



**Care Services Committee**  
 Location: York Care Centre Boardroom

**AGENDA**  
**January 19, 2023**

**Join Zoom Meeting**  
<https://us02web.zoom.us/j/86029350899?pwd=SXNza1p6ZFdJYjAzKzZqTUtdDbkg3UT09>  
**Meeting ID: 860 2935 0899**  
**Passcode: 761844**

Item	Description	
1	<b>Call to Order &amp; Introductions</b> <ul style="list-style-type: none"> <li>• Introduction of Kelly Clark – new community member</li> </ul>	Marjorie Belzile
2	<b>Approval of Previous Minutes November 10, 2022*</b>	Marjorie Belzile
3	<b>Declarations of Conflict of Interest</b>	Marjorie Belzile
4	<b>Business Arising</b> <ol style="list-style-type: none"> <li>1. Terms of Reference*</li> <li>2. Nursing Home Without Walls*</li> <li>3. Nursing Home License 2023- Modified</li> </ol>	Geri Geldart
5	<b>Care Services Report for Q3 (Oct 1 – Dec 31, 2022)*</b> <ol style="list-style-type: none"> <li>1. Clinical Care &amp; Quality</li> <li>2. Key performance indicators</li> <li>3. Progress on Strategic Goals</li> </ol>	Jamie Roy
6	<b>Family Advocacy Group Report</b>	Geri Geldart
7	<b>New Business</b> <ol style="list-style-type: none"> <li>1. Quality Framework*</li> <li>2. Healthcare Excellence Canada – Advanced Caregiver Project*</li> <li>3. Prioritization of ALC admissions to Nursing Homes*</li> <li>4. Free WiFi for residents – update</li> </ol>	Geri Geldart Jamie Roy Geri Geldart Geri Geldart
8.	<b>Date of Next Meeting</b> Thursday April 20, 2023	

\*denotes attachment



**Minutes of meeting  
Care Services Committee  
On November 10, 2022**

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

**1. Call to Order & Introductions**

Ms. Belzile called the meeting to order at 4:00pm.

**2. Approval of Previous Minutes – September 15, 2022**

**Motion:**

**It was moved by D. Holt seconded by G. Beattie that the minutes of September 15, 2022 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 Unvaccinated Employees**

G. Geldart updated the committee in regards to the six unvaccinated employees who were terminated as a result from a directive from Social Development on covid vaccinations with a claim of wrongful dismissal. The 5 cases are now in the process of arbitration and mediation hearings, with negotiations being discussed regarding compensation for seniority hours lost.

**4.2 NB Seniors Advocate Report**

On a recommendation from the previous meeting, G. Geldart reported a letter has been sent to the NB Youth and Senior Advocate, with a copy to the Minister of Social Development and the NB Nursing Home Association outlining a response to the recommendations contained in the report from the NB Seniors Advocate. These recommendations provided York Care Centre an opportunity to reflect on their current practice to provide better care for residents in the facility.

No response has been received at this time.

**5. Care Services Report for Q2 (July 1, - September 30, 2022)**

Jamie Roy, VP of Clinical Care and Quality Services presented the report for Q2. The report was included in the meeting package.

- Focus on Q2 was on rebuilding and reinstating programs within the activity department and reopening the Adult Day Program. The YCC recruited a Community Outreach Coordinator to oversee the ADP.
- Annual inspection was completed in June 2022, with 16 areas of non-compliance. An action plan was developed and submitted to the Department. J. Roy reported all were approved with the exception of the RN ratios which remain non-compliant. A review is currently being performed. Geri Geldart and Jamie Roy will be meeting with the Liaison Officer and will review the process for calculating compliance.

- There were Covid outbreaks on both Tower 1 and Birch Grove but they were not as significant as last quarter.
- Staff illness due to Covid was ongoing throughout the summer.
- There was a significant number of staff who entered the bridging program (PSW to LPN or LPN to RN) at the end of August, this led to staffing shortages in September.
- A total of 186 residents are considered fully vaccinated against Covid.
- This quarter there was a total of 16 admissions and 13 discharges.
- There was a total of 5 admissions and 8 vacancies in Hawkins House and 2 admissions and 2 vacancies in our independent living apartments.

**Key performance indicators** – presented and reviewed by the committee.

J. Roy reported the key performance indicators which were prioritized for review in quarter 2 were the pain indicators and “inappropriate use of antipsychotics”.

In quarter 3, focus will continue on “inappropriate use of antipsychotics” as well as “newly occurring pressure ulcers” and “worsened pressures ulcers”. J. Roy reported that work is underway to create an education module on tracking of falls and infections in Momentum.

A request was made to have the key performance indicator report show the number from the same time last year, and two of the previous quarters.

#### **Therapeutic Recreation & Volunteers**

- 483 activities have taken place in quarter 2.
- The junior volunteer program was successful in quarter 2. On average there were 12 junior volunteers throughout the summer.
- There were 8 new volunteers onboarded for various activities (direct activity assistance, Hawkins House, Bingo volunteer etc.). The volunteer numbers increased by 13% this quarter.

#### **Resident Council**

Summer BBQ was held in July. Planned fundraising has begun for Christmas 50/50 draw.

#### **Adult Day Program**

The program is currently operating 3 days per week with 11 registered participants. There has been positive feedback from the families and clients. Candace Purcell is working extremely hard on networking and getting the ADP name out to the community. There is a plan to hire an Activity Aid to allow more time for Candace to recruit and assess new clients.

#### **Hawkins House**

There have been a number of successful recreational activities coordinated by staff or volunteers, along with independent engagement.

#### **Operational Goals**

All goals are on track with the exception of improvement in dietary services.

### **6. Family Advocacy Group Report**

Report was not available.

## **7. New Business**

### **7.1 Care Services - Terms of Reference**

The terms of reference were reviewed and edits were suggested. Revisions will be made and forwarded to the governance and audit committee for approval and recommendation to the board.

### **7.2 Nursing Home Without Walls**

Geri Geldart provided information that was received from Social Development of an opportunity for York Care Centre to provide an expression of interest in pursuing the concept of nursing home without walls. She explained the intent is to have service providers deliver innovative and creative strategies that will address community specific needs, using long term care facilities as community hubs to address gaps. At this time there is no funding or commitment requirement, but there is a request for data.

G. Geldart will respond there is an interest but it is expected this will be a slow progression. The committee will be kept up to date on the progress.

## **8. Date of next meeting**

The next meeting will take place on January 19<sup>th</sup>, 2023.

