

**Care Services Committee
AGENDA
Tuesday, January 14, 2025 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: October 24, 2024*	Andrea Seymour
5.	Business Arising from the Minutes None	
6.	Standing Reports	
6.1.	Care Services Report for Q3 – Oct 1, 2024 – Dec 31, 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.	Progress report on Suzy-Q implementation	Geri Geldart
7.2.	Family & Resident Survey - update	Geri Geldart
8.	Date of Next Meeting – Thursday, April 10, 2025 @ 5:30pm	

****Denotes attachment***

Proposed Motions

1. That the minutes of October 24, 2024, be approved.

Minutes of meeting of the Care Services Committee

Thursday, October 24, 2024 at 5:30pm

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

Regrets: Wayne Albert, Marj Deveau

Staff: Jamie Roy

1. Call to order & Introductions

Ms. Seymour called the meeting to order at 5:24 pm.

2. Approval of Agenda with Amendments

The agenda was approved as presented.

It was moved by Lyne St-Pierre-Ellis and seconded by Bryanna White-Aubé that the agenda be approved as presented. - 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: September 12, 2024

It was moved by Marjorie Belzile and seconded by Bryanna White-Aubé that the minutes of September 12, 2024, be approved. - Motion carried

5. Business Arising

None

6. Standing Reports

6.1 Care Services Reports for Q2 July 1, 2024 – September 30, 2024

6.1.1 Clinical Care & Quality

Ms. Roy provided the Q2 report. Highlights included:

- Successfully maintained staffing levels while being able to grant more vacation time for employees.
- There were three Covid outbreaks affecting residents on Tower 1, Tower 2 and Hemlock/Elm of Dixon. A total of 33 residents were isolated with Covid.
- In collaboration with CiRA, we continued to participate in the Antimicrobial Stewardship Project through PHAC. The goal is to minimize the use of antibiotics for residents with non-symptomatic

urinary tract infections. This project runs until October 2024.

- KPI's this quarter have seen further improvement with pressure ulcers, below 1%; a 4% decrease with the use of restraints; pain management has seen a decrease of 3% for those experiencing pain. Residents transferred to hospital was 10, 2 were admitted and 8 returned to the facility the same day.
- Residents with falls within the last 30 days is being revisited for improvement opportunities. Results will be reflected on future reports.
- Therapeutic Recreation had over 40 junior volunteers join for the summer. This resulted in double the contacts with residents. Group programs were affected by covid outbreaks.
- The Adult Day program continues to market within the community and hopefully will see an increase in participation.

6.1.2 Nursing Home Without Walls Progress Report

Ms. Roy reported on the Nursing Home Without Walls progress. Candace Purcell, Manager and Robyn MacCara, Administrative Assistant have registered 20 clients as of September 30th. The official program launch was held on August 19th, which was well attended. The primary gap in services have been transportation, and interim (immediate) home support services. The core services provided during this quarter were navigation of services, wellness visits, phone check ins and friendly calls, and support to caregivers. Volunteers are needed to assist with transportation.

6.1.3 Progress on Operational Goals

- Bedside audits were completed in Q1, follow-up education is being provided in Q2. The next audit will be held during Q3.
- The resident assessment tool design for Therapeutic Recreation is now complete. Resident assessments will be completed during Q3 and Q4. Results will inform future programming.

6.2 Report from Family Advisory Council

The Family Advocacy Council met once since last meeting. Stephanie Seymour, Director, Community, Recreation and Volunteers shared an update with special event dates. Several concerns were raised about the Suzy-Q project. Feedback has been shared with the implementation team. The next meeting is planned for November when Michel Boyer, Tommy Chapman and Lynne Morrison will attend to discuss the concerns that have been raised regarding food/menu.

7. New Business

7.1 Inspection Results

J. Roy shared the results of the nursing home inspection which was conducted on September 10th and 11th. The inspection resulted in 19 areas of non-compliance, all of which were considered low risk. York Care submitted a challenge to one of the non-compliance findings. The challenge was accepted and the non-compliance was removed. Overall, the inspectors indicated that the residents appeared happy and were receiving excellent care.

