

**Care Services Committee  
AGENDA  
Thursday, April 10, 2025 at 5:30pm**

<b>Item</b>	<b>Description</b>	<b>MRP</b>
1.	<b>Call to Order and Introductions</b>	Andrea Seymour
2.	<b>Approval of the Agenda</b>	Andrea Seymour
3.	<b>Declaration of Conflict of Interest</b>	Andrea Seymour
4.	<b>Approval of Previous Minutes: January 14, 2025*</b>	Andrea Seymour
5.	<b>Business Arising from the Minutes</b>  None	
6.	<b>Standing Reports</b>	
6.1.	Care Services Report for Q4 – Jan 1, 2025 – Mar 31, 2025*	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.	<b>New Business</b>	
7.1.	SQLI Quality of Life Survey Results*	Jamie Roy
7.2.	Quality Framework 2024/25 Progress Report*	Geri Geldart
8.	<b>Date of Next Meeting</b> – Tuesday, September 9, 2025 @ 5:30pm	

***\*Denotes attachment***

### **Proposed Motions**

1. That the minutes of January 14, 2025, be approved.

## Minutes of meeting of the Care Services Committee

Tuesday, January 14, 2025 at 5:30pm

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

**Staff:** Jamie Roy

### 1. Call to order & Introductions

Ms. Seymour called the meeting to order at 5:30 pm.

### 2. Approval of Agenda with Amendments

The agenda was approved as presented.

*It was moved by Lyne St-Pierre-Ellis and seconded by Marjorie Belzile 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: October 24, 2024

*It was moved by Bryanna White-Aubé and seconded by Lyne St-Pierre-Ellis that the minutes of October 24, 2024, be approved.*

*- Motion carried*

### 5. Business Arising

None

### 6. Standing Reports

#### 6.1 Care Services Reports for Q3 October 1, 2024 – December 31, 2024

##### 6.1.1 Clinical Care & Quality

Ms. Roy provided the Q3 report. Highlights included:

- There were 4 clients utilizing our relief care bed 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 affecting residents during this period.
- Residents had the opportunity to receive 4 different vaccines this fall: influenza, covid, RSV and pneumococcal. A total of 838 vaccines were administered.
- Bedside audits were conducted, achieving a facility average of 95% this quarter. We will continue to complete these audits in Q1 and Q3 and report the percentage breakdown by unit.

- KPI's remained stable this quarter, Pressure injury numbers, compared to a year ago when staffing was below optimal levels, are very good. Often new pressure injuries are a result of residents returning from a hospital stay.
- Of the 24 residents who were transferred to hospital, 10 were admitted and 14 returned to the facility the same day. There were a number of medically unstable residents who came back to YCC on IV antibiotics, 2 nephrostomy tubes and 3 fractures.

### **6.1.2 Nursing Home Without Walls Progress Report**

Ms. Roy reported on the Nursing Home Without Walls progress. There have been 39 clients registered to date. Wellness Coordinator, Taylor Stewart was hired in this quarter. Access to a family physician is affecting half of the clients (21), which is recognized as a gap in services. A proposal to hire a nurse practitioner under YDI is being submitted. This could also benefit our relief care admissions.

### **6.1.3 Progress on Operational Goals**

- Therapeutic recreation welcomed two new staff members. This quarter there were absences that were not replaced due to sickness and vacation. Overall, there was positive resident participation, though an increase in the number of people not engaging in activities was noted.
- Quality-of-Life surveys were completed by 59 family members and 73 residents. We are expecting to receive the results from SQLI by the end of January.
- There are 82 registered volunteers averaging 83.75 hours during this quarter. Volunteers are encouraged to sign in and log their hours.
- Resident Council donated to 2 families with Cuffman Street school for Christmas as part of their community engagement.
- The Adult Day program had 24 registered clients in December, meeting the 45 seats goal.
- Roof replacement of 95 Sunset was completed, funded by New Brunswick Housing.

