

**Care Services Committee
AGENDA
Tuesday, November 6, 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: September 9, 2025*	Andrea Seymour
5.	Business Arising from the Minutes None	
6.	Standing Reports	
	6.1. Care Services Report for Q2 – Jul 1, 2025 – Sep 30, 2025*	Jamie Roy
	6.1.1. Clinical Care & Quality	
	6.1.2. Progress on Operational Goals	
	6.1.3. Quality of Life Survey	
7.	New Business	
8.	Date of Next Meeting – Thursday, January 15, 2026 @ 5:30pm	

****Denotes attachment***

Proposed Motions

1. That the minutes of September 9, 2025, be approved as presented.

Minutes of meeting of the Care Services Committee

Tuesday, September 9, 2025 at 5:30pm

Present: Andrea Seymour (Chair), Lyne St-Pierre-Ellis, Wayne Albert, Jane Matthews-Clark, Geri Geldart (ex-officio)

Regrets: Marjorie Belzile, Rob Doyle, Marj Deveau

Staff: Jamie Roy

1. Call to order & Introductions

Ms. Seymour called the meeting to order at 5:38 pm and welcomed Jane Matthews-Clark to the committee.

2. Approval of Agenda with Amendments

The agenda was approved with the addition of item 7.5 Nursing Home Wait List Changes.

It was moved by Deborah Wybou and seconded by Wayne Albert that the agenda be approved with the addition of 7.5 Nursing Home Wait List Changes. - 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: April 10, 2025

It was moved by Wayne Albert and seconded by Lyne St-Pierre-Ellis that the minutes of April 10, 2025, be approved. - Motion carried

5. Business Arising

None

Standing Reports

6.1 Care Services Reports for Q1 April 1, 2025 - June 30, 2025

6.1.1 Clinical Care & Quality

Ms. Roy provided the Q1 report. Highlights included:

Education this quarter was focused on mandatory CPR training for all care staff, All the Right Moves training also mandatory, TENA in-service, multiples labs for our IEN's, and skin integrity crew meetings.

- There were no covid outbreaks during this quarter. A spring vaccine clinic for our residents in April resulted in 187 residents receiving the vaccine.

- Focus continued on Falls Prevention in Q1, residents who have fallen over the quarter residents who fall frequently were reviewed to ensure we have everything in place in accordance with our Falls Prevention Program.
- A province/country wide comparison was shared on antipsychotic use, falls in last 30 days, stage 2 pressure ulcers, restraints and symptoms of depression. This comparison will be reported on quarterly.
- NHWW had 89 clients registered with program as of June 30, 2025. The program will monitor program impact through measures such as feeling connected to the community, having services which help the client to remain living at home, and change in the sense of loneliness / isolation. Assessments will be done every six months.
- We have embarked on a volunteer campaign with an aim increase the number of active volunteers.

6.1.3 Quality of Life Survey – Family Results

The Quality of Life survey results were shared. There was a total of 11 organizations that participated, and we had 72 surveys completed. We placed 1st in Visiting the Facility, and 2nd in Engaging in Care and Respect and Trust.

Wayne Albert left the meeting at 6:31pm.

6.2 Report from Family Advisory Council

The Family Advocacy Council met two times since the last meeting. The group has agreed to move to quarterly meetings. The group expressed satisfaction with our communication processes for families (newsletter, emails, e-boards) and asked that we continue to provide these updates, along with updates on planned activities.

7. New Business

7.1 Annual Work Plan 2025 - 2026

G. Geldart shared the Care Committee Annual Work Plan for 2025 – 2026 which were reviewed by the executive committee in August. The document highlights the committees' terms of reference, the mandate of the committee in relation to the Board's Strategic Plan, a summary of accomplishments for 2024 - 2025, and suggested areas of focus for 2025 – 2026.

7.2 Terms of Reference Review

G. Geldart provided the current Terms of Reference document for members' review. No changes were recommended by the committee.

7.3 Quality Framework

G. Geldart provided an overview of York Care Centre's Quality Framework and 2025-26 plan for quality improvement activities.

7.4 Nursing Home Inspection Results

Social Development conducted our annual Nursing Home Inspection on July 15th & 16th. Overall, we did very well on our inspection, receiving a total of 13 areas of non-compliance. The areas were documented in the meeting package and our response to social development is due on September 12th.

