



Care Services Committee

Location: York Care Centre Boardroom

AGENDA

November 10, 2022 @ 4:00 pm

Item	Description	
1	Call to Order & Introductions	Marjorie Belzile
2	Approval of Previous Minutes September 15, 2022	Marjorie Belzile
3	Declarations of Conflict of Interest	Marjorie Belzile
4	Business Arising <ol style="list-style-type: none"> 1. Unvaccinated employees' grievance 2. NB Seniors Advocate report 	Gerri Geldart Gerri Geldart
5	Care Services Report for Q2 (July 1, 2022 – September 30, 2022) <ol style="list-style-type: none"> 1. Clinical Care & Quality 2. Key performance indicators 3. Progress on Strategic Goals 	Jamie Roy
6	Family Advocacy Group Report	Greg Doucet
7	New Business <ol style="list-style-type: none"> 1. Terms of Reference 2. Nursing Home without walls 	Marjorie Belzile Gerri Geldart
8.	Date of Next Meeting Thursday January 19, 2023	

Committee Members: Marjorie Belzile (Chair), Lyne St-Pierre-Ellis, Marilyn Born, Gary Beattie, Greg Doucet, Doug Holt, Bonnie Hoyt-Hallett, (community member), Andrea Seymour, Gerri Geldart (ex-officio)

Staff: Jamie Roy



**Minutes of meeting
Care Services Committee
On September 15, 2022 at 4:00pm**

Present: Marjorie Belzile (Chair), Lyne St. Pierre-Ellis, Marilyn Born, (VC), Gary Beattie, Greg Doucet, Doug Holt, Geri Geldart, Bonnie Hoyt-Hallett

Absent: Andrea Seymour

Staff: Jamie Roy

1. Call to Order & Introductions

Ms. Belzile called the meeting to order at 4:00pm. A roundtable of introductions was completed.

2. Approval of Previous Minutes – April 14, 2022

Motion:

It was moved by G. Beattie seconded by M. Born 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 interest.

4. Business Arising From the Minutes

4.1. Introduction of New Members

New members were welcomed. G. Geldart explained new community member Kelly Clark will not join the committee until January due to a conflict in her schedule.

4.2 Unvaccinated Employees

G. Geldart reported at the previous meeting there were six unvaccinated employees who were terminated as a result of a directive from Social Development regarding COVID vaccinations. Grievance settlements were proposed to the employees with only one employee accepting the offer. The remaining five grievances have been referred to arbitration.

5. Care Services Report for Q1 (April 1, - June 30th, 2022)

5.1. Clinical Care & Quality

Jamie Roy, VP of Clinical Care and Quality Services presented the report for Q1. The report was included in the meeting package.

Highlights included:

- Q1 has been challenging due to COVID affecting both staff and residents.
- In the month of June there were 189 residents who received their covid vaccine.
- Busy quarter with a total of 26 admissions and 26 discharges.
- Hawkins House had one Covid outbreak, with 15 tenants affected. There was one admission and four discharges.
- Memory Lane project is in its final stages with a recognition event planned for October.

- Attendance Support Program – met with approximately 34 staff members in Quarter 1. G. Geldart reported the average sick time is very high and is currently 20 days per FTE (annualized).
- In quarter 1, visitation was restricted up until June, as the community cases declined, visitor restrictions were lifted and a reopening plan allowing visitors was introduced. This began with group activities and community events being held.

5.2. Key Performance Indicators:

J. Roy reported new indicators have been included in the Q1 report. The committee discussed the indicator regarding “Potentially Inappropriate Use of Anti-Psychotics”. This indicator has increased since last years numbers of 18% and is currently at 23%. Ms. Roy explained the indicator includes only residents who are on anti-psychotic medications (not all residents in the facility). Many residents who are admitted directly from hospital are on anti-psychotic medication and it takes time to adjust / wean these medications. There were many new admissions this quarter which could explain the higher percentage of residents on potentially inappropriate medication regimes.