**Adjournment:** The meeting was adjourned at 5:37 pm. on a motion by G. Beattie

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**Marjorie Belzile, Chair**

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**Susan Dickie, Board Coordinator**



## **CARE SERVICES COMMITTEE**

### **Terms of Reference**

#### **Background**

The Care Services Committee is a standing committee established by the Board of Directors in compliance with its corporate bylaws.

#### **Purpose**

The purpose of the Committee is to make recommendations to the Board to ensure efficient, effective use of all corporate resources in the delivery of quality person-centered, tenants and client services to York Care Centre's residents.

#### **Scope**

The Committee will provide recommendations to the development and operation of policies, processes and procedures, which include:

1. Providing advice, recommendations and comments on the development and review of strategic objective srelated to the delivery of person -centered, tenant and client services.
2. Reviewing and recommending policies designed to support the achievement of objectives adopted by theBoard concerning resident care and quality of life.
3. Monitoring, receiving and reviewing reports, recommending their approval, or other action, to the Board, and monitoring reports based on staff reports, implementation and operation of anyapproved actions.
4. Evaluating information and recommendations presented by management to ensure optimal residentlifestyles and appropriate levels of care are achieved.

#### **Structure**

Reporting to the Board, the membership of the committee chair and a minimum of two additional board members, appointed by the Board. The Committee may add community members. The President and CEO and other appropriate members of the senior leadership team attend as non-voting members. Other guests may be invited at the discretion of the committee chair.

All committee members will be appointed for a two-year term, with the option to serve additional terms.

#### **Quorum**

A quorum shall consist of at least 50% of the members.

#### **Meeting Frequency**

The Committee will meet at least four times per year, or at request of the Chair.

Approved: November 28, 2022

# YORK CARE CENTRE PROPOSAL TO ESTABLISH A NURSING HOME WITHOUT WALLS PROGRAM

Submitted to the Department of Social Development

December 2022

## OVERVIEW

York Care Centre is pleased to submit this proposal to establish a "Nursing Home Without Walls Program". York Care Centre has a long history and a strong reputation in the delivery of long-term care services as well as an Adult Day Program for individuals with dementia.

Our objective is to help seniors age in place by making nursing home resources available for eligible individuals. We do not have access to information which would outline the scale or priority of services required in this community. However, we are frequently contacted by seniors and/or family members who are seeking information regarding long term care. Through these conversations we have identified that these families are frequently in need of:

- Caregiver respite
- Accessible tub/shower program
- Transportation
- Social engagement
- Service navigation

## OUR PROPOSAL



Given that absence of a needs assessment for the Fredericton community, *we would propose to introduce a small expansion to our Adult Day Program to include a Community Bathing program.* Many seniors lack the bathroom facilities and assistance appropriate to their needs. Mobility challenges make it difficult for seniors to safely use their home tub/shower facility. This program would operate as a scheduled service, staffed by a home support worker.

We anticipate that seniors who might need this service, may also have transportation challenges. Although there is a transit service in Fredericton for people with mobility challenges, it is frequently unavailable. We are able to provide transportation using our wheelchair accessible van.

## BUDGET

Assumption: The program will be fully funded and no co-payment will be required from the participant.

<b>Community Bathing Program</b>	
Coordination – through Adult Day Program	No additional cost
Home Support Worker 0.8 FTE	31,180
Advertising	1,000
Laundry and Supply Costs	1000
<b>Transportation Service</b>	
Vehicle	No additional charge
License Fees	No additional charge
Insurance	To be determined
Driver – estimate driver will be required two days per week.	\$15,616
Fuel (estimate \$10 per round trip @ 4 trips per week for 48 weeks.	\$1920
<b>Total</b>	<b>\$50,716</b>

## CONCLUSION

We look forward to further dialogue with you regarding the feasibility of this program. Although there are other services which York Care Centre might be able to offer, it is difficult to determine without better needs assessment information as well as an understanding of the funding model for such programs.

If you have questions on this proposal, feel free to contact Geri Geldart at your convenience by email at [Ggeldart@yorkcarecentre.ca](mailto:Ggeldart@yorkcarecentre.ca) or by phone at 506-444-3880 Ext 2507.

Thank you for your consideration,

Geri Geldart

President and CEO, York Care Centre.



# REPORT TO THE CARE SERVICES COMMITTEE

**October 1<sup>st</sup> – December 31<sup>st</sup>, 2022**  
**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  
Adult Day Program  
Hawkins House  
Operational Goals

## 1. Clinical Care & Quality

Quarter 3 was yet another challenging quarter with different viruses circulating within the facility; covid, influenza and RSV (respiratory syncytial virus). We focused on administering flu vaccines as well as another covid booster to our residents and staff. We continued to build on our activity programs, increase the number of clients in our Adult Day program, and offer an in-house Resident Attendant program.

### Here are some important highlights from Quarter 3:

- We had more covid outbreaks in November and December, with a total of 26 residents becoming infected with the virus and 1 death due to covid.
- We had an influenza outbreak in Birch Grove in December, with a total of 7 residents becoming infected with the virus and 1 death due to influenza.
- We also had a few cases of RSV, with the majority of cases being on Tower 2.
- We have a total of 169 residents who are considered “fully vaccinated” against covid. With the outbreaks in November and December many individuals were eligible for the vaccine but were unable to get it due to illness. We currently have 12 residents who have not consented to further covid boosters.
- We have a total of 208 residents who received their influenza vaccine.
- There was a total of 18 admissions and 18 discharges in long term care.
- There was a total of 2 admissions and 1 vacancies in Hawkins House and 1 admissions and 1 vacancies in our independent apartments.
- We held an in-house Resident Attendant program and graduated and hired 8 new employees from the program.
- Attendance Support Program – we have met with approx. 34 staff members in Quarter 3.
- With the assistance of CIRA staff, we were able to conduct 50 Quality-of-Life surveys with our residents and 34 family members filled out the Quality-of-Life survey on-line. Results will be available in Quarter 4.
- We held our first Advanced Caregiver course, with a total of 5 participants. They learned how to be the 2<sup>nd</sup> person when using the lift, porter residents to events, make an unoccupied bed, and distribute facecloths, towels and incontinent products.
- In October, we celebrated the Memory Lane Campaign and held an event which acknowledged and thanked our sponsors. They were given a virtual tour of the unit and a slideshow of “before” and “after” photos.