7.5 Nursing Home Wait List

J. Roy shared Regulation 85-187 Changes Affecting the Nursing Home Waitlist. These changes include: new refusal process for clients in the community, prioritization of Health and Safety concern clients, alternate level of care (ALC) prioritization, and choice of preferred Nursing Homes.

8. Date of Next meeting – Thursday, November 6, 2025 at 5:30pm

9. Adjournment

The meeting was adjourned at 7:14pm on a motion by Lyne St-Pierre-Ellis.

Andrea Seymour, Chair

Jennifer Vos, Recorder

DRAFT



REPORT TO THE CARE SERVICES COMMITTEE

July 1st-September 30th, 2025
Quarter 2 Activity

The purpose of this report is to apprise the Board's Care Services Committee of key activities within each quarter of the fiscal year, including an update on key performance indicators and the strategic care pillar. Accordingly, the Committee receives four reports per year with content from the following senior leaders.

Senior Leader
Jamie Roy, Vice President, Care Services & Quality

Key Areas of Reporting
Clinical Care & Quality,
Therapeutic Recreation
& Volunteers,
Residents Council
Adult Day Program
Hawkins House
Operational Goals

1. Clinical Care & Quality

The summer months were busy with Junior Volunteers offering many programs to residents and the Summer Concert Series continued for both July and August. The Tower 2 Memory Lane Project focused on the balconies that now have greenery, a water fountain, birds chirping and a place where families can have lunch with their loved one. We continued to provide All the Right Moves (ATRM) training for both current staff and new staff onboarding, including Support Services staff. We also celebrated Nursing Home Without Walls being open for 1 year and now has over 100 clients!

Here are some important highlights from Quarter 2:

- Education this quarter was focused on wound care looking at the gaps or insufficiencies in Momentum documentation. There was also a Wound Care webinar with Nancy Shutzenbeld and Vashe education with Erika Breau. ATRM training for current employees continued throughout the facility and new hires, including support services employees now receive the ATRM training.
- We continue to participate in the SPA-LTC project with UNB and Social Development which offers education in palliative care. The Palliative Care Committee created overnight kits for families as well as care kits for families visiting their loved one at end of life. Education on these kits were provided at crew meetings.
- We hosted 4 NBCC PSW preceptorships and had multiple NBCC PN students do a Leadership Clinical in September. The Leadership Clinical was new and allowed PN students to shadow the LPN during a shift to understand the leadership role they play in long term care.
- Bedside Audit Results for Q1 - Common areas to focus on: RA documentation, answering call bells appropriately, razors not stored properly, rooms untidy/dirty, items not tagged.

Facility- 95%
Dixon – 92%
Tower 1 – 94.5%
Tower 2 – 97%
Tower 3 – 92%
Birch – 100%

- We had 8 clients utilize our relief care beds for a total of 126 days.
- We had one Covid outbreak on Tower 3 that involved three residents. They all had mild symptoms and recovered with no issues.
- There were a total of 9 admissions and 11 discharges in long term care. There were a total of 2 move outs and 2 move ins, in Hawkins House and 1 internal transfer, 4 move outs and 3 move ins in our independent apartments.

Key Performance Indicators (KPI)

	Q3 24/25		Q4 24/25		Q1 25/26		Q2 25/26	
	N	D	N	D	N	D	N	D
Falls within the last 30 days This indicator looks at how many residents fell in the last 30 days leading up to the date of their quarterly clinical assessment	38	188	32	199	37	204	36	204
	20%		16%		18%		17% (18%)	
Falls with Injury This indicator looks at how many major injuries were sustained when a resident falls.	3	193	4	189	1	198	1	201
	1.5%		2%		0%		0% (2%)	
Newly occurring pressure ulcer This indicator looks at the number of residents who have developed a new pressure ulcer	3	179	6	194	11	191	3	185
	1%		3%		5%		1% (0.5%)	
Worsened pressure ulcer This indicator looks at the number of residents whose stage 2 to 4 pressure ulcer had worsened since the previous assessment	3	186	6	198	11	198	3	201
	1%		3%		5%		1% (0.5%)	
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	28	188	36	199	45	204	58	204
	14%		18%		22%		28% (8%)	
Potentially inappropriate use of anti-psychotics This indicator looks at how many residents are taking antipsychotic drugs without a diagnosis of psychosis	5	114	9	119	11	117	12	111
	4%		7%		9%		10% (5%)	
Worsened depressive mood This indicator looks at the number of residents whose mood from symptoms of depression worsened	30	187	37	198	51	202	43	201
	16%		18%		25%		21% (12%)	
Experienced pain This indicator looks at the number of residents who express pain daily and/or describe as severe or excruciating	3	188	1	199	2	204	7	204
	1%		0%		0%		3% (1%)	
Experienced worsened pain This indicator looks at how many residents had worsened pain from prior assessment	12	185	11	198	25	199	22	200
	6%		5%		12%		11% (9%)	
Transfers to hospital The percent of residents transferred to hospital	24	215	12	215	11	216	13	216
	11%		5.5%		5%		6% (5%)	