Ms. Roy explained the Seniors Quality Leap Initiative (SQLI) reviews the trend for anti-psychotic usage. An article was displayed showing the trends from Q12020 to Q42021. Concern was expressed that the information available from CIHI is two years behind. YCC has access to current data and this information is reported regularly to the Care Committee.

G. Geldart indicated that the Nursing Home Association of New Brunswick (NBNH) has responded publicly to this information through recent media reports. Ms. Roy reported CIRA is leading a research project involving a network of nursing homes who are using the Medication Review app. Project results will be available in the new year. We hope to see if the use of the app results in fewer inappropriate medication regimes.

The committee requested previous quarter results be made available for comparison. G. Geldart will ensure that future reports include at least four quarters if available.

There were no surveys conducted in this quarter.

5.3. Therapeutic Recreation & Volunteers

Ms. Roy reported there 346 activities were held during this quarter. In late May, YCC started to introduce large communal activities, and in June hosted a Carnival for all the residents in our Friendship Centre. Five new volunteers were onboarded who assisted the recreation department in various capacities such as accessible bike, van driver, exercise facilitator, arts & crafts and friendly visitors.

5.4. Resident Council

Resident council met in May and June. Discussion was held around the need for accessible side walks and having benches available along the fire road. Both of these requests have been completed. Council was able to host another successful 50/50 fundraiser.

5.5. Progress on Strategic Goals

Ms. Roy reported that additional goals have been added which are reflective of the work of the organization. All goals that were due in quarter 1 have been completed.

6. Family Advocacy Report

Greg Doucet, Chair of the Family Advocacy Committee, reported the committee met in July and August. The following items were discussed and brought forward to the committee for consideration.

- Return of Church services – this is a high priority with residents and families.
- New family orientation package – some families have not received them. Suggestion was to have this available on the YCC family portal.
- Website information needs to be updated regarding the Family Advocacy Council including minutes and who to contact.
- Challenges with silverware, Styrofoam cups and straws.
- Refrigerator in Tower 1 has been under repair for over a month.
- The availability of staff on units and lack of response to call bells.
- The need for Free wifi for residents and families.

Mr. Doucet spoke on the high regard that families have for the staff who care for the residents at YCC. The staff continuously go above and beyond and this does not go unnoticed. He spoke on the committee organizing a staff appreciation day in the near future.

7. New Business

7.1. NB Seniors Advocate Report – Summary of Recommendations

Ms. Geldart provided a review of the recommendations within the New Brunswick Seniors Advocate report. She also shared the implications these recommendations might have on YCC.

The committee members discussed developing a formal response to these recommendations to show that York Care Centre takes these recommendations seriously. G. Geldart advised the wording may require modification if the report is to be shared externally. The committee brought forth the following motion to be presented at the next board meeting. Ms. Geldart will present the report to the Board of Directors.

Motion:

It was moved by D. Holt, seconded by G. Doucet that:

The Care Services Committee recommend to the Board of Directors of York Care Center that the report responding to the NB Senior Advocate Investigative Review be formally communicated to the NB Senior Advocate and to the Department of Social Development.

All in Favor

Motion Carried

The report also contained a copy of the Incident Reporting policy which addresses the process for reporting major incidents internally and to Social Development. YCC's approach to addressing aggressive behaviors is part of the "Gentle Persuasive Approach" model of care.

7.2. Other Business

- Community board member Bonnie Hoyt-Hallet shared information from Nova Scotia regarding an innovative wheelchair that supports individuals and assists with standing. Ms. Hoyt-Hallett will forward this information to Ms. Roy.
- M. Belzile provided handouts on how antipsychotic medications are used to help people with dementia, a guide for residents, family and caregivers. G. Doucet requested extra copies for his next Family Advocacy meeting.

- The Committee terms of reference will be reviewed at the next meeting, they will be circulated electronically prior to the next meeting.

8. Date of next meeting

The next meeting will take place on November 10, 2022 @ 4:00 pm.

