

**Care Services Committee
AGENDA
Thursday, October 24, 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: September 12, 2024*	Andrea Seymour
5.	Business Arising from the Minutes None	
6.	Standing Reports	
6.1.	Care Services Report for Q2 – Jul 31, 2024 – Sep 30, 2024*	Jamie Roy
6.1.1.	Clinical Care & Quality	
6.1.2.	Nursing Home Without Walls Progress Report	
6.1.3.	Progress on Operational Goals	
6.2.	Report from Family Advisory Council	Geri Geldart
7.	New Business	
7.1.	Inspection Results	Geri Geldart
8.	Date of Next Meeting – Tuesday, January 14, 2025 @ 5:30pm	

**Denotes attachment*

Proposed Motions

1. That the minutes of September 12, 2024, be approved.

Minutes of meeting of the Care Services Committee

Thursday, September 12, 2024 at 5:30pm

Present: Andrea Seymour (Chair), Lyne St-Pierre-Ellis, Bryanna White-Aubé, Marjorie Belzile(virtual), Marj Deveau, Geri Geldart (ex-officio)

Regrets: Wayne Albert, Bonny Hoyt-Hallett

Staff: Jamie Roy

1. Call to order & Introductions

Ms. Seymour called the meeting to order at 5:33 pm.

2. Approval of Agenda with Amendments

The agenda was approved with the addition of item 6.1.4 – Social Development Inspection.

It was moved by Lyne St-Pierre-Ellis and seconded by Marjorie Belzile that the agenda be approved with the addition of 6.1.4. - Motion carried

3. Declarations of Conflict of Interest

Ms. Seymour 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: May 2, 2024

It was moved by Lyne St-Pierre-Ellis and seconded by Marjorie Belzile that the minutes of May 2, 2024, be approved.

- Motion carried

5. Business Arising

None

Standing Reports

6.1 Care Services Reports for Q1 April 1, 2024 - June 30, 2024

6.1.1 Clinical Care & Quality

Ms. Roy provided the Q1 report. Highlights included:

- A small number of potential clients have been denied access to the relief care program due to not having physician coverage. The YCC physicians are not able to offer assistance outside of their current contracts.
- The list of key performance indicators has been reviewed. Indicators regarding behavioral symptoms will be removed. Future reports will include the number of residents affected by an outbreak and

the number of infections experienced by residents.

- The Fall vaccination program will include influenza, COVID, RSV and pneumococcal.

6.1.2 Bedside Audit Results

Ms. Roy reported on the Bedside Audit initiative. Audits were completed for 10% of residents on each unit. As a result of the audit findings, staff education was provided regarding call bells, medication security, and oral care. The facility average was 96% of criteria met. Audits will be conducted again in Q3.

6.1.3 Progress on Operational Goals

The Nursing Home Without Walls (NHWW) has launched. Candace Purcell was hired as manager and Robyn MacCara is the Admin Co-ordinator. There are 10 clients accessing navigation services, wellness check-ins, and showing interest in educational opportunities. Neill Hall and Medley Hall have recently been approved for the program offering similar support on the Northside. Jamie will be reaching out to Social Development to discuss plans.

A Resident and Family assessment form is being created to increase family input in therapeutic recreation programming.

6.1.4 Social Development Inspection

The inspectors from Social Development were on site this week conducting the annual inspection. They commended the activity program, the rehab team and the work done to prevent bed entrapment. There were 19 infractions noted. Further discussion will come to the committee once the final report is received.

6.2 Report from Family Advisory Council

The Family Advocacy Council met three times since the last meeting. Concerns regarding quality of food is being analysed by M. Boyer and the Dietary team. The next meeting is planned for October. Suzy Q dining experience trial was a success, able to serve residents quickly, improving the food temperatures.

6. New Business

7.1 Annual Work Plan 2024 - 2025

G. Geldart shared the Care Committee Annual Work Plan for 2024 – 2025. The committee discussed and agreed that the Care Committee is most appropriate group to reviewing the Nursing Home Inspection results and to stay apprised of the progress of the Volunteer Program – both are currently under the review of the Governance and Audit Committee.

It was moved by Bryanna White-Aubé and seconded by Marjorie Belzile that the modified Annual Work Plan 2024 – 2025 for the Care Services Committee be presented to the Board of Directors for approval. All in favour.

