

**Care Services Committee  
AGENDA  
Tuesday, September 9, 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: April 10, 2025*</b>	Andrea Seymour
5.	<b>Business Arising from the Minutes</b>  None	
6.	<b>Standing Reports</b>	
6.1.	Care Services Report for Q1 – Apr 1, 2025 – Jun 30, 2025*	Jamie Roy
6.1.1.	Clinical Care & Quality	
6.1.2.	Progress on Operational Goals	
6.1.3.	Quality of Life Survey – Family Results	
6.2.	Report from Family Advisory Council	Geri Geldart
7.	<b>New Business</b>	
7.1.	Annual Work Plan 2025 – 2026*	Geri Geldart
7.2.	Terms of Reference Review*	Geri Geldart
7.3.	Quality Framework*	Geri Geldart
7.4.	Nursing Home Inspection Results	Jamie Roy
8.	<b>Date of Next Meeting – Thursday, November 6, 2025 @ 5:30pm</b>	

***\*Denotes attachment***

### **Proposed Motions**

1. That the minutes of April 10, 2025, be approved as presented.
2. That the Annual Work Plan for 2025 – 2026 be approved as presented.

## Minutes of meeting of the Care Services Committee

Thursday, April 10, 2025 at 5:30pm

**Present:** Andrea Seymour (Chair), Lyne St-Pierre-Ellis, Marjorie Belzile, Wayne Albert, Deborah Wybou, Geri Geldart (ex-officio)

**Regrets:** Bryanna White-Aubé, Marj Deveau

**Staff:** Jamie Roy

### 1. Call to order & Introductions

Ms. Seymour called the meeting to order at 5:26 pm.

### 2. Approval of Agenda with Amendments

The agenda was approved as presented.

*It was moved by Lyne St-Pierre-Ellis and seconded by Wayne Albert 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: January 14, 2025

*It was moved by Wayne Albert and seconded by Marjorie Belzile that the minutes of January 14, 2025, be approved. - Motion carried*

### 5. Business Arising

None

### 6. Standing Reports

#### 6.1 Care Services Reports for Q4 January 1, 2025 – March 31, 2025

##### 6.1.1 Clinical Care & Quality

Ms. Roy provided the Q4 report. Highlights included:

- 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.

- There were 4 clients utilizing our relief care bed for a total of 56 days. 3 bookings cancelled prior to arrival due to no physician coverage. The Seniors Advocate contacted YCC with concerns on refusing clients without a family physician. Social Development confirmed that relief care does have after hours coverage funded. The physician team has agreed to provide this coverage moving forward.
- 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.
- KPI's this quarter have seen a slight decrease in falls within the last 30 days. We have implemented a falls prevention program. There has been further improvement on residents who express pain daily and/or describe as severed or excruciating to below 1%.

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

Ms. Roy reported on the Nursing Home Without Walls progress. There have been 73 clients registered to date. There are 28 scheduled intakes to be completed between April and July. Transportation and interim home support services are recognized as a gap in services. We have received approval to hire a part-time PSW and a part-time navigator as well as renew existing employment contracts for 5 years.

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

- Therapeutic recreation is working on activity pro clean up in preparation of upgrading to activity pro gold. There has been a steady rise in the number of residents that decline attending events. We are investigating this to determine the reasoning. Our activity team is back up to full staff.
- There are 57 registered volunteers averaging 74.2 hours during this quarter. Volunteers are being encouraged to sign in and log their hours.
- Resident Council member commented that the pharmacy experience has been a great improvement since Lawton's transition.
- The Adult Day program had 31 registered clients in March, exceeding the 45 seats goal by 8.

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

The Family Advocacy Council met twice since last meeting. Heather Harris-Jones and Dee Hunter attended the February meeting to discuss the financial aspects of long-term care. Families were provided with an update on the Quality of Life Survey Results and the Strategic Planning work at the April meeting. The May meeting will be an evening meeting.