### **6.2 Report from Family Advisory Council**

The Family Advocacy Council met twice since last meeting. Michel Boyer, Tommy Chapman and Lynne Morrison attended the November meeting to address 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. Families were provided with a summary of the initial findings from the strategic planning focus groups and survey at the December meeting.

## **7. New Business**

### **7.1 Progress on Suzy-Q Implementation**

G. Geldart shared an update on the Suzy-Q implementation. CiRA has submitted the evaluation report to CABHI along with an additional funding proposal to assist with change management.

## **8. Date of Next meeting – Thursday, April 10, 2025 at 5:30pm**

## **9. Adjournment**

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



# REPORT TO THE CARE SERVICES COMMITTEE

**January 1<sup>st</sup>-March 31st, 2025  
Quarter 4 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 the fiscal year coming to an end and a new strategic plan on the horizon, quarter 4 was focused on planning for the year ahead as well as looking at our five year strategic plan. Our main project this quarter was that we transitioned pharmacies, with Lawton's now being our contracted pharmacy. This was a huge undertaking, but the transition went very smooth, and we are already seeing a positive impact. We also started training our current care staff on All the Right Moves (ATRM) which focuses on the prevention of musculoskeletal injuries and using equipment to move/transfer residents. Unfortunately, towards the end of March we were hit with the Influenza A virus which affected multiple residents on multiple units.

### Here are some important highlights from Quarter 4:

- Pharmacy transition at the end of February – switched from Jean Coutu to Lawton's. Tamsen Arnold, DOC was the project lead and did a wonderful job! There was a lot of prep work done behind the scenes in January/February leading up to the transition week. We spent four days going through each resident's medications and comparing them with the electronic medication administration record (EMAR), prior to going "live". Overall, the transition went very well.
- Education in this quarter was focused on hand hygiene for dietary staff, donning and doffing personal protective equipment (PPE), and ATRM training on Tower 2 and 3 for care staff. We had 8 staff members attend the Gentle Persuasive Approach course in January and Basic Life Support training was provided to all care staff. SPA-LTC education for those staff who are a part of the Palliative care committee continued as well.
- We had many students throughout the quarter: NBCC Practical Nursing students were here for medication pass observation (30 students over the course of 1 week), followed by the new clinical: Nursing Skills and Clinical Leadership (31 students over course of 2 weeks). There was a group of 8 UNB Nursing students for their first instructor-led clinical and we had 2 LHHS Co-op students doing the PSW Pathway – Theory on-line and labs and clinical on-site at the nursing home.
- Our Internationally Educated Nurses (IENs) began to arrive. Rose, provided group labs in January (1 session) and March (2 sessions).
- We had 4 clients utilize our relief care beds for a total of 56 days. 3 bookings cancelled prior to arrival.
- We have had 4 outbreaks of Influenza A affecting Tower 2, Dixon Hemlock/Elm, Tower 3, and Dixon Cedar/Willow. We have also seen an increase in staff illness correlating with the outbreaks, but uncertain if they have influenza as staff generally do not get tested.
- There was a total of 15 admissions and 15 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.

## Key Performance Indicators

	Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25	
	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	200	36	191	38	188	32	199
	17%		18%		20%		16% (18%)	
<b>Falls with Injury</b> This indicator looks at how many major injuries were sustained when a resident falls.	3	139	4	217	3	193	4	189
	2%		2%		1.5%		2% (1%)	
<b>Newly occurring pressure ulcer</b> This indicator looks at the number of residents who have developed a new pressure ulcer	3	190	1	179	3	179	6	194
	1%		0.5%		1%		3% (2%)	
<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	4	198	1	186	3	186	6	198
	2%		0.5%		1%		3% (3%)	
<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	24	200	16	191	28	188	36	199
	12%		8%		14%		18% (14%)	
<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	115	6	120	5	114	9	119
	6%		5%		4%		7% (6%)	
<b>Worsened depressive mood</b> This indicator looks at the number of residents whose mood from symptoms of depression worsened	37	197	24	188	30	187	37	198
	18%		12%		16%		18% (13%)	
<b>Experienced pain</b> This indicator looks at the number of residents who express pain daily and/or describe as severe or excruciating	9	200	2	191	3	188	1	199
	4%		1%		1%		0% (5%)	
<b>Experienced worsened pain</b> This indicator looks at how many residents had worsened pain from prior assessment	16	199	17	188	12	185	11	198
	8%		9%		6%		5% (12%)	
<b>Transfers to hospital</b> The percent of residents transferred to hospital	11	216	10	215	24	215	12	215
	5%		5%		11%		5.5% (10%)	

