

Research & Ethics Committee

AGENDA

Thursday, May 7, 2026 @ 5:30pm

Item	Description	MRP
1.0	Call to Order and Introductions	Tracey Burkhardt
2.0	Approval of the Agenda	Tracey Burkhardt
3.0	Declaration of Conflict of Interest	Tracey Burkhardt
4.0	Approval of Previous Minutes: February 12, 2026*	Tracey Burkhardt
5.0	Business Arising from the Minutes	
	5.1 Recognition as Employer of Choice*	Geri Geldart
6.0	New Business	
	6.1 Standing Report to the Committee* <ul style="list-style-type: none"> • Research Update • Operational Goals – Centre of Excellence Pillar 	Geri Geldart
	6.2 Centre of Excellence – Role Definition*	Geri Geldart
	6.3 A-G-015 Ethics Policy – for information*	Geri Geldart
	6.4 Committee Structure	Geri Geldart
7.0	Next Meeting: TBD @ 5:30pm	

**Denotes attachment*

Proposed Motions

1. That the minutes of February 12, 2026 be approved.

**Minutes of Meeting
Research and Ethics Committee
on February 12, 2026**

Present: Tracey Burkhardt (Chair), Marjorie Belize, Wayne Albert, Donna Curtis-Maillet, Lyne St-Pierre-Ellis, Geri Geldart (ex-officio)

Staff: Jamie Roy

1. Call to order and introductions

Tracey Burkhardt, Chair called the meeting to order at 5:25 pm.

2. Approval of agenda

The agenda was approved as presented.

Motion:

It was moved by Lyne St-Pierre-Ellis and seconded by Wayne Albert that the agenda be approved as presented. All in favour. - Motion carried

3. Declarations of Conflict of Interest

Ms. Burkhardt asked the members present if there was a need to register a conflict of interest. None identified.

4. Approval of previous minutes – November 13, 2025

The minutes were approved as presented.

Motion:

It was moved by Marjorie Belzile and seconded by Donna Curtis Maillet that the minutes of November 13, 2025, be approved as presented. All in favour.

- Motion carried

5. Business arising

None to report

6. Standing Reports

6.1 Research Activities

Ms. Geldart provided an update on research activities. Highlights included:

- Research Activities - Currently there are no active research projects.
 - CIHR - Strengthening Resilient and Equitable Public Health Systems – A letter of support has been submitted.
 - Heart Function in Long Term Care – application has been made for a planning grant. Awaiting decision.
 - Balancing Infection Prevention and Control Measures with Person-Centred Care to Support Resident Well-Being in Long-Term Care - This multiprovincial study is inviting three long-term care homes in the Maritime provinces to participate. Currently awaiting first meeting to discuss potential for collaboration.

- Community Based Seniors Services (CBSS) Role in Economic Prosperity and Security of Older Women – HelpAge Canada is a national Canadian registered charity and international NGO focused on partnership with local communities to improve the lives of older people in Canada. Ms. Geldart has joined the steering committee.
- **Operational Goals – Centre of Excellence Pillar**
 - Support Service Managers Forum session is likely to be held in Q4 25/26 or Q1 26/27.
 - No further discussions have occurred with NBANH or Loch Lomond Villa on the Centre of Excellence Role.
 - The Excellence in Aging Award will be presented by York Care Centre at the May NBANH meeting. We still need to confirm this with the Lieutenant-Governors office.
 - The fundraising for the refurbishment of Tower 2 project is now complete with very successful results. The remainder of the refurbishment work should be complete by June 2026.

6.2 Code of Ethics & Professional Conduct – Gift Acceptance

Ms. Geldart shared a briefing note to seek committee guidance on developing an ethically sound policy regarding staff acceptance of gifts from residents. Staff are no longer permitted to accept individual gifts from residents or families.

Motion:

It was moved by Lyne St-Pierre-Ellis and seconded by Marjorie Belzile to make the recommendation to the Board of Directors for approval, that the Code of Ethics and Professional Conduct be updated to reflect that staff are not permitted to accept individual gifts from residents or families. All in favour. - Motion carried

6.3 Recognition as Top Employer Options

Ms. Geldart reviewed the recognition as an employee of choice briefing note, which was included in the meeting package. This document provided an outline of the options available for consideration in pursuing recognition as an Employer of Choice.

