



## Care Services Committee

### AGENDA

Thursday, November 30, 2023 @ 4:00pm

Zoom meeting link

<https://us02web.zoom.us/j/88268823986?pwd=U2pBSEQ4YU9HRUc5d3UvMU1WeWJJQT09>

Meeting ID: 882 6882 3986

Passcode: 741050

Item	Description	
1	Call to Order	Lyne St-Pierre-Ellis
2	Approval of Previous Minutes September 14, 2023*	Lyne St-Pierre-Ellis
3	Declarations of Conflict of Interest	Lyne St-Pierre-Ellis
4	Business Arising 4.1 Annual Workplan*	Jamie Roy
5	Care Services Report for Q2 (July 1, 2023 – September 30, 2023)* 5.1 Clinical Care & Quality 5.2 Key Performance Indicators 5.3 Progress on Operational Goals	Jamie Roy
6	Family Advocacy Group Report*	Geri Geldart
7	New Business 7.1 Family & Resident survey results	Jamie Roy
8	Date of Next Meeting • February 1, 2024 @ 4PM	

\*denotes attachment\*



**Minutes of meeting  
Care Services Committee  
On September 14, 2023**

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

**1. Call to Order & Introductions**

Ms. St-Pierre-Ellis called the meeting to order at 4:03pm.

**2. Approval of Previous Minutes – April 20, 2023**

**Motion:**

**It was moved by Bonny Hoyt-Hallett, seconded by Doug Holt that the minutes of April 20, 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 Q4 (April 1 – June 30, 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:

- **Role changes** - Stephanie Seymour has transitioned into the role of Director, Community, Recreation and Volunteers. Candace Purcell, the Community Outreach Coordinator for the Adult Day Program has also taken on the role of Supervisor in Hawkins House. Tamsen Arnold, Director of Care, will continue to provide clinical oversight, as necessary.
- **Nursing Home Inspection** – we have received the results of our annual inspection. We were advised of 12 areas of non-compliance and 2 recommendations. Details were reviewed with the committee. Areas of non-compliance relate primarily to documentation of care plans, physician orders, resident reviews and clinical programs/policies. We fully anticipate being able to resolve these issues prior to end of year. The most concerning area of non-compliance relates to our staffing levels and we do not expect to have this resolved this year. This was an area of non-compliance last year, as well. As a result, we will once again have a modified license. Our overall action plan has been submitted to the Department of Social Development

- **Infectious Diseases** – There was one Covid outbreak in Quarter 1 affecting 12 residents and resulting in one death. We have re-introduced masking within the facility as a preventative measure given that we expect an increase in respiratory illnesses in the fall. A vaccination program will be offered in the fall. Two rounds of vaccine (influenza and COVID) will be offered.
  - **Staff education** – training sessions in Basic Life Support, Wound Care and General Persuasive Approach were offered to staff.
  - **Key performance indicators** – these were presented and reviewed by the committee. There has been significant improvement in the KPI related to inappropriate use of antipsychotics. Improvement is due to better discussion with the medical team, as well as documentation and coding improvements. There has been an increase in the use of restraints and this is a concern for the clinical team. A restraint committee has been formed. Actions will include staff education, a clinical review of all residents currently using restraints and establishing a more formal approach to follow when considering if restraints should be used.
  - **Therapeutic Recreation & Volunteers** – 86% of the target number of activities were offered in Quarter 1, with 96% of residents participating in activities. This department has been coping with staff shortages due to a maternity leave.
  - **Adult Day Program** - The program is now operating 5 days per week with 23 registered participants.
  - **Operational Goals** – Jamie Roy reported on 18 operational goals which support the strategic plan. None of the goals were due for completion in Quarter 1. Most goals are on track, or due to begin later in the year. Elements which are falling behind include bedside audits, expanding the Adult Day Program, and the introduction of reusable products in the medication administration process.
- 6. Family Advocacy Group Report**
- G. Geldart gave a report which was included in the meeting package. FAC met twice in Quarter 1. Guest speakers included Michel Boyer, Tommy Chapman and Pastor Norm. Concerns identified by families include:
- Insufficient supply of cutlery and linen products
  - Families not receiving a welcoming introduction to the facility
  - The desire to offer weekly church services in the Friendship Centre.

