



# Annual Report

2017 – 2018

## ***TABLE OF CONTENTS***

# **ROCMAURA NURSING HOME**

## **Mission Statement**

We at Rocmaura are a community  
of caring people  
committed to providing quality care  
guided by Christian values

We are inspired by the healing ministry  
of Jesus Christ and the tradition of  
caring and compassion reflected  
in the mission of the  
Sisters of Charity of the Immaculate Conception

Out of that spirit and mission,  
we will continue to meet the changing  
needs of our residents and those we serve.

## **Values We Hold**

1. The dignity of the person.
2. The sacredness of life at every age.
3. A welcoming, home-like atmosphere.
4. A holistic approach.
5. Support for the families of residents.
6. Meaningful relationships with diverse groups (faith communities, health care and community agencies and all those associated with Rocmaura).
7. Adherence to the Catholic Health Association of Canada Health Ethics Guide.

## **Board of Directors**

### ROCMAURA INC. 2017-2018

Michael Gauthier, Chairperson

Dr. Douglas Brien, Vice-Chair

Marion Long, Secretary-Treasurer

Sheila Fitzpatrick, Foundation Chair

Suzanne Murray, Finance Chair

Sr. Anita Holmes

Sr. Sandra Barrett

Paschal Chisholm

Peter McPhail

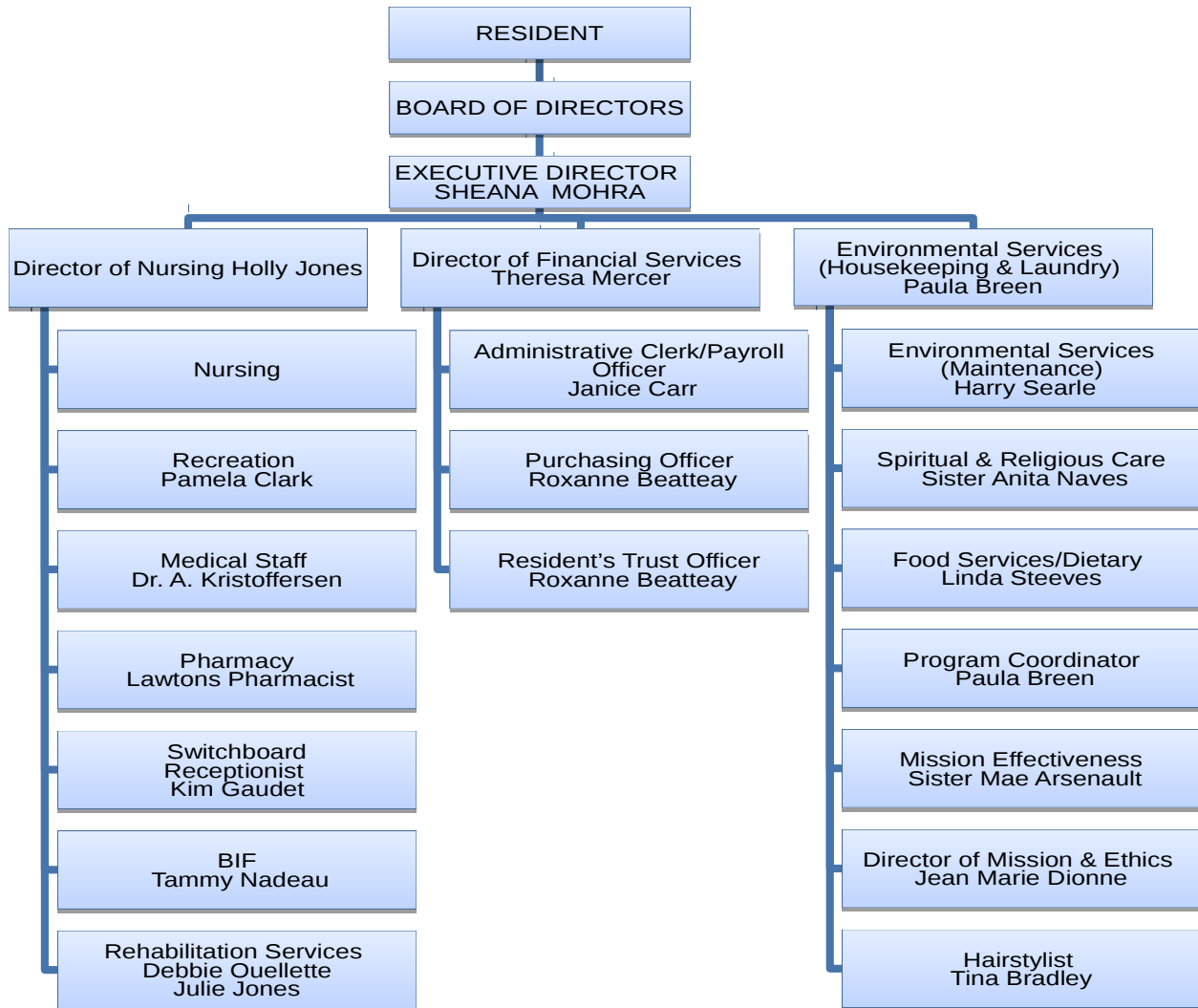
Heather Oakley

Barbara McGill

# Organizational Chart

## “A Community of Caring People”

### ROCMaura INC



### Rocmaura Inc. Board Chair Report

With spring in the air again, it is hard to believe that another fiscal year has come and gone! I am grateful to have had the opportunity to serve on the Board and be a part of Rocmaura Nursing Home for the past nine (9) years. During this time I was privileged to witness firsthand, the Mission of the Sisters of Charity of the Immaculate Conception in action! We, at Rocmaura, are so fortunate to have such a dedicated Management Team, led by Sheana Mohra, Board of Directors, staff and volunteers supporting Rocmaura on a daily basis.

