



## Care Services Committee

### AGENDA

Thursday, February 1, 2024 @ 4:00pm

Zoom meeting link:

<https://us02web.zoom.us/j/84706446311?pwd=UHcvZlIiHU1hkQ1h0MUlhcXljazJpdz09>

Meeting ID: 847 0644 6311

Passcode: 973531

Item	Description	
1	<b>Call to Order</b> 1.1 Introduction of New Committee Member – May Deveau	Lyne St-Pierre-Ellis
2	<b>Approval of Previous Minutes November 30, 2023*</b>	Lyne St-Pierre-Ellis
3	<b>Declarations of Conflict of Interest</b>	Lyne St-Pierre-Ellis
4	<b>Business Arising</b> None	
5	<b>Care Services Report for Q3 (October 1, 2023 – December 31, 2023)*</b> 5.1 Clinical Care & Quality 5.2 Key Performance Indicators 5.3 Progress on Operational Goals	Jamie Roy
6	<b>Standing Reports</b> 6.1 Report from Family Advisory Council	Geri Geldart
7	<b>New Business</b> 7.1 Nursing Home Waitlist Issues a) Meeting with Deputy Minister b) Critical State Admission Prioritization	Geri Geldart
8	<b>Date of Next Meeting</b> • May 2, 2024 @ 4PM	

\*denotes attachment\*



**Minutes of meeting  
Care Services Committee  
On November 30, 2023**

Present: Lyne St-Pierre-Ellis (Chair), Doug Holt, Marjorie Belzile, Kelly Clark(virtual), Andrea Seymour, Bonny Hoyt-Hallett (virtual), Geri Geldart (ex-officio),

Staff: Jamie Roy

**1. Call to Order & Introductions**

Ms. St-Pierre-Ellis called the meeting to order at 4:05pm.

**2. Approval of Previous Minutes – September 14, 2023**

**Motion:**

**It was moved by Marjorie Belzile, seconded by Doug Holt that the minutes of September 14, 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**

**4.1 Annual workplan**

G Geldart provided an update on the workplan. There were no changes since the last meeting. There was a discussion on our vacant bed days concern brought forth from Social Development. We have provided an explanation which was due to staffing concerns.

**5. Care Services Report for Q2 (July 1, 2023 – September 30, 2023)**

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

- Staffing concerns continued in Q2 and a gastrointestinal outbreak among the staff affected the team further. The focus remains on recruitment. Committee members shared suggestions to improve retention, such as developmental opportunities, mentoring, etc. G Geldart and J Roy are developing indicators to help forecast and prevent periods of shortage.
- The key performance indicators and the operating plan progress report were presented.
- There are challenges with volunteer recruitment. A marketing strategy will be developed to support volunteer recruitment.
- The Adult Day Program has not been able to reach capacity. The room may not be suitable for a large group of individuals with dementia. Perhaps it is appropriate to explore other options for support.

## 6. Family Advocacy Group Report

G. Geldart gave a report which was included in the meeting package. The group has met twice since September, with one meeting being delivered virtually to enable broader participation. Updates were provided on staffing issues, planned activities, infection control, etc.

After a year of providing facilitation for this group, the group will be encouraged to identify someone who will become co-facilitator. YCC staff will still attend to provide updates and answer questions, but the group will also be provided with time for discussion without staff present.

## 7. New Business

### 7.1 Family and Resident Surveys – YCC & Hawkins House.

#### YCC Family & Resident survey results

J. Roy shared the results of the most recent Family and Resident survey. Highlights are:

- 68 residents and 75 family members completed the survey.
- Many positive comments regarding our caring and compassionate staff.
- Concerns identified included short staffing and cleanliness of the building. These issues have been shared with the appropriate department heads.
- Satisfaction with mealtimes have improved but the response rate was very low. A repeat survey will be conducted in the spring.
- Social engagement and activities are areas that requires attention.
- Survey results will be shared with staff when the information monitors are introduced in staff lounges in the new year.