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

One of the areas we started focusing on in Quarter 4 is Falls Prevention. Our goal was to review residents who have fallen over the quarter and identify the residents who fall frequently and ensure we have everything in place for that resident, according to our Falls Prevention Program. Over the last few years, we have not really seen any movement with this quality indicator; it has stayed between 17-22%.

As noted previously, our Restraint KPI is on the rise due to the change in definition. We continue to meet as a committee on a quarterly basis and do assessments to see if we can remove restraints.

We are seeing a slight increase in the use of antipsychotics, but this is not unusual as we see an increase in admissions during the winter months. This trend may continue into Q1 until we do our yearly review of antipsychotic use.

The work that we have done around pain assessments has been going well as indicated through our KPI's. For those experiencing pain, we went from 5% a year ago, to 0% this past quarter. For residents with worsened pain, we have seen a steady decline going from 12% a year ago to 5% for Q4.

For the 'Transfers to hospital' quality indicator, the 12 residents who were transferred to hospital, 3 were admitted to hospital and 9 returned to the facility the same day. The three residents that were admitted had surgery due to sustaining a fracture from a fall.

**Quality of Life Surveys 2024 – Resident**

Each year in November/December we do Quality of Life (QOL) surveys with our residents. The last two years we have done the QOL surveys with families as well. As part of the Seniors Quality Leap Initiative (SQLI), our data is compared to the other organizations across North America who are also a part of SQLI. For a resident to participate in the survey, they must meet a certain level on the Cognitive Performance Scale (CPS). We had 61 residents participate in the survey which takes about 1 hr to complete. Below are the results of the resident survey, we are still waiting for the results of the family survey.

*Staff Responsiveness - 8 questions focused on respect, attention, responding quickly, etc.  
Percentage who responded "Always" or "Most of the time"*

Question	SQLI Avg Score (%)	YCC Score (%)	YCC Rank
I am able to get help right a way if needed.	72	70	5 <sup>th</sup>
I am able to get other needed services.	80	90	1 <sup>st</sup>
I am treated with respect by staff.	86	97	1 <sup>st</sup>
Staff respect what I like/dislike.	77	87	1 <sup>st</sup>
Staff pay attention to me.	75	95	1 <sup>st</sup>
The care and support I get help me to live my life the way I want.	75	86	1 <sup>st</sup>
Staff respond quickly when I ask for assistance.	72	79	1 <sup>st</sup>
I get the health services that I need.	78	89	2 <sup>nd</sup>

*Personal Control - 8 questions focused on ability to make own choices, etc.  
Percentage who responded “Always” or “Most of the time”*

Question	SQLI Avg Score (%)	YCC Score (%)	YCC Rank
I can be alone when I wish.	65	87	1 <sup>st</sup>
I can easily go outdoors if I want.	63	37	12 <sup>th</sup>
I can go where I want on the “spur of the moment”.	52	61	3 <sup>rd</sup>
I decide how to spend my time.	82	87	4 <sup>th</sup>
I can have a bath or shower as often as I wish.	35	11	13 <sup>th</sup>
I control who comes in my room.	66	80	2 <sup>nd</sup>
I decide when to go to bed.	76	86	3 <sup>rd</sup>
I decide which clothes to wear.	79	85	5 <sup>th</sup>