It has certainly been another busy year for Rocmaura with the continued collaboration of best practices, delivery of quality resident care and a prudent fiscal responsibility, amidst government funding shortfalls; we have had another very successful year.

Reflecting on the past year, some of the highlights were the continuation of the AUA, the appropriate use of Anti-Psychotics Program with our residents, successful Accreditation Canada Assessment and working with the Chapman Group to build a strong and focused Strategic Plan. Rocmaura continues to look at opportunities for growth and community outreach to enhance the lives of our residents and our aging population. These are exciting times for Rocmaura and I am excited to follow its progress.

The Rocmaura Foundation continues their hard work to enhance the lives of our residents. Sally Cummings and the Rocmaura Foundation Board of Directors continue to find creative ways to raise funds to support Rocmaura. The Annual Gala held last fall was another huge success, as was the curling fun spiel in February and I know the Foundation continues to plan many more fund raising activities to assist them in purchasing those important extras for our residents. This year we saw the beginning of another phase of the wardrobe project and the start of a furniture refresh program for the nursing home. I would like to thank Sally and the Rocmaura Foundation Board for all of their hard work and for everything they do for Rocmaura.

In closing, I would like to sincerely thank the Board of Directors, Sheana Mohra and her Management team, the entire Staff of Rocmaura, Catholic Health International, the Sisters of Charity of the Immaculate Conception and the many volunteers, for their daily commitment to enrich the lives of everyone at Rocmaura. I feel so honoured to have been a part of this community for the past nine (9) years and look forward to the work you will accomplish in the future.

Respectfully submitted,

Michael Gauthier  
Rocmaura Inc. Board Chair

## **Executive Director**

This year has been a whirlwind of visioning, planning, and change as we take steps into the future. As always, we face these challenges with anticipation and hope. In 2017-18, we experienced changes in our Management/Support staffing as Kim Roberts and Dianne Cassidy retired and Colette Sirois moved on to follow her dreams in Moncton, NB. We were sad to see them move on but were also happy for them as they enter into new chapters in their lives. Their dedication to the Residents and staff was evident and their presence among us is missed. We were lucky to find the right people to fill the gaps that Kim, Dianne, and Colette left. Holly Jones joined us as Director of Nursing, bringing passion and fresh eyes to our organization. Holly's years of experience in eldercare and love for our Residents and staff is inspiring. Linda Steeves joined us as Food Service Manager, she brings years of experience in Food Service and has an eye for detail and process that is unparalleled. We are very pleased to have Linda on our team as a leader and advocate for both Residents and staff. Finally, Janice Carr replaced Colette in April 2018. Janice is quickly learning the intricacies of her new role with enthusiasm. Her quiet and serene manner brings great balance to our team.

Janice, Holly, and Linda immediately understood what it means to be part of Rocmaura. The tangible and intangibility of our mission was evident to each of them from the beginning, thus why they are fitting in so well and doing such a great job. We are very pleased to have each of them with us as we all strive in the same direction toward the best care and services possible for our treasured Residents and families.

I am proud to report that our mission of caring remains strong and true. Every day I see the Residents receiving the love and care they so deserve and each day I am thankful to be part of this community of caring people as we strive to provide a loving home for those who need us.

This report has been formatted according to the pillars of Rocmaura Inc.'s strategic plan. Each of the seven pillar areas is a focus of who we are and how we support the processes of our mission as we care for the Residents and families who call Rocmaura home. Under each Pillar you will find a summary of the actions of our team over the last year.

### **Strategic Pillar: Founding Spirit**

*Vision Statement- "The caring and compassion instilled by the Sisters of Charity of the Immaculate Conception is reflected in every aspect of the life of Rocmaura"*

### ***Mission, Ethics, and Spiritual and Religious Care***

The Mission, Ethics, and Spiritual and Religious Care group and Rocmaura as a whole, continue to provide care in a manner that is both welcoming and supportive to Residents, families, and staff. We are blessed to have Jean Marie, Sister Laura Hughes, Sister Anita Naves, Sister Mae Arsenault, and Sister Louise Arsenault organizing and leading volunteers in the care and services they provide.

Fr. White continues to offer Mass to approximately 45-50 people each week; his relationship with the Residents is inspiring and heartwarming. He makes wonderful connections with the Residents.

## **Ethics Committee**

Our committee has spent a great deal of time readying Rocmaura for our country's legislation on Medical Assistance in Dying (MAID). Due to that careful and purposeful period of discernment and education, our organization has been able to clearly articulate how we will provide care and services to our Residents and families. Clearly, as a Catholic organization, we cannot provide MAID on our premises however; we can journey with people and we are obligated to non-abandonment. The Pope has been very clear that we do not judge, nor abandon, our people and that we journey with them in ways that fit our abilities and their need for comfort.

The work of the Ethics committee has shifted toward the upcoming legalization of Cannabis, expected in the summer of 2018. We are educating ourselves on the differences between medical and recreational marijuana, as they relate to both Residents and staff, and our obligations as care and service providers and employers respectively. As far as safety is concerned, the use of an altering drug or alcohol is strictly forbidden while staff are on duty due to the vulnerability of our Residents.

## **Catholic Health International**

Catholic Health International (CHI) has provided an excellent formation experience for me as a leader. I am fortunate to attend twice-yearly meetings of my peers, one of which, this year, included a pilgrimage to the Vatican. CHI, as a Public Juridic Person of Pontifical Right, is obligated to report, in person, to the Cardinal in charge of our mission work and who is based in the Vatican. CHI hosted all its organization leaders in Rome in October 2017; this formation experience was most definitely the most life changing of all. At the Vatican, we were educated about our faith and Jesus' healing ministry in ways that really brought home the reasons why the Sisters took on Jesus' work. The feeling of oneness in our mission was overwhelming and meaningful. This experience was the most powerful of my life and I will be forever grateful to CHI for providing this to us.