#### Hawkins House Tenant and Staff Survey

- 29 tenants out of 31 completed the survey, along with 7 staff members.
- Interesting results, the tenants were satisfied with the dining experience, but almost half were unsatisfied with the meals. We are reviewing the menu to improve this experience.
- There is room for improvement on the tenants' level of understanding of safety measures. Training on these measures will be provided.

## 8. Date of next meeting

The next meeting is scheduled for February 1, 2024 at 4PM.

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

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Lyne St-Pierre-Ellis, Chair

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Jennifer Vos, Recorder



# REPORT TO THE CARE SERVICES COMMITTEE

**October 1<sup>st</sup> – December 31<sup>st</sup>, 2023**  
**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

The critical state of staffing continued into quarter 3, but work was underway to correct the situation. We put admissions and relief care on hold for a period in Q3 to help staff. A re-vamp of the Resident Attendant (RA) schedules and hosting an internal RA course which graduated 12 RA's made staffing more manageable into December. We continued to use agency staff from Plan A and added a second agency, Adapt, to support the vacancies throughout the quarter. The Director of Aging Care was on leave until December, so Rose Chase, Infection Control/Resource Nurse stepped up to help with day-to-day operations during her absence. Social Development implemented a directive where staff and visitors had to wear masks in the facility only when in outbreak. We implemented this in November, which was well received by both staff and visitors. The holiday season brought many festive social events, which unfortunately led to outbreaks in mid December.

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

- The Quality-of-Life surveys through SQLI were implemented in November. There was a total of 53 residents and 65 family members who participated in the survey.
- We had 2 Covid outbreaks in December, which affected Dixon and Birch Grove residents and staff. There was a total of 21 residents infected with the virus.
- There was a covid outbreak in Hawkins House in November/December with a total of 5 tenants infected with the virus.
- Education was focused on hand hygiene and personal protective equipment (PPE). Two sessions of Gentle Persuasive Approach (GPA) were completed.
- As part of the Strengthening a Palliative Approach in Long Term Care – SPA-LTC, there are now education modules available to all staff on Itacit, and we had two staff attend the Learning Essential Approaches to Palliative Care (LEAP) Program.
- We had 3 of our staff arrive from the Philippines and Rose provided a 3-hour lab to review skills such as bathing, oral care, catheter and bowel care.
- Relief care was put on hold for the majority of Q3 but we did have 2 clients utilize the service.
- We held two Advanced Caregiver Courses (ACC) in October. We had a total of 18 participants for the Healthcare Excellence Canada (HEC) project. Overall, it was a huge success, and we plan to hold sessions twice/year.
- There was a total of 15 admissions and 13 discharges in long term care. There was a total of 1 move in and 2 move outs in Hawkins House and no moves took place in our independent apartments.

## Key Performance Indicators

	Q4 22/23		Q1 23/24		Q2 23/24		Q3 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	34	181	43	194	37	200	38	192
	18%		22%		18%		19%	
<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	2	116
	15%		22%		1%		2%	
<b>Newly occurring pressure ulcer</b> This indicator looks at the number of residents who have developed a new pressure ulcer	7	169	5	177	4	192	9	184
	4%		2%		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	7	180	5	186	4	199	10	191
	3%		2%		2%		5%	
<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	33	181	40	193	44	199	35	192
	18%		20%		22%		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	8	106	5	106	6	106	5	104
	7%		4%		5%		4%	
<b>Worsened depressive mood</b> This indicator looks at the number of residents whose mood from symptoms of depression worsened	38	180	38	190	42	197	35	192
	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	13	181	7	194	8	200	6	192
	7%		3%		4%		3%	
<b>Experienced worsened pain</b> This indicator looks at how many residents had worsened pain from prior assessment	22	180	27	183	11	199	6	191
	12%		14%		5%		3%	
<b>Behavioral symptoms improved</b> This indicator looks at how many residents have an overall decrease in behavioral symptoms from prior assessment	18	179	14	186	25	199	9	191
	10%		7%		12%		4%	
<b>Behavioral symptoms worsened</b> This indicator looks at how many residents have an overall increase in behavioral symptoms from prior assessment	19	180	22	188	17	199	25	192
	10%		11%		8%		13%	