## **7. New Business**

### **7.1 SQLI Quality of Life Survey Results**

J. Roy shared the SQLI resident survey results which were included in the meeting package. We are awaiting the families results currently. Highlights included:

- Staff Responsiveness – We placed 1<sup>st</sup> in 5 out of the 7 questions in this section.
- Personal Control – Our residents ranked us number 1 on allowing them to be alone when they wish. We will be asking residents how often they would like to shower/bath if it was accessible for them as a starting point to improve this experience.
- Social Life – We placed 1<sup>st</sup> twice on section.
- Food – We improved to first place on temperature of food.
- Caring Staff – There were excellent results in this section, placing us 1<sup>st</sup> in 3 of the 5 questions.
- Stand Alone Items – Our ranking was 3 x 1<sup>st</sup> and 1 x 3<sup>rd</sup>. Residents felt that they can express their opinions without fear of consequences.

Committee members would like to see a comparison of the results from last year.

**7.2 Quality Framework 2024/25 Progress Report**

G. Geldart shared the results of the quality framework progress report which was highlighted in the meeting package. The senior leadership team will be considering their quality improvement priorities during the 25/26 operational planning which is currently underway.

**8. Date of Next meeting – Tuesday, September 9, 2025 at 5:30pm**

**9. Adjournment**

The meeting was adjourned at 6:47pm on a motion by Lyne St-Pierre-Ellis.

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Andrea Seymour, Chair

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Jennifer Vos, Recorder

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# REPORT TO THE CARE SERVICES COMMITTEE

**April 1st-June 30th, 2025  
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

As we begin a new fiscal year, we are also beginning a new strategic plan and identifying our yearly operational goals. Recruitment this spring involved the arrival of our Internationally Educated Nurses (IEN's) from the Philippines mission last year. We continued training current care staff on All the Right Moves (ATRM) which focuses on the prevention of musculoskeletal injuries and using equipment to move/transfer residents. We also started including ATRMs training for all staff during orientation. The Tower 2 Memory Lane project got underway, with a focus on painting the walls and making the balconies more inviting, giving a garden-like feel with greenery, a water fountain and birds chirping. The planning began for our Summer Junior Volunteer Program and the Summer Concert Series.

### Here are some important highlights from Quarter 1:

- As part of the Senior's Quality Leap Initiative (SQLI), I went to Comox, BC in May and did a presentation on Staff Responsiveness. We did very well in this area on the Quality of Life Survey for residents.
- As part of the Employer negotiating team with CUPE, we were asked to resume negotiations. A new contract was signed, which is in effect until June 2028.
- Education this quarter was focused on mandatory CPR training for all care staff, All the Right Moves (ATRM) training, also mandatory, for all staff, TENA (incontinent products) in-service, multiple labs provided to our Internationally Educated Nurses (IENs) arriving from the Philippines, and skin integrity crew meetings. Two Resident Attendants (RAs) participated in the LEAP Palliative Care course in April, and two Registered Nurses (RN) attended a Wound Care Conference in May.
- We continued to have students throughout the quarter: two groups of NBCC PSW students in April and 3 NBCC Practical Nursing (PN) students in June for preceptorship. The 2 LHHS Co-op students doing the PSW Pathway – theory on-line, and labs and clinical on-site at the nursing home continued until the end of May.
- We had 6 clients utilize our relief care beds for a total of 129 days. We had one cancellation.
- We did not have any outbreaks in this quarter. We held a spring covid vaccine clinic for our residents in April, and 187 residents received the vaccine.
- Nursing Home Without Walls (NHWW) had their contract extended for another 5 years and we got approval to increase our part-time Wellness Coordinator position to full-time and add another part-time Wellness Coordinator position along with a part-time Personal Support Worker (PSW).
- There was a total of 11 admissions and 11 discharges in long term care. There was a total of 2 move outs and 2 move ins, in Hawkins House and 1 move out and 1 move in took place in our independent apartments.

