Review activity programming to ensure there is ample recreation opportunity for the residents.	<ol style="list-style-type: none"> 1. Review recreational activities with the residents and families. Ask them what they would like to implement. 2. Expand on activities that residents were accustomed to prior to admission such as baking, sweeping, folding.
		Families are not always aware of daily activities.	Create a way to ensure families are aware of daily events and activities.	Prepare a daily activity "menu" to be shared with families so they can promote the activities with the residents.
		During the COVID-19 pandemic volunteers were not permitted.	Resume engaging volunteers.	Use volunteers to the greatest extent possible.

Staff Focus Group Analysis

	Desired State	Current State	Improvement Opportunity	Ideas
1	Residents have autonomy in decision-making and choices are honoured.	Residents usually decide when they get up in the morning. They are usually called by their preferred name and are respected for their individuality. Choices such as home food and activities are respected most of the time.	Maintain this high level of staff performance in this area.	<ol style="list-style-type: none"> 1. Continue to hire only those who are customer service oriented with the desire/aptitude to work with people. 2. Build honouring resident preferences into general orientation. 3. Keep staff accountable by reviewing performance in their probationary time and in ongoing staff performance appraisals.
2	Staff are familiar with each resident's individuality.	Staff report they are unaware of the resident's history even though the information is uploaded to the Point Click Care online platform.	Develop a system to ensure that direct care staff are aware of each resident's history to help build rapport.	Create a neighbourhood-specific solution to share resident unique identity information e.g.an "All About Me" cheat sheet, a shadow box of important resident items or a booklet that provides resident's background, interests and preferences.

3	A high standard of care is maintained	Although there is adequate care being provided staff feel that with the current ratio of staff to residents, meeting unique resident preferences is challenging. They feel many new staff are coming into the ranks without full or sufficient training to satisfy the requirements of the work. Leadership has connected with schools to ensure they are aware of what is expected of their graduates.	Ensure new staff are provided with sufficient training to support the resident & family-centred care approach.	<ol style="list-style-type: none"> 1. Continue to collaborate with schools and colleges informing them of expectations. 2. Provide a comprehensive orientation that introduces new staff to the resident & family centred care approach i.e., spending hours on the BSTN where RFCC is modelled.
4	Activities are available for each resident's needs.	There are devotions available on a regular basis but there is an overall lack of variety in activities being offered.	Expand activity program where possible	Review activity programming with a goal to introduce activities that are of interest.

Physician Focus Group Analysis

	Desired State	Current State	Improvement Opportunity	Ideas
1	Goals of care discussions take place	Staff nurses help prepare residents/families for a goals of care discussion. With respect to the palliative approach to care, some physicians are using the frailty scale with success. As this is a sensitive topic, good rapport and discernment is needed before having a serious illness conversation and fully using the palliative approach to care.	Increase the use of the palliative care approach. Develop rapport with residents to ensure there is trust when discussing goals of care and the palliative approach to care.	Build awareness of the palliative approach to care to better understand resident and family wishes. As an example, the Frailty Score can be conducted over a period to determine rate of decline and used to support having conversations with the resident and family about goals of care.

2	Physicians attend all Care Conferences	Care conferences are generally well attended but are mainly attended virtually due to visitation restrictions imposed by the pandemic.	Increase on-site presence.	Re-introduce in-person attendance at Care Conferences.
3	Physicians are interested in LTC and stay up to date	Only those physicians with an interest in LTC are part of the team. Physicians are kept up to date by attending team meetings and monthly education sessions.	Maintain this level of achievement.	Continue to engage only those physicians who are interested in LTC and desire keeping up to date.
4	Proactive in-person visits occur and include family as much as possible	During the COVID-19 pandemic visits were conducted virtually.	Now that we are in a COVID-19 endemic phase, in-person visits are permitted and desired by the residents. Increase opportunities to have conversations with residents and families.	Re-introduce in-person proactive visits every 2 - 3 months and ensure families are included when possible. By attending on move-in day the physician would have opportunity to meet both the resident and the family to begin learning about their uniqueness and begin building a trusting relationship.
5	Residents are assured there is Physician availability 24/7	BPSC allows 24/7 availability, 2 med reviews per year and 1 Care conference.	Maintain this level of achievement.	Continue to provide 24/7 physician availability.
6	Residents are aware of physician services and other available healthcare services such as foot care.	There is information provided during move-in, but this information is not always retained.	Ensure all residents/families are aware of supports available.	<ol style="list-style-type: none"> 1. Provide written information that describes all supports available such as brochures that outline the trajectory of dementia. 2. Provide residents and families with an orientation to LTC. (Currently there is work at a regional level aimed to support the transition process.)

