

**Care Services Committee
AGENDA
Thursday, April 30, 2026 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: January 15, 2026*	Andrea Seymour
5.	Business Arising from the Minutes None	
6.	Standing Reports	
	6.1. Care Services Report for Q4 – January 1 – March 31, 2026*	Jamie Roy
	6.2. Report from Family Advocacy Council	Geri Geldart
7.	New Business	
	7.1. Quality Framework Progress Report*	Geri Geldart
	7.2. SQLI Quality of Life Survey Results*	Jamie Roy
8.	Date of Next Meeting – TBD @ 5:30pm	

****Denotes attachment***

Proposed Motions

1. That the minutes of January 15, 2026, be approved as presented.

Minutes of meeting of the Care Services Committee

Thursday, January 15, 2026 at 5:30pm

Present: Andrea Seymour (Chair), Wayne Albert, Jane Matthews-Clark(v), Lyne St-Pierre-Ellis, Rob Doyle(v), Deborah Wybou, Marj Deveau, Geri Geldart (ex-officio)

Regrets: Marjorie Belzile

Staff: Jamie Roy

1. Call to order & Introductions

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

2. Approval of Agenda with Amendments

The agenda was approved as presented.

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: November 6, 2025.

It was moved by Jane Matthews-Clark and seconded by Wayne Albert that the minutes of November 6, 2025, be approved. - Motion carried

5. Business Arising

None

Standing Reports

6.1 Care Services Reports for Q3 October 1, 2025 – December 31, 2025

Ms. Roy provided the Q3 report. Highlights included:

- Hand hygiene audits were completed. Of the 56 observations made in the lobby, only 5 were compliant with hand hygiene. Of the 41 observations on the unit of staff, 21 were compliant. Yearly education was provided.
- There were 475 vaccines administered during the third quarter which included influenza, covid, RSV and pneumococcal.
- There was a total of 73 days used for relief care in this quarter. There was an upward trend in stays in 2025 totalling 395 occupied days, compared to the previous record being 282 in 2017.
- There were a total of 23 admissions and 23 discharges in long term care. There were 2 move out and 2 move ins and one internal transfer in Hawkins House. The independent apartments saw 2 internal transfers, 5 move outs and 3 move ins this quarter.
- We are seeing a slight increase in the use of antipsychotics, but the number of residents on antipsychotics has decreased significantly over the last two quarters from 117 to 100.
- The Canadian Institute of Health Information (CIHI) are about to release the quality indicator

summary for 2024-2025 to the public on January 22, 2026.

- The restraint committee has been successful in reducing the number of restraints used to 22% from 28%.
- Nursing Home Without Walls (NHWW) have 143 clients registered with the program as of December 31, 2025. This quarter, we secured a student placement from the STU Social Work course. We are also posting for a casual position as a Navigation Support Specialist to assist with the waiting time for intakes, which is currently into March. In addition to her regular duties, Candace Purcell has accepted a coaching position with Excellence Canada.
- There are 74 active volunteers registered. This is an increase of 6 from the last quarter. There was improvement in the volunteers logging their hours.
- York Development currently has 84 people waiting for an apartment and 27 awaiting an assisted living placement.

6.2 Report from Family Advocacy Council

Ms. Geldart shared the following update:

- The Family Advocacy Council has met once since our last meeting. This was the second meeting after moving to a quarterly schedule. Six people attending in person, with two joining online. Several suggestions were made including improving the dining experience for residents that require assistance with feeding, providing entertainment (ie TV) in the dining room before meals, offering family advocacy meeting times earlier in the day, providing a mobile call bell for families, and if other units are being updated as Tower 2.

7. New Business

7.1 Bathing Preference Survey

A total of 97 residents voluntarily participated in a bathing preference survey in December 2025. The results indicated the majority of those surveyed would prefer to have a bath over a shower, and to receive service an average of twice per week.

7.2 Funding Request

Ms. Geldart reviewed the funding request for additional care hours that was provided in the meeting package. The Department of Social Development has approved additional funding until March 30, 2026, for 2 additional Activity Coordinators and 6 Resident Attendants dedicated exclusively to bathing services throughout the facility. It was decided to take advantage of this temporary offer to test a Bathing Team Model, which will add one bath team per unit to the current compliment.