Jean Marie Dionne and I continue to serve on CHI's Centre of Excellence Pillars, Spiritual and Religious Care and Values Integration Assessment respectively. CHI's Leadership Formation program was offered again this year with Marion Long and Leticia Adair attending. This is a great opportunity to meet staff from other CHI facilities and learn more about our core work in mission, ethics and spirituality. It is most definitely a life changing experience.

### **Strategic Pillar: Resident Care**

*Vision Statement- "All Residents of Rocmaura are provided with quality, holistic care"*

### **Resident Safety**

EMAR was implemented in April 2017 to improve medication administration safety. Unfortunately, there have been many issues with the new system due to Human Resource issues within the Pharmacy as they entered a period of change. The management and staff of Lawton's Pharmacy has been attentive to our concerns, and with a monthly meeting to discuss recurring issues and stabilization of their staffing, we are seeing a decrease in problems. The RNs have been exemplary in their vigilance during this difficult time and are commended for their professionalism and dedication to Resident safety.

### ***Plant modifications***

Several years ago, the Province of New Brunswick undertook a formal Facility Assessment of the oldest 34 nursing homes in the province. By the end of this project, an additional nine (9) newer homes were added to the assessment process. In February of 2018, we received the results of Rocmaura's assessment and a spreadsheet of the identified work, costs, and timing of projects. To date, the Province has not released its plan to achieve the work identified in any of the homes. We expect approximately \$3.6 million worth projects in the coming years including electrical panel, heater, window and sprinkler replacement, a new Resident tub, flooring, ceiling tiles, roofing, etc.

A furniture replacement plan has been developed to replace all of Rocmaura's furniture with updated, elegant, yet simple, easy to clean pieces that will allow the Residents and their families to enjoy a better quality of life. A team representing Nursing, Environmental Services, Purchasing, and Recreation toured several of our peers' homes to determine the best functioning and wearing furniture for our population. Once all tours were completed, the team decided on types and quantities of furniture to trial and purchase. We are currently awaiting more trial furniture after which we can make final decisions on purchasing for this coming year. It is anticipated that the replacement plan will flow over 5 years.

### ***Hospital Bed entrapment issues***

At the end of the last fiscal year, Government released more funds to address medium risk beds. Unfortunately, our medium risk beds were almost 20 years old and the manufacturers no longer had the parts required to address their risk status. Funding was provided by Nursing Home Services to replace these beds thus negating the identified entrapment risk.

### ***Quality Care and Services***

#### Accreditation

Accreditation Canada surveyed us in November 2017, the experience was not what we have been accustomed to, and due to some Accreditation Canada surveyor staff issues, the report was not reflective of the hard and dedicated work of our staff. We appealed many of the unmet criteria ratings with success however, were not successful in appealing an unmet Required Organizational Practice thus affecting



our Accreditation decision. We are seeking further input in to the reason behind this decision.

### Appropriate Use of Antipsychotics Collaborative- New Brunswick and the Canadian Foundation for Healthcare Improvement

We continue to focus on the appropriate use of antipsychotics for Residents with a distinct culture change around their use and approaches to care. When asked “when are we finished with this?” our reply is “never, this is an ongoing part of Resident assessment and care”.

The Homes who have participated in this program have received commendation from the New Brunswick Association of Nursing Homes with an Award of Excellence.

### Resident and Family Satisfaction

We will be revising our satisfaction questionnaire with the input and assistance of Residents and families in 2018. The resulting questionnaire must be approved by Accreditation Canada therefore, there are some stipulations that but be adhered to, we are hopeful our submission will be approved. Results from last year’s questionnaires were very favorable and an improvement from 94% in 2016 to 98% in 2017.

### Recreational Services

The needs and abilities of our Residents continue to change and we are finding that our Residents are far frailer upon admission and have shorter stays with us. Pam Clark and her team, work hard to alter their programming with thoughtful, evidence-based consideration so that Residents are able to be their most independent selves and achieve as adults.

We continue to recognize the importance of meaningful recreational programming in the quality of Residents lives. This year we were fortunate, again, to have music therapy students create calm and trigger memories and feelings with the Residents. The effect of music therapy cannot be underestimated. As always, we know that more Recreational programming covering extended hours would be beneficial to the Residents’ quality of life, we will advocate for this in discussions with government. The Recreation team welcomed a new member in to their fold after the retirement of a long-term employee. Scott Winchester prepared himself by independently educating himself through an online course in Recreation. We were impressed with his desire and drive to accomplish this achievement all on his own and have been very pleased to have him as part of the Recreation team.

### **Strategic Pillar: Valued Employees**

*Vision Statement- “Rocmaura values its employees through evaluating and improving its human resource initiatives”*

## Wellness Committee

The Wellness committee, which has been in place for many years, continued its staff focused mission. Last years focus on mental health continued this year in an effort to help build resiliency. Education sessions were held on a variety of topics including financial, mental, and physical health.

## Health and Safety

Our Health and Safety committee continues to evolve as workplace practices become more sophisticated. The Safety Association's province wide implementation of software that will assist us in processes related to workplace injuries is ongoing. This software promises to streamline the process and take out the guesswork. Our implementation of this software remains limited at present. Early and Safe Return to Work Program will be undergoing a period of transition in the coming year. The Association will be working with us to ensure the transition period is smooth and that we are able to manage our claims appropriately. Paula Breen's work in this area is very thorough and recognized as so. This year our experience rating assessment increased again from \$6.21 to \$6.62 due to the effects of a legislative loophole. WSNB's newest CEO states he is interested in fixing the issues that are driving the rates higher and higher and the effects of the decrease in contingency funding for the program.