8. Date of Next meeting – Tuesday, January 14, 2025 at 5:30pm

9. Adjournment

The meeting was adjourned at 6:37pm on a motion by Lyne St-Pierre-Ellis.

DRAFT



REPORT TO THE CARE SERVICES COMMITTEE

**October 1st-December 31st, 2024
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 fall quarter is always such a busy time of year. We submitted our action plan in response to the annual inspection, the Antimicrobial Stewardship Project finished up, and Rose Chase and her immunization team administered over 800 vaccinations. Staffing levels remained stable, even though we had a few staff venture off to school and we were very fortunate to not have any outbreaks during this quarter, especially with more indoor gatherings. Nursing Home Without Walls has taken off and we trialed giving a client a bath, who had not had one in over 20 years. It did come with its challenges, but in the end, it went well, and the client was happy. Residents had many festive activities to attend, and the community was very generous with their donations of gifts and each resident received a care package on Christmas morning.

Here are some important highlights from Quarter 3:

- We are entering the viral season, so our education was focused primarily on Hand Hygiene and Respiratory Etiquette. We also had the TENA rep do in-services on each of the units regarding incontinent products. We also entered Phase 2 of the SPA-LTC (Strengthening a Palliative Approach in Long Term Care) project with Social Development and UNB. This includes attending various webinars for SPA-LTC Champions and further education for front-line staff.
- Hand Hygiene Audits were completed, using our new electronic audit tool. 51 points were captured with a high rate of non-compliance in the lobby area with visitors (22 points captured, only 7 of which were captured as adequate hand hygiene). Signs moved as effort to trigger better compliance, will re-audit in January, may update signs to bring attention. Will share results with both staff and family in Q4.
- We had NBCC PN and PSW students (6 groups, totalling 48 students) dispersed throughout the facility for a two-week clinical experience.
- We had 4 clients utilize our relief care beds for a total of 68 days. 6 bookings cancelled prior to arrival, 3 of which were due to no physician coverage.
- We have had no outbreaks in Quarter 3.
- There was a total of 9 admissions and 10 discharges in long term care. There was a total of 1 move out and 1 move in, in Hawkins House and 2 move outs and 1 move in took place in our independent apartments.
- The Antimicrobial Stewardship Project through the Public Health Agency of Canada (PHAC) came to an end in October. The goal of the project is to minimize the use of antibiotics for residents with non-symptomatic urinary tract infections. We have not received the final report as there are currently still interviews taking place.
- Our nursing home inspection was held on September 10th & 11th which resulted in 19 areas of non-compliance, but all were considered low risk. We did dispute one of our areas of non-compliance which did get overturned, so the total was 18. We submitted our action plan and had to provide examples of compliance to our Liaison Officer. We received a “Modified” licence due to having 6 areas of non-compliance that require follow up..

- Residents had the opportunity to receive 4 different vaccines this fall. This was a huge undertaking, gathering consents for each one and keeping track of the paperwork to avoid errors. The following are what was administered:

205 residents received the influenza vaccine – 95%
 170 residents received the covid vaccine – 79%
 192 residents received the RSV vaccine – 89%
 191 residents received the pneumococcal vaccine – 88%
 80 staff received the influenza vaccine.
 Total = 838 vaccines given

- Bedside Audit Results: There are 29 areas that are assessed in the Bedside Audit. We audit 10% of residents on each unit within the quarter which is approximately 21-22 residents. The Unit Coordinators do the audits and in Q3, they audited each other's units, not their own. The percentages below indicate the number of elements which met the standard.