Motion:

It was moved by Wayne Albert and seconded by Donna Curtis Maillet that the Research & Ethics Committee recommend to the Board of Directors for approval that York Care Centre pursues the Best Places to Work Certification within the 26/27 fiscal year, conditional on a reasonable fee (less than \$5,000), and pursue the Atlantic Canada program in 27/28 and monitor the Canada’s Top 100 Employers program for future consideration. All in favour. - Motion carried

7. Next Meeting: May 7, 2026

On a motion by Lyne St- Pierre-Ellis, the meeting was adjourned at 6:18pm.

Tracey Burkhardt, Chair

Jennifer Vos, Recorder



YORK
CARE CENTRE



CiRA
CENTRE FOR INNOVATION
AND RESEARCH IN AGING



YORK
DEVELOPMENTS
LIFESTYLE LIVING

BRIEFING NOTE

To: Research and Ethics Committee of the Board of Directors

From: Geri Geldart, President and CEO

Date: April 30, 2026

RE: Recognition as an Employer of Choice

A. PURPOSE

To update the Committee on the management team's decision regarding pursuing recognition as an Employer of Choice.

B. BACKGROUND

At the last meeting of the Research and Ethics Committee, a discussion was held regarding options for pursuing recognition as an Employer of Choice. The recommendation that was accepted by the Board was that York Care Centre pursue the Best Places to Work Certification within the 26/27 fiscal year, conditional on a reasonable fee (less than \$5,000), and pursue the Atlantic Canada program in 27/28 and monitor the Canada's Top 100 Employers program for future consideration.

C. UPDATE and CONSIDERATIONS

- Discussions with the Great Places to Work organization revealed the cost would be \$11,900. The cost would be reduced to \$9,750 per year if we committed to a three-year engagement.
- We are pursuing accreditation with Accreditation Canada. This process includes a workforce survey which would likely be offered in the Fall of 2026. The survey instrument is attached. There are certain elements of the survey which are customizable to suit the unique needs of the organization. The purpose of the survey is to measure employee perceptions regarding safety culture and working conditions, and to provide direction to the organization regarding opportunities for improvement.
- We are currently in Year 2 of the 3 year contract for the 20 Tenets of Culture Program which costs approximately \$15,000 per year.

D. RECOMMENDATION

The Senior Leadership Team recommends that we not pursue the Best Places to Work certification at this time so that we can focus solely on the Accreditation Canada Global Workforce Survey. We are also recommending that we not pursue any other employee engagement survey, to avoid the survey fatigue which we have noticed in prior years. The only exception to this might be the SQLI Employee Engagement survey which is currently in development.

The Senior Leadership Team still feels there is value in pursuing the Best Places to Work Certification. Given that there is only one year remaining in our commitment to the 20 Tenets program, there will be financial room to pursue the certification program in 2027/28.



REPORT TO THE RESEARCH & ETHICS COMMITTEE

April 30th, 2026

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

Senior Leaders

Geri Geldart, President and CEO
Jamie Roy, Vice President, Care Services & Quality

Key Areas of Reporting

Research Services
Ethics

Research Updates

1. Current Projects

a. **CBSS (Community Based Seniors Services) Role in Economic Prosperity and Security of Older Women:**

HelpAge Canada HelpAge Canada is a national Canadian registered charity and international NGO, focused on partnering with local communities to improve the lives of older people in Canada and around the world. Dr. Rose Joudi, Senior Advisor Gender Equity, Diversity and Inclusion with HelpAge Canada, has received funding from the Government of Canada. The project will address systemic barriers within the senior women community by amplifying the diverse voices of older women from coast-to coast, enacting policy and practice change, and supporting a better coordinated network of Community-Based Seniors Services (CBSS) organizations across the country.