Meeting was adjourned at 5:48 pm. on a motion by G. Beatty

Marjorie Belzile, Chair

Susan Dickie , Minutes

DRAFT



REPORT TO THE CARE SERVICES COMMITTEE

July 1st – September 30th, 2022
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
Adult Day Program
Hawkins House
Operational Goals

1. Clinical Care & Quality

In Quarter 2 we focused on rebuilding & re-instating programs within our activities department and reopening of the Adult Day Program. We continued to have covid outbreaks on both Tower 1 and Birch Grove but they were not as significant as the previous quarter. Staff illness due to Covid was ongoing throughout the summer. We had a significant number of staff enter bridging programs (PSW to LPN or LPN to RN) at the end of August, which was more than expected, so this led to staffing shortages in September.

Here are some important highlights from Quarter 2:

- We had our annual inspection in June 2022, with 16 areas of non-compliance. We developed our action plan and submitted this in July.
- We had more covid outbreaks in August and September, with a total of 19 residents becoming infected with the virus and 0 deaths due to covid.
- We have a total of 200 residents who are considered “fully vaccinated” against covid.
- There was a total of 16 admissions and 13 discharges in long term care.
- There was a total of 5 admissions and 8 vacancies in Hawkins House and 2 admissions and 2 vacancies in our independent apartments.
- We restarted the Junior Volunteer program and recruited 8 new volunteers.
- A total of three outside summer concerts were held on our property, which were a huge success.
- We re-opened our Adult Day Program and hired Candance Purcell as our Community Outreach Coordinator to oversee the program.
- Attendance Support Program – we have met with approx. 40 staff members in Quarter 2.
- Memory Lane Project highlights – stencils completed and room numbers painted on bedroom doors, table purchased for the café, the dining room was painted and wall protection applied, the Genie in a phone booth style arrived and training for families and staff is under way. The Memory Lane Recognition event planning had started in hopes to have the event in Oct/Nov.

Key Performance Indicators

	Q3 21/22		Q4 21/22		Q1 22/23		Q2 22/23	
	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	50	205	35	190	40	196	48	208
	24%		18%		20%		23%	
Newly occurring pressure ulcer This indicator looks at the number of residents who have developed a new pressure ulcer	9	187	9	186	6	182	14	197
	4%		4%		3%		7%	
Worsened pressure ulcer This indicator looks at the number of residents whose stage 2 to 4 pressure ulcer had worsened since the previous assessment	13	205	9	189	7	193	15	206
	3%		4%		3%		7%	
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	27	203	27	189	24	194	31	206
	13%		14%		12%		15%	
Potentially inappropriate use of anti-psychotics This indicator looks at how many residents are taking antipsychotic drugs without a diagnosis of psychosis	14	104	18	100	28	119	28	135
	13%		18%		23%		20%	
Worsened depressive mood This indicator looks at the number of residents whose mood from symptoms of depression worsened	50	203	44	190	29	196	38	207
	24%		23%		14%		18%	
Experienced pain This indicator looks at the number of residents who express pain on a daily basis and/or describe as severe or excruciating	22	209	21	196	13	196	15	208
	10%		10%		6%		7%	
Experienced worsened pain This indicator looks at how many residents had worsened pain from prior assessment	34	198	23	184	31	189	28	204
	17%		12%		16%		13%	
Behavioral symptoms improved This indicator looks at how many residents have an overall decrease in behavioral symptoms from prior assessment	4	208	4	196	16	194	19	207
	1%		2%		8%		9%	
Behavioral symptoms worsened This indicator looks at how many residents have an overall increase in behavioral symptoms from prior assessment	25	208	24	196	18	193	19	207
	12%		12%		9%		9%	
Transfers to hospital The percent of residents transferred to hospital					5	196	9	214
					3%		4%	
Days in outbreak status The number of days total that each unit was in outbreak								
			8		178		52	
Covid Immunization The percent of residents who are 'fully vaccinated'					193	213	200	216
					91%		93%	

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

The KPI's that we focused on in Quarter 2 were the pain indicators and inappropriate use of antipsychotics.

Pain:

When we analyzed the way we were coding residents who had pain, we identified that there was a coding issue. This also raised questions when comparing ourselves with homes through the Seniors Quality Leap Initiative (SQLI). We have changed the way we are coding, but it will take 2-3 quarters to notice the potential changes through the KPI's. We are also connecting with Canadian Institute of Health Information (CIHI), who developed the questions for LTCF, to answer our questions around the coding of pain.