7	Physicians realize the value of communicating with residents and families when there is an acute change in a Resident's Health status and demonstrate that they value the input of family in making clinical care decisions.	Currently only some physicians contact families when there is a change in a resident's health status as this is not common practice.	Create an awareness among physicians that contacting families at this critical time builds trust.	Discuss this and other expectations at regular physician meetings.
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Awareness Campaign

It is vitally important when attempting to make a paradigm shift in culture that the vision be well communicated using a variation of approaches. So along with the priority actions that follow in this framework, identifying and implementing effective ways to get the message to the masses takes planning and commitment.

Initially, to begin creating excitement and to introduce the concept of resident and family-centred care a tagline contest was implemented in July, 2022. Over 2000 stakeholders, staff, residents, their families, and others were targeted online with an invitation to read the RFCC definition and enter the contest to create an outstanding tagline. There was an overwhelming response to the contest, validating that this approach to communicating was generating the kind of excitement that was hoped.

To further build awareness and embed the RFCC approach, there should be a strategic approach to ensure as many people as possible hear the message over the next few months.

Public Awareness Ideas

1. RFCC walls where visitors, residents and their families can place cards to answer the question, “What matters to you?” and a variety of other questions related to the RFCC definition such as:
 - Respectful engagement means...
 - Collaboration with residents means...
 - Collaboration with family members means...
 - Respect means...
 - Engagement with me looks like...
 - I imagine this could be better if...



Wall location suggestions:

- Exterior wall of TE Kitchen,
- Exterior wall of W2 Hospital tub room (in courtyard),
- Exterior windows of W1 Home dining room (courtyard)

Considerations: Weather, Cost

Spread could occur through social media, online forms, invitations to event that has people filling out the cards and putting them on the wall, etc.

2. Corresponding social media campaigns – Facebook, Google, Instagram, Tik Tok

Team Member Awareness Ideas:

1. Buttons
 - a. buttons to wear while serving residents: *If it matters to you, it matters to me.*
 - b. _____, it's all about you. (staff member to put a resident name on the line and press into a button).
2. T-Shirts (have to be the right material for care staff):
 - a. Back: Definition of RFCC
Front: Illustration that looks like a "Hello, my name is...." Instead, it says,
Hello, my name is
SHARON (handwritten with sharpie by staff member)
I'm here to ask you "What matters to you?".
3. Report your co-worker:
 - a. Contest online to report the ways that your co-workers are practicing RFCC
4. Real-life scenarios of RFCC – set up like a quiz or with www.Kahoot.com
5. Posters for staff, families, and residents

Families & Residents Awareness Ideas

1. Buttons for residents and families that say:
"Go ahead, make my day!"
2. Invitation to the RFCC walls to contribute
 - a. Online messages for the RFCC walls can be entered through a form and our team will
handwrite and place on the wall

Priority Actions

Strengths

Menno Place has much to celebrate given how respected they are in the community and how cherished they are by residents and families. It was clear during the focus group sessions that residents and families are overall extremely pleased with the care and the positive attitude of the staff.

There are numerous strengths that were identified by the stakeholder focus groups that support resident and family centred care. It is very important that these actions be maintained:

- Residents are routinely given choice
- For the most part, residents report staff smile, demonstrate caring and have a sense of humour
- Except for newer staff, residents' unique needs are known
- Most staff quickly build rapport with families
- Phone calls and voice mail messages are attended to regularly on day shift
- Care conferences with physician and families in attendance are held for each resident annually and 6 to 8 weeks after move-in
- Zoom meetings are arranged allowing family members and residents to visit
- Most staff and physicians are observed by families as being competent and caring
- Goals of care discussions take place for each resident
- Physicians who agree to be part of the team are interested in long-term care and stay current
- Physicians are available 24/7 for resident health needs

Opportunities for Improvement

While there were multiple strengths identified during the stakeholder focus groups, there were also many opportunities for improvement cited. It would be good to note that often the

residents and families would comment about positive experiences before providing examples of where that same experience had an exception. For example, while most staff are seen as caring by the residents, they did point out that newer staff and those on evenings and nights (who are often also newer staff) don't seem to follow through on care in the same way. This is to say that there is sometimes room for improvement even in areas generally seen as strengths.

Below is a list of recommended priority action items that if tested and implemented will support shifting the culture at Menno Place to an even stronger resident and family-centred care approach.

1. Staff Education and Recognition

A. Orientation

Revise the staff orientation to include the following:

- RFCC definition and how to demonstrate it (converse with resident while conducting tasks, smile, show caring and kindness, don't speak a foreign language, etc.).
- Arrange for new staff to shadow a staff member who demonstrates RFCC
- Arrange time for new staff to observe care on the BSTN unit.
- Explain how to provide choice for all residents, including those with dementia.
- Ask residents, "Is everything okay?" before leaving the room so that the resident is comfortable, and nothing is forgotten.
- Review residents' need for privacy, i.e., knock before entering a room, draw privacy curtains in shared rooms and/or close doors when providing care, etc.
- Teach communication skills i.e., active listening, how to gain clarity when needed etc.
- Explain the importance of taking time to engage in meaningful interaction with residents

B. Inservice Education

- Review regularly with staff that they must not speak in a foreign language while in the presence of the residents, giving examples of how this "feels" to residents
- Provide education to all staff to include asking residents, "Is everything okay?" before leaving the room so that the resident is comfortable, and nothing is forgotten.