Plans are in place to address each of these concerns.

## **7. New Business**

### **7.1 Annual Workplan**

The committee reviewed the draft workplan and agreed that the identified elements are appropriate. An update on the nursing home admission / waitlist process was requested. There was also a discussion focused on how the committee could stay aware of innovations / evolution of the long-term care sector as means to support the ongoing development of York Care Centre as a leader in the sector.

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

The next meeting is scheduled for November 30, 2023 at 4PM.

**Adjournment:** The meeting was adjourned at 5:54 pm on a motion by Doug Holt.

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

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**Geri Geldart, CEO, Recorder**

## Section 7 - Proposed Workplan for Discussion

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



# REPORT TO THE CARE SERVICES COMMITTEE

**July 1<sup>st</sup> – September 30<sup>th</sup>, 2023**  
**Quarter 2 Activity**

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

**Senior Leader**  
Jamie Roy, Vice President, Care Services & Quality

**Key Areas of Reporting**  
Clinical Care & Quality,  
Therapeutic Recreation  
& Volunteers,  
Residents Council  
Adult Day Program  
Hawkins House  
Operational Goals

## 1. Clinical Care & Quality

During the summer months, we had some outdoor events which allowed our residents to get outside, interact with others and have fun. We also began to see our challenges with staffing. In August, we had our summer students go back to school as well, we had some staff who were accepted into bridging programs. Then in September, we had a large gastrointestinal (GI) outbreak, and many staff were sick, which compromised our staffing levels even further. This became a crisis for the care services department as we were not able to deliver safe, quality care to our residents. Some projects and operational goals were delayed as our resources were allocated to the units for resident care. The Director of Care went on a leave towards the end of September which also caused resource challenges. Overall, this was one of the hardest quarters for providing quality care for our residents since covid arrived.

### Here are some important highlights from Quarter 2:

- The resident and family surveys were completed in July. There was a total of 68 residents and 75 family members who participated in the survey.
- Continuous masking was put in place the first week of September, anticipating the increase in covid cases, children going back to school, and viruses circulating.
- We had a GI outbreak in September, which affected Birch Grove, Dixon and Tower 1 residents and staff. There was a total of 40 residents infected with the norovirus.
- We had one covid outbreak in Birch Grove in September, with a total of 2 residents becoming infected with the virus. There was a covid outbreak in Hawkins House in September as well, with a total of 2 tenants infected with the virus.
- Education was focused on skin tears and hand hygiene. Training on All the Right Moves was also completed for the staff in Tower 3.
- The Palliative Care Committee reformed, and they had their first meeting in August. We now have unit champions and are participating in a Healthy Seniors Pilot Project to enhance palliative care within nursing homes in the province (Strengthening a Palliative Approach in Long Term Care – SPA-LTC). We are being provided with education for staff and resources to enhance our program.
- Relief care was busy throughout Q2 with 8 clients utilizing the service.
- Planning for the next Advanced Caregiver Course (ACC) was under way and improvements were made to the program and handbook after receiving feedback from the course in June.
- There was a total of 19 admissions and 23 discharges in long term care. There was a total of 2 move ins and 3 move outs in Hawkins House and no moves took place in our independent apartments.
- Attendance Support Program – we met with approximately 25 staff members in Quarter 2.

