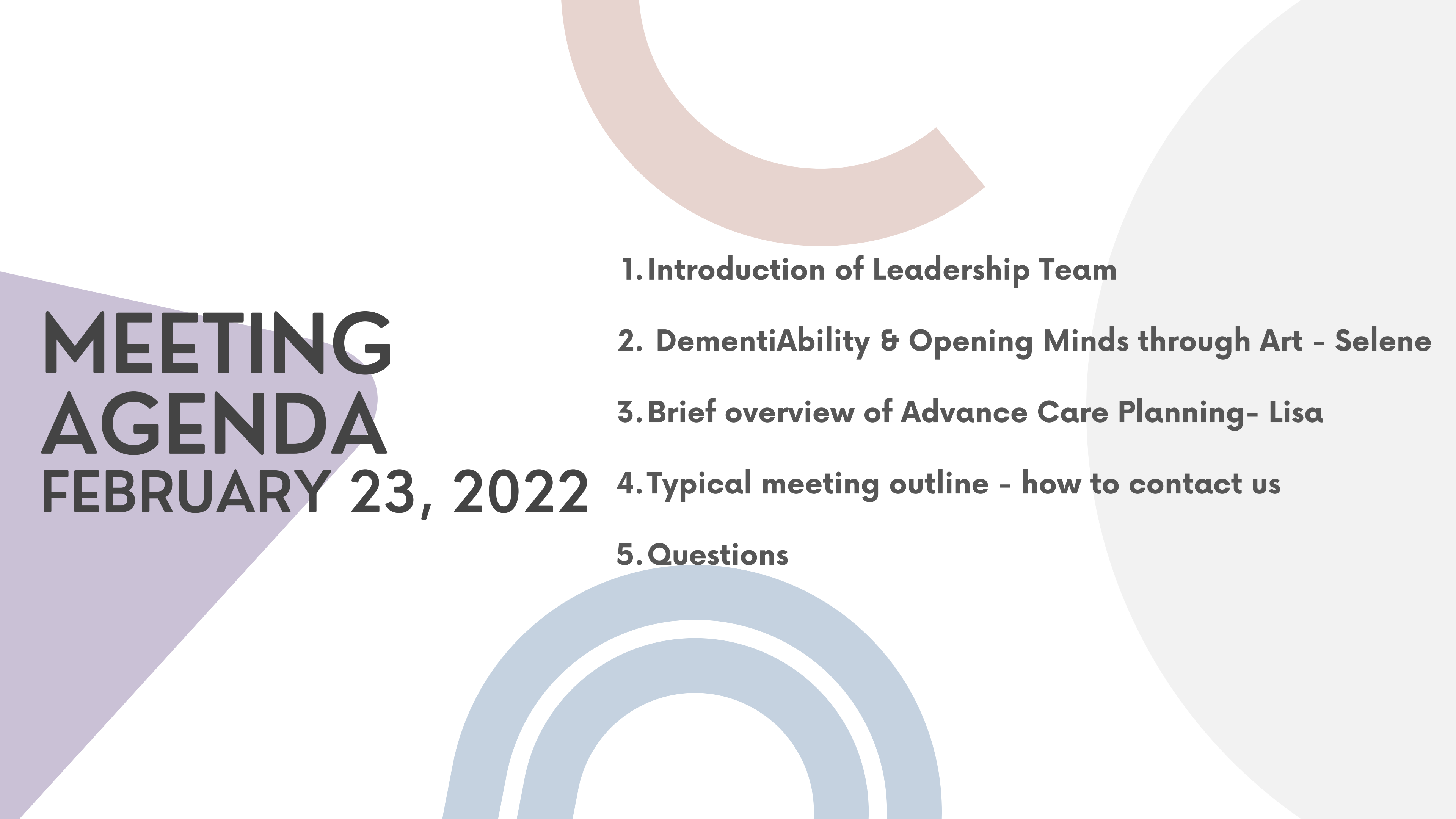


WELCOME (BACK) TO

# KIWANIS VILLAGE FAMILY COUNCIL





# **MEETING AGENDA**

**FEBRUARY 23, 2022**

- 1. Introduction of Leadership Team**
- 2. DementiAbility & Opening Minds through Art - Selene**
- 3. Brief overview of Advance Care Planning- Lisa**
- 4. Typical meeting outline - how to contact us**
- 5. Questions**