- Regularly remind staff about the residents' need for privacy, i.e. knock before entering a room, draw privacy curtains in shared rooms, close doors when providing care, etc.

C. Recognition and Reminders

- Regularly recognize staff who model RFCC behaviour.
- Review values statements at staff meetings.
- Hold staff accountable for actions not aligned with RFCC.

2. Communication

- A. Create an online resident photo sharing system to allow families to log in and see their loved one on a regular basis.
- B. Develop a system to respond to voice mail messages left on evening and night shift (designate non-nursing staff if necessary).
- C. Provide proactive updates to family members on a regular basis i.e., weekly or bi-monthly.
- D. Develop a way for residents to report concerns/complaints without fear of retribution, validate the process with the residents and ensure they are aware of the process.
- E. Create a neighbourhood-specific solution to easily share resident information with staff so they can gain familiarity with their unique needs, e.g., an "All About Me" cheat sheet, a shadow box of important resident items or a booklet that provides background information.

3. Meals

- A. Create a resident group who volunteer to advise on all matters of meals service, to taste test food and offer suggestions and develop a way to share the outcomes.
- B. Collaborate with a chef's training program to have student chefs support meal planning and preparation.
- C. Plan group food events in collaboration with recreation staff.

4. Move-In Process

- A. Have a resident and Family focus group review the move-in process to help find ways to streamline it.

- B. Assign someone to work with the family a week or two after move-in (orientation process).
- C. Provide written information that describes all supports available such as foot care and the trajectory of dementia.
- D. Provide Social Worker contact information along with a Q&A information sheet for personal issues with a follow-up call by S.W. within 2 weeks of move-in.

5. Recreation

- A. Review recreational activities with the residents and families and seek their input for additional meaningful activities, which may include expanding on activities that residents were familiar with prior to move-in such as, baking, folding and sweeping.
- B. Create a daily activity menu to be shared with families so they can promote them with the residents.
- C. Arrange group meal events in collaboration with dietary services.

6. Physician Services

- A. Build awareness of the palliative approach to care to better understand resident and family wishes e.g., the Frailty Score can be conducted over a period to determine rate of decline and used to support having conversations with the resident and family about realistic goals of care.
- B. Re-introduce in-person attendance at care conferences and in-person proactive visits which include family when possible.
- C. Optimize communicating with residents and families when there is an acute change in a resident's health status and seeking input from them in making clinical decisions.

7. Volunteers

- A. Re-introduce and strengthen the volunteer program.
- B. Engage residents as volunteers when appropriate

Next Steps

There are now several priority action items generated directly from stakeholders that provide us with a plan to move along the continuum to a strengthened resident and family-centred care approach. But where do we begin and how can we ensure success?

The priority action items can now be further analysed and prioritized for ease of implementation, resources needed and those that generate the greatest excitement. Is there any low hanging fruit, such as priority actions that are currently in progress that need little effort to be completed or actions that require very few resources? Which priority actions would generate the most enthusiasm and be relatively simple to complete because of that alone? Which priority actions would make the most impact? Leadership will be instrumental in making these strategic decisions.

It is recommended that a working group(s) be formed to oversee the progress of each of the selected priority actions. The working group(s) should have at least some members of the original RFCC Steering Group to maintain continuity and momentum. Department leaders would also need to be engaged if the priority action happens to involve their department.

It is further recommended that a plan, do, study, act process be used following the Model for Improvement for the more complex actions. Ideas are first tested with small groups and then spread after results are reviewed and methods are revised as needed.

It's important to regularly evaluate the success of the initiative and if needed mitigate issues that arise. The evaluation tool found in Appendix A will assist with this process.

It is also important to consider that during this culture change, which is expected to take 2 to 4 years, there may be additional ideas generated that should be vetted by stakeholders and considered.

Appendix

Resident & Family-Centred Care Evaluation Template



Priority Action Item	Date Initiated	Lead	Target Completion Date	
	Fully Implemented	Partially Implemented	Not Implemented	Comments/Mitigating Actions
Create Shared Work Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Objectives/Steps				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sample

Priority Action Item	Date Initiated	Lead	Target Completion Date	
Develop a way for residents to report concerns/complaints without fear of retribution	October, 2022	Moreen Rahil	March 2023	
	Fully Implemented	Partially Implemented	Not Implemented	Comments/Mitigating Actions
Create Shared Work Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Objectives/Steps				
1. Create a resident focus group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Review current complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

process for areas of weakness				
3. Gather suggestions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Prepare draft complaint process using improvement suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Submit draft complaint process to leadership for approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Test revised complaint process in one neighborhood, making revisions as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Spread complaint process to all neighborhoods when all revisions completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	