Birch Grove – 96% (93% in Q1)

- Resident had dressing on left wrist
- Resident not shaved
- Pictogram not up to date
- Bathroom call bell not working and call bell unplugged

Tower 2 – 95% (97% in Q1)

- Eyes not clean
- Ears not clean
- Call bells not answered in a timely manner
- Flowsheet not filled out

Tower 1 – 94% (94% in Q1)

- Resident has eczema on hands
- Multiple medication cupboards unlocked
- Bathroom cluttered
- Fingernails long, broken

Tower 3 – 96% (100% in Q1)

- Care plan needs updated
- Multiple medication cupboards unlocked
- Walker not labelled

Dixon – 95% (97% in Q1)

- Bath documentation missing on a couple of residents
- Call bells not answered in a timely manner
- Medication cupboard unlocked
- Medication at bedside
- Rooms cluttered

Action Plan: Facility Average was 95% (96% in Q1). Some things were addressed while doing the audits, but a plan to discuss the following at staff meetings – answering call bells in a timely manner, ensuring that medication cupboards are locked, and checking on rooms that need decluttered. Will redo audits in Q1.

Key Performance Indicators

	Q4 23/24		Q1 24/25		Q2 24/25		Q3 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	36	197	34	200	36	191	38	188
	18%		17%		18%		20% (19%)	
Falls with Injury This indicator looks at how many major injuries were sustained when a resident falls.	1	128	3	139	4	217	3	193
	1%		2%		2%		1.5% (2%)	
Newly occurring pressure ulcer This indicator looks at the number of residents who have developed a new pressure ulcer	5	183	3	190	1	179	3	179
	2%		1%		0.5%		1% (4%)	
Worsened pressure ulcer This indicator looks at the number of residents whose stage 2 to 4 pressure ulcer had worsened since the previous assessment	6	195	4	198	1	186	3	186
	3%		2%		0.5%		1% (5%)	
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	29	197	24	200	16	191	28	188
	14%		12%		8%		14% (18%)	
Potentially inappropriate use of anti-psychotics This indicator looks at how many residents are taking antipsychotic drugs without a diagnosis of psychosis	7	112	8	115	6	120	5	114
	6%		6%		5%		4% (4%)	
Worsened depressive mood This indicator looks at the number of residents whose mood from symptoms of depression worsened	26	197	37	197	24	188	30	187
	13%		18%		12%		16% (18%)	
Experienced pain This indicator looks at the number of residents who express pain daily and/or describe as severe or excruciating	10	197	9	200	2	191	3	188
	5%		4%		1%		1% (3%)	
Experienced worsened pain This indicator looks at how many residents had worsened pain from prior assessment	25	196	16	199	17	188	12	185
	12%		8%		9%		6% (3%)	
Transfers to hospital The percent of residents transferred to hospital	21	214	11	216	10	215	24	215
	10%		5%		5%		11% (7%)	

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

Overall, our KPI's remained stable this quarter. Our pressure injury numbers compared to a year ago when staffing was below optimal levels are very good. Often the new pressure injuries we are seeing are those being admitted to us from the hospital/community or they are admitted to the hospital and return to YCC with a pressure injury.

Our Liaison Officer from Social Development indicated during our inspection that our restraint definition does not align with the standard, therefore, we had to change our definition, which did affect our indicator. We went from 8% to 14%, but we are still better than we were a year ago (18%). 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.

Our residents experiencing worsened pain has also declined to 6%. We are still not where we were last year, but it is trending downwards, so the work that we are doing has been successful.

For the 'Transfers to hospital' quality indicator, the 24 residents who were transferred to hospital, 10 were admitted to hospital and 14 returned to the facility the same day. There was a significant increase in residents who went to the hospital this quarter. There were quite a few medically unstable residents who came back to YCC on IV antibiotics, 2 nephrostomy tubes, 3 fractures.

2. Nursing Home Without Walls (NHWW)

Clients registered with program as of Dec 31st: 39

***NOTE:** We had 41 registered clients, but 2 unregistered in December. Reasons for unregistering: One was placed in LTC, and one was registered with us as she wished to receive caregiver support only...when her husband (who she was a caregiver to) recently passed, she refused to receive further supports/services despite this being our recommendation.