# LORI WALKER

EXECUTIVE DIRECTOR

**My goal as Executive Director is to improve the quality of life for our staff, our residents and families, and volunteers. I am privileged in this role to work together with an experienced and dedicated Staff and Leadership team, as well as a devoted Board of Directors. My day-to-day role covers all aspects of both stewardship and fiscal accountability for our Village.**


**For over two decades, I have witnessed Kiwanis evolve toward a true community of excellence, and I am proud to have played a part through strategic planning grounded in operational sustainability.**

**My vision for Kiwanis going forward is a conception focused on an empowered, thriving community. It is to observe an inclusive environment: one where each person is unique; focusing on individual and collective strengths and needs; and bringing joy and meaning to all aspects of daily living and working.**



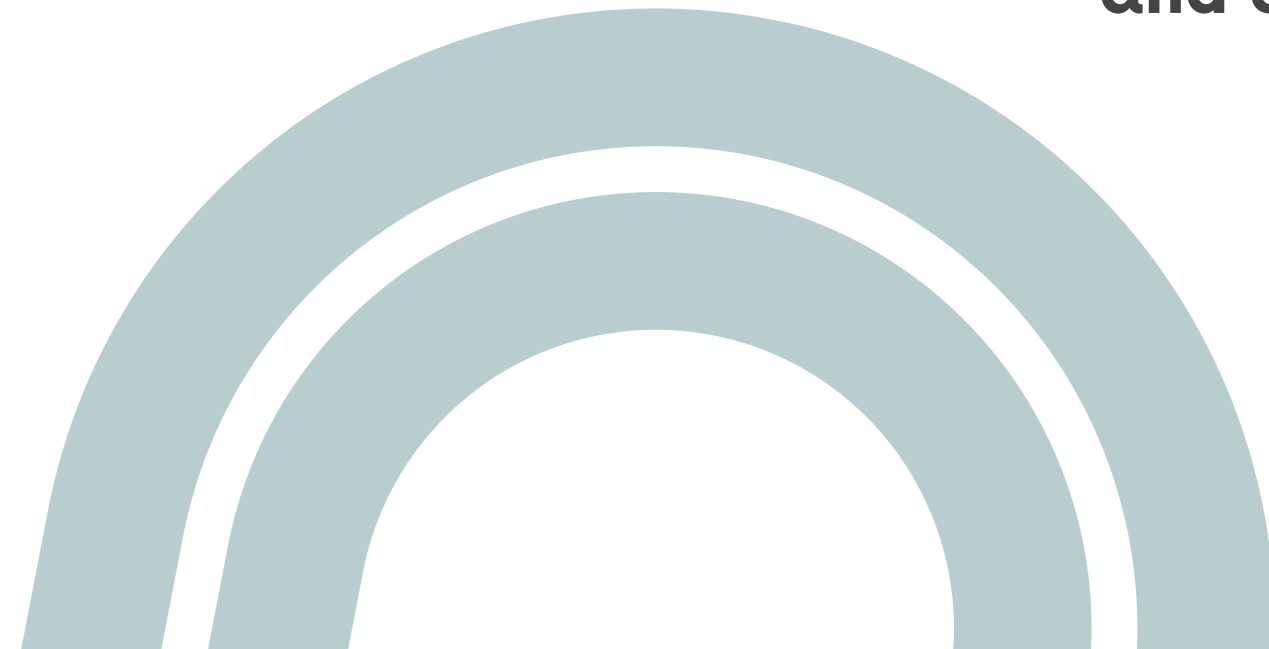
# WADE BREKKE


MANAGER OF SUPPORT SERVICES



**I am an efficient professional with thirty years of experience in a variety of hospitality environments. My role as the Manger of Support Services is a rewarding role as I appreciate working with the residents and family members.**

**I have a great team of staff who focus on resident satisfaction. My outlook is positive and flexible to adapt to residents and staff needs and I look forward to creating stronger bonds with supporting the Kiwanis Village family and culture.**






# RUSSEL AMBERS

FINANCIAL SERVICES MANAGER




**As Manager of Financial Services I work closely with our leadership team to deliver excellent care to our residents. In addition to leading our administration and finance team, I liaise with various reporting authorities, including Island Health and BC Housing.**