7.3 Nursing Home License 2026

The modified Nursing Home License for 2026 is posted in the main reception area and a copy was included in the meeting package.

7.4 Operation Goals Deferred

- Resident Handbook – The handbook is currently under review with an expected completion date of Q4 instead of Q3.
- Suzy-Q-Trial – Mr. Roy has recently completed the change management program, providing her with a qualification as a Certified Change Practitioner. These change management skills will be utilized within the Suzy-Q project. Based on the pre-work that is required, this project won't be ready to implement until the new fiscal year.

8. Date of Next meeting – Thursday, April 30, 2026 at 5:30pm

9. Adjournment

The meeting was adjourned at 6:29pm on a motion by Lyne St-Pierre-Ellis.

Andrea Seymour, Chair

Jennifer Vos, Recorder

DRAFT



REPORT TO THE CARE SERVICES COMMITTEE

January 1st-March 31st, 2026
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

This quarter we were able to focus on quality improvement initiatives. From the bathing team trial in Tower 1, the Memory Lane project on Tower 2, to transforming Dixon into two separate units, we were focused on improving the quality of life for residents. We also received the results of the Quality of Life survey for residents and families that was done in the fall of 2025. We continued to provide All the Right Moves (ATRM) training for both current staff and new staff onboarding, and we were able to provide Basic Life Support training to all care staff in March. We were able to escape all the reportable viruses this quarter although we did have many residents with respiratory symptoms.

Here are some important highlights from Quarter 4:

- Education that took place this quarter included three wound care in-services for RNs/LPNs focusing on charting and the assessment of wounds, ATRM training sessions in February for care staff, two Gentle Persuasive Approach (GPA) workshops, and Vacuum-Assisted Closure (VAC) dressing in-services. Basic Life Support (BLS) was offered to all care staff as it is mandatory for staff to have up to date certification.
- Rose and I participated in the Discharge from Hospital to Nursing Home Project which examined the process, using the Nursing Home Waitlist. We developed a process map for when a resident refuses a bed and discussed possible solutions to multiple situations that could arise.
- We did a bathing team trial in Tower 1 for 8 weeks. Two Resident Attendants were temporarily reassigned to work Monday-Friday and provided a second bath to residents each week. We are currently reviewing the data and will present this information in the Q1 report.
- We have accomplished a lot with the Tower 2 Memory Lane Project – the wallpaper has been ordered, the nurses' stations are almost complete, the robotic pets and Tovertafel have arrived along with the 'Diner' sign. Next steps are to focus on the sensory products for the walls and décor for the dining room.
- Dixon is a large unit (71 residents) and we want to separate it into two units to improve efficiency. We have created a resident kitchenette in Cedar/Willow and moved the Unit Coordinator office closer to the nurse's station. We have also moved an LPN that was located on Tower 3 to Dixon to support the RN.
- We had 5 Practical Nursing (PN) students from NBCC Woodstock in January for their clinical leadership course, 37 PN students from NBCC Fredericton for medication pass observation and 44 PN students for their clinical leadership course. In February/March, we hosted 24 1st year BN students from UNB for their first clinical.
- There was a total of 39 days used for relief care in this quarter. Five additional planned admissions were cancelled by family (which is becoming a common occurrence). We are also receiving more requests from the hospital.
- There were a total of 15 admissions and 16 discharges in long term care. There was a total of 6 move outs, and 2 move ins in Hawkins House and 5 move outs and 2 move ins in our independent apartments.

