

Care Services Committee
AGENDA
Thursday, September 12, 2024 at 5:30pm

Item	Description	MRP
1.	Call to Order and Introductions	Andrea Seymour
2.	Approval of the Agenda	Andrea Seymour
3.	Declaration of Conflict of Interest	Andrea Seymour
4.	Approval of Previous Minutes: May 2, 2024*	Andrea Seymour
5.	Business Arising from the Minutes None	
6.	Standing Reports	
6.1.	Care Services Report for Q1 – Apr 1, 2024 – Jun 30, 2024*	Jamie Roy
6.1.1.	Clinical Care & Quality	
6.1.2.	Bedside Audit Results	
6.1.3.	Progress on Operational Goals	
6.2.	Report from Family Advisory Council*	Geri Geldart
7.	New Business	
7.1.	Annual Work Plan 2024 – 2025*	Geri Geldart
7.2.	Terms of Reference Review*	Geri Geldart
7.3.	Quality Framework*	Geri Geldart
8.	Date of Next Meeting – Thursday, October 24, 2024 @ 5:30pm	

****Denotes attachment***

Proposed Motions

1. That the minutes of May 2, 2024, be approved.

Minutes of meeting of the Care Services Committee
Thursday, May 2, 2024 at 4:00pm

Present: Lyne St-Pierre-Ellis, Marjorie Belzile, Andrea Seymour, Bonny Hoyt-Hallett, Marj Deveau, Kelly Clark, Geri Geldart (ex-officio)

Regrets: Doug Holt

Staff: Jamie Roy

1. Call to order & Introductions

Ms. St-Pierre-Ellis called the meeting to order at 4:02pm.

2. Approval of Agenda

It was moved by Bonny Hoyt-Hallett and seconded by Marjorie Belzile that the agenda be approved. - Motion carried

3. Declarations of Conflict of Interest

Ms. St-Pierre Ellis asked members to review the agenda and self-identify if there was the potential for a conflict of interest. No conflicts were identified.

4. Approval of Previous Minutes: February 1, 2024

It was moved by Kelly Clark and seconded by Marjorie Belzile that the minutes of February 1, 2024, be approved. - Motion carried

5. Business Arising

None

6. Care Services Report for Q4 – January 1, 2024 – March 31, 2024

8.1 Clinical Care & Quality

J. Roy presented the report for Q4. The report was included in the meeting package.

- Staffing levels have been in the low 90% during this quarter.
- To date there have been 9 IEN's join our team from the Philippines.
- There were no new Covid outbreaks. Several residents and staff were affected by a gastrointestinal outbreak on multiple units.
- Men's Social Engagement project results and recommendations were shared. J. Estey and J. Roy plan to attend SQLI in Waterloo, ON in May to share the results of projects and gather feedback.
- The key performance indicators and the operating plan progress report were shared.
- The Adult Day Program is averaging 10 participants per day.
- The 4-week rotating menu has been well received by most of the residents.

7. Standing Reports

7.1 Report from Family Advisory Committee

G. Geldart provided a report on the Family Advocacy Council. FAC has met 3 times this quarter using the blended virtual/in person format. The next meeting is June 5th at 7pm. Meeting invitations will be posted through out the facility in addition to our current methods.

8. New Business

8.1 Nursing Home Without Walls

J. Roy provided information on the Nursing Home Without Walls project that was approved by Social Development for \$250,000. This program is designed to support the aging population in Fredericton North which will allow them to remain in their homes and age in place. The three key components are assisting with the navigation of resources, avoiding social isolation and education sessions.

8.2 Quality Framework Progress Report

G. Geldart provided the Quality Framework Progress Report. This report was included in the package.

8.3 Suzy-Q

G. Geldart provided an update on the Suzy-Q grant CABHI project. We are expected to introduce this new dining service equipment in June/July 2024.

8.4 Resignation of Community Member

It was announced that Kelly Clark has resigned as the Community Member of the Care Services Committee.

9. Date of Next meeting – Monday, September 12, 2024 at 5:00pm

10. Adjournment

The meeting was adjourned at 5:55pm on a motion by A Seymour.