**I graduated from the Vancouver Island University with a Bachelor of Business Administration with a major in accounting and started as articling full-time in September 2017. I successfully wrote my common final exam (CFE) in September 2019 and obtained my CPA designation. Before joining the Kiwanis leadership team, my primary focus was on providing accounting, assurance and tax advisory services to privately-owned companies and not-for-profit organizations in various industries.**



**Outside of work, I volunteer with a local not-for-profit and spend time outdoors with my young family.**



# AMADEUS WILLIAMSON

BUILDING SERVICES MANAGER

**As Building Services Coordinator, I facilitate the maintenance, grounds keeping, and emergency preparedness that keeps our village a beautiful and safe place to live.**

**I use my background in building maintenance, grounds keeping, and incident command, as well as my interpersonal and problem solving skills to uphold and improve this standard of living. It is my joy and passion to enrich the lives of the people in our community by ensuring the condition of their homes and gardens.**

**I am fortunate to have an incredible team of hard working people alongside me who share this philosophy and who strive every day to keep our facilities running smoothly.**

**Kiwanis Village is full of wonderful people and the energetic, compassionate, and supportive community is one I feel very grateful to be a part of.**



# KELLY MARYKUCA

CLINICAL CARE COORDINATOR

**As an RN for 30 years with a strong background in Complex care and Senior's mental health, I am proud to be part of Kiwanis Village. I believe in non-profit healthcare, and team work where everyone puts their best foot forward to provide optimal physical, psychological, and spiritual wellbeing for all individuals who reside in long term/complex care.**

**Nursing is caring, nurturing, loving, listening, compassion, respect, human kindness, and it can be very challenging, especially during these times of uncertainty. I am a strong advocate of delivering care through a collaborative, inclusive approach in a home like atmosphere.**

**Our seniors have sacrificed so much to allow all of us to have the freedom and privileges we have today. We must always show respect, maintain their dignity, autonomy and take care of them. Kiwanis Village has a reputation for upholding these values, and that is why I choose to be a part of the Kiwanis community.**



# HEATHER ANDERSON

HOUSING RECREATION COORDINATOR

**My goal is to provide meaningful life enriching Recreation Programs for the amazing people who reside at Kiwanis Village. It is in every respect a privilege to be part of such a wonderful Community where we can all strive together to create positive opportunities for valuable Recreation engagement.**


**I have worked in Therapeutic Recreation with older adults for over thirty years and I am still thankful every day that I chose this Profession. Having the opportunity to work in a non-profit setting has been a positive experience as we are always able to put the needs of the people first, just as it should be!**






# KATHLEEN HAMILL

LODGE RECREATION COORDINATOR



**I am a dedicated Recreation Therapist, with a strong passion for leisure, bringing 28 years of experience to this very special role. My goal is to support the Kiwanis Lodge community with innovation, and quality programs to empower, and improve the quality of life of the incredible people who call Kiwanis home.**

**I am honored to be part of the Kiwanis leadership team, supporting a talented group of Recreation and Therapy staff. I have a strong belief in the value of servant leadership, and the integral role of volunteers, and the partnership and importance of family.**




**Delivering Recreation Services is my love, and very happy to be part of this dynamic visionary Not for Profit organization.**




# LISA SINNOTT

REGISTERED SOCIAL WORKER



**With kindness and compassion, I practice a non-judgemental, trauma-informed, and anti-oppressive approach to social work that embraces the inherent wisdom, strength, and resilience of each individual.**

**Meeting someone where they are at from a place of curiosity, while believing in their abilities, cultivates the trust and safety necessary to build a therapeutic relationship where we can walk side-by-side to meet their biopsychosocial-spiritual-cultural wants and needs.**



**My resident-centered approach stems from my education, from my personal life experiences, and from working in the health and human service field for over twenty years. It is an honour to work collaboratively with your families and friends within this non-profit organization whose vision, mission, and values align so well with mine.**



# SELENE LINCOLN

RECREATION THERAPIST



**My aim is to cultivate meaningful collaboration between individuals, families and communities within and connected to Kiwanis Village, to support and enhance individual and collective well-being.**