## Key Performance Indicators (KPI)

	Q2 24/25		Q3 24/25		Q4 24/25		Q1 25/26	
	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	36	191	38	188	32	199	37	204
	18%		20%		16%		18% (17%)	
<b>Falls with Injury</b> This indicator looks at how many major injuries were sustained when a resident falls.	4	217	3	193	4	189	1	198
	2%		1.5%		2%		0% (2%)	
<b>Newly occurring pressure ulcer</b> This indicator looks at the number of residents who have developed a new pressure ulcer	1	179	3	179	6	194	11	191
	0.5%		1%		3%		5% (1%)	
<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	1	186	3	186	6	198	11	198
	0.5%		1%		3%		5% (2%)	
<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	16	191	28	188	36	199	45	204
	8%		14%		18%		22% (12%)	
<b>Potentially inappropriate use of anti-psychotics</b> This indicator looks at how many residents are taking antipsychotic drugs without a diagnosis of psychosis	6	120	5	114	9	119	11	117
	5%		4%		7%		9% (6%)	
<b>Worsened depressive mood</b> This indicator looks at the number of residents whose mood from symptoms of depression worsened	24	188	30	187	37	198	51	202
	12%		16%		18%		25% (18%)	
<b>Experienced pain</b> This indicator looks at the number of residents who express pain daily and/or describe as severe or excruciating	2	191	3	188	1	199	2	204
	1%		1%		0%		0% (4%)	
<b>Experienced worsened pain</b> This indicator looks at how many residents had worsened pain from prior assessment	17	188	12	185	11	198	25	199
	9%		6%		5%		12% (8%)	
<b>Transfers to hospital</b> The percent of residents transferred to hospital	10	215	24	215	12	215	11	216
	5%		11%		5.5%		5% (5%)	

York Care Centre indicators are live on [Dashboards | CIHI](#).

We continued to focus on Falls Prevention in Q1. Our goal is 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%. If there is any change, we will not see it in the indicator until the end of Quarter 2 or 3.

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. We started our review on residents who receive antipsychotics to determine if they need a decrease, change or discontinuation of the medication.

We saw a rise in our pressure ulcer KPI and upon review it was noted that many of them were residents who came from hospital already with a pressure ulcer. We also have a couple of residents who are non-compliant regarding skin care and maintenance, causing the skin to breakdown. We do plan to provide education throughout the summer regarding wound care.

For the 'Transfers to hospital' quality indicator, the 11 residents who were transferred to hospital, 4 were admitted to hospital and 7 returned to the facility the same day. Of the four residents admitted, 3 were due to illness and one was a hip fracture.

The Canadian Institute of Health Information (CIHI) collects our data and makes it accessible to us where we can compare ourselves to other organizations across New Brunswick and/or Canada. Below is the risk adjusted comparison for the end of Quarter 1 (the numbers will be different than the KPI chart provided).

	York Care Centre	New Brunswick	Canada
Antipsychotic Use	9.8%	35.9%	31.6%
Fell in Last 30 Days	24.1%	16.2%	16.6%
Stage 2 Pressure Ulcer	6.8%	9.8%	9.8%
Restraints	16.6%	25%	13.5%
Symptoms of Depression	7.7%	9.4%	14.2%

**Quality of Life Surveys 2024 – Family**

The last two years in November/December we have done the QOL surveys with families as well as residents. 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 the family surveys, there were a total of 11 organizations that participated, and we had 72 surveys completed. The resident surveys were reviewed in Quarter 4.

*Basic Needs - 6 questions*

*Percentage who responded "Always" or "Most of the time"*

<b>Question</b>	<b>2023 Score (%)</b>	<b>2024 Score (%)</b>	<b>YCC Rank 2024 (2023)</b>
My family member's possessions are secure.	79	78	5 <sup>th</sup>
If they need help right away, my family member can get it.	69	74	6 <sup>th</sup>
My family member is safe living at this home.	95	91	9 <sup>th</sup>
My family member gets the services they need.	80	89	2 <sup>nd</sup>
Staff pay attention to my family member.	83	83	10 <sup>th</sup>
Staff respond quickly when my family member asks for assistance.	77	71	7 <sup>th</sup>
<b>Standardized Mean for "Basic Needs" Scale</b>	72	73	4 <sup>th</sup> (3 <sup>rd</sup> )

*Respect and Trust - 4 questions*

*Percentage who responded "Always" or "Most of the time"*

<b>Question</b>	<b>2023 Score (%)</b>	<b>2024 Score (%)</b>	<b>YCC Rank 2024 (2023)</b>
I trust the staff to take good care of my family member.	97	89	6 <sup>th</sup>
I trust the information I receive from staff here.	97	96	2 <sup>nd</sup>
My family member is treated with respect by staff.	98	89	10 <sup>th</sup>
Staff treat me with respect.	98	96	6 <sup>th</sup>
<b>Standardized Mean for "Respect and Trust" Scale</b>	69	66	2 <sup>nd</sup> (1 <sup>st</sup> )

