



## Care Services Committee

Location: York Care Centre (Virtual)

Join Zoom Meeting

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Meeting ID: 895 5215 1888

Passcode: 303301

## AGENDA

October 7, 2021

Item	Description	
1	Call to Order & Introductions	Marjorie Belzile
2	Approval of Previous Minutes April 15, 2021*	Marjorie Belzile
3	Declarations of Conflict of Interest	Marjorie Belzile
4	Business Arising	Marjorie Belzile
5	<b>Care Services Report for Q2 (July 1, 2021 – September 30, 2021)*</b> <ol style="list-style-type: none"> <li>1. Clinical Care &amp; Quality</li> <li>2. Therapeutic Recreation &amp; Volunteers</li> <li>3. Resident Council</li> <li>4. Progress on Strategic Goals</li> <li>5. Final Note from VP, Care &amp; Research Services</li> </ol>	Jamie Roy
6	Family Advocacy Group Report	Greg Doucet
7	New Business	
8.	Date of Next Meeting: January 19, 2022	

\*Denotes attachment

**Minutes of meeting Care Services Committee  
Virtual (Zoom) Meeting  
On April 15, 2021 at 4:00pm**

Present: Marjorie Belzile (Chair), Lyne St. Pierre-Ellis, Marilyn Born, Gary Beattie, Sheila Christensen, Melanie Bowie, Tony Weeks  
Staff: Lori McDonald, Jamie Roy

**1) Call to Order**

Ms. Belzile called the meeting to order.

**2) Approval of Previous Minutes – January 14, 2021**

*It was moved by Ms. Born and seconded by Ms. Bowie that the minutes be approved as presented.*

*Motion carried*

**3) Declarations of Conflict of Interest**

Ms. Belzile asked the members present if there was a need to register a conflict of interested. Due to COVID-19 the meeting was held virtually.

**4) Business Arising**

Mr. Beattie confirmed the Committee Terms of Reference has been updated and approved and will be posted on the Director's Portal.

**5) Care Services Report for Q4 January 1 – March 31, 2021**

Ms. McDonald reflected back on a challenging year for the facility during COVID-19 and after examining the year, the organization did extremely well and team work flourished.

Highlights include:

- The highlight of this year was being one of the first facilities to get our residents fully vaccinated. Ongoing vaccine program to be developed for new admissions.
- 180+ (78%) staff who have been vaccinated ahead of the typical average. YCC has launched an incentivised vaccination draw to encourage staff to get vaccinated.
- Infection control audit from Social Development via Horizon health focussing on a safe environment for staff and residents took approximately 2 months and within the same realm we had a inspector from Public Health and scored 100% compliant.
- Green Belt/LTCF – the RAI Coordinator and the Director of Research spent an entire year going through the areas of improvement and developed an iTacit module for staff to complete for the end of March.

- The interRAI position requires an RN with clinical background and a knowledge and understanding of data and as a result the title has been renamed to: Clinical Assessment & Informatic Specialist. Currently in the interview process to fill this position.
- Family caregiver program has over 170+ caregivers trained and 156+ caregivers activity working, providing essential care highlighting the need for the caregiver role in LTC.
- The White paper will showcase the need for caregivers and recommendations that will be presented to the Department of health and Social development to promote policy change. The paper will be available very soon.
- Memory Lane campaign – the nursing station now resembles a cottage and work is underway on the Naswaaksis Lions café. An artist has been selected who will work on the murals and include a school house at the request of a donor.
- KPIs – most of the variants have remained consistent each quarter. The ‘Improved Physical Functioning’ has improved since Q1 due to the pandemic. ‘Worsened Depressive Mood,’ improved and there appears to be correlation between having visitors in the facility. ‘Experienced worsened pain,’ appears to be higher but this is due to a change on how it is coded and we should start to this level out in this quarter.
- Mr. Weeks confirmed the National average for inappropriate use of anti-psychotics is at 20.2% in response to Mr. Beattie’s inquiry regarding reducing the indicator.
- Highlights of the Voice of Family and residents: 100% in my privacy is respected when people care for me. 69% I can go where I want on the spur of the moment could be potentially because we have just come out of an orange phase. 71% Rate of level of social engagement & activities...up slightly from last quarter and activities continues on units every day.
- Therapeutic Recreation department has developed a schedule for visitation as well as continuing with weekday activities with over 5500 onsite visits to date.
- 10-12 volunteers have been selected to assist over the week.
- Progress on Strategic Goals – 75% ‘Care Staff Trained on LTCF Documentation’ continuing work on this and was hope to have 150 staff trained by end of March, however, the investigating and combing from data and creating an iTacit module took longer and will brought forward into the new fiscal year. Updating Clinical Policies has now become an operational goal.
- Ms. McDonald thanked the Committee for their support and Ms. Belzile added that Ms. McDonald’s leadership and guidance has been exemplary and wished her all the best for the future.

