



Care Services Committee

AGENDA

Thursday, September 14, 2023 @ 4:00pm

Join Zoom Meeting

<https://us02web.zoom.us/j/82936416296?pwd=RGFwVHlxbjVNSFJRZmNvT1ZQaU5LZz09>

Meeting ID: 829 3641 6296

Passcode: 339811

Item	Description	
1	Call to Order	Lyne St-Pierre-Ellis
2	Approval of Previous Minutes April 20, 2023*	Lyne St-Pierre-Ellis
3	Declarations of Conflict of Interest	Lyne St-Pierre-Ellis
4	Business Arising	
5	Care Services Report for Q1 (April 1 – June 30, 2023)* 1. Clinical Care & Quality 2. Key Performance Indicators 3. Progress on Operational Goals	Jamie Roy
6	Family Advocacy Group Report*	Geri Geldart
7	New Business 1. Annual Workplan	Geri Geldart
8.	Date of Next Meeting <ul style="list-style-type: none"> • November 30, 2023 @ 4PM 	

denotes attachment



**Minutes of meeting
Care Services Committee
On April 20, 2023**

Present: Marjorie Belzile (Chair), Lyne St-Pierre-Ellis, Marilyn Born, (VC), Gary Beattie, Doug Holt, Andrea Seymour, Kelly Clark, Bonny Hoyt-Hallett, Geri Geldart (ex-officio)
Regrets: None
Staff: Jamie Roy, Renee Lowe

1. Call to Order & Introductions

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

2. Approval of Previous Minutes – January 19, 2023

Motion:

It was moved by Lyne St-Pierre-Ellis, seconded by Doug Holt that the minutes of January 19, 2023 be approved.

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. None expressed.

4. Business Arising from the Minutes

4.1 Nursing Home Without Walls

G. Geldart gave an update regarding a recent communication with DSD. We had submitted a very preliminary proposal in December, and they are looking for something more substantial. G. Geldart will be meeting with several staff to discuss a revised proposal to DSD.

5. Care Services Report for Q4 (January 1 – March 31, 2023)

Jamie Roy, VP of Clinical Care and Quality Services presented the report for Q4. The report was included in the meeting package. Important highlights from her report include:

- **Infectious Diseases** – We've come along way in regards to living with covid. We had another outbreak in February and March, which was isolated to one unit. We have a total of 112 residents who are considered fully vaccinated. A memo was sent out from Social Development indicating that residents should be offered another covid booster prior to the end of June. It was noted that admissions and discharges were high because the denominator is at least 10 assessments lower than it is in other quarters.
- **Equipment** – We were able to purchase some new equipment including 30 new beds, which will assist residents in moving up in their bed, as well as tablets which are being used for monitoring wound care.
- **Recruitment** – the recruitment mission to the Philippines was a success, with 13 employees signing contracts, including one RN.
- **Key performance indicators** – these were presented and reviewed by the committee. We've brought down our inappropriate use of antipsychotics indicator by 9%. Falls are now being tracked

through Momentum, which enabled us to generate a report that shows falls with injury. With the Healthy Seniors Pilot Project through NBANH, we may see a significant increase in restraints in Q1 due to getting a clearer definition of a restraint.

- **Therapeutic Recreation & Volunteers** - 418 activities have taken place in quarter 4. Some events were cancelled on Tower 3 due to the covid outbreak and bad weather. We started “in-person” spiritual care programs which occur bi-monthly in the Friendship Centre, with the goal of these becoming weekly. There were 5 new volunteers onboarded, 2 of which have since left due to lifestyle changes. Planning is underway for our Mother’s Day and Father’s Day events. We purchased a portable mini Snoezelen cart for Birch Grove and more equipment for Tower 2, including more Snoezelen room equipment.
- **Resident Council** - Continues to be active. Preparing for some large fundraisers for Mother’s Day and Father’s Day.
- **Adult Day Program** - The program is currently operating 3 days per week with 12 registered participants. We’ve hired a new Activity Aide, with the goal of opening full time on May 1st.
- **Hawkins House** – We are currently hosing a CCNB Supportive Care Assistant student doing a work term, and are hoping she’ll stay on. The staff room has been updated, including new paint.
- **Operational Goals** - All goals are complete with the exception of bedside audits, ‘All the Right Moves’ training, and the Adult Day program which will be moved to the next operational plan for 2023-24. Rebuilding of the recreation and volunteer programs and improvements in dietary services will also carry over to the new fiscal year.