**Through my education, research and passion for recreation, I acknowledge that recreation is intrinsically valuable. However, it is also a purposeful tool that supports and empowers resilient societies. By contributing to social infrastructure, recreation acts as a catalytic force in the creation of healthy communities. People working together have enormous capacity to develop awareness, build community capacity and ignite social change.**



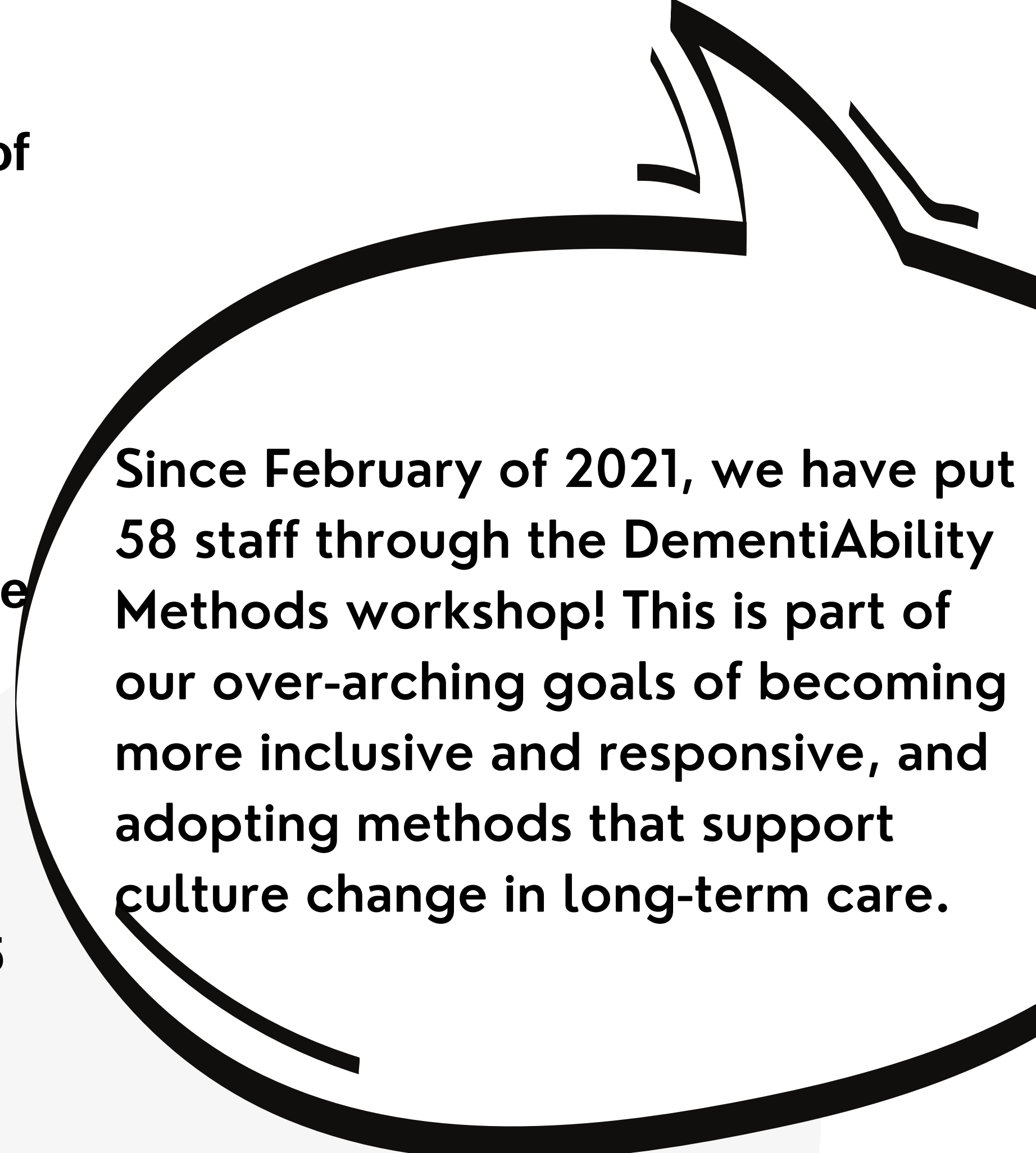
**Through advocacy, research, recreation and education, I work to support the shared vision of Kiwanis Village as an energetic community of learning, growth, and joy.**



