



WIKWEMIKONG NURSING HOME

**Resident and Family Handbook
Long-Term Care**



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Welcome!

On behalf of our staff and volunteers, it is my pleasure to welcome you to Wikwemikong Nursing Home. If you are reading this, you or your loved one have just moved or are contemplating moving into Wikwemikong Nursing Home.

We know that you have asked many questions about long-term care over the past few months, and we are certain that you will have many more questions to ask in the near future. If your questions are not answered in this handbook, please do not hesitate to ask questions of any of your care team. Our dedicated staff is here to help in any way possible and we encourage you to speak to them if you have any questions, concerns or just need some additional information. Because there are staff on duty twenty-four hours a day, there is always someone here to whom you may speak.

We are looking forward to getting to know you and your loved ones as we work together to develop a plan of care that will maximize your abilities and ensure the care you receive is based upon your preferences and customary routines. To facilitate this, we encourage you to become as involved in your care as possible, further recognizing that family members play an important role in the health, well-being and care of their loved ones. It can take up to 3 months for new residents to feel safe and at home. We value and appreciate your involvement with the care of residents at Wikwemikong Nursing Home.

The trust that you have placed in us to provide you care and support is one that we take seriously; hence our commitment to you that we will continuously strive to meet your needs in a professional, compassionate, and respectful manner.

Sincerely,

Cheryl Osawabine-Peltier
Administrator

Our Mission, Vision and Values are based on the Seven Grandfather Teachings.

MISSION

Wikwemikong Nursing Home is dedicated to provide the highest standard of holistic quality care in a home-like atmosphere where each Elder is honoured, respected and cared for in a compassionate loving environment that promotes dignity.

Our focus is on the provision of individualized care that respects, supports and enables residents to be as independent as possible. The scope of services that we provide includes:

- A program of 24 hour nursing and personal care
- Resident Centered Care
- Restorative and Rehabilitative Services
- Recreation and Leisure Services
- Nutritional Care Services
- Environmental Services

We value the input of our Residents, their family members and the community we serve and work cooperatively to continually improve care and services provided in the home.

VISION

Wikwemikong Nursing Home strives to be a leader in the long-term care field, recognized for high quality care and service and its commitment to working in partnership with residents and their families. We strive to design and deliver programming that meets the growing and changing needs of residents and the community we serve, and to provide a rewarding and empowering work environment.

We are committed to providing high-quality care and service through a Resident-Centered approach. We strive to create an environment that supports each resident's rights to dignity, self-esteem and independence.

VALUES

Wikwemikong Nursing Home is committed to providing service in a manner that respects, supports and enables residents, families, staff, volunteers and community stakeholders. The overarching goal is to enrich the lives of the people we serve.

We provide care for our Elders with excellence using our Grandfather Teachings: Wisdom, Love, Respect, Bravery, Honesty, Humility and Truth.

GOVERNANCE

The governing body of Wikwemikong Nursing Home is the Board of Directors. This Board has a President, a Vice-President and three other members. An Annual General Meeting is held each summer.

The Board of Directors is responsible for governing and supporting Wikwemikong Nursing Home's entire operation. Governance responsibilities include, but are not limited to:

- Determining Wikwemikong Nursing Home's values, mission and strategic directions
- Selecting an Administrator and ensuring performance is monitored.
- Ensuring effective organizational planning
- Evaluating the effectiveness of Wikwemikong Nursing Home 's programs and services
- Protecting and enhancing the organization's public image
- Ensuring adequate resources and effective use of resources
- Signing contractual agreements with Government Funding bodies.

SERVICES PROVIDED AT WIKWEMIKONG NURSING HOME

The services listed below are all available to Wikwemikong Nursing Home residents and the cost of these services are included in the cost of accommodations.

- Basic accommodation, 2 single beds in a room, approx. 140 sq ft living area + shared washroom
- Private accommodation at additional monthly charge, 1 single bed, approx. 170 sq ft living area + private washroom
- Internal transfers between rooms as needed for various reasons
- Resident-centred nursing and personal care 24 hours per day
- Nurse Call system in every resident room
- Medical care and supervision available within the facility
- Pharmacy services
- Administration of medications using multi-dosing packets
- Medical supplies and nursing equipment necessary for resident care involving skin disorders, infection control, and sterile procedures
- Medical devices such as catheters, colostomy and ileostomy devices
- Continence care products which are environmentally responsible
- Assistance with activities of daily living

- Supplies and equipment for personal hygiene (skin care lotions, shampoo, soap, deodorant, toothpaste, toothbrushes, denture cup, denture cleanser, toilet tissue, facial tissue, comb, razor, shaving cream and feminine hygiene products)
- Therapeutic programs -e.g. physiotherapy
- Mobility Aids for general use – e.g. cane, walker, wheelchair, Geri chair
- Restorative care program
- Conference Room access for meeting with care professionals
- Jacks for telephone and Cable TV are provided in alternate locations in each resident room
- Resident recreational and social activities and special events including related supplies and equipment
- Pastoral activities and services
- Nutritional services, 3 meals and 3 snacks daily
- Dietician assessment and therapeutic diets, dietary supplements
- Devices enabling residents to feed themselves
- Bedroom furnishings including a bed (electric or manual) with a firm, comfortable mattress, adjustable bed rail/s, chair, night table, overhead light, wardrobe and privacy curtain
- Housekeeping services
- Linen - sheets, blankets, bed spread, towels, face cloths, pillows and cases
- Industrial type machine washing and drying of personal laundry
- Labelling of resident clothing
- Maintenance of building and the home's equipment
- Facilitation of meetings and business of Resident and Family Councils
- Volunteer resources
- Security systems and patrols
- Personal funds maintained/entrusted in Wikwemikong Nursing Home
- Reception, mail delivery service
- General administrative services
- Computer and Internet access on request
- Local telephone service on request
- Satisfaction Surveys and Quality Improvement program
- Parking, designated Senior and Disabled Parking spots near Main Entrance
- Fire Safety Program, Disaster Response Plan

By legislation of the Ministry of Health and Long-Term Care, it is not permissible to charge for the following:

- Prescription pharmaceutical preparations listed in the Drug Benefit Formulary

- Special preparations or medical devices that may be obtained from the Ontario Drug Benefit Program as interim non-formulary benefits
- Insured devices, equipment, supplies and services available to residents through other programs such as Home Care Program & Assistive Devices Program
- Non-prescription drugs, medication and treatment products, and supplies obtained through Ontario Government Pharmaceutical and Medical Supply Services upon requisition.

OPTIONAL SERVICES

Optional services are available to residents at Wikwemikong Nursing Home for which there is additional cost.

Optional services and associated costs include:

- Cable TV connection and monthly charges for resident's personal use.*
- Specialized foot care services – available on site *
- Alternative Therapies – may be available on site on arrangement *
- Continence care products not part of Wikwemikong Nursing Home's continence care system *
- Dental and denturist services – are available on site *
- Scribing of dentures for identification (No charge when done by Wikwemikong Nursing Home or provider service)
- Eyeglasses, hearing aids and hearing aid batteries *
- Hairdressing and barber services *
- Non-prescription drugs, medication and treatment products not available through the Ontario government pharmaceutical and medical supplies*
- Preferred accommodation (Private = \$18/day over basic rate)
- Rental or purchase of walkers, wheelchairs and geriatric chairs for exclusive resident use *
- Telephone connection and monthly charges for resident's personal use *
- Transportation services (Taxi, Transfer Service, etc.)*
- In-house clothing and shoe sales from mobile vendors *

Rates for optional services denoted with * are set by outside service providers

The Resident or the Power of Attorney for Property must authorize in writing purchase of, or arrangement for, any of the above list of optional services

Resident Home Areas

The Resident Home Areas contain 59 beds as well as two dining rooms, sitting areas, a TV lounge, library and craft room.

The service areas for laundry, housekeeping and maintenance are in the basement area.

Please note that the voice mail system at Wikwemikong Nursing Home is confidential. Office hours for managers are generally from 8:30 a.m. until 4:30 p.m. Do not leave important or urgent voicemail messages on any phones. Instead please speak directly with a Manager, Registered Nurse or staff member for best service and results. Please refer to chart below for correct numbers.

Title	Name	Phone ext.	Email
Administrator	Cheryl Osawabine-Peltier	225	administrator@wikynursinghome.com
Director of Care	Rebecca Fox	222	doc@wikynursinghome.com
Office Manager	Tara Dowdall	232	tara@wikynursinghome.com
Activity Manager	Jamie Wassegijig	235	activity@wikynursinghome.com
Dietary Manager	vacant	225	foodservicesupervisor@wikynursinghome.com
Registered Dietitian	Julie Rochefort		
Maintenance Supervisor	Nathan Bell	231	maintenance@wikynursinghome.com

If you wish to speak to one of Nurses, please do not call between 8am-9am, Noon – 1 pm or 5 pm – 6 pm as the Nurses and other staff will be busy with resident care and meals. Calls will usually be transferred to voice mail during these times.

ABUSE AND NEGLECT

Any abuse or neglect that is alleged, suspected or eye-witnessed must be reported immediately to the Nurse, any Manager, the Director of Care or the Administrator at the earliest opportunity. Wikwemikong has a zero tolerance for any type of abuse or neglect and we strongly urge people to report it even if they are not sure or are somewhat uncomfortable doing so. See Complaints and Concerns section.

ADMISSION AGREEMENT

Wikwemikong Nursing Home has a four part Admission Agreement, which is completed as soon as possible following admission with the resident and/or his or her legal representative/s. A copy of this document is provided for the resident and the agreement can be reviewed upon request. In assuming responsibility for a considerable portion of the care of the resident,

WIKWEMIKONG NURSING HOME very much assumes an advocate role. Residents are always encouraged to participate fully in making decisions concerning their care.

The resident/designate will be asked to identify the person/s who WIKWEMIKONG NURSING HOME should notify in case of an emergency. The resident or his/her next-of-kin will also be asked if the resident has given anyone Power of Attorney and to bring a copy for our records. Having a Power of Attorney for Property allows the designated person to act on the resident's behalf in a situation when the resident cannot act for his/herself in relation to property and finances. Power of Attorney for Property can handle the resident's finances and can sign on their behalf with respect to his/her assets.

A Power of Attorney for Personal Care can make personal care decisions, for example, treatments, medical procedures. Powers of Attorney can be held by a family member, friend, lawyer or by another authorized person.

If the resident has named more than one person as Power of Attorney for Care, we will ask the resident and all those named as Power of Attorney to provide us with one primary contact name. In the event of an emergency or change in resident's condition, staff will notify the primary contact. Valuable staff time is much better spent caring for the residents rather than trying to contact multiple Powers of Attorney to notify them on any change in condition.

Please be advised that the Power of Attorney takes effect only when a resident is not capable of making an informed decision. It may also depend on the topic. A resident may be capable of making a decision with respect to their care but not their finances or vice versa. It may also be dependent on the day depending on their mental state at the time. Also The Power of Attorney "dies" with the resident. At that moment, it is the role of the Executor/Executrix/Estate Trustee to take over and make decisions and all arrangements regarding the deceased resident.

Please provide the name and contact information on admission for the named Estate Trustee as indicated on the resident Last Will and Testament. We do not need a copy of the Will, only the name of the Estate Trustee.

ALCOHOL

Although permitted, alcohol should be used cautiously due to possible adverse reactions with the resident's medication (thus presenting a health risk). Alcoholic beverages may be offered to residents who attend functions such as the New Year's Eve celebration and monthly birthday parties.

ANTIVIRAL MEDICATIONS

Influenza (the flu) is a serious, contagious, viral illness that most often occurs during the winter months. In healthy individuals, influenza causes fever, cough, headaches, muscle aches, a stuffy nose and a sore throat. However, in the elderly and people with chronic lung or heart disease or compromised immune systems, influenza may cause serious illness, and may be complicated by life-threatening bacterial pneumonia and death. Vaccination against influenza greatly reduces the risk of illness and death in people who live in long-term care facilities. However, the vaccine is not 100% effective and, in spite of vaccination, influenza outbreaks can still occur.

Antiviral medications are available to prevent and treat influenza. Side Effects of antiviral medications are minimal. In the event of an influenza outbreak at Wikwemikong Nursing Home, the Medical Director may recommend the use of an antiviral agent. It is important that the medication be given to all residents as soon as possible and prompt action to be taken to control an outbreak.

ARTWORK (Personal)

Residents are encouraged to bring artwork to hang in their rooms in order to promote a more home-like environment. They may also bring art to hang in the corridors if suitable. It should be identified with the resident's name and instructions what to do when the resident is no longer at Wikwemikong Nursing Home. A form will be provided by the Administrator upon request in order to identify what is to be done with any artwork after the Resident is no longer at Wikwemikong Nursing Home.

