



Care Services Committee

Location: York Care Centre (Virtual)

[Care Services Committee Zoom link](#)

Meeting ID: 873 2047 5256 Passcode: 913431

AGENDA April 14, 2022

Item	Description	
1	Call to Order & Introductions	Marjorie Belzile
2	Approval of Previous Minutes January 19, 2022	Marjorie Belzile
3	Declarations of Conflict of Interest	Marjorie Belzile
4	Business Arising 1. Membership 2. List of Acronyms	Marjorie Belzile
5	Care Services Report for Q3 (January 1, 2022 – March 31, 2022) 1. Clinical Care & Quality 2. Therapeutic Recreation & Volunteers 3. Resident Council 4. Progress on Strategic Goals	Jamie Roy
6	Family Advocacy Group Report	Greg Doucet
7	New Business	
8.	Date of Next Meeting: TBD	



**Minutes of meeting
Care Services Committee
Virtual (Zoom)
On January 19, 2022 at 4:00pm**

Present: Marjorie Belzile (Chair), Lyne St. Pierre-Ellis, Marilyn Born, Gary Beattie, Doug Holt, Jim Wolstenholme
Staff: Jamie Roy

1) Call to Order

Ms. Belzile called the meeting to order.

2) Approval of Previous Minutes – October 7, 2021

It was moved by Ms. Born and seconded by Mr. Beattie 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 – Membership

Ms. Belzile has reached out to a dietitian at a LTC home as she believes she will be a good fit for the Care Committee. Ms. St. Pierre-Ellis will also invite Bonnie Hoyt-Hallett to join the Care Committee as a community member.

5) Care Services Report for Q3 (October 1, 2021 – December 31, 2021)

Ms. Roy presented the Q3 Care Services Report, highlighting:

- Due to the rise of positive COVID cases in our schools, school age children are not permitted. Caregivers are still permitted wearing mask and eye wear.
- Focus on vaccinations – 201 residents have received the C-19 booster vaccine. 205 residents have received the influenza high does vaccines. 2 residents have not received any vaccinations.
- YCC requested proof of vaccination from staff by January 20. In Care Services there are 3 staff (1 x LPN & 2 x RAs) who have still not provided proof. A letter of termination of employment has been prepared. Currently encouraging all staff to receive their booster vaccination. Mr. Beattie inquired whether we should make boosters mandatory and Ms. Roy confirmed discussions have started.
- A further 10 staff have received training on the Gentle Persuasive Approach (GPA). To date around 35-40 staff have received training.
- Recruitment – it's been a challenging time to recruit RNs. We have onboarded 6 and 3 RNs have resigned. Ms. Roy confirmed the LPNs will be carrying out the Med passes.
- There are two vacancies in Supportive housing and these are being filled.

- Memory Lane project continues to move forward. Ms. St.Pierre-Ellis recommended that Committee members take the time to visit the Unit to see the progress.
- Ms. Born asked whether we have considered the International Education Nurse program (IEN) to help with the staff shortages and Ms. Roy confirmed that the IEN is being looked at.
- KPIs – Ms. Roy reminded members that the YCC indicators are live but to be mindful they are a year behind. Ms. Roy focused on Falls Within the last 30 days and share that purposeful rounding does not work in people with Dementia. 33% of the Q3 total were falls from low beds and the definition of a fall is going from one level to another. Ms. Roy confirmed YCC does not use full bed rails. Ms. Roy will be reviewing the severity of falls and discuss at next quarter.
- Restraint Use – in Q3 reduced to 13%.
- Ms. Roy explained the Experienced Worsened Pain has risen due to a coding issue that is being addressed.
- The committee requested a list of acronyms to be circulated with the next Committee package.
- Ms. Belzile asked what YCC is doing for masking and Ms. Roy confirmed the Senior Leadership Team are meeting tomorrow to discuss a plan. Ms. Roy confirmed there are 12 staff who have been exposed. 4 staff have returned to work and currently 8 are out – including 3 new cases as of today. This is due to community spread. No positive residents have no symptoms.
- Ms. Roy referenced the ITACIT training module and confirmed the module will be completed and will need to be put in Itacit in Q4 and fully implemented in April 2022.
- All The Right Moves (ATRM) training is ongoing with a goal to have all support services staff trained before training commences for Care Services.

6) Family Advocacy Group Report

Deferred. To be followed up by email.

7) New Business:

No New Business to report.

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

Marjorie Belzile, Chair

Caroline Marygold, Minutes



REPORT TO THE CARE SERVICES COMMITTEE

**January 1st-March 31st, 2022
Quarter 4 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

The battle continues with Covid-19 at York Care Centre in Quarter 4, with a significant rise in cases in the community due to easing of restrictions. Many of our staff got Covid during this quarter, which has put a significant strain on our staffing levels. Staffing has been very challenging throughout this quarter and required us to come up with a plan to solve this issue to ensure our residents receive adequate care. We did ease some restrictions for visitation as proof of vaccination was no longer required and general visitation resumed with guidelines. In March, mandatory masking was lifted in the community which led to a rise in caregiver/visitor exposures to individual residents and staff exposures to units. Staff, residents and caregivers did an amazing job at keeping the virus out of the facility, but we did have two residents test positive this quarter. Public Health also changed the guidelines on managing facility cases which made it better for our residents' quality of life.