**In 2016, CIHI reported that 69% of residents in LTC had dementia, and 87% had some form of cognitive impairment.**

**The prevalence of dementia more than doubles every 5 years for people aged 65+**

**25% of seniors over the age of 85 have dementia.**

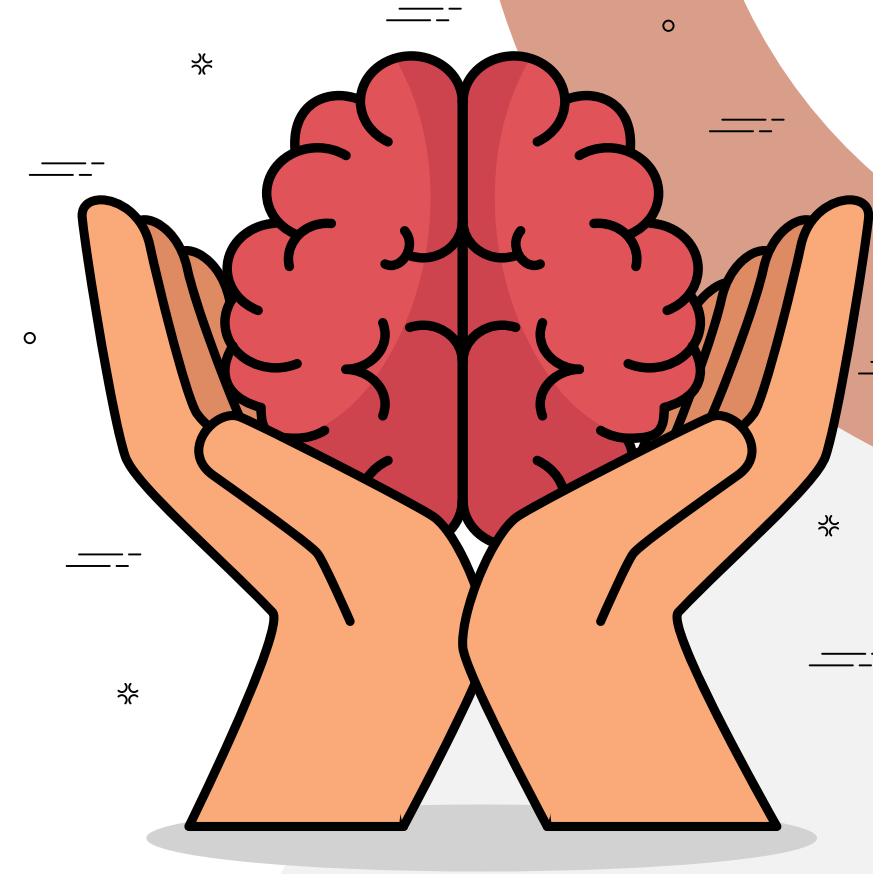


**Since February of 2021, we have put 58 staff through the DementiAbility Methods workshop! This is part of our over-arching goals of becoming more inclusive and responsive, and adopting methods that support culture change in long-term care.**

# DEMENTIABILITY

DementiAbility Enterprises Inc. is dedicated to teaching health professionals and other care partners how to better support people living with dementia through research-based education. DementiAbility was founded in 2012 by Gail Elliot, a gerontologist, author and dementia specialist. Elliot is backed by a team of experts with the same vision: to change the face of dementia from one of loss and decline to one that exposes abilities, thereby enabling each person living with dementia to be the best they can be.

DementiAbility Methods can be used everywhere, including long-term care homes, hospital environments, day programs and in the community. These approaches focus on enabling abilities and improving quality of life.

