

## Cassellholme Family Council Meeting

Held by *Zoom*, North Bay, ON

Tuesday November 1<sup>st</sup>, 2022

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<b>Welcome</b> (2:00 p.m.)	The Family Council met using <i>Zoom</i> . Chair Monique Peters welcomed everyone particularly the new attendees.
<b>Attendance (11)</b>	Bonnie Bolger, Jocelyne Davitsky and Adele, Claude Fortier, Jean Guenette, Karen Gooch (Recorder), Elizabeth Henderson, Monique Peters (Chair), Janet Renault, Blanche-Hélène Tremblay (Vice Chair), Brenda Walsh
Regrets	Jillian Marchand (Family Council Assistant)
Guests	Elana Klingspohn (Alzheimer Society Educator)
<b>Territorial Acknowledgement</b>	Monique Peters offered an acknowledgement that we meet on First Nations territory. and we offer gratitude for their teachings.
<b>Guest Speaker</b>	<p>Elana Klingspohn, Public Education &amp; Health Promotion Facilitator from Alzheimer Society Sudbury-Manitoulin North Bay &amp; Districts, offered a <i>Power Point</i> presentation which included an overview of dementia and some of the resources and services that are available to those with dementia and their families and caregivers. <a href="#">Alzheimer Society of Sudbury-Manitoulin North Bay &amp; Districts</a></p> <ul style="list-style-type: none"> <li>▪ The Alzheimer Society works with anyone with dementia. Alzheimer's causes 60-80% of dementia but there are over 300 types – including vascular dementia, which is associated with stroke (20%), Lewy body disease which is often confused with Parkinson's and usually affects movement (up to 15%) and frontal temporal dementia (2%-5%). Frontal temporal dementia affects behavior often results in an inability to filter actions or words.</li> <li>▪ Dementia is a degenerative disease which results in a loss of function over time. The progression over time can be gradual (slope-like), but vascular dementia may cause sudden changes (staircase-like). Dementia is irreversible but treatment may be able to slow the progression or control symptoms.</li> <li>▪ One in ten people over 65 suffer from dementia. The hippocampus is affected early on and usually memory loss is the first symptom. This is followed by loss of language and logical thought. Next, there is loss of emotional control and then the senses will be affected causing things such as hallucinations and loss balance and coordination. Finally, the function the heart and breathing will decline. Most cases of dementia will last 8 to 10 years.</li> <li>▪ Awareness of the disease reduces stigma and can improve care. It may be appropriate to let other people know about the diagnosis to help them understand when behaviour changes. In the early stages of dementia, a person may be aware they have dementia and may be able to cope well enough, but gradually day-to-day activities will become difficult to perform without help and eventually comfort will be the top priority.</li> <li>▪ People are often afraid that small lapses in memory may mean they have dementia, however the disease causes people to lose memory of big things in their life or the inability to perform day-to-day tasks. A person with dementia may ask repetitive questions and show a lack of awareness of time. Confusion, disorientation and impaired judgment are common. Difficulty with</li> </ul>

language or writing will happen and there may be hallucinations or paranoia. It is best not to try and offer correction as this may cause conflict. It is best to find ways to cope by 'playing along' or offering a distraction. If hallucinations and paranoia are the cause of anxiousness, try to find a creative way to ease the anxiety.

