

Building Successful Partnerships Together



Newsletter

2007

Director's Message

The year 2007 has brought several big changes and achievements for the Region of Peel. Our organization has undergone restructuring to better align our services to meet the needs of our community.

Peel Long Term Care is now part of a larger health department, called Health Services, which also includes Peel Public Health, Peel Regional Paramedic Services, and Business and Information Services. Janette Smith, former Director of Peel Long Term Care, has been appointed Commissioner of Health Services.

I have been appointed Director of Long Term Care. I look forward to continuing to work with you all.

Finally, I am proud to announce that our five centres received a three-year Accreditation from the Canadian Council on Health Services Accreditation (CCHSA).

Thank you to those of you who assisted our centres with our Accreditation process. Your contributions and valuable insight on the quality of care and services we provide were very much appreciated.

I would also like to thank those of you who participated in the Annual Community Partners Focus Group. Our session entitled "Partners in Care – Reducing Hospital Admissions" was well attended and resulted in excellent suggestions on how we can work together to address this important system issue. Dialogue is ongoing to support implementation of key actions.

I hope you enjoy reading this issue.

Carolyn Clubine
Director of Long Term Care

A Home Away From Home Offers Something For Everyone

If you've never ventured into one of Peel's Long Term Care Centres, a trip to one would dispel all preconceived notions you may have. Gone is the institutional feel and in its place are wide hallways, natural light and beautiful gardens. Spending a day with a resident will help you understand what life in the home is really like.

Charles Lynch, better known as Chuck, has been a resident at the Davis Centre in Bolton for the past four years. A former orchestra man, he now sings his praises of the centre and is proud to call it home.

Chuck's day, like that of most residents, starts at about 7:30 or 8 in the morning. He usually reads newspapers and magazines or mingles until breakfast is served. The residents always have several offerings to choose from – fruit, cereal, porridge, tea, coffee, juice, toast or eggs of any kind, all prepared in a kitchen and served in a spacious bright dining room.

After breakfast and all day long, Chuck's day is filled with activities. He spends time in the garden in the summer, reads, watches TV or attends a physiotherapy session. He often joins other residents on trips to Wal-Mart, Tim Hortons', casinos, or on a country drive in the beautiful surrounding area.

Once a month, residents who are members of Residents' Council meet to discuss issues important to them such as menu choices or quality of care. They also introduce new residents and plan events. Chuck has been the Council's President for several years and is thrilled that he can contribute to the lives of his fellow residents.

At noon, lunch is served. Every day there is something different to eat that is enjoyable and healthy. Sometimes, residents go to a local Swiss Chalet restaurant or the Mandarin. In the summer, residents enjoy barbecues and eating fresh vegetables which they grow in the Davis Centre's garden.

After lunch, activities continue until dinner. Residents can take a nap or enjoy the outdoors – it is their choice. If they want to stay active, they can join others in a game of trivia or horseshoes, attend a music therapy session, visit the hair salon or have a hand massage. Once a month, there is a party to celebrate birthdays. A monthly calendar, developed by the Activation department, makes it easier for residents to plan their schedule ahead of time.

In the afternoon, residents enjoy refreshments, healthy snacks and the occasional favourite sweet treat.

For dinner, there are several options. Roast beef, lamb, meatloaf, veal, turkey, potatoes, vegetables, ice cream, pudding – these choices will satisfy almost everyone's palate. Chuck is quick to point out, "It's too much, but it's all good."

An evening at the Davis Centre is filled with much to see and do. Residents can test their luck in a game of bingo or sing and dance with local entertainers. Chuck says one would be weary if they tried to keep up with everything that is offered.

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Working Together to Improve Access to Adult Day Service at Regional Centres



Over the years, Regional Adult Day Service (ADS) staff have developed several successful partnerships with local agencies and health service providers to raise awareness about their programs and make it easy to access for current and future clients.