Key Performance Indicators (KPI)

	Q1 25/26		Q2 25/26		Q3 25/26		Q4 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	37	204	36	204	40	194	32	199
	18%		17%		20%		16% (16%)	
Falls with Injury This indicator looks at how many major injuries were sustained when a resident falls.	1	198	1	201	3	157	1	186
	0%		0%		2%		0% (2%)	
Worsened pressure ulcer This indicator looks at the number of residents whose stage 2 to 4 pressure ulcer had worsened since the previous assessment	11	198	3	201	3	194	5	198
	5%		1%		1%		2% (3%)	
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	45	204	58	204	44	194	46	199
	22%		28%		22%		T 23% (18%)	
Potentially inappropriate use of anti-psychotics This indicator looks at how many residents are taking antipsychotic drugs without a diagnosis of psychosis	11	117	12	111	12	100	10	95
	9%		10%		12%		10% (7%)	
Worsened depressive mood This indicator looks at the number of residents whose mood from symptoms of depression worsened	51	202	43	201	39	194	31	199
	25%		21%		20%		15% (18%)	
Experienced pain This indicator looks at the number of residents who express pain daily and/or describe as severe or excruciating	2	204	7	204	3	194	1	199
	0%		3%		1%		0% (0%)	
Experienced worsened pain This indicator looks at how many residents had worsened pain from prior assessment	25	199	22	200	15	194	17	199
	12%		11%		7%		8% (5%)	
Transfers to hospital The percent of residents transferred to hospital	11	216	13	216	10	215	13	216
	5%		6%		5%		6% (5.5%)	

York Care Centre indicators are live on [Long-term care dashboard | CIHI](#) (as of January 22, 2026).

The number of falls we had in quarter 4 has gone back up but is lower than quarter 1 & 2. We have also seen a decrease in the number of residents who are falling over the past year. One of our strategies this year was to focus on falls and implement purposeful rounding along with using our Falls Prevention Program. We did see progress and will continue to focus on this in the next fiscal year.

Of the five residents that had worsened pressure ulcers, four of them were new. One was coded incorrectly in the previous quarter, so it appears that it is new but is not, two residents pressure ulcers have since healed, and one we are currently doing treatment. There was one resident who had a pressure ulcer that worsened as she went home over the Christmas holidays and when she returned it was worse. She has been receiving specialized treatment to the area.

We set a goal for quarter 3 and 4 that our restraint usage would be at 22%. The total number of residents with restraints has not changed much, except for quarter 2. Every quarter we continue to identify residents that may be a candidate to have their restraint removed and do a trial removal.

The total number of residents on antipsychotics has continued to decrease in quarter 4, although those that are flagged for inappropriate use has remained unchanged over the past year. The Canadian Institute of Health Information (CIHI) has recently added bipolar disorder to the list of appropriate diagnoses for the use of antipsychotics.

For the 'Transfers to hospital' quality indicator, the 13 residents who were transferred to hospital, 5 were admitted to hospital and 8 returned to the facility the same day. Of the five residents admitted, four were due to illness and one had a fractured pelvis.

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 are the Quarter 4 results:

*Indicates we are better or on par with the provincial and national average.

	York Care Centre	New Brunswick	Canada
Antipsychotic Use	*17%	36%	25%
Fell in Last 30 Days	23%	17%	17%
Stage 2 Pressure Ulcer	*7%	10%	7%
Restraints	24%	26%	6%
Symptoms of Depression	*9%	9%	12%

Quality of Life Surveys 2025 – Resident

Each year in November/December we do Quality of Life (QOL) surveys with our residents. The last three years we have done the QOL surveys with families as well (these results will be shared in the quarter 1 report). As part of the Seniors Quality Leap Initiative (SQLI), our data is compared to 12 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 110 residents participate in the survey which takes about 1 hr to complete. Below are the results of the resident survey.

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

Question	YCC Score (%) 2024	YCC Score (%) 2025	YCC Rank
I am able to get help right a way if needed.	70	70	5 th
I am able to get other needed services.	90	90	1 st
I am treated with respect by staff.	97	96	2 nd
Staff respect what I like/dislike.	87	90	2 nd
Staff pay attention to me.	95	90	2 nd
The care and support I get help me to live my life the way I want.	86	84	2 nd
Staff respond quickly when I ask for assistance.	79	78	2 nd
I get the health services that I need.	89	88	2 nd

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

Question	YCC Score (%) 2024	YCC Score (%) 2025	YCC Rank
I can be alone when I wish.	87	91	1 st
I can easily go outdoors if I want.	37	48	12 th
I can go where I want on the "spur of the moment".	61	66	2 nd
I decide how to spend my time.	87	88	3 rd
I can have a bath or shower as often as I wish.	11	19	12 th
I control who comes in my room.	80	80	3 rd
I decide when to go to bed.	86	83	5 th
I decide which clothes to wear.	85	85	6 th