BED HOLD FEES: These are no longer applicable in Long Term Care.

BED BUG POLICY

We work closely with Public Health to prevent any problems with bedbugs and other infestations and to do so we have a prevention policy. New resident belongings may be placed in clear plastic bag at the time of admission and items will be quarantined in the freezer for 2 to 4 weeks. This procedure is at the discretion of the Environmental Services Supervisor, Administrator and/or Director of Care. Do not bring anything into Wikwemikong prior to first consulting with one of the above staff members. After the quarantine period, the items are examined by the Pest Control technician for any signs of infestation. If the inspection is unremarkable, the items are returned to the resident. Brand new store bought items do not need to be quarantined. Our

prevention policy has been very successful in preventing any bed bug infestation to date at Wikwemikong Nursing Home.

BUILDING SAFETY

Safety rounds are conducted on a regular basis to identify risks and ensure follow up with any recommendations from reported safety hazards or incident investigations. If you notice anything that may constitute a safety hazard or cause some level of concern or risk please speak with any Nursing Home employee.

Our facility has its own unique monitoring system. A call bell near your bed, in your bathroom and in all common area of the center will alert the care staff that they are needed to assist you. We also have an on-call schedule to ensure a physician is available to assist the care team as required.

We are committed to providing you with a safe, respectful environment. Because of this, exits are alarmed or secured in our centre. Please check with staff for the access codes of secure doors. Outside doors are locked at night at 8 pm with access to the centre obtained by ringing a doorbell at the centre's main entrance or by calling the nursing home directly. Visiting Hours are from 9 am to 8 pm.

CARE ASSESSMENT AND PLANNING

Once admitted, staff of various disciplines will assess the resident. Each resident is assigned to a primary nurse who does a nursing care assessment. The Activity Manager assesses the resident's interest in participating in Nursing Home's recreational programs and activities. The Dietician does a nutritional assessment. The Physiotherapist (under the direction of the physician) may become involved as needs indicate. A coordinated resident care plan is developed. This is completed in the first few weeks following admission.

Residents, families and other next-of-kin are very much involved in the assessment and planning of care. At any time, concerns should be brought to the attention of the nursing staff or the staff of other departments. If the issue is of a nature that it affects a number of persons, a care conference may be called to address the issue.

Each resident has his/her care and service needs reassessed quarterly or when there is a change in the resident's health status, needs or abilities.

CARE CONFERENCE (Ministry Policy)

A Care Conference is an interdisciplinary meeting held within 6 weeks of admission and annually thereafter to review the resident's care plan. Staff will contact the resident, family and physician to arrange a date and time for the care conference. A care conference may be required more frequently depending upon resident needs and may be requested by the resident and/or POA at any time. Care Conference may also be conducted by teleconference or SKYPE in the near future.

CLOTHING

Residents provide garments and footwear which suit their size, style, and colour preference. Wikwemikong Nursing Home recommends certain fabrics when garments are to be included in the Home's laundry. (See: Laundry) Off season clothing cannot be stored at Wikwemikong Nursing Home as space is limited. Residents should have 3 – 4 days or daily clothing plus one piece of seasonal outerwear.

In the event that a resident requires the use of a mechanical lift for transfer, it may be necessary for the resident to wear adaptive clothing. These garments open at the back and allow for safer transferring and toileting for both resident and staff. New clothing may be purchased or garments in use can be modified by a seamstress to be arranged by the Resident or Power of Attorney. There is no seamstress on site at Wikwemikong Nursing Home.

CLOTHING LABELS

All clothing needs to be labelled and this is done on admission at Wikwemikong Nursing Home's expense. The clothing must be clean and in good condition. The label indicates the resident name and is sewn to the inside of the collar or waistband. Additions to a resident's wardrobe (from shopping, gifts or off-season storage) need to be labelled so that they may be promptly returned to the resident.

Please leave garments needing labels with the Nurse Manager in a clear plastic bag and clearly marked for whom it should be labelled.

Please consider that institutional washers and dryers use much higher temperature than conventional washers and dryers used at home. If labels are not properly sewn to the residents' personal garment they may fall off in the laundering process. It is recommended that Wikwemikong Nursing Home sew your family member's labels to the clothing items.

CLOTHING SALES

In-house clothing sales are held periodically in the Activity room. Catalogues are available for the purchase of specialized clothing to suit resident needs. The activity department organizes this service and events are listed in the activity calendar. Purchases are at the resident's expense and arrangements are made for labels before they go to the resident's room.

COMMUNICATIONS

Wikwemikong Nursing Home residents may exhibit some degree of impairment in their vision, hearing and cognitive abilities. As a result, the communication process can, at times, be more difficult. To interact more effectively with other residents you should:

1. Approach the person face to face, at his/her level and establish eye contact.
2. Tell the person who you are and why you are approaching him/her.
3. Speak slowly and in lower tones. It may help to speak in a slightly louder voice but shouting is not helpful. If the person is wearing a hearing aid, do not assume it is turned on.
4. Use gestures and/or physical cues to help the person understand the idea you are trying to share.
5. Use short sentences with the most important words at the end of the sentence.
6. If the person does not understand your message, try again using different words and on-verbal cues.
7. Be patient! Give the person extra time to respond to your communication. It is not unusual for an elderly person's response time to be delayed or for him/her to use a similar but incorrect word.

Listening is a very important part of communication. It may be one of the most important things that you can do for the person. Taking the time to listen conveys a feeling that he/she is important and that you care.

COMPLAINTS AND CONCERNS

Residents and/or their family or friends who may wish to raise a concern, lodge a complaint, obtain information about or recommend change involving Wikwemikong Nursing Home , can do so by sharing the issue (depending on its nature) with:

- Any Wikwemikong Nursing Home staff member, Department Manager or the Administrator/Director of Care
- Wikwemikong Nursing Home Resident Council and/or Family Council
- Members of the Wikwemikong Nursing Home Board of Directors

- Ministry of Health and Long Term Care, Director of the Performance Improvement and Compliance Branch
- Minister of Health and Long-Term Care: Long-Term Care INFO line – 1-866-434-0144

A current contact list is posted and copies provided at Reception. Wikwemikong Nursing Home encourages residents and families to express their concerns to facility staff prior to contacting ministry staff. It is anticipated most issues will be dealt with to the satisfaction of all concerned.

Serious issues must be put in writing. The Administrator will respond within ten days to a resident's (or his/her family/friend) requests, suggestions and complaints, indicating possible plans of action.

In accordance with legislation, Wikwemikong Nursing Home's annual audited statement findings of the annual Ministry of Health review and Residents' Bill of Rights are always available for public review at the front entrance or on the Resident and Family Information Board.

CONFIDENTIALITY OF RESIDENT INFORMATION

All records, reports and information concerning the residents of Wikwemikong Nursing Home are treated with the utmost of confidentiality. Many of the residents at Wikwemikong Nursing Home feel very much "at home" and confide in the staff. Facts intimate to residents will not be disclosed or discussed with other employees, residents and persons, except during professional meetings when the information may have a direct effect on the resident's health and the provision of care. Staff are aware that discussions of any Wikwemikong Nursing Home information pertaining to residents and their respective care is not to occur in public places or areas where others present are able to overhear the conversation. We value open and honest communication. If an error occurs, we will let you know as soon as possible. We take errors very seriously. We will investigate so you are aware of what happened and develop an action plan so we can prevent similar situations from occurring in the future.

CONSENT

Consent is required for admission, discharge, treatment, sharing of resident information, and to authorize purchase of goods or services on behalf of a resident. The resident or his/her Power of Attorney may provide consent depending on the capacity of the resident to give consent. Depending on the situation, staff may ask for consent in writing or verbally.

In many instances, government agencies require Wikwemikong Nursing Home to provide them with personal resident health information for the purposes of

compiling statistics to determine the effectiveness of health care in various settings. Letters will be sent in these circumstances to residents/families/Powers of Attorney advising that we will provide the information unless we receive written notice that we are to exclude a specific residents' personal health information from the information requested by government agencies.

CONTINENCE AND BOWEL MANAGEMENT

We are committed to promoting continence thereby relieving bladder distention, constipation, preventing skin breakdown and restoring self confidence. The goal of the bladder and bowel management program is to:

- 1) address the resident's individual needs with respect to continence of bladder and bowel through an assessment process
- 2) initiate appropriate strategies and interventions
- 3) provide learning opportunities
- 4) monitor and evaluate resident outcomes

If you have any further questions, please direct your questions to the Nurse Manager.

DEATH OF A RESIDENT

Whenever possible, registered staff will notify the family that a resident is palliative. Family members are encouraged and supported by Wikwemikong Nursing Home to be with residents at this time and will be provided with a private room, if possible. Residents will remain in their own room unless specific direction has been given for transfer to a hospital. (See Palliative Care). Generally speaking we do not advise transfer of Residents to hospital for Palliative Care as we do not feel it is in the best interests of the Resident. Please speak to the Director of Care regarding any decision to transfer the Resident for End-of-Life Care.

Following a resident's death, Wikwemikong Nursing Home nursing staff may contact a funeral home if this instruction has been provided for them in writing. Families are asked to immediately notify the staff as to the identity and address of the deceased resident's Executor/Executrix/Estate Trustee if this information was not provided on admission. **The nursing home staff can legally only deal with the Estate Trustee at this time.** The deceased resident's belongings must be collected by the Executor/Executrix/Estate Trustee no later than the day following death unless otherwise arranged. If this is not possible, staff may be asked to pack and store belonging for collection at a later date. A final statement is prepared and mailed to the Estate Trustee. A refund cheque if applicable will follow in a few weeks payable to the Estate of

the Resident and mailed to the Estate Trustee. It cannot be made payable to the family. The resident's health card will be destroyed following submission of a report to the Ministry of Health.

DELIVERIES

Residents and families are asked to contact Reception if they are expecting a delivery (e.g. furniture, drug store, pizza) so that an appropriate response may be given on arrival. During Outbreak, items may be left at Reception for delivery to resident rooms. Items are usually delivered once in the morning and once in the afternoon. Please do not leave perishables or any valuables at the Reception.

DENTAL ASSESSMENTS

New residents have an oral assessment as part of the admission medical and nursing assessments. When residents require dental treatment or other services not provided by Wikwemikong Nursing Home, assistance will be provided to arrange a referral to a dentist or other dental personnel of the resident's choice. This can only be done when the resident or his/her Power of Attorney has authorized payment and plans for transportation have been made. Wikwemikong Nursing Home is working with this company to ensure that dental services are available to residents who cannot access a local dental office.

DENTURES

Dentures must be marked for easy identification. This has to be done off-site at the residents chosen Denture Clinic.

Arrangements will be made to provide emergency dental services for residents as required, when the resident or his/her Power of Attorney for Personal Care authorizes payment.

DIETARY DEPARTMENT INFORMATION

Dining is one of greatest pleasures of living in Wikwemikong and we strive to provide "a pleasurable dining experience" for our residents. Our culinary/dietary staff combines creativity, high quality ingredients and great service to create delicious and healthy meals. Our menus are developed with great consideration for Traditional recipes but also with the Canada's Food Guide recommendations in mind for healthy eating. Those recipes are checked and approved by a Registered Dietitian in consultation with our residents. This

Careful planning results in the preparation of tasty offerings that suits all preferences and cultural needs. Along with the variety of food choices, there are special themed menus for holidays as well as favourite seasonal fare on offer.

The kitchen prepares three meals a day that are sent to the dining room serveries and then served to the residents by staff. Residents are encouraged to join the dining rooms for meals. Tray service and assistance is provided for those who are not feeling well, are bedridden or simply do not wish to dine with others on that day.

We offer therapeutic diets and texture modified meals as required by individual residents according to dietary needs and to prevent choking. In addition, snacks and drinks are provided 3 times daily for each resident. Special supplements and labeled nourishments are provided to residents with greater nutritional needs according to individual circumstances.

There are two choices provided at lunch and dinner with corresponding vegetables and choice of dessert for each menu choice.

Residents are encouraged to provide feedback and comments about the food and the meal service. A Residents Food Committee meets every 3 months after the Residents' Council meetings to discuss likes and dislikes and to approve all changes and make recommendations for each new menu. Menus are changed seasonally to reflect the fresh food available at those times.

Breakfast is served at 8:00 am, Lunch is provided at Noon and Dinner at 5:00 pm. Nourishments and snacks are delivered to residents at 10:00 am, 2:00 pm and 7:00 pm.

Residents are encouraged to drink at least 1.5 litres of fluids per day to prevent dehydration and resulting problems like confusion and infections.