Number of clients requiring navigation: 35

Number of clients socially isolated and require social engagement: 15

Number of clients receiving wellness checks/ friendly visits: 21

Number of clients receiving friendly phone calls: 19

In this quarter we hired a Wellness Coordinator, Taylor Stewart. Taylor worked part time (0.6) and will transition to full time for Q4. We have also leveraged hours from 2 home support workers in Hawkins House in offering our first accessible bath to a client who did not have access to proper personal care in 20+ years. The client requires full care, is post-polio and requires use of a lift. The bath was completed twice in this quarter on a trial basis, and we have planned to continue offering this bath on a trial basis, with the same client every 3 weeks in hopes of being able to offer baths to clients in the community in our next contract for NHWW.

We held two formal Lunch and Learn events that were well attended (between 25-30 individuals at both). One presentation was on the Value of Social Connectedness in Older Age & the other was a Fraud & Scams Prevention presentation from the Fredericton Police Force. We held a "Christmas Connections" event for the

individuals who were feeling particularly isolated over the holidays, as we know that this can be a lonely time of year for some of our clientele.

We did a presentation for PROBUS (a group of over 40 individuals 60+ years old who are either semi-retired or retired professionals), and then we presented at the Fredericton's Seniors Exposition as well. Candace and Jamie offered a presentation with Jamie being in Florida, and Candace being over Zoom for the Senior's Quality Leap Initiative. We met with the Social Workers under the Long-Term Care Program here in Fredericton at Social Development and have secured two meetings/presentations with two of our local MLA's, David Coon & Luke Randall. We have built a strong working relationship with UNB counselling students, who are accepting our referrals and offering mental health support free of charge to our clients (under the direct supervision of their UNB psychology prof, Dr. Lyndsay Crump). We have connected with Seed the Need, who have provided winter clothing and household items to our low-income clients who are facing clothing insecurity this coming winter. We have become active referral partners with a range of service providers in our community: The Alzheimer's Society, Vision Loss Rehabilitation, Ability NB, among others. We work closely with our Capital Regional Resiliency Network, whose meetings we attend monthly. We continue to leverage the resources already available in our community and continue to work on growing networks and connections within the greater Fredericton area.

The primary gap in services we are documenting have been transportation, and interim (i.e., immediate) home support services. Although we have Para Transit and Fredericton Transit, these services do not appear to work for a group of our clients. Access to primary care seems to be a concern as well, with now over half of our clients without a family physician (21). Not having a family physician has made accessing Extra Mural Services challenging for several of our clients who could benefit from this service. Groceries are another gap; even those who drive are not always able to carry their groceries inside or get the items to/from their vehicle safely. 26 intakes have been scheduled to be completed between January and February 2025.

3. Therapeutic Recreation/Spiritual Care

We welcomed two new staff members, Amber in September and Jessica in December. This quarter we had staff out for several sick days and not replaced, as well as some vacation. We were also running short due to having a vacant position until December and one staff member was only working part-time hours. This will correlate to the reduced number of group activities offered. Overall, we had good numbers for participation, though we did have an increase in residents who were not engaging in activities this quarter.

In November, we had a lot of prep days of preparing for our many Christmas events for December (gifts, donations, organizing) as well as preparing and completing the Christmas Decorating.

We hosted our Remembrance Day Service, which was well attended by residents, tenants and community members.

We also completed the Quality-of-Life surveys utilizing contracted staff to assist in completing these. We had 59 family members, and 73 residents participate and complete the survey. The results will be available in Q4.

Resident Activities	Q1	Q2	Q3	Q4
Group Programs Provided	408	391	318	
Contacts made via Group Sessions Provided	2512	4737	4453	
Contacts made via One-to-One Sessions Provided (minimum of 10 minutes)	386	708	786	
One-to-One Unique Program Sessions Provided	92	65	66	
Number of attempted contacts (residents who declined)	3866	7710	6676	
Average Resident Participation	96%	97%	89%	

3. Volunteers

We continue to encourage volunteers to sign in and log their hours. Assistance from Jenn V and Tara continues to improve the volunteer program.