<b>Transfers to hospital</b>	9	214	11	216	8	214	14	210
The percent of residents transferred to hospital	4%		5%		4%		7%	
<b>Days in outbreak status</b>								
The number of days total that each unit was in outbreak	32		23		28		18	
<b>Covid Immunization</b>	112	216	164	216	164	216	186	210
The percent of residents who are 'fully vaccinated'	52%		76%		76%		89%	

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

There was a slight increase in newly occurring pressure injuries, in which four of the residents went to hospital and returned with a pressure injury. With our staffing crisis, the quality of care did suffer which may have resulted in more skin breakdown.

For the Healthy Seniors Pilot Project through NBANH, and our focus on restraint usage, we have seen a 4% decrease with the use of restraints. 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. The Least Restraint policy and the Falls Prevention Program are complete, and education to staff will be provided throughout quarter 4.

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 14 residents who were transferred to hospital, 10 were admitted to hospital and 4 returned to the facility the same day.

## 2. Therapeutic Recreation/Spiritual Care

394 activities have taken place in Quarter 3. Our number is lower than last quarter as we did not have the added resources like in the summer months, and we also had staff members out sick over Quarter 3 and Christmas vacations.

We hosted the NB Country Music Hall of Fame, The Lions Club Musical Event, our Halloween Party, along with our Remembrance Day Service, and York County Memorial Service. All events were a success and well attended. Other programs offered were on unit and in the Friendship Centre which included musical events, Zumba, bowling, painting, and crafting, Men's programs, Snoezelen and Sensory programs, etc.

In October, we welcomed a new staff member, Jessie McIsaac, which completed the full compliment of the Recreation team. We also welcomed 2 CO-OP students from Leo Hayes High School, McKenzie, and Ella. They have been a terrific addition to the team.

For our community partnership goals, we officially welcomed a community group called The Gems. This is a group for female youth to learn skills related to life, nature, and other areas of interest, along with a religion focus. They have a variety of groups that will be rotating to come to York Care and assist with facilitating an evening activity. So far, they have participated in an evening of creative crafts on Tower 1 and an evening trivia social in Dixon.

We also welcomed a partnership with the Pre-School Centre. The main street location has engaged with us on setting up a monthly intergenerational program. The group was scheduled to come in December but was unable to due to their facility being in outbreak. We are set to host again in the new year.

Also in this quarter, we met with the Alzheimer's Society to discuss the Memory Café program. We offered our space and some resources to assist with offering this program to the community. At this time, ASNB was unable to confirm if they would have an ASNB individual to support the initiative. Further discussions and plans are in the works for this potential opportunity.

Coordination was in process for our regular compliment of communion services to take place starting January 2024. The Knights of Columbus are on board to facilitate and porter for the Anglican communion services. This is currently delayed as there are several new Knights who require onboarding, and we need to obtain their clearances to porter. Paperwork has been submitted to the new volunteers, and we are awaiting the clearances to be returned.

For the other denominations, our contacts with those churches are struggling to find a lead who can assist with facilitating the services. Primarily, our volunteer pool assists with the portering to these communion services, unlike for the Anglicans, where the Knights of Columbus do it. Conversations are still happening regarding finding someone to facilitate the appropriate denominational communions in the new year.

In December, we said farewell to the 3 NBCC students who successfully completed their 14-week placement with us. We also received confirmation we will be receiving another student from the program in the new year. We were successful in our application for 2 STU interns, who will complete a 14-week placement in the new year with us.

<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%	88%	
<b>Residents participating in activities</b> This indicator looks at the number of residents participating in scheduled activities	96%	97%	93%	

### 3. Volunteers

We had 53 registered volunteers between October to December 2023. We have onboarded 11 new volunteers for the general unit activities.

