



*Building our Home. Strengthening our Community.*

## REHMACARE VILLAGES

**A Multi-Site organization of Long-Term Care Homes (LTCHs) for Muslim and Culturally Diverse Individuals**

### Purpose:

A multi-site organization of Long-Term Care Homes (LTCHs) dedicated to serving the needs of Muslim and culturally diverse individuals in Ontario.

### Introduction and Background:

One of the biggest gaps in our community needs to be addressed.

To date, there are no Islamic faith-based long-term care facilities in Ontario that can adequately deliver care and services in a manner that meets the complex needs of this culturally and linguistically diverse population to maintain dignity, respect, honour, quality of life and well-being.

It is recognized that as frail, elder Muslim and culturally diverse seniors in Ontario are aging, there is an immediate need for appropriate Long-Term Care Homes (LTCHs) that adequately caters to their diverse, cultural and individual needs. Achieving quality outcomes and client satisfaction that comes with health and system performance requires a vision that embraces a person and family-centered approach to care, and to build true partnerships between the patient and health care providers.

The biggest challenge is to overcome the stigma in the Muslim community against placement in a LTCH facility. There are many stories of families challenged when having to make such difficult decisions to place their aging loved ones in a LTCH, let alone one that does not cater to Islamic practices. These challenges include internal emotional struggles that often end up leading to a placement in a LTCH compromised of meeting their dietary, cultural, emotional, social, psychological and spiritual needs. Due to cultural and religious pressures, the responsibility of caring for the elderly typically falls on the shoulders of their children or close family members, which can be a dangerous situation for those patients who have specialized, complex sub-acute medical needs. In some cases, families are unable to make comfortable decisions and cannot continue caring for their frail parents at home, resulting in the use of physical/chemical restraints, social isolation, falls, skin and pressure ulcer issues, and other secondary complications and co-morbidities.

Placing seniors in a LTCH should not be viewed as a negligence of the family's duty toward their elderly. Unfortunately, sometimes out of necessity, families are left with no choice other than to place their family members into LTCH as they cannot provide adequate support at home. There is often a struggle in finding a LTCH that can adequately meet the specific mental, social, psychological, spiritual, emotional needs for the quality of life, safety and well-being of seniors in our community.

Embracing the command to parents – “*Ihsaan*” (perfection, excellence, nothing but the very best), in their holistic health, is a strong pillar of the culture and faith (6:151). Accordingly, superior treatment and a gentle approach to elderly parents demonstrates respect, reverence, obedience, compassion, advocacy, gentle handling, as a corner of the culture. RehmaCare strives to offer such a LTCH that offers nothing but the best culturally sensitive, compassionate care with appropriate etiquettes and ambiance for activities of daily living.

### Objective:

In response to this need, a team of dedicated and passionate professionals seek to advocate for the establishment of multi-site organization of Islamic value based Long Term Care Homes in the GTA and surrounding areas – the first of their kind in Ontario and perhaps in Canada. The aim is to provide culturally sensitive care to the most precious people in our lives: our parents – to help meet the dietary, religious, cultural and linguistic needs of our elders, their families, and their community.

***Ontario's Action plan for seniors: Aging with Confidence, 2017*** invites more access to culturally appropriate LTC Homes such as culturally appropriate meals and support in the residents' choice of language. Therefore, under the umbrella of one faith, this facility will service multiple cultures with various linguistic and cultural backgrounds. A rapidly increasing proportion of this population are becoming seniors, and with age comes increasingly complex health problems, including mental health and cognitive challenges. Over the past 50 years, the GTA has seen a wave of nearly 700,000 immigrants arriving from many Muslim countries. This is inclusive to cater to elderly Muslims and culturally diverse senior communities as demonstrated by the 2016 Canadian Census report.

The gap remains with no such facility in Ontario to sufficiently meet the needs of this vulnerable minority group of seniors. The creation of an Islamic faith-based facility will bridge this gap to deliver appropriate culturally sensitive and linguistic services to manage the increased demands in future years to come with this population.