## Key Performance Indicators

	Q4 21/22		Q1 22/23		Q2 22/23		Q3 22/23	
	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	35	190	40	196	48	208	37	198
	18%		20%		23%		18% (24%)	
<b>Newly occurring pressure ulcer</b> This indicator looks at the number of residents who have developed a new pressure ulcer	9	186	6	182	14	197	5	186
	4%		3%		7%		2% (4%)	
<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	9	189	7	193	15	206	6	198
	4%		3%		7%		3% (3%)	
<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	27	189	24	194	31	206	39	197
	14%		12%		15%		19% (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	18	100	28	119	28	135	21	129
	18%		23%		20%		16% (13%)	
<b>Worsened depressive mood</b> This indicator looks at the number of residents whose mood from symptoms of depression worsened	44	190	29	196	38	207	42	197
	23%		14%		18%		21% (24%)	
<b>Experienced pain</b> This indicator looks at the number of residents who express pain on a daily basis and/or describe as severe or excruciating	21	196	13	196	15	208	10	198
	10%		6%		7%		5% (10%)	
<b>Experienced worsened pain</b> This indicator looks at how many residents had worsened pain from prior assessment	23	184	31	189	28	204	22	197
	12%		16%		13%		11% (17%)	
<b>Behavioral symptoms improved</b> This indicator looks at how many residents have an overall decrease in behavioral symptoms from prior assessment	4	196	16	194	19	207	20	198
	2%		8%		9%		10% (1%)	
<b>Behavioral symptoms worsened</b> This indicator looks at how many residents have an overall increase in behavioral symptoms from prior assessment	24	196	18	193	19	207	24	198
	12%		9%		9%		12% (12%)	
<b>Transfers to hospital</b> The percent of residents transferred to hospital	27	189	5	196	9	214	12	213
	14%		3%		4%		6%	
<b>Days in outbreak status</b> The number of days total that each unit was in outbreak								
			178		52		44	

<b>Covid Immunization</b>			193	213	200	216	169	213
The percent of residents who are 'fully vaccinated'			91%		93%		79%	

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

For Quarter 3, we continued to focus on inappropriate use of antipsychotics. Our LTCF Coordinators continued to work with the physicians to either discontinue or decrease antipsychotic use with individuals or ensuring that they have the appropriate diagnosis. We have seen a steady decline over the last two quarters with a decrease of 7%.

We also noticed an increase in newly occurring pressure ulcers and worsened pressure ulcers in Quarter 2 so we looked into this KPI further. We realized that education was needed for our registered staff so they understood what defines as a pressure ulcer for data collection purposes. After analyzing how we care for wounds, there were some gaps in assessment and documentation that we plan to address in Quarter 4.

Our pain KPI's are slowly improving, but it will take another quarter or two to see if the changes in our coding made a difference.

We also noticed an increase in worsened depressive mood, and based off the assessments done with the LTCF Coordinators, many were related to being on isolation or not being able to have visitors due to outbreaks.

In Quarter 4, Falls Tracking and Infections Tracking in Momentum will be implemented so we will be able to collect data and share at the end of the quarter on falls with injuries and different types of infections. Our restraint use has steadily increased over the year, so we will focus on this indicator in Quarter 4 as well.

**Q3 Pulse Survey - Voice of the Residents:**

Quality of Life Survey was done in December, which was initiated through Seniors Quality Leap Initiative (SQLI) and the University of Waterloo. Members of the CIRA team interviewed 50 residents. Results will be available during Quarter 4.

**Q3 Pulse Survey - Voice of the Family:**

Quality of Life Survey was done in December, which was initiated through Seniors Quality Leap Initiative (SQLI) and the University of Waterloo. Family members could go on-line or do a paper copy of the survey. A total of 34 family members participated. Results will be available during Quarter 4.

## 2. Therapeutic Recreation & Volunteers

458 activities have taken place in Quarter 3. With a couple of units being closed.

We welcomed back our entertainment volunteers in October, which were greeted with open arms. We also welcomed our Pet Therapy Program Volunteers back from River Valley Dog Obedience. Over the past quarter we have initiated several of our pre-covid programs.

We also welcomed a STU Intern for a 16-week placement, along with 1 COOP Student from Leo Hayes High School.

We onboarded 12 new volunteers, 8 of which have continued to stay with us. The other 4, finished in December and moved onto other things, and one of them did not come forward to volunteer after onboarding. Various roles these volunteers are assisting with include: Resident Engagement Volunteer who assists with portering residents to and from events, Friendly Visitors, Adult Day Program, Bingo Facilitator and Exercise Coordinator.

2 Activity Coordinators completed their Tai Chi Pilot Course and successfully offered their first Tai Chi Class in December.

We received several community donations for Christmas presents for our residents. Our primary partnership with Dooly's Prospect St was once again a hit, and all 218 residents received special presents on Christmas morning.

<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	78%	92%	102%	
<b>Residents participating in activities</b> This indicator looks at the number of residents participating in scheduled activities	96%	94%	95%	

## 3. Resident Council

Resident Council had to meet virtually due to units being closed for influenza/COVID. Due to this also, they cancelled their Fall raffle draw and were able to host a December 50/50 draw and they raised \$750 for the council. They also hosted their Annual Christmas Gathering. Chinese food was enjoyed and some games to thank the council for there stead and supportive role to the residents of YCC.

Isabel Kinch and Sheila Jordan submitted their resignations as a council member. Recruitment will commence in the new year for new members.

Members: Tracey Mitchell (President), Ellen Saunders-Aube (Vice Pres), Suzette Facini, Linda Bird, Gloria Murray, 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); all 3 days are full with 12 clients per day.

We had 19 clients registered with 3 clients being discharged (due to behavioural/aggressive/wandering tendencies)

We are at the point we are ready to hire the Activity Aide and open Full-time. We were not successful in hiring an Activity Aide in Quarter 3 but HR has posted externally just before Christmas, and we hope to interview in new year.

9 clients come 3 days per week  
6 clients come 1 day per week  
1 client comes 2 days per week

Currently have 5 clients on wait list for Tuesday/Thursday.

#### **5. Hawkins House**

We continue to encourage the tenants to become engaged in the activities being offered, or implemented for self direction. We have heard feedback both positive and negative surrounding the offerings. For improvement, we will be working on bringing in more musical entertainment directly in Hawkins House, to assist with mobility issues for those not able to attend the communal events in the Friendship Centre.

We are also working on adjusting routines/set ups to maximize our resources to better serve the tenants. We currently have 15 tenants who require care hours, which has increased from the previous quarter.

We are enhancing communication between staff by encourage the staff to use their work emails and sending new admission info via email, so the staff receive more information before the new tenant arrives.