## Key Performance Indicators

	Q3 22/23		Q4 22/23		Q1 23/24		Q2 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	37	198	34	181	43	194	37	200
	18%		18%		22%		18% (23%)	
<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.			28	185	35	159	1	138
			15%		22%		1%	
<b>Newly occurring pressure ulcer</b> This indicator looks at the number of residents who have developed a new pressure ulcer	5	186	7	169	5	177	4	192
	2%		4%		2%		2% (7%)	
<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	6	198	7	180	5	186	4	199
	3%		3%		2%		2% (7%)	
<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	39	197	33	181	40	193	44	199
	19%		18%		20%		22% (15%)	
<b>Potentially inappropriate use of anti-psychotics</b> This indicator looks at how many residents are taking antipsychotic drugs without a diagnosis of psychosis	21	129	8	106	5	106	6	106
	16%		7%		4%		5% (20%)	
<b>Worsened depressive mood</b> This indicator looks at the number of residents whose mood from symptoms of depression worsened	42	197	38	180	38	190	42	197
	21%		21%		20%		21% (18%)	
<b>Experienced pain</b> This indicator looks at the number of residents who express pain daily and/or describe as severe or excruciating	10	198	13	181	7	194	8	200
	5%		7%		3%		4% (7%)	
<b>Experienced worsened pain</b> This indicator looks at how many residents had worsened pain from prior assessment	22	197	22	180	27	183	11	199
	11%		12%		14%		5% (13%)	
<b>Behavioral symptoms improved</b> This indicator looks at how many residents have an overall decrease in behavioral symptoms from prior assessment	20	198	18	179	14	186	25	199
	10%		10%		7%		12% (9%)	
<b>Behavioral symptoms worsened</b> This indicator looks at how many residents have an overall increase in behavioral symptoms from prior assessment	24	198	19	180	22	188	17	199
	12%		10%		11%		8% (9%)	

<b>Transfers to hospital</b>	12	213	9	214	11	216	8	214
The percent of residents transferred to hospital	6%		4%		5%		4% (4%)	
<b>Days in outbreak status</b>								
The number of days total that each unit was in outbreak	44		32		23		28 (52)	
<b>Covid Immunization</b>	169	213	112	216	164	216	164	216
The percent of residents who are 'fully vaccinated'	79%		52%		76%		76%	

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

At our last committee meeting, we decided that we were only going to report major injuries, not all injuries from falls. Therefore, you will see a significant decrease in our percentage for this quarter. We had 1 hip fracture.

We have seen a significant decline in our number of residents with worsened pain (14% to 5%). This may be due the changes we have made with our coding practices, but we will continue to monitor this quality indicator over the next few quarters to determine if that is the case.

For the Healthy Seniors Pilot Project through NBANH, and our focus on restraint usage, we continued to meet as a committee to assess the current residents who have restraints to determine if any of them can be removed. We were able to remove 3 restraints, but we will continue with this process into quarter 3. We have reviewed the process for initiating a restraint and are in the process of updating our Least Restraint policy and completing the Falls Prevention Program to meet the Nursing Home Standards.

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 8 residents who were transferred to hospital, 5 were admitted to hospital and 3 returned to the facility the same day.

## 2. Therapeutic Recreation/Spiritual Care & Volunteers

405 activities have taken place in Quarter 2.

In July we hosted our first Summer Concert event, and it was a big success! With over 300 people in attendance.

Several activities took place including a summer carnival, tending to the veggie gardens, and campfires in the evening.

In August, we welcomed several furry and non furry animals for a lovely afternoon of a Petting Zoo. Many residents participated and several neighbouring tenants also joined in on the fun. We hosted our 2<sup>nd</sup> Summer Concert event, and it was another great evening of music and dancing. We were also fortunate to have a very special visit with the RCMP Musical Ride. Two horses and their partners arrived and what a special experience it was.

At the end of August, we said farewell to our wonderful summer students, Sabrina, Robyn, Mariah and Julia. They were an amazing asset to the Recreation Department, and we were sad to see them go! We also hired a new Activity Coordinator for Birch Grove, Taylor Stewart.

In September, we welcomed 3 NBCC students from the Social Service Community Worker program. They started their 14-week placement working within ADP, Tower 1 and Dixon units. We also hosted our Old Time Country Fair Event which was rescheduled from June. Though the fall weather was upon us, residents enjoyed the event!

<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	86%	90%		
<b>Residents participating in activities</b> This indicator looks at the number of residents participating in scheduled activities	96%	97%		

## 3. Volunteers

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

We officially started the Junior Volunteer Summer program. There are 22 youth registered for the program. Over the course of July to August, the Junior Volunteers provided us with more than 400 hours in total. In August, we hosted a farewell appreciation event in the friendship centre that our summer students coordinated. Pizza, cupcakes and a variety of activities were enjoyed.