*Visiting the Facility - 3 questions*

*Percentage who responded "Always" or "Most of the time"*

<b>Question</b>	<b>2023 Score (%)</b>	<b>2024 Score (%)</b>	<b>YCC Rank 2024 (2023)</b>
This home has a clean and pleasant environment.	95	92	4 <sup>th</sup>
I can visit my family member when I choose.	98	98	3 <sup>rd</sup>
There are comfortable places to visit with my family member here.	93	95	3 <sup>rd</sup>
<b>Standardized Mean for "Visiting the Facility" Scale</b>	69	68	1 <sup>st</sup> (1 <sup>st</sup> )

*Engaging in Care - 4 questions*

*Percentage who responded "Always" or "Most of the time"*

<b>Question</b>	<b>2023 Score (%)</b>	<b>2024 Score (%)</b>	<b>YCC Rank 2024 (2023)</b>
I have the information I need about my family member's health status.	92	89	2 <sup>nd</sup>
I know who to contact if I have concerns about my family member's care	92	93	3 <sup>rd</sup>
I participate in care decisions about my family member.	88	86	8 <sup>th</sup>
I am consulted about changes in my family member's care plan.	92	94	1 <sup>st</sup>
<b>Standardized Mean for "Engaging in Care" Scale</b>	63	65	2 <sup>nd</sup> (2 <sup>nd</sup> )

*Global Rating of Facility - 3 questions*

*Percentage who responded "Always" or "Most of the time"*

Question	2023 Score (%)	2024 Score (%)	YCC Rank 2024 (2023)
I would recommend this site or organization to others.	84	88	3 <sup>rd</sup>
This home is the best place to meet my family member's needs.	84	88	6 <sup>th</sup>
This home is well managed.	88	82	6 <sup>th</sup>
<b>Standardized Mean for "Global Rating of Facility" Scale</b>	62	62	3 <sup>rd</sup> (1 <sup>st</sup> )

*Stand Alone Items, 5 questions*

Question	2023 Score (%)	2024 Score (%)	YCC Rank 2024
My family member enjoys mealtimes.	70	64	2 <sup>nd</sup>
My family member has enough variety in meals.	59	58	5 <sup>th</sup>
My family member can be alone when they wish.	90	83	4 <sup>th</sup>
My family member participated in meaningful activities in the past week.	32	33	7 <sup>th</sup>
Another resident is my family member's close friend.	12	17	4 <sup>th</sup>

**Inspection 2025**

We had our annual Nursing Home Inspection on July 15th & 16th, 2025. Our Liaison Officer was new, and this was her first time inspecting our home. She was very impressed with how welcomed she felt. She could tell that the residents are well taken care of, we have a resident-centered approach, and that for a facility our size, we were very well organized. When she interviewed residents, families, and staff, she indicated that they all had great things to say about York Care Centre. Overall, we did very well on our inspection, and received a total of 13 areas of non-compliance:

- 1) We did not notify Social Development within 15 days of a change in board members.
- 2) Documentation did not show that the comprehensive care plan was completed within the approved electronic care planning system platform, no later than seven days after the completion of each LTCF assessment. This was a repeat infraction.
- 3) We did not do a 'significant change' assessment on a resident and on another resident the assessment was complete, but the care plan and ADL form were not updated.
- 4) Documentation did not show that a care conference with the multidisciplinary team providing a resident's care was held within 6 weeks following the resident's admission and, the minimum, yearly thereafter. This was a repeat infraction.
- 5) Documentation did not show that on a quarterly basis, the physician or nurse practitioner completed an evaluation of all prescriptions and non-prescription medications used by each resident. Two residents had one med review missing.
- 6) On inspection it was noted that medications are not always stored in locked cabinets. A medication cart was found unlocked in the hallway. A box of aspirin, pain relieving solution, and Betaderm scalp lotion were found in resident rooms unlocked.
- 7) Temperatures of some food items from last plate served were not within the acceptable range.
- 8) An employee did not have a medical examination on file. This was a repeat infraction.

- 9) An employee's medical examination form did not have the employee's name on it.
- 10) The completed orientation checklist, education and in-service training signed and dated by the employee were not always in the employee's personal file.
- 11) On inspection it was noted that hazardous or poisonous substances are not always kept in locked areas. Storage room found unlocked with denture cleanser tabs inside. Shower room found unlocked with Oxivir plus inside. Soiled utility room found unlocked. Polydent tabs found unlocked in a resident's room. Multiple hazardous products including floor cleaner and laundry soap found in a resident's room. Bathroom cabinet found unlocked.
- 12) One of the stairwells was not being cleaned/maintained on a regular basis.
- 13) Nurses station had a tank of Oxygen that was unsecure (sitting on floor).