Please note that in many cases, medication and the onset of dementia and other medical conditions may alter the sense of taste and the taste of many foods for those individuals affected. Our menu is considered No Added Salt in order to promote heart healthy living, avoid conflicts with different medications and those to address problems that are associated with the levels of sodium in the diet. Nursing Staff do record food and fluid intake daily for each resident and the residents are weighed regularly to check that their dietary needs are being met by the Dietary Dept. Any concerns are addressed promptly. Research has shown that 34% of seniors living alone in Canada are at nutritional risk. It is quite common that the health of new residents dramatically improves once they arrive at Wikwemikong Nursing Home with monitored medication administration, regular activities, contact with others

and nutritious well balanced meals and fluids provided by the Dietary Department.

DISCHARGE FOLLOWING TRANSFER TO HOSPITAL (Ministry Policy)

A resident's condition and/or circumstances may change sufficiently to consider discharge to another community living arrangement, home or facility. Wikwemikong Nursing Home staff will make every effort to assist the resident and his/her Power of Attorney in discharge planning.

If you are thinking about the possibility of discharge, please discuss this matter with the registered staff or the Resident and Family Services Coordinator. The North Eastern Community Care Access Centre is available to assist residents with discharge planning to alternate care facilities. Upon transfer to an acute care hospital for medical or surgical care, a resident is entitled to **30 days** of medical leave. Upon transfer to a hospital for psychiatric care, a resident is entitled to **60 days** of psychiatric leave. During these leaves of absence, the resident or financial POA continue to be responsible for payment for the Long Term Care bed. Upon discharge of a resident, staff will pack and store resident belongings for a family to pick up at a later date, prearranged by family and facility.

Wikwemikong Nursing Home is unable to hold a bed beyond the 30 or 60 days of hospitalization. Wikwemikong Nursing Home must discharge a resident if the hospital indicates that the resident cannot return to Wikwemikong Nursing Home within the available medical leave period due to changes in the resident's condition or care needs.

EMERGENCY RESPONSE

Situations involving fire are covered by Wikwemikong Nursing Home's Emergency Response -Code Red. Other situations involving the physical integrity of the building or the supply chain are also covered by Wikwemikong Nursing Home's Emergency Codes, such as Code Yellow for a missing person, Code Brown for a hazardous material spill or Code Purple for a power outage. The emergency response to an individual life threatening health crisis of a resident, Code Blue, varies according to the resident's or their representative's written direction to Wikwemikong Nursing Home. There is no resuscitation equipment at Wikwemikong Nursing Home. Registered staff are trained to provide CPR and we rely upon the "911" emergency response available within the community. Using the "Advanced Directives" form, residents/their representatives are asked to identify the level of response desired in emergency

life-threatening situations. In the absence of such direction, everything possible must be done.

FALLS

Our goal is to balance personal safety with your independence and mobility. We try our best to minimize your risk of falling by providing handrails, adequate lighting, reduced glare on smooth-surface flooring and by keeping hallways and care areas clear of clutter or other hazards. We also utilize fall mats, motion-activated night lights and other devices as appropriate. Our Falls Prevention Team reviews all the falls that happen at the home and will implement a variety of interventions to maintain the resident's safety and mobility with a goal of preventing further falls.

FAMILIES, VISITORS, PRIVATE EVENTS

Families of residents and significant others are encouraged to maintain an active relationship with Wikwemikong Nursing Home residents. Creating a friendly and open atmosphere is important for establishing this good relationship. Positive involvement and interaction between staff and the resident's family often means the difference between success and failure in the resident's adjustment to Wikwemikong Nursing Home. Families are encouraged to participate with the resident in care planning and review as well as in most of Wikwemikong Nursing Home's activities. There is no restriction in visiting hours but when the resident is living in a shared room, visitors are asked to be sensitive to the roommate's personal space and needs.

Some guidelines for visitors:

1. Please come to visit often. Normal visiting hours are from 9 am – 8 pm. Many residents retire early so please visit on request quietly after 8:00 p.m. Arrangements can be made to stay after 8 pm under special circumstances. Please contact the Nurse Manager, Director of Care or the Administrator.
2. When young children come with you to visit, please do not let them run around in the halls. It is fun for them but dangerous for us. Please be aware of wheelchairs and other hazards to children. Please bring toys for them to play with while they are here.
3. If there are more than two visitors for a resident who is sharing a room, it would be appreciated if you could visit in the lounge, Sitting Room, Dining Room or the Activity Room.
4. This is the Residents' home. We would appreciate it if you show respect for the furnishings and equipment while you are here.

In the interest of resident health, visitors who are not feeling well are asked to reschedule their visit or call on the telephone instead. Signs with information will be posted at the front entrance in the event of a resident outbreak. Visitors are asked to thoroughly wash their hands or use hand gel provided before and after visiting to prevent the spread of germs.

Visitors wishing to bring an animal with them on a visit are asked to see the “PET” section.

Wikwemikong Nursing Home is supportive of private events involving residents held at the Home, however regularly schedule resident activities are given first priority. Those wishing to organize an event are asked to contact the Reception to reserve space for their events.

FAMILY COUNCIL

A Family Council has been established at Wikwemikong. Family and friends of Wikwemikong may become members of the Family Council. If you would like additional information about the Family Council, please contact the Activity Director, Jamie Wassegjijg at activity@wikynursinghome.com.

FAX

Wikwemikong Nursing Home’s fax number is 705-859-2057. There will be a charge for long distance faxing.

Fax messages addressed to residents will be forwarded via the in-house mail system.

FIRE SAFETY

Every resident must be shown the fire safety plan as it affects him/her and participate in regular fire drills. Residents are regularly instructed in the procedures that they are to follow. Wikwemikong Nursing Home has fire detection devices located throughout the building. There are fire pull stations at all exits of Wikwemikong Nursing Home. In case of fire, residents are to follow the direction of the staff. Those who are capable of turning the fire alarm at the pull station must do so. As well, they are to ensure that staff are aware of the problem. Until the Fire Department arrives, Managers and staff are responsible to guard the safety of residents and to instruct them in what to do. The Fire Captain assumes control at the time of arrival.

Each month, Wikwemikong Nursing Home has a fire drill for each shift, during which time staff, volunteers, visitors and residents practise clearly defined procedures as if there were a real fire. Do not hesitate to ask questions.

Because of fire regulations, residents may not have some electrical appliances such as kettles in their rooms and may not use boxes for storage under the beds. As well, residents are not allowed to have open flame such as a lighted candle in their room. Smoking is NOT permitted anywhere in the building.

FIRE EXITS

Fire exits and Pull Stations are located at the end of each resident's hall as well as the service/staff entrances.

FOOT CARE

New residents have a nursing assessment of their feet on admission. Each resident's basic foot care needs are assessed and cared for by the registered staff as required as part of routine nursing care. Basic foot care will include the following non-invasive measures: assessment, identification of infection, injury and other problems, and care of the skin and nails.

Advanced foot care will be provided only by chiropodists, podiatrists or qualified registered nursing personnel. This latter care will be done on a fee-for-service basis, on the authorization of the resident or his/her Power of Attorney. Wikwemikong Nursing Home has a preferred vendor agreement with a local podiatrist.

FRAGRANCE SENSITIVE

Wikwemikong Nursing Home is a fragrant free facility (i.e. perfume) and flowers with strong fragrances i.e. lilies, hyacinths are not permitted in the facility.

FUNDING - MINISTRY OF HEALTH

Wikwemikong receives funding from the North Eastern Local Health Integration Network for Nursing and Personal Care, Food, Programs and Support Services and other Building Operations Related Costs. There is also funding for some special programs and initiatives from time to time. As of July 1, 2016, the Wikwemikong funding per day for Nursing \$94.37, Raw Food \$ 8.33, Programs \$ 9.41 and Other \$54.52. Residents pay an extra amount depending on level of Income and whether they are residing in a Basic (Shared W/C) or Private Room.

GIFTS (Wikwemikong Nursing Home Policy)

Staff are not to solicit and/or accept monetary gifts or significant gifts-in-kind from residents, families or significant others.

Questionable and unusual circumstances concerning gifts to staff, or gifts of an excessive value, must be referred for consideration to the Administrator.

GOALS OF RESIDENTS

Wikwemikong Nursing Home staff attempt to provide each resident with the opportunity, assistance, support and encouragement to meet his/her individual goals. It is understood that some residents may not choose or be able to use all of the available support, programs and services. Effort is made to promote as much decision making and autonomy as possible on the part of residents. For those residents who have diminished cognitive capacity, Wikwemikong Nursing Home staff will work with a Power of Attorney or a designated next-of-kin to assist the resident in expressing his or her wishes and meeting his or her goals.

GOVERNMENT FINANCIAL ASSISTANCE PROGRAMS

There is government financial assistance programs available to residents aged 60 years and over who do not have income sources sufficient to pay the established basic accommodation rate. These include:

- Ontario Disability
- Canada Pension Disability
- Reduced Canada Pension
- Spouse's Allowance
- Involuntary Separation Applications
- Exceptional Circumstances Rate Reduction

HAIRSTYLIST

A hairstylist is available for shampoos, sets, cuts and permanents. Standing appointments can be made upon admission or as required. Appointments are booked through the Activity department.

HEALTH INSURANCE CARDS (OHIP)

A resident's Ontario Health Insurance card is required upon admission and is added to Wikwemikong Nursing Home's file that is maintained in the facility. From this location it can be signed out by the resident or POA when going to the doctor's office, for medical testing, on discharge, or on vacation leave.

The Unit Clerk orders replacement cards, required due to loss, damage, or expiry on behalf of the resident. New cards are automatically issued when a resident who has a green health card is admitted to reflect the new address. Upon death, the Ministry of Health and Long-Term Care is notified and the card is destroyed as required. Wikwemikong Nursing Home automatically notifies service providers of health card changes.

HOSPITALIZATION

When a resident requires medical or psychiatric testing or care, which cannot be provided at Wikwemikong Nursing Home, he/she is transferred to the hospital. Even if the resident is admitted to hospital, he/she remains a Wikwemikong Nursing Home resident and charges accrue. When the resident is ready for discharge from the hospital, the registered staff is contacted by the hospital. The hospital will contact family to arrange return transportation.

IDENTIFICATION

You will be asked upon admission if your photo can be taken to assist with identification process. Standards require staff to use at least two (2) identifiers before providing any service or procedure such as delivering medications.

IMMUNIZATION

During the flu season, which generally runs from November to March, you are vulnerable to developing influenza. Each year, Wikwemikong Nursing Home offers vaccinations for influenza to all people in our care and strongly promotes it as a means to guard against the flu.

Bacteria and viruses can cause pneumonia along with potential complications. Residents who qualify for pneumococcal vaccine will be offered it upon admission.

The staff will also be obtaining information from you and your physician about your immunization status for diphtheria and tetanus to ensure that your

immunizations are up to date and will offer immunization to those residents who qualify.

Within the first two weeks of admission to Wikwemikong Nursing Home, nursing staff will be conducting a two-step Mantoux test to determine if you have ever been exposed to tuberculosis.

You will find additional information related to Immunization in your admission package. If you have any questions related to Immunization please speak with a Nurse Manager.

INFECTION CONTROL

Our goal is to prevent and control infections among our residents and staff. Our Infection control Practitioner provides expertise to all Wikwemikong Nursing Home staff and departments on infection control issues to support staff, volunteers and families in providing safe resident care. The service includes education, outbreak surveillance and management, consultation, resident immunization and policy development based on best practice evidence. The Infection control Practitioner works collaboratively with Wikwemikong Nursing Home's Employee Health and Safety department and externally with Public Health Department.

There are some basic rules you can follow to substantially reduce the spread of germs and protect yourself and the health of all residents, staff, volunteers and visitors.

1. Hand washing: hand washing with soap and water is strongly recommended for you, your family, visitors and staff as the best infection prevention strategy. You will also find numerous alcohol hand sanitizer stations throughout the building to support good hygiene practice. We strongly encourage you to wash your hands before and after meal times and washroom breaks. Please encourage anyone entering your room to remember to practice good hand hygiene as well.
2. Respiratory etiquette: Cover your mouth and nose when coughing or sneezing. Please sneeze into your sleeve or if you use a tissue, make sure you put the tissue in the garbage, followed by washing your hands.
3. Responsible visiting: Please do not visit if you are feeling ill or have symptoms of vomiting, diarrhea or influenza (fever, cough, sore throat, generalized aches and pains).

INTERNET

Wkwemikong Nursing Home's General E-Mail Address is reception@wikynursinghome.com . Residents can access the internet and email with the assistance of Activation Staff. Voluntary assistance can be arranged by the Staff to assist residents with internet, emails and computer basics. Family members with computer expertise are welcome to participate on-line with residents.