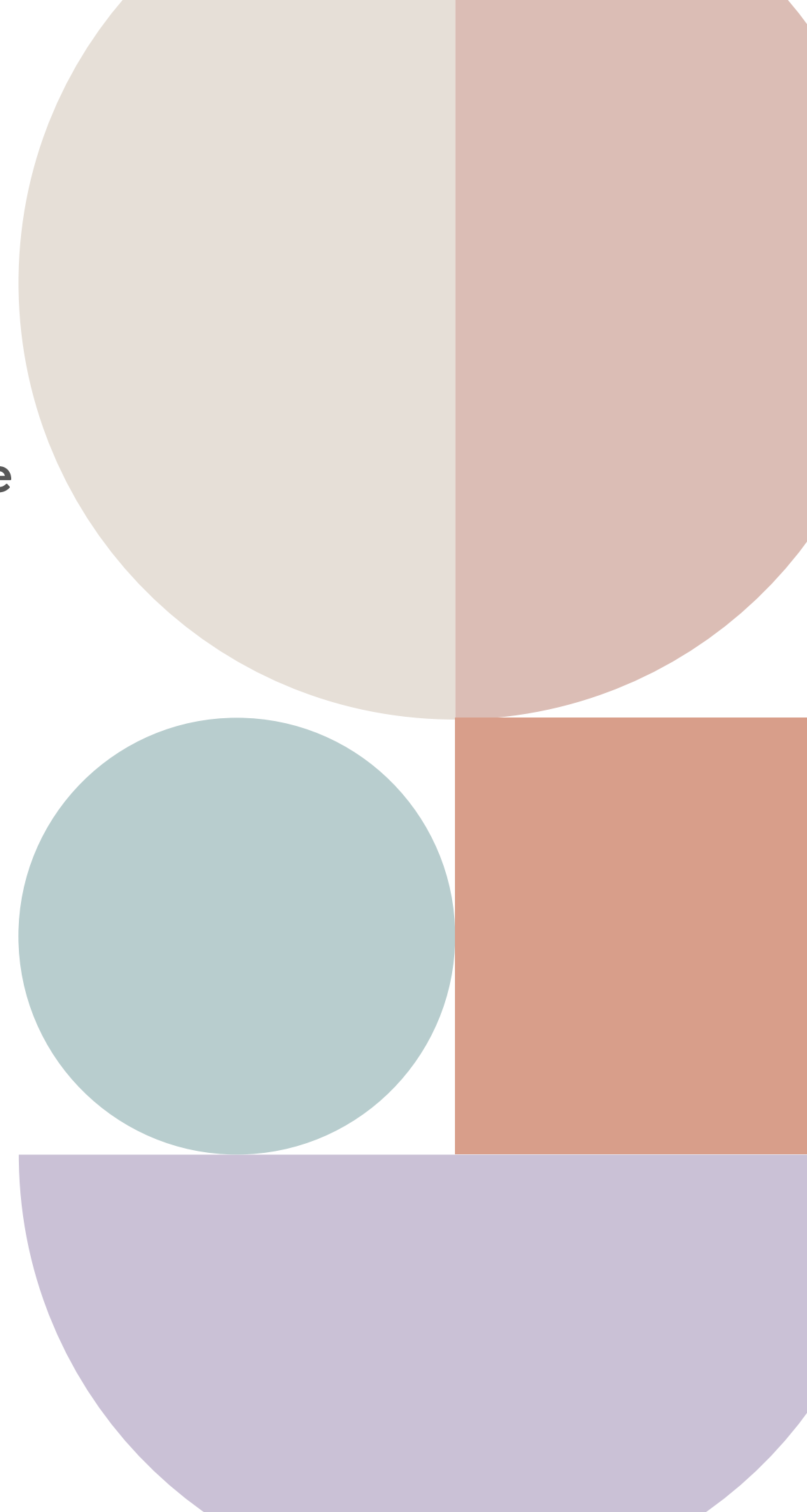


**WE CONTAIN ALL THE  
AGES WE HAVE EVER BEEN**

ANNIE LAMOTT

## HOW CAN DEMENTIABILITY HELP

- Add meaning, purpose and joy to daily life to life by setting each individual up for success according to his/her unique situation.
- Focus on creating enabled environments that look, feel and smell like home.
- Focus on strengths, rather than loss and decline.
- Teach care partners how to support independence and enhance function.
- Reduce falls.
- Address needs, and thus reduce, or eliminate, responsive behaviours (BPSDs).
- Help care partners to understand the connections between the brain, life story, environments and behavioural outcomes.



We are so thankful to have been recipients of a Nanaimo Foundation Grant to train two of our leadership team members to be OMA facilitators!

OMA is an arts-based intervention created for folks on a dementia journey. The projects are failure-free, fun to do, and each "semester" culminates in an art show that we can (soon) invite the community in to share.