The recent collaboration between the Community Care Access Centre (CCAC) of Peel and the Adult Day Service providers in Peel and Halton regions is one example of these partnerships. In April 2006, these groups developed a Co-ordinated Access to Service Model to improve access to the day program for clients and families in Peel and Halton.

In the past, people looking for ADS contacted a provider directly. With the new model in place, the ADS is part of the basket of services offered to community clients through the CCAC. The CCAC Case Manager assesses the client for eligibility and the ADS Supervisor checks if the program at the centre can meet the needs of the client.

Another advantage of this approach is that it helps clients avoid premature and inappropriate placement in a long-term care environment. After assessing clients' needs, a CCAC Case Manager can help them navigate through the health-care system and advise about the option of attending the day program. If it is necessary to apply for long-term care, the transition is often less stressful for clients and their caregivers since they are comfortable being at the centre and interacting with the staff.

Our ADS staff also work closely with transportation providers in Peel such as Transhelp, Caledon Community Services and Red Cross. These agencies have been essential for clients who do not have their own transportation options. Timely and effective communication between drivers and ADS staff helps ensure client safety and well-being while in transit. Our transportation partners also help us promote the day program to other community clients who use their services.

Thanks to our partners, the Adult Day Services at our centres are being well used by our community. Our partnerships with many local agencies make it possible for older adults to access our day program and live independently at home longer.



Adult Day Service goals are to:

- assist community clients to live independently longer
- prevent premature and inappropriate placement in long-term care
- provide respite and information to caregivers

Older adults in the community may be lonely and in need of social interaction but they may not require long-term care services. ADS clients come to our centres several times a week to interact with their peers in a variety of stimulating activities in a safe environment.

Since ADS is situated within Regional long-term care centres, clients have an advantage of using many specialty services offered to residents such as podiatry, hairdressing, flu vaccination, massage therapy and others.

We Are Accredited, Again!

Our five long-term care centres – Davis Centre, Malton Village, Peel Manor, Sheridan Villa and Tall Pines – have been granted a full Accreditation from the Canadian Council on Health Services Accreditation (CCHSA). This is the highest level of Accreditation that can be achieved, and was awarded to only 20 per cent of organizations reviewed in 2006.

Thank you to those of you who were part of our Accreditation review. We appreciate you being open with the surveyors about what we do well and recognizing our organization as a leader in long-term care. You commended us for being collaborative, transparent, and innovative and noted that we communicate in a timely and open way. We were also praised for improving the team approach to palliative care and participating in the emergency network related to alternate level of care issues.

This year's Accreditation survey included a big focus on patient safety. And that is why being accredited with no unmet requirements related to patient safety is especially meaningful to us. You can read more about what we've done at our centres to meet this new requirement on page 4 in this newsletter.

Accreditation is a symbol of quality in long-term care. But along with our strengths, we have many opportunities to grow. The surveyors encouraged us to continue identifying innovative ways to serve our ethnically diverse population, maintain our focus on safe client care, and turn the training and knowledge we have into practice to support resident care and quality work life for our staff. We will be considering these areas closely as we prioritize areas of improvement and build them into our day-to-day operations.



The Magic of Snoezelen

Most of us take our abilities to touch and feel for granted. For people who have had a stroke, a brain injury or those with Alzheimer's disease or other cognitive disorders, these sensory abilities are diminished.

Two of our centres – Malton Village and Tall Pines – opened a Snoezelen (SNOOZ-eh-len) room where residents can engage their senses with the help of many different objects and stimulating lighting. Research shows that the Snoezelen environment helps patients improve communication with their caregivers, enhance learning and understanding. Snoezelen is beneficial for clients who are agitated or withdrawn, suffer from depression, have autism, brain injury, dementia or require palliative care.

For someone who has never been to a Snoezelen room, it may look like it's been decorated for a disco party. A large bubbling tube sits in the corner, strands of fibre optic cable and flashing cord are on the floor, a solar projector shows abstract images on the opposite wall. But these objects have nothing to do with dancing; instead, they help many long-term care residents relax, awaken their senses and improve the quality of their lives.