## Educational Opportunities

Education took a huge hit in the budget a few years ago; a 50% loss of funding. Despite this, we still spend money in this area to educate staff so that they can safely and competently fulfill their roles.

## **Strategic Pillar: Volunteers, Professionals and Community Partners**

*Vision Statement- "Rocmaura actively enhances Residents' wellbeing through partnership with volunteers, professionals, and our community connections"*

Each year Rocmaura continues to work with its existing partners and seeks out new partnerships to ensure we are connected to our community. This year we nurtured our existing partnerships with great results.

Nursing Home Week Nursing Home Week was a huge success again in 2017. Our annual Community BBQ for Residents, families, staff, daycare children and community partners served over 300 meals.

We are honored and privileged to have a huge pool of volunteers who give of their time for the betterment of our Residents' lives. Each year during Nursing Home Week we hold our annual Volunteer Banquet at which we honor volunteers with awards.

## Rocmaura Auxiliary

The Auxiliary continues to devote their time and thoughts to our Residents. Each year the Auxiliary raises money to subsidize Bingo, staff education, the Residents' canteen, "Welcome" baskets for new Residents, and Court Christmas parties.

The ladies of the Auxiliary are such wonderful supporters of the Residents; we are forever grateful for their kindnesses and commitment.

Rocmaura Foundation The Rocmaura Foundation Board of Directors and Sally Cummings have had a wonderful year of successes with their events and in their relationships with the public. Sally is creative in her approaches to market Rocmaura and we have experienced the fruits of her labor in the events she and the Board organize and the reputation of Rocmaura itself. We are so grateful to the Board of Directors and Sally Cummings for their dedication and creativity.

### Community (National and Provincial) Professional Involvement and Development

As Executive Director of Rocmaura, I remain involved in numerous provincial and national committees including:

- Values Integration Appraisal Center of Excellence Pillar, CHI
- Assessor for the Values Integration Appraisal program, CHI
- Board member, Catholic Health Association of New Brunswick
- Chairperson of the Education Committee, Catholic Health Association of New Brunswick
- Provincial Management representative for CUPE Labor Management committee, NBANH
- Management representative for CUPE Collective Agreement bargaining committee, NBANH
- Management representative for the Maintenance Committee of the Joint Job Evaluation Committee, NBANH
- Accreditation Canada surveyor, Accreditation Canada
- Accreditation Canada Leading Practices Review Committee member, Accreditation Canada

I have been studying at the Johnson Shoyama Graduate School of Public Policy (University of Regina) with the generous assistance of CHI since January 2016. My studies are almost complete with just two (2) courses remaining. This has been the most enriching and comprehensive course of study I have ever had the opportunity to enjoy and its effects have been immediate on the fulfillment of my role. I am very pleased to have been able to study with the Board's support of time off with pay to accomplish the requirements of my courses over the past few years. This time allotment included two (2) residencies at the University of Regina and up to three days each term to complete assignments and papers.

### **Strategic Pillar: Technology**

*Vision Statement- "Rocmaura enhances technology that furthers the ministry of health care at Rocmaura"*

EMAR was implemented in April 2017. Hardware and network issues have been significant. Theresa Mercer, Technology Pillar Chair, is on top of rectifying the issues as they arise; she has done a wonderful job of trying to anticipate and respond in a timely manner.

General Data has been engaged by Rocmaura to fulfill our technology needs on a regular and preventative basis. This relationship is in its infancy but is running smoothly.

MDS- LTCF program has been running since January 2017. We are now at a point where initial data is being generated however; due to the program use newness the data is not reliable yet. Additionally, since our province is the first to use the LTCF version, the Canadian Institute for Health Information (CIHI) is not ready to accept our data yet. The NBANH and NHS are working with CIHI to develop appropriate platforms. This means that we are still not able to compare ourselves nationally. In the interim, NHS has developed a platform that allows us to compare to ourselves on a provincial basis. This however is not yet helpful due to the quality of the data at this point of implementation.

### **Strategic Pillar: Governance**

*Vision Statement- "Rocmaura, as a Catholic facility, has a system of governance that operates according to its mission and values"*

The Rocmaura Board of Directors continues to provide solid support and guidance to the Executive Director. The board's composition covers all necessary professional and vocational considerations and has proven to be a highly efficient and expert group. Our mission's integrity is carefully considered by the Board in all their deliberations.

### **Strategic Plan**

Over the last year, we worked with Chapman Group to develop a new strategic plan that will bring us into the next 4-5 years. Careful consideration was taken to engage numerous stakeholders to gain input and feedback. The resultant plan truly identifies who we are and how we wish to proceed into the future.

The new plan provides for the basis of our mission, the well-being, care and safety of Residents, creating a home like atmosphere, maintaining prudent financial stewardship, and planning for growth. It was accepted by the board in January and will come into effect after the June 2018 AGM thus, why the annual reports are written according to the previous plan's pillars. An operational plan is being developed including indicators for measuring our progress.

### **Rocmaura as a Desired Place to Live**

Entry to Nursing Homes is accomplished through the Single Entry Point System whereby potential candidates are assessed by health care professionals to determine the level of care they may require. If a person is deemed to have care needs in line with what Nursing Homes provide i.e. Level 3, their name is added to a

list and they are asked to give the names of three (3) Nursing Homes in which they would wish to reside.

I track this list to determine the number of requests made for our care and services on a regular basis. Since 2014, I have noted that we are consistently in the top three (3) for requests. From 2014 to 2016, we were always second after Loch Lomond Villa's new homes. In 2016, we dropped to third behind Loch Lomond Villa and Kingsway. Currently, we are back to second after the Villa.