Lyne St-Pierre-Ellis, Chair

Jennifer Vos, Recorder



REPORT TO THE CARE SERVICES COMMITTEE

April 1st – June 30th, 2024
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

With a new fiscal year comes new ideas and projects, a refresh of operational goals and hiring of staff for the summer months. Nursing Home Without Walls, Suzy-Q, and Antimicrobial Stewardship, were all projects that got underway in Quarter 1. We hosted another in-house Resident Attendant program, had students from UNB and NBCC and co-op students from FHS and LHHS. There was a focus on education for staff and bedside audits. We were also very fortunate to not have any outbreaks which was a nice break for residents and staff from previous quarters.

Here are some important highlights from Quarter 1:

- Education continued to focus on CPR recertification for all care staff. A Gentle Persuasive Approach (GPA) course was provided to 13 staff and education was also provided on the units regarding Behavioral Management and Hydration. An Itacit module on End-of-Life Care was added for care staff as per the Nursing Home Standard.
- We offered another in-house RA course, in which we had 13 graduates.
- We had nursing students from UNB (2 groups of 8) finish up in April, PSW students from NBCC do 2 weeks of clinical, and 1 PSW student and 2 PN students do preceptorships. We continued to have five high school co-op students doing weekly in-house labs and clinical.
- We had 6 clients utilize our relief care beds for a total of 66 days. We had 4 relief care admissions cancelled by family as well. There has been an increase in relief care usage, but families are wanting shorter stays versus the 30 days allotted. Unfortunately, some of the clients have been turned away due to not having physician coverage.
- There was a total of 18 admissions and 16 discharges in long term care. There was a total of 2 move outs in Hawkins House and 3 move ins and 1 move out took place in our independent apartments.
- Nursing Home Without Walls is an initiative that supports older adults in the community to age in place and delay admission to a facility. We submitted an application to Social Development, and we were successful as the 20th nursing home to participate. We are going to offer services such as navigation, wellness check-ins, social engagement, and education. We began recruiting for a manager.
- We offered spring covid vaccinations to our residents with a total of 181 residents receiving the vaccine. There were 22 resident who were ineligible (recent infection, vaccination or medically unstable) and 13 residents who declined the vaccine.
- The contract with our current pharmacy (Jean Coutu) is ending at the end of February 2025, therefore we began the RFP process by putting together our proposal to send to pharmacies.
- We submitted a Memory Lane Proposal for Tower 2 to the York Care Foundation as we want to create a more interactive, home-like environment for our residents with dementia. This will include painting, renovating the dining room, having sensory products accessible to residents, a face-lift to the balconies, and a unit pet.

- Represented York Care Centre at the Seniors Quality Leap Initiative (SQLI) in Waterloo, ON at the Schlegel Villages and presented on the Social Life Project regarding Men’s Programming.
- Menus for residents have been switched from a 3-week menu to a 4-week menu. Our Dietician received very positive feedback.
- In collaboration with CIRA, we are participating in the Antimicrobial Stewardship Project through the Public Health Agency of Canada (PHAC). The goal of the project is to minimize the use of antibiotics for residents with non-symptomatic urinary tract infections. We will be providing education to staff and family members, as well as, collecting data on the number of residents who are treated and what their symptoms are. This project runs from June until October 2024.

Bedside Audit Results: 10% of all residents/resident rooms were audited on each unit.

Birch Grove – 93% of audit criteria met.

- Pictogram not up to date
- Resident not transferred out of bed as per the pictogram
- No response to call bell, but also a call bell was not functioning properly
- Creams & ointments not in locked cupboard
- Eye bruising from fall for one resident

Tower 2 – 97% of audit criteria met.

- Resident with dandruff
- No response to call bell
- Skin bruising for one resident
- Creams & ointments not in locked cupboard

Tower 1 – 94% of audit criteria met.

- Resident refused hair care
- Skin discoloration after wound had healed
- Reddened area from ingrown toenail

Tower 3 – 100% of audit criteria met.

Dixon – 97% of audit criteria met.