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

We continued to focus on Falls Prevention in Q2. 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%. Although our number of falls for the quarter has increased (201), individual residents who are on Purposeful Rounding, did see a 2% decrease in their number of falls.

As noted previously, our Restraint KPI is on the rise due to the change in definition. We were at 8% a year ago which was when we were at our lowest and now, we are at our highest at 28%. We continue to meet as a committee on a quarterly basis and do assessments to see if we can remove restraints.

We are still seeing a slight increase in the use of antipsychotics, but we started our review on residents who receive antipsychotics to determine if they need a decrease, change or discontinuation of the medication in Q2.

We provided education throughout the summer regarding wound care, and we have been able to heal the wounds that residents acquired in hospital, so we have seen a 4% decrease in new/worsening pressure ulcers.

Those who are experiencing pain daily has increased by 3%. We are currently doing a review of these residents to ensure we are providing adequate pain control.

For the 'Transfers to hospital' quality indicator, the 13 residents who were transferred to hospital, 6 were admitted to hospital and 7 returned to the facility the same day. Of the six residents admitted, 4 were due to illness, one had surgery, 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 2 (the numbers will be different than the KPI chart provided).

*Indicates we are better than the provincial and national average.

	York Care Centre	New Brunswick	Canada
Antipsychotic Use	*12.5	36.3	29.0
Fell in Last 30 Days	22.2	16.1	17.0
Stage 2 Pressure Ulcer	*6.7	9.4	8.7
Restraints	21.4	25.5	10.2
Symptoms of Depression	20.6	18.2	19.6

Hawkins House Survey

Every two years, we survey the tenants of our assisted living facility. Below are both the 2023 and 2025 results. There was a total of 27 respondents for the 2025 survey, compared to a total of 29 respondents for the 2023 survey. The percentages below are based on those who answered “Agree” or “Strongly Agree”.

Question	2023	2025
1. My privacy is respected when staff are providing services.	93%	89%
2. I am satisfied with the meals that are served to me.	45%	33%
3. I am satisfied with the dining room experience/environment.	76%	81%
4. I understand the safety measures that are in place in the event of an emergency.	48%	59%
5. I am treated with respect by staff.	97%	93%
6. I am satisfied with the services that I receive.	90%	81%
7. I am satisfied with the activities offered.	52%	44%
8. It is easy to make friends here.	75%	85%
9. Overall, Hawkins House is a great place to live.	79%	85%
10. Do you receive care hours?	N/A	50%
11. Do you feel the care provided is sufficient to meet your needs.	N/A	92%

Some of the common themes that came up in the comments were:

- Meals/Dining Room – menu always changing, food not hot enough, more variety of desserts, condiments at the table, dining room needs to be brighter, tenants sitting alone, can get hot when AC is not working – broken a lot
- More education on safety plan and more fire drills
- Activities - Bus not working most of the summer, more variety and more active programs
- Better orientation for new tenants

2. Nursing Home Without Walls (NHWW)

Clients registered with program as of September 30th, 2025: 114

Number of clients requiring navigation: 75

Number of clients socially isolated and require social engagement: 51

Number of clients receiving wellness checks/ friendly visits: 48

Number of clients receiving friendly phone calls: 44

Number of upcoming scheduled intakes: 26

We welcomed two new staff members this quarter. Emmett Legare was brought on as part-time Wellness Coordinator, and Heather MacCara as full time Wellness Coordinator. Both new staff members received training pertaining to service navigation, how to log services under the social development portal, and participated in the new Itacit NHWW modules. Taylor Stewart, previously in the full-time Wellness Coordinator role, transitioned into the role of Administrative Assistant in early August.