In a Snoezelen room, there is no need for intellectual reasoning.

By looking at the lights and images on the wall, listening to music, or touching simple toys, residents experience mental alertness, calm and comfort, relaxation and stimulation.

Mary Tavi, a Rehabilitation Assistant at Malton Village, works with residents several times a week and is amazed at how they transform when in the Snoezelen room. She says that Snoezelen affects everyone differently but all of her clients react positively. One Malton Village resident, diagnosed with a developmental delay, who rarely shows any expression, laughs with joy every time Mary flips a tube full of beads which make noise. Another resident who has autism is

fascinated by the rubbery squishy balls and the multitude of lights in the room.

Mary's clients have different preferences and one-on-one sessions allow for a personal experience. For some clients, she uses Snoezelen to stimulate several primary senses and for others, she focuses on a single sensory stimulation.

The concept of Snoezelen has been around for over two hundred years and many medical professionals have been adding sensory training and intervention techniques to help their patients. Snoezelen was defined in the late 1970s by two Dutch therapists Jan Hulsegge and Ad Verheul who believed that "it is possible to enter a new world" of people with disabilities "provided we find the right gates." The two therapists conducted several experiments to test how a sensory environment stimulates severely challenged individuals. They also named this concept – the word Snoezelen is a contraction of the Dutch words "snuffelen" which means to seek out or explore, and "doezelen" which means to relax.

The Snoezelen rooms at Malton Village and Tall Pines are very new, and staff would like to add an aromatherapy component and more objects and lighting in the future.

Today, Snoezelen is becoming more popular and is used in schools, long-term care homes, hospitals, rehabilitation centres, adult day services and other facilities.

A Home Away From Home Offers Something For Everyone *Continued from first page.*

Those who prefer a quiet evening can watch TV in their room or surf the net. Several residents have computers and enjoy staying in touch with family and friends via e-mail. In addition, the garden and lounge areas are always open to relax. There really is something for everyone!

A day in the life of a resident at the Region of Peel's Long Term Care Centres is not ordinary. Chuck wants everyone to know these are nice, happy homes – full of life and lives that are full.



Accreditation – Frequently Asked Questions

What is Accreditation of health services organizations?

Accreditation of health services organizations, such as long-term care homes, is a designation given by the Canadian Council on Health Services Accreditation (CCHSA).

CCHSA is a non-profit, non-government organization that helps health services organizations across Canada evaluate and improve the quality of care and services they provide to their clients. Accreditation involves a detailed comparison of an organization's services and programs against a set of national standards developed by CCHSA.

The Accreditation process is voluntary. It is not required by the Ministry of Health and Long-Term Care. Accreditation engages many employees and community partners who work in teams to consider how well the organization is serving its clients and identify areas that may need improvement.

Why do Peel Long Term Care Centres participate in the Accreditation process?

Region of Peel's Long Term Care Centres have had a long standing commitment to the Accreditation process since 1989. By participating in the Accreditation process, we identify our strengths and areas for improvement. CCHSA assists us with improving our service quality and enhancing the lives of our clients.

How have your homes responded to the new patient safety requirements?

In January 2006, CCHSA added Patient Safety Goals and 21 Required Organizational Practices (ROPs) to the Accreditation process. The ROPs identify unsafe practices and support health care organizations in reducing patient risk and promoting safer care.

Here is how we responded to the new requirements:

- Revised our Service Strategy Business Plan to acknowledge patient safety as a strategic objective for the Division
- Implemented a consistent tool to track risks to residents at all five Centres
- Developed a disclosure policy and staff tools to manage resident incidents and adverse events
- Completed two audits to review practices for document security and for managing residents who smoke
- Revised position descriptions to include the employees' roles and responsibilities related to patient safety
- Revised our Resident/Family Handbooks to include clients' roles and responsibilities related to patient safety
- Developed a Visitor Safety Brochure to define visitors' roles and responsibilities related to safety
- Revised several health and safety, nursing, infection prevention and control policies

For more information on our Accreditation process and patient safety initiatives, please contact Lisa Greco at 905-791-7800, ext. 2445.