**6) Family Advocacy Group Report**

Deferred. To be followed up by email.

**7) New Business:**

No new business.

It was moved by Mr. Beattie that the meeting be adjourned.

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Marjorie Belzile, Chair

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Caroline Marygold, Minutes



# REPORT TO THE CARE SERVICES COMMITTEE

**July 1<sup>st</sup>, 2021 – September 30th, 2021**  
**Quarter 2 Activity**

The purpose of this report is to apprise the Board's Care Services Committee of key activities within each quarter of the fiscal year, including an update on key performance indicators and the strategic care pillar. Accordingly, the Committee receives four reports per year with content from the following senior leaders.

**Senior Leader**  
Jamie Roy, Vice President, Care Services & Quality

**Key Areas of Reporting**  
Clinical Care & Quality,  
Therapeutic Recreation  
& Volunteers,  
Residents Council

## 1. Clinical Care & Quality

At York Care Centre in Quarter 2 July-September, we continue to navigate Covid-19, and are thankful for finishing another quarter without a case of Covid-19.

Residents were able to enjoy being with family & friends as our province went “Green” during the global pandemic. Vaccinations slowed down over the summer months and the country was starting to see a 4<sup>th</sup> wave of Covid-19. With school starting in September and children, who are not able to be vaccinated, gathering in indoor spaces, we temporarily restricted school aged children from entering the facility. With the number of Covid cases on the rise, we will continue to monitor the risks to ensure the health and safety of our residents.

The second quarter brings about new staff in leadership roles, doing a deeper dive on the quality indicators and new vaccination requirements. We also took part in trial/focus group on the OH Band, a hand hygiene piece of technology.

### Here are some important highlights from Quarter 2:

- To align with other parts of Canada, the Senior Leadership Team developed a policy that all current employees need to show proof of vaccination or require regular testing. It wasn't long after that, the Government of NB implemented a directive requiring the same. This has been a lot of our focus over the month of September, as the directive takes affect October 4<sup>th</sup>. We continue to promote vaccination for both our staff and residents and have certainly seen an uptake in vaccination since this directive has been put in place.
- We have added two new staff to our leadership team. Jason Robin, RN, Infection Control/Resource Nurse, started in July and now oversees infection control, admissions, education and student placements.
- Tamsen Arnold, RN, Director of Aging Care & Lifestyle Living, started in August and will now oversee the care services team and the day-to-day clinical operations of the nursing home, assisted living and independent living apartments.
- OH (Our Health) Band was created by Currant Care to assist organizations in collecting data on hand hygiene practices. It involves wearing a watch that will recognize hand hygiene motions and will give reminders if hand hygiene has not been done in a certain time frame. The data on the watch is then downloaded to an app and organizations can use this data to find gaps in hand hygiene practices. The hope is that this tool would replace hand hygiene audits currently be used.
- The Memory Lane Project has slowed down over the summer months, but the committee's brainstorming meetings have carried on.