We are looking for interested volunteers who would like to come in and partner with one of the residents. If interested, please email Selene at [selene.lincoln@kiwanisvillage.ca](mailto:selene.lincoln@kiwanisvillage.ca)

# OPENING MINDS THROUGH ART



The background features a central light gray circle surrounded by a thick light gray ring. Four larger, semi-transparent circles in muted colors (teal, blue, purple, and orange) are positioned at the corners. On the left, a teal asterisk-like shape points towards the center. On the right, a blue triangle points towards the center.

# **ADVANCE CARE PLANNING**



## TEMPORARY SUBSTITUTE DECISION MAKER (TDSM)

"A TEMPORARY SUBSTITUTE DECISION MAKER (TSDM) IS CHOSEN IF YOU HAVE NOT LEGALLY NAMED AN INDIVIDUAL (REPRESENTATIVE) TO MAKE HEALTH CARE DECISIONS FOR YOU WHEN YOU ARE INCAPABLE OF MAKING THEM YOURSELF".

ONE PERSON ON THE LIST BELOW MUST BE APPROACHED IN THE ORDER GIVEN:

1. Your spouse (married, common-law, same sex - length of time living together doesn't matter)
2. A son or daughter (19 or older, birth order doesn't matter)
3. A parent (either may be adoptive)
4. A brother or sister (birth order doesn't matter)
5. A grandparent
6. A grandchild (birth order doesn't matter)
7. Anyone else related to you by birth or adoption
8. A close friend
9. A person immediately related to you by marriage (in-laws, step-parents, or step-children, etc.)

"YOU MAY NOT CHANGE THE ORDER OF THE LIST. A PERSON LOWER DOWN ON THE LIST MAY ONLY BE CHOSEN AS YOUR TDSM BY YOUR HEALTH CARE PROVIDER IF ALL THE PEOPLE ABOVE THEM DO NOT QUALIFY OR ARE NOT AVAILABLE."

# DEFINITIONS PROVIDED BY MY VOICE

The following items are optional depending on your advance care planning needs:

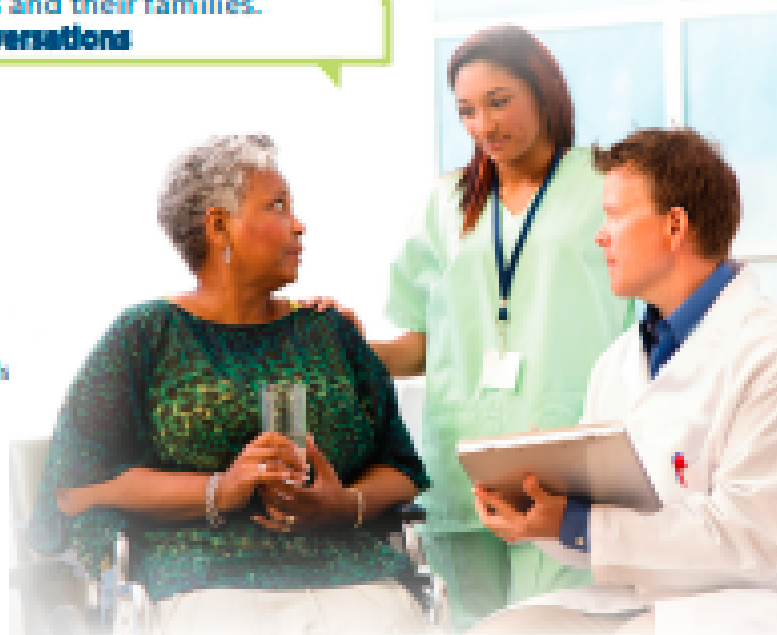
- Standard Representation Agreement: Section 7
  - Allows you to name a person to make routine financial management decisions, personal care decisions and some health care decisions. Does not allow the person to refuse life support or life-prolonging medical interventions for you.
- Enhanced Representation Agreement: Section 9
  - Allows you to name a person to make personal care decisions and some health care decisions, including decisions to accept or refuse life support or life-prolonging medical interventions for you.
- Enduring Power of Attorney
  - Allows you to appoint someone to make financial and legal decisions on your behalf if you become incapable.
- Advance Directive
  - Allows you to state your decisions about accepting or refusing health care treatments, including life support or life-prolonging medical interventions, directly to a health care provider. The advance directive must be followed when it addresses the health care decision needed at the time. No one will be asked to make a decision for you.