- York **Care** Centre / CiRA was asked to join the project steering committee. G. Geldart has joined the steering committee.
- *The scoping review has been completed.*
- *A draft survey instrument is out for comment. York Care Centre will engage a small group of community living clients to test the survey. We will connect with clients through the NHWW program.*

b. **Balancing Infection Prevention and Control Measures with Person-Centred Care to Support Resident Well-Being in Long-Term Care:**

Dr. Lori Weeks, Dalhousie University is part of a study funded by the Canadian Institutes of Health Research (CIHR). The study is led by Dr. Lisa Cranley from the Lawrence Bloomberg Faculty of Nursing at the University of Toronto. “This multi-provincial study is inviting three long-term care homes in the Maritime provinces to participate. In light of York Care Centre’s strong commitment to excellence, compassion, and person-centred care, we would be very pleased to invite York Care Centre’s long-term care home to consider taking part.” We have indicated our interest in exploring the opportunity further. They will be scheduling a meeting for further discussion in the near future.

- *Project is now underway. The Study Brief is attached.*
- *A voluntary sample of residents, family members and staff will be interviewed by the research team.*

2. Funding / Collaboration Opportunities

a. **CIHR – Team Grant: Strengthening Resilient and Equitable Public Health Systems**

– The team who led the VR for Rehab project are now pursuing a funding opportunity through CIHR focused on tele rehab within the public health sector (broadly defined). At this time, our participation would be limited to participating in consultations and knowledge-exchange activities to share perspectives from long-term care and continuing care settings;

- *Current status – Awaiting the funding decision. Decision anticipated in June.*

b. **Heart Function in Long Term Care:**

No change since last report. Awaiting the funding decision.

Operational Goals – Centre of Excellence Pillar

- **Leader in Aging Care**
 - a. **Host a Region 3 Support Service Managers Forum**
 - initial needs survey conducted. Session is likely to be held in 2026/27
 - b. **Explore the possible elements of the Centre of Excellence role**
 - A discussion paper of the Centre of Excellence role has been developed for consideration by the Research and Ethics Committee.
 - **Excellence in Aging Award** – To avoid the potential of a private organization co-opting the Excellence in Aging Award, we offered to facilitate presentation of the award at the May NBANH Meetings. Our offer was accepted. The Lieutenant-Governor has agreed to continue to be the patron of this award. The awards will be presented on May 13th!!
- **High Standard of Care and Support**
 - a. **With the financial support of the York Care Foundation, refurbish Tower 2 to incorporate evidence-based design features for an advanced dementia unit**
 - The fundraising project is now complete with very successful results.
 - The balconies have been refurbished improving accessibility and incorporating several sensory elements which promote relaxation and reminiscence.
 - The remainder of the refurbishment work should be complete by June 2026.
- **Employer of Choice**
 - a. **Examine the feasibility / requirements for recognition as a top employer**

Committee Workplan

Meeting	Date	Reports and Documents
Q1	Thursday, Sept 18, 2025 @ 5:30 PM	<ul style="list-style-type: none"> ● Review of Annual Workplan ● CEO Report – Wrap up of CiRA projects ● Code of Ethics – shortform ● Progress Report – Discussions with NBANH and DSD
Q2	Tuesday, Nov 13, 2025 @ 5:30 PM	<ul style="list-style-type: none"> ● Discussion – Research Priorities for YCC ● Progress Report – Discussions with NBANH and Region 3
Q3	Tuesday, Feb 12, 2026 @ 5:30 PM	<ul style="list-style-type: none"> ● Recognition as Top Employer – review of options ● Discussion – Potential for Academic Partnership ● Report on Region 3 Support Service Managers Forum
Q4	Tuesday, May 7, 2026 @ 5:30 PM	<ul style="list-style-type: none"> ● Discussion – Options for Professional Outreach ● Centre of Excellence – role definition

Over the course of the 2025–2026 year, the Research and Ethics Committee made meaningful progress on several key priorities.

- The wind-down of CiRA operations was completed successfully; however, York Care Centre remains actively engaged in the broader research community by participating in studies led by external researchers in the senior care field. Our research priorities have been identified, and the next step will be to connect with universities and research organizations to share these priorities and explore new partnership opportunities.