6. Family Advocacy Group Report

G. Geldart gave a report which was included in the meeting package. We offered to facilitate until new leadership is identified and this new framework is going well. Each meeting the group is introduced to a staff member and get to know their role. We are taking feedback from this group, which is helping with improvement initiatives.

7. New Business

7.1 Quality of Life Survey

Jamie Roy presented the Quality of Life Survey, which was included in the meeting package. Detailed survey results are available if committee members wish to have more data. A needs assessment around social life will be done to determine what it is that the residents want.

7.2 New Admissions Process

Jamie Roy gave an update on how the new admissions process is going. The process limits the degree of flexibility that homes might have had in the past regarding which applicant to admit when a bed is available. The committee is supportive of the admissions committee continuing to monitor the impact of the new process and to make decisions which best address resident needs.

8. Date of next meeting

TBD

Adjournment: The meeting was adjourned at 5:54 pm on a motion by G. Beattie

Marjorie Belzile, Chair

Renee Lowe, Recording Secretary



REPORT TO THE CARE SERVICES COMMITTEE

April 1st-June 30th, 2023
Quarter 1 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

As spring sprung upon us, we also began to adjust working without a medical mask. Social Development dropped the requirement of wearing a medical mask which many were happy about, but many did continue to wear a mask out of caution. It was refreshing for our residents to see co-workers faces and smiles through the hallways. Quarter 1 was a busy time of year, we had our annual inspection, started recruiting for summer students and junior volunteers, and organized the Mother's & Father's Day events. The residents were able to get outside and began to enjoy the fresh spring air which is so beneficial to their overall health and wellbeing.

Here are some important highlights from Quarter 1:

- Stephanie Seymour transitioned into her role as Director, Community, Recreation and Volunteers, which she now oversees the tenants in supportive housing and our independent apartments. Candace Purcell, who is the Community Outreach Coordinator for our Adult Day Program (ADP) has also assumed the role as Supervisor in Hawkins House. Tamsen Arnold, Director of Care will continue to provide clinical oversight.
- We had our annual Nursing Home Inspection with Social Development in which we received 12 areas of non-compliance and 2 recommendations. We submitted our action plan to Social Development for review.
- We had one covid outbreak on Tower 2 in June, with a total of 12 residents becoming infected with the virus and 1 death due to covid.
- We have a total of 164 residents who are considered "fully vaccinated" against covid. Covid boosters were provided to all residents who consented by the end of June.
- There was a total of 12 admissions and 13 discharges in long term care. There was a total of 3 move ins and 2 move outs in Hawkins House and 2 move ins and 2 move outs in our independent apartments.
- Attendance Support Program – we have met with approx. 33 staff members in Quarter 1.
- For the quality improvement initiative with Healthcare Excellence Canada, we held our first Advanced Caregiver course for 4 family members in early June.
- Basic Life Support training (CPR) for the RAs as well as recertification for our RNs and LPNs carried on into April. Education on wound care
- Rose offered 1 Gentle Persuasive Approach (GPA) course in April. A total of 7 staff attended from both nursing and support services.
- Dr Moore, our visiting dentist, donated a newer dentist chair for our dental suite.

Key Performance Indicators

	Q2 22/23		Q3 22/23		Q4 22/23		Q1 23/24	
	N	D	N	D	N	D	N	D
Falls within the last 30 days This indicator looks at how many residents fell in the last 30 days leading up to the date of their quarterly clinical assessment	48	208	37	198	34	181	43	194
	23%		18%		18%		22% (20%)	
Falls with Injury This indicator looks at how many injuries were sustained when a resident falls.					28	185	35	159
					15%		22%	
Newly occurring pressure ulcer This indicator looks at the number of residents who have developed a new pressure ulcer	14	197	5	186	7	169	5	177
	7%		2%		4%		2% (3%)	
Worsened pressure ulcer This indicator looks at the number of residents whose stage 2 to 4 pressure ulcer had worsened since the previous assessment	15	206	6	198	7	180	5	186
	7%		3%		3%		2% (3%)	
Restraint use This indicator looks at how many residents are in daily physical restraints. Restraints are sometimes used to manage behaviours or to prevent falls	31	206	39	197	33	181	40	193
	15%		19%		18%		20% (12%)	
Potentially inappropriate use of anti-psychotics This indicator looks at how many residents are taking antipsychotic drugs without a diagnosis of psychosis	28	135	21	129	8	106	5	106
	20%		16%		7%		4% (23%)	
Worsened depressive mood This indicator looks at the number of residents whose mood from symptoms of depression worsened	38	207	42	197	38	180	38	190
	18%		21%		21%		20% (14%)	
Experienced pain This indicator looks at the number of residents who express pain daily and/or describe as severe or excruciating	15	208	10	198	13	181	7	194
	7%		5%		7%		3% (6%)	
Experienced worsened pain This indicator looks at how many residents had worsened pain from prior assessment	28	204	22	197	22	180	27	183
	13%		11%		12%		14% (16%)	
Behavioral symptoms improved This indicator looks at how many residents have an overall decrease in behavioral symptoms from prior assessment	19	207	20	198	18	179	14	186
	9%		10%		10%		7% (8%)	
Behavioral symptoms worsened This indicator looks at how many residents have an overall increase in behavioral symptoms from prior assessment	19	207	24	198	19	180	22	188
	9%		12%		10%		11% (9%)	

