



Care Services Committee

Location: York Care Centre (Virtual)

[Care Services Committee Zoom Link](#)

Meeting ID: 892 7138 4649 Passcode: 930007

AGENDA January 19, 2022

Item	Description	
1	Call to Order & Introductions	Marjorie Belzile
2	Approval of Previous Minutes October 7, 2021	Marjorie Belzile
3	Declarations of Conflict of Interest	Marjorie Belzile
4	Business Arising Membership	Marjorie Belzile
5	<p>Care Services Report for Q3 (October 1, 2021 – December 31, 2021)</p> <ol style="list-style-type: none"> 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: April 14, 2022	



**Minutes of meeting
Care Services Committee
Virtual (Zoom)
On October 7, 2021 at 4:00pm**

Present: Marjorie Belzile (Chair), Lyne St. Pierre-Ellis, Marilyn Born, Gary Beattie, Tony Weeks, Greg Doucet
Staff: Jamie Roy

1) Call to Order

Ms. Belzile called the meeting to order and welcomed Ms. Roy.

2) Approval of Previous Minutes – April 15, 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

No business arising

5) Care Services Report for Q2 (July 1, 2021 – September 30, 2021)

Ms. Roy presented the Q2 Care Services Report, highlighting:

- New positions in Care Services include, Jason Robin - Infection Control, Admissions, Education and Tamsen Arnold – Director of Aging Care and Lifestyle Living.
- Vaccinations – 99% residents are vaccinated. 94% are fully vaccinated. Mr. Week confirmed the COVID-19 policy has been changed to reflect the November 19 deadline. Staff who are not vaccinated by November 19 will be given two weeks to provide proof of vaccine. Between now November 19, staff are required to do testing.
- OH (Our Health) by Currant Care – selected 50 individuals across Canada to wear a wrist band for 4 weeks collecting data on handwashing hygiene.
- Memory Lane – Mural Phase 2 is now complete. The unit renovations are going well.
- KPI – The assessments are triggered. Ms. Roy focused on two QI's to focus on in Q1 – inappropriate use of anti-psychotics and Falls within the last 30 days, focusing on coding and was able to decrease the anti-psychotics by 2% in Q2 and Worsened depressive mood was also reduced by 5%, Experienced. Q3 focus is on Falls within the last 30 days, and Restraint Use.

- Mr. Weeks noted that he did look back to the 2014 Use of Anti-psychotics and the average was around 35%. Therefore, there has been significant improvement and the indicators have been sustained around 20%. Mr. Weeks also reminded the Committee that Indicators will be made public in December 2021. NB was the leader in switching over to the InterRAI Assessment. Mr. Weeks will bring back the full data to the Board of Directors.
- Mr. Weeks confirmed the data on the indicators that is reported to the Committee are the more important than the indicators that are going public facing. All the public facing data allows us to do is benchmark against others and the risk adjustment plays a role. YCC reporting will become more precise.
- Ms. Roy confirmed the regular Pulse Survey to residents was launched with a focus on a meals. Several indicators suggest areas for improvement and as a result Ms. Roy will be consulting with Michel Boyer and Lynne Morrison to develop ideas to address the feedback such as food tasting sessions. The Survey will run again in Q4. Ms. Roy will continue to keep the Committee updated as this is an important area to focus on. Resident activities is another area that will be focused on in the future.
- Ms. Roy confirmed there are 180 active caregivers and another program will run very soon. The activities were slightly lower than the last quarter due to vacation etc. Large group activities were postponed after a short run due to COVID.
- Ms. Roy shared an update on the strategic goals and confirmed InterRAI orientation program is now complete. In October, Ms Roy plans to check in with InterRAI coordinator to identify gaps and to develop a new module to launch in the new year. More information to follow.
- All The Right Moves – focus on support services and Care staff.

6) **Family Advocacy Group Report**

Deferred. To be followed up by email.

7) **New Business:**

Ms. Belzille raised membership and reference the Terms of Reference. Ms Belzille asked for clarification on number of members and Mr. Beattie confirmed there is no set number.

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

Marjorie Belzile, Chair

Caroline Marygold, Minutes



REPORT TO THE CARE SERVICES COMMITTEE

**October 1st-December 31st, 2021
Quarter 3 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

York Care Centre continues to navigate Covid-19 in Quarter 3, as cases rise in our schools and in the community. The Omicron variant made its arrival in mid-late December and we had to put some restrictions on visitation (Designated Caregivers only since Dec 31st). We had two staff members test positive for Covid-19, but thankfully, with the great efforts of all staff, designated caregivers, and visitors, we have not had a resident get Covid-19 this quarter. At the end of December, it has become evident that the virus is spreading rapidly in our communities so we are continuing to assess the situation on a regular basis and implement measures to mitigate risk if necessary to maintain the health and safety of our residents and staff.

This fall, our Infection Control Nurse focused on giving the residents their influenza vaccine and their booster (3rd dose) for Covid-19 as many of them had their 2nd dose back in February. It was a very busy time, but we were very successful in our efforts.