*Social Life - 10 questions focused on an engaged and meaningful life.  
Percentage who responded “Always” or “Most of the time”*

Question	SQLI Avg Score (%)	YCC Score (%)	YCC Rank
I have opportunities to participate in religious activities that have meaning to me.	58	48	13 <sup>th</sup>
People ask for my help or advice.	18	13	12 <sup>th</sup>
I have enjoyable things to do on the weekends.	32	3	13 <sup>th</sup>
I participated in meaningful activities in the past week.	36	43	9 <sup>th</sup>
I have opportunities to spend time with like minded residents.	44	34	12 <sup>th</sup>
I have opportunities to explore new skills and interests.	32	31	8 <sup>th</sup>
There are people to do things with.	27	40	3 <sup>rd</sup>
I have opportunities for affection and romance.	14	7	13 <sup>th</sup>
Another resident here is my close friend.	33	60	1 <sup>st</sup>
It is easy to make friends here.	50	81	1 <sup>st</sup>

*Food - 3 questions dealing with food – variety, favourite foods, mealtime.  
Percentage who responded “Always” or “Most of the time”*

Question	SQLI Avg Score (%)	YCC Score (%)	YCC Rank
I get my favorite foods here.	40	32	8 <sup>th</sup>
I have enough variety in my meals.	58	46	7 <sup>th</sup>
I enjoy meal times.	68	67	6 <sup>th</sup>
I eat when I want.	58	28	13 <sup>th</sup>
The food is the right temperature.	66	76	1 <sup>st</sup>

*Caring Staff - 5 questions dealing with closeness to staff.  
Percentage who responded "Always" or "Most of the time"*

Question	SQLI Avg Score (%)	YCC Score (%)	YCC Rank
Staff act on my suggestions.	52	66	1 <sup>st</sup>
I consider a staff member to be my friend.	57	61	3 <sup>rd</sup>
Staff ask how to meet my needs.	48	82	1 <sup>st</sup>
Some of the staff know the story of my life.	34	50	2 <sup>nd</sup>
Staff take the time to have a friendly conversation with me.	46	80	1 <sup>st</sup>

#### *Stand Alone Items*

Question	SQLI Avg Score (%)	YCC Score (%)	YCC Rank
I would recommend this site to others.	76	83	3 <sup>rd</sup>
I feel safe when I'm alone.	88	95	1 <sup>st</sup>
I can express my opinions without fear of the consequences.	75	90	1 <sup>st</sup>
I am bothered by the noise.	14	4	1 <sup>st</sup>

## **2. Nursing Home Without Walls (NHWW)**

**Clients registered with program as of March 31<sup>st</sup>: 73**

**Number of clients requiring navigation: 51**

**Number of clients socially isolated and require social engagement: 44**

**Number of clients receiving wellness checks/ friendly visits: 33**

**Number of clients receiving friendly phone calls: 20**

Early on in this quarter, our Wellness Coordinator (Taylor Stewart) transitioned from a part-time (0.6) position to a full-time position. Since transitioning to full-time, Taylor has created a monthly activities calendar & general newsletter which is distributed to our clientele for the start of each new month. Some examples of community-based activities that have taken place this quarter: bowling at the drome, coffee and chat activities at different local coffee shops, a Valentine's Day trivia event, a boardgames "café" activity, and a guided exercise group.

We hosted two formal Lunch and Learn events this quarter, both were well attended (between 35-45 clients at each). Our attendance numbers are consistently getting higher, with each lunch and learn we host. One presentation was on Depression & Anxiety in Older Age, presented by the Canadian Mental Health Association, while the other was on Healthy Eating & Aging, presented by YCC's very own dietician, Lynne Morrison. We have introduced feedback forms at our lunch and learn events, providing clients with the direct opportunity to provide us with feedback on what they liked and did not like about the event (which was mostly positive). The feedback forms also provide an opportunity for clients to request a future presentation on topic(s) of their choice.

