



# REPORT TO THE CARE SERVICES COMMITTEE

**April 1<sup>st</sup>, 2021 – June 30<sup>th</sup>, 2021**  
**Quarter 1 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

As we embark into a new fiscal year, we see easements in our community and at York Care Centre in regards to the Covid-19 global pandemic. As cases decreased and vaccination rates increase, we have been able to have more family & friends visit while still having measures in place to maintain the health and safety of residents & staff. We are looking forward to returning to normal and continuing to improve quality of care and striving for excellence in long term care.

The first quarter brings about new strategic goals, a fresh look at the quality indicators and a new Vice President, Care Services & Quality. Vaccinations for residents & staff were a priority as well as training for support services in All the Right Moves (ATRM). We also had our Nursing Home Inspection in April.

### Here are some important highlights from Quarter 1:

- Resident & Staff Vaccinations
- Nursing Home Inspection
- All the Right Moves (ATRM) Training
- Gentle Persuasive Approach (GPA) Training
- Memory Lane
- New Clinical Assessment & Informatics Specialist (previously RAI Coordinator)

Due to us not having a face to face meeting this month, I will go into some detail on the above highlights. Residents who are fully/partially vaccinated is at 210 or 97%. We have a total of 243 staff who are fully/partially vaccinated which gives us a total of 93% as of June 30<sup>th</sup>. We are very proud of these numbers and will continue to promote vaccination.

We had our Nursing Home Inspection on April 21<sup>st</sup> & 22<sup>nd</sup>, 2021. We did very well and received some very positive feedback about our work, the care we deliver, and how York Care Centre continues to set the standard for others to follow. We achieved 97.5%, (*last year we achieved 97.2%*). This year we discovered a few areas to improve: administrative updates to social development, kitchen cleaning schedules and food product storage, and restraint charting and care plan updates. The final item noted was related to the registered nurse staffing ratio. We are funded at 2.89 hours of care for the positions of RN, LPN, and RA. In total we met the standard, but fell short by 2.4% on the RN hours for the 28-day period that was audited (Feb/March 2021). We have added two new RN rotations that we believe will help with this, as well as, continued recruitment efforts.

All the Right Moves (ATRM) is a new program launched by the Continuing Care Safety Association in collaboration with some Nursing Homes, including YCC, to improve staff body mechanics and transferring of residents. York Care Centre has 7 staff members who were trained to deliver the program to all staff, including both care & support services. We have delivered the program to support services staff throughout the quarter and will continue to do so during the summer. This is a strategic goal for the year.

Gentle Persuasive Approach (GPA) Training helps staff work with residents who have dementia and determine the best approach for dealing with challenging situations. Rose Chase is a Certified Instructor and she was able to provide training to staff that work in Birch Grove and Tower 2 which has the majority of our residents who live with dementia. We have had a very good feedback on this program and will continue to offer it on a regular basis.

The Memory Lane Project is going very well. Murals by artist Debb Ferris Bates started shortly after Easter. The entryway (disguising the exit and dining doors) is complete- appears as a fenced-off area with flower garden and animal features.

Second mural phase has begun- This involves what will be an interactive clothesline to be used with therapy doll clothes. Rolling hills, chickens, autumn garden, schoolhouse feature, apple tree (aiming to also become an interactive feature in the future) possibly a brook with kids fishing, a pumpkin patch, etc. Lots of imagery to promote reminiscing with residents.

The inside of the 'cafe' renovations has begun- This will transform the space entirely, allowing it to be safely accessed by residents unsupervised, securing the kitchen side behind a sliding gate to be accessed only for supervised baking/cooking activities. Residents who wish to socialize in a more intimate settings or have a quiet space to colour, read etc. outside of common areas/bedrooms, may choose to spend time in the cafe setting.

The tub room- now referred to as the 'spa' has had the windows frosted to let in more natural light while maintaining privacy. We are working on creating a spa-scape soundtrack to play on the new Bluetooth enabled CD player (which also gives staff the ability to play personalized favourites for residents to help them feel at ease during bathing).

We have two new Clinical Assessment & Informatics Specialists (previously RAI Coordinator) that joined our team in June. Tennille Adams and Melanie Coburn will be doing the LTCF Assessments and assist with implementing training for staff when gaps in coding are identified and they will also be key players in looking at the quality indicators and identifying areas of improvement.

#### 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						
	21%							
<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						
	6%							
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						
	13%							
<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						
	20%							
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						
	21%							
<b>Worsened depressive mood</b> This indicator looks at the number of residents whose mood from symptoms of depression worsened	58	207						
	28%							
<b>Experienced worsened pain</b> This indicator looks at how many residents had worsened pain	39	199						
	19.5%							

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.