We have 82 registered volunteers. Jenn Vos and Stephanie reviewed the list and reached out to volunteers who we had not heard from since the Spring, which cleaned the list up. There will be another plan to reconnect with volunteers who have not been active in the new year.

New Volunteers Onboarded this Quarter:

October - 5
November - 3
December - 2

Volunteer Hours Recorded this Quarter:

October – 54.75
November – 110.25
December – 86.25

TOTAL = 251.25 hours AVERAGE = 83.75 hours

4. Resident Council

Resident Council resumed regular council meetings in September. They hosted their annual Christmas Lunch and donated to 2 families as part of the community engagement with Cuffman St School in the amount of \$600. They also welcomed new staff liaison Jennifer Beals.

Voting on new executive members:

Natalie Henderson (President)

Martha Burden (Vice President)

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

5. Adult Day Program

Number of Registered Clients per month:

- October – 19
- November – 21
- December – 24

Seats filled by week/month:

- October

Week 1	Week 2	Week 3	Week 4	Week 5
43	39	40	38	39

- November

Week 1	Week 2	Week 3	Week 4
45	46	44	45

- December

Week 1	Week 2	Week 3	Week 4
46	45	47	47

Intakes:

- A total of 9 intakes, all starting with trial days. 2 clients 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 5 clients who have been discharged from the program.
- Reasons being:
 - Client refused to attend
 - Not a great fit for the program (vacated the facility 2x)
 - Disease progression, needing more care

** We had several participants increase their daily attendance by 1 or more days per week.

6. Hawkins House

- Rents increased as of Oct 1st, 2024.
- Maternity Leave staff returned first of October (Kara Beddow).
- Several tenants had hospital stays this quarter due to decline in health.
- 2 tenants not returning to Hawkins, notice given for 1 for December 31st. 2nd tenant we are awaiting noticed once family has confirmation of plan.
- Rented Apt 102, as of December 1st, 2024.

7. York Developments

91 Sunset

- Had the windows sealed by outside contractor.
- One unit vacated end of November, Apt 6.
- Rents increased by 4% as of October 1st, 2024.

95 Sunset

- Had the windows sealed by outside contractor.
- Replaced roof.
- No units vacant during this quarter.
- Rents increased by 4% as of October 1st, 2024.

120 Sunset

- One unit vacated as of October 1st, Apt 16.
- Rented Apt 16 as of December 1st, 2024.
- Rents increased by 4% as of October 1st, 2024.
- Leak fixed in roof.

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

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. 	<p>Q1 Audits COMPLETE</p> <p>Q3 Audits COMPLETE</p> <p><i>Resp - Jamie Roy</i></p>
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 39 clients. Staff recruitment on track • Falling Behind – nearly complete, not yet documented. <p><i>Resp - Jamie Roy</i></p>
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 <p><i>Resp - Jamie Roy</i></p>



To: Care Services Committee
From: Geri Geldart, President and CEO
Date: January 6, 2025
RE: Report from Family Advocacy Council

The Family Advocacy Council has met twice since our last meeting (November and December). In addition to the usual updates, the following topics were addressed:

- Michel Boyer, Tommy Chapman and Lynne Morrison attended to address questions / concerns which were raised in prior meetings. The discussion was productive and families were encouraged to contact Lynne if they have any dietary concerns specific to their family member.
- Strategic planning update – At the December meeting we provided a summary of the initial findings from the strategic planning focus groups and survey.

Additional questions have arisen since the meeting, specifically related to the process for financial assessment and billing, and the Canadian Dental Health Plan. Heather Harris-Jones will attend the February meeting to provide a financial overview.

The January meeting was cancelled due to holiday scheduling, but the group will resume in February.

G. Geldart