Here are some important highlights from Quarter 3:

- As a follow up from Quarter 2, the Government of NB had put a directive in place that all employees must show proof of vaccination or require regular testing. The government also indicated that if staff did not show proof of vaccination by Friday, November 19th, they would be put on a two week leave of absence. Our Senior Leadership Team was very supportive of this and a lot of effort was given to this strategy to assist staff in getting the vaccine and ensuring staff were doing regular testing in October and November. On November 19th, we had 3 care staff employees who did not provide proof of vaccination and were put on leave.
- We currently have 201 residents that have had the booster and we are continuing to offer it to those who have been 5 months since their last dose. We also have 205 residents that received the influenza vaccine, with the majority of residents over 65 years receiving the High-dose Flu vaccine.
- We offered the Gentle Persuasive Approach (GPA) course to 10 staff members in December, which focuses on approaches in Dementia Care.
- Dr. Irrinki has resumed the role of Medical Advisor for our facility.
- Tamsen Arnold, Director of Aging Care & Lifestyle Living and myself are assuming the Supportive Housing portfolio and have spent this quarter learning about Hawkin's House and the operational requirements for assisted living. There has been 3 discharges and 1 admission in Q3.
- Care Services has also begun to manage the Attendance Support Program and I have met with approximately 35 staff members in Quarter 3.
- We focused on hiring more care staff, especially RNs, but we have found it challenging during the pandemic. With the pending RN strike in November/December this also may have been a factor.
- The Memory Lane Project continues with a new rink scene almost complete, some fresh paint in the halls and a spa-like atmosphere for bathing.

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		
	21%		28%		24%			
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		
	6%		4%		3%			
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		
	13%		14%		13%			
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		
	20%		18%		13%			
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		
	21%		21%		20%			
Worsened depressive mood This indicator looks at the number of residents whose mood from symptoms of depression worsened	58	207	46	197	50	203		
	28%		23%		24%			
Experienced worsened pain This indicator looks at how many residents had worsened pain	39	199	28	190	34	198		
	19.5%		15%		17%			

York Care Centre indicators are now live on www.yourhealthsystem.ca. Please remember that there is a one-year lag in the results.

After reviewing Q2 indicators, we focused on *falls within the last 30 days* and *restraint use* going into Q3.

- The national average for falls is 16.7% which indicates we are above the average. When we looked at this indicator a little closer, it was noted that 89% of the residents who fell have advanced dementia or a cognitive deficit and 33% of the falls were from bed.
- The national average for restraint use is 5.6% which also indicates that we are above the average. We noted that 60% of our restraint use is on our advanced dementia unit. Interestingly, 56% of those residents who have a restraint were also identified as having a fall, which seems contradicting. The majority of these falls were from bed, so the resident would not be wearing a restraint.

The work we did in Q2 in regards to antipsychotic use is quite significant as we were able to decrease it by 7%. Worsened depressive mood has remained relatively stable since last quarter.

The two quality indicators we plan to focus on in Q4 is *experienced worsened pain & worsened depressive mood*. At the next Care Services Committee, I'll report more on these indicators.

Q2 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 51 residents and we will receive the results in late January so I will report these in Quarter 4. Food Services is currently putting a plan together to address the survey from Q2 and will report more details in the Q4 report.

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

The cutlery and dining aids that I am given help me to manage everything on my plate.	n/a	100%	n/a	
The main meals are served at times that are good for me.	n/a	100%	n/a	
I like the décor and paint colors in the dining room.	n/a	88%	n/a	

Q2 Pulse Survey - Voice of the Family:

This quarter, we again partnered with the University of Waterloo and interRAI and asked families to participate in a Quality of Life survey to capture the perspective from a family member in regards to quality of life in long term care. This survey does not close until January 15th, so I will report on this survey after the next quarter.

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

2. Therapeutic Recreation & Volunteers

In this quarter, visitation remained any two visitors, and 2 designated caregivers. Restrictions were put in place that no school aged children (K to 12) would be permitted into the building. This has remained in effect, and most recently in December, further restrictions were implemented to only caregivers due to the rise in COVID-19 cases. We continue to have approximately 180+ caregivers and recently offered a caregiver session just prior to Christmas.

388 Activities have taken place this quarter. We welcomed 1 cooperative education student, who will be with us until mid January.

Partnership with Prospect Dooly's with Adopt a Senior took place. An overwhelming support from the Fredericton Community saw all 218 residents receive a Christmas gift. This was spear headed by Emma Greer Manager of Dooly's Prospect. This is an initiative she worked on while out west, and something she wished to continue here in Fredericton.

We have onboarded 3 new volunteers, 2 of which are for COVID screening for visitation and 1 who will be assisting with regular activities on the unit.

Quarter 3 numbers are down slightly, this was due to staffing shortage and having to cancel certain activities due to COVID restrictions.

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%	
Residents participating in activities This indicator looks at the number of residents participating in scheduled activities	98%	98%	95%	

3. Resident Council

Resident Council held two 50/50 raffles this quarter, one for the fall season and one for Christmas season. They also held their Christmas Social in December. They shared in good stories while enjoying Chinese food and Christmas games.

Members: Tracey Mitchell (President), Ellen Saunders-Aube (Vice Pres), Suzette Facini, Linda Bird, Isabel Kinch, Gloria Murray, Sheila Jordan, Natalie Henderson, Laurie Crockett., NEW Member: 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%	
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%	
Deliver All The Right Moves training to support staff By Sept 30 th , 95% of support staff will be trained.	63%	76%	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 was determined by the Clinical Assessment & Informatics Specialists in November. They are going to focus on the Mood & Behavior section of the LTCF. They are working on putting the module together so that it can be implemented for staff in February 2022.

ATRM training for support services is still ongoing. We were still not able to reach our goal of 95% but we are continuing to offer courses on a monthly basis. We plan to continue this in Quarter 4. The care services department will receive the training once the theory portion is available on Itacit.

Sincerely,

Jamie Roy
 Vice President, Care Services & Quality