Family & Friends Appreciation Dinner

Karen Baillie, CEO



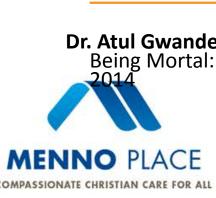


Being Mortal

"Our most cruel failure in how we treat the sick and the aged is the failure to recognize that they have priorities beyond merely being safe and living longer; that the chance to shape one's story is essential to sustaining meaning in life; and that we have the opportunity to refashion our institutions, culture, and conversations to transform the possibilities for the last chapters of all of our lives."

Dr. Atul Gwande

Being Mortal: Medicine and What Matters in the End,





How can we honour each resident's unique journey?

How can we help them find their community... their HOME?











MENNO PLACE
COMPASSIONATE CHRISTIAN CARE FOR ALL



What is important to us as we continue to improve and move forward?

| 1 | Resident directed care |
|---|--------------------------------------------------|
| 2 | Families are partners in care |
| 3 | Excellence in quality and safety of care |
| 4 | Innovation |
| 5 | Staff empowerment |
| 6 | Best possible built environment |
| 7 | Compassionate medical care |
| 8 | Play a positive role within the larger community |
| 9 | Be evidence based |



What do we mean when we talk about resident-directed or person-directed care?





| Management makes most of the decisions with little conscious consideration of the impact on elders or staff Elders accommodate staff preferences; are expected to follow existing routines Low Continuum of Person-Directed Elder preferences or past patterns form basis of decision making about some routines Elders accommodate staff much of the time-but have some choices and options Elders accommodate existing routines Elders accommodate staff much of the time-but have some choices and options Elders accommodate elder preferences or past patterns form basis of decision making about some routines. When not capable of articulating needs, staff honour observed preferences and lifelong habits Staff begin to organize routines in order to accommodate elder preferences, articulated or observed Low Continuum of Person-Directedness High | | | | |
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| most of the decisions with little conscious consideration of the impact on elders or staff Elders accommodate staff preferences; are expected to follow existing routines with little conscious consideration of the impact on elders or staff Elders accommodate staff preferences; are expected to follow existing routines with little conscious elders' place while basis of decision making about some routines Elders accommodate staff begin to organize routines in order to accommodate elder preferences, articulated or observed about their individual routines. When not capable of articulating needs, staff honour observed preferences and lifelong habits Staff begin to organize routines in order to accommodate elder preferences, articulated or observed | Provider Directed | Staff Centred | Person Centred | Person Directed |
| staff preferences; are expected to follow existing routines within existing routines and options staff much of the time-organize routines in but have some choices order to assignment to meet elder preferences elder preferences articulated or observed | most of the decisions with little conscious consideration of the impact on elders or | put themselves in elders' place while | past patterns form basis of decision making about some | about their individual routines. When not capable of articulating needs, staff honour observed preferences |
| Low Continuum of Person-Directedness High | staff preferences; are expected to follow | staff much of the time- but have some choices within existing routines | organize routines in order to accommodate elder preferences, articulated or | hours, patterns and assignment to meet |
| | Low | Continuum of Perso | High | |

Shifting from a medical model to a social model...





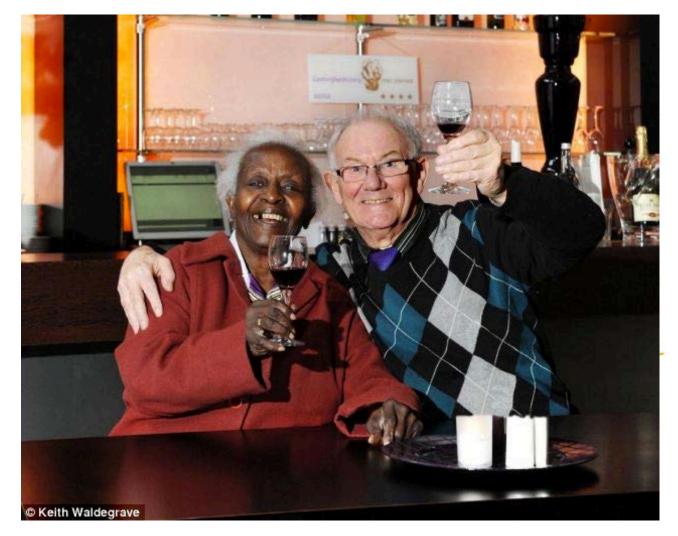


- Healing
- Symptom relief
- Extending life

Social Model Focus

- Individual as social being
- Abilities of Individual
- Dignity
- Quality of life
 - Pain relief
- End of life

Residents and Families as Team Members







Success... Sustainability... Changes

- Language is resident directed
- Increase voices of residents and family in planning discussions and decisions
- Increase discussion about risk
- Increase volunteers to partner and enable residents to be more engaged in the community

- Continue to implement best practices for geriatric, palliative and dementia care
- Continue to innovate
- Embrace changes to improve resident's lives





What helps to create vibrancy and energy?

- Residents who are doing what they enjoy... what they want to do
- More freedom to take more risks with residents – including living "normal" life
- No restraints

- More freedom to move around within the home's physical boundaries
- Engaged staff = superior quality of life for residents







How can we increase resident directed care at Menno Home & Hospital?

- Invite families to enter into discussions more often
- Listen to what residents need and prefer
- Increase the number of times we say, "Yes, I can help you now"
 - Going to the toilet
 - Getting a drink or snack
 - Taking a nap

- Work with residents and families to create dignity for residents
- Provide a liaison for Life Enrichment and Resident Experience







What is next for Menno Place?

- A new residential care home that is designed to create vibrant living and freedom for residents
- Private rooms
- Private bathrooms
- Luxurious spa baths & tub rooms
- Beautiful outdoor spaces
- Private visiting areas for families and residents