We are still finding it to be a struggle to fill our beds for a variety of reasons including complicated care needs, financial un-readiness of Residents or families, or because Residents have gone to other homes or are awaiting other homes. Our rating of second in our region for request frequency means we can be proud that people are asking for us. This tells me that our reputation is very good. People are choosing us because of the feeling they get when they meet us or because they have known us before.

### **Strategic Pillar: Financial Stewardship**

*Vision Statement- "During times of financial restraint, Rocmaura provides quality care through responsible stewardship"*

We continue to face challenges in meeting the Residents' needs for care and services within an unrealistic budget provided by our main funder. Our managers continue to be diligent in their management practices to achieve as much efficiency as possible.

To do our part in improving the financial situation of our province we operate as efficiently as possible and continue to work with the New Brunswick Association of Nursing Homes and the province by supporting and implementing efficiency practices.

The exercise of documenting the work of each department throughout the year is an awesome task. It is time and thought intensive; and it is very valuable. When managers summarize the many things accomplished each year they can look back with pride on the work of their staff. It is a kind of diary entry kept as a record of our dedication to the Residents and their families.

This year the Accreditation Canada surveyors suggested that we move in favor of a condensed, point form version. That format would be useful to communicate high points to audiences who are only interested in a quick snapshot. However, ceasing the current format all together would cause a loss of important data that supports the work each person does each day. Therefore, while we may develop a point form document for some audiences, our stakeholders also deserve to have a rich documentary of our work so that they are confident that we are fulfilling our mission of dedication and high quality care and services to our Residents and their families.

When I write this report each year, I always feel thankful. Thankful to everyone who contributes to our mission, thankful for all the love and compassion within our

community of caring people, thankful that we have the opportunity to be part of something as wonderful as Rocmaura and all that it means.

When you become part of this community, there is a special sense of belonging to something bigger than you alone; something that allows you to contribute your special gifts to the betterment of our Residents' and families' lives. Not everyone gets to do that; we need to recognize how special it is to be part of something like this. I certainly do every day.

Recognizing those who are instrumental in creating the special something we have is important.

- The staff and managers of Rocmaura demonstrate their love to the Residents and their families each day. It is a blessing to be with you.
- Mike Gauthier and Suzanne Murray have been wonderful contributors to the governance of Rocmaura. Both Mike and Suzanne brought talents and life experiences that helped them guide the direction of Rocmaura for nine (9) years. We will miss their presence.
- The basis of who we are is because of the Sisters' mission, they continue to support Rocmaura in many ways. And we continue to try to model ourselves after them.
- Our community partners interact with us to provide care and services.
- The Board of Directors and CHI give of themselves to ensure the lives of those who call Rocmaura home can be the best possible. Your support, wisdom, and guidance provide the structure I need to fulfill my role each day.

Respectfully submitted,

Sheana Mohra RNBN MHA (c)  
Executive Director

## **Director of Nursing**

It is hard to believe that a year has gone by since I had the privilege to join such a dedicated, passionate community of caring people who continue to keep the resident as their focus. All team members within Rocmaura are committed to ensure their main goal is to provide quality resident focused care and truly live Rocmaura's mission and values. Special thank-you to all of my departments: Nursing, Nursing Unit Clerks, Reception, Scheduling, Rehab, Recreation and BIF for being committed and making a difference to the lives of our residents and families.

Although each year we continue to experience increased challenges around greater fiscal constraints, increased staffing challenges, and higher resident acuity, we also experience many rewards and accomplishments. We continue to support the very successful initiative for the Appropriate Use of Antipsychotics NB Collaborative, the Long Term Care Facility/Resident Assessment Instrument (LTCF) going live in July 2018, the Electronic Medication Administration Record successfully up and running on all four (4) courts, ongoing support and education to our staff on best practices and Approaches to Care and we completed our yearly Inspection in August 2017 and Accreditation in November 2017.

### **Strategic Pillar: Valued Employees, Volunteers, Professionals and Community Partners**

#### ***Retention and Recruitment***

As always, retention and recruitment remain a priority to ensure competent quality care. Similar to years in the past, 2017-2018 continues to be not only a year of a high turnover of our residents but also a high turnover of staff. Recruitment of staff is an ongoing endeavor throughout the year.

At present, we have several vacant casual and part-time positions for RN's and LPN's with active external recruitment taking place. This past year we have hired 6 LPNs, 4 RNs and 25 RAs although many of these hires have not remained with us for various reasons.

Retention of employees is affected by retirements and external competition that is attractive to part-time staff. Due to the longevity and dedication of our staff complement, a significant amount of our employees are of retirement age each year. Additionally, external competitors are able to offer larger positions to our casual/part-time employees. Moreover, there are challenges with extended sick leaves and workplace injuries requiring the ESRTW program, which also affect our staffing levels.

To offset retention issues, we support, and take pride in, hiring students who join our team to contribute to our quality care mission. This allows us to assist them within their studies to learn the specialty of caring for our vulnerable population.

Not only is recruitment and retention a priority within each individual nursing home but also is now a strategy with NBANH who are working in partnership with the

Department of Post-Secondary Education, Training and Labor and with the Department of Social Development.

**Pending Implementation of a new Skill Mix**

Rocmaura historically has had challenges maintaining the past legislated staffing ratios based on 2.5 hours of care/resident/day of 20% Registered Nurses, 40% Licensed Practical Nurses, and 40% Resident Attendants. Our biggest challenge has been achieving the LPN ratios, due to illness, injury, and the high demand for LPN’s within the Saint John area.

In recent months, Nursing Home Services announced that it is moving forward with the implementation plan for a Skill Mix ratio change in New Brunswick nursing homes. The Department will no longer be using the current ratio of 20/40/40 for 2.5 care hours but instead will use a new ratio of 15/15/70 for the full 2.89 hours of care per resident per day (15 % Registered Nurses, 15% LPN and 70% RAs). While this may allow us to meet the ratio expectations, it brings with it great concerns for resident outcomes.