We did a presentation at Evelyn Grove (low-income independent seniors housing located in downtown Fredericton) on our services and got several client intakes booked at that location as a result. We presented for 2 different Gerontology classes at St. Thomas University as well as to the teachers at NBCC, which resulted

in us onboarding two new volunteers. We did a presentation and attended a meeting with Luke Randall and his team, who have been actively sending us referrals and promoting our services to their social media following. We met with David Coon and his team, and we also presented to the Capital Regional Resiliency group we are members of. The Capital Regional Resiliency group consists of service providers from all over the greater Fredericton area, including but not limited to clinical psychologists, social workers, mental health professionals, doctors, teachers and emergency responders. With the Capital Regional Resiliency group in mind, it is worth noting that we partnered with UNB clinical psychology students through this group over the past 3 months, and 10 of our clients are now receiving cost free mental health services geared toward depression/low mood. We presented NHWW to Stepping Stones (seniors center) clients. We met with Family Enrichment, and as of this past quarter, are in the beginning stages of a partnership with them where we hope to offer a narrative style/guided autobiography group for our clients, hosted by one of their counselling interns. We secured a social work student from St. Thomas University during this quarter, and we look forward to having her join us starting April 7<sup>th</sup>.

As detailed in the last quarterly report, the gaps in services are transportation, interim (i.e., immediate) home support services, access to primary care, and assistance with groceries. Many older adults are also looking for contacts for yard work and/or handy man services, and there seems to be a general lack of affordable, available individuals to be hired on by clients for these services. We have not offered any more accessible baths since the last quarter due to some issues with the infrastructure in Hawkins House (where the walk-in tub is located), but we have 9 individuals interested and hoping that we will move forward with offering this service.

There are 28 scheduled intakes to be completed between April and July.

### **3. Therapeutic Recreation/Spiritual Care**

This quarter we bid farewell to one staff member and hired a new staff. We also saw some shuffling of staff where Jessica moved from Birch Grove to Tower 2/3 at the end of March and our new hire Astrid started the middle of March in Birch Grove. There has been staffing challenges over the last two quarters but things are settling down and we are officially fully staffed as of the end of March.

We welcomed two Winter Session Interns from St. Thomas University. They have been placed within the Tower and Dixon, providing 15 hours per week each, for 14 week placements. We also welcomed two NBCC students who are starting a 3 week placement at the end of March. In February, we welcomed one Leo Hayes High School student for a COOP Placement, and she will be with us until June.

We hosted our Annual Deer Hunt game, which was well attended and a special thank you to the deer who were such great sports! In February, we hosted a Valentine's Day party and Sweetheart evening. Both were well attended and enjoyed by all. In March, we had the luck of the Irish with us as we celebrated St Patrick's day with some lively entertainment and the Friendship Centre was a packed house!

We invited the Marysville Cotton Guild to present their artwork of quilting to the residents. Unfortunately, many units were affected by the Influenza A outbreaks starting mid March, therefore programs needed adjusted to meet the needs of the residents.

<b>Resident Activities</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Group Programs Provided	408	391	318	437
Contacts made via Group Sessions Provided	2512	4737	4453	4979
Contacts made via One-to-One Sessions Provided (minimum of 10 minutes)	386	708	786	508
One-to-One Unique Program Sessions Provided	92	65	66	33
Number of attempted contacts (residents who declined)	3866	7710	6676	6950
Average Resident Participation	96%	97%	89%	85%

#### **4. Volunteers**

We have 57 volunteers actively registered. We are continuing to clean up our database. Though we continue to orientate, we often see, as the seasons shift, the volunteers phase out. We are working with Tara to promote volunteering and hope to see an increase in the next quarter.

We also continued to encourage our volunteers to log their hours.

##### **New Volunteers Onboarded this Quarter:**

January - 2  
 February - 2  
 March - 2

##### **Volunteer Hours Recorded this Quarter:**

Q3	Hours Logged	Q4	Hours Logged
October	54.75	January	76.75
November	110.25	February	60.25
December	86.25	March	78
<b>TOTAL</b>	<b>251.25</b>		<b>222.5</b>
<b>Avg/month</b>	<b>83.75</b>		<b>74.2</b>

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

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).