We will submit our action plan to Social Development by September 12, 2025.

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

**Clients registered with program as of June 30, 2025: 89**

**Number of clients requiring navigation: 63**

**Number of clients socially isolated and require social engagement: 47**

**Number of clients receiving wellness checks/ friendly visits: 45**

**Number of clients receiving friendly phone calls: 45**

The contract for NHWW has been extended for 5 more years, until March 2030. Robyn MacCara vacated her position as Administrative Assistant, and as a result, Taylor Stewart (previously our full-time Wellness Coordinator) transitioned into the role of Administrative Assistant. We put out job postings to hire a full-time Wellness Coordinator to replace Taylor, as well as a part-time Wellness Coordinator as per the new staffing complement for NHWW.

We hosted three formal Lunch and Learn events this quarter, each were well attended. Our attendance numbers are consistently increasing with each lunch and learn we host. In-home visits and community-based activities continue weekly. Our accessible bath service is growing rapidly, with 3 clients now receiving personal care on a weekly basis (with assistance from the Home Support Workers in Hawkins House). There are still 6 clients waiting to access the bath service. We are getting positive feedback regarding our monthly newsletters and clients look forward to receiving these.

Candace did a presentation for the annual Meals on Wheels general meeting, where volunteers, staff and board members were all present. Many calls have come in as result of that presentation and they have our pamphlet to distribute during their deliveries as needed. We were featured in the local Freddy Plus newspaper, and we plan to attend two BFN concerts where Taylor and Candace will spend the evening marketing our program and connecting with the older adults in attendance.

The 12 week "COME OVER" project in partnership with UNB clinical psychology students where group counselling was offered to our clients who were struggling with low mood/depression wrapped up, and we are excited that a 2<sup>nd</sup> round will be offered in the fall. We are members of the Capital Region Resiliency Network which provides the funding for us to be able to offer this initiative in partnership with UNB. We are actively connecting with clients and community members who need mental health services, to fill up the spaces for the next group. We built a partnership with ASNB and have been preparing to start offering a

monthly caregiver support group here at York Care Centre. The support group starts on September 3<sup>rd</sup> and will happen on a recurring basis until June 2026. Respite care will be offered by our Wellness Coordinators (leveraging the Adult Day Program space) for those who require care for their loved one to attend. Finally, we applied as a Non-Profit through the city of Fredericton for bus tickets and received \$500 worth at the end of June which we were then able to distribute to our clients (those who are able/willing to use the bus system here in Fredericton).

As detailed in the last quarterly report, the primary gap in services we are documenting has been transportation, and interim (i.e., immediate) home support services. Although we do have Para Transit and Fredericton Transit in our community, these services do not appear to work for all/do not appear accessible to several 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. Not having a family physician has made accessing Extra Mural Services particularly challenging for several of our clients who could benefit from in-home nursing care. Groceries are another gap; even those who drive are not always able to carry their groceries inside or get the items from their vehicle into their home safely. 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.

There are 28 upcoming scheduled intakes to be completed between July 1<sup>st</sup> and October 15<sup>th</sup>.

NHWW is required to do monitoring on clients every 6 months. We are in the beginning phases of collecting the data and below is what we are measuring currently. We will be adding the PRISMA -7 scores, which determines level of frailty, but that was a new one added in the spring, so we do not have any data to share yet.

	<b>Intake Average Score</b>	<b>Monitoring 1 Average Score</b>
Do I feel connected to the community? (Scale 1-10)	5.5	6.9
NHWW helps me to stay at home? (% Strongly Agree or Agree)	78%	N/A
Dejong Gierveld Loneliness/Isolation Scale (0 – least lonely, 6 – most lonely)	3.1	2.5

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

During this quarter the recreation team celebrated Mother’s Day and Father’s Day with the residents. Events were hosted for each celebration which were both successful and well attended.

We were so fortunate to receive funding through St Thomas University for a 12 week internship and 2 summer SEED student positions for 12 weeks:

- Stu Intern – Emilian Weeb was placed in the Tower 1/3
- SEED Positions - Activity Assistant – Kylee Speedy was placed with Hawkins House and ADP  
Junior Volunteer Coordinator – Leah Travers home base was Dixon but supported the Junior Volunteer Program through the entire building.