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

Question	YCC Score (%) 2024	YCC Score (%) 2025	YCC Rank
I have opportunities to participate in religious activities that have meaning to me.	48	46	13 th
People ask for my help or advice.	13	20	7 th
I have enjoyable things to do on the weekends.	3	15	13 th
I participated in meaningful activities in the past week.	43	47	10 th
I have opportunities to spend time with like minded residents.	34	55	5 th
I have opportunities to explore new skills and interests.	31	46	6 th
There are people to do things with.	40	35	8 th
I have opportunities for affection and romance.	7	10	9 th
Another resident here is my close friend.	60	56	1 st
It is easy to make friends here.	81	66	1 st

*Food - 5 questions dealing with food – variety, favourite foods, mealtime.
Percentage who responded “Always” or “Most of the time”*

Question	YCC Score (%) 2024	YCC Score (%) 2025	YCC Rank
I get my favorite foods here.	32	26	12 th
I have enough variety in my meals.	46	58	6 th
I enjoy meal times.	67	68	6 th
I eat when I want.	28	51	9 th
The food is the right temperature.	76	66	3 rd

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

Question	YCC Score (%) 2024	YCC Score (%) 2025	YCC Rank
Staff act on my suggestions.	66	64	1 st
I consider a staff member to be my friend.	61	66	2 nd
Staff ask how to meet my needs.	82	74	1 st
Some of the staff know the story of my life.	50	32	8 th
Staff take the time to have a friendly conversation with me.	80	82	1 st

Stand Alone Items

Question	YCC Score (%) 2024	YCC Score (%) 2025	YCC Rank
I would recommend this site to others.	83	85	3 rd
I feel safe when I’m alone.	95	96	1 st
I can express my opinions without fear of the consequences.	90	83	4 th
I feel my possessions are secure.	78	89	2 nd
My privacy is respected when people care for me.	84	94	1 st
I am bothered by the noise.	4	7	3 rd

2. Nursing Home Without Walls (NHWW)

Clients registered with program as of March 31st, 2026: 170

***NOTE ABOUT UNREGISTERED CLIENTS:** We had 18 clients unregistered in this quarter (not included in the count of 170 clients above). 8 passed away, 4 moved out of our service zone (i.e., 2 out west to be near family, 1 to Minto & 1 to Ontario), plus 6 clients who moved into LTC.

Number of clients requiring navigation: 80

Number of clients socially isolated and require social engagement: 78

Number of clients receiving wellness checks/ friendly visits: 66

Number of clients receiving friendly phone calls: 84

During this quarter, our full time Wellness Coordinator (Heather) completed the National Activity Professional’s Training course. We had a social work student, Rebecca (whom we shared with the Adult Day

Program) finished up her placement, which ran from January to end of March. Near the end of March, we also secured a full-time Master of Social Work student placement for the next quarter. To support Candace with intakes and navigation of services, we hired a casual Navigation Support Specialist, Maribeth O'Donnell. This will help to eliminate waiting times for new clients to join our program.

We hosted three formal Lunch and Learn events this quarter, all were well attended. Lunch and Learn's continue to be our largest/best attended event. January's lunch and learn focused on Palliative Care, featuring Eleanor Kenney, Clinical Nurse Specialist in Palliative Care from the DECH. In February, we brought in Charles Burns, a fire prevention officer with the Fredericton Fire Department who spoke on Fire Prevention & Fire Safety. Finally, mid-March, we welcomed Paul Bowman from the local *Bowman's Pharmasave* for a very insightful presentation titled "Ask the Pharmacist". A lot of questions were raised and answered about what ailments Pharmacists can prescribe for/treat, medication management, and questions about insurance coverage.