- Dementia is usually a diagnosis of elimination. Things such as depression, medication side effects, nutritional deficiencies, infection, sleep disorders or trauma (such as a fall) may all cause symptoms that are similar to dementia. The sudden onset of symptoms should be checked to rule out a treatable condition. A dementia diagnosis can be made with help from the family doctor who may offer a specialist referral. The Alzheimer Society can play a role in this.
- Many people are afraid of developing dementia. Genetics plays a role in only a small number of cases. There is some evidence that good brain health may offer some protection. Generally, this involves a healthy life style including physical activity, a healthy diet and being socially connected. Doing puzzles may help, but many suggest that learning something new (i.e. a new language) can help develop new pathways in the brain.
- Strategies for interacting with someone with dementia include paying attention to your communication patterns. Start by introducing yourself. Body language, eye contact and tone of voice are very important. Speak in clear terms using simple questions, but void treating the person like a child. Rephrasing is usually better than repeating ideas. Be patient.
- The Alzheimer Society offers support through clinical services, educational programs and day programs. They also support BSO (Behaviour Support Ontario) and can arrange cognitive assessments and support groups. They are currently offering an in-person educational program on Wednesday evenings. Elana offered her contact info for anyone looking for more information. Tel: 705-495-4342. Email: [eklingspohn@alzheimernorthbay.com](mailto:eklingspohn@alzheimernorthbay.com)
- There was a time of questions and discussion:
  - Elana offered to find out more information regarding the sharing of the *Power Point* slides she used and the big bike program she has run in the city in the past by the Society.
  - Further suggestions for dealing with people with dementia came from personal experiences of Family Council members. Try to avoid saying no if possible. It can be important to use full names, not nicknames. Sharing ideas with others can be helpful as everyone's journey is different and this can open up new ideas for ways of coping.
  - How do you deal with anxious visits? Responsive behaviors can be very hard to detect and there are no easy answers. Work may be required to understand the best way to deal with anxiousness and the Alzheimer Society has more information about this.

Monique thanked Elana for her presentation.

### **Cassellholme Update**

Jillian Marchand, Family Council Assistant was unable to attend this meeting. Monique offered a brief update. The COVID outbreak is now facility-wide as there are cases on both Willow and Apple. Outings have been paused and only one essential caregiver can visit at a time. The construction work is moving

forward as the piling continues. Parking issues seem to be largely resolved now that the staff parking at the back has been opened up.

## Agenda

### Motion 017/22

Claude Fortier/ Brenda Walsh moved that the agenda be approved as circulated.

**Carried**

## Minutes of Previous Meeting

### Motion 018/22

Karen Gooch/ Blanche-Hélène Tremblay moved that the minutes from the October 4<sup>th</sup>, 2022 meeting be approved as circulated.

**Carried**

## Business Arising

None

## New Business

Quality Control Council Brenda Walsh attends Quality Council meeting on behalf of Family Council and she offered the following:

- Billy Brooks, Chief Financial Officer has asked for suggestions from Family Council for items to be considered for inclusion in the upcoming budget. Brenda has spoken with him and confirmed that Family Council will now have access to *Zoom* through Cassellholme's license. Other suggestions for the budget that have come from Family Council members include: Wi-Fi access for all visitors to Cassellholme and a white board for each resident to facilitate easier communication between staff and residents or family members
- Members offered several other budget suggestions:
  - Update the bulletin boards for Family and Residents Councils
  - More comfortable chairs and side tables in the common areas
  - A common fridge on each unit for residents and family members use
- There has been a request in the past to provide chairs and tables in the dining rooms that allow for easier wheelchair access. It appears that this has happened in some of the dining rooms.

Chair Report Monique Peters offered the following brief report.

- A new long-term care guidance document has been released which outlines the minimum rules that facilities must have in place if there no COVID outbreak. Cassellholme followed this document during the brief COVID-free period between recent outbreaks. Monique offered to clarify the rules for outings during outbreaks.

<https://www.ontario.ca/page/covid-19-guidance-document-long-term-care-homes-ontario>  
[cassellholmefamilycouncil@gmail.com](mailto:cassellholmefamilycouncil@gmail.com)

Inspection Reports No new reports since December 2021. There was a critical incident a few weeks ago which resulted in a recent inspection, but the report has not yet been posted.  
[InspectionReportPublic2 \(ltchomes.net\)](#)

Discussion/ Sharing There was a time of discussion for people to share anything about their experiences at Cassellholme.

- As a follow-up to Elana Klingspohn's presentation, people shared more stories about dealing with their loved ones who are living with dementia. It can be very hard to deal with bad behaviour and anxiety, but some have found that time and regular visits can help as you find ways to cope. It can also be very helpful to hear the stories of others.

Board of Management Contact Monique Peters if you would like information about attending the next The Board of Management meeting.

**Other Business**

None

**Next Meeting**

The next meeting will be on Tuesday, December 6<sup>th</sup>, 2022 at 2:00 p.m.

**Adjournment**

The meeting was adjourned at 3:50 p.m.

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Chair, Monique Peters

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Recorder, Karen Gooch