We also said farewell to our COOP Student Chloe at the end of May.

We hosted our first of three Summer Concert Events! It was well attended with 78 residents and over 300 community members enjoying the music.

<b>Resident Activities</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>
Group Programs Provided	391	318	437	528 (408)
Contacts made via Group Sessions Provided	4737	4453	4979	5605 (2512)
Contacts made via One-to-One Sessions Provided (minimum of 10 minutes)	708	786	508	885 (386)
One-to-One Unique Program Sessions Provided	65	66	33	31 (92)
Number of attempted contacts (residents who declined)	7710	6676	6950	9071 (3866)
Average Resident Participation	97%	89%	85%	90% (96%)

#### **4. Volunteers**

We have 59 volunteers actively registered, including two new recruits from last quarter. We are currently working to schedule a group orientation for those interested in volunteering on the weekends and evenings. We also are seeing an increase in volunteer hours being logged and we are continuing to remind our regular volunteers to sign in. We hope to see a continued increase with this as we move forward in the next quarter.

We are connecting with our current registered volunteer base to ensure the volunteers feel supported and are still actively participating. We do anticipate another slow quarter coming up for the summer, but we are focusing our efforts on the Junior Volunteer Program, at the end of June. We have had 37 applications for the Summer JV Program.

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

April - 0  
 May - 2  
 June - 0

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

	Q3 Hours Logged	Q4 Hours Logged	Q1 Hours Logged
Month 1	54.75	76.75	54.5
Month 2	110.25	60.25	139.75
Month 3	86.25	78	149.25
<b>TOTAL</b>	<b>251.25</b>	<b>222.5</b>	<b>343.50</b>
<b>Avg/month</b>	<b>83.75</b>	<b>74.2</b>	<b>114.50</b>

## 5. Resident Council

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

In June, resident council member Ingrid Ginson attended the Golf Fore Care event and raved about how much fun it was! Plans were made for their annual summer party to be held in the next quarter.

## 6. Adult Day Program

Number of registered participants per month:

- April - 33
- May - 29
- June – 29

Seats filled by week/month (max of 60/week):

- April

Week 1	Week 2	Week 3	Week 4	Week 5
53	55	54	54	53

- May

Week 1	Week 2	Week 3	Week 4
56	56	57	57

- June

Week 1	Week 2	Week 3	Week 4
52	50	51	49

Intakes:

- A total of 10 intakes.
  - One potential participant did not feel she was ready for “this step” in life. Did not attend a trial day.
  - One potential participant was admitted to the DECH prior to her trial day due to significant cognitive decline/behaviors.
  - The remaining 7 participants attended trial days.
  - Two participants of those 7 chose not to continue after their trial.

Discharges:

- This quarter, we had a total of 10 participants who were discharged from the program.
- Reasons for discharge being:
  - Client refused to attend; did not enjoy offered activities.
  - Disease progression, needing more care.
  - Repeated inappropriate behaviours that could not be redirected.
  - Moved into LTC/Assisted Living/Palliative care.

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

## 7. Hawkins House

- Rent increase of 3% into effect as of June 2025.
- Care Hours continue to be high, even with vacancy.
- Welcomed three new staff members.

April

107 – <b>Vacancy:</b> Awaiting completion of renovation
305 – <b>Vacancy:</b> Candidate backed out week before admission

May

107 – <b>Vacancy:</b> Waiting for reno completion
209 – <b>Vacancy:</b> Tenant moved to LTC
304 – <b>Vacancy:</b> Tenant moved into Special Care Home
305 – <b>Tenancy:</b> New tenant moved in

June

107 – <b>Vacancy:</b> Waiting for candidate's financials, unit offered for July.
209 – <b>Tenancy:</b> New tenant moved in
304 – <b>Vacancy:</b> Offered to new tenant for August 1 <sup>st</sup> .

## **8. York Developments**

- Rent increase of 3% notice sent out, into effect as of October 2025.

### **91 Sunset**

- 1 unit vacant awaiting new tenant.

### **95 Sunset**

- 1 internal transfer.
- 1 vacant unit, rented from waitlist.

### **120 Sunset**

- 1 tenant passed in hospital, family vacating unit end of month.