- Two residents had dressings
- One wheelchair not labelled, and two wheelchairs needed cleaned
- Teeth not cleaned properly
- Cluttered bathroom
- Hair greasy

Action Plan: Facility Average was 96%

Many of the issues above were resolved at the time, for example: pictogram was updated, creams put in locked cupboard, resident reapproached for hair care, Epson salts ordered for reddened toe, wheelchairs were labelled and cleaned, oral care completed. Unit Coordinators will be discussing the audits over Q2 at their staff meetings, facility results will be shared on the e-boards, education will also be provided on answering call bells, medications being locked, and oral care. Audits will be done in Q3 again.

Key Performance Indicators

	Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25	
	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	37	200	38	192	36	197	34	200
	18%		19%		18%		17% (22%)	
Falls with Injury This indicator looks at how many major injuries were sustained when a resident falls. Only including major injuries starting Q2 2023.	1	138	2	116	1	128	3	139
	1%		2%		1%		2%	
Newly occurring pressure ulcer This indicator looks at the number of residents who have developed a new pressure ulcer	4	192	9	184	5	183	3	190
	2%		4%		2%		1% (2%)	
Worsened pressure ulcer This indicator looks at the number of residents whose stage 2 to 4 pressure ulcer had worsened since the previous assessment	4	199	10	191	6	195	4	198
	2%		5%		3%		2% (2%)	
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	44	199	35	192	29	197	24	200
	22%		18%		14%		12% (20%)	
Potentially inappropriate use of anti-psychotics This indicator looks at how many residents are taking antipsychotic drugs without a diagnosis of psychosis	6	106	5	104	7	112	8	115
	5%		4%		6%		6% (4%)	
Worsened depressive mood This indicator looks at the number of residents whose mood from symptoms of depression worsened	42	197	35	192	26	197	37	197
	21%		18%		13%		18% (20%)	
Experienced pain This indicator looks at the number of residents who express pain daily and/or describe as severe or excruciating	8	200	6	192	10	197	9	200
	4%		3%		5%		4% (3%)	
Experienced worsened pain This indicator looks at how many residents had worsened pain from prior assessment	11	199	6	191	25	196	16	199
	5%		3%		12%		8% (14%)	
Behavioral symptoms improved This indicator looks at how many residents have an overall decrease in behavioral symptoms from prior assessment	25	199	9	191	14	195	19	199
	12%		4%		7%		9% (7%)	
Behavioral symptoms worsened This indicator looks at how many residents have an overall increase in behavioral symptoms from prior assessment	17	199	25	192	18	195	24	199
	8%		13%		9%		12% (11%)	

Transfers to hospital The percent of residents transferred to hospital	8	214	14	210	21	214	11	216
	4%		7%		10%		5% (5%)	
Days in outbreak status The number of days total that each unit was in outbreak								
	28		18		78		0 (23)	
Covid Immunization The percent of residents who are 'fully vaccinated'	164	216	186	210			181	216
	76%		89%		N/A		84% (76%)	

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 further improvement in our pressure injuries in Q1 compared to Q4. As staffing levels continue to improve, residents were getting out of bed and changed their position more frequently for those who required assistance from staff.

We have seen another 2% decrease with the use of restraints for a total of 10% over the last 9 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.

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 11 residents who were transferred to hospital, 4 were admitted to hospital and 7 returned to the facility the same day.

2. Therapeutic Recreation/Spiritual Care

In April, we prepared for the Volunteer Appreciation event. This event was focused around welcoming the volunteers to York Care Centre, greeting long time volunteers and welcoming newly onboarded volunteers. We also completed the planning for our annual Mother’s Day event and the Walk for Alzheimer’s in May, and the Intergenerational Day celebration and Father’s Day event in June.

The Mother’s Day event was hosted on May 9th
 Walk for Alzheimer’s was held May 24th
 Celebration of Intergenerational Day May 31st
 Father’s Day Celebration June 13th
 Summer Concert Event June 24th
 Canada Day Celebration June 28th

We successfully hosted several communion and mass services which finished up in June for the summer break. We are looking forward to hosting them back in September.