For our regular volunteer program, at the beginning of April 2023, we had 43 registered. 5 of those volunteers finished up their volunteering as their schooling was finishing. We also said goodbye to 2 more volunteers at the beginning of July for the same reason. In September, we recruited 6 new volunteers. At the end of

September 2023, we have 42 registered volunteers. There were 4 new applicants received in October and November who are waiting to finalize their onboarding paperwork.

#### **4. Resident Council**

Resident Council hosted their summer party. Fried chicken and salads were served, and games were played. Regular resident council meetings resumed in September and plans for the Christmas raffle sale were underway.

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**

Total number of participants: 22

Participants by day:

Monday – 12

Tuesday – 6

Wednesday – 10

Thursday – 6

Friday – 12

We have 46 spots being occupied, with 12 spots per day (60 seats). We are currently operating at 77% participation.

Discharged: 4

Details on discharges:

2 participants families felt the program was not a good fit for their loved one.

1 participant was admitted to LTC.

1 participants health was deteriorating.

12 intakes. 4 have started the program. The bulk were not suitable for the program (7). One in the que is not able to start until March, due to transportation issues.

#### **6. Hawkins House**

- 2 tenants moved out in July, and 2 moved in for September.
- Quiet summer but several activities and outings took place. The tenants travelled to the Country Pumpkin, Walmart, Denny's and a few scenic drives.
- In September we welcomed a new staff member.
- We also had 1 tenant move out at the end of September.

## 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	Completed		
To assess the quality of care for residents by implementing bedside audits	Falling Behind	Falling Behind		
As part of the Healthcare Excellence Project, to improve and implement the Advanced Caregiver Training course	On Track	On Track		
To improve the “welcoming” process for new residents and families	On Track	Falling Behind		
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	On Track		
To expand the Adult Day Program	Falling Behind	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	Not Started		
To rebuild the Spiritual Care Program	On Track	Completed		
To rebuild the Recreation Program	Not Started	On Track		
To improve residents’ quality of life through participation in the SQLI Social Life Project	On Track	Falling Behind		
To reduce workplace injuries by implementing “All the Right Moves” training for care services personnel and auditing compliance	On Track	Completed		
To improve teamwork by testing a Team Nursing Pilot on Tower 2	Not Started	Not Started		
Improve communication to staff regarding survey results, quality indicators, education, facility happenings via e-boards in staff rooms	Not Started	On Track		
To improve the quality improvement competency of leaders	On Track	Completed		
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	Completed		
To assess the potential to convert Hawkins House to a Level 2 Special Care Home	Not Started	Not Started		
Rebuild the Volunteers Program by increasing the number of active volunteers	On Track	Falling Behind		

Jamie Roy  
Vice President, Care Services & Quality



To: Care Services Committee  
From: Geri Geldart, President and CEO  
Date: November 24, 2023  
**RE: Report from Family Advocacy Council**

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The Family Advocacy Council has met twice since our last meeting.

**October 11, 2023**

- Jamie Roy and Geri Geldart attended.
- This meeting was primarily focused on our staffing situation. Updates were provided on staffing levels and the actions underway to ensure safe resident care.
- Lots of questions / answers handled by Jamie.
- Attendance was strong with over 20 family members in attendance.

**November 22, 2023**

- Our first virtual Family Advocacy meeting.
- Geri Geldart, Jamie Roy and Stephanie Seymour attended.
- The purpose of holding a virtual meeting is to provide the opportunity for family members who do not live locally to participate.
- The meeting was held by Zoom. We had ten family members attend. One attendee is from Montreal. The others were local – but joined by Zoom because the “in-person” meetings are hard for them due to their work commitments.
- We provided an update on activities and issues over the past few months (events, staffing challenges, etc). Jamie provided an update on how we are managing infection control (COVID, Other respiratory infections, gastrointestinal, etc). Stephanie gave an overview of the upcoming holiday events.

We will continue to hold in-person FAC meetings but we will experiment with holding the meetings at different times of day, and include a mix of virtual and in-person sessions.

I have been facilitating the meetings since early this year. I have found it very helpful to be able to connect directly with family members. However, they have lost the opportunity to have open discussions without staff members present. My thoughts are to encourage someone from the group to take on a co-facilitator role, and to add a “family members only” session at the end of each meeting.