Anti-psychotics:

Every year, we do a review of all the residents who are triggered under inappropriate use of antipsychotics. Generally, during Q4 and Q1, we have the most admissions to the facility, which may be the reason for the increase of inappropriate use. One of RAI Coordinators is currently working with the physicians to either discontinue or decrease antipsychotic use with individuals or ensuring that they have the appropriate diagnosis. Through our findings, we also noted that some residents are being triggered because they do not have delusions/hallucinations during one quarter, so it appears that they potentially do not need the medication, but then the next quarter they may not trigger the KPI because they have had delusions/hallucinations. We continue to do quarterly medication reviews with the physicians, pharmacy and nurses on each resident, which involves reviewing the use of antipsychotics.

Focus for Next Quarter:

In Quarter 3, we will continue to focus on inappropriate use of antipsychotics, but we did notice an increase in newly occurring pressure ulcers and worsened pressure ulcers so that will be our main focus. One of our RAI Coordinators is also working on creating an education module on how to use the Falls Tracking and Infections Tracking in Momentum so that we will be able to track more closely falls with injuries and different types of infections.

Q2 Pulse Survey - Voice of the Residents:

Survey not done this quarter.

Q2 Pulse Survey - Voice of the Family:

Survey not done this quarter.

2. Therapeutic Recreation & Volunteers

483 activities have taken place in Quarter 2. Still a good number even though a couple of units were in outbreak and programming was reduced.

Outings started up, picnic to Mactaquac and Marysville Heritage Centre, ice cream drives to JPM's, Country Pumpkin. We hosted our Summer Concert events, with an additional one in September with Elvis. All were well attended even though some units were in outbreak.

We had a successful Junior Volunteer program, where we had, on average, 12 Junior Volunteers throughout the summer. We did have an additional 4 students inquire, but did not commit to onboarding. We hosted a farewell luncheon for them and gift bags handed out in August. We also said farewell to our summer students, and also welcomed back one of them as an intern through St Thomas University. Their internship will run from September to December with 15 hours per week and will be working directly on Tower 2.

We also welcomed 1 co-op student, who is completing their placement in Dixon Recreation.

We successfully onboarded 8 new volunteers. Various capacities, direct activity assistance, Hawkins House Bingo Volunteer etc.

2 Activity Coordinators are participating in a Tai Chi Pilot course, where at the end of the course, they will be trained Tai Chi instructors. This course is being facilitated by Gary Kenyon, who has been our Tai Chi instructor in the past.

We also welcomed 2 new entertainers, 1 large group for afternoons, and 1 individual who will play piano on the direct units during the "down times" of activities. More recruitment is happening. We have been able to increase our volunteer numbers by 13%.

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	78%	92%		
Residents participating in activities This indicator looks at the number of residents participating in scheduled activities	96%	94%		

3. Resident Council

Resident Council hosted their annual summer party in July, which was held in the Friendship Centre. BBQ Chicken and salads were served. Resident Council members enjoyed themselves and each received a flower as a gift. They took August off and had their first official meeting in September. Planned fundraising to begin is a Christmas 50/50 raffle. They will also end their support to Miguel in Columbia, as he has reached the age of 18.

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. Adult Day Program

We currently are operating 3 days per week (Monday, Wednesday & Friday's), we have 11 registered participants. Each client is either attending once per week, or up to 3 times per week. Lots of positive feedback with the families and clients and they are enjoying themselves. Candace has been working extremely hard on networking and getting the ADP name out there. Her days are filling up and we are planning to increase the operational days in the very near future. We also plan to hire the Activity Aide, to allow more time for Candace to recruit and assess new clients.