Resident Council held their monthly meetings throughout Q4. Discussion relating to concerns of challenges with food, call bells not being answered and shower rooms being chilly. All items were brought forth to the appropriate managers for follow up.

Resident Council discussed the start up of fundraising again, and it will be discussed again at the next meeting, with the plan to potentially restart in the fall of 2025.

## 5. Adult Day Program

### Number of registered participants per month:

- January – 28
- February – 32
- March – 31

### Seats filled by week/month (minimum is 45):

- January

Week 1	Week 2	Week 3	Week 4	Week 5
49	49	49	52	53

- February

Week 1	Week 2	Week 3	Week 4
54	54	54	54

- March

Week 1	Week 2	Week 3	Week 4
53	53	53	53

### Intakes:

- A total of 14 intakes.
  - One participant was unsuccessful as she was living in memory care at a facility and did not meet the criteria for the program. Did not have a trial day.
  - One participant did not feel she was ready for “this step” in life. Did not have a trial day.
  - The remaining 12 participants started with trial days.
  - One chose not to continue after their trial as they felt they were not a good fit for the program and could not obtain a social worker to alleviate costs.
  - One was waiting on social worker approval, discontinued attendance after her free trial day but will now be re-joining our program April 7<sup>th</sup>, 2025, at 1 day per week, with the goal of 3 days per week as tolerated.

### Discharges:

- We had a total of 5 participants who have been discharged from the program.
- Reasons for discharge being:
  - Client refused to attend.
  - Disease progression, needing more care.
  - Moved into LTC.

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

## **6. Hawkins House**

- Vacancy for 305 and 107.
- 303 was rented as of March 1<sup>st</sup>.
- Care Hours continue to be high.
- Several tenants in and out of hospital.
- No outbreaks.

## **7. York Developments**

### **91 Sunset**

- 1 unit still vacant due to reno, extensive reno relating to smoker.

### **95 Sunset**

- 2 units vacated
- 1 rented March 1<sup>st</sup>
- 1 vacant, occupancy for April 1st
- Issues with homeless, staying in lobby and rummaging through unlocked cars. Kevin has done late night patrols to check entry points. Notices were sent to tenants to be mindful of locking cars and not leaving valuables and ensuring the security doors are shut behind them upon entry.

### **120 Sunset**

- No change for 120 this quarter

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"> <li>• Conduct audits (10% of residents) in Q1 and Q3 with a 95% compliance target.</li> </ul>	<p>Q1 Audits <b>COMPLETE</b></p> <p>Q3 Audits <b>COMPLETE</b></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"> <li>• Recruit Manager, NHWW and market program by June 2024</li> <li>• Recruit other staff and engage up to 75 new clients by Sept 2024.</li> <li>• Reassess outcome measures and determine plan for next year by Dec 2024</li> <li>• Submit Proposal for next fiscal year by March 2025</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> <li>• <b>COMPLETE</b></li> <li>• <b>COMPLETE.</b></li> <li>• <b>COMPLETE</b></li> </ul> <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"> <li>• Create assessment form for residents and families by June 2024</li> <li>• By March 2025, 50% of residents and 25% of family members will have completed the assessment form.</li> <li>• Data collected will be analyzed to determine plan for next fiscal year by March 2025</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> </ul> <p><i>Resp - Jamie Roy</i></p>



To: Care Services Committee  
From: Geri Geldart, President and CEO  
Date: April 4, 2025  
**RE: Report from Family Advocacy Council**

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

- Heather Harris-Jones and Dee Hunter attended in February to discuss the financial aspects of long term care.
- Geri Geldart provided an update on the Quality of Life Survey Results and the Strategic Planning work at the April meeting.