Resident Activities	Q2	Q3	Q4	Q1
Group Programs Provided	-	-	361	408
Contacts made via Group Sessions Provided			6303	6656
Contacts made via One-to-One Sessions Provided (minimum of 10 minutes)	-	-	994	951
One-to-One Unique Program Sessions Provided	-	-	74	92
Number of attempted contacts (residents who declined)			4169	3866
Average Resident Participation	97%	93%	94%	96%

3. Volunteers

Jennifer Vos and Tara Thibault continue to assist with in the marketing and administrative tasks for the Volunteer Department. It has continued to provide a clean and swift onboarding process and timely follow up with the individuals waiting for their clearance documents to come in.

One of our operational goals is to start tracking the number of hours these volunteers provide to our residents.

We now have 94 registered volunteers, compared to Q4 which we had 82 registered volunteers.

We have onboarded the following for new volunteers this quarter:

April 2
 May 6
 June 4

4. Resident Council

A long-time resident council member passed away, Gloria Murray. A memorial tribute is in the works relating to a donation of wheelchair capes for residents going for appts, etc. The memorial for Shiela Jordan was completed and on display in Dixon.

Suggestions were provided to the Senior Leadership team regarding a more accessible front entrance and less scents in the building being worn, which includes communication to both visitors and staff. They also completed the Mother's Day and Father's Day raffle which raised \$500.

New nominees brought forward and will be voted and confirmed in July 2024.

- Nominations for new membership
 - Sherman Neilson
 - Gail Richardson
 - Martha Burden
 - Robert Johnson
 - Jimmy Hanifan

Members: Ellen Saunders-Aube (President), Natalie Henderson (Vice President), Suzette Facini, Linda Bird, 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

Number of Registered Clients per month:

April – 21

May – 24

June – 23

Seats filled by week/month:

April – 47.5

May – 46

June – 44.5

Intakes:

- 7 intakes completed, and all started with trial days and continued except for 1 who did not continue due to medical requirements with insulin etc.

Discharges:

We had a total of 4 clients who we discharged from the Adult Day Program. Reasons were:

- Challenging behaviors that required one-on-one supervision.
- Health concerns and decline in mobility.
- Moved into LTC placement

6. Hawkins House

- Welcomed a new staff member to the team.
- We had two tenants move out, one in May and one in June, and both were placed within Long Term Care.
- Hosted a Social Service Worker student for a 4-week placement. Excellent assistance with tenant engagement and organization.
- Bid farewell to Candace, as supervisor end of June. New supervisor starting in July.

7. York Developments

91 Sunset

- We had another leak in 91 Sunset, which required to go through insurance as it affected 3 units - 16, 10, and 2.
- 2 tenants moved into unit 4
- 1 unit stayed vacant due to the leak.

95 Sunset

- 1 tenant moved out end of May, unit 17.

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 1st and May 1st.

Jamie Roy
Vice President, Care Services & Quality



To: Care Services Committee
From: Geri Geldart, President and CEO
Date: September 5, 2024
RE: Report from Family Advocacy Council

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

- May, June and September, 2024. Meetings were paused over the summer

Topics Covered

- All agendas include regular updates on staffing, Infection control / vaccination program, and events.
- Special topics covered
 - Suzy-Q project
 - Nursing Home Without Walls program
 - Tamsen Arnold was our guest in September.
 - Project updates (nurse call replacement, air conditioning, front entrance)

Questions and Feedback from Family Members

- Several concerns regarding quality of food provided (too much pasta, over-cooked fish, food is too spicy, overuse of barbeque sauce). I will be meeting soon with our Dietary team to review menu plans / options.

We will meet again in October.

G. Geldart



Care Services Committee - Annual Work Plan 2024-25

Introduction

The purpose of this document is to provide committee members with background and context information to support their plans for the upcoming board year. Each standing committee of the board is asked to establish a proposed workplan for the upcoming board year. A workplan will ensure that staff are prepared to bring appropriate information to the committee to support its work.

Section 1 provides excerpts from the committee terms of reference, specifically the purpose and scope statements. These terms of reference were reviewed and approved by the board in the 2022/23 year.