Jamie Roy  
Vice President, Care Services & Quality



## Care Services Committee - Annual Work Plan 2025-26

### 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 regarding 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**

### **Residence of Choice**

- ***Commit to Continuous Quality Improvement***
  - QI initiatives focused on meaningful social engagement, quality of care, quality of life and improved dining experience.
  - Advocate for increased funding for recreation, resident care, social work and education.
- ***Enhance Our Community-Based Services to Meet the Needs of Residents and Clients***
  - Enhance our community based services and facilities based on an assessment of resident needs.

### **Employer of Choice**

- ***Commit to Learning and Professional Development***
  - Invest in training and mentorship, through learning and development opportunities for all staff.
  - Develop expertise in quality improvement methods.

### **Centre of Excellence**

- ***Explore and Adopt Innovative Care Practices***
  - Expansion of the Nursing Home Without Walls Program
  - Investigate potential new housing models and models of care

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

#### **Residence of Choice**

- Quality of Life
  - To improve our ability to plan and provide resident-centred activities, implement the Activity Pro Gold.
  - To support the delivery of resident-centred activities, increase the availability of volunteers.
- Quality of Care
  - To improve our ability to provide resident-centred care, examine the bathing frequency preferences and options.
  - To provide residents and families with current information regarding York Care Centre, complete a refresh of the Resident Handbook.
  - To improve the dining experience conduct a second trial of the Suzy-Q to determine the most appropriate use of the technology.
- Resident Satisfaction
  - To identify opportunities for improvement, introduce a Tenant Survey in Hawkins House.

#### **Centre of Excellence**

- High Standard of Care and Support
  - Expand the Nursing Home Without Walls Program

#### **Operational Excellence**

- General Administration
  - Establish a Quality Improvement Plan for 2025-26
- Care Services
  - To improve efficiency, trial Care carts and wipes on one unit. Expand if deemed successful.

### **Section 4 - Issues & Accomplishments from 2024-2025**

- Quarterly reporting from VP Care and Quality Services
- Monitored the following: COVID Outbreaks, Quality of Care indicators,
- Received results of the first bedside audits.
- Received reports from Family Advocacy Council.
- Reviewed results of the Annual Nursing Home Inspection.
- Monitored the establishment and development of the Nursing Home Without Walls Program.
- Monitored the Quality Framework progress report.

### **Section 5 - Issues to Consider for Upcoming Year**

- Generally strong results on committee evaluation. No issues identified.
- Link with Family Advocacy – effective of this group.
- Quality of Life Survey results
- Are we reporting the right KPIs to the Board (Quality of Care, Quality of Life, Care Hours)
- Volunteer Program – critical to quality of life – but is somewhat stalled.
- Monitoring progress of key initiatives (NHWW, Suzy-Q, Therapeutic Recreation program).
- Monitoring framework for Ends Policy – Residence of Choice
- Monitoring wait lists for all services (long term care, assisted living, independent apartments, Adult Day Program).
- Distribution of duties between committees.

**Section 6 - Committee Membership**

- Andrea Seymour, Chair
- Lyne St-Pierre-Ellis
- Wayne Albert
- Deborah Wybou
- Jane Matthews-Clark
- 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	Tuesday, Sept 9, 2025 @ 5:30 PM	<ul style="list-style-type: none"> <li>• Review of Terms of Reference</li> <li>• Review of Annual Workplan</li> <li>• Report from the VP, Care and Quality Services</li> <li>• Report from the Family Advocacy Council</li> <li>• Review selection of Quality of Care Indicators</li> <li>• Quality Framework Update 25/26</li> <li>• Nursing Home Inspection Results</li> <li>• Quality of Life Survey – Family – Results</li> </ul>
Q2	Thursday, Nov 6, 2025 @ 5:30 PM	<ul style="list-style-type: none"> <li>• Report from the VP, Care and Quality Services</li> <li>• Report from the Family Advocacy Council</li> <li>• Progress report on Nursing Home Without Walls implementation</li> <li>• Results of Tenant Survey – Hawkins House</li> </ul>
Q3	Thursday, Jan. 15, 2026 @ 5:30 PM	<ul style="list-style-type: none"> <li>• Report from the VP, Care and Quality Services</li> <li>• Report from the Family Advocacy Council</li> <li>• Receive – Updated Resident Handbook</li> <li>• Nursing Home Without Walls Program update</li> <li>• Progress Report - SuzyQ</li> </ul>
Q4	Thursday, April 30, 2026 @ 5:30 PM	<ul style="list-style-type: none"> <li>• Report from the VP, Care and Quality Services</li> <li>• Progress Report – Family Portal / Activity Pro Gold</li> <li>• Progress Report – Bathing Preferences</li> <li>• Progress Report – Care Cart trial</li> <li>• Progress Report – SuzyQ</li> <li>• Report from the Family Advocacy Council</li> <li>• Quality Framework Progress Report</li> <li>• SQLI Quality of Life Survey results – if available</li> <li>• Report on Volunteer Program.</li> </ul>



