



## Navigating Care in Continuing Care for Families -FAQ

The following information is to highlight frequently asked questions that attempt to support an understanding of what the care received is like, how environments are set up and utilized and what opportunities for participation are available.

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### **CARE**

#### **1. Will the resident receive 24 hr care?**

There is nursing staff available around the clock. The ratios between residents and staff change as the day progresses (e.g., In Long Term Care (LTC), the ratio is about 8:1 (8 residents: 1 Health Care Aide (HCA)) and this decreases in the evening shift and even further overnight) In Supportive Living (SL), the ratio is about 14:1 and this also decreases into the evening/night. This does not account for when teams are working short (e.g., sick calls) which can increase the number of residents to HCA the ratios.

#### **2. How long does it take to receive support when a call bell system is activated?**

In the Continuing Care (LTC & SL) setting, the call bell or pendant does not generate an audible ring in/around the room (like in a hospital), but it does ring in the nursing station or to a nurse's pager/phone. It can take up to 30 minutes to respond to a call as staff are likely assisting other residents.

#### **3. When will they see the doctor?**

When a resident enters Continuing Care, they are assigned a physician. This physician has specific days that they complete rounds at the facility. For residents in SL, they can opt to remain with their community physician if accessing appointments is manageable.

#### **4. Whom do I bring my concerns and celebrations to?**

On each floor there is a charge nurse that can generally be found at the nursing station unless out on the floor. They are available for you to bring your concerns/celebrations to. The Charge Nurses are the leaders on each shift and there is a Clinical Supervisor or Program Manager responsible for each site that can also be contacted Monday through Friday. The Charge Nurses will attempt to assist you with accessing the appropriate person or meeting the individual need. As well, there are LPNs assigned to specific residents that would be happy to address your needs.

#### **5. When will they receive a shower/bath?**

Each resident is scheduled for a minimum of two shower/baths each week. Sponge baths

are provided every day, morning and evening. The team will accommodate preferred times for bathing. Sometimes residents will refuse but may agree to a bed bath instead.

### **6. Who will provide the care?**

Staff focus each day to their assigned areas with specific residents. This structure supports familiarity, comfort and consistent relationships with each of the residents. Sometimes staff are pulled in other directions (e.g., vacation, medical leave, days off) and then, casual staff are accessed to meet needs.

### **7. What supplies and medications are covered?**

For a resident in LTC, the majority of medications are covered. When they aren't, your pharmacist will inform you of the additional cost before proceeding. In LTC, briefs are supplied, along with basic hygiene needs (e.g., toilet paper, soap). In the SL environment, the resident is required to supply their own furniture, medications, toiletries, incontinence products and beds.

### **8. Who pays for Continuing Care cost?**

Residents are responsible for the accommodation costs in all Continuing Care homes. Nursing care publicly funded at fixed rates based on the level of Continuing Care needed. Residents receive benefits from a number of sources: CPP, GIS, OAS, ASB, SAB, PDD, AISH. For couples, they could be eligible for involuntary separation. All of these are income based. Continuing Care accommodation rates are same across Alberta, rates are determined by the Gov't of AB. Additional Care or companion services can be purchased from Private Care companies.

### **9. What additional health care services are available?**

Some health care professionals may be able to offer onsite services including: Denturist, Optometrist, Hearing Specialist, and Podiatrist. Other specialist appointments will need to be arranged and booked by families. Families need to arrange for transportation to these appointments. **My loved one is entering the palliative phase of their condition; how does care look different?**

For all aspects of care, a Care Plan is created to support each resident. As well, Goals of Care (GOC) are used to support how care is conducted and when to access external support (e.g., hospital, specialist(s)). The Inter-disciplinary team re-evaluates the GOC with the resident/family/guardian at each Resident Care Conference (i.e., yearly). Spiritual Care is also available to support End of Life (EOL) Care and address the specific spiritual care needs of your loved one.

## **ENVIRONMENT**

### **1.What can I do to create a home-like space?**

Select small furniture that is familiar to the resident. The furniture selected should allow for sufficient space for lifts to navigate in/out of the room. Please hang familiar objects, photos and artwork that supports the resident with their comfort in and around their space. When a memory box is provided, select a few special items that represent the resident.

### **2.What is the ideal room set up?**

Its' important for space to support the resident with transfers in/out of bed or wheelchair. When a ceiling lift is available, the track is required to run perpendicular to the bed to ensure staff safety. This positioning, allows for easy navigation in and around personal furniture items. Pathways must always remain clean and accessible to the resident.