Contact Us



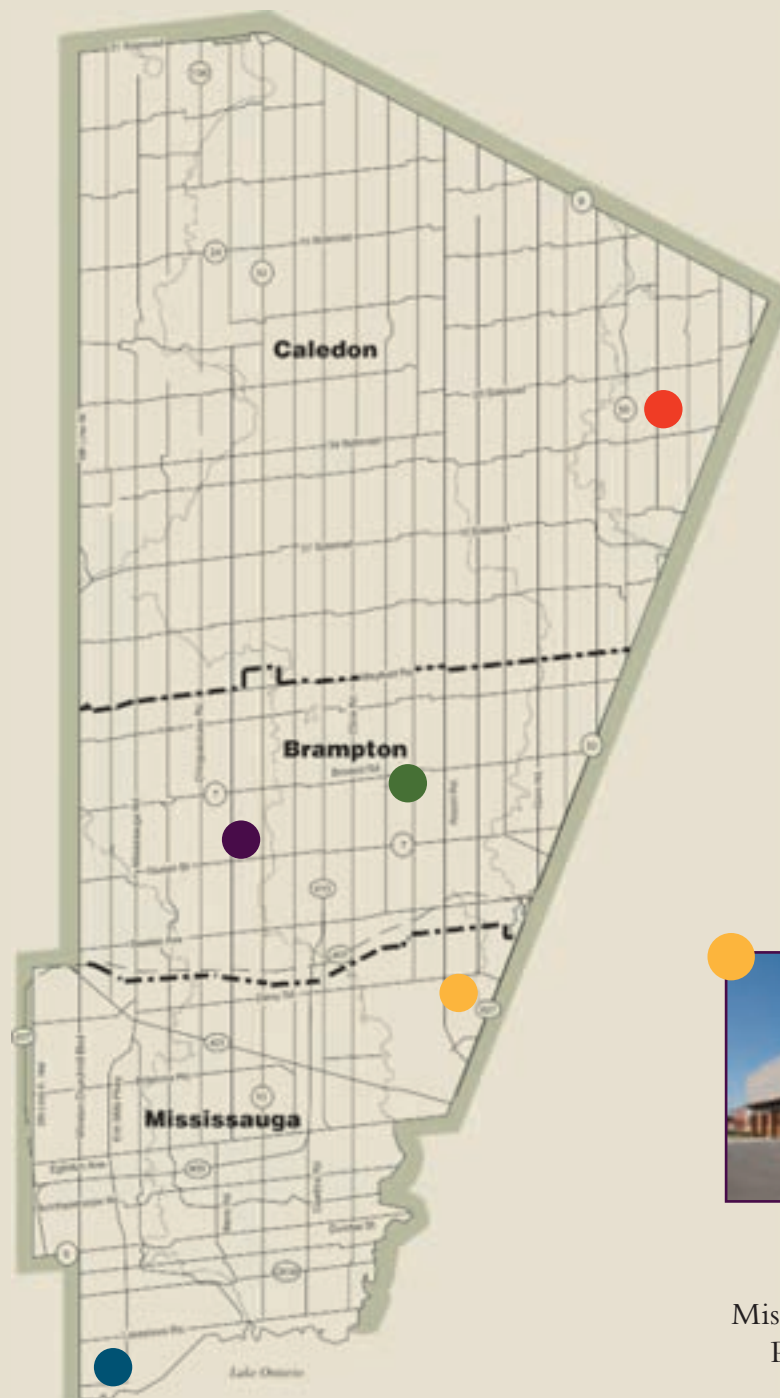
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