- The Code of Ethics project has been fully completed, with internal policies and employee orientation now aligned to reflect the updated Code.
- Work on recognition as a Top Employer has advanced, with options reviewed and a plan for pursuing recognition presented to the Committee.
- Looking ahead, the Committee will consider a proposed role description for the Centre of Excellence, a document developed by the CEO drawing on discussions with Region 3 administrators, NBANH, and an exploration of a non-profit LTC management support model currently in place in Ontario.

BRIEFING NOTE

To: Research and Ethics Committee of the Board of Directors

From: Geri Geldart, President and CEO

Date: April 20, 2026

RE: Discussion – Role of the Centre of Excellence

A. PURPOSE

This briefing note presents a draft role description for York Care Centre's proposed Centre of Excellence. It is intended to prompt discussion at the Research and Ethics Committee level, and to invite feedback prior to broader consultation. The Committee's input will help refine both the scope and parameters of this role as the organization moves forward under its 2025–2030 Strategic Plan.

B. BACKGROUND

York Care Centre's 2025–2030 Strategic Plan is anchored by three pillars: Residence of Choice, Employer of Choice, and Centre of Excellence. The Centre of Excellence pillar reflects the organization's aspiration to not only lead in the quality of care and services it provides, but to extend its expertise outward — supporting smaller long-term care homes and providers across the region who may lack access to the same depth of resources, knowledge, and operational capacity.

At its recent Senior Leadership Team planning day, the leadership group engaged in a structured review of organizational strengths, identifying where York Care Centre excels. Areas of recognized strength include:

- Staff scheduling and rotation review processes
- Labour relations and union partnerships
- Attendance support programming
- Clinical operations and management
- Physical infrastructure and building condition
- Management and Operational processes

From this analysis, the Senior Leadership Team identified four domains where York Care Centre is best positioned to provide meaningful, structured external support. These domains form the basis of the draft role description below.

C. OBSERVED GAPS IN THE LONG TERM CARE SECTOR

An important premise of the Centre of Excellence concept is that there are meaningful, unmet needs across the long-term care sector — particularly among smaller homes that operate with fewer resources and less organizational infrastructure than York Care Centre. Based on the Senior Leadership Team's collective sector experience, the following areas have been identified as potential gaps where a Centre of Excellence could add value:

- **Policy resources and development:** Homes frequently lack the time, expertise, or templates to develop and maintain current, evidence-informed policies. A shared policy resource or collaborative could help address this gap.
- **Policy standardization:** Inconsistency in policies across homes creates variability in practice standards and can contribute to inequitable resident experiences and outcomes.
- **Clinical support:** Smaller homes often do not have the depth of clinical expertise needed to navigate complex cases, support staff practice development, or stay current with evolving standards of care.
- **Management support services:** The scope of management support services would include guidance on staff scheduling and rotation development, attendance management, organizational culture, and change management. This scope reflects, in part, the nature of calls and inquiries York Care Centre already receives from peer organizations.
- **Education for support services:** Education and training opportunities are disproportionately focused on regulated staff. Support service workers (housekeeping, dietary, maintenance) are an underserved group with significant learning needs.
- **Innovation and emerging models:** There is limited regional infrastructure to explore or test innovations such as the small home model or other alternative care frameworks.

Important Caveat: *York Care Centre has not yet conducted a formal, sector-wide needs assessment. The gaps identified above reflect the perspective of the Senior Leadership Team, informed by sector experience and observation. They should be treated as assumptions which need to be validated. The organization recognizes the importance of engaging the broader sector before drawing firm conclusions about where a Centre of Excellence could most meaningfully contribute.*

D. PRELIMINARY CONSIDERATIONS

1. Region Three Discussions

The CEO has held an initial conversation with administrators in the region 3 area to explore receptivity to the Centre of Excellence concept. This discussion was exploratory in nature and was somewhat one-sided at this early stage. It has not yet generated the depth of two-way dialogue needed to draw reliable conclusions about sector interest or priorities. That said, there was discussion that a shared policy resource would be welcome. York Care Centre also receives a regular volume of calls and informal inquiries from other homes seeking management guidance and operational advice. This pattern of outreach is an indicator that management support is an area of genuine need across the sector.