Overall, our indicators have remained consistent. However, worsened pain had previously been reported at 27% due to a coding issue, but this quarter it is starting to come down nicely as expected. There are two quality indicators which we plan to focus on over the next quarter. For inappropriate use of antipsychotics, we are reviewing the 21 residents that were triggered and will consult with the physicians to see about next steps (ie: diagnosis, decrease or discontinuing antipsychotic medication). A question was raised at the last Care Services Committee meeting about whether YCC has maintained its success from the 2014 anti-psychotic study. A review of the final (2015) report indicates that YCC had reduced the use of anti-psychotics from 35% to 25%. The current indicator is at 20% and the (2019-2020) national average is 20.2%.

When looking at worsened depressive mood, the Depression Scale goes from 0-14 and indicates that a resident with a score of 3 or higher *may* have a minor or major depressive disorder. When looking at the 58 residents who triggered this quality indicator, 23 residents scored a 1 or 2 (11%), 26 residents scored a 3-7 (12.5%), and 9 residents scored an 8-14 (4.5%). We will certainly look at the residents who scored a 3 or higher but also understanding that there could be factors that influence these numbers such as illness, change in status, new admissions, or fluctuations from one quarter to the next. Interesting to note, that of the 9 residents that scored 8-14, 8 of them have advanced dementia.

Voice of the Family and residents:

<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%			
I enjoy meal times.	93%			
I feel safe when I am alone.	98%			
I can go where I want on the spur of the moment.	77%			
I am treated with respect by staff.	100%			
I get the health services I need.	96%			
I participate in meaningful activities.	81%			
It is easy to make friends here.	91%			
Overall, how would you rate YCC as a place to live?	100%			
<b>Voice of Family</b> (% of family members that rated a question at three hearts or better)	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
How would you rate the care of your loved one?	97%			
How would you rate the level of social engagement and activities for your loved one?	80%			
How would you rate facility cleanliness?	98%			
How would you rate the professionalism of employees?	98%			
How would you rate the friendliness of employees?	98%			
Overall, how would you rate our responsiveness to concerns?	97%			
How would you rate our communications to you?	93%			
Overall, how would you rate York Care Centre as a place to live?	95%			

From the surveys, it is great to see that staff are respectful, professional and friendly. There has been slight improvement in activities, but we should see numbers increase as we transition into the green phase. Communications to families is always a priority to us. When the pandemic started, we were providing communication to families on a weekly basis. As things settled down and were more consistent, communication to families was less often but still consistent. This may have been a factor in the decrease, but it is still good at 93%.

Wait times for residents and lack of independence affects residents not being able to go on the spur of the moment. Residents having to wait for a staff member to take them somewhere is the feedback we are receiving. Having students, increasing activities, implementing more volunteers and going into the green phase will hopefully improve this area.

## 2. Therapeutic Recreation & Volunteers

Even though vaccinations are on the rise, and COVID still present in the community, the visitation restrictions are still ongoing. The Activity Coordinators have been doing an excellent job balancing the screening, and virtual connectivity with families, along with create and implementing new and fun programs for the residents. Lots of focus on getting the residents up and moving with interactive exercises, moving, and grooving dance parties and we welcome Colleen Jesso back who facilitates our biweekly Zumba class!

In this quarter visitation went from 1 visit per week to 2 visits per week for each resident. The same 2 visitors each visit. We have 170 active Caregivers currently coming into the facility at various times through the week.

The team was able to implement 479 recreation activities for April, May, and June. Our quarter has been busy hosting many student placements. We have 2 NBCC Human Service students with us for 8-week placements. We also welcomed an Occupational Therapist Intern who is completing a 10-week placement. We onboarded 2 summer students through the provincial funding model, as well as a Summer STU intern who will be with us for 16 weeks. Having these partnerships is crucial and provides us with more opportunities to engage the residents in meaningful programs.

Volunteers have continued to be restricted and used strategically, but work has started on what the summer will look like as the restrictions are reduced. Volunteers who have been with us since the onset of the pandemic completing essential services, are still ongoing.

<b>Resident Activities</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<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%			
<b>Residents participating in activities</b> This indicator looks at the number of residents participating in scheduled activities	98%			

### 3. Resident Council

Resident Council completed another 50/50 fundraiser, and the winner was Debbie Barton from our CIRA office. Resident Council fundraised \$250 from this event. Resident council met for the last time in June and made plans to host their summer party in July. They will return to office in September.

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%			
<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%			
<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%			

Above are the new strategic goals for the 2021-22 fiscal year. The orientation training program for interRAI was developed by Janet Simmons before she left her position in June. It has currently been used for one orientation session by one of our new team members but still needs some adjustments. It will be finalized and implemented by September 30<sup>th</sup>.

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 underway. We have been focusing on maintenance, utility, laundry and housekeeping staff. We have been holding monthly sessions and plan to continue in Quarter 2.

Sincerely,

Jamie Roy  
Vice President, Care Services & Quality