**Overtime**

Overtime is monitored very closely with our internal policies guiding approvals. With our ongoing challenges staffing LPN’s and RN’s, we have had to approve overtime to ensure appropriate coverage. As noted in previous annual reports, legislation requires there must be at least one RN in the building at all times along with our LPN’s who provide much of the resident medication administration.

<b>Year</b>	<b>RN (20%)</b>	<b>LPN (40%)</b>	<b>RA (40%)</b>	<b>Overtime Hours</b>
<b>2008-2009</b>				3878
<b>2009-2010</b>	18.5	30.4	47.7	1988
<b>2010-2011</b>	18.5	35.9	45.4	1344
<b>2011-2012</b>	18.4	37.5	42.5	229
<b>2012-2013</b>	18.3	40.1	41.7	245
<b>2013-2014</b>	20	41	39	133
<b>2014-2015</b>	20	37.4	41	334
<b>2015-2016</b>	19.4	36.3	44.3	290
<b>2016-2017</b>	20.1	38.8	41.1	696
<b>2017-2018</b>	19.5	37.6	42.9	360.51

*Note: Feb/Mar is not included in 2012-2013 overtime calculations.*

**Breakdown of OT hours for 2017** - RN- 94.34 hours, LPN- 112 hours and RA-154 hours

**Attendance Management**



Reducing absenteeism continues to be a priority. Although a very time consuming process it is important to monitor the monthly rates closely, review individual concerns, maintain good documentation, and provide support and communication to each employee, as needed. Challenges are ongoing with short term paid and extended sick leaves.

<b>Absenteeism Rates</b>					
<b>Fiscal Year</b>	<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>	<b>2016-2017</b>	<b>2017-2018</b>
<b>Nursing Department (RN, LPN, RA)</b>	3.4	3.6	3.5	3.9	4.1
<b>RN</b>	2.3	2.1	2.8	2.4	2.8
<b>LPN</b>	3.9	4.2	3.7	4.2	4.3
<b>RA</b>	3.9	4.5	4.1	5.1	5.2

Note:  
 • These rates exclude individuals who are out on extended sick leaves i.e. surgery

These hours include all paid sick hours regardless of reason i.e. surgery  
 Increase in actual hours is a result of the 5 extra care hours per day funded by Nursing Home Services.

**Labor Relations**

Management and local unions meet on a regular basis and continue to have a strong collaborative relationship working together for the betterment of our employees and continued quality care for our Residents. CUPE negotiations are underway.

**Community Partners**

Once again, Rocmaura was able to provide learning opportunities for Personal Support Workers, Bachelor of Nursing and Practical Nurse students. We also hosted several Coop students in our recreation department and several Administrative Medical Office Assistants. This is a great opportunity not only for the students but our residents who so enjoy having the extra attention. We continuously receive positive reviews from both instructors and students resulting in future recruitment opportunities.

**Strategic Pillar: Financial Stewardship**

**Care Hours**

We continue to receive approval from Nursing Home Services for five extra care hours per day for Terrace Court. As expected, the acuity of our residents has only continued to rise throughout our home. Requests for an extension have been submitted along with an additional 24-hour sitter coverage for a resident with complex needs. We continue to review the increased care needs for our residents and submit additional approvals as needed.

### ***Wound Care Supplies***

Residents being admitted from home and hospital are frailer than ever before. The complexity of needs continues to rise with many residents coming to our home with existing wounds or, due to their frailty, developing wounds. Our current operating budget does not provide us with adequate wound care funding; subsequently we have developed a refined process that will enable us to submit budget amendments for all wound care supplies and pressure devices.

### **Strategic Pillar: Technology**

### ***Staff Schedule Care (SSC)***

Employees at Rocmaura continue to utilize the provincial SSC system for payroll management which includes scheduling and availability options for our staff.

### ***ITACIT***

Unfortunately we still have not implemented ITACIT due to conflicting priorities. In recent months we have had several meetings with support for this program and are in hopes that we can focus on implementation in the coming year.

### ***E-MAR***

E-MAR (electronic medication administration record) has now been implemented on all four (4) courts. We continue to work through challenges with support for this program and the vital role that our local pharmacy plays with successful resident medication administration.

### **Strategic Pillar: Resident Safety**

### ***Wound Care Committee (see attached report)***

Along with our committed frontline staff, the Wound care committee consists of various team members and a Wound Care Specialist who meet monthly to monitor, implement treatment plans, evaluate our resident's skin integrity issues and pressure concerns and adjust our priorities to appropriate best practices and prevention.

As previously indicated we continue to see an increase in resident turnover and resident acuity along with their level of frailty. However, Rocmaura continues to see success with the continued improvements to our wounds and pressure needs of our residents. As demonstrated in the attached report, in the past year we have discussed 49 residents; 28 have experienced full resolution of their skin integrity

issue and 13 residents have expired. Our 2017 pressure ulcer rate is 12%, still well below the national benchmark of 25%. We continue to revise our monthly auditing to ensure we are capturing valid data including pressure devices utilized on each court for pressure relief, treatment, and prevention.

### ***Mental Health Case Review Committee***

Rocmaura's Mental Health Case Review Committee members continue to meet reviewing and discussing complex residents who suffer with significant dementia and/or a mental health issue. Over the past year, three (3) residents were identified as having challenging responsive behaviors. All three (3) residents' responsive behaviors have minimized through appropriate interventions.