## 6. Progress on Operational Goals

All goals, with the exception of the Adult Day Program and recreational activities, are complete for Quarter 3.

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	On Track	
To create and implement Bedside Audits to measure quality of care for residents.	Not started	On Track	Falling Behind	
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	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	Falling Behind	Falling Behind	
Re-build the entertainment programs.	Not started	On Track	Complete	
Re-build the recreation programs.	On Track	On Track	Falling Behind	
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	Not started	
Formalize role and activities within the SQLI framework/program	On Track	On Track	Complete	
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	Complete	
To review the registered volunteer list and re-build the program.	On Track	On Track	Complete	
Restart the Junior Volunteer Program.	On Track	Complete		

Sincerely,

Jamie Roy  
Vice President, Care Services & Quality



# Quality at York Care Centre

## *A Framework for Improvement*

## Background

Quality of care and services at York Care Centre starts with what matters most to our residents. Our mission to provide an enhanced quality of life is achieved by using a person-centred approach to care. As we seek to fulfill this mission, we are ever mindful of our values of Character, Accountability, Respect and Excellence

Our commitment to quality is embedded in our Vision to be a Centre of Excellence in Long Term Care. To achieve this mission, we commit to the ongoing improvement in the quality of life, the quality of care, the provision of a safe and supportive environment and making York Care Centre the best place to work.

# Values and Principles

Four core values guide the behavior of our organization. In addition we will follow five principles as we begin our quality improvement work.

Values	Principles
<ul style="list-style-type: none"><li>● <b>Character:</b> Doing the right thing</li><li>● <b>Accountability:</b> For the prudent use of resources</li><li>● <b>Respect:</b> for our community of care and each other.</li><li>● <b>Excellence:</b> We strive for continuous improvement</li></ul>	<ul style="list-style-type: none"><li>● <b>Person-Centred:</b> Individuals have unique values, personal history and personality and that each person has an equal right to dignity, respect, and to participate fully in their environment.</li><li>● <b>Voice:</b> The voice of our residents and families will be welcomed through genuine involvement in sharing and providing feedback.</li><li>● <b>Our staff:</b> Our staff are considerate, competent and highly motivated people whose values, attitudes and behaviors reflect our primary goal of supporting people to have the best possible quality of life.</li><li>● <b>Professional Standards:</b> We are knowledgeable of, and comply with, professional standards.</li><li>● <b>Education and Training:</b> Education is essential to the development of a caring and competent workforce.</li></ul>

# Objectives

The objective of our quality improvement work is to improve outcomes (quality of life, quality of care and safety) for residents of York Care Centre by:

- Identifying our strengths and gaps so that we can prioritize our improvement efforts. We will do this through regular monitoring of key performance indicators and regular surveys of residents, families and staff.
- Taking a balanced approach to our improvement work, by ensuring the important domains of care and service are addressed. Areas of focus for the quality improvement workplan will be identified annually, and as needed throughout the year.
- Strengthening the quality improvement skills of our team. Education will be provided to staff to support their participation in the quality improvement program.
- Demonstrating our accountability for the delivery of high quality care and services by sharing the results of our quality improvement work with the Board of Directors, Residents' Council, Family Advisory Committee and our staff.

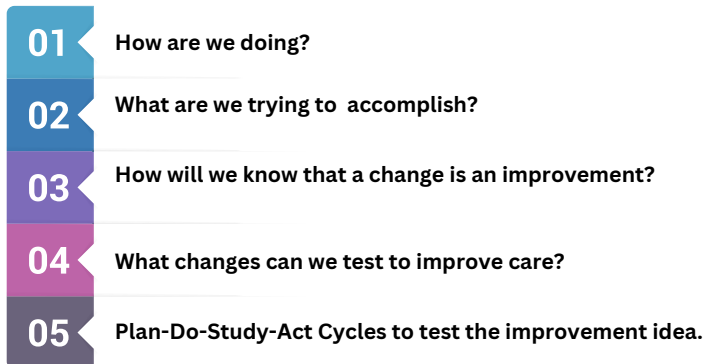
# Domains of Quality

Quality in long term care refers to the extent to which the care and services provided to residents meet their needs and expectations and are consistent with professional standards. York Care Centre has identified four domains of quality which are important to the delivery of high quality long term care.

Quality of Life	Quality of Care	Safe and Supportive Environment	Best Place to Work
Enabling residents to live their best possible life by respecting autonomy, preserving dignity, preserving and developing meaningful relationships, providing opportunities for fulfilling activities and respecting their background and culture.	Ensuring our care processes comply with professional standards, with a clear focus on evidence-informed practices in areas such as continence care, dementia care, falls prevention, pain management, palliative care, restorative care, skin and wound care.	Ensuring our facilities and equipment meet health and safety standards, yet still reflect a home-like environment.	Enabling a competent and engaged workforce, supported by effective and accountable leaders, to provide residents with a safe, caring and supportive environment. Staffing levels are sufficient to meet the care standards. Staff are supported through ongoing training and development

# Model for Improvement

Our model for improvement is a simple and common-sense approach to the work of quality improvement is a simple, common-sense approach to the work of quality improvement. Five basic questions, and their answers, provide the structure for our work. The model for improvement is an iterative process, meaning it is ongoing and continuous. As new areas for improvement are identified, the process begins again, with the aim of continually improving the quality of care and services.



## 1. How are we doing?

- a. We will identify, measure and report key performance indicators
- b. Regular surveys will be used to gather feedback and resident and family satisfaction, quality of life, staff engagement and quality of worklife.
- c. Inspection Reports will be used to assess our compliance with professional standards.

## 2. What are we trying to accomplish?

- a. Conversations with our residents, staff and leaders will help us identify areas for improvement.

## 3. How will we know that a change is an improvement?

- a. We will identify what we will track to determine if this change is an improvement.

## 4. What changes can we test to improve care?

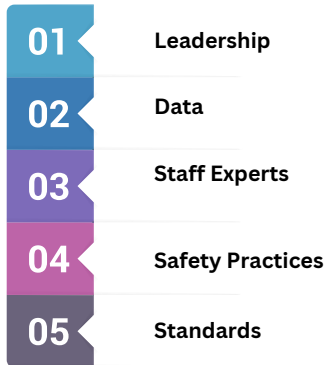
- a. Teams will collaborate with residents to identify potential changes/solutions

## 5. Plan-Do-Study-Act Cycles to test the improvement ideas.

- a. A simple, structured, small scale approach to identify problems, test solutions and implement changes in a systemic and controlled manner.
- b. Teams will consider how best to sustain and build on successful changes.