Section 2 provides excerpts from the Board's Strategic Plan which are aligned with the mandate of the Care Committee. Work of the committee should support the organization in achieving the objectives of the strategic plan.

Section 3 provides excerpts from Management's operating plan which are aligned with the mandate of the Care Committee. The CEO and the executive team are responsible for the developing and implementing the operating plan in support of the overall strategic plan. The Committee can expect progress updates from the leadership team.

Section 4 is a summary of the accomplishments of the Care Committee in the previous year, as well as an issues which were considered / addressed.

Section 5 is a list of issues which might be of interest / concern to the Committee when planning for the upcoming year.

Section 6 is a list of committee members.

Section 7 is a proposed workplan for the committee. This is a draft and should be discussed at the September meeting. The committee is asked to present a final workplan to the board of directors at the October meeting.

Section 1 - Excerpts from the Terms of Reference

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.

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

1. Providing advice, recommendations and comments on the development and review of strategic objective srelated to the delivery of person -centered, tenant and client services.
2. Reviewing and recommending policies designed to support the achievement of objectives adopted by 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.

Section 2 – Excerpts from the Strategic Plan which align with the Care Committee mandate

The Care Pillar

- 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

Section 3 – Excerpts from Management's Operating Plan which align with the Care Committee mandate

The Care Pillar

- 1a. Measure and improve the quality of care by completing bedside audits and using the results to establish quality improvement objectives.
- 2a. Introduce and develop the Nursing Home Without Walls program.
- 3a. To improve resident and family input in therapeutic recreation programming.

Section 4 - Issues & Accomplishments from 2023-2024

- Terms of Reference updated.
- Quarterly reporting from VP Care and Quality Services
- Welcomed Marjorie Deveau as the new Family Advocacy representative.
- Monitored the following: COVID Outbreaks, Quality of Care indicators,
- Received reports from Family Advocacy Council.
- Reviewed results of the Annual Nursing Home Inspection.
- Received a presentation on the new Nursing Home Admission / Wait list process.

- Monitored the resolution of the significant staffing crisis which developed in late summer 2023.

Section 5 - Issues to Consider for Upcoming Year

- Generally strong results on committee evaluation. No issues identified.
- Are we reporting on the most relevant/ important quality of care indicators.
- Potential issues that may be identified during the annual inspection process and the Quality of Life Survey.
- Monitoring progress of key initiatives (NHWW, Suzy-Q, Therapeutic Recreation program).
- Monitoring framework for Ends Policy – Residence of Choice
- Where should reporting on the Volunteer program reside?

Section 6 - Committee Membership

- Andrea Seymour, Chair
- Lyne St-Pierre-Ellis
- Bryanna White-Aubé
- Wayne Albert
- Bonny Hoyt-Hallet (Community)
- Marjorie Deveau, Family Advocacy representative
- Marjorie Belzile, ex officio
- Geri Geldart, ex officio
- Jamie Roy, staff.

Section 7 - Proposed Workplan for Discussion

Meeting	Date	Reports and Documents
Q1	Thursday, Sept 12, 2024 @ 5:30 PM	<ul style="list-style-type: none"> • Report from the VP, Care and Quality Services • Report from the Family Advocacy Council • Review of Annual Workplan • Review selection of Quality of Care indicators • Progress report on Suzy-Q implementation • Report on Bedside audit results and resulting quality improvement objectives. • Quality Framework Update 24/25 • Review of current terms of reference for committee education and preparation for strategic plan discussions.
Q2	Thursday, Oct 24, 2024 @ 5:30 PM	<ul style="list-style-type: none"> • Report from the VP, Care and Quality Services • Report from the Family Advocacy Council • Nursing Home Inspection Results • Progress report on Nursing Home Without Walls implementation •
Q3	Thursday, Jan. 30, 2025 @ 5:30 PM	<ul style="list-style-type: none"> • Report from the VP, Care and Quality Services • Report from the Family Advocacy Council • Progress report on Suzy-Q implementation • Results from the Family and Resident Survey • Monitoring Framework for Ends Policy – Resident of Choice
Q4	Thursday, April 10, 2025 @ 5:30 PM	<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