Table 1: Languages spoken in the GTA

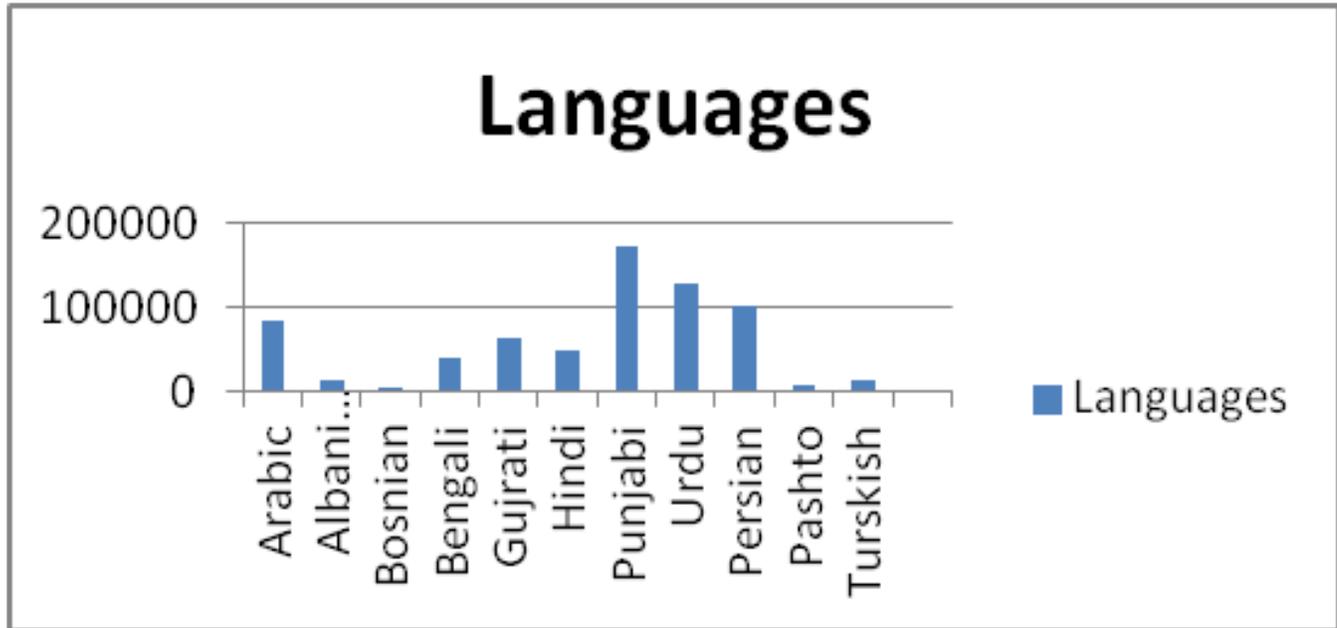
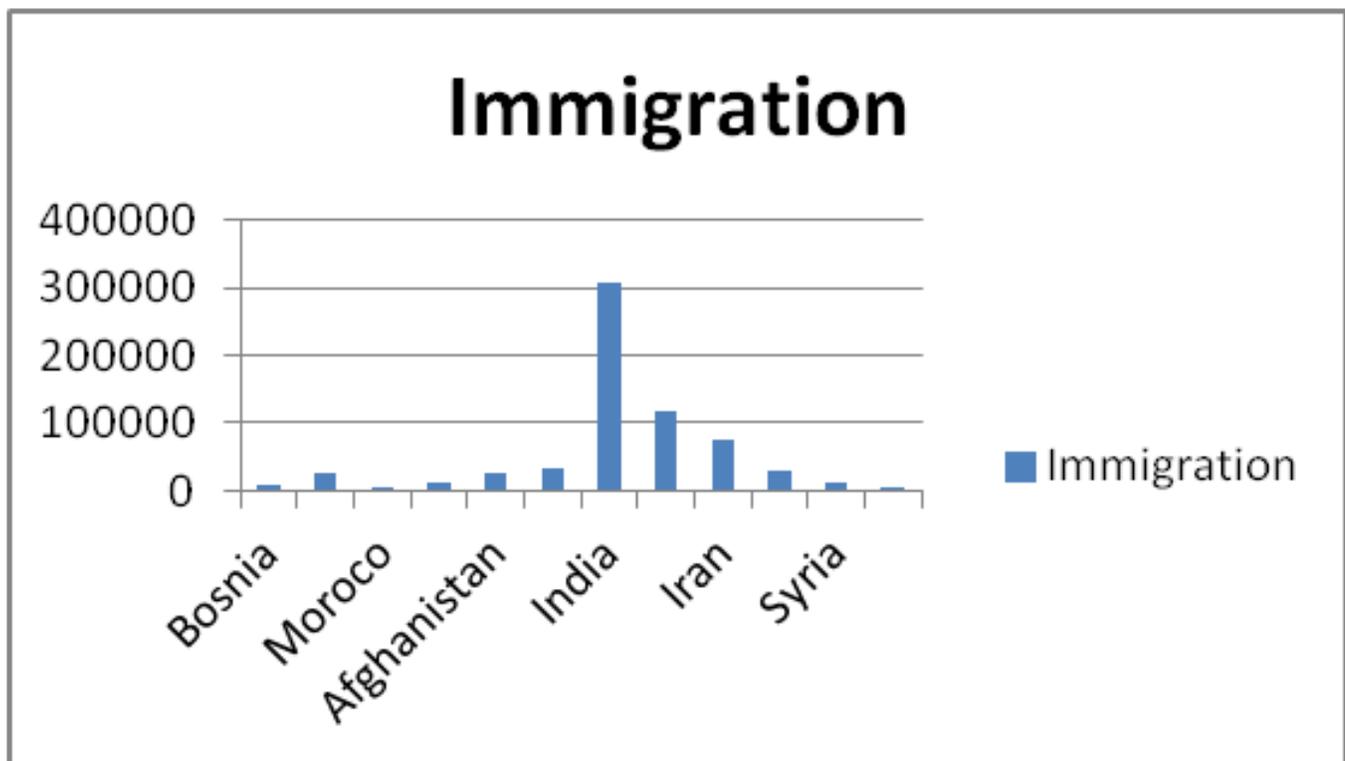