Transfers to hospital	9	214	12	213	9	214	11	216
The percent of residents transferred to hospital	4%		6%		4%		5% (3%)	
Days in outbreak status								
The number of days total that each unit was in outbreak	52		44		32		23 (178)	
Covid Immunization	200	216	169	213	112	216	164	216
The percent of residents who are 'fully vaccinated'	93%		79%		52%		76%	

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

The quality indicator for inappropriate antipsychotic use is now at 4%, which has gone down 16% in the last year. Identifying residents who have ongoing delusions and hallucinations and coding it properly, along with the help of the physicians providing an appropriate diagnosis have been the reasons for our success with this quality indicator.

For the Healthy Seniors Pilot Project through NBANH, we decided to focus on restraint usage due to the increase in our quality indicator over the last year. We have created a Restraint Committee, and determined that there are four areas for improvement to focus on: 1) Assess the current residents who have restraints to determine if any of them can be removed, 2) Review the process for initiating a restraint and make changes if needed, 3) Review our Least Restraint policy and complete the Falls Prevention Program to meet the Nursing Home Standards, and 4) Provide education to staff, residents and families on the Falls Prevention Program and updates to the policy and process.

'Transfers to hospital' quality indicator is currently capturing the number of residents that are admitted to hospital only. We are currently unable to get a report that will identify the residents that go to the Emergency Room (ER) and return to the nursing home the same day. This information is collected through the quarterly LTCF assessment for each resident so we are working on getting a report that will capture the residents that go to the ER and return the same day as well as those who are admitted.

We started tracking falls through Momentum in Q4, which was able to generate a report that showed falls with injury. We are now able to identify the number of falls in a quarter versus the number of people who fell and out of that number, how many resulted in an injury.

The infection tracking report is still not providing accurate data, but we had a total of 26 infections in Quarter 1. We will have the data for respiratory infections for the next quarter.

2. Therapeutic Recreation/Spiritual Care & Volunteers

387 activities have taken place in Quarter 1.

We hosted our first Mother's Day Event since Covid in May. Well received and all smiles! We had 2 seating events, one in the afternoon and one in the evening. It was a citrus theme, with mini desserts served and live entertainment.

In May we welcomed, Mariah Linehan our STU intern for a 14-week placement, along with our Junior Volunteer Coordinator Sabrina Milburn for a 12-week placement.

In June, we had to cancel our Country Fair due to weather, but we were able to host our 1st Father's Day event since Covid. Live music and sundaes were held in the Friendship Centre, along with a car show in the front parking lot. Another successful event, with many smiling faces.

Also, in June we welcomed Robyn MacCara our Activity Coordinator Assistant & Student Wellness Coordinator Julia MacLean, both for 12-week placements.

Resident Activities	Q1	Q2	Q3	Q4
Number of available resident activities This indicator looks at the number of activities made available compared to the goal of 450 for the quarter	86%			
Residents participating in activities This indicator looks at the number of residents participating in scheduled activities	96%			

3. Volunteers

We have onboarded 2 new volunteers, 1 for Tower 2, and 1 for General Unit activities.

We also started the organization of our Summer Junior Volunteer Program.

4. Resident Council

Resident Council had a successful raffle for Mother's Day & Father's Day. They raffled tickets for a gift card to Scott's Nursery, with a quilt and bird house and the 2nd prize was a wooden deck cooler with a gift card to Peter's Meat Market.

Resident Council donated \$300 towards a High School Student who needed assistance to prepare for Prom festivities. Resident Council communicated with a school liaison to ensure the student received the funds for the Tux rental etc.

In June, new executive vote took place. Tracey Mitchell, successfully complete her time frame as president. New President, Ellen Saunders-Aube officially appointed and will take the helm as of September 2023. Vice President, Natalie Henderson officially appointed and will take her position effect September 2023.

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

5. Adult Day Program

We officially opened to 5 days per week.