2. Role of NBANH

In considering the Centre of Excellence's potential role, it is important to understand the positioning of the New Brunswick Association of Nursing Homes (NBANH) as the provincial sector association. York Care Centre has an interest in ensuring that any role it assumes is complementary to NBANH's mandate and activities.

NBANH is about to release its new strategic plan. Their appetite for taking on new functions at this time appears to be limited. Rather it appears their role, in the next few years, will be focused on advocacy, legal and labour relations. Informally, NBANH has indicated it is not in a position to take on a clinical resource role due to its own resource constraints. They have identified the opportunity to *“Strengthen member connections to enhance collaboration, knowledge exchange, and access to expanded services.”* This may open the door to York Care Centre developing a model for regional collaboration for key services.

York Care Centre will need to navigate this landscape carefully, ensuring it does not inadvertently compete with or undermine its sector partner, while also not allowing NBANH's current limitations to leave a vacuum of unmet need in the sector.

3. Role of the Department of Social Development

The Department of Social Development provides services to homes through the Liaison Officers and other staff positions. York Care Centre will need to be sure that any services offered through the Centre of Excellence do not come in conflict with direction from the regulator / funder.

4. Internal Capacity Considerations

The Senior Leadership Team has been candid in its assessment of organizational readiness. While the team is genuinely open to the Centre of Excellence opportunity, there is a clear boundary: the team cannot take on additional external responsibilities without corresponding additional resources. This is not reluctance to engage; it is a responsible acknowledgment that York Care Centre's first obligation is to its own residents and staff.

Any Centre of Excellence model that is developed will need to be resourced appropriately — whether through fee-for-service arrangements, provincial funding, or other mechanisms. The proposed “beginning approach” described below has been shaped by this reality.

E. DRAFT ROLE DESCRIPTION: CENTRE OF EXCELLENCE

York Care Centre's Centre of Excellence serves as a regional resource and collaborative partner for long-term care providers, offering knowledge transfer and practical guidance across five core service domains. The Centre works in a spirit of partnership rather than prescription.

The Centre of Excellence is not a regulatory or oversight body. Its role is advisory and supportive, designed to help smaller homes and providers strengthen their own organizational capacity in areas where York Care Centre has demonstrated sustained excellence.

Core Service Domains: *The Centre of Excellence will provide support across the following four domains:*

1. Management Support and Consultation

Providing operational and leadership guidance to management teams in long-term care settings.

- *One-on-one consultations for care home managers and leadership teams on operational challenges*
- *Peer mentorship and coaching for emerging managers and supervisors*
- *Advisory support on organizational structure, staff relations, and day-to-day management practices*
- *Facilitation of management forums for regional knowledge sharing and problem-solving*
- *Guidance on scheduling, workforce planning, and rotation review processes*

2. Clinical Support and Guidance

Offering clinical expertise and best practice knowledge to support strong care outcomes.

- *Clinical consultation and guidance on care planning, documentation, and resident management*
- *Sharing of clinical protocols, care pathways, and practice standards developed at York Care Centre*
- *Review and feedback on clinical policies, procedures, and documentation practices*

3. Attendance Management Support Program

Providing guidance on evidence-informed approaches to attendance management.

- *Sharing of York Care Centre's attendance management framework and program design*
- *Advisory support on documenting, tracking, and reporting attendance trends*

4. Education Services

Delivering professional development and training opportunities that strengthen the regional workforce.

- *Workshops for care staff, support service staff, supervisors, and leaders*
- *Access to York Care Centre's internal learning resources, modules, and education programming*

F. CONSIDERATIONS FOR THE RESEARCH AND ETHICS COMMITTEE

As York Care Centre considers the potential for its role as a Centre of Excellence, the following elements warrant further consideration:

- Is the proposed scope of the Centre of Excellence role appropriate and feasible given York Care Centre's organizational capacity?
- Are there ethical considerations related to providing advisory services to external organizations — including questions of liability or confidentiality that should be addressed in the role description or in a governance framework?
- Are there domains not included in this draft where the Board believes York Care Centre has relevant expertise to share?
- What safeguards should be in place before external engagements are undertaken?
- How should this work be positioned relative to York Care Centre's primary mandate of the delivery of person-centred care to its own residents, to ensure internal quality and capacity are protected?