LANGUAGE

Generally speaking the two languages to be spoken by staff in public areas or within earshot of residents at Wkwemikong are English and Ojibway. This is particularly important during meals. However there are exceptions. If a staff member knows that a resident prefers to communicate in another language or initiates a conversation in another language, the staff are encouraged to respond in that language to promote clarity of communication. At no time should Managers or staff members be speaking with each other in a language other than English or Ojibway when they are within earshot of a Resident as some Residents may be sensitive to that practice. Private conversations in non-resident or restricted areas may be conducted in any language at the discretion of the staff members. However, if another staff member is present who does not speak that language, it is preferable that the staff move to another location to carry on the conversation or change to English in deference to the staff member who does not speak that language. If it's known that no offence would be taken, then the staff members may continue to carry on the conversation. Volunteers and visitors are also encouraged to speak either English or Ojibway when at Wkwemikong.

LATEX FREE

Wkwemikong Nursing Home is a latex free facility. All gloves worn in the facility are silicone based. Please refrain from bringing in latex balloons. Mylar balloons are acceptable.

LAUNDRY

All personal laundry service is provided by Wkwemikong Nursing Home Environmental Services. Laundry is collected daily and residents' personals are processed and returned within 24 hours. Wkwemikong Nursing Home is not responsible for residents' personals that are lost or damaged during processing. Concerns about missing items need to be identified as soon as possible to the home so that staff may assist in tracing the whereabouts of the

item. The Environmental Services Supervisor may also be contacted about any laundry concerns.

FABRICS SUITABLE FOR LAUNDRY

For sanitary reasons, laundry water temperature is 49 C or hotter. Please see below for the type of fabrics which are and are not recommended.

- 65% POLYESTER and 35% COTTON BLEND FABRIC easy care fabric that requires little or no ironing
- 100% POLYESTER this is perfect for Central Laundry processing
- MACHINE WASH AND TUMBLE DRY

FABRIC NOT SUITABLE FOR LAUNDRY

- Wool or wool blend fabrics
- Specialty fabrics or trims such as silk, satin, suede or fur
- Rayon, acetate or other man-made fibres
- Instructions indicate “No Bleach” or “Air Dry” or “Flat Dry” or “Dry Clean Only”
- Lace, lace edging or loose weaves

LAUNDRY REPAIRS

All laundry repairs are the responsibility of the family/POA as is the purchase of replacement clothing that is worn out or no longer usable by the resident.

LEAVE OF ABSENCE (Ministry policy)

Casual Leave

Casual leaves of absence of up to 48 hours per week are available to residents in long-term care facilities. Casual leaves are permitted throughout the year regardless of vacation or other medical leaves taken. For calculation of the period for casual leaves, the first day of the week is considered to be Sunday. Casual leaves are considered separate from medical and vacation leaves.

Medical Leave

A resident's condition may change requiring assessment or treatment in a hospital. If this occurs, a Medical Leave of Absence in a hospital for up to 30 days is available to the resident. (Use of the Medical Leave does not reduce the

resident's available casual or vacation leave days). Authorization by the resident's physician is required for all Medical Leaves.

If a resident is not well enough to return to Wikwemikong Nursing Home after the thirty (30) days, the resident shall be discharged from the facility.

Psychiatric Leave

A Psychiatric Leave in a hospital for up to sixty (60) days at a time is available to residents of Wikwemikong Nursing Home for the purpose of assessment, treatment and stabilization of a resident's psychiatric status. The use of psychiatric leave days does not reduce a resident's available casual or vacation leave days. If the resident's condition or care needs require absence from Wikwemikong Nursing Home beyond the available leave the resident must be discharged from Wikwemikong Nursing Home.

Vacation Leave

A Vacation Leave of Absence of up to twenty-one (21) days a year is available to residents of long-term care facilities. For residents who enter Wikwemikong Nursing Home during the calendar year, the available vacation days are calculated as follows:

- three days vacation leave following the first full calendar month of admission;
- one and a half days vacation leave for each of the next ten calendar months, following the first full calendar month of admission; three days vacation leave following the 12th full calendar month of admission

The resident's physician must authorize all resident vacation leaves. Please see the registered staff well in advance of the requested leave. The resident or financial POA is responsible for payment to Wikwemikong Nursing Home for Long Term Care bed during all leave of absences.

LEGAL DOCUMENTS

If a lawyer or other business advisor is coming to Wikwemikong Nursing Home to conduct business with a resident who does not have a private room, please contact the Administrator/Director of Care to arrange use of the Conference Room for a private consultation. Staff are not permitted to witness legal documents, even at the request of a lawyer or other visitor. All such matters must be referred to the Administrator.

LEGISLATION AND SERVICE AGREEMENTS

Wkwemikong Nursing Home is governed by the Long-Term Care Act, Bill 140, and regulations 79/10. The Long-Term Care Statutes Law Amendment Act, 1993, states that a Service Agreement between Wkwemikong Nursing Home and the Ontario government is required and is negotiated annually. This agreement outlines the expectations, rights and responsibilities of both Wkwemikong Nursing Home and the government. Standards and criteria have been explicitly defined in the Ministry of Health's Compliance Standards. Our facility, like other LTC facilities, is expected to achieve these standards and criteria in the provision of care, programs and services to residents. Results of reviews are available in two ways:

1. Copies are placed on the "Resident and Family Information Board" in the small foyer between the main and interior entry doors.
2. The public Reporting Link on the Ministry of Health and Long Term Care website is www.health.gov.on.ca

MAIL

The mail is picked up from and delivered to the reception area daily. Mail is distributed to the resident Monday to Friday. Out-going resident mail can be processed using a postage meter by the Office Manager.

MAINTENANCE

All electrical, plumbing, heating and other maintenance problems, which occur within Wkwemikong Nursing Home, should be reported to the registered staff as soon as they are noticed. The Maintenance staff will take care of the problem as soon as possible. Wkwemikong Nursing Home's staff do preventative maintenance regularly. Safety is of prime concern. When resident appliances are not working, maintenance staff may help to assess the problem and may do minor repairs. We also request that only power bars and not extension cords be used in the rooms.

MEDICAL EXAMINATIONS (Ministry policy)

Each resident's physician is responsible for preparing an admission medical history and performing a physical examination within 7 days of admission, yearly medical reassessments and a medical reassessment of the resident following readmission to Wkwemikong Nursing Home from an acute care hospital. Quarterly medication and diet reviews are also mandated for all residents.

MEDICAL DIRECTOR AND ATTENDING PHYSICIANS

Wikwemikong Nursing Home has one Medical Director, Dr. Cooper and two Attending Physicians who monitor all medical care in Wikwemikong Nursing Home and who deal with major medical issues.

Doctors who practice at Wikwemikong Nursing Home (Attending Physicians) must have a signed agreement with Wikwemikong Nursing Home and be prepared to follow certain mandated medical protocols. This allows many residents in Wikwemikong Nursing Home to retain their own family physicians or Nurse Practitioner to continue to provide care while a resident at the home. If their current care provider is unable to continue providing care and services while the resident is in the home, Wikwemikong Nursing Home's Medical Director will assume the role.

NEWSPAPERS, SUBSCRIPTIONS AND LIBRARY

Wikwemikong Nursing Home subscribes to a weekly newspaper which residents may arrange for personal subscriptions. Any newspapers or magazines subscriptions will be delivered to the Resident's room by the receptionist on arrival.

NURSING STAFF

Registered Nurses, Registered Practical Nurses (Registered Staff) and certified health care aides/ personal support workers provide care in each of the resident home areas. Registered nursing staff are on duty at all times. They administer all medications and help residents with medical and health care problems. The Health Care Aides and Personal Support Workers work with the registered staff to ensure the residents are given help with their personal care needs.

Medical supplies and nursing equipment necessary for the care of residents, including the prevention and care of skin disorders, continence care, infection control and sterile procedures are available. The cost of some medications/medical supplies is not covered under Provincial regulations. When this occurs, the resident/family is informed.

Additional nursing assistance may be beneficial to a resident in certain circumstances. Arrangements need to be made by the resident's representative to contract and pay for such services. Wikwemikong Nursing Home staff will

assist with the co-ordination of care routines to facilitate meeting the resident's needs.

Please avoid contact with the Nurse during Medication Administration Rounds unless it is an Emergency. It is very important that the Nurse is fully focused on the residents at the time that medication is being given to the residents.

NUTRITION SERVICES

Wikwemikong Nursing Home provides three nutritious meals each day. Menus change semi-annually (spring/summer and fall/winter) and follow a four-week menu cycle. Menus are altered for special events and Christmas. Special diets ordered by physicians are available. Wikwemikong Nursing Home employs a dietician, a Food Services Manager and dedicated nutrition service workers.

Meals are served at regular intervals. Times, menus, and a seating plan are posted in the dining room. Staff checks on all residents who are missing at meal times. Residents who are ill receive nourishments and/or tray service in their room if necessary.

OUTBREAK

When a communicable infection is identified at Wikwemikong Nursing Home control measures are established in conjunction with the Public Health Unit. Visiting may be restricted during an outbreak. Wikwemikong Nursing Home may not be able to notify families individually when an outbreak begins.

Information is made available and updated in the following ways:

- posted at the main entrance or at the entrance to the affected resident home area/s
- at Reception in the main lobby

Thorough hand washing is recommended at all times before and after visiting with a resident.

In situations when the death of a resident seems imminent, residents often want to stay in their own room at Wikwemikong Nursing Home rather than be sent to hospital. Staff are trained and very skilled in providing good palliative care. Families and clergy are free to visit whenever they wish.

PARKING

There are four Visitor Parking spaces in front of the building and one Disabled Parking space on the side of the Main Entrance. Under no circumstances should cars be parked along the main driveway or near the front entrance area in the fire routes. Vehicles parked at the front of the building greatly impede service by emergency vehicles and buses. Vehicles in violation of parking regulations will be asked to move immediately.

PAYMENT

Upon admission, residents or their Power of Attorney for Property are required to sign an accommodation agreement and the agreement for unfunded services. At the beginning of the month, the resident or designate will receive a statement showing how much is outstanding for the previous month. Questions about the statement can be directed to the Administrator or Office Manager.

Please ensure that payment is received by Wikwemikong Nursing Home prior to the beginning of the next month. Wikwemikong Nursing Home is a Not for Profit Nursing Home and the Annual Budget is based on the prompt payment of Resident monthly accommodation fees before the first day of each month.

PERSONAL ASSISTANCE

Residents who may wish to have assistance with their correspondence, reading or accomplishing other personal tasks, should make their requests known to the staff, who in turn will contact the Activity department.

Residents are encouraged to continue to use all the personal hygiene and grooming products they have been using prior to coming into Wikwemikong Nursing Home. Wikwemikong Nursing Home does provide free of charge all of these items. Examples are skin care lotions, shampoos, soap, deodorant, toothpaste and tooth brushes, denture cups and cleaners, facial tissue, hair brushes and combs, razors/shavers and shaving cream. Please note that Wikwemikong Nursing Home supports a Scent Free Environment due to serious allergies to scented products.

If you are having any problems with personal hygiene, for whatever reason, please discuss your concern with the nursing staff. Families are often looking for ideas at Christmas and birthdays for such gifts. The staff can usually help with practical ideas.

Please note that powder and talc are not used for resident personal hygiene at Wikwemikong Nursing Home as they cause bacterial growth when trapped in skin folds. In addition powder is a serious slip hazard when on the floor for residents and staff.

PETS

All pets visiting the Wikwemikong Nursing Home must be in good health, fully vaccinated and of good nature. Lap dogs are to remain on the lap of the owner or individual family member only. Non lap dogs must be leashed and muzzled. No dogs are permitted in any area of Wikwemikong Nursing Home in which food and/or beverages are being set out/or served.

Please keep in mind this is a home for ALL our residents. We ask that anyone who brings in a dog be courteous and aware that some residents and staff have a fear of dogs. Individuals may be approached by management if concerns are raised.

PHARMACY SERVICES

Wikwemikong Nursing Home has an organized pharmacy service under the direction of a registered pharmacist. All the drugs and drug products are supplied by a single accredited pharmacy or pharmacy service. Only Registered Nurses and Registered Practical Nurses are allowed to administer medications. Multi-dosing packets are used for medications at Wikwemikong Nursing Home for resident safety. Please avoid disturbing the Nurse during Medication Administration Rounds.

On admission, Wikwemikong Nursing Home will obtain a supply of medications as ordered by the resident's physician. The registered staff maintains a record of the medications the resident requires and receives. All reordering of drugs and ordering of new medications will be taken care of by the registered staff in consultation with the resident's physician or Wikwemikong Nursing Home's Medical Director.

Each resident has a complete medication profile and administration record. All prescriptions are written and signed and each resident's physician must do a quarterly medication review. Resident self medication must follow Wikwemikong Nursing Home and Ministry of Health protocol. A copy will be given to resident/POA if resident self medication is utilized.

Medications and instructions are provided for residents who will be away from Wikwemikong Nursing Home on a casual or vacation leave.