We hosted 3 formal Lunch and Learn events this quarter. Topics always vary, but this quarter, all three topics were a direct result of client request – Stress Management & Mindfulness, Medical Assistance in Dying (MAID- presented by Regional Maid Coordinator, RN Chantal Arsenault), and the WAY (We Are Young) Program (presented by YCC’s very own Pastor Norm). In-home visits and community-based activities continue weekly.

Some examples of community-based activities from the last quarter are as follows: Mini Golf at Good Guys Golf, The YCC Summer Concert Series, walk & talks (one at Willie O’Ree), seated exercise sessions, a fall themed craft night, coffee & chats at local coffee shops, and more! Our accessible bath service has provided essential personal care services to three clients on a recurring basis during this quarter, and we plan to continue expanding this service during the next quarter. We continue to get positive feedback on our monthly newsletters, with clients reporting that this is their main source of keeping up to date with our scheduled activities. During this quarter, we introduced a “Letter from the Manager” section into the newsletter as a means of keeping clients up to date on what they can access for services in their community, how to access said services and what is new and happening with our program. Navigation continues to be the most widely accessed service that our program offers.

We did two presentations for two different apartment buildings on the southside – one on Valcour drive, and one on Lianne Street. Each of these was attended by residents of the building, with the Valcour location bringing in 6 scheduled intakes. Additionally, our team took part in a “Nursing Home Without Walls Q&A” alongside the Shannex site at the southside Senior’s Center.

Our biggest milestone of the quarter was when we reached and surpassed 100 clients for our one-year anniversary in August. We did not feel the pressure to market heavily throughout this quarter as intakes were (and still are) booked approximately two months out (averaging 3 intakes per week).

We launched our monthly Caregiver Support Network in partnership with the Alzheimer Society of New Brunswick in the first week of September. As planned, the support group started on September 3rd and will continue until June 2026, on the first Wednesday of each month. Respite care is offered by our Wellness Coordinators (leveraging the Adult Day Program space) for those who require care for their loved one to attend the Support Network.

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 for most of our clientele. We have put a call out for volunteer drivers several times now with no response. We often see that even low-income individuals are not eligible to receive copay on home support services from SD and then are not financially able to pay for them out of pocket. The result is that individuals who require in home supports go without. Access to primary care seems to be a concern as well, with over half of our clients without a family physician. Not having a family physician has made accessing primary care especially challenging; lately, in urgent cases, our Wellness Coordinators have stepped in and helped clients navigate Maple/E-Health online. With winter quickly approaching, several clients have also noted they are concerned about their steps/decks/walkways- those who have snow removal services typically do not have those areas included.

3. Therapeutic Recreation/Spiritual Care

We welcomed 2 more summer students, receiving funding from the federal government for an 8 week summer student through YDI, and funding through Inclusion NB for an 8 week summer student who worked primarily in the Tower.

We hosted 2 more Summer Concert events which were well attended with over 350 in attendance (Community and Residents combined). Lots of positive feedback this summer, and the entertainers expressing their desire to perform at the York Care Centre site going forward.

We hosted a summer boardwalk carnival party, and had a variety of games, face painting, music.

We bid farewell to all 5 of our summer students and they will be missed as they added a lot of value to our organization and the activity department.

****NEW: Top 5 group activity programs most attended are (not including worship service):**

- Pet Therapy
- Baking
- Bowling
- Exercises
- Afternoon Entertainment

Resident Activities	Q3	Q4	Q1	Q2
Group Programs Provided	318	437	528	533 (391)
Contacts made via Group Sessions Provided	4453	4979	5605	5480 (4737)
Contacts made via One-to-One Sessions Provided (minimum of 10 minutes)	786	508	885	753 (708)
One-to-One Unique Program Sessions Provided	66	33	31	41 (65)
Number of attempted contacts (residents who declined)	6676	6950	9071	9256 (7710)
Average Resident Participation	89%	85%	90%	88% (97%)

4. Volunteers

We have 69 volunteers actively registered. 12 new recruits from last quarter, and we said farewell to 2 volunteers. We continue to see that volunteers are logging their volunteer hours, but we still require to give reminders as we have reoccurring volunteers not logging in.