23 registered participants.

Weekday Breakdown

M - 12

T - 9

W - 10

T - 6

F - 12

8 clients were discharged from April to June, including 1 death.

During this time, we had 4 clients in the cue, awaiting participation. 1 was not able to start due to transportation needs, the other 2 started in July, delayed due to client families rebooking the intake appt.

7 intakes completed where the potential client was not a good fit for the program. Reasons being: Incontinent, inability to take cueing, requiring in-depth med management, elopement issues and physical aggression.

11 intakes in total for April to June.

6. Hawkins House

- Stephanie officially stepped into the role of Director, Community, Recreation & Volunteers and Candace officially started as HH. Supervisor. Both moves, were well received. Tamsen will remain, as Care Support oversight.
- We continue to encourage the tenants to become engaged in the activities being offered or implemented for self direction. We continue to hear feedback both positive and negative surrounding the offerings, but attendance has increased.
- Nhan is working primarily in ADP now, with support to Hawkins House as needed. Other HH staff will also provide support to ADP as needed.
- Staff room refurb has taken place and looks great, lots of positive feedback from the staff.
- 2 tenants discharged, one moved to LTC, the other to back to greater community.
- 3 new admissions. 1 in April and 2 in June.

7. Progress on Operational Goals

Note: Shaded Cell Indicates the Target Date for Completion

Care Pillar	Q1	Q2	Q3	Q4
To improve the Dietary Services with a focus on: --Increasing the variety of food options --Serving food with an acceptable temperature --Improving the dining experience	On Track			
To assess the quality of care for residents by implementing bedside audits	Falling Behind			
As part of the Healthcare Excellence Project, to improve and implement the Advanced Caregiver Training course	On Track			
To improve the “welcoming” process for new residents and families	On Track			
Participate in the NBANH Healthy Seniors Pilot Project to understand and improve our quality indicators, specifically around restraints, falls, and inappropriate antipsychotic use	On Track			
To expand the Adult Day Program	Falling Behind			
To expand outreach programming as part of the Nursing Home Without Walls program, with a focus on service navigation and social engagement	Not Started			
To rebuild the Spiritual Care Program	On Track			
To rebuild the Recreation Program	Not Started			
To improve residents’ quality of life through participation in the SQLI Social Life Project	On Track			
To reduce workplace injuries by implementing “All the Right Moves” training for care services personnel and auditing compliance	On Track			
To improve teamwork by testing a Team Nursing Pilot on Tower 2	Not Started			
Improve communication to staff regarding survey results, quality indicators, education, facility happenings via e-boards in staff rooms	Not Started			
To improve the quality improvement competency of leaders	On Track			
To introduce improvement initiatives as outlined in the QI Annual Plan	Not Started			
To develop and implement an organizational-wide program based on Reduce, Reuse, Recycle	Falling Behind			
To assess the potential to convert Hawkins House to a Level 2 Special Care Home	Not Started			
Rebuild the Volunteers Program by increasing the number of active volunteers	On Track			

Jamie Roy
Vice President, Care Services & Quality



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LIFESTYLE LIVING

To: Care Services Committee
From: Geri Geldart, President and CEO
Date: September 1, 2023
RE: Report from Family Advocacy Council

The Family Advocacy Council has met twice.

May 3, 2023

- Guest – Michel Boyer and Tommy Chapman attended to provide an overview of the Dietary and Housekeeping Departments.
- Geri Geldart provided updates on items such as summer students, the advanced caregiver program, upcoming events (activities and foundation), etc
- Questions / Concerns
 - Insufficient supplies of cutlery and linen products
 - Families are not receiving a welcoming introduction to the facility.

June 7, 2023

- General updates provided – Events, summer concerts, Nursing Home Inspection.
- Guest – Pastor Norm provided an overview of the pastoral care program. There was significant interest in having the church service become a weekly event. This service is very dependent on having volunteers who can porter residents. We hope to have the service become a weekly event by September.

The group agreed to adjourn for the summer. The next meeting will occur in September. We will begin a plan to alternate meetings between afternoons and evenings in an attempt to reach a broader group of family members. We will also experiment with an on-line version of the meeting, if possible.



Care Services Committee - Annual Work Plan 2023/24

A. Excerpts from the Terms of Reference

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 objectives related to the delivery of person-centered, tenant and client services.
2. Reviewing and recommending policies designed to support the achievement of objectives adopted by the Board 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 any approved actions.
4. Evaluating information and recommendations presented by management to ensure optimal resident lifestyles and appropriate levels of care are achieved.