In-house visits and community-based activities continue weekly, including the following examples from this quarter: Cats & Coffee at the Purrfect Cup, group bowling, a no bake dessert activity, paint and sip, multiple crafting events, cards and conversation, men's club, walk and talk mornings at the indoor Willie 'O Ree walking track, guided exercise, guided yoga, a spring luncheon at Swiss Chalet, and more! Our accessible bath service is up to 4 clients receiving personal care on a weekly basis (with assistance from the Home Support Workers in Hawkins House assisted living complex). We continue to get positive feedback on our monthly newsletters, and it appears that clients look forward to receiving these. I do have concerns about the cost for printing these newsletters as our clientele continues to grow, however it has proven to be the strongest method of communication that we have when it comes to relaying details about our activities/events to clients (most cannot or will not use email/social media channels). We also continue picking up and delivering monthly foodbank boxes to our clients who struggle with food insecurity. This service has grown to approximately 9 clients, and in this quarter, our Wellness Coordinator (Emmett) has been approved to use the YCC van (once monthly) for delivery purposes.

Marketing/presentations slowed down over this quarter that ended in March, but several have been booked leading into the new quarter starting in April. The need for marketing has not been as great, since intakes have been coming in steadily. The Caregiver Support group that started in September in partnership with ASNB continues monthly. Respite care continues to be offered by our Wellness Coordinators (leveraging the Adult Day Program space) for those who require care for their loved one to attend. There has not been one monthly session since we started offering this where the group did not fill (max of 12 caregivers each session). Finally, in January, we received the bus tickets we had applied for through the City of Fredericton (as noted in my previous report). Those have all been distributed to clients who can use the bus, most of which happen to be low-income clients and/or paratransit users.

As detailed in the last quarterly report, the primary gap in services we are documenting has been transportation. We hear about the need for transportation from our clients on a regular basis. Access to primary care is a concern as well, with over 80 of our clients not having a family doctor. We assist with navigating Maple/NB Health Link as best as we can, but it is time consuming and with a small team, we are not able to sit in on/assist with every single virtual appointment. Not having a family physician has made accessing Extra Mural Services particularly challenging for several of our clients who could benefit from 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. A new gap that has come up through this last quarter and has been expressed by clients is supports for the hearing impaired (for example, those with vision loss are often referred to Vision Loss Rehabilitation, but we do not have anywhere to refer those living with hearing impairment). There is also a lack of funding for hearing aids for those who cannot afford them.

There are 27 upcoming scheduled intakes to be completed between April 1st – June 1st (although we are anticipating we will catch up on intakes much sooner than June 1st with having our Navigation Support Specialist onboarded). We are currently in the process of phoning clients and moving intakes forward.

NHWW is required to do monitoring on clients every 6 months, which was done in December 2025. We are in the beginning phases of collecting the data and below is what we are measuring currently. The data shows that there are improvements in feeling connected to the community and loneliness/isolation. Clients are also indicating that NHWW helps them stay at home longer. The numbers in brackets are from the monitoring done in June 2025.

	Intake Average Score	Monitoring 1 Average Score	Monitoring 2 Average Score
Do I feel connected to the community? (Scale 1-10)	5.7 (5.5)	6.5 (6.9)	7.5
NHWW helps me to stay at home? (% Strongly Agree or Agree)	N/A	69% (78%)	82%
Dejong Gierveld Loneliness/Isolation Scale (0 – least lonely, 6 – most lonely)	2.6 (3.1)	2.3 (2.5)	1.5

3. Therapeutic Recreation/Spiritual Care

We welcomed back our fall student interns for an additional 12 week internship. They have been completing placements in Dixon and the Tower. We have welcomed some new entertainment for the afternoons and also a new partnership with the Big Brothers Big Sisters program. Youth from the program will be visiting once a month to engage with the residents in various activities.

The new year has brought the addition of the GOLD Activity Pro package, which includes a family portal. Family and friends can access their loved one’s activity record so they can see what they are participating in. We are in the beginning stages, and the team is receiving education on the additional features.