## Key Performance Indicators

Safety	Q1		Q2		Q3		Q4	
	N	D	N	D	N	D	N	D
<b>Falls within the last 30 days</b> This indicator looks at how many residents fell in the last 30 days leading up to the date of their quarterly clinical assessment	44	211	56	198				
	21%		28%					
<b>Worsened pressure ulcer</b> This indicator looks at the number of residents whose stage 2 to 4 pressure ulcer had worsened since the previous assessment	12	202	8	199				
	6%		4%					
Appropriateness & Effectiveness	Q1		Q2		Q3		Q4	
<b>Restraint use</b> This indicator looks at how many residents are in daily physical restraints. Restraints are sometimes used to manage behaviours or to prevent falls	28	209	28	197				
	13%		14%					
<b>Potentially inappropriate use of anti-psychotics</b> This indicator looks at how many residents are taking antipsychotic drugs without a diagnosis of psychosis	21	105	18	98				
	20%		18%					
Health Status	Q1		Q2		Q3		Q4	
<b>Improved physical functioning</b> This indicator looks at the number of residents who improved or remained independent in transferring and locomotion	29	136	26	126				
	21%		21%					
<b>Worsened depressive mood</b> This indicator looks at the number of residents whose mood from symptoms of depression worsened	58	207	46	197				
	28%		23%					
<b>Experienced worsened pain</b> This indicator looks at how many residents had worsened pain	39	199	28	190				
	19.5%		15%					

For ease of understanding, we have added the numerator (N) and denominator (D) so you can see the actual number of residents that “triggered” the indicator compared to the number assessed. Our goal every quarter is to choose two indicators to focus on.

After reviewing Q1 indicators, we focused on inappropriate use of antipsychotics and worsened depressive mood going into Q2. We’ve observed a decrease in our percentages but will continue to monitor.

- The national average for antipsychotic use is 20% and we have managed to decrease it by 2%. This involved looking at the residents who triggered this quality indicator and determining if the resident still needed the medication or not. We also looked at the coding to ensure it was being done properly.
- The national average for worsened depressive mood is 21.1%. We are not quite at the national average, but we did decrease it by 5% which is significant.

Worsened pain has also had another decrease this quarter, as expected, by 4.5%. In the last two quarters, it has dropped a total of 12%. The national average is currently 10%.

The two quality indicators we plan to focus on in Q3 is *falls within the last 30 days* and *restraint use*. At the next Care Services Committee, I’ll report more on our deeper dive for these indicators.

## Q2 Pulse Survey - Voice of the Residents:

Our quarterly pulse surveys results are shown below. This quarter we also did a one-time deeper dive into food services – specifically, we wanted to learn more from residents about their likes and dislikes related to the quality of food, service delivery, dining environment, etc. A second survey accompanied the regular quarterly survey.

<b>Voice of Resident</b> (% of residents that rated a question at three hearts or better)	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
My privacy is respected when people care for me.	94%	97%		
I enjoy mealtimes.	93%	90%		
I feel safe when I am alone.	98%	92%		
I can go where I want on the spur of the moment.	77%	90%		
I am treated with respect by staff.	100%	100%		
I get the health services I need.	96%	95%		
I participate in meaningful activities.	81%	81%		
It is easy to make friends here.	91%	97%		
Overall, how would you rate YCC as a place to live?	100%	100%		
<b>Food Services Survey</b> (% of residents that rated a question at three hearts or better)				
The meals taste nice.	n/a	83%		
The meals have excellent and distinct flavors.	n/a	67%		
I enjoy mealtimes.	n/a	63%		
I like the way the vegetables are cooked.	n/a	53%		
The meat is soft and moist.	n/a	74%		
The food is as good as I expected.	n/a	58%		
I really enjoy eating my meals.	n/a	74%		
I like the way my meals are presented.	n/a	84%		
The hot foods are just the right temperature.	n/a	63%		
I am able to choose the portion size of my meal.	n/a	79%		
I know I can have an alternative if I do not want what is on the menu.	n/a	84%		
I like the atmosphere in the dining room at mealtimes.	n/a	61%		
The plates and cutlery are reasonable.	n/a	100%		
I enjoy the residents I sit with at meal times.	n/a	100%		
The staff who serve my meals are neat and clean.	n/a	100%		
The cutlery and dining aids that I am given help me to manage everything on my plate.	n/a	100%		
The main meals are served at times that are good for me.	n/a	100%		
I like the décor and paint colors in the dining room.	n/a	88%		

## Q2 Pulse Survey - Voice of the Family:

This quarter, we decided not to survey families as the timeframe was short between the last survey to this survey. We will conduct the Quarter 3 survey and report results at the next Committee meeting.