PHOTOGRAPHS

On admission, a digital photo of each resident is taken and added to their data base file for identification purposes. Additionally, residents may be photographed or videotaped while engaged in routine activities within Wikwemikong Nursing Home. Consent is required if a resident is clearly identifiable and the material is to be used in the community. If upon admission or readmission to the facility a resident has a condition which needs photographic documentation (i.e. open areas, wounds or bruising) photos shall be taken and placed on a resident's file for future reference.

PHOTOCOPYING

Residents may have written materials photocopied or enlarged at a nominal cost. Materials for photocopying are to be left at Reception. An attempt will be made to accommodate your request within 24 hours. A cost quotation for the work requested can be provided.

PRIVATE RESIDENT FUNCTIONS

If you wish to have a private (i.e. birthday) celebration for a Resident, please contact Reception and/or Activity department to make arrangements.

RATE REDUCTION APPLICATION (Ministry policy)

Residents in basic accommodation may apply annually for a reduction in the accommodation rate. In order to complete this application, a resident's Notice of Assessment for the previous year is required and the rate reduction can only be initiated for the month in which it is signed by the resident or his/her designate. The home is under obligation to charge the full basic rate until the required information is provided. It is the responsibility of the resident/POA to complete the Rate Reduction Form and to provide the Office Manager with the current Notice of Assessment.

RECORD MANAGEMENT

We would ask you to inform Wikwemikong Nursing Home of any changes to your contact information i.e. phone number, address, Power of Attorney, funeral home, Estate Trustee, etc. This information allows us to keep our records up-to-date. Please also let us know when you will be away on vacation, business trips and leave alternate contact information or phone numbers.

RECREATION PROGRAMS/ACTIVATION

A variety of regular recreation activities are held within Wikwemikong Nursing Home to facilitate resident enjoyment of sports, crafts, social games, music, and intellectual pursuits. Information about times and places can be found on the activity schedules in the Activity room and in the east and west wing hallway. Every resident is welcome at these activities as a participant or a spectator. Special events, entertainment and outings are held regularly. Information about special events and activities are also posted on the Wikwemikong Nursing Home Facebook page.

RESIDENT APPOINTMENTS

Residents may have appointments for medical services outside of Wikwemikong. These are usually referrals from Wikwemikong Attending Physicians for services not offered at Wikwemikong.

RESIDENTS' COUNCIL

Wikwemikong Nursing Home supports the activity of a Residents' Council. Residents may get involved in a variety of ways by volunteering for office or simply by attending the monthly meetings. The Council serves in an advisory capacity to Wikwemikong Nursing Home's Administrator. Minutes of Council meetings are posted in the foyer. The Council reviews suggestions at the monthly meeting and initiates a tracking form for each. A recommendation for follow-up will be made to the Administrator and a response received by the next meeting.

RESIDENTS' FOOD COUNCIL

This meeting follows the Residents' Council Meeting and is held every 3 months or sooner on request from the Residents' Council. The Food Service Supervisor will attend and provide information about the next seasonal menu and address any food-related concerns from the Residents' Council meeting.

RESIDENT ROOM / VALUABLES / FURNISHINGS

A Resident's room is arranged to suit the resident's and/or representative's preferences providing that the following considerations are addressed:

- Furnishings are arranged so that the staff do not have difficulty in the provision of the Resident's care
- Safety hazards are not present in the room

- Wikwemikong Nursing Home is not expected to expend undue time, effort, or cost in restoring the room to its normal appearance when the resident leaves
- Rapid egress from the room is not impeded by furnishings

Wikwemikong Nursing Home provides basic furnishings for the use of the resident. The resident may choose to bring additional furniture for his/her use, which adhere to the above considerations.

Housekeeping and general repairs are made to a Resident's room as needed to maintain a safe and attractive appearance.

Residents/representatives are informed through the Admission Agreement that Wikwemikong Nursing Home cannot assume any responsibility for loss and/or damage to any resident's personal property which is brought into Wikwemikong. This includes all personal items, clothing, furnishings, glasses, hearing aids, dentures, mobility aids, watches, paintings, jewellery, etc. It is the resident's responsibility to arrange for insurance for his/her belongings if possible. **Generally speaking given that the doors have no locks, no insurance coverage is available.** Wikwemikong Nursing Home cannot be responsible for the care and security of Resident belongings and therefore we ask that you do not bring valuables or large sums of cash to Wikwemikong Nursing Home. However, if a staff member is clearly at fault for loss or damage to a resident's belongings, Wikwemikong Nursing Home will provide fair and reasonable compensation or replacement for the damaged/lost item.

Residents/representatives who wish to discuss exceptions to Wikwemikong Nursing Home resident room policy are asked to speak with the Director of Care. Representatives may in turn be contacted if changes in the Resident's care needs results in a need to rearrange or remove furnishings.

Wikwemikong Nursing Home provides the following items for resident use in his/her room:

FURNISHING PROVIDED BY WIKWEMIKONG NURSING HOME

- Bed, with mattress and side rails and/or electric controls as needed to meet the resident's care needs. All bedding for the resident is supplied by Wikwemikong Nursing Home including a fire-retardant mattress, bed linen and a pillow.
- Wardrobe, fixed position for safety
- Bedside table and overbed lighting
- Comfortable seating
- Waste receptacle
- Drapery

If there is adequate space and the furnishing is in good repair, it can usually be added to the resident's room. Furnishings need to be labelled in an inconspicuous location when they are brought to Wikwemikong Nursing Home.

The following give some guidelines.

- One of the following - a dresser, chest or desk
- An additional chair. If the fabric is not soil resistant and the resident becomes incontinent, families may be asked to remove the chair.
- A television and VCR or DVD player ** See television**

Wikwemikong Nursing Home is not able to store resident furniture items. Safety hazards are defined as those items which pose a risk to the resident, staff who work in the room, or other residents in the area. Items that are prohibited include the following:

- area rugs
- microwave ovens
- small electrical appliances which heat up e.g. kettles, coffee makers, irons, toasters, hair dryer, curling irons
- anything which creates or invites an open flame e.g. candle, oil lamp, matches or lighters
- polyurethane mattress or chair pad (egg-crate appearance) and mattress pads which are not fire retardant and waterproof
- electric blanket or heating pad
- portable humidifier or space heaters
- lava lamps
- electrical equipment, extension cords or outlet adapters which are not in good repair and/or not "CSA Approved" or "UL".

Wikwemikong Nursing Home touches up the paint prior to admission and thereafter as required. Wallpaper and decorative borders, paper or painted ones, are not permitted. Painting the resident's room a different colour is not permitted.

Maintenance staff provide picture hooks and hang items as desired by the resident. Wikwemikong Nursing Home cautions against including heirloom items or porcelain figurines in a resident's room due to security and cleaning issues. If the resident decides to bring these items to Wikwemikong Nursing Home, an appropriate display area is to be supplied by the resident/family and a cleaning routine needs to be established by the family.

Any assistive device, which requires attachment to the wall, floor or ceiling, must first be approved by management and, once approved for use, be installed by Wikwemikong Nursing Home maintenance staff.

RESIDENT SAFE HANDLING

As a resident's physical condition changes an assessment is done by registered staff to determine the safest method of assisting the resident relating to lifts, transfers, and repositioning. The resident may be assessed as requiring a mechanical lift which sometimes necessitates the use of adaptive clothing. We encourage residents/families to be aware that these changes are being made for the sole purpose of keeping both residents and staff safe.

RESTRAINTS

We promote the values of respect and support residents and their families to achieve the highest quality of life. Residents have the right to be treated with dignity, respect, and freedom of movement. Our philosophy of least restraint in resident care demonstrates this commitment to residents and families.

We believe that our residents have the right to be free from restraints. We also believe that our residents have the right to take risks. We believe in only using restraints as a last resort and when we do have to use a restraint we use the least restrictive type of restraint. This is in accordance with Ministry of Health and Longer Term Care Policy.

However, this philosophy does expose the resident to the possibility of falls and other unfortunate incidents, both inside and outside of Wikwemikong. While staff do their best to care for residents, it is not possible to monitor every resident every minute of the day. Unforeseen circumstances and situations may arise from time to time which results in an unfortunate injury to the resident. However Wikwemikong is not a prison. We cannot sacrifice a Resident's dignity and freedom in order to restrain them in order to prevent the possibility of an injury. Every injury is investigated but the findings will not change the basic philosophy.

You will find additional information regarding restraints attached to this package. Should you like to review our entire restraint policy please contact the administrator who will be happy to provide you a copy.

Wikwemikong Nursing Home has a Least Restraint Policy that is available for your review; please speak with the Director of Care if you would like a copy.

RISK MANAGEMENT

Risk management is an important component of Wikwemikong Nursing Home's Total Quality Services program. Risk management activities include all those strategies designed to reduce and control actual or potential risks to the safety,

security, welfare and health of residents, staff, volunteers and visitors or to the safety and security of the facility.

Wikwemikong Nursing Home as an employer has a legal obligation to provide a safe working environment for staff. The employer provides equipment and training to staff to enable them to work safely. This in turn results in a safer living environment for our residents.

ROOM CHANGE POLICY

Residents may be moved to another room within Wikwemikong Nursing Home. The priorities used to determine room changes are:

1. safety considerations
2. resident care needs
3. ability to pay for preferred accommodation
4. resident preference

Requests for room changes are recorded by the Director of Care and can be made at any time following admission. Residents are prioritized on the Internal Wait List according to the date that they requested their name be added to the Internal Wait List.

Wikwemikong Nursing Home must notify the Community Care Access Centre of each available bed within 24 hours, so internal transfer decisions must be made quickly, as admissions to basic rooms are alternated between internal residents and those awaiting admission to the home (Ministry policy)

Residents who would like to know where their names fall on the Internal Wait List should speak with the Director of Care to obtain this information.

SAFETY

Wikwemikong Nursing Home promotes continuous learning, quality improvement and customer service to support residents' quality of life. We recognize safety as a foundation upon which quality of care and services are built.

Wikwemikong Nursing Home believes that safety is a key part of every job, at every level of the organization, and strives to create a supportive environment in which safety hazards or incidents are mitigated to the greatest extent possible and readily reported when they occur.

We inform and educate residents and families about their role in safety, recognizing choice and independence must be balanced with potential risk to safety. Wikwemikong Nursing Home encourages residents and families to help staff identify and report safety issues.

Wikwemikong Nursing Home focuses on preventive approaches and making the necessary system changes along the way in order to better safeguard residents from harm. However, it is important to recognize that it is not possible to protect each resident from every possibility every minute of the day and no matter how much is done, unfortunate incidents such as falls, may still occur from time to time despite our best efforts. These incidents are always fully investigated, documented and reported by Wikwemikong Nursing Home if required and may also be investigated by the Ministry of Health and Long Term Care at their discretion at a later date.

CREATING A SAFE AND RESPECTFUL ENVIRONMENT

Wikwemikong Nursing Home is committed to:

- Fostering a healthy, safe and caring environment for residents, staff, volunteers and all visitors.
- Creating an atmosphere of trust, respect and dignity in all our relationships.
- Protecting against disrespectful behaviour, abuse, violence, discrimination and harassment.
- Ensuring everyone follows the relevant policies and legislation.

Disrespectful Behaviour

Disrespectful behaviour includes but is not limited to:

- Written or verbal comments and behaviours that are rude, degrading or offensive.
- Jokes that are demeaning and result in embarrassment or insult.
- Bullying or shouting, this demeans an individual.
- Attempts to discredit an individual by spreading false information about him or her.

Zero Tolerance Abuse Policy

We support a zero tolerance policy towards abuse and neglect and will not tolerate abuse or neglect towards any resident, family member, visitor or staff member. A copy of our abuse policy is attached to this package for your review.

The Administrator has a legal obligation under Occupational Health and Safety legislation to provide a safe resident and staff working

environment and is legally required to take the appropriate action if there is a situation to the contrary such as a complaint regarding Resident/Workplace Harassment or Abuse. If you have any questions, please consult with the Administrator at your earliest convenience.

We expect all staff, volunteers, residents, family members, visitors and other service providers to treat each other with respect, dignity, honesty and courtesy. Behaviour and/or situations that go against these expectations will not be tolerated and must be addressed by the Administrator. If you have a concern with the way you or a resident is being treated by anyone at Wikwemikong Nursing Home, we strongly encourage you to bring your concern forward to a Manager, the Nurse Manager, the Director of Care or the Administrator. Similarly, family members and Powers of Attorney must behave in a respectful and non-abusive manner towards residents, staff members, volunteers and any other person present at Wikwemikong Nursing Home at any time. Wikwemikong Nursing Home is a Private Residence. If a Manager or Nurse Manager has requested that an individual leave the building and has notified that individual that they are trespassing, the Police will be called and the individual is subject to arrest by the Police for trespassing if the individual chooses not to leave the Wikwemikong Nursing Home immediately on request.