G. RECOMMENDED BEGINNING APPROACH

Given the early stage of sector consultation, the resource constraints on the Senior Leadership Team, and the signals received to date, York Care Centre proposes a focused, manageable starting point rather than attempting to launch the full scope of the Centre of Excellence simultaneously. The recommended beginning approach centres on two areas where sector need appears clearest, organizational capability is strongest, and the risk of overextension is most manageable:

1. Policy Development Collaborative

York Care Centre proposes to establish a policy development collaborative — a shared resource available to long-term care homes in the region to support the creation, review, and standardization of organizational policies. This responds directly to the signal received in early sector conversations that a policy resource would be welcomed, and it aligns with an area where York Care Centre has demonstrated strength.

A collaborative model, rather than a consultative one, is intentional: it distributes ownership across participating homes, reduces dependency on any single organization, and creates an opportunity for York Care Centre to convene and lead without having to carry the full weight alone. It also creates a natural entry point for relationship-building with potential longer-term partners.

2. Support Services Education

York Care Centre also proposes to begin offering structured education programming specifically targeted at support services staff, an area that is chronically underserved across the sector. This aligns with the organization's existing education infrastructure and internal expertise, and can be built incrementally.

Support services education also represents a lower-stakes entry into the Centre of Excellence role — it is unlikely to create tension with NBANH's positioning, carries less liability risk than clinical or management consultation, and addresses a recognized gap.

This beginning approach is not intended to constrain the longer-term vision of the Centre of Excellence. Rather, it reflects a deliberate choice to start where the evidence is strongest and the investment necessary is minor. This approach can help build credibility and relationships that can support broader expansion over time.

H. Proposed Next Steps

Following the Committee's review and discussion, the following steps are proposed:

- Incorporate Committee feedback into a revised draft role description
- Present the revised description to the Board of Directors for awareness and endorsement in principle
- Undertake a structured sector needs assessment — including meaningful two-way dialogue with NBANH, the Department of Social Development and region 3 nursing homes to validate identified gaps and confirm sector priorities
- Develop an operational framework for the Policy Development Collaborative, including governance, participation model, and resource requirements
- Design an initial Support Services Education offering and identify a pilot cohort of participating homes
- Clarify NBANH's positioning through direct dialogue, with the goal of establishing a complementary rather than competitive relationship
- Develop a resourcing strategy to support Centre of Excellence activities without drawing on existing operational capacity
- Align all Centre of Excellence development milestones with York Care Centre's 2025–2030 Strategic Plan

YORK CARE CENTRE Department: Administration Section: General	
Title: ETHICS	Policy #: A-G-015
Original Issue Date: 11/11	Page: 1 of 5
Reviewed Dates: 04/30	
Policy Owner: President & CEO	Approved by:

POLICY:

- All Board Members, Volunteers and Staff at York Care Centre are committed to the promotion, maintenance, and restoration of health; the prevention of illness; the alleviation of suffering; and ensuring a dignified death when life can no longer be sustained. Respect for the well-being dignity and liberty of all persons must be ensured.
- Individuals have the right to choose to live by their own values (personal ethics) as long as those values do not compromise the care of our residents.
- York Care Centre provides an ethical decision-making framework to assist personnel faced with ethical dilemmas.

DEFINITIONS:

- **Ethical dilemma:** An ethical dilemma is a situation where there is no single obviously right answer – where reasonable people, acting in good faith, might make different choices. It often involves competing values: for example a resident’s right to make their own decisions versus a concern for their safety.
- **Ethical framework:** an ethical framework serves as a structured tool to help staff consider the range of factors which may be involved in an ethical dilemma.
- **Six-step decision-making process:** a process which guides staff in determining an appropriate course of action in addressing an ethical dilemma

PROCEDURE

1. Using the Ethical Framework and Six-Step Decision-Making Process

Staff are encouraged to use the Ethical Framework when faced with a situation where the right course of action is not immediately clear, or when different values or interests are at play.