### ***Infection Prevention and Control***

- ***Outbreaks:*** Before this year, the last outbreak at Rocmaura was in March 2015. However, this year Public Health alerts indicated that Influenza A and B was predicted to be much higher all across Canada. Unfortunately, even after initiating our enhanced precautions, we had several residents with Influenza symptoms and two (2) lab confirmed swabs. We declared an outbreak on Feb 28, 2018, which lasted until March 15, 2018; 34 residents demonstrated Influenza like illness and had to be on isolation precautions, several were admitted to hospital.
- ***Infection Reports*** (see attached report)
- ***Influenza Immunization Program*** (see attached report)

Each week from November 2017- May 2018, all team members received a detailed email with updated information on Influenza data provided by Public Health for New Brunswick and Saint John area.

Once again, we had a positive response to our Influenza Immunization Program having 99% of residents and 85% of staff immunized.

This year with an increased alert for a rise in Influenza A and B within NB and with an initial onset of Influenza like illness (ILI) in the province, Rocmaura initiated Enhanced Precautions Policies effective Dec 1, 2017. These precautions require all staff who are not immunized with the influenza vaccination to wear a mask when within 1 meter of our residents. We also provided clear and updated communication to our families on a regular basis.

### ***New Brunswick Appropriate Use of Antipsychotics Collaborative (see attached report)***

Appropriate use of Antipsychotic's with our resident population remains embedded into Rocmaura's policies. All resident courts continue to assess, monitor the criteria for reduction/discontinuation, and develop comprehensive resident centered treatment plans with all new and existing residents according to their individual needs.

Several reasons the data remains consistent this year are an increase in residents who do not meet the criteria for inclusion and the high rate of resident admissions that require approximately three (3) months assessment prior to any reduction. Each court has continued successes with either complete discontinuations or decreases in dosages and a noticeable improvement in the quality of life of our residents and families. Pam Clark continues to provide updated education to staff on best practices for dementia care that includes approaches to care and appropriate non-pharmacological measures.

A continued thank you to all managers and Pam for their ongoing hard work to ensure the residents receive appropriate medications and approaches to care.

### **Strategic Pillar: Founding Spirit**

#### **Staff Appreciation/Celebration/Wellness**

Staff once again were able to participate and enjoy various celebrations, events and parties including Staff Appreciation, Infection Prevention and Control, Fire Prevention, Health and Safety, and Nurses Week as well as various parties such as Christmas and Halloween not to mention our monthly Wellness Initiatives thanks to Paula Breen and her team.

### **Education**

#### ***CHANB Conference***

Several staff were able to attend this year's conference in September featuring "Hope: The Way Forward". This is a wonderful opportunity to network with colleagues from various Catholic Health Care facilities in New Brunswick.

#### ***Catholic Health Leadership Course***

We are very fortunate to have had our LTCF Co-ordinator complete the Catholic Health Leadership Course allowing her to have a better understanding of the responsibility and what it means to be a leader in a Catholic facility

#### ***Excellence in Aging Care Conference***

We were able to have one (1) of our Full Time RN's attend a three (3) day conference in Fredericton on "Enhancing Quality of Life in a Caring Culture".

#### ***Senior Population Education***

This year two (2) sessions were held consisting of three (3) days each, that allowed us to send six (6) of our frontline staff in total. The benefits of these sessions allow for networking with other peers who work with seniors in various care facilities, learning from various experts in the elder care field, best practices on care needs, approaches to care, and new equipment available has been a valuable asset to our home.

***NB Hospice Palliative Care Association Annual Conference***

We were able to sent three (3) RN's (2 of which were our Full Time Managers) to this valuable 2 day course.

***Dementia Care***

Pam Clark, Recreation, continues to support the frontline staff by using her expertise on approaches to dementia care and continues to refresh the education with staff on each court

Respectfully submitted,

Holly Jones  
Director of Nursing

## **Director of Financial Services**

### **Strategic Pillar: Founding Spirit**

The caring and compassion of the Sisters of Charity of the Immaculate Conception has brought us all 'to this place', this special place, built on rock and called *Rocmaura*, Gaelic for 'Rock of Mary'. The tradition of looking after the most vulnerable in society has been passed down to us, the caregivers living out the sisters' mission, our mission. Although their numbers are diminishing, their ongoing presence with us, their spiritual, moral and financial support is most sincerely appreciated and vital to who we are and what we do. It is an honour and privilege to work in this special place and do the work we do!

### **Strategic Pillar: Resident Care**

Sheana, Holly, and I are active on the Transition to Nursing Home committee that began during the year, to promote the smooth admission of residents from hospital to nursing home. St. Joseph's Hospital, under Heather Oakley, spearheaded this venture, which has definitely improved the relationship with the hospitals, Department of Social Development, Social Work and Discharge Planning. Communication is essential and this committee has proven to be a good forum for that!

### **Strategic Pillar: Financial Stewardship**

Financial results for the year indicate an overall deficit of expenses over revenue of approximately \$200,000 on a budget of \$12,000,000. After the non-cash items of depreciation and amortization, this leaves a deficit of \$100,000. Congratulations to Sheana, Holly, and all the managers and support staff for a job well done! We were able to obtain assistance from the Department of Social Development with a working capital advance of \$200,000. We are very appreciative of their support. An outdated funding model causes this approach to funding and leaves us maintaining our 46 year-old building without appropriate financial resources. We remain hopeful that the Provincial Capital Renewal program will provide much needed upgrades in the near future.

The Early Safe Return to Work Program is ongoing. The Worksafe NB sector rate has increased to \$4.48 from \$4.37 and our rate has increased from \$6.21 to \$6.62. Our sick time has remained stable during this fiscal year, \$413,000. Overtime costs have been reduced by \$18,000. The contract laundry service cost is significantly higher than the budget amount for this expense and work has been done to attempt to bring it more inline, without any visible reductions. Funding has been requested for the shortfall and been denied.

Collection of resident accounts has presented some challenges recently. We are working with legal counsel to file two (2) small claims cases. Thankfully, most families are diligent in their commitment to taking proper financial care of their residents. Due to several situations, including these collections, our legal fees were \$12,000 for the year.