# Our Resources

The team will have access to a variety of resources as they engage in quality improvement work:



## 1. Leadership

- a. The Board of Directors sets the strategic direction for the organization, and with the Senior Team, provides the leadership and resources to deliver high quality services.

## 2. Data

- a. York Care Centre utilizes the InterRAI LTCF Resident Assessment Tool. Data from the tool is used to assess the Quality of Care.
- b. York Care Centre also participates in the Seniors Quality Leap Initiative (SQLI) which is an international quality improvement collaborative which is focused on improving the quality of life and quality of care in long term care facilities.
- c. A variety of surveys are utilized to assess family and resident satisfaction, resident quality of life and staff engagement and quality of worklife.

## 3. Staff Experts

- a. York Care Centre is proud of the broad range of clinical experts on our team, including experts in nutrition, falls prevention, infection control, wound care, palliative care, rehabilitation and therapeutic recreation.

## 4. Safety Practices

- a. Safety practices which support resident and staff safety are guided by our staff in Human Resources and Facilities & Infrastructure.

## 5. Standards

- a. The NB Nursing Home Standards and the professional standards of the regulated health professionals who work at York Care Centre are respected and guide our improvement efforts.

# Annual Plan 2023 / 24

## **Key Performance Indicators for All Domains of Quality**

Senior leaders have established a dashboard of key performance indicators which is updated quarterly. Improvement targets will be set prior to the end of March 2023.

## **Seniors Quality Leap Initiative - Quality of Life and Quality of Care Domains**

As part of the SQLI collaborative, YCC will consider improvement opportunities for the following quality of care and quality of life elements.

- Reducing inappropriate use of anti-psychotics
- Pain Management
- Pressure injury prevention & documentation
- Dining experience
- Social engagement.

## **Healthcare Excellence Canada - Quality of Life and Best Place to Work Domains**

YCC has received a \$10,000 grant to introduce the Advanced Caregiver Program as part of the Reimagining LTC collaborative. This project will run through 2023.

## **Emergency and Disaster Plan - Safe and Supportive Environment Domain**

YCC will update the Emergency and Disaster Plan and will incorporate a cybersecurity plan.

## **New Brunswick Association of Nursing Homes - Quality of Care Domain**

The New Brunswick Association of Nursing Homes has announced plans to introduce a new quality improvement program for NB Nursing Homes. Although the details have not yet been released, it is expected this work will be similar to the SQLI collaborative.

## **Employee Engagement - Best Place to Work Domain**

York Care Centre will establish an employee engagement framework. Improvement work will focus on improving staffing levels through stronger recruitment efforts and increasing employee retention through better processes for communication and orientation.

## **Supportive Housing**







York Care Centre will consider how to include our supportive housing program in our quality improvement work.

# Quality at York Care Centre

A framework for improvement

January 2023



 <b>OBJECTIVES</b>	 <b>DOMAINS OF QUALITY</b>	 <b>MODEL FOR IMPROVEMENT</b>	 <b>OUR RESOURCES</b>	 <b>ANNUAL PLAN 2023/24</b>
<ol style="list-style-type: none"> <li>To identify our strengths and gaps so that improvement work can be prioritized.</li> <li>To engage in quality improvement work which addresses all domains of quality</li> <li>To build the quality improvement skills of our team.</li> <li>To demonstrate our accountability for the delivery of high quality care and services.</li> </ol>	<ol style="list-style-type: none"> <li><b>Quality of Life</b> – enabling residents to live their best possible life.</li> <li><b>Quality of Care</b> – Ensuring our care meets or exceed standards</li> <li><b>Safe &amp; Supportive Environment</b> – Ensuring our facilities /equipment meet standards, yet still reflect a home-like environment.</li> <li><b>Best Place to Work</b> – Making YCC the best place to work</li> </ol>	<p><b>A Five Step Structure</b></p> <ol style="list-style-type: none"> <li>How are we doing?</li> <li>What are we trying to accomplish?</li> <li>How will we know a change is an improvement?</li> <li>What change can we test?</li> <li>Follow the Plan-Do-Study-Act model of testing a change.</li> </ol>	<ul style="list-style-type: none"> <li><b>Leadership</b> – The Board sets strategic direction. SLT provides leadership and resources.</li> <li><b>Data</b> – InterRAI LTCF, Seniors Quality Leap Initiative, various surveys</li> <li><b>Staff experts</b> in the delivery of care and services</li> <li><b>Safety practices</b> guided by staff in Human Resources and Facilities &amp; Infrastructure</li> <li><b>Standards</b></li> </ul>	<ol style="list-style-type: none"> <li><b>Key Performance Indicators</b> with targets.</li> <li>Participation in the <b>SQLI</b> Quality of Life and Quality of Care improvement initiatives</li> <li><b>Healthcare Excellence</b> project focused on the Advanced Caregiver Program.</li> <li>Update the <b>Disaster &amp; Emergency Plan</b>, incorporating cybersecurity.</li> <li><b>NBANH</b> Quality Improvement initiatives- details TBA</li> <li>Establish an <b>employee engagement</b> framework, assess baseline and establish action plan.</li> <li>Consider options to include <b>supportive housing</b> in quality improvement work.</li> </ol>
 <b>VALUES</b>		 <b>PRINCIPLES</b>		
<p><b>Character</b> Doing the right thing</p> <p><b>Accountability</b> For prudent use of resources</p> <p><b>Respect</b> For our community of care and for each other</p> <p><b>Excellence</b> We strive for continuous improvement.</p>	<p><b>Person</b> Respecting the unique values, history and personality of our residents. and ensuring an equal right to dignity, respect and opportunity to participate fully.</p> <p><b>Voice</b> The voice of residents and families will be welcomed through genuine involvement in sharing and providing feedback.</p> <p><b>Staff</b> Considerate, competent and motivated people who reflect our goal of supporting people to have the best quality of life.</p> <p><b>Standards</b> We comply with professional standards</p> <p><b>Education</b> Quality improvement training to enhance the skills of our staff.</p>			

# Application: York Care Centre

Geri Geldart - ggeldart@yorkcarecentre.ca

Reimagining LTC: Enabling a Healthy Workforce to Provide Person-Centred Care

## Summary

**ID:** 0000000100

## Eligibility Form

**Completed** - Oct 24 2022

## Eligibility Form

Contact information of person completing this form.