Common situations where this framework can help:

- A resident refuses care, treatment or medication
- A family member is asking for something that conflicts with what the resident has expressed
- You feel pressure to act in a way that conflicts with your professional values
- There are concerns about a resident’s decision-making capacity
- A situation involves confidentiality, privacy or legal concerns

Working through the framework provides an opportunity to consider ethical issues, which can help residents, families, staff and volunteers reach the best possible decision when faced with difficult choices. Carefully consider all factors and balance the residents’ rights and the concerns of staff.

All professional staff are also directed by their Association’s Code of Ethics.

2. Who To Involve

Staff are not expected to work through ethical dilemmas on their own. The table below provides guidance on who to involve, based on the complexity of the issue.

When	Example	Involve
You feel uncertain, but can manage in the moment	<ul style="list-style-type: none"> A resident refuses their medication, but you are unsure if they have capacity. 	Your direct supervisor
The situation involves multiple staff or departments	<ul style="list-style-type: none"> A resident is demanding a service which has implications for multiple team members or multiple departments 	Your direct Manager and relevant team members
The dilemma is complex, ongoing or unresolved	<ul style="list-style-type: none"> Family demanding a care plan change that the resident opposes Significant personal/ professional boundary issues 	Relevant Senior Leadership Team member
The situation requires a formal ethical review	<ul style="list-style-type: none"> Research consent Significant unresolved issues with the potential for resident harm / eviction. 	The CEO and/or the Research and Ethics Committee of the Board

3. The Ethical Framework – A Thinking Tool

Staff are encouraged to use this framework to fully explore the factors associated with the ethical dilemma.

For Consideration	
What is the ethical dilemma?	<ul style="list-style-type: none"> What are the issues and what has changed? What options have been used successfully for a similar type of issue What are the risks of doing something or doing nothing How can the person benefit and how can harm be avoided
Is the resident's capacity and right to choose being respected?	<ul style="list-style-type: none"> Does the person have the ability to understand the situation Can the person fully understand the risks and benefits of their options Does the person consent If the person does not have the ability to consent, does the Power of Attorney understand and provide consent
What does quality of life mean to the resident?	<ul style="list-style-type: none"> What personal values are meaningful in the person's life Are there biases that might limit the identification of possible solutions Is there an advance care/personal directive in place
What other factors should be considered?	<ul style="list-style-type: none"> Are there family issues to consider Are there staff issues to consider Are there financial, religious, or cultural issues to consider Are there privacy or confidentiality considerations Are there possible legal considerations