### **3.What should I not bring into the Continuing Care setting?**

Powered wheelchairs require preapproval and extensive evaluation of the resident prior to admission. As well, power recliners require preapproval from the Rehabilitation team as this is based on residents' cognition and motor ability. The facility is scent free so this should be paramount when selecting personal items. There should also be no electric appliances (e.g., coffee makers, heat pads, halogen lamps).

### **4.Who does the laundry? What if an item is lost?**

Our organization works with a contract agency to complete laundry onsite in LTC. When a resident arrives to the facility, their clothing is labeled and entered into care. The laundry is completed regularly. In the SL environment, the laundry is completed by the care staff. At times, families opt to take laundry home for laundering. When items are misplaced there is a Lost and Found that you are able to access.

### **5.Who sets up TV? Telephone?**

Residents provide their own TV. Currently, SCF holds a contract with a cable provider (required charge). When the resident moves in, if they have a TV and need cable hooked up, please inform the unit clerk/nursing staff and they will contact onsite maintenance to complete the remaining set up required. To arrange a landline telephone, families can assist the resident with contacting service providers to arrange set up.

### **6.What if I notice something in/around the facility needs to be repaired?**

Please inform the unit clerk or nursing staff onsite so that they can direct the request accordingly.

### **7.How do I have a room cleaned?**

There are cleaning staff available to support cleaning needs.

### **8.Where will the resident eat? What food options are available?**

Each Resident is assigned to a table/eating space; this is based on the level of support

required to manage the mealtime routine. Families are welcome to assist their loved one at mealtime. Menus are on a 4-week rotation with specialty meals provided around designated holidays. Meals are prepared fresh, on-site; served by nursing and dietary staff. There is a Dietitian to meet specific dietary needs. Alternative choices are available each meal and snack time.

## **PARTICIPATION**

### **1. What is the routine around the facility like?**

Resident care begins following shift change in the mornings (Approx. 0730). Following routine morning care, residents begin looking forward to breakfast. Each day there is a rigorous activity calendar that covers a variety of programming (e.g., exercise, special events, and holiday celebrations). Each month, an activity calendar is generated by the Recreation Department. Refer to specific locations/events highlighted in this calendar. There are specific days for spiritually based programming (e.g., Hymn Sing, Chapel, German Service (Millwoods)).

### **2. How does the recreation department assist with my loved ones day-to-day programming?**

The Recreation Team is very active across the organization; each site has varying staffing models that include full time and part time staff. The recreation therapy staff create (design) and implement therapeutic programming that takes place on a daily basis. They publish a monthly calendar of activities, community outings, and events (see Cubigo) that highlights culturally diverse experiences, which focus on the areas of wellness including: Physical, Emotional, Cognitive, and Social programs as well as fun and creative activities that support a variety of interests. They also host several recurrent special events throughout the year (e.g., holiday celebrations, monthly birthdays, gardening)

### **3. The resident that I support has loved exercise through their lifetime; tell me more about the Rehabilitation team and programming?**

The Rehabilitation Team in LTC consists of OT, PT and Therapy Assistants. The team is focused on meeting residents' goals. Each resident participating in formal programming demonstrates a willingness to engage in physical programming and is able to follow directions. Tasks may include: maintaining their transfer status, strength and coordination. As well, the team follows a residents' skin integrity, cognition and overall needs for safety, positioning and comfort (e.g., obtaining necessary equipment).

### **4. As a family member, I'm viewed as a 'partner in care'; tell me how this is supported at your organization?**

SCF recognizes each family as a 'partner in care'; after all, the family is often the main point of contact and often a wonderful resource of information related to a

residents preferences, level of wellness and what care has entailed prior to admission. The care team and families work together to find flow with care and how best to support the residents' best interests. Examples of how the family supports care include: help during meals, cleaning and filing of nails, supporting development of care plan, tidying the resident rooms/closets/drawers, checking and cleaning resident fridges, participating in activities, communicating to nursing any recognized need and supporting your family member with love and compassion.

**5. I love being around the organization and would really love to volunteer. Tell me how this works?** Shepherds Care has a rigorous volunteer program. Please feel free to reach out to the volunteer coordinator for opportunities in/around the foundation.

*We recognize that this FAQs may only be addressing a small portion of answers to the questions that are currently being asked. Please reach out to the designated manager should you have additional questions.*

*Our team is ready and willing to assist you with any questions you currently have. Have a wonderful day!*

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