Information for patients and their families.  
A tool for **Conversations**

## Medical Orders for Scope of Treatment [MOST]

A MOST is a doctor or nurse practitioner's order, that has 6 different levels of treatment that range from comfort care to critical care.

Ideally a MOST is completed following advance care planning and Goals of Care conversations. Your MOST can be changed at any time through conversations with your doctor or nurse practitioner



### My Goals of Care

My goal is to have a natural death. I want to receive care to ease pain and manage symptoms of my underlying illness. I want care provided within my current location when possible.

My goal is to have readily reversible medical conditions treated, within my current location of care when possible. Treatment would be non-invasive and allow for a natural death. Transfer to higher level of care if comfort needs cannot be met in current location.

My goal is to have my illness cured and/or controlled when possible. I know I may be temporarily transferred to a different care setting for tests or treatment, but I do not want to be transferred to a critical care unit.

My goal is to have my life preserved and to have any medical problems reversed if possible. I want admission to critical care, including major or invasive procedures if offered. I would not want intubation or CPR.

My goal is to have my life preserved. I want admission to critical care and all critical care interventions offered, including intubation if needed, but not CPR.

My goal is to have my life preserved. I want admission to critical care and critical care interventions offered, including intubation and CPR.

### MOST (doctor or nurse practitioner's order)

**M1** Supportive care, symptom management and comfort measures.

**M2** Medical treatment within current location of care. Transfer to higher level of care if comfort needs cannot be met in current location.

**M3** Medical treatments including transfer to a higher level of care, excluding critical care.

**C0** Critical care interventions, excluding CPR and intubation.

**C1** Critical care interventions including intubation, but excluding CPR.

**C2** Appropriate critical care interventions, including, CPR and intubation.

**"M"** stands for Medical Orders

- Allow for a natural death.
- Life support measures will not be used if your heart stops or if you stop breathing.

**"C"** stands for Critical Care Orders

- Attempt to extend or preserve life through aggressive treatments provided in critical care environments (e.g. ICU).
- These orders are not typically used if you are at the natural end of your life.

CPR: Refers to Cardiopulmonary Resuscitation, is an attempt to revive a person whose heart and breathing have stopped.

Intubation: is a tube inserted through the mouth and into the airway. This is done so that a person can be put on a mechanical ventilator to assist with breathing.

# MEDICAL ORDER FOR SCOPE OF TREATMENT

<https://www.islandhealth.ca/sites/default/files/MOST/documents/most-pamphlet-tool-for-conversations.pdf>

# RESOURCES FOR ADVANCED CARE PLANNING

## My Voice

<https://www.health.gov.bc.ca/library/publications/year/2020/MyVoice-AdvanceCarePlanningGuide.pdf>

## Advance Care Planning

<https://www.advancecareplanning.ca>

## BC Centre for Palliative Care

<https://bc-cpc.ca/all-resources/individuals/acp/>

## Nidus

<https://www.nidus.ca/>  
(Personal Planning Resources Centre and Registry)

## Island Health

<https://www.islandhealth.ca/our-services/advance-care-planning/advance-care-planning>

## Seniors BC

<https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning>

## Health Link BC

<https://www.healthlinkbc.ca/more/health-features/planning-advanced-care>  
(English, Chinese, Farsi, French, Korean, Punjabi, Spanish, and Vietnamese)

# FAMILY COUNCIL

The typical outline of family council meetings will be as follows:

1. addressing general questions/comments/concerns emailed prior to the meeting
2. educational/interest/guest speaker component

contact us: [familycouncil@kiwanisvillage.ca](mailto:familycouncil@kiwanisvillage.ca)

Please have all questions emailed by the first of the month to be added to the agenda.

2022 dates:

february 23  
may 18  
august 17  
november 16

**QUESTIONS?**



**CONTACT US**

**E-MAIL:**

[familycouncil@kiwanisvillage.ca](mailto:familycouncil@kiwanisvillage.ca)

**WEB:**

[www.kiwanisvillage.ca](http://www.kiwanisvillage.ca)

[www.facebook.com/kiwanisvillage](https://www.facebook.com/kiwanisvillage)