4. Hawkins House

We have been able to host various recreation activities whether coordinated by staff or volunteers, along with independent engagement. The following programs have been initiated thus far:

- Bored Board (self directed intellectual stimulation games, coloring etc.) easily accessible in the lounge.
- Monthly in house entertainment
- Afternoon exercises every Monday
- Movie nights on Friday
- Twice per month Bingo in the HH dining Room
- Twice per month Hawkins Market
- Twice per month Outings (Shopping, drives, activities)
- Drum Fit
- Access to Communal Activities in the Friendship Centre
- Intergenerational Programming

5. Progress on Operational Goals

All goals, with the exception of making improvements in Dietary Services, are complete for Quarter 2.

Note: Shaded Cell Indicates the Target Date for Completion

Care Pillar	Q1	Q2	Q3	Q4
Improvements in Dietary services to include meal quality, menu options, efficiency and reduce food waste.	Not started	Not started		
To create and implement Bedside Audits to measure quality of care for residents.	Not started	On Track		
To establish a "Cautious Re-opening Plan" respectful of Public Health Guidelines which increases the number of in-person events and activities while managing outbreak risk and resident safety.	Complete			
Participate in NBCCSA product trial of "Vendlet" Resident Positioning technology.	On Track	On Track		
Review Senior's Advocate report to determine if YCC policy changes are required.	On Track	Complete		
Re-open & rebuild Adult Day Program	On Track	Complete		
Re-build the entertainment programs.	Not started	On Track		
Re-build the recreation programs.	On Track	On Track		
Review and enhance "All the Right Moves" training to care services personnel and establish an audit plan – dependent on availability of educational modules from NBCCSA.	Not started	Not started		
Formalize role and activities within the SQLI framework/program	On Track	On Track		
Establish a marketing plan for the Adult Day Program to support recruitment target.	Complete			
Complete the Memory Lane project and hold recognition event.	On Track	On Track		
To review the registered volunteer list and re-build the program.	On Track	On Track		
Restart the Junior Volunteer Program.	On Track	Complete		

Sincerely,

Jamie Roy
Vice President, Care Services & Quality



York Care Center Care & Resident Services Committee

Terms of Reference

AUTHORITY

The Care Services Committee is a standing committee of the Board of Directors established pursuant to the By-Laws (1) of the organization as approved by the Board.

PURPOSE

In general, to assist the Board and President/Chief Executive Officer in ensuring efficient, effective use of all corporation resources in the delivery of resident-centered services to York Care Centre's residents. The Committee will accomplish its mandate by:

1. providing advice, recommendations and/or comments on the development and review of strategic objectives related to the delivery of resident-centered services
2. reviewing/recommending policies designed to support the achievement of objectives adopted by the Board concerning resident care and quality of life
3. receiving and reviewing regular and any adhoc reports, recommending their approval, or other action, to the Board, and monitoring implementation and operation of any approved actions
4. evaluating information and recommendations presented by Management, which could impact policy or organizational structure to ensure optimal resident lifestyles and appropriate levels of care are achieved

STRUCTURE OF THE COMMITTEE

The membership of the Committee is governed by Sections 13 b), 14 a), f), g(3), and g(5) of the By-Laws (June 2011) for York Manor Inc. Similar provisions concerning the membership of this Committee are also found in the By-Laws approved for York Development Inc.

The membership is therefore as follows:

1. The Chairperson as appointed by the Board
2. At least two (2) other board members
3. A representative from the Family Advocacy Group

In addition, if for any reason the Chair or named Board members cannot perform these duties the Board shall appoint other Board members as replacement.

The By-Laws also provide that the Chair of the Committee, with the approval of the Board, may appoint non-members of the Board to the Committee. Further, the By-Laws provide that a non-member shall have the same privileges as a regular Board Member, but only at the Committee level.

FREQUENCY OF MEETINGS

The Committee shall meet at least 4 times per year to review and accept quarterly reports. At the discretion of the Chair of the Care & Resident Services Committee, the committee may also meet for special circumstances.

REPORTING

The Committee is a Standing Committee of the Board and reports directly to the Board of Directors.

NOTE: The Board has adopted By-Laws regulating the affairs for each of York County Properties Inc., York Manor Inc. and York Developments Inc. Section 13 of the By-Laws, dated January 23rd, 2017, for each of these companies provides for the establishments of Standing Committees and specifically the Care Services Committee.