We hosted 4 orientations for our Junior Volunteer program and had 43 registered Junior Volunteers. Our Junior Volunteer Coordinator and support from the other Summer Students made the program a big hit! We hosted our appreciation event onsite in the Friendship Centre with 26 Junior Volunteers in attendance. The staff created a game show for the students to play and earn points and win prizes, along with pizza and cake.

Hours Logged by the Junior Volunteers:

Q2	Hours Logged
July	85
August	102
September	0
	187

New Volunteers Onboarded this Quarter:

July - 3
August - 3
September - 6

Volunteer Hours Recorded this Quarter:

	Q3 Hours Logged	Q4 Hours Logged	Q1 Hours Logged	Q2 Hours Logged
	54.75	76.75	54.5	119.5
	110.25	60.25	139.75	121.25
	86.25	78	149.25	109.25
TOTAL	251.25	222.5	343.50	350
Avg/month	83.75	74.2	114.50	116.67

From the information above, we can see that the winter months have a lower number of hours recorded. This could be because we initiated logging the hours in quarter 3 so some volunteers were not doing it consistently and it has taken a bit of time to improve this. Our goal for quarter 3 and 4 will be an average of 100 hours of volunteer time. We will reassess after quarter 4 and create a new goal for quarter 1 and 2.

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).

The resident council hosted their Summer Party on July 16th in Dave’s Café. The menu included fried chicken, salads, rolls, and ice cream treats for dessert. Everyone seemed to enjoy themselves and there was a lot of great conversation and great music.

In September when meetings resumed, Ingrid Ginson resigned from the council. Nominations were accepted for 2 more residents to be appointed. The voting will take place at the next meeting. Discussion to host a Christmas Draw which will start in November was approved.

6. Adult Day Program

Number of registered participants per month:

- July - 27
- August - 30
- September – 30

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

- **July**

Week 1	Week 2	Week 3	Week 4	Week 5
44	47	47	48	49

- **August**

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

- **September**

Week 1	Week 2	Week 3	Week 4
52	52	51	52

Intakes:

July – 4 intakes

August – 0 intakes, but 2 participants increased their attendance

September – 5 intakes, and 2 participants increased their attendance

One potential participant did not feel she was ready for “this step” in life. Did not attend a trial day. The remaining 8 participants attended trial days.

Discharges:

This quarter, we had a total of 3 participants who have been discharged from the program.

Reasons for discharge being:

- Disease progression, needing more care. Moved into LTC.
- Could not commit, lived in Woodstock.
- Palliative care

7. Hawkins House

65

Care Hours continue to be high, even with vacancy.

- **July**

105 – Vacancy: Awaiting completion of renovation (Tenant passed away at DECH)
304 – Vacancy: Awaiting completion of reno (tenant moved into higher level of care)

- **August**

105 – NEW TENANT: moved from 120 Sunset to HH
304 – NEW TENANT: moved in

- September

NO VACANCY

7. York Developments

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

91 Sunset

- 1 unit vacant awaiting new tenant

95 Sunset

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

120 Sunset

July

11 – Vacant: Tenant passed away at DECH
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Flooding incident – effecting 3 units (8, 9, 21)

Apartment 21 left water running and flooded apartment 8 and 9.
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Apartment 8 major damage.

Apartment 8 vacated her apartment and moved into Hawkins House
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Apartment 9 did not have to vacate apartment, minor repairs.
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Apartment 21 vacated her apartment and was put in temporary housing by her insurance company.

August

11 – Vacant: New candidate confirmed accepted unit as of Sept 1 st .
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10 - Vacant: Tenant passed away at Hospice

September

11 – New Tenant: moved in

10 – Transfer Tenant: from 120 Sunset, moved into 1 bedrm unit, vacating 2 bdrm.

Flooding Incident:

Apartment 8 and 21 still under refurbishment by First Onsite.

25 – Vacant: 2 Bdrm Unit

York Development Wait Lists	
91 Sunset Drive	18
95 Sunset Drive	32
120 Sunset Drive	46
Internal Transfer Requests (Tenants already living in 91/95/120)	4
Hawkins House 116 Sunset	23

Jamie Roy
Vice President, Care Services & Quality