Here are some important highlights from Quarter 4:

- The Government of NB announced that proof of vaccination was no longer required and dropped the mandatory masking order in the community. They continued to maintain that all employees must be "fully" vaccinated to work in LTC.
- Social Development required that we maintain continuous masking within the facility, but loosened restrictions on visitation.
- We delayed admissions in January/February due to the staffing issues, to alleviate some of the pressures. We began filling all the beds in March. There was a total of 22 admissions and 18 discharges.
- We currently have 205 residents that have had the booster (3rd dose), 5 residents who have had two doses and 2 residents who have no doses. We are continuing to offer it to those who have been 5 months since their last dose.
- Hawkins House had 2 staff exposures of Covid, but we have not had any tenants test positive for Covid. There have been 3 admissions.
- Attendance Support Program – we have met with approx. 15 staff members in Quarter 4.
- We organized an internal RA program with 7 participants doing preceptorship at the end of March. We have also sought assistance from Social Development to assist with the staffing shortage, which has been successful.
- Memory Lane Project highlights – all the 'major' wall murals are complete; the café is nearly complete which will allow intimate social gatherings and access to a library. Hallway & resident door colors were updated.

Key Performance Indicators

Safety	Q1		Q2		Q3		Q4	
	N	D	N	D	N	D	N	D
Falls within the last 30 days 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	50	205	35	190
	21%		28%		24%		18%	
Worsened pressure ulcer 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	13	205	9	189
	6%		4%		3%		4%	
Appropriateness & Effectiveness	Q1		Q2		Q3		Q4	
Restraint use 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	27	203	27	189
	13%		14%		13%		14%	
Potentially inappropriate use of anti-psychotics This indicator looks at how many residents are taking antipsychotic drugs without a diagnosis of psychosis	21	105	18	98	14	104	18	100
	20%		18%		13%		18%	
Health Status	Q1		Q2		Q3		Q4	
Improved physical functioning This indicator looks at the number of residents who improved or remained independent in transferring and locomotion	29	136	26	126	25	122	29	108
	21%		21%		20%		26%	
Worsened depressive mood This indicator looks at the number of residents whose mood from symptoms of depression worsened	58	207	46	197	50	203	44	190
	28%		23%		24%		23%	
Experienced worsened pain This indicator looks at how many residents had worsened pain	39	199	28	190	34	198	23	184
	19.5%		15%		17%		12%	

York Care Centre indicators are now live on [Your Health System | CIHI](#). Please remember that there is a one-year lag in the results.

After reviewing Q3 indicators, we focused on *experienced worsened pain & worsened depressive mood*, going into Q4.

- The national average for worsened pain is 10.2% which indicates we are slightly above the average, but the quality indicator has improved by 5%. When we looked at this indicator a little closer, it was noted that we had many admissions & discharges within the quarter which could have affected this indicator. We have also worked on how we are coding this QI which also has made a difference.
- The national average for worsened depressive mood is 21.4% which also indicates that we are slightly above the average. An Itacit module is being created around mood & behavior to address some of the coding concerns that we noticed when reviewing the data.

We saw a rise in *inappropriate use of antipsychotics and improved physical functioning* which may also be due to the high number of admissions & discharges in Quarter 4.

Q4 Pulse Survey - Voice of the Residents:

For the Quarter 3 survey, we partnered with Seniors Quality of Life Initiative (SQLI) and the University of Waterloo and asked the residents to participate in the Quality-of-Life Survey. We surveyed 53 residents and 12 organizations participated. Here are few highlights:

- Staff Responsiveness – average, ranked 2nd, improvement from previous survey (2019)
- Personal Control – average, ranked 3rd, improvement from previous survey
- Social Life – above average, ranked 3rd, declined from previous survey
- Food – below average, ranked 6th, slight decline from previous survey
- Caring Staff – above average, ranked 2nd, slight improvement from previous survey

Voice of Resident (% of residents that rated a question at three hearts or better)	Q1	Q2	Q3	Q4
My privacy is respected when people care for me.	94%	97%	n/a	96%
I enjoy mealtimes.	93%	90%	n/a	92%
I feel safe when I am alone.	98%	92%	n/a	94%
I can go where I want on the spur of the moment.	77%	90%	n/a	88%
I am treated with respect by staff.	100%	100%	n/a	98%
I get the health services I need.	96%	95%	n/a	92%
I participate in meaningful activities.	81%	81%	n/a	80%
It is easy to make friends here.	91%	97%	n/a	96%
Overall, how would you rate YCC as a place to live?	100%	100%	n/a	98%

Q4 Pulse Survey - Voice of the Family:

We do not have the results of the Quality-of-Life survey for families that was done in Quarter 3 with the University of Waterloo and interRAI. I will report the results once I have the information. Below are the results from our internal survey.

