

MARCH 2026

THE BRAEMAR BUZZ



A Fun Filled February



The groundhog says "Spring is on its way!" February brought us lots of excitement from groundhog day predictions to Olympic competitions and lots of Valentines festivities in between! Thank you Debbie Busby from Sweets n' Treats Wingham for your chocolate making demonstration and

to James Skarnikat, Johnny Borton, and Al Crawford for last month's musical entertainment.



Shirley - March 10th

Jewel - March 16th

Patrick - March 17th

David - March 19th

Wes - March 26th

Betty - March 29th

In Loving Memory

Austin Grubb
Rosemary Lawrence



Hair Care Services at Braemar



Brought to you by:

Louise Pomeroy

Contact: 519-749-5763

Usual Hours of Operation
Thursdays 9:00 am - 5:00 pm
and Occasional Fridays

How to Book:

Resident POA's can reach out to Louise directly to book hair care services such as men's and ladies' cuts, perms, etc.

Please note: Resident must have money in their trust account for hair care services. If desired, money in the trust can be designated for hair only.



Transitions in Care and Services

Transitions in care refers to the planned movement of a person from one care setting, level, or provider to another, ensuring care remains safe, coordinated, and continuous.

This may include transitions from hospital to home, hospital to long-term care, or between healthcare teams or services.

Through the implementation of best practice guidelines, it is our initiative to help prevent and reduce gaps, confusion, or harm by ensuring effective communication, advance planning, and active involvement of residents and their families.

The RNAO emphasizes that effective transitions:

- Place the resident and family at the centre of care
- Promote clear and timely communication
- Support continuity, safety, and quality of care.

While these goals are not new to Braemar, best practice guidelines help us to improve our processes and remain current in order to enhance resident care.

Education Corner: Skin & Wound Care

Braemar utilizes an assessment tool called PURS (Pressure Ulcer Risk Scale) to routinely assess residents for pressure injuries.

Risk Factors for Pressure Injuries

Sensory Perception

Ability to respond meaningfully to pressure-related discomfort
Response: Quarterly pain, pressure injury, and head to toe assessments completed for each resident as well as regular PSW reporting

Moisture

Degree to which skin is exposed to moisture
Response: Regular toileting and incontinence product changes. Clothing changes when soiled.

Activity

Degree of physical activity
Response: Residents are encouraged to be ambulatory as long as possible and to participate in Physio and Recreation led programs/exercises

Mobility

Ability to change body position
Response: Staff aide residents in wheelchairs, recliners, or in bed to change position every 2 hours

Nutrition/Weight Loss

Usual food intake pattern
Response: Residents are regularly assessed by nursing and a registered dietician. Protein rich foods and/or supplements are encouraged for preventing and healing injuries

Friction & Shearing

Friction refers to surface level rubbing while shearing is opposing internal and external force
Response: Use of friction reducing aides or equipment. Examples: Sliding sheets for repositioning, air cushions for seating

Common Pressure Injury Areas:

