

**Care Services Committee  
AGENDA**

**Thursday, May 2, 2024 at 4:00pm**

<https://us02web.zoom.us/j/86262568336?pwd=UEV1dUNLdzExOVR3NGVKRzdWeUF2dz09>

Meeting ID: 862 6256 8336 Passcode: 392994

Item	Description	MRP
1.	<b>Call to Order and Introductions</b>	Lyne St-Pierre-Ellis
2.	<b>Approval of the Agenda</b>	Lyne St-Pierre-Ellis
3.	<b>Declaration of Conflict-of-Interest</b>	Lyne St-Pierre-Ellis
4.	<b>Approval of Previous Minutes: February 1, 2024*</b>	Lyne St-Pierre-Ellis
5.	<b>Business Arising from the Minutes</b> None	
6.	<b>Care Services Report for Q4 - Jan 1, 2024 – Mar 31, 2024*</b>	
	6.1. Clinical Care & Quality	Jamie Roy
	6.2. Key Performance Indicators	
	6.3. Progress on Operational Goals	
7.	<b>Standing Reports</b>	
	7.1. Report from Family Advisory Council*	Geri Geldart
8.	<b>New Business</b>	
	8.1. Nursing Home without Walls	Jamie Roy
	8.2. Quality Framework Progress Report*	Geri Geldart
	8.3. Suzy-Q	Geri Geldart
9.	<b>Date of Next Meeting - TBD</b>	

For your reference, the Care Services Committee Workplan Objectives for Quarter 4 include:

- Report from VP, Care and Quality Services
- Report from Family Advisory Council
- Nursing Home Without Walls Update
- Quality Framework Progress Report
- SQLI Quality of Life Survey Results

***\*denotes attachment***

## **Proposed Motions**

1. That the minutes of February 1, 2024, be approved.



**Minutes of meeting  
Care Services Committee  
On February 1, 2024**

Present: Lyne St-Pierre-Ellis (Chair), Doug Holt, Kelly Clark, Marjorie Belzile,  
Marj Deveau, Geri Geldart (ex-officio)  
Regrets: Andrea Seymour, Bonny Hoyt-Hallett  
Staff: Jamie Roy

**1. Call to Order & Introductions**

Ms. St-Pierre-Ellis called the meeting to order at 4:04pm.

**2. Approval of Previous Minutes – November 30, 2023**

**Motion:**

**It was moved by Doug Holt, seconded by Marjorie Belzile that the minutes of November 30, 2023 be approved.**

**Motion carried.**

**3. Declarations of Conflict of Interest**

Ms. St-Pierre-Ellis asked the members present if there was a need to register a conflict of interest. None expressed.

**4. Business Arising from the Minutes**

None

**5. Care Services Report for Q3 (October 1 – December 31, 2023)**

Jamie Roy, VP of Clinical Care and Quality Services presented the report for Q3. The report was included in the meeting package.

- Staffing concerns continued in quarter 3. The team will continue to focus on recruitment. A Resident Attendant course is planned for April 2024.
- Two covid outbreaks occurred in December which affected residents and staff members. It was agreed that covid immunization reporting will now be provided on a yearly basis.
- Eighteen family members have completed the Advanced Caregiver training program.
- There has been significant improvement in the KPI related to inappropriate use of restraints. Discussions on alternate options are ongoing.
- A marketing strategy is underway to assist in the recruitment of volunteers. Tara Thibault, Marketing and Communications Coordinator will be the first point of contact for inquires and Jennifer Vos, Executive Assistant will provide administrative support.
- The Adult Day Program had been established with an original goal of 12 participants per day. Jamie is exploring the possibility of reducing the current goal to between 9 – 10 participants per day, requiring 3 staff members, within the approved funding model.
- The new Resident Handbook was distributed. Committee members shared improvement suggestions, including a floor plan map.

**6. Family Advocacy Council Report**

G. Geldart provided a report on the Family Advocacy Council. FAC has welcomed Marj Deveau as the co-facilitator. The first blended virtual/in person meeting is scheduled for February 7th.

**7. New Business**

**7.1 Nursing Home Waitlist**

G. Geldart provided an update on a meeting with the Deputy Minister and Alisha Gaudet in response to our letter regarding wait list issues. Concerns were discussed, but no further response has been received from the Deputy at this time.

The Committee was advised of the impact of the recent Critical Access directive implemented by the Minister of Social Development. Y.C.C. has admitted a number of new residents under this directive. A number of issues have been identified with the process but it is not yet clear how these issues will be addressed.

**8. Date of next meeting**

The next meeting is scheduled for May 2, 2024 at 4PM.

**Adjournment:** The meeting was adjourned at 5:25 pm on a motion by Doug Holt.

---

**Lyne St-Pierre-Ellis, Chair**

---

**Jennifer Vos, Recorder**



# REPORT TO THE CARE SERVICES COMMITTEE

**January 1<sup>st</sup> – March 31<sup>st</sup>, 2024**  
**Quarter 4 Activity**

The purpose of this report is to apprise the Board's Care Services Committee of key activities within each quarter of the fiscal year, including an update on key performance indicators and the strategic care pillar. Accordingly, the Committee receives four reports per year with content from the following senior leaders.

**Senior Leader**

Jamie Roy, Vice President, Care Services & Quality

**Key Areas of Reporting**

Clinical Care & Quality,  
Therapeutic Recreation  
& Volunteers,  
Residents Council  
Adult Day Program  
Hawkins House  
Operational Goals

## 1. Clinical Care & Quality

In the new year our staffing challenges improved, and we were no longer in a critical state. We filled our vacant beds, and we started offering relief care to people in the community again. We also had 9 of our Internationally Educated Nurses (IENs) from the Philippines arrive which also helped our staffing situation. We continued to use agency staff from Plan A but not as frequent and mostly on the weekends. This quarter really focused on getting our care back to the quality that it had been before the staffing crisis and boosting staff morale and recovery from burnout.

### Here are some important highlights from Quarter 4:

- There were no covid outbreaks, but we had multiple gastrointestinal outbreaks in February and March affecting residents with norovirus on multiple units.
- There was a gastrointestinal outbreak in Hawkins House in February/March with a total of 18 tenants and 3 staff infected with the norovirus.
- Education was focused on CPR recertification for all care staff, ATRM's offered to support services staff, and Falls Prevention/Least Restraint Program provided to the units.
- As part of the Strengthening a Palliative Approach in Long Term Care – SPA-LTC, we were able to send a 3<sup>rd</sup> staff member to attend the Learning Essential Approaches to Palliative Care (LEAP) Program.
- We had 6 more of our staff arrive from the Philippines (total of 9 now) and Rose provided a 3-hour lab to review skills such as bathing, oral care, catheter, and bowel care.
- We had nursing students from UNB (2 groups of 8) in February/March, five high school co-op students began in February doing labs and clinical, and PN students from NBCC doing their community placement in ADP.
- We had 6 clients utilize our relief care beds for a total of 27 days. Two of these clients were able to transition into permanent placement during their stay.
- There was a total of 19 admissions and 22 discharges in long term care. There was a total of 1 move out in Hawkins House and 4 move outs took place in our independent apartments.
- Social Life Project initiated from Needs Assessment completed in Q3. Maria DeCarlo, OT was hired for the project, focusing on engaging men in therapeutic/social programs. She provided us with some recommendations, but due to tight timelines we have not implemented the recommendations yet, but plan to consider them over the next fiscal year.

## Key Performance Indicators

	Q1 23/24		Q2 23/24		Q3 23/24		Q4 23/24	
	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	43	194	37	200	38	192	36	197
	22%		18%		19%		18% (18%)	
<b>Falls with Injury</b> This indicator looks at how many major injuries were sustained when a resident falls. Only including major injuries starting Q2 2023.	35	159	1	138	2	116	1	128
	22%		1%		2%		1%	
<b>Newly occurring pressure ulcer</b> This indicator looks at the number of residents who have developed a new pressure ulcer	5	177	4	192	9	184	5	183
	2%		2%		4%		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	5	186	4	199	10	191	6	195
	2%		2%		5%		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	40	193	44	199	35	192	29	197
	20%		22%		18%		14% (18%)	
<b>Potentially inappropriate use of anti-psychotics</b> This indicator looks at how many residents are taking antipsychotic drugs without a diagnosis of psychosis	5	106	6	106	5	104	7	112
	4%		5%		4%		6% (7%)	
<b>Worsened depressive mood</b> This indicator looks at the number of residents whose mood from symptoms of depression worsened	38	190	42	197	35	192	26	197
	20%		21%		18%		13% (21%)	
<b>Experienced pain</b> This indicator looks at the number of residents who express pain daily and/or describe as severe or excruciating	7	194	8	200	6	192	10	197
	3%		4%		3%		5% (7%)	
<b>Experienced worsened pain</b> This indicator looks at how many residents had worsened pain from prior assessment	27	183	11	199	6	191	25	196
	14%		5%		3%		12% (12%)	
<b>Behavioral symptoms improved</b> This indicator looks at how many residents have an overall decrease in behavioral symptoms from prior assessment	14	186	25	199	9	191	14	195
	7%		12%		4%		7% (10%)	
<b>Behavioral symptoms worsened</b> This indicator looks at how many residents have an overall increase in behavioral symptoms from prior assessment	22	188	17	199	25	192	18	195
	11%		8%		13%		9% (10%)	

<b>Transfers to hospital</b>	11	216	8	214	14	210	21	214
The percent of residents transferred to hospital	5%		4%		7%		10% (4%)	
<b>Days in outbreak status</b>								
The number of days total that each unit was in outbreak	23		28		18		78 (32)	
<b>Covid Immunization</b>	164	216	164	216	186	210		
The percent of residents who are 'fully vaccinated'	76%		76%		89%		N/A	

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

We saw an improvement in our pressure injuries in Q4 and this was a result of improved staffing levels. Residents were getting out of bed and changed their position more frequently for those who required assistance from staff.

The Healthy Seniors Pilot Project through NBANH, that focused on restraint usage is now complete. We have seen another 4% decrease with the use of restraints for a total of 8% over the last 6 months. The Restraint Committee will continue to assess residents on a quarterly basis to see if there are any residents that we think do not need a restraint any longer. Education on the Falls Prevention and Least Restraint policy have been provided to staff.

Worsened depressive mood also saw a 5% decrease this quarter, which is very unusual for the winter months. We will continue to monitor this quality indicator as it does generally hover around 20% which is also the national average. The experienced worsened pain quality indicator saw an increase of 9%, but comparable to Q4 last year and Q1 of this year. We did notice an increase in residents that said they had more pain this quarter than Q3.

The 'Transfers to hospital' quality indicator now has a report that we can generate in Momentum. This information is collected through the quarterly LTCF assessment for each resident which will capture the number of residents that go to the ER and return the same day as well as those who are admitted. Out of the 21 residents who were transferred to hospital, 11 were admitted to hospital and 10 returned to the facility the same day.

## 2. Therapeutic Recreation/Spiritual Care

During this quarter, the facility was dealing with unit closures due to gastrointestinal outbreaks. A few communal programs were cancelled due to this, but overall, the residents were engaged in a variety of activities.

We hosted a Sweetheart Evening for the couples of YCC, which included residents who live at YCC together and those who live apart. It was well received with over 60+ invitations sent out and 35 residents attending. A new entertainer called the Crooked Fingers, along with yummy treats from Buttercream Dreams were served. In March, we hosted a St Patrick's Day event that had the Friendship Centre busting at the seams, with so many residents and their families in attendance. David Nielsen provided the entertainment, and a special cake was served.

In March, we successfully hosted our first communion since 2020. It was well attended and well received. We look forward to hosting two other services starting in the next quarter. We held a volunteer orientation for the Anglican Communion group, 5 attended this session.

We also started the Mobile Music Therapy program on Tower 2, which has been led by Jennifer Beals. Several residents have benefited from this program, using Bluetooth headphones connected to specific playlists they enjoy listening to. The residents can move freely around the unit, and it has also assisted those in the dining room who may otherwise be restless, during mealtimes. This initiative was developed in connection with the iPod program, but the iPods were phased out due to the device no longer being compatible.

At the end of March, we said farewell to our 2 STU students, Sadie and Emiliana. They were welcomed additions to the team, and we will miss the resource they provided to the Recreation Team and the engagement they provided to the residents.

<b>Resident Activities</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Group Programs Provided	-	-	-	361
Contacts made via Group Sessions Provided				6303
Contacts made via One-to-One Sessions Provided (minimum of 10 minutes)	-	-	-	994
One-to-One Unique Program Sessions Provided	-	-	-	74
Number of attempted contacts (residents who declined)				4169
Average Resident Participation	96%	97%	93%	94%

### 3. Volunteers

Jennifer Vos and Tara Thibault have provided assistance with marketing and organization of the volunteer portfolio. Working together, we cleaned up the files and ensured all volunteers and entertainers were included in our data base. Jennifer also developed the data base to keep better records of the volunteer files.

With all this work being done, we now have 82 registered volunteers.

We have onboarded 3 new volunteers, who have completed their orientation and have started their volunteer hours.

### 4. Resident Council

Resident Council was not able to meet each month this quarter due to outbreak situations. They made a community donation to a family who lost their child due to a tragic automobile accident, and then one week later, their home burnt down. The family was in and met with council members, the money was donated to them, and a photo was taken.

Members: Ellen Saunders-Aube (President), Natalie Henderson (Vice President), Suzette Facini, Linda Bird, Gloria Murray, Tracey Mitchell, Laurie Crockett., Jean Colwell, Karen Steeves, and Ingrid Ginson. Pastor Norm (Chair), Allyson Hickey (Secretary), Emily Wright (Staff Liaison)

### 5. Adult Day Program

Total number of participants: 19

#### Participants by day:

Monday -10

Tuesday – 8

Wednesday – 11

Thursday – 8

Friday – 12

#### Discharges:

We had a total of 3 clients who were discharge from the Adult Day Program. Reasons were:

- Challenging behaviors that required one-on-one supervision.
- Health concerns and decline in mobility.
- Moved into LTC and had attended ADP for over 1 year.

#### Intakes:

- 10 intakes were completed between January-March 2024.
- One client trialed the program once and decided not to return despite encouragement from family and ADP staff.
- One client did not find the program fitting for themselves but did trial 4-5 times.

- 2 clients were approved to attend but are pending funding from social development (which is proving to be a long wait).
- New client from Hawkins House (3 total now attending from HH).
- 2 clients were not a good fit for the program (determined after meeting for intake).
- 3 new participants started from the community.

## **6. Hawkins House**

- Welcomed a new staff member to the team.
- We had one tenant move out at the end of March due to placement within Long Term Care.
- Introduced the new menu at the end of March to the tenants working closely with our Dietary Team in YCC.

## **7. York Developments**

Rents approved to be increased by 4% effective October 1<sup>st</sup>, 2024.

- 91 - \$672
- 95 - \$660
- 120 - \$621

### **91 Sunset**

- We had a leak in 91 Sunset, which was quickly repaired by our Maintenance staff.
- 2 tenants moved out of 91, which one unit required extensive renovation and updating. We are not expecting tenancy for those two units until June and July.

### **95 Sunset**

- Front and Back Entrances of 95 were renovated due to over time leaks, new concrete pads were poured to support the entry points.

### **120 Sunset**

- 2 tenants moved out end of Feb and end of March, with some extra updating to be completed in 1 of the apartments. Both units successful rented as of April 1<sup>st</sup> and May 1<sup>st</sup>.

## 8. Quality of Life (QOL) Surveys – Resident and Family (SQLI)

The Quality of Life (QOL) surveys were completed throughout November and December 2023. We had a total of 51 residents and 60 family members do the survey. The family survey was new in 2022 and in 2023, the University of Waterloo developed 5 categories of questions: the same as the resident survey. We have historical data and the mean for the resident survey, but we do not have this information yet for the family survey.

### Resident Survey Results

	<b>Mean (Max)</b>	<b>2023</b>	<b>2022</b>	<b>Rank Among SQLI Org. (12)</b>
Social Life	11 (30)	14.25	11.5	3
Staff Responsiveness	18.5 (25)	17.5	17.5	3
Personal Control	17 (25)	15	16	7
Food	6 (9)	5.6	5.3	1
Caring Staff	7 (14)	8.5	7.9	2

Overall, we ranked 3<sup>rd</sup> among the SQLI organizations that participated. There were 7 questions where we ranked lower than the 20<sup>th</sup> percentile and there were 4 questions where we ranked higher than the 80<sup>th</sup> percentile.

### Family Survey Results

	<b>2023</b>	<b>Rank Among SQLI Org. (10)</b>
Basic Needs	72%	3
Respect & Trust	69%	1
Visiting the Facility	69%	1
Engaging in Care	64%	2
Global Rating of Facility	61%	1

Many of the SQLI organizations had questions around the percentages and how they were calculated. We are planning to look at the specific questions at our face-to-face meeting in Waterloo in May.

Jamie Roy  
Vice President, Care Services & Quality

## Pillar 1: Care to the Aging Population, Residents & Clients

YCC provides services to the residents living in our long-term care facility, those living in our independent apartments and supportive housing units, and other persons living in our catchment area. Within the range of services currently available, the Board of Directors is committed to continuing and enhancing its services to meet the changing demographics of YCC and its community.

Key Results
<p>A. Improved resident / client quality of life</p> <p>B. Improved quality of care and services.</p> <p>C. Improve resident / client and family satisfaction.</p> <p>D. Increase participation in outreach programs.</p> <p>E. Meet or exceed standards, licensing requirements and key performance indicators.</p> <p>F. Increase the number of activities available.</p>

Strategic Goal	Operational Goal	Measure of Performance	Progress	Q1	Q2	Q3	Q4
To provide exceptional, person and family centred care and services through evidenced-based delivery models	To improve the quality of Dietary Services with a focus on: <ul style="list-style-type: none"> <li>Increasing the variety of menu options</li> <li>Serving food with an acceptable temperature.</li> <li>improving the dining experience</li> </ul>	<ul style="list-style-type: none"> <li>Expansion of 3-wk menu to a 4-wk menu by Sept.</li> </ul>	<b>COMPLETE</b>				✓
		<ul style="list-style-type: none"> <li>Food temperature audits</li> </ul>	<b>COMPLETE</b>		✓		✓
		<ul style="list-style-type: none"> <li>Resident and Family Survey</li> </ul>	<b>COMPLETE</b>	✓			
	To assess the quality of care for residents by implementing bedside audits.	<ul style="list-style-type: none"> <li>Target 90% compliance for each unit.</li> </ul>	<b>COMPLETE</b> - Audit process has been launched. Baseline data is being collected. Process will continue into 24/25. Areas for quality improvement will be identified / addressed.				✓
	As part of the Healthcare Excellence Project, to improve and implement the Advanced Caregiver Training course.	<ul style="list-style-type: none"> <li>Offer two courses by October 2023</li> <li>Submit final report to Healthcare Excellence Canada by December 2023</li> </ul>	<b>COMPLETE</b>			✓	
			<b>COMPLETE</b>			✓	

Strategic Goal	Operational Goal	Measure of Performance	Progress	Q1	Q2	Q3	Q4
	To improve the “welcoming” process for new residents and their families.	<ul style="list-style-type: none"> <li>Revise and distribute the YCC Handbook to all residents.</li> <li>Establish a new “resident review” process occurring 4-6 weeks after admission by December 2023</li> </ul>	COMPLETE			✓	
			COMPLETE				✓
	Participate in the NBANH Healthy Seniors Pilot Project to understand and improve our quality indicators, specifically around restraints, falls and inappropriate antipsychotic use.	<ul style="list-style-type: none"> <li>Establish improvement strategies for indicators (restraints, falls, antipsychotics) which fall below target by December 2023</li> </ul>	COMPLETE			✓	
To develop and implement a community outreach program.	To expand the Adult Day Program.	<ul style="list-style-type: none"> <li>Program to operate 5 days/week at 90% capacity by September 2023.</li> </ul>	COMPLETE - New capacity limit established to better reflect the space requirements of this program. Program operates 5 days per week. Marketing work has been successful, and the program is now operating near full capacity. Target for average daily census is now 8 – reduced from 11.				✓
	To expand outreach programming as part of the Nursing Home Without Walls program, with a focus on service navigation and social engagement.	<ul style="list-style-type: none"> <li>Proposal to be submitted by June 2023.</li> </ul>	COMPLETE Proposal submitted and approved! Program implementation expected to being in July 2024				✓

Strategic Goal	Operational Goal	Measure of Performance	Progress	Q1	Q2	Q3	Q4
To enhance resident/client focused activity programs	To rebuild the Spiritual Care Program.	<ul style="list-style-type: none"> <li>• Increase spiritual program to once weekly by September 2023.</li> <li>• Hold monthly communion for residents by December 2023.</li> </ul>	<b>COMPLETE</b> - Weekly service now in place.		✓		
			<b>COMPLETE</b> - Communion services now in place.				✓
	To rebuild the Recreation Program.	<ul style="list-style-type: none"> <li>• Implement 2 new community-based activity programs by December 2023.</li> </ul>	<b>COMPLETE</b> GEMS and Pre-school programs now in place			✓	
	To improve residents' quality of life through participation in the SQLI Social Life Project.	<ul style="list-style-type: none"> <li>• Determine area of focus by conducting a resident needs assessment for residents to determine what area to focus on by September 2023.</li> <li>• Determine Social Life Project and implement by March 2024.</li> </ul>	<b>COMPLETE</b>			✓	
			<b>COMPLETE</b> Focus of project is on Men's Social Engagement. Project will be presented to Care Committee and SQLI in April – May.				✓



To: Care Services Committee  
From: Geri Geldart, President and CEO  
Date: April 25, 2024  
**RE: Report from Family Advocacy Council**

---

The Family Advocacy Council has met three times since our last meeting.

- Feb 1, March 6 and April 10, 2024
- Our events are now hybrid – in person and Zoom which is working well, with minor technology glitches... but we are learning.
- Staff attend for the first portion of the meeting, then leave for the family to hold discussions without staff present.
- Marj Deveau facilitates the in-person discussion.
- The on-line group leave messages in the chat room.

#### **Topics Covered**

- All agendas include regular updates on staffing, Infection control / vaccination program, and events.
- Special topics covered
  - Suzy-Q project

#### **Questions and Feedback from Family Members**

- Requests for better communication during times of staffing shortages
- How are staff ratios calculated?
- Questions regarding our funding
- Fire alarm protective covers
- Do we recruit at NBCC, etc.
- Concerns about limited activity program, particularly around holidays.

We will meet again in May and June, with the June meeting being an evening session. We will most likely pause our meetings over the summer.

G. Geldart  
April 25, 2024



**YORK**  
CARE CENTRE



**CIRA**  
CENTRE FOR INNOVATION  
AND RESEARCH IN AGING



**YORK**  
DEVELOPMENTS  
LIFESTYLE LIVING

## BRIEFING NOTE

**To:** Care Services Committee  
**From:** Geri Geldart, President and CEO  
**Date:** April 25, 2024  
**RE:** **Quality Framework Progress Report**

---

### **Purpose**

To provide a progress report on the 2023-24 Quality Framework Annual Plan.

### **Background**

The CEO presented the YCC Quality Framework to the Care Services Committee in January 2023 which outlined our domains of quality (Quality of Life, Quality of Care, Safe and Supportive Environment & Best Place to Work), and also laid out our specific objectives for 2023/24 (attached for information)

### **Current Status**

This has been a successful year for the full team as they pursued their quality improvement work. We were pleased to have a partnership with Healthcare Excellence Canada in the delivery of a Quality Improvement Workshop in September 2024, with many YCC staff, as well as staff from other nursing homes in attendance. We planned a formal launch of the Quality Improvement Framework in the fall, but this was deferred due to our staffing crisis. Regardless, the team was able to continue with their quality improvement work and I am pleased to report on their progress.

#### ***Objective 1 – Key Performance Indicators for All Domains of Quality***

##### **COMPLETE AND ONGOING**

We are tracking KPIs in each domain.

#### ***Objective 2 – Seniors Quality Leap Initiative (SQLI) – Quality of Life and Quality of Care Domains***

##### **COMPLETE AND ONGOING**

We continue our participation with SQLI. Under Jamie Roy's leadership, initiatives in the areas of inappropriate use of antipsychotics, pain management and pressure injury prevention were carried out. Jamie reports quarterly to the Care Services Committee on these indicators. Jamie and Justine Estey will be presenting at the annual SQLI forum in May on the Social Life improvement project carried out in quarter 4.

#### ***Objective 3 – Healthcare Excellence Canada – Quality of Life and Best Place to Work Domain –***

##### **COMPLETE**

York Care Centre received a \$10,000 grant to introduce the Advanced Caregiver Program as part of the national Reimaging Long Term Care Collaborative. This project resulted in the development of a curriculum and handbook for the preparation of family members who wish to become Advanced Caregivers. We have offered two programs. This will become part of our routine offering to family members.

**Objective 4 – Emergency and Disaster Plan – Safe and Supportive Environment**

COMPLETE

Under Michel Boyer’s leadership, the Emergency and Disaster Plan has been updated and a Cybersecurity plan has been introduced.

**Objective 5 – NB Association of Nursing Homes – Quality of Care Domain**

COMPLETE

Under Jamie Roy’s leadership, the Care Services team participated in the NBANH’s quality improvement program. This was a one-year program funded under the Healthy Seniors Pilot Program. YCC’s focus was on restraint usage and the team have achieved a 36% reduction in the use of restraints without an increase in the number of falls.

**Objective 6 – Employee Engagement – Best Place to Work Domain**

IN-PROGRESS

The senior leadership team have developed a draft employee engagement framework which is still a work in progress. Our primary focus over the past year was on scheduling improvements and recruitment. We have continued to measure employee satisfaction with organizational communication. Although the results remain strong, the survey participation rate has declined. Improving employee engagement remains a priority for our team.

**Objective 7 – Supportive Housing**

IN-PROGRESS

Our objective was to consider how best to include our supportive housing program in our quality improvement work. Under Jamie Roy’s leadership, we have stabilized the supervisory model for this team and have conducted a baseline resident satisfaction survey. This has allowed the team to understand the improvement opportunities with this group. Efforts have focused on providing consistent communication opportunities and increasing resident participation in activities.

**Next Action**

The senior leadership team will be considering their quality improvement priorities during the 24/25 operational planning process which is currently underway.

G. Geldart  
April 25, 2025



# 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.

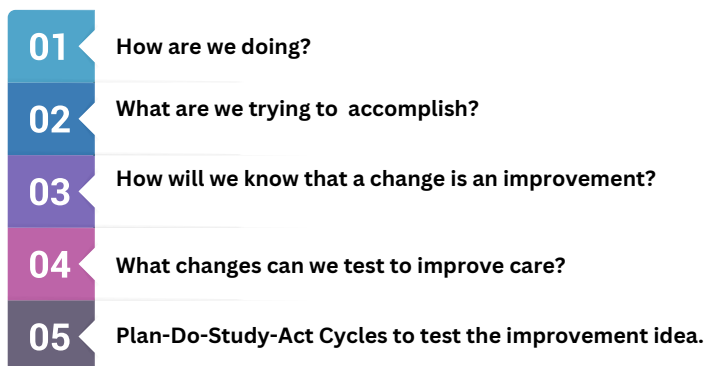
# Domains of Quality

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?

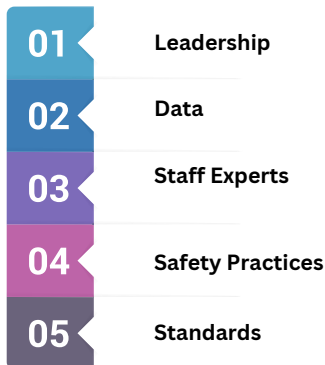
- a. Teams will collaborate with residents to identify potential changes/solutions

## 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.