First Name	Geri
Last Name	Geldart
Email	<a href="mailto:ggeldart@yorkcarecentre.ca">ggeldart@yorkcarecentre.ca</a>
Organization	York Care Centre
Organizational Title	President and CEO

**Please confirm you are a long-term care home facility in Canada (please note, that retirement homes are not eligible for this program).**

Yes

**Do you have the support of senior leadership to act on your identified improvement objectives?**

Yes

## Senior Leader Contact

Name	Geri Geldart
Title	President and CEO
Organization Name	York Care Centre
Email	<a href="mailto:ggeldart@yorkcarecentre.ca">ggeldart@yorkcarecentre.ca</a>

## Application

Completed - Nov 4 2022

# Application Form

### Section 1: Administrative Information

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## Main Contact (person completing this application)

Please provide information for the person who will be completing this form and is available for contact by HEC for any follow-up questions.

First Name	Geri
Last Name	Geldart
Gender	Woman
Preferred Language	English
Organization	York Care Centre
Organizational Title	President and CEO
Primary Role in Healthcare	Administrator (includes Executives, Senior Leaders, Managers, Directors)
Street Address	100 Sunset Drive
City	Fredericton
Province/Territory	New Brunswick
Postal Code	e3a1a3
Email	<a href="mailto:ggeldart@yorkcarecentre.ca">ggeldart@yorkcarecentre.ca</a>
Phone Number	506-444-3880 ext 2507

# LTC Site Information

LTC Site Name	York Care Centre
Street Address	100 Sunset Drive
City	Fredericton
Province/Territory	New Brunswick
Postal Code	E3A1A3
Total Number of Beds	218
LTC Home Profit Status	Not-for-profit

**Has your organization participated in either of the previous LTC HEC programs?**

No

**I would like to receive email updates from Healthcare Excellence Canada. You can unsubscribe at any time. Please read our [Privacy Policy](#) for more information.**

**Responses Selected:**

No

## Section 2: Team Composition

QI work is typically done as a team in order to support diverse opinions and experiences, as well as share the work, making it a team effort.

Team members can take on different roles such as Team Lead, Measurement Lead, Care Provider/Champion, Patient/Family Advisor, Quality Improvement Advisor, etc.

# Team Lead

List who your team lead, or co-leads will be. Team leads are the main contact for HEC staff and responsible for ensuring the project moves forward and any key deliverables are met.

First name	Geri
Last name	Geldart
Organization	York Care Centre
Organizational title	President and CEO
Street address	100 Sunset Drive
City	Fredericton
Province/Territory	New Brunswick
Postal Code	E3B 1A3
Email	<a href="mailto:ggeldart@yorkcarecentre.ca">ggeldart@yorkcarecentre.ca</a>
Gender	Woman
Preferred Language	English
Primary Role in Healthcare	Administrator (includes Executives, Senior Leaders, Managers, Directors)

**Lead: primary role(s) in Reimagining LTC Program**

## Responses Selected:

Quality Improvement Advisor

**Do you have a co-lead?**

Yes

## Co-Lead

First name	Jamie
Last name	Roy
Organization	York Care Centre
Organizational title	Vice President Care Services
Street address	100 Sunset Drive
City	Fredericton
Province/Territory	New Brunswick
Postal Code	E3B 1A3
Email	<a href="mailto:jroy@yorkcarecentre.ca">jroy@yorkcarecentre.ca</a>
Gender	Woman
Preferred Language	English
Primary Role in Healthcare	Administrator (includes Executives, Senior Leaders, Managers, Directors)

## Co-lead: primary role(s) in Reimagining LTC Program

### Responses Selected:

Care Provider/Champion

## How many team members do you currently have?

4

# Core Team Member #1

List your core team members and what roles they will play on your team. (E.g., Measurement Lead, Patient Advisor, Care Provider/Champion, QI expert).

First Name	Stephanie
Last Name	Seymour
Organization	York Care Centre
Organizational Title	Manager, Activity and Volunteer Services
Primary Role in Healthcare	Administrator (includes Executives, Senior Leaders, Managers, Directors)
Email	<a href="mailto:sseymour@yorkcarecentre.ca">sseymour@yorkcarecentre.ca</a>
Gender	(No response)
Preferred Language	English

## Team Member #1: primary role(s) in Reimagining LTC Program

### Responses Selected:

Care Provider/Champion

## Core Team Member #2

List your core team members and what roles they will play on your team. (E.g., Measurement Lead, Patient Advisor, Care Provider/Champion, QI expert).

First Name	Member of the RN Team
Last Name	To be determined
Organization	York Care Centre
Organizational Title	Nursing Unit Coordinator
Primary Role in Healthcare	Nurse (Registered Nurse or Licensed Practical Nurse)
Email	to be determined
Gender	Prefer not to say
Preferred Language	English

### Team Member #2: primary role(s) in Reimagining LTC Program

#### Responses Selected:

Care Provider/Champion

## Core Team Member #3

List your core team members and what roles they will play on your team. (E.g., Measurement Lead, Patient Advisor, Care Provider/Champion, QI expert).

First Name	A current family caregiver
Last Name	To be determined
Organization	York Care Centre
Organizational Title	Family Member
Primary Role in Healthcare	Patient/family member/community member/person with lived experience
Email	to be determined
Gender	Prefer not to say
Preferred Language	English

### Team Member #3: primary role(s) in Reimagining LTC Program

#### Responses Selected:

Patient/Family Advisor

## Core Team Member #4

List your core team members and what roles they will play on your team. (E.g., Measurement Lead, Patient Advisor, Care Provider/Champion, QI expert).

First Name	Justine
Last Name	Henry
Organization	Centre for Innovation and Research in Aging
Organizational Title	Executive Director
Primary Role in Healthcare	Researcher
Email	<a href="mailto:jhenry@ycc-cira.ca">jhenry@ycc-cira.ca</a>
Gender	Female
Preferred Language	English

### Team member #4: primary role(s) in Reimagining LTC Program

#### Responses Selected:

Measurement Lead

**Are there other stakeholder groups you hope to engage as part of your project outside your core team?**

Consultations will occur with:

1. Family Advisory Committee
2. Front-line staff including RNs, LPNs, Resident Attendants, Rehabilitation Staff
3. Current family caregivers who have taken the introductory caregiver support program.

## Section 3: Project Description

**Describe the issue your proposed project would be addressing. Draw on any data gathered to**

**document your problem. What is the reason you want to address this problem right now?**

**Teams are encouraged to align their quality improvement projects with the following focus areas:**

- **A healthy and competent workforce**
- **Team-based approaches to person-centred care**
- **Meaningful quality of life for residents**
- **High-quality care based on the life experiences, needs and preferences of residents**

Family members of long-term care residents often seek ways to maintain meaningful engagement with the long-term care resident. In many cases, these family members had been caregivers for a significant period of time before their loved one was admitted to a long-term care facility.