Top 5 group activity programs most attended are (not including worship service & Special Festive Events):

- Pet Therapy
- Social Activities
- Physical Exercises
- Trivia Activities
- Afternoon Entertainment

Resident Activities	Q1	Q2	Q3	Q4
Group Programs Provided	528	533	339	433 (437)
Contacts made via Group Sessions Provided	5605	5480	4698	5105 (4979)
Contacts made via One-to-One Sessions Provided (minimum of 10 minutes)	885	753	825	679 (508)
One-to-One Unique Program Sessions Provided	31	41	69	79 (33)
Number of attempted contacts (residents who declined)	9071	9256	8558	9511 (6950)
Average Resident Participation	90%	88%	93%	89% (85%)

4. Volunteers

We had five new volunteers join us in quarter 4, which involved doing three orientation sessions. Two orientation sessions were cancelled due to 'no show' of the volunteer (not part of the 5 new recruits). Another review of the volunteer list was completed, and we have 53 active volunteers. There were several volunteers still on file that we were holding onto as they were communicating their return but did not end up returning. The number of volunteers removed was 30, which was significant.

New Volunteers Onboarded this Quarter:

January - 1
February - 0
March - 4

Number of Off boarded Volunteer this Quarter:

January - 0
February - 21
March - 9

Volunteer Hours Recorded this Quarter:

	Q1 Hours Logged	Q2 Hours Logged	Q3 Hours Logged	Q4 Hours Logged
	54.5	119.5	149.75	175
	139.75	121.25	181.25	201.5
	149.25	109.25	199.25	190.75
TOTAL	343.50	350	530.25	567.25 (222.5)
Avg/month	114.50	116.67	176.75	189 (74.2)

We set a new target of 150 hours for quarter 4 as we felt 100 hours was too low. We were able to surpass our target, and we will continue to have an operational goal of improving the number of volunteer hours this next fiscal year.

5. Resident Council

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

Resident Council has continued to meet this quarter; no meetings were missed. They are planning for a Spring ticket draw.

They brought up the following concerns which were forwarded to appropriate Managers/Leaders for follow up:

- Not enough towels/face cloths for care
- Food temperatures
- Rushed meal service
- Meal option adjustments (ie: No more chickpea, corn beef and hash, shipwreck casserole) and providing a roll or bread with the meal depending on what is being served).
- Smoking at main entrances of facility (Dixon, main and best)
- Activities (replacement for when coordinators are off on vacation or sick)

6. Adult Day Program

Number of registered participants per month:

- January - **31**
- February - **28**
- March – **28**

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

January

Week 1	Week 2	Week 3	Week 4
58	56	47	46

February

Week 1	Week 2	Week 3	Week 4
47	48	48	47

March

Week 1	Week 2	Week 3	Week 4
48	48	49	50

Intakes:

There was a total of **8** intakes in quarter 4:

January – **2** intakes (1 at end of December, Trial in January)

February – **3** intakes

March – **3** intakes

One potential participant attended a trial day but was sent home around 10:30 a.m. due to restlessness and not feeling well. He was admitted to the DECH the next day. A rescheduled trial day was booked, but he was added to the LTC waitlist, so he did not return. Another potential participant did not attend the trial day due to anxiety. The remaining 6 participants attended trial days.

Discharges:

- This quarter, we had a total of 10 participants who were discharged from the program.
- Reasons for discharge being:
 - Moved into LTC or SCH.
 - Experienced rapid disease progression, becoming violent and unable to continue attending.
 - Feeling too unwell to attend (Hawkins House tenant).
 - Recurring physical ailments hindering attendance over a prolonged period – choosing to withdraw from program and may return in the future.
 - Felt the program was not for them due to participants’ communication frustrations (aphasia).

7. Hawkins House

Care hours have decreased significantly this quarter due to tenants moving into LTC, being hospitalized or death. Care routines and staffing was adjusted to accommodate the reduction.

January

305 – Vacancy: Tenant moved to YCC LTC

February

208 – Vacancy: Tenant moved to YCC LTC

305 – New Tenant: C.G. moved in
--

311 – Vacancy: Tenant moved to YCC LTC

March

208 – New Tenant: S.F. moved in
--

212 – Vacancy: Tenant moved to Special Care Home

307 – Vacancy: Tenant passed at DECH

308 – Vacancy: Tenant in hospital waiting for LTC
--

7. York Developments

91 Sunset

No vacancy and no issues.

95 Sunset

No vacancy and no issues.