Table 2: Immigrating Canadians in the GTA



In an industry highly regulated by the Regulation 20/10, LTC ACT, Bill 140 and the Resident’s Bill of Rights, each LTCH licensee is required to function according to the high standards of delivery of care and services as any other LTCH in Ontario. RehmaCare promises to incorporate state of the art technology and medical systems

and compliance to serve elderly Muslims and other culturally diverse seniors. However, the difference between this and available LTCHs will be in its approach to faith, culture, etiquettes, tradition, and linguistic needs. The opportunity is now offered by the Ministry of Health to deliver a model that addresses culturally appropriate LTCHs as mentioned in the *Aging with Confidence Strategy, 2017*.

RehmaCare's philosophy will be built on a *Person and Family Centered Care* model of Excellence that is sensitive to Muslim and culturally diverse seniors in accordance to Islamic context, embracing and establishing therapeutic relationships.

Moving towards a *Person and Family Centered Care model*: (information and references)

- **Local Health System Integration Act, 2006 (2006)**: Passed by the Ontario government, this legislation established 14 Local Health Integration Networks (LHIN) responsible for improving local community engagement throughout the province in planning, coordinating, and funding each region's health services. The Act transferred significant power for making decisions to the community level, enabling local health systems to focus on the needs of individual communities. BEST PRACTICE GUIDELINES [www.RNAO.ca](http://www.RNAO.ca) 19 BACKGROUND Person- and Family-Centred Care
- **Primary Health Care Charter—A Collaborative Approach** (British Columbia Ministry of Health, 2007): This initiative commits to making primary health care in the province more client-centred by promoting patients and families as partners in care, focusing on the alignment and integration of services, and communicating key information regarding decisions on health care and service reforms.
- **For Patients' Sake—Patient First Review Commissioner's Report to the Saskatchewan Minister of Health** (Dagnone, 2009): This extensive review focused on the patient's experience of care, as well as on management of the health care system. Research conducted with patients, families, and communities made it clear that a renewed commitment to putting patients first was required, both in the delivery of services and program and policy design and implementation. The report concluded that the health care system must become more patient and family centred.
- **Alberta Health Act Consultation Report—Putting People First** (Horne, 2010a, 2010b): This report, created following a province-wide consultation process, sets out recommendations for the development of new health legislation that puts people first and for improvements to the existing health system. Recommendations include the implementation of a mandated Health Charter acknowledging the partnership for health that must exist between individuals, communities, health care providers, and their government, as well a framework for public engagement.
- **Excellent Care for All Act, 2010 (2010)**: This Ontario legislation was created to improve the experience of individuals accessing the health care system through quality improvement initiatives aimed at putting the person at the centre of system reform and optimizing service delivery for health and wellness.