Attendance was strong at the February meeting, but attendance at the April meeting was low. After the meeting, we received 5 requests for notes / slides for the meeting as they were unable to attend. The meeting slides have been shared.

The group continue to offer valuable feedback at each session.

The March meeting was cancelled due to illness.

The May 5<sup>th</sup> meeting will be an evening meeting (7PM).

G. Geldart



## BRIEFING NOTE

**To:** Care Services Committee  
**From:** Geri Geldart, President and CEO  
**Date:** April 4, 2025  
**RE:** Quality Framework Progress Report

### Purpose

To provide a progress report on the 2024-25 Quality Framework Annual Plan.

### Background

YCC continues to follow the Quality Framework which was established in 2023. Annual goals are established to ensure that we maintain our focus on our quality improvement priorities – quality of care, quality of life and safety.

### Current Status

This has been a successful year for the full team as they pursued their quality improvement work. QI objectives were established under four domains, and I am pleased to report on our progress.

DOMAIN	Objective	Progress
<b>Key Performance Indicators for all domains of quality.</b>	1. Senior leaders will report on key performance indicators quarter	Complete – KPIs are reported at Care Services and Finance and Admin Committees with a full dashboard presented at Quarterly board meetings.
<b>Quality of Life and Quality of Care Domains</b>	1. As part of the SQLI collaborative, YCC will consider improvement opportunities for the following quality of care and quality of life elements. <ul style="list-style-type: none"> <li>• Inappropriate use of anti-psychotics</li> <li>• Restraint reduction</li> <li>• Fall prevention</li> <li>• Pressure injury prevention and wound care practices</li> <li>• Social engagement</li> </ul>	Positive results seen in the reduction of antipsychotics, restraint use and pressure injuries. Education provided on skin and wound care.  Falls reduction initiative has been started but it is too soon to report on results.  Social engagement project was focused on Men’s programming which resulted in change in emphasis / focus for this group.

DOMAIN	Objective	Progress
<b>Quality of Life and Quality of Care Domains</b>	2. Introduce a bedside audit process to improve compliance with care standards	Complete – results reported at Care Services Committee. Audits will be repeated in 25/26
	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	Trial of Suzy-Q has not yet been deemed successful. The team plan to regroup in 25/26 to consider a second implementation plan.  Hawkins House improvements have not been addressed.
	4. Increase the number of volunteer hours provided for resident-focused activities.	Continuing to work on improving process of recording volunteer hours. This work will carry over to 25/26
	5. Introduce the Nursing Home Without Walls program in Fredericton North	Complete and very successful. Program has received approval for expansion and guaranteed funding for five years.
	<b>Safe and Supportive Environment Domain</b>	1. Replacement of the Nurse Call and Wireless telephone systems
2. Improving mechanisms for cooling air in resident rooms		Project delayed by DTI – anticipate new schedule in 25/26
3. Work with NB Housing to improve building maintenance in apartment buildings		New operating agreements now in place. Roofing project #1 complete and fully funded. Plan to replace roof #2 in 25/26
4. Revamp the front entrance to improve accessibility		Complete and fully funded by DSD.
5. With the support of York Care Foundation, refresh the Tower 2 environment.		Project underway. Foundation will introduce fundraising campaign in May 2025
6. Cyber security training for YCC staff		Introduced at the Admin level. More work to be done.

DOMAIN	Objective	Progress
<b>Best Place to Work Domain</b>	1. Establish an employee engagement framework with milestones for 24/25 and 25/26.	Complete.
	2. Professional development focus for 24/25 will be on effective teams	Complete
	3. Increase the amount of paid vacation taken by YCC staff while meeting care compliance standard.	Complete and very successful.
	4. Support improvement in workplace culture through the 20 Tenets of Culture program for personal / professional development.	Program introduced but technology issues made the introduction less than successful. Team is planning a re-introduction in 2025.

**Next Action**

The senior leadership team will be considering their quality improvement priorities during the 25/26 operational planning process which is currently underway.

G. Geldart  
 April 4, 2025