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	n/a	100%
How would you rate the level of social engagement and activities for your loved one?	80%	n/a	n/a	82%
How would you rate facility cleanliness?	98%	n/a	n/a	100%
How would you rate the professionalism of employees?	98%	n/a	n/a	98%
How would you rate the friendliness of employees?	98%	n/a	n/a	100%
Overall, how would you rate our responsiveness to concerns?	97%	n/a	n/a	94%
How would you rate our communications to you?	93%	n/a	n/a	96%
Overall, how would you rate York Care Centre as a place to live?	95%	n/a	n/a	100%

2. Therapeutic Recreation & Volunteers

In Quarter 4, visitation was restricted to caregivers only for January & February, and in March we opened to any 2 visitors when GNB announced the loosening of restrictions. Due to the high number of cases among school-aged children; they were not permitted in the facility and only 2 visitors were permitted at a time to ease into opening things up. We also no longer requiring visitors to show proof of vaccination.

324 activities have taken place this quarter. We experienced some staff sick time this quarter which would affect the number of activities we would be able to offer. We welcomed four (4) COOP students from Leo Hayes High School and Fredericton High School in February. Three (3) are working directly with the recreation team and one is working within the dietary department.

We received confirmation on funding for a Summer STU Intern to join us in May; interviews have been completed, and the successful candidate is Rebecca Pippy. We also received confirmation we will be able to hire 2 summer students within recreation as well.

We have onboarded 2 new volunteers, 1 for COVID screening and 1 for Recreation activities in Dixon.

Resident Activities	Q1	Q2	Q3	Q4
Number of available resident activities This indicator looks at the number of activities made available compared to the goal of 450 for the quarter	106%	88%	86%	72%
Residents participating in activities This indicator looks at the number of residents participating in scheduled activities	98%	98%	95%	94%

3. Resident Council

Resident Council met separately within their units, due to covid restrictions. They are planning to do a raffle fundraiser in April if COVID permits. Resident Council submitted notice that they would no longer be supporting Andres in Columbia. He is of age, and no longer going to school. They would like to focus their efforts locally and internal to YCC.

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

4. Progress on Strategic Goals

Care Pillar	Q1	Q2	Q3	Q4
Develop & implement interRAI orientation training program By Sept 30 th , interRAI orientation training program fully implemented	75%	100%	100%	100%
Develop & implement ITACIT training module based on LTCF assessment improvements By March 31 st , 90% of care staff will have completed the new ITACIT training module.	0%	0%	20%	50%
Deliver All The Right Moves training to support staff By Sept 30 th , 95% of support staff will be trained.	63%	76%	80%	80%

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 has been created by the Clinical Assessment & Informatics Specialists and is ready to be put into Itacit for staff to complete. They are going to focus on the Mood & Behavior section of the LTCF, which will hopefully address some of the coding issues around the worsened depressive mood indicator.

ATRM training for support services was put on hold in Quarter 4 due to staffing issues in all departments. Covid cases among staff made it difficult to organize sessions. The care services department will receive the training once the theory portion is available on Itacit.

Sincerely,

Jamie Roy
 Vice President, Care Services & Quality

York Care Centre

Acronyms

ADL	Activities of Daily Living
CCRS	Continuing Care Reporting System
CFHI	Canadian Foundation for Healthcare Improvement
CIHI	Canadian Institute for Health Information
CIRA	Centre for Innovation and Research in Aging
CMI	Case Mix Index
CQI	Continuous Quality Indicators
DSD	Department of Social Development
LO	Liaison Officer
LPN	Licensed Practical Nurse
LTCF	Long Term Care Facility
MDS	Minimum Data Set
NBANH	New Brunswick Association of Nursing Homes
NBHRF	New Brunswick Health Research Foundation
NHS	Nursing Home Services
PAC	Professional Advisory Committee
POA	Power of Attorney
QoL	Quality of Life
RAI	Resident Assessment Instrument
RA	Resident Attendant
RUG	Resources Utilization Group
RN	Registered Nurse
SEP	Single Entry Point
SQLI	Seniors Quality Leap Initiative

YCF	York Care Foundation Inc
YCP	York County Properties
YDI	York Developments Inc.
YCC	York Care Centre Inc.
ATRM	All The Right Moves
GPA	Gentle Persuasive Approach

Research terms:

REC – Research and Ethics Committee

REB – Research and Ethics Board

VR – Virtual Reality

RCT – Randomized Controlled Trial

PIM – Potentially Inappropriate Medication

Organizations:

CI- CanImmunize

CABHI – Canadian Association of Brain Health + Innovation

MEKTU – Monitoring, Evaluation, and Knowledge Transfer Unit

NB-IRDT – New Brunswick Institute of Research, Data, and Training

CFN – Canadian Frailty Network

CAG – Canadian Association on Gerontology

ITACIT – An employee communication software program to manage performance appraisal, external recruitment and education