Voice of Family (% of family members that rated a question at three hearts or better)	Q1	Q2	Q3	Q4
How would you rate the care of your loved one?	97%	n/a		
How would you rate the level of social engagement and activities for your loved one?	80%	n/a		
How would you rate facility cleanliness?	98%	n/a		
How would you rate the professionalism of employees?	98%	n/a		
How would you rate the friendliness of employees?	98%	n/a		
Overall, how would you rate our responsiveness to concerns?	97%	n/a		
How would you rate our communications to you?	93%	n/a		
Overall, how would you rate York Care Centre as a place to live?	95%	n/a		

## 2. Therapeutic Recreation & Volunteers

It was a wonderful summer related to visitation, activities, and volunteers. Lots of visiting and fun activities took place from special suppers, milkshake socials to even a luau party! The residents got to enjoy several outings for either a picnic or a scenic drive and ice cream.

In this quarter, visitation moved to any visitors with open visitation. We have approximately 180 active caregivers, and we offered our last caregiver program in July. Once we moved to the Green Phase, we no longer offered the caregiver course due to open visitation.

393 Activities have taken place so far this quarter. We bid farewell to our 4 recreation summer students with a pizza party! The students truly added so much support and fun to the facility during their placements.

In August, we also welcomed back our volunteers. September started out great with offering in person entertainment and spiritual care services. It was cut short, due to the rise of Covid-19 cases in our area. We halted all large gatherings in our friendship center until things settle down. We did welcome a new Music Therapist, Jasmine Michel, who comes in every Tuesday.

We also welcoming one new Cooperative Education student to the team, starting Monday September 27<sup>th</sup>. And have onboarded 5 new volunteers who will be assisting with programs in various locations in the building.

Resident Activities	Q1	Q2	Q3	Q4
<b>Number of available resident activities</b> This indicator looks at the number of activities made available compared to the goal of 450 for the quarter	106%	88%		
<b>Residents participating in activities</b> This indicator looks at the number of residents participating in scheduled activities	98%	98%		

### 3. Resident Council

Resident Council hosted a summer party in July. The ‘carnival’ themed event was held in the Café, and the residents enjoyed fried chicken with all the fixings. They enjoyed music and games, and had a great time celebrating with one another.

They held their first meeting since their summer break mid-September and started their 50/50 square raffle. \$5 per square and the winner will receive \$250!

Members: Tracey Mitchell (President), Ellen Saunders-Aube (Vice Pres), Suzette Facini, Linda Bird, Isabel Kinch, Gloria Murray, Sheila Jordan, Natalie Henderson, Laurie Crockett. Pastor Norm (Chair), Allyson Hickey (Secretary), Emily Wright (Staff Liaison)

### 4. Progress on Strategic Goals

Care Pillar	Q1	Q2	Q3	Q4
<b>Develop &amp; implement interRAI orientation training program</b> By Sept 30 <sup>th</sup> , interRAI orientation training program fully implemented	75%	100%		
<b>Develop &amp; implement ITACIT training module based on LTCF assessment improvements</b> By March 31 <sup>st</sup> , 90% of care staff will have completed the new ITACIT training module.	0%	0%		
<b>Deliver All The Right Moves training to support staff</b> By Sept 30 <sup>th</sup> , 95% of support staff will be trained.	63%	76%		

The InterRAI orientation program is now complete, and it is being utilized for new employees upon hire. The RAI Coordinators are instructing this program to staff.

The ITACIT training module will not be determined until October. This will give the new Clinical Assessment & Informatics Specialists an opportunity to do some assessments and determine where the gaps are in the LTCF assessments. From there, the ITACIT module will be created and implemented in February-March 2022.

ATRM training for support services is still ongoing. We were not able to reach our goal of 95% as it was very challenging to have staff attend over the summer months due to vacations. We have been holding monthly sessions and plan to continue in Quarter 3. We will also be adding dietary staff to the mix as well. We will begin training our care services department once the theory portion of the program is on Itacit.

Sincerely,

Jamie Roy  
Vice President, Care Services & Quality