We had 16 individuals apply in addition to the 11.

Reasons for not onboarding:

- 5 - did not respond back to follow up emails requesting individual to complete the application form.
- 2 - volunteers started one time, but did not return, and no communication from them as to why.
- 3 - replied but missed the opportunity due to communication break down.
- 6 - individuals decided that it was not for them or could not commit to the time commitment or decided to go to another location to volunteer.

### 4. Resident Council

Resident Council has met each month and hosted 1 - 50/50 fundraiser. They also got together in December for their Christmas Party. They ordered Swiss Chalet and enjoyed some music and trivia games.

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: 26

**Participants by day:**

Monday - 11  
 Tuesday – 8  
 Wednesday – 10  
 Thursday – 6  
 Friday – 10

**Discharged:**

10

### Details on discharge(s):

- Three moved into Long Term Care (1 of the 3 into YCC).
- One passed away suddenly.
- Two were kept home/removed from the program by their POA because there is often covid in our building; loved one felt it is not worth the risk with their parents' health issues.
- One discharge was following a lengthy hospital stay (over 1 month); following discharge from the hospital, the individual was no longer physically healthy enough to continue attending the program.
- Three individuals "resigned" from the program and were not "discharged"; they felt they were not a good fit for the program/the program was not for them (including one long term participant – the other 2 were people who came a couple of times and did not wish to return).

### Intakes

- Eleven intakes were completed between October-December.
- The one individual who was in the queue to start attending last time pending transportation issues – they opted to go for the Adult Day Program in Oromocto.
- Five individuals were not a good fit for the program and one passed away.

## **6. Hawkins House**

- Incorporated a new volunteer to assist with evening Bingo activity.
- Hosted several activities with good participation, received positive feedback and suggestions in December on activities they would like to receive in the new year.
- Hosted the Christmas party in the Friendship Centre and many tenants came with a few families in attendance as well.
- Had covid outbreak between November 24<sup>th</sup> and December 4<sup>th</sup> with 5 tenants and 2 staff affected.
- Developed an email list of families to assist in communication when dealing with outbreaks or other pertinent information that requires mass communication.

## **7. York Developments**










- We had a flood in apartment building 95 (apartment 8, causing a large amount of damage in apartment 2). Renos took almost a month to complete. Tenants of apartment 2 lived with a neighbouring tenant during this time. We provided them with a rent subsidy due to the inconvenience of the damage and renos.
- Rents went up in October and November 2023, as per previously communicated to tenants.
  - 91 - \$652 to \$672
  - 95 - \$641 to \$660
  - 120 - \$603 to \$621








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

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>	Target moved from Q2 to Q4. Transitioning to the new dietary information system has taken longer than expected. Until fully implemented, introduction of the new 4-wk menu is delayed.					
		<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>	Falling behind on this initiative due to staff shortages. Hope to start audits in Q4.					
	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>					
	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> </ul>	<b>COMPLETE</b> Revisions completed in Q3. For distribution in January.					

Strategic Goal	Operational Goal	Measure of Performance	Progress	Q1	Q2	Q3	Q4
		<ul style="list-style-type: none"> <li>Establish a new "resident review" process occurring 4-6 weeks after admission by December 2023</li> </ul>	Target has been moved to Q4. Implementation delayed due to staffing shortages.				
	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>	<b>COMPLETE</b> Improvement initiatives in place for restraints, falls and antipsychotics. Improvements are now being identified.				
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>	Falling Behind. Program is operating 5 days per week, but has not reached 90% occupancy. Capacity and target occupancy to be re-evaluated.				
	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>	Target moved to Q4 to balance workload of involved staff.				
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>	Weekly service now in place.				
			Not in place yet. Continue to support the religious communities as they plan for reintroduction.				
	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				

Strategic Goal	Operational Goal	Measure of Performance	Progress	Q1	Q2	Q3	Q4
	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>	<p><b>COMPLETE</b></p> <p>On track</p>			✓	
							