### **Strategic Pillar: Technology**

The EMAR system, using Catalyst, was rolled out during April, May and June 2017. This new method of documenting medication went quite smoothly, however, the seven (7) laptops we purchased seemed to all develop battery issues around the time the warranty was expiring! The hurdles around the batteries were challenging along with some other physical use issues. We have just replaced the batteries in five (5) of the seven (7) computers, and it seems to have corrected the problem.

Since September 2017, we have engaged the services of a new IT company, General Data IT Professionals, under Jamie Hoyt, to provide our support. We are pleased with the work they have done to date, which includes having remote logins on each computer, having cloud backup of the main computers, gaining access to the Watchguard firewall for our internet service and general troubleshooting.

In July 2017, we implemented a new telephone system, using our Fibe internet and SIP trunks. We leased the hardware and transferred our lines to a new provider. This has also been a bit challenging but manageable. There have been considerable savings and it has been generally well received. We were able to have a voicemail box directly from the main line, which is beneficial to our callers.

### **Strategic Pillar: Governance**

Thank you to both boards for your knowledge, support and engagement as we make decisions that affect our residents and our home, today and into the future. The value you bring is immeasurable and we appreciate your commitment. We have completed a successful Accreditation Survey. Thanks to everyone that was involved!

### **Strategic Pillar: Valued Employees**

We welcome Janice Carr to our team to take over Admin Support/Payroll as Colette has left to live and work in Moncton. Janice's quiet presence is a welcome addition to the team, as she learns all the facets of her new position. Special thanks to Roxanne for being genuinely resident-focused as she carries out the Resident Trust and Purchasing duties, and works on committees for the benefit of the residents.

The provincial Employee Benefits committee has had some changes and we no longer meet more than once per year. The structure of this committee will be changed during the upcoming year by the NBANH board.

### **Strategic Pillar: Volunteers and Community Partners**

Special thanks to our Foundation as they provided more funding for wardrobes this past year and many lovely items on our wish list! Volunteers are extremely important to life in our nursing home. The presence of so many dedicated volunteers, especially retirees, brings great joy to our residents and staff. Thank you for your contributions. Our strategic planning sessions with Chapman and Associates were fruitful and inspiring. We look to the future with hope, excitement and continued commitment to living our mission.

Respectfully submitted,  
M. Theresa Mercer



## **Purchasing & Resident Trust**

### **Strategic Pillar: Founding Spirit**

While reviewing our mission statement and the values we hold, it is very clear to see the caring and compassion displayed every day at Rocmaura. I thank the Sisters of Charity, the Board of Directors and coworkers for providing a wonderful home for our residents to live and our staff to work.

### **Strategic Pillar: Resident Care**

The Resident Care focus is on providing a safe, healthy, and comfortable environment for each resident. To provide such an environment, communication is the most important tool. Communication begins with the Pre Admission meeting with the family members, additional information is obtained by being a member of the following committees: TENA, Wound Care, Infection Control and Prevention and Management Team.

### **Strategic Pillar: Governance**

It is under the guidance of the Board of Directors for Rocmaura Inc. and the Foundation we are able to follow our mission on a daily basis. Thank you to the dedicated people who give of their time and expertise.

### **Strategic Pillar: Technology**

Resident Trust: Communication with residents, family, staff, government and suppliers are made possible with technology. We scan, print, email, fax and phone information and data. Comfort and Clothing accounts are maintained with Adagio. Excel is excellent for managing the Tena program and tracking inventory.

Purchasing and Inventory benefitted with technology; purchasing is done online, invoices and statements are emailed, quotes are emailed, back orders are tracked.

### **Strategic Pillar: Valued Employees**

We are always celebrating something at Rocmaura. Many thanks to Sheana and Theresa, who provide guidance and direction; to the Coffee Club, who provide the best medicine, laughter.

### **Strategic Pillar: Volunteers and Community Partners**

It would not be possible to provide our residents with the many comforts of home without the volunteers and community partners who visit our home and brighten our resident's day through prayer, music, and entertainment.

Purchasing: Thank you to the many community partners we do business with: AHS, Ambulance New Brunswick, Bell Aliant, Cardinal Health, Coastal Business Machines, Convatec, Lawtons Drugs, Tango, Medical Mart, Metro Health, Ortho ML, Roche, Rogers Cable, Staples Advantage, Total Footcare and Unisource.

Thank you to the reps who go above and beyond: Cardinal Health, Fred Blanchett, Lawtons, Susan Gamst, Coastal Business Machines, Stu and Rogers Cable, Eliza MacWilliams.

Rocmaura Foundation: Many thanks to Sally Cummings, Director of Rocmaura Foundation. It is through our Foundation we have been able to receive items from the Wish List that provide the comforts of home to our residents. It is a pleasure to work on the annual gala with Sally.

### **Strategic Pillar: Financial Stewardship**

Purchasing: This year Cardinal Health set up separate accounts for Ruth Ross and Rocmaura. This provides an accurate purchasing history. We are able to look at TENA, the incontinent system, our highest budget item and see from the usage report we spend on the average \$6,374.32 per month, which breaks down to \$ 213.48 per day. We have an average of 130 incontinent residents so we know we are spending approximately \$1.63 per day per resident. The report calculates we have ordered 16 different systems, 1608 Cases or 102, 824 pads.

Many thanks to the girls on our Tena Team: Brit, Cathy, Traci, Selena, Alicia, Kim, Sandra and Gerri-Lynn who provide me with the assessment for each resident and to the girls in Laundry who deliver the incontinent systems each week. Great Work!

The demand for inventory is constantly changing. We have decreased our need for ostomy supplies yet there is a noticeable increase in catheters and catheter trays. The demand for wound care supplies has decreased over the last