CARE SERVICES COMMITTEE

Terms of Reference

Background

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

Purpose

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

Scope

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

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

Structure

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

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

Quorum

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

Meeting Frequency

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

Approved: November 28, 2022



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">• Character: Doing the right thing• Accountability: For the prudent use of resources• Respect: For our community of care and each other.• Excellence: We strive for continuous improvement	<ul style="list-style-type: none">• Person-Centred: 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.• Voice: The voice of our residents and families will be welcomed through genuine involvement in sharing and providing feedback.• Our staff: 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.• Professional Standards: We are knowledgeable of and comply with professional standards.• Education and Training: Education is essential to the development of a caring and competent workforce.

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.

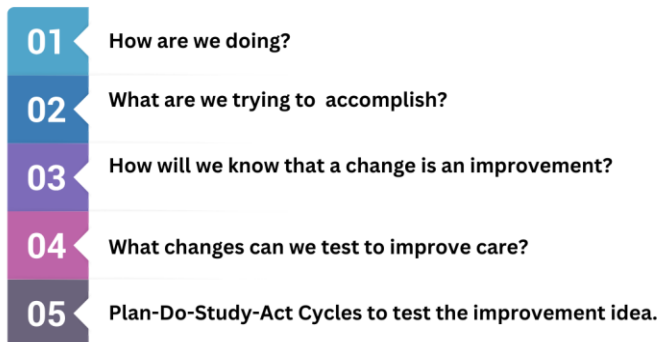
Domains of Quality

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
<p>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.</p>	<p>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.</p>	<p>Ensuring our facilities and equipment meet health and safety standards, yet still reflect a home-like environment.</p>	<p>Enabling a competent and engaged workforce, supported by effective and accountable leaders, to provide residents with a safe, caring and supportive environment.</p> <p>Staffing levels are sufficient to meet the care standards.</p> <p>Staff are supported through ongoing training and development</p>

Model for Improvement

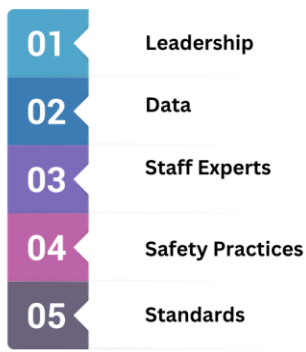
Our model for improvement is a simple and common-sense approach to the work of quality improvement. Five basic questions, and their answers, provide the structure for our work. The model for improvement is an iterative process, meaning it is ongoing and continuous. As new areas for improvement are identified, 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 2024/25

Key Performance Indicators for All Domains of Quality

1. Senior leaders will report on key performance indicators quarterly.

Quality of Life and Quality of Care Domains

1. As part of the SQLI collaborative, YCC will consider improvement opportunities for the following quality of care and quality of life elements.
 - Inappropriate use of anti-psychotics
 - Restraint reduction
 - Falls Prevention
 - Pressure injury prevention & wound care practices
 - Social engagement.
2. Introduce a bedside audit process to improve compliance with care standards.
3. Improve the dining experience in long term care and in supportive housing. Trial the use of Suzy-Q in long term care. Explore alternatives for Hawkins House.
4. Increase the number of volunteer hours provided for resident-focused activities.
5. Introduce the Nursing Home Without Walls program to the Fredericton North.

Safe and Supportive Environment Domain

1. Replacement of the Nurse Call and Wireless telephone systems
2. Improving mechanisms for cooling air in resident rooms.
3. Work with NB Housing to improve building maintenance in apartment buildings.
4. Revamp the front entrance to improve accessibility.
5. With support of York Care Foundation, refresh the Tower 2 Environment.
6. Cybersecurity training for YCC staff.

Best Place to Work Domain

1. Establish an employee engagement framework with milestones for 24/25 and 25/26.
2. Professional development focus for 24/25 will be on effective teams.
3. Increase the amount of paid vacation taken by YCC staff while meeting care compliance standard.
4. Support improvement in workplace culture through the “20 Tenets of Culture” program for personal / professional development.