- Motion carried

7.2 Terms of Reference Review

G. Geldart provided the current Terms of Reference document. Committee members were asked to review in preparation for the strategic planning work that will occur over the course of the next year.

7.3 Quality Framework

G. Geldart provided an overview of York Care Centre's Quality Framework and 2024/25 plan for quality improvement activities.

7. Date of Next meeting – Thursday, October 24, 2024 at 5:30pm

8. Meeting date change for January 2025 to Tuesday, January 14, 2025 at 5:30pm

9. Adjournment

The meeting was adjourned at 7:02pm on a motion by Lyne St-Pierre-Ellis.

Andrea Seymour, Chair

Jennifer Vos, Recorder

DRAFT



REPORT TO THE CARE SERVICES COMMITTEE

July 1st – September 30th, 2024
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

The summer months allowed us to rejuvenate, and we were able to give more front-line staff vacation while maintaining good staffing levels. Unfortunately, Covid reared its head once again, causing multiple outbreaks throughout the quarter. The long-awaited nursing home inspection finally took place in September, and we continued to participate in the Suzy-Q and the Antimicrobial Stewardship projects.

Here are some important highlights from Quarter 2:

- Education provided included information on our Pain Management program that we developed as well as an Itacit module on Pain Management was added for care staff as per the Nursing Home Standard. We also focused on oral care which was a result of the bedside audits we did in Q1. We had staff that virtually attended the Skintastic and Wound Care Conference hosted by Horizon.
- We had 2 NBCC PSW students do preceptorship starting in September.
- We had 7 clients utilize our relief care beds for a total of 92 days.
- We had three Covid outbreaks affecting residents on Tower 1, Tower 2 and Hemlock/Elm of Dixon. A total of 33 residents were isolated with Covid.
- There was a total of 17 admissions and 18 discharges in long term care. There was a total of 2 move outs and 2 move ins in Hawkins House and 3 move ins took place in our independent apartments.
- In collaboration with CIRA, we continued to participate 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 provided education to staff and family members, as well as, collected data on the number of residents who were treated and what their symptoms were. This project runs from June until October 2024.
- Our nursing home inspection was held on September 10th & 11th which resulted in 19 areas of non-compliance, but all were considered low risk. Overall, the inspectors indicated that we provide excellent care, both residents and employees appeared happy, and they were impressed with the rehab and activity departments. In summary, the areas of non-compliance included: care plans not being done within 7 days of the LTCF assessment (resulted in 5 areas of non-compliance), only 1 week of menu was posted (NH Standard is at least 3 weeks needs posted), a “significant change” assessment was not initiated for a resident who returned from hospital (review of decision initiated), six-week post admission conference not done, Q2hr restraint forms not filled out properly, final cooking time not recorded in production kitchen, temperature of food after last plate served was below what was required, new employees did not have medical/physical exam prior to start date, hand hygiene audits not done on visitors and volunteers (resulted in 5 areas of non-compliance), sprinkler inspection was not done quarterly, and electrical appliances were not tagged/inspected by maintenance.
We also had one recommendation that the Activity Department would document in the electronic health record (Momentum) after completing the psychosocial portion of the LTCF assessment.

Key Performance Indicators

	Q3 23/24		Q4 23/24		Q1 24/25		Q2 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	38	192	36	197	34	200	36	191
	19%		18%		17%		18% (18%)	
Falls with Injury This indicator looks at how many major injuries were sustained when a resident falls.	2	116	1	128	3	139	4	217
	2%		1%		2%		2% (1%)	
Newly occurring pressure ulcer This indicator looks at the number of residents who have developed a new pressure ulcer	9	184	5	183	3	190	1	179
	4%		2%		1%		0.5% (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	10	191	6	195	4	198	1	186
	5%		3%		2%		0.5% (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	35	192	29	197	24	200	16	191
	18%		14%		12%		8% (22%)	
Potentially inappropriate use of anti-psychotics This indicator looks at how many residents are taking antipsychotic drugs without a diagnosis of psychosis	5	104	7	112	8	115	6	120
	4%		6%		6%		5% (5%)	
Worsened depressive mood This indicator looks at the number of residents whose mood from symptoms of depression worsened	35	192	26	197	37	197	24	188
	18%		13%		18%		12% (21%)	
Experienced pain This indicator looks at the number of residents who express pain daily and/or describe as severe or excruciating	6	192	10	197	9	200	2	191
	3%		5%		4%		1% (4%)	
Experienced worsened pain This indicator looks at how many residents had worsened pain from prior assessment	6	191	25	196	16	199	17	188
	3%		12%		8%		9% (5%)	
Transfers to hospital The percent of residents transferred to hospital	14	210	21	214	11	216	10	215
	7%		10%		5%		5% (4%)	