120 Sunset

January

Apartment 22 – VACANCY: Several attempts to fill
Apartment 3 – VACANCY: Awaiting renovation completion. Tenant passed away at Hospice House.

February

Apartment 16 – VACANCY: Tenant passed unexpectedly at DECH
Apartment 22 – NEW TENANT: M. W.
Apartment 3 – NEW TENANTS: J.B. & A.B.

March

Apartment 16 VACANCY: Awaiting renovation completion.
Apartment 20 VACANCY: Awaiting renovation completion. Tenant passed at DECH unexpectedly

(Previous Quarter)

York Development Wait Lists	
91 Sunset Drive	20 (14)
95 Sunset Drive	35 (28)
120 Sunset Drive	49 (42)
Internal Transfer Requests (Tenants already living in 91/95/120)	5 (5)
Hawkins House 116 Sunset	26 (27)

Jamie Roy
Vice President, Care Services & Quality

BRIEFING NOTE

To: Care Services Committee

From: Geri Geldart, President and CEO

Date: April 23, 2026

RE: Quality Framework Progress Report

Purpose

To provide a progress report on the 2025-26 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 was certainly a busy year and I am pleased to report that most objectives were met. We have not yet attempted the second test of the SuzyQ cart – but we plan to do so in 26/27.

DOMAIN	Objective	Progress
Key Performance Indicators for all domains of quality.	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.
Quality of Life and Quality of Care Domains	1. Continue participation in the Seniors Quality Leap Initiative with a focus on the following: <ul style="list-style-type: none"> a) Examine bathing frequency preferences and options b) Improve the dining experience in long-term care and supportive housing by conducting a second trial of Suzy-Q and exploring options for Hawkins House c) To improve ability to plan and provide resident-centred activities, implement Activity Pro Gold, 	<p>Complete – results reported at Care Committee. Resulted in trial of a bathing team concept.</p> <p>Not completed – will reconsider for 26/27 with change management support from VP Care Services</p> <p>In Progress – resident assessments are underway. The family portal will be introduced</p>

DOMAIN	Objective	Progress
	<p>including resident assessments and the introduction of a family portal.</p> <p>d) To support the delivery of resident-centred activities, increase the availability of volunteers.</p> <p>2. Annual bedside audit process to improve compliance with care standards.</p>	<p>in a gradual manner to ensure effective support.</p> <p>Complete – target met and exceeded</p> <p>Complete – results presented at Care Services Committee.</p>
Safe and Supportive Environment Domain	1. To reduce workplace injuries, provide All the Right Moves (ATRM) training to all employees	In progress – have not yet reached all staff.
	2. To improve resident comfort, improve mechanisms for cooling air in resident rooms.	In Progress – This is a DTI project. Phase 1 work underway which will provide cooling in Birch Grove and the Tower. Phases 2 and 3 which will service Dixon have not yet been approved.
	3. Work with NB Housing to improve building maintenance in the apartment buildings	Complete - Two roof replacements were completed with forgivable loans from NB Housing
	4. With support of York Care Foundation, refresh the Tower 2 environment.	In Progress - Funding raising project complete. Refurbishment work nearly completion.
	5. Introduce Facility Cleanliness Audits	Complete – results reported at Finance and Admin Committee.
	6. Conduct regular Hand Hygiene Audits	Complete
	7. Introduce hand hygiene dispensers in all resident rooms.	Not Started – Working to deplete stock of current product before switching supplier.
Best Place to Work Domain	<p>1. Implement the employee engagement framework – 25/26 initiatives:</p> <p>a) Annual engagement survey</p>	Complete

DOMAIN	Objective	Progress
	b) Professional development focus for 25/26 – workplace wellness and quality improvement	Partial – Topics were adjusted. Session on change management and dealing with complacency. Wellness sessions delayed due to instructor availability.
	c) Continue promotion of 20 Tenets program	In Progress – Year 2 of 3 underway.
	d) Expand mentorship program to include LPNs, DAs and EAs	Complete
	e) Review staff rotations for EAs and LAs	Complete

Next Action

The senior leadership team will be considering their quality improvement priorities during the 26/27 operational planning process which is currently underway.

G. Geldart
 April 23, 2026