B. Issues & Accomplishments from 2022/23

- Terms of Reference updated.
- Quarterly reporting from VP Care and Quality Services
- Monitored the following:
 - COVID Outbreaks
 - Quality of Care indicators
 - Reports from Family Advocacy Council and Residents Council
 - Results from Annual Nursing Home Inspection.
 - Re-opening of Adult Day Program
 - Gradual re-opening of Activity programs
 - Introduction of the Advanced Caregiver Program
 - Submission of a proposal under the "Nursing Home Without Walls" program
- Reviewed and responded to the NB Seniors' Advocate's report.
- Reviewed and approved the new YCC Quality Framework
- Reviewed the new Nursing Home Admission Process
- Reviewed the new DSD policy on Prioritization of ALC admissions from hospitals.
- Discuss the need to move toward the provision of Free WiFi
- Reviewed the results of the SQLI Quality of Life Survey.

C. Strategic Plan – Care

- Caring for our aging population, our residents and our clients.
- Nothing is more important to us than helping our residents and clients live their best lives. Our Mission, to lead and provide an enhanced quality of life by using an individualized approach for residents, families and clients, drives our improvement work. Over the next two years, we will increase our focus on improving our residents' dining experience and on providing more opportunities for social engagement.

Goals

1. To provide exceptional person and family-centred care and services through evidence-based delivery models.
2. To develop and implement a community outreach program.
3. To enhance resident/client-focused activity program

Operating Plan 2023/24 – Related Elements

- 1a. To improve the quality of Dietary Services with a focus on menu variety, acceptable temperatures, and dining experience.
- 1b. To assess the quality of care by implementing bedside audits
- 1c. As part of the Healthcare Excellence Project, to improve and implement the Advanced Caregiver Program.
- 1d. To improve the “welcoming” process for new residents and their families.
- 1e. Participate in the NBANH Healthy Seniors Pilot Project to improve our practices with restraints, falls and antipsychotic use.

- 2a. To expand the Adult Day Program
- 2b. To expand outreach programming through the Nursing Home Without Walls program.

- 3a. To rebuild the Spiritual Care program
- 3b. To rebuild the Recreation program.
- 3c. To improve the residents' quality of life through participation in the SQLI Social Life Project.

D. Issues to Consider for Upcoming Year

- Generally strong results on committee evaluation. No issues identified.
- The NB Seniors' Advocate will be releasing a review of long-term care services in NB in the fall.
- We will work with DSD to further develop our Nursing Home Without Walls proposal – but we are delaying our timeline for this due to the number of project currently underway.
- What will COVID bring in the next year – will we need to re-introduce masking and visitation restrictions?
- We are currently conducting resident and family surveys, as well as a resident needs assessment process.
- We are in Year One of the new Quality Improvement Framework. The strategic goal which addresses quality improvement falls under the Resources Pillar which is monitored by the Finance and Administration Committee. Does the Care Services Committee wish to be updated on progress related to the Quality Framework.
- We are partnering with Healthcare Excellence Canada to provide a basic course on Quality Improvement techniques. The program will be offered to YCC staff and colleagues in the other Region 3 Nursing Homes.
- We have submitted our response to our annual nursing home inspection.
- Are there any education topics the committee would like to consider.

E. Committee Membership

- Lyne St-Pierre-Ellis, Chair
- Doug Holt
- Andrea Seymour
- Bonny Hoyt-Hallet (Community)
- Kelly Clark (Community)
- Marjorie Belzile, ex officio
- Geri Geldart, ex officio
- Jamie Roy, staff.

F. Proposed Workplan

Meeting	Date	Reports and Documents
Q1	Thursday, Sept 14, 2023 @ 4PM	<ul style="list-style-type: none">• Report from the VP, Care and Quality Services• Report from the Family Advocacy Council• Nursing Home Inspection Results• Review of Annual Workplan
Q2	Thursday, Nov 30, 2023 @ 4PM	<ul style="list-style-type: none">• Report from the VP, Care and Quality Services• Report from the Family Advocacy Council• NB Seniors' Advocate Report• Results from the Family and Resident Survey• Results from the Residents' Needs Assessment
Q3	Thursday, Feb 1, 2024 @ 4PM	<ul style="list-style-type: none">• Report from the VP, Care and Quality Services• Report from the Family Advocacy Council
Q4	Thursday, May 2, 2024 @ 4PM	<ul style="list-style-type: none">• Report from the VP, Care and Quality Services• Report from the Family Advocacy Council• Nursing Home Without Walls Program update• Quality Framework Progress Report• SQLI Quality of Life Survey