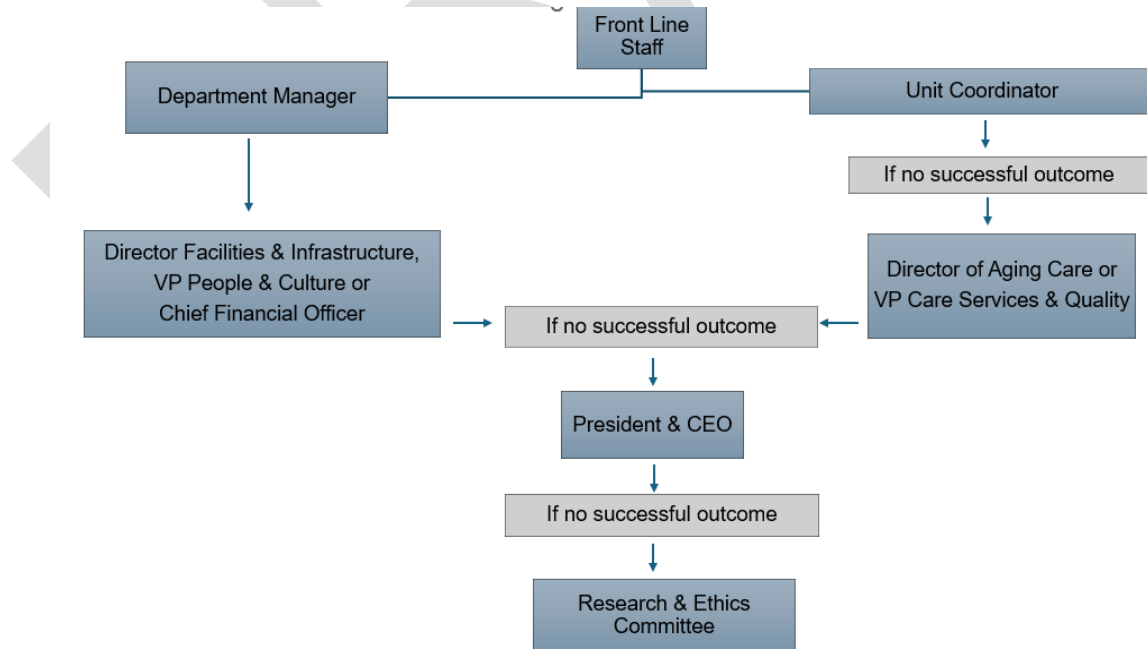
4. The Six Step Decision-making Process– An Action Tool

Staff are encouraged to use the Six Step Process Decision-making Process form (Appendix A) to assist when determining a course of action.

Six Steps	
1. Identify the issue and stakeholders	Write down what is happening in plain language. Who is affected? What is the tension?
2. Review the York Care Centre Values Statement, the Code of Ethics and Professional Conduct and any relevant professional body codes, such as the College of Nursing of New Brunswick.	Consider how York Care Centre’s values and your professional obligations apply.
3. Apply principles to identify possible solutions	Use the framework above to think through the dilemma from multiple angles. What does this reveal about this issue?
4. Identify practical solutions	List realistic options available in your situation. Consider what is feasible, not just ideal.
5. Take action or intervene	Move forward with the chosen course of action, ensuring all relevant parties are informed.
6. Evaluate the process and outcome	After the situation has resolved, reflect. Did the process work? What would you do differently? What should the team learn?

5. Ethical Decision-Making Escalation Tree

If the team is unable to reach a solution, the team may need to take the issue to another decision-making level. The ethical decision-making tree can help identify who to involve when ethical issues are unresolved.



Appendix A



Six Step Process of Ethical Decision Making

A simple process in arriving at an ethical decision can be initiated at the Unit Level involving the Unit Coordinator and/or staff using the following process. Physicians and other professionals may be consulted.

1. Identify the issue and stakeholders	
Clinical indicators:	
What is the issue?	
Who is bringing the complaint?	
Who are the stakeholders (resident/family/staff/SDM/community)	
What are the identified risks? If the resident/SDM who has capacity decides to pursue an activity at risk or outside YCC policies, an informed consent will be signed.	
Is there any medical condition that impacts the issue?	
2. Preference of the Resident/SDM	
What does the resident/SDM want in this situation?	
Who has communicated the options to the resident or SDM?	
What forum was used or should be used to communicate information?	
What options were discussed?	

What evidence do you have that the statement given by resident/SDM has been heard by the key decision makers?	
If the resident lacks capacity is there any previous documentation indicating his/her preferences?	
3. Quality of Life	
How is the residents' quality of life affected?	
Contextual Factors	
What organizations policies may influence what can be done?	
If there are legal implications, refer to the President & CEO	
4. Review the YCC Code of Ethics & Professional Conduct	
5. Apply principles to identify possible solutions	
Above all do no harm	
Are all measures to reduce risk in place?	
Respect for persons - assumes a competent person is free to determine a self-chosen plan unless that plan interferes with the rights of others	
6. Apply principles to identify possible solutions	
What are you going to do?	
How are you going to do it?	
7. Take action or intervene	
8. Evaluate the process and outcome	
What did you do well and why?	
What was the most helpful?	

What does the resident/family/SDM have to say about your actions?	
Final outcome	

DRAFT