The pandemic years highlighted the importance of caregiver involvement in long-term care delivery. Caregivers were given the opportunity to become “designated caregivers” by participating in short educational events which were focused primarily on infection control protocols. Enrolment in the designated caregiver program continues to be strong reflecting an interest that stretched beyond the initial years of the pandemic.

Staffing shortages have become a chronic issue. Even with successful recruitment, staff coverage can be unpredictable due to COVID-related absences. The employees who remain bear a heavier workload and experience moral distress when they are unable to provide the care they believe is necessary. Caregivers have expressed frustration when care activities are delayed due to employee shortages. They have suggested that they could help the staff, and improve care delivery, if they were able to assist with lifts, repositioning, portering, etc.

Surveys of staff and caregivers have been conducted to identify the potential activities which could be included an advanced caregiver role.

This project aims to determine if the implementation of an advanced caregiver training program will result in:

1. more timely care delivery as assessed by the resident, the designated caregiver and the staff
2. Satisfaction with care as assessed by the resident and the designated caregiver.
3. A reduction in moral distress experienced by the staff members.

The project will assess the utility and appropriateness of the new caregiver responsibilities as assessed

by the staff and the designated caregiver.

The grant will fund a research coordinator to develop the measurement plan, collect and analyze the data, and write the final evaluation report. It will also partially fund a nurse educator who following

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**Describe your proposed initiative and how it will address the main themes of this program: People in the Workforce and Person-Centred Care. What will improve? By when? By how much?**

We have been preparing and working with our designated caregivers throughout the pandemic. We would now like to respond to requests from these caregivers to incorporate additional functions into their role. We have conducted surveys of staff and caregivers to identify the potential activities which could be included in an advanced caregiver role. Based on the survey data, we have developed a preliminary list of new functions (assisting with lifts and turns - thereby reducing the need for two staff members to be present when using a lift, portering, bed making, and distribution of supplies). Caregivers will be able to participate in the care of their own family member by assisting with these functions. This provides a more person-centred approach to care by facilitating involvement of the family in the care of the resident. This should also reduce some of the time pressure on staff to respond to resident/family requests for care.

This project aims to determine if the implementation of an advanced caregiver training program will result in:

1. more timely care delivery as assessed by the resident, the designated caregiver and the staff
2. Satisfaction with care as assessed by the resident and the designated caregiver.
3. A reduction in moral distress experienced by the staff members.

**How will you know that a change is an improvement? Describe what you are already measuring or planning to measure that can inform the project? What changes/improvements can you test within the 12-month period to improve care?**

We conduct annual quality of life surveys of residents and family members as part of the Seniors Quality Leap Initiative. We would expect to see stronger scores on certain elements of the survey.

We conduct frequent employee pulse surveys. None of the current questions align specifically with this initiative so we will need to rely on pre and post focused surveys to determine if employees are experiencing less moral distress.

We will conduct a focused survey of advanced caregiver participants 6 months following the delivery of the program which will include a number of the QoL questions:

- If they need help right away, my family member can get it (last score was 74% scored most/always)
- I have the information I need about my family members' health status (last score was 83% most/always)
- I participate in care decisions about my family member (last score was 91% most/always)

We will conduct a focused survey of residents who are family members of advanced caregivers which would include a number of the QoL questions from the staff responsiveness scale and the personal control scale - specifics to be determined.

We have more work to do to develop our measurement framework.

**Select which box corresponds to your organization's use of data to support quality improvement strategic priorities and planning.**

Some degree of comfort; managers use data regularly to establish strategic priorities; direct care providers occasionally use data for developing and monitoring care

**Would members of your team be interested in participating in future learning sessions (TBC) to better understand how you can use data that you already collect to support these goals?**

Yes

**What measurable improvements do you expect to see from your initiative in 12 months? What improvements do you hope to see beyond the 12-month program?**

We hope to hear from our family caregivers that they are able to participate in their family members care to the degree that they are comfortable.

We hope to hear that caregivers feel that staff are available to assist them when needed.

We hope to hear that caregivers feel that they are consulted about changes in their family member's care plan.

We hope to hear that residents receive the care they require in a timely manner

We hope to hear that staff members experience less moral distress related to their work at York Care Centre.

## **Section 4: Budget**

## Budget Details

Participating teams will receive **up to \$10,000** in seed funding per LTC home to support the implementation of their QI project. Funding will be split into two tranche payments: January 2023 (\$5,000) and June 2023 (\$5,000).

Please complete the budget summary below to note what your team will need to implement and evaluate the work, the description of the activity and why it is necessary for the success of the project, and the total amount requested.

	Description	HEC Funding (\$10,000 max)
Personnel	Researcher to develop the measurement framework, to advise on a moral distress instrument, to conduct and analyse the pre and post surveys.	6,000
Travel	No travel required.	
Equipment	No equipment required	
Supplies & Service	Preparation and printing of the Advanced Caregiver Training Manual and e-learning module.	4,000

**Budget Justification:** The reviewers will assess the appropriateness of the proposed budget. Please provide a detailed breakdown of each budget category (Personnel, Travel, Equipment, Supplies and Service) by line item below

Researcher to be paid at \$30/hour for approximately 25 days over a 6-month period

Learning Specialist to be paid at \$40/hr for approximately two weeks to develop the training materials

**Do you have any partnerships or sponsorship agreements that will support the implementation and evaluation of your project? If yes, please describe.**

The Centre for Innovation and Research in Aging (CIRA) is the research arm of York Care Centre. CIRA has a broad network of researchers, educators and clinicians who can be consulted for advice as this project proceeds.

**Please feel free to share any additional information you think is essential for reviewers.**

We have decided to deliver a preliminary offering of the Advanced Caregiver course in advance of receiving approval for this grant. We expect this program will be offered before the end of 2022. We plan to conduct a less formal evaluation of the content of the program in early January and will then make adjustments to the content of the program.

Following this, we will make plans to offer an updated program in the spring. It is the updated program that will be the subject of this quality improvement project, with a goal to determine if such a program improves the care experience for our residents / families and the work experience for our staff. There is potential that the preliminary offering will affect the pre-scores that will be assessed as part of the quality improvement project. Although not yet confirmed, we may try to conduct a small pre-test before offering the preliminary program.

We felt it was necessary to proceed with the preliminary program based on the expressed urgency of our current designated caregivers.