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

Overall, we are very impressed with our KPI's this quarter. We saw further improvement in our pressure injuries in Q2 compared to Q1. As staffing levels continued 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 4% decrease with the use of restraints for a total of 14% over the last 12 months. Our Liaison Officer from Social Development indicated during our inspection that our restraint definition does not align with the standard, therefore, we will need to change our definition, which will increase the KPI in the future. 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.

We have done some work on Pain Management throughout Q1 and Q2 and have added an in-depth pain assessment which has shown to be successful with a decrease of 3% for those experiencing pain.

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 10 residents who were transferred to hospital, 2 were admitted to hospital and 8 returned to the facility the same day.

2. Nursing Home Without Walls (NHWW)

Clients registered with program as of Sept. 30: 20

Number of clients requiring navigation: 17

Number of clients socially isolated and require social engagement: 10

Number of clients receiving wellness checks: 11

Number of clients receiving friendly phone calls: 15

In Q2, we hired two staff for NHWW – Manager, NHWW, Candace Purcell and the Administrative Assistant, Robyn MacCara. They began providing the above services, apart from social engagement opportunities to clients who live on the northside of Fredericton.

One of the key goals this quarter was to market the program, build partnerships, and educate community groups on what we offer. We have reached out to approx. 18 community groups over the last quarter, which included key stakeholders such as Horizon Discharge Planning Team, Saint Mary's First Nation Health Centre, Saint Mary's First Nation Social Work Team, Social Workers at Social Development, The Primary Care Social Worker Team for NB, Veterans Affairs, Stepping Stones, Alzheimer's Society, and more. We attended various special events in our community, such as the Business Fredericton North Concert Series, CIRA's Aging Care & Research Symposium, and the Capital Regional Resiliency Network.

Perhaps most excitingly, we held our official "launch" on August 19th, where we shared the exciting news about our program coming to Fredericton. The launch was a great opportunity to connect with key players in our zone, like the members of the legislative assembly who were present to show their support; Jill Green, Mary E Wilson, Ryan Cullins, Mayor Kate Rogers, Jocelyn Pike (among others), as well as special guests from other, more established NHWW sites, and interested community members. A CBC interview was put out both on television and over the radio in relation to the launch, with Candace explaining the purpose of what we do & the services we offer.

The primary gap in services we are documenting have been transportation, and interim (i.e., immediate) home support services. The core services provided during this quarter (in order of most popular/time consuming) were Navigation of Services, Wellness Visits, Phone Check Ins & Friendly Calls, and Support to Caregivers.

3. Therapeutic Recreation/Spiritual Care

We hosted two outdoor concert events and dealt with covid outbreaks which caused some programming to be decreased or cancelled. We welcomed a new activity staff member in July – Amanda who is working within Birch Grove and we also bid farewell to Emily Wright as she moved into the Community Outreach Coordinator position for ADP/Hawkins House. In September, we welcomed Amber Rae, Activity Coordinator who completed the team.

Highlights for programming this quarter:

Summer Concert Events – July - Clifford Kelly Band & August - The Town Cats

Summer fun with our Summer Students Katherine and Sophie

Dynamic group of Junior Volunteers

Picnic outings and drives for ice cream

I believe our numbers are looking very good and that is because of having the additional resources over the summer with the two students and several Junior Volunteers.

Resident Activities	Q1	Q2	Q3	Q4
Group Programs Provided	408	391		
Contacts made via Group Sessions Provided	2512	4737		
Contacts made via One-to-One Sessions Provided (minimum of 10 minutes)	386	708		
One-to-One Unique Program Sessions Provided	92	65		
Number of attempted contacts (residents who declined)	3866	7710		
Average Resident Participation	96%	97%		

3. Volunteers

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

We have 98 registered volunteers.

We have onboarded the following for new volunteers this quarter:

July 1
 Aug 1
 Sept 2

We have asked all volunteers to ensure they are signing in so that we can log the number of volunteer hours they are donating each month.