- **Health Care Transformation in Canada (Canadian Medical Association [CMA], 2010):** This document outlines the CMA's support for a patient-centred system and culture through the development of a foundational charter for patient-centred care.
- **Patients for Patient Safety Canada (Canadian Patient Safety Institute, 2010):** This is a patient-led program of the Canadian Patient Safety Institute that champions the patient's voice, experience and perspective to ensure initiatives that advance safe healthcare are patient-centred.
- **Principles to Guide Health Care Transformation in Canada (CMA & Canadian Nurses Association [CNA], 2011):** This document outlines guiding principles for the transformation of Canada's health-care system, including: (a) enhancing the health care experience (putting the patient at the centre of healthcare service delivery and improving the quality of care); (b) improving population health (through health promotion and disease/injury prevention, ensuring equitable access, and addressing the social, economic, and environmental determinants of health); and (c) improving value for money (ensuring timely and cost-effective care to sustain the system, adequate resourcing, and accountability).
- **The Change Foundation's Journey into the World of Patient Experience (The Change Foundation, 2013):** The Change Foundation is focused on improving the patient's experience of care through system change projects such as Partners Advancing Transitions in Healthcare (PATH) and PANORAMA. These projects promote patient and caregiver involvement in terms of sharing their experiences and views on health care and services and providing advice regarding the work required for system reform.
  - **Rebuilding Healthcare Together: The Provincial Health Plan 2013-2018 (Province of New Brunswick, 2013):** This provincial plan was developed with extensive community engagement and supports the move toward a client-centred health-care system. It recommends the establishment of partnerships between the government, health settings and health care providers, and the people of New Brunswick to strengthen and ensure the integration of services close to home so that people can continue to live in their communities.
- **The Canadian Hospital Experiences Survey (Canadian Institute for Health Information, 2014):** The Canadian Institute for Health Information created this survey (based on the Hospital Consumer Assessment of Healthcare Providers and Systems) to gather information on patients' experiences in inpatient settings. The survey data obtained from organizations across Canada will be used for health system benchmarking and will inform quality improvement initiatives aimed at enhancing the delivery of care and services.
- **National Research Corporation Canada:** This corporation is committed to measuring and improving patients' and families' experiences of care and their satisfaction with the health system by encouraging organizations to address the eight dimensions of care that matter most to patients (see Appendix D).
- **The Registered Nurses' Association of Ontario (RNAO):** Among the publications of this professional nursing organization is Enhancing Community Care for Ontarians (RNAO, 2012a; 2014b), a report that

provides a model, known as the ECCO model, that focuses on primary- and community-care transformation with the intent to: (1) create an integrated health system responsive to the complex needs of people (client-centred) and their communities; and (2) enable whole-system regional planning (coordination of care and services) to avoid duplication and inefficiencies, thereby facilitating sustainability of the system for Ontarians. More information on ECCO can be accessed at: [www.RNAO.ca/ecco](http://www.RNAO.ca/ecco).

### Our Community:

We are dedicated to engaging with our community partners to enrich the lives of Muslim and culturally diverse seniors for inclusiveness. We strive to building relationships, bridges and linkages with:

- Culturally diverse communities - Masajids/ Mosques
- Existing cultural seniors' groups
- LHINs
- MPPs/MPs
- Mayors
- Community partners
- MOHLTC
- Internal/External stakeholders
- Governing agencies
- Regulatory bodies
- Other stakeholders