## **Section 5: Conflict of Interest**

Where an actual or perceived conflict of interest exists or is anticipated, the applicant shall fully disclose the conflict of interest to Healthcare Excellence Canada in writing. See [HEC's Applicant Conflict of Interest Policy](#) for more information.

**Do you have any conflicts of interest to declare?**

No

**Adult Community Resources / Ressources communautaires pour adultes  
Department of Social Development / Ministère du Développement social**

P.O. Box/C.P. 6000  
Fredericton, NB E3B 5H1  
Tel/Tél. (506) 453-3821  
Fax/Téléc. (506) 457-4909

**Date :** January 11, 2023 / Le 11 janvier 2023

**To/Dest. :** Nursing Homes (Administrators and Directors of Nursing); Liaison Officers; NBANH and PDMs; / les Foyers de soins (Directeurs (trices) et directeurs(trices) des soins); agents(es) de liaison; Gestionnaires de programme et AFSNB

**From/Exp. :** Luc Carrier, Acting Director – Directeur par intérim

**Subject/objet :** Prioritization of Alternate Level of Care Patient Admissions to Nursing Homes  
Ordre de priorité d'admission en foyer de soins pour les patients nécessitant un autre niveau de soins

A recent amendment to Regulation 85-187 under the *Nursing Homes Act* allows the Minister of Social Development to consider prioritizing individuals waiting in hospital that are alternate level of care (ALC) for admission to nursing home. The Minister will only consider this when a request has been made by a hospital that has identified they are in critical state as defined by the regulation.

The health care system is facing unprecedented challenges and Social Development recognizes that in such critical times it may be necessary to prioritize individuals waiting in hospital for nursing home placements. The Department will only consider these requests for a maximum of 30 days at a time.

Une modification récente du *Règlement 85-187* du Nouveau-Brunswick établi en vertu de la *Loi sur les foyers de soins* permet au ministère du Développement social d'envisager de donner la priorité d'admission à un foyer de soins aux personnes qui ont besoin d'un autre niveau de soins (ANS) et qui attendent à l'hôpital qu'une place se libère dans un foyer de soins. Le ministre n'envisagera cette solution que lorsque la demande provient d'un hôpital dont la situation est critique selon la définition du terme figurant dans le règlement.

Le système de santé n'a jamais connu autant de défis, et le Ministère est conscient qu'en période difficile, il peut devenir nécessaire d'accorder une place dans un foyer de soins en priorité aux personnes qui attendent à l'hôpital. Le Ministère ne considèrera les demandes que pour un maximum de 30 jours à la fois.

Prior to this amendment, nursing homes were required to select prospective residents in chronological order from their waitlist unless they cannot meet the individual's needs. In that case, nursing homes must provide rationale for bypassing that prospective resident and make a plan to prepare for their admission in order to admit the next person on the wait list.

Social Development recognizes the importance of people having access to the right care, in the right place, at the right time and that services are offered equitably across the province. The decision to prioritize ALC patients for admission to nursing home is not taken lightly and will only do so under extenuating circumstances.

When hospitals have been determined to be in critical state the nursing home will receive an updated Excel waitlist, from their respective SD zone, which will be reprioritized with individuals awaiting nursing home placement from the affected hospital. Using this revised list homes are required to admit in chronological order from the hospitals in critical state.

If your Nursing Home was not a preferred choice of the individual located in the critical state hospital, interim placements are to be offered to these individuals before others on the home's preferred list. As with all interim placements, they will remain on the waitlist until offered a bed at their preferred choices.

Please note that for Nursing Homes in the southwest zone who have been actively using the electronic nursing home waitlist system you will also receive the reprioritized Excel list during a critical state circumstance for use during this designated time. Further system enhancements will be forthcoming to build this functionality within the system in the future. Homes will be updated when the electronic system update has been implemented with a revised process.

Avant la modification, les foyers de soins devaient sélectionner les résidents potentiels de la liste d'attente selon l'ordre chronologique, à moins qu'il ne leur soit impossible de répondre à leurs besoins. Auquel cas, ils devaient justifier le fait de ne pas proposer la place au résident potentiel et établir un plan pour préparer son admission future avant de pouvoir procéder à l'admission de la prochaine personne sur la liste d'attente.

Le Ministère comprend l'importance d'avoir accès à des soins adéquats, au bon endroit et au bon moment, et d'offrir des services équitablement partout dans la province. La décision d'accorder la priorité d'admission en foyer de soins aux patients nécessitant un autre niveau de soins n'a pas été prise à la légère et cette priorité ne sera accordée que dans des circonstances exceptionnelles.

Lorsqu'il a été déterminé que les hôpitaux sont dans un état critique, le foyer de soins recevra une liste d'attente Excel mise à jour, de leur zone DS respective, qui sera redéfinie avec les personnes en attente d'un placement en foyer de soins de l'hôpital concerné. À l'aide de cette liste révisée, les foyers sont tenus d'admettre dans l'ordre chronologique des hôpitaux en état critique.

Si votre foyer de soins n'était pas un choix préféré de la personne située dans l'hôpital en état critique, des placements provisoires doivent être offerts à ces personnes avant les autres sur la liste préférée du foyer. Comme pour tous les placements provisoires, ils resteront sur la liste d'attente jusqu'à ce qu'on leur offre un lit selon leur choix préféré.

Veillez noter que pour les foyers de soins de la zone sud-ouest qui utilisent activement le système de liste d'attente électronique des foyers de soins, vous recevrez également la liste Excel mise à jour à utiliser pendant la période désignée. D'autres améliorations du système seront à venir pour intégrer cette fonctionnalité dans le système. Les foyers seront avisés lorsque la mise à jour du système électronique aura été effectuée pour refléter ce processus.

Page 3

In an effort to ensure those waiting in community can continue to do so safely until the regular admission process can resume, for any client that may have been next in line for a bed offer, Social Development staff will proactively review their needs and make any necessary adjustments to their case plan or referrals to community partners, that is deemed necessary.

Sincerely

Page 3

Dans l'objectif de garantir que les personnes qui vivent dans les collectivités puissent continuer à le faire en toute sécurité jusqu'au retour du processus normal d'admission, le personnel du Ministère examinera de façon proactive les besoins des clients qui auraient dû être les prochains sur la liste d'attente d'un lit pour apporter tout ajustement à leur plan d'intervention ou les aiguiller vers des partenaires communautaires, s'il le juge nécessaire.

Sincères salutations

Luc Carrier, Acting Director – Directeur par intérim  
Adult Community Resources / Ressources communautaires pour adultes