We hosted our Junior Volunteer Program this summer, which was very popular, leading us to have more than 40 Junior Volunteers register for the program. Our Junior Volunteer Coordinator, Sophie Norquay, did an excellent job organizing the students, and the activity team did a great job keeping them engaged in activities with the residents. Appreciation to Jenn Beals for providing great leadership to Sophie during the summer.

4. Resident Council

Resident Council hosted there summer party in August, due to outbreak situations, separate meetings were held with the residents of Tower and Dixon.

Resident Council donated \$650 to the Filipino Basketball Team which is comprised of York Care Centre staff.

2 new members were added (Martha and Sherman)

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

5. Adult Day Program

Number of Registered Clients per month:

- July – 23
- August – 20
- September – 22

Seats filled by week/month:

- July - 44
- August - 42
- September - 38

Intakes:

- A total of 6 intakes as of September 19, all starting with trial days. 1 chose not to continue after their trial as they felt they were not a good fit for the program.

Discharges:

- We had a total of 7 clients who have been discharged from the program. Reasons being:
 - Admitted to hospital for medical reasons
 - Placed into long term care
 - Did not attend the program for a total of 2 straight months with no communication returned from family
 - Client refused to attend

Emily has been marketing within the community and hopefully we will see an increase in intakes. Acknowledging that hospice has officially opened a day program again but is focusing on those with palliative, end of life illnesses.

6. Hawkins House

- Said farewell to 2 tenants. 1 was asked to vacate and 1 vacated due to moving into a higher level of care.
- Rented Unit 312, which was vacated in May 2024, and rented it as of July 1st.
- Rented 305 as of September 1st.
- Unit 210 is still vacant as of end of September, new tenant arriving October 1st.
- Held Supportive Housing Week BBQ with the tenants in September. Tenants enjoyed the meal and there was a lot of positive conversation.

- Emily Wright has settled into the Supervisor role quite well.
- Prepped for rent increases as of October 1st.

7. York Developments

91 Sunset

- Rented Unit 2 as of August 1st.
- Apartment 10 completed from leak issues, and will be receiving some updates to paint in the kitchen
- Apt 9 – had pipe issues causing leak over time. Kevin in to replace vanity and fix damage.
- Prepped for Rent increases taking place in October.

95 Sunset

- Rented Unit 17 as of September 1st
- Prepped for Rent increases taking place in October.

120 Sunset

- Rented Unit 2 as of August 1st.
- Prepped for Rent increases taking place in October.
- Had a drain issue in Apt 6. Which was fixed by plumbing company.

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	Responsibility / Progress
To provide exceptional, person and family centred care and services through evidenced-based delivery models	Measure and improve the quality of care by completing bedside audits and using results to establish quality improvement objectives	<ul style="list-style-type: none"> Conduct audits (10% of residents) in Q1 and Q3 with a 95% compliance target. 	Q1 Audits COMPLETE <i>Resp - Jamie Roy</i>
To develop and implement a community outreach program.	Introduce and develop the Nursing Home Without Walls Program	<ul style="list-style-type: none"> Recruit Manager, NHWW and market program by June 2024 Recruit other staff and engage up to 75 new clients by Sept 2024. Reassess outcome measures and determine plan for next year by Dec 2024 Submit Proposal for next fiscal year by March 2025 	<ul style="list-style-type: none"> COMPLETE Falling Behind – currently at 20 clients. Still need to hire the Wellness Coordinator, and possibly a driver. <i>Resp - Jamie Roy</i>
To enhance resident/client focused activity programs	To improve resident and family input in therapeutic recreation programming.	<ul style="list-style-type: none"> Create assessment form for residents and families by June 2024 By March 2025, 50% of residents and 25% of family members will have completed the assessment form. Data collected will be analyzed to determine plan for next fiscal year by March 2025 	<ul style="list-style-type: none"> COMPLETE <i>Resp - Jamie Roy</i>



To: Care Services Committee
From: Geri Geldart, President and CEO
Date: October 18, 2024
RE: Report from Family Advocacy Council

The Family Advocacy Council has met once since our last meeting. The meeting was held in the evening with in-person and virtual options. Stephanie Seymour was our guest speaker.

Topics Covered

- Activity Program update with special event dates
- Suzy-Q project – several concerns raised about the project. Feedback has been shared with the implementation team.
- Project updates (nurse call replacement)

We will meet again in November when Michel Boyer, Tommy Chapman and Lynne Morrison will attend to discuss the concerns which have been raised regarding food / menu.

G. Geldart