SECURITY

The outer front entrance doors are locked at 8 pm every night. A "night" buzzer is located outside the front entrance. Magnetic locks are located on all resident hall doors. Magnetic locks are present on internal doors leading to the stairwells for the safety of residents. Codes are generally the same throughout the building. Nightly security checks are in place.

Each resident is asked to sign out, in a book at the front office, when he/she leaves Wikwemikong Nursing Home and to sign in, when he/she returns. All residents are strongly discouraged from keeping large sums of money in pockets, wallets or purses or unlocked in their rooms. It is recommended that jewellery and valuable papers are stored off-site. Wikwemikong Nursing Home is not responsible for loss of resident personal items with only rare exceptions such as staff mishandling of a resident personal item.

SMOKING (Wikwemikong Nursing Home Policy)

Wikwemikong Nursing Home does have a controlled smoking area. Families may provide assistance or make alternate arrangements for the resident who requires assistance. Smoking supplies must be left at the Nurse's Station when not in use. Residents who smoke are assessed for safety and the results of the

assessment will be shared with the resident and his/her representative. In order to smoke while at Wikwemikong Nursing Home , a resident , when awake and alert, must be oriented to time, place and person, and must be able to ambulate independently or self-propel safely in a wheelchair.

Should a resident decide to stop smoking, Wikwemikong Nursing Home will provide assistance in developing a cessation program to support the resident.

SOCIAL SERVICES

Wikwemikong does not have an in-house Social Worker. Most of these social service related needs are addressed by our Pastoral Care Coordinator. In the case that a Social Service professional is required, Wikwemikong Nursing Home will make a request from the CCAC for a Social Worker or Social Service Worker to address a specific problem or concern of a Resident or Family Worker.

SPIRITUAL CARE

The spiritual needs of residents and caregivers are recognized and nurtured at Wikwemikong Nursing Home under the direction of our Pastoral Care Coordinator. Caregivers and members of local faith communities work closely to ensure ongoing spiritual support. Residents and families are encouraged to seek help for residents as required.

Information about spiritual activities is available on the activity schedule. Services are held regularly in the Chapel and residents are invited to attend at any time regardless of denomination. Other spiritual activities take place regularly in various locations throughout Wikwemikong Nursing Home. All residents and their caregivers are welcome to take part in pastoral care programs and services.

STAFF IDENTIFICATION

Wikwemikong Nursing Home Care staff must wear visible nametags at all times when they are on duty. If you notice someone who is carrying out a staff role but not wearing a nametag, please notify a member of your care team.

STUDENTS

Wikwemikong Nursing Home provides co-operative, job experience placements for local high school students, as well as students from community colleges,

local university and other community and government agencies. Please help make all students feel that they are part of the team.

SUGGESTIONS.

A Suggestion Box is located near the main entrance. Residents and family are encouraged to submit ideas, questions and/or suggestions. A signature is optional. The box is checked regularly for submissions which are copied and forwarded to the appropriate Committee, manager, or to the Board. The Administrator gets a copy of each submission. A written response is provided for each individual who makes a signed submission.

TAX MATTERS

Property Energy Tax Credits

A “Summary of Accommodation Charges” Letter is prepared annually for each resident by the end of February. Generally speaking the Canada Revenue Agency (CRA) may allow up to 75% of accommodation costs to be claimed as a Property and Energy Tax Credit for Income Tax purposes. Please consult with your Professional Tax Preparation Expert with respect to any claim for Tax Credits.

Charitable Tax Receipts

Wikwemikong Nursing Home can issue Charitable Tax Receipts. Donation cheques to Wikwemikong Nursing Home should be made out to Wikwemikong Sunshine Club. Tax receipts cannot be issued for any donated used items or equipment as the required certified appraisal costs would be most likely be more than the value of the donation.

Money donated in this way may also be specified as to how it should be used. For instance, it may be specified for Resident Activities such as Bus trips or outings or for the purchase of musical instruments, Special Food for those festive occasions, equipment or supplies/Christmas gifts for residents.

In the case that a family member or Power of Attorney wishes to purchase for a resident an electric bed or piece of equipment that would not be needed once the resident passes away with the item being then donated to Wikwemikong Nursing Home, it is important to follow the following procedure:

First determine the cost of the item including taxes and shipping, then write a cheque payable to Wikwemikong Nursing Home for the approximate cost of the item rounded up to the nearest \$100 round figure, specifying on the memo section of the cheque ie. "purchase of equipment or bed for nursing home". That way you will receive the Charitable Tax Receipt for the full amount of the cheque and Wikwemikong Nursing Home will purchase the equipment for the resident with those funds from the donation cheque.

If you do not require a Charitable Tax Receipt, you may write the cheque directly payable to Wikwemikong Nursing Home. Please indicate in the Memo section if you wish the donation to be used for some specific purpose at Wikwemikong Nursing Home.

TELEVISION

There are a number of large screen televisions, many with companion DVD units, for use by the residents at Wikwemikong. Residents who wish to have Cable for a television in their room may do so at their expense. Satellite TV is not available. Arrangements for cable or telephone services must be made directly with the service supplier.

The television must be CSA approved and in good condition, both in appearance and in operation. The set must be a flat screen up to 22 inches for setting on a table top. Wall mounted TVs up to 32 inches are acceptable and will be installed by Wikwemikong Maintenance at no charge. Please speak to the Environmental Services Supervisor if you have any questions.

TEMPERATURE CONTROL IN RESIDENT ROOMS

Each room has a thermostat mounted on the wall beside the entrance to the room to provide control for heating in the room.

THERAPY SERVICES

When ordered by the resident's physician, physical and/or occupational therapy is available at Wikwemikong Nursing Home. A licensed physiotherapist provides service at Wikwemikong Nursing Home.

TRANSFERS TO OTHER LONG TERM CARE PROVIDERS

A resident who desires transfer to another long-term care facility must contact the Community Care Access Centre to request a place on the waiting list for that facility. Residents who are on "interim admission" status at Wikwemikong

Nursing Home are awaiting transfer to their first choice facility. Either situation does not affect care or services provided by Wikwemikong Nursing Home. Informing your physician, your home area staff, and the Resident and Family Services Co-ordinator of your desire to transfer will help facilitate the move. A discharge plan must be put in place before a resident can leave Wikwemikong Nursing Home.

TRANSPORTATION

If a resident goes into the community for a medical appointment such as an eye examination or to a dentist, it is the resident's responsibility to cover the cost of transportation. Wikwemikong Nursing Home will make arrangements for transportation by taxi or patient transfer service if this cost has been authorized.

When a resident is sent for medical services, the service provider often requires that the resident be accompanied. An example of this would be the cast clinic. Wikwemikong Nursing Home staff are available to accompany residents on medical appointments however the resident is responsible for this added expense.

If a resident is sent from Wikwemikong Nursing Home to the hospital for emergency services, the ambulance provides transportation. On discharge from the hospital, if the ambulance is not required, the resident is responsible for the cost of the transfer service. During the day, if family are not able to bring the resident back to the Home and the resident is unable to come by taxi, a transfer service is required and the hospital will expect the family to make these arrangements at the resident's expense. When family are not present at the hospital with the resident, Wikwemikong Nursing Home staff are required to call and get an authorization for this expense.

TRUST ACCOUNTS

Wikwemikong Nursing Home maintains a financial management system that provides residents with the opportunity of retaining money in Wikwemikong Nursing Home in specifically designated accounts. The Personal Trust account is for the management of each resident's personal funds. These funds come through deposits by the resident or his/her representative.

Residents are strongly urged not to retain any significant amount of money in their rooms or on their person. Wikwemikong is not responsible for resident belongings including any monies withdrawn from the Trust Account. Trust

Accounts may not have more than \$5000 at one time as per regulations. Please speak to our Office manager for set up and withdrawal information.

Residents / Power of Attorney will be provided with quarterly trust account statements.

TUBERCULIN TESTING

All residents of Wikwemikong Nursing Home must have a 2-step tuberculin skin test as a condition of admission. All residents upon admission must have a chest x-ray.

VOLUNTEERS

All volunteers are under the direction of the Activity Manager. Wikwemikong Nursing Home has a dedicated group of registered volunteers who help in many areas of Wikwemikong Nursing Home. Volunteers make a significant contribution to Wikwemikong Nursing Home and help enhance the quality of life of the residents. Volunteers may be identified by their name tags.

Family members and friends are welcome and encouraged to volunteer at Wikwemikong Nursing Home. A wide variety of interesting opportunities exist for persons of all ages. Time commitment can be as little as one hour per week. For more information please contact the Activity Manager.

WHEELCHAIRS AND WALKERS

Wikwemikong Nursing Home has a limited number of wheelchairs, walkers and geriatric chairs. Because of differing sizes and options available in walkers and chairs, a specifically prescribed assistive device is best for the resident who requires it daily.

The Ontario Assistive Devices Program is currently available to help those who qualify with the purchase of equipment. In order to utilize this program, an assessment by an OT/ and or physiotherapist is required. When an application is approved, the resident pays for one-third of the cost of the equipment.

Wikwemikong Nursing Home's walkers, wheelchairs and geriatric chairs are loaned to residents, under the following circumstances:

- As a tester so the resident has a chance to try the equipment prior to purchase
- As a loaner, to be used when the resident's own equipment is being repaired

- As a trainer, when the equipment has been identified as being needed for only a short period of time

Statement of Resident Rights and Responsibilities

A. RESIDENT'S RIGHTS

1. *Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.*
2. *Every resident has the right to be protected from abuse.*
3. *Every resident has the right not to be neglected by the licensee or staff.*
4. *Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.*
5. *Every resident has the right to live in a safe and clean environment.*
6. *Every resident has the right to exercise the rights of a citizen.*
7. *Every resident has the right to be told who is responsible for and who is providing the resident's direct care.*
8. *Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.*
9. *Every resident has the right to have his or her participation in decision-making respected.*
10. *Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.*
11. *Every resident has the right to,*
 - a. *participate fully in the development, implementation, review, and revision of his or her plan of care,*
 - b. *give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,*
 - c. *participate fully in making any decisions concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and*
 - d. *have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.*

12. *Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.*
13. *Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.*
14. *Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.*
15. *Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.*
16. *Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.*
17. *Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,*
 - a. *the Resident's Council,*
 - b. *the Family Council,*
 - c. *the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,*
 - d. *staff members,*
 - e. *government officials,*
 - f. *any other person inside or outside the long term care home.*
18. *Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.*
19. *Every resident has the right to have his or her life-style and choices respected.*
20. *Every resident has the right to participate in the Resident's Council.*
21. *Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.*
22. *Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.*
23. *Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.*

24. *Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.*
25. *Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.*
26. *Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.*
27. *Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home*

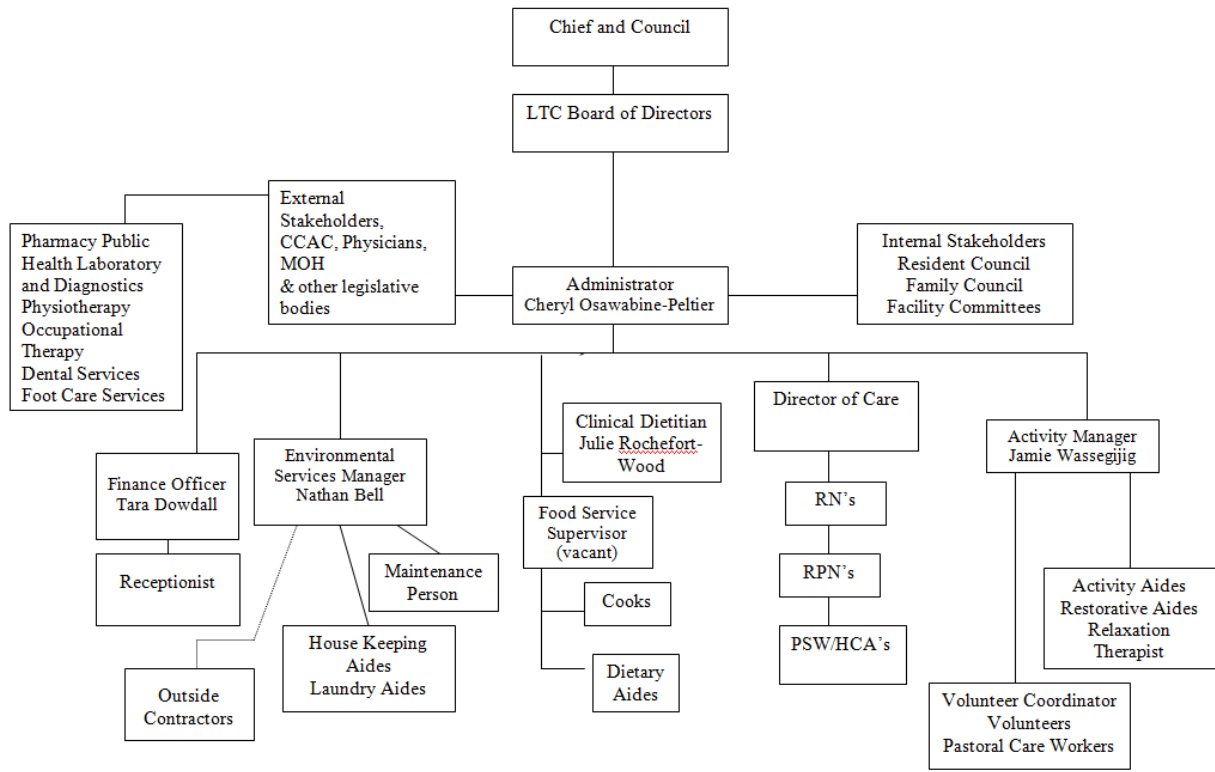
B. RESIDENT RESPONSIBILITIES

WIKWEMIKONG Nursing Home expects the following:

1. *The resident has the responsibility to observe Wikwemikong Nursing Home's policies and procedures to the level of his or her capacity.*
2. *The resident has the responsibility to promptly report safety and security hazards.*
3. *The resident has the responsibility to treat with care anything that is owned or supplied by Wikwemikong Nursing Home or others.*
4. *The resident has the responsibility to treat fellow residents and caregivers in a civil manner at all times.*
5. *The resident has the responsibility to express his or her needs, and/or complaints, directly to staff or volunteers in order that these issues may receive attention.*
6. *The resident has the responsibility to recognize the validity of other residents' needs and understand that staff may not always be able to respond.*
7. *If capable, the resident has the responsibility on admission to appoint Powers of Attorney to provide guidance and direction to staff and other caregivers as required, at some future time. These Powers of Attorney would apply in situations of decision-making concerning the management of his or her personal and health care and his or her property, should he or she be deemed as no longer capable of making the decision or decisions.*

APPENDICES

Organization Chart



WNH 2013-115

Approved: December 3, 2013

Revised: August 2, 2017

Accommodation Rates

Bulletin to Residents of Long-Term Care Homes: Important News Regarding Long-Term Care Home Accommodations Charges

Ministry of Health
and Long-Term Care

MAY 2017

Renseignements aussi
disponibles en français

Basic Accommodation Rates

On July 1, 2017, the co-payment that residents pay for basic accommodation in long-term care (LTC) homes will increase by **\$0.83 per day** from **\$58.99 per day** to **\$59.82 per day**, consistent with recent inflationary increases. This will help cover the rising costs of meals and accommodation.

Preferred Accommodation Rates

The maximum charges will also be increasing for residents admitted to newer preferred accommodation beds **on or after July 1, 2017**. The premium charged for semi-private accommodation will increase by **\$0.17** from **\$12.13** to **\$12.30** per day, and the premium for private accommodation will increase by **\$0.35** from **\$25.28** to **\$25.63** per day.

The table below provides the new rates that will apply as of July 1, 2017 to all types of accommodation based on a residents' date of admission to the bed.

Type of Accommodation	Daily Rate	Monthly
Long-Stay Resident:		
Basic	\$59.82	\$1,819.53
Semi-Private		
Residents admitted to newer beds on or after July 1, 2015.	\$72.12	\$2,193.65
Residents admitted to newer beds on or after September 1, 2014, but prior to July 1, 2015.	\$71.09	\$2,162.32
Residents admitted to newer beds on or after July 1, 2013, but prior to September 1, 2014.	\$70.07	\$2,131.30
Residents admitted to newer beds on or after July 1, 2012, but prior to July 1, 2013.	\$69.04	\$2,099.97
Residents occupying older beds, or residents admitted to newer beds prior to July 1, 2012.	\$68.02	\$2,068.94

Continued...



Private

Residents admitted to newer beds on or after July 1, 2015.	\$85.45	\$2,599.11
Residents admitted to newer beds on or after September 1, 2014, but prior to July 1, 2015.	\$83.66	\$2,544.66
Residents admitted to newer beds on or after July 1, 2013, but prior to September 1, 2014.	\$81.86	\$2,489.91
Residents admitted to newer beds on or after July 1, 2012, but prior to July 1, 2013.	\$80.07	\$2,435.47
Residents occupying older beds, or residents admitted to newer beds prior to July 1, 2012.	\$78.27	\$2,380.72

Short-Stay Resident (Respite Bed)

\$38.72 N/A

NOTE: "Newer beds" – beds classified as "NEW" or "A" according to ministry design standards

"Older beds" – beds classified as "B", "C", "Upgraded D" or "D" according to ministry design standards

Effective from July 1, 2017, the basic accommodation rate is determined using the following formula:

- 2016 basic accommodation rate x (1 + CPI Rate) = 2017 co-payment rate.
[i.e., \$58.99 x (1+1.4%) = \$59.82]
- The monthly rate is determined by multiplying the daily rate by 30.4167.
[i.e., \$59.82 x 30.4167 = \$1,819.53]

If you have requested a transfer from your current accommodation into a preferred accommodation bed, please call the LTC home administrator to confirm the rate that you will be required to pay. Preferred rates for semi-private and private accommodation in your current LTC home or in another LTC home may be different if you are offered a bed on or after July 1, 2017.

If you are currently paying less than \$58.99 per day because you are receiving a reduction in the basic co-payment, known as a "Rate Reduction", then you should reapply for a rate reduction as the current rate reduction expires on June 30, 2017. Staff at your LTC home will provide you with the application form and will help you to submit your application to the Ministry of Health and Long-Term Care.

For more information on co-payment rates or the changes to the rate reduction application process, please speak with your home's Administrator. Should you have any additional questions, please contact: LTC Homes Action Line at **1-866-434-0144**



How to Report a Concern or Complaint

How to report a concern or complaint about a long-term care home

On July 1, 2010, the Long-Term Care Homes Act, 2007 came into effect. It reinforces that long-term care homes are where residents live, and must be places where they feel safe, secure and comfortable, and receive care that meets their needs – including physical, psychological, social, spiritual and cultural needs.

To help support a high quality of life for all residents in long-term care homes, we have established a process people can use to report concerns or complaints. You can also use the same process to tell us about things that homes are doing well.

Who can report a concern or complaint?

Anyone who is concerned about any resident's situation can report a concern or complaint, including:

- a resident
- a family member
- someone employed by the home
- anyone providing services to the resident
- any member of the public.

How do I report?

Use any or all of the following options:

Follow the home's complaint procedures.

Reporting your concern directly to the home is usually the best and fastest way to solve the problem.

Under the Long-Term Care Homes Act, 2007, all long-term care homes in Ontario must have written procedures for making complaints, and post these procedures where people can see them.



If a complaint is about possible harm to a resident, the home must investigate the complaint immediately.

Homes must respond to a verbal or written complaint about the care of a resident or the operation of the home within 10 business days, if possible. If the home cannot investigate and resolve your complaint in 10 business days, it must let you know that it has received your complaint and give you the date when you can expect the complaint to be resolved.

When a home responds to a complaint, it must explain:

- what it has done to resolve the complaint or
- why, in the home's view, there is no cause for the complaint.

Contact the Ministry of Health and Long-Term Care.

You can do this in one of two ways:

Call the Ministry of Health and Long-Term Care's toll-free Long-Term Care ACTION Line at 1-866-434-0144.

The person answering the ACTION Line will take down your information, ask you some questions, assess the problem, and give the information to an inspector for follow-up.

The Ministry of Health and Long-Term Care's Long-Term Care ACTION Line is open seven days a week, from 8:30 a.m. to 7:00 p.m.

OR

Send a written letter, by mail, to the responsible Director at the Ministry of Long-Term Care at the following address:

Director, Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care,
55 St. Clair Avenue West, 8th Floor, Suite 800
Toronto ON M4V 2Y7

You will receive a letter or phone call to let you know that the ministry has received your complaint. The Director will refer your complaint to an inspector who will look into the matter.

What information should I give the ministry when I report a concern or complaint?

The more details you provide, the easier it will be for our inspectors to look into the problem.

At a minimum, your complaint should include:

- name of the long-term care home
- address of the long-term care home (including city)
- a description of your concern.

Please provide the following information if it is available:

- who was involved
- what happened
- when it happened
- where in the home or outside of the home the incident happened
- your name, address and telephone number (optional).

If we have your contact information, the inspector can call you for more information and notify you when the inspection is done.

However, you do not have to provide your name, address or phone number. You can make your complaint anonymously.

What will the ministry do?

An inspector will conduct an inquiry and visit the long-term care home immediately if the complaint indicates that any of the following may have occurred:

- Improper or incompetent care or treatment, abuse, neglect or unlawful conduct that resulted in serious harm or a risk of serious harm to a resident
- Retaliation against a resident or any other person for reporting information to the ministry or testifying in a proceeding

In all other cases, an inspector will contact you to talk about the problem and how to resolve it.

When looking into the problem, the inspector may talk to residents, families, staff or other people. He or she may also review documents and watch the way the home operates. It is the inspector's role to ensure the home is complying with the Long-Term Care Homes Act, 2007 (the Act).

If the inspector finds the home is NOT complying with the Act, he or she will describe the problem in an inspection report. The home will be expected to fix the problem and comply with any orders from the inspector or the responsible Director at the Ministry of Health and Long-Term Care.

Once the inspection is complete, the ministry will contact you and tell you about the findings and actions taken. We are careful to respect the privacy of residents when reporting on our inspections. When telling you what has been done to resolve your complaint, the inspector will only provide information permitted by the Personal Health Information Protection Act, 2004.

What about privacy?

People making complaints do not have to give their name or any contact information. If you do provide your name, we are committed to protecting people's privacy and all complaints are treated as confidential. Information about complaints is only disclosed if a law requires or allows the ministry to disclose it.

Long-term care homes are not told who has complained; however, the home may be able to identify the person based on the nature of the complaint.

To encourage people to report any concerns, the Long-Term Care Homes Act, 2007 provides protection for residents as well as anyone else who makes a complaint from any retaliation. If you feel that you or anyone else is being treated unfairly because you complained, contact the ministry right away.

Members of the public can request information about inspection reports for a long-term care home. In the future, the ministry also plans to post information about inspections on a website. In these cases, the ministry will only disclose the information permitted or required by law.

Questions?

If you want more information about reporting a concern or complaint, ask the home for its complaints procedure or call the ministry's confidential toll-free number.

Long-Term Care ACTION Line
1-866-434-0144
7 days a week, 8:30 a.m. - 7:00 p.m.

Falls: Did You Know?

CARING TOGETHER: INFORMATION FOR FAMILIES



Helping to prevent falls

Falls are one of the most common safety issues in long-term care, due to residents' frailty and multiple medical conditions — which compound the risk of falling. Of course, not all falls can be prevented. No matter what our age, living an active life means taking some risks. But the other side of the coin is that many falls can and should be prevented. Preventing falls “doesn’t just happen.” It takes some know-how and effort to prevent falls, but the challenge is worth it.

Although it is not possible to eliminate falls entirely, there are many strategies that can be used to reduce the risk of falling and prevent injuries when falls do occur. Falls are usually caused by a number of things — and by changing some of these factors; we can lower the chance of falling. It all starts with communication. One of the key factors in improving resident safety is open and honest communication between staff and family members. Knowledge is power.

Be informed, ask questions and seek clarification. Staff welcome opportunities to educate and teach residents and families about falls prevention. Talk to the RN or Nurse Manager. Discussions with the doctor can be helpful to understand any health-related risks of falling that your family member may have.

Understand the fear

Your family member may be tense and fearful when walking and therefore actually increases the risk of falling. He/she may feel embarrassed and discouraged — and may worry “will I fall again, then what?” Talk to your family member about his/her feelings. Provide emotional support. Don't forget how quickly things can change — and risk of falling is no exception. Experts tell us that fear of falling is almost as big a problem for seniors as falling itself, because of the emotional and psychological toll that fear of falling can take on a person.

Understanding the risks

Common risk factors include:

- a previous history of falling
- vision problems, such as glaucoma, macular degeneration and cataracts
- disorders that affect balance, such as osteoporosis, arthritis, diabetes and Parkinson's disease
- dementia, wandering and agitation
- bladder and bowel problems
- certain medications
- improper footwear
- clutter and obstructed walkways
- poor lighting
- trip hazards and slippery floors.

Even leaving aside major diseases or conditions, just the normal, predictable changes that come with growing older can also increase the risk of falling.

Balance and walking problems can result from:

- decreased muscle tone
- vertigo (dizziness) from conditions such as inner ear problems and low blood pressure
- loss of hearing

- diminished sensation in the feet.