## **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"> <li>• <b>Character:</b> We do the right thing</li> <li>• <b>Accountability:</b> We own our actions and our commitments</li> <li>• <b>Respect:</b> We respect our community of care and each other</li> <li>• <b>Excellence:</b> We strive for continuous improvement</li> </ul>	<p><b>Person-Centred:</b> 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.</p> <p><b>Voice:</b> The voice of our residents and families will be welcomed through genuine involvement in sharing and providing feedback.</p> <p><b>Our staff:</b> 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.</p> <p><b>Professional Standards:</b> We are knowledgeable of and comply with professional standards.</p> <p><b>Education and Training:</b> Education is essential to the development of a caring and competent workforce.</p>

# 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.

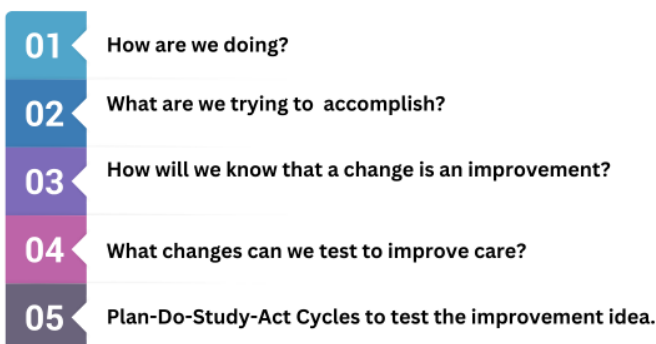
# Domains of Quality

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

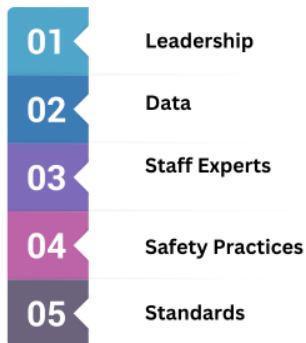
Our model for improvement is a simple and common-sense approach to the work of quality improvement. Five basic questions, and their answers, provide the structure for our work. The model for improvement is an iterative process, meaning it is ongoing and continuous. As new areas for improvement are identified, 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 2025-26

## 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. Continue participation in the Seniors Quality Leap Initiative (quality of care indicators, quality of life surveys) with a focus on the following:
  - a. Examine bathing frequency preferences and options.
  - b. Improve the dining experience in long term care and in supportive housing.
    - i. Conduct a second trial of Suzy-Q in long term care.
    - ii. Explore alternatives for Hawkins House.
  - c. To improve ability to plan and provide resident-centred activities, implement Activity Pro Gold, including updated resident assessments and the introduction of a family portal.
  - d. To support the delivery of resident-centred activities, increase the availability of volunteers
2. Annual bedside audit process to improve compliance with care standards.

## Safe and Supportive Environment Domain

1. To reduce workplace injuries, provide All The Right Moves (ATRM) training for all employees.
2. To improve resident comfort, improve mechanisms for cooling air in resident rooms.
3. Work with NB Housing to improve building maintenance in apartment buildings.
4. With support of York Care Foundation, refresh the Tower 2 Environment.
5. Introduce Facility Cleanliness Audits
6. Conduct regular hand hygiene audits
7. Introduce hand hygiene dispensers in all resident rooms.

## Best Place to Work Domain

1. Implement the employee engagement framework - 25/26 initiatives.
  - a. Annual engagement survey
  - b. Professional development focus for 25/26 – workplace wellness and quality improvement.
  - c. Continue promotion of the “20 Tenets of Culture” program.
  - d. Expand mentorship program to include LPNs, DA’s and EA’s
  - e. Review staff rotations for EA’s, LA’