Accurate assessment

Sometimes, when a person is admitted to a long-term care home, family members feel a tremendous amount of guilt, loss and anxiety. As a result, they may forget to disclose past risk factors — or may choose not to, out of fear that the person might not be accepted for admission. After admission, if their family member falls, they may blame staff for “not doing their best” to prevent the fall. You can change this paradigm for your family member:

- Upon admission, advise the staff of any history of falls and/or risks or hazards that increase your family member’s potential to fall
- When visiting, alert the staff to any hazards that you observe (e.g., spills on the floor). Staff are always alert to this type of occurrence, but a spill can happen quickly and you can help to eliminate hazards
- Limit the amount of clutter that your family member has in his/her room. It is wonderful to bring personal items from home, but make sure that furnishings, knick-knacks and papers do not create mobility hazards
- Do not bring in throw rugs — they may result in trips and falls.
- Ensure proper footwear for your family member — thin, non-slip soles, proper fitting, low heels are preferred — avoid slippers and athletic shoes with deep treads
- If your family member is at risk to fall, talk to staff about the benefits of devices such as “hip protectors”. These can be effective in reducing injuries if a fall does occur
- If your family member is at high risk to fall, let staff know when you are leaving the home
- If your family member does falls, inform staff immediately, so that they are able to assess your loved one for injury
- Let staff know if you want to be telephoned if your family member falls. For example, some families prefer not to be called in the middle of the night if the fall does not result in injury
- Ask staff about the home’s “falls management” program and if your family member could benefit from it

Foot Wear Guidelines

The features outlined below may assist in the purchase of appropriate footwear.

Heel	<ul style="list-style-type: none">• Have a low heel (e.g. less than 2.5 cm) to ensure stability and better pressure distribution on the foot. A straight through sole is also recommended• Have a broad heel with good round contact• Have a firm heel counter to provide support to the shoe
Sole	<ul style="list-style-type: none">• Have a cushioned, flexible non-slip sole. Rubber shoes provide better stability and shock absorption than leather shoes. However, rubber soles do have a tendency to stick to some surfaces
Weight	<ul style="list-style-type: none">• Be light weight
Toe box	<ul style="list-style-type: none">• Have adequate depth, width, and height in the toe box to allow for natural spread of the toes
Fastenings	<ul style="list-style-type: none">• Have buckles, elastic or Velcro to hold the shoe securely on the foot
Uppers	<ul style="list-style-type: none">• Be made from accommodating material. Leather holds its shape and breaths well, however many people find walking shoes with soft material uppers more comfortable
Safety	<ul style="list-style-type: none">• Protect the feet from injury
Shape	<ul style="list-style-type: none">• Be the same shape as the foot, without causing pressure or friction on the foot
Purpose	<ul style="list-style-type: none">• Be appropriate for the activity being undertaken during their use. Sports or walking shoes may be ideal for everyday use. Slippers generally provide poor support to the foot and may only be appropriate when sitting.
Orthoses	<ul style="list-style-type: none">• Comfortable accommodating orthoses such as ankle foot orthoses or other supports if required. The podiatrist or orthotist or physiotherapist can advise the best style of shoe if orthoses are required.

This is a general guide only. Some people may require the specialist advice of a podiatrist for the prescription of appropriate footwear for their individual needs.

Depression: When the Blues Don't Go Away

CARING TOGETHER: INFORMATION FOR FAMILIES



Everyone occasionally feels blue or sad, but these feelings usually pass within a couple of days. When a person has depression, it interferes with his or her daily life and routine, such as going to work or school, taking care of children, and relationships with family and friends. Depression causes pain for the person who has it and for those who care about him or her. Depression can be very different in different people or in the same person over time. It is a common but serious illness. Treatment can help those with even the most severe depression get better.

What are the symptoms of depression?

- Ongoing sad, anxious or empty feelings
- Feelings of hopelessness
- Feelings of guilt, worthlessness, or helplessness
- Feeling irritable or restless
- Loss of interest in activities or hobbies that were once enjoyable, including sex
- Feeling tired all the time

- Difficulty concentrating, remembering details, or difficulty making decisions
- Not able to go to sleep or stay asleep (insomnia); may wake in the middle of the night, or sleep all the time
- Overeating or loss of appetite
- Thoughts of suicide or making suicide attempts
- Ongoing aches and pains, headaches, cramps or digestive problems that do not go away.

Not everyone diagnosed with depression will have all of these symptoms. The signs and symptoms may be different in men, women, younger children and older adults.

Can a person have depression and another illness at the same time?

Often, people have other illnesses along with depression. Sometimes other illnesses come first, but other times the depression comes first. Each person and situation is different, but it is important not to ignore these illnesses and to get treatment for them and the depression.

Some illnesses or disorders that may occur along with depression are:

- Anxiety disorders, including post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), panic disorder, social phobia, and generalized anxiety disorder (GAD);
- Alcohol and other substance abuse or dependence;
- Heart disease, stroke, cancer, HIV/AIDS, diabetes, and Parkinson’s disease.

Studies have found that treating depression can help in treating these other illnesses.

When does depression start?

Young children and teens can get depression but it can occur at other ages also. Depression is more common in women than in men, but men do get depression too. Loss of a loved one, stress and hormonal changes, or traumatic events may trigger depression at any age. Research has shown that the depression rate in the elderly population is significantly higher than in the younger adult population.

Is there help?

There is help for someone who has depression. Even in severe cases, depression is highly treatable. The first step is to have your health care team complete an assessment. Your health care team can make sure that the symptoms of depression are not being caused by another medical condition. A doctor may refer you to a mental health professional. The most common treatments of depression are psychotherapy and medication.

Psychotherapy

Several types of psychotherapy—or “talk therapy”—can help people with depression. There are two main types of psychotherapy commonly used to treat depression: cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT). CBT teaches people to change negative styles of thinking and behaving that may contribute to their depression. IPT helps people understand and work through troubled personal relationships that may cause their depression or make it worse.

For mild to moderate depression, psychotherapy may be the best treatment option. However, for major depression or for certain people, psychotherapy may not be enough.

Studies indicate that treating depression in older adults found that those who got better with medication and IPT were less likely to have depression again if they continued their combination treatment for at least two years.

Medications

Medications help balance chemicals in the brain called neurotransmitters. Although scientists are not sure exactly how these chemicals work, they do know they affect a person’s mood. Types of antidepressant medications that help keep the neurotransmitters at the correct levels are:

- SSRIs (selective serotonin reuptake inhibitors)
- SNRIs (serotonin and norepinephrine reuptake inhibitors)
- MAOIs (monoamine oxidase inhibitors)
- Tricyclics.

These different types of medications affect different chemicals in the brain. Medications affect everyone differently. Sometimes several different types have to be tried before finding the one that works. If you start taking medication, tell your doctor about any side effects right away.

Depending on which type of medication, possible side effects include:

- Headache
- Nausea
- Insomnia and nervousness
- Agitation or feeling jittery
- Sexual problems
- Dry mouth

- Constipation
- Bladder problems
- Blurred vision, or
- Drowsiness during the day.

What if I or someone I know is in crisis?

If you are thinking about harming yourself, or know someone who is, tell someone who can help immediately.

- Tell someone on your health care team
- Call your doctor.
- Call 911 or go to a hospital emergency room to get immediate help or ask a friend or family member to help you do these things.
- Make sure you or the suicidal person is not left alone

Restraints: Did You Know?

CARING TOGETHER: INFORMATION FOR FAMILIES



Focusing on autonomy, freedom of movement and quality of life

We promote the values of respect, support and enable for residents and their families to achieve the highest quality of life. Residents have the right to be treated with dignity, respect and freedom of movement. Our philosophy of least restraint in resident care demonstrates this commitment to residents and families.

Studies show that the use of physical restraints, such as full bed rails, lap belts and wheelchair tables, can pose risk. Evidence shows that ongoing use of restraints is not beneficial to residents and is often harmful. The psychological consequences of restraint use often include depression, fear, demoralization and regression.

Our society has become accustomed to the use of restraints. We have laws about the use of seatbelts when driving. Cribs and car seats are used with children to keep them safe. These seatbelts and car seats can be released at will — physical restraints cannot.

The Ministry of Health and Long-Term Care has developed standards for the use of certain restraints in long-term care homes: physical restraints, medications used to prevent the imminent risk of harming self or others, monitoring devices, secure units and personal assistance service devices (PASD).

Some PASDs restrict resident movement, yet help the resident to participate in activities of daily living. Examples are a wheelchair table to play card games, or for use at mealtimes. Since the resident is unable to release the device, it is a PASD with restraining effects.

It is challenging to balance the resident's right to freedom of movement and quality of life with safety and the use of restraints. When considering restraint use, the care team considers principles such as the right of choice, above all do no harm, justified benefit to the resident, and the team's commitment to the resident's overall well-being.

The team uses data from the assessment, reassessment and evaluation, and balances this data with the above principles when making care decisions about the initial application and ongoing use of restraints.

It starts with assessment

The first step in least restraint is an assessment. The resident and family (or substitute decision-maker) work with the care team to offer advice on the resident's wants and needs regarding safety, security and freedom of choice.

The care team includes doctors, nurses, dietitians, physical therapist, occupational therapists, recreation and rehabilitation services, and counselors. The resident and substitute decision-maker must fully understand the benefits and risks of restraint options to make informed decisions about care and treatment.

There are times when a resident may wish to use a PASD. The care team will consider this and make the required adjustments to the plan of care. There are times, however, when the resident or a family member may wish a restraint to be used and the care team will be unable to agree to this request, as the request is not consistent with the Ministry's standards about restraint use in long-term care homes. In this case, the care team will discuss alternatives with the resident and family.

The team identifies probable causes and contributing factors that pose safety risks. The team tests all possible alternative strategies to effectively manage the risks. For example, if the resident falls, a comprehensive medical assessment is completed. A seating assessment may be completed to identify correct seating positions that are comfortable and safe.

The team completes assessments and evaluations and adjusts care plan strategies until the best intervention is identified. In situations when a physical restraint, medications to manage behavior or a PASD have been assessed to be appropriate, and the resident/substitute decision-maker acknowledges the risks and benefits of this option, a doctor's order is needed.

You can help

In the home, we believe in the least use of restraint and provide care in that manner. As a result, we always use assessment and alternatives to avoid the use of restraints. Family members can help by sharing information with the team such as the resident's usual response to stress. Other coping strategies and interventions can also be built into the care plan. These strategies often succeed in improving quality of life and avoiding the restrictions on freedom of movement associated with restraints. We encourage residents and families to use the following tips in day-to-day life.

Restless behavior – This may be caused by factors that can be treated without the need for a restraint. Is your relative acting differently? Let the care team know if you see a change. It might be due to an infection, pain, or over-stimulation (too much activity). It is important to rule out these things before a restraint is considered. You can help by offering food or fluids, providing diversion such as reading favorites, playing music, providing light hand massage. Family visiting is very important and can often allay resident fears.

Frequent falling – Falls can be caused by a number of factors such as undetected infection or uncomfortable seating. Has your relative had a history of falls? Let the team know this important information, so they can plan individualized care for your relative. You can help by making sure that “walking areas” are clear from obstacles, wheelchair brakes are on when your relative is transferring out of the wheelchair and encouraging your relative to participate in activities that can strengthen muscles and improve balance.

Wandering –Wandering can be caused by many reasons, such as loss of short term memory, difficulty organizing thoughts, and changes in levels of concentration. Has your relative developed a pattern of wandering? When does this happen? Is there a particular time of the day, evening or night when this wandering occurs? Let the care team know. This wandering can be managed through an individualized care plan. You can help by making your relative’s room “home-like.” Decorate with things that your relative recognizes and cherishes, so they recognize the room easily and avoid walking into someone else’s room. Visit during times when you can accompany them outside in the secured walking areas. You can involve your relative in tasks such as helping to place clothing in drawers and closets. Your visits provide a richness and quality to your family member’s life.

Families can also help by...

- Being informed about the harmful effects of restraints.
- Asking questions and seeking clarification — the care team welcomes opportunities to educate and teach residents and families about restraints. All questions are meaningful and important. Talk to the RN or Nurse Manager on your unit. Discussions with the doctor and pharmacist can be helpful to understand the effects of medications to manage risk behaviors.
- Represent your relative’s wishes —the substitute decision-maker has the responsibility to make choices the resident would have otherwise made. This responsibility includes an accountability to know about the treatment choices available. The care team is available in person or by telephone to answer questions and provide information.

We're here to help

Each resident is an individual with unique desires, needs and goals. Our goal is to ensure that each resident receives the best care and quality of life with freedom of movement. Our team is here to help — feel free to ask any questions or seek clarification on any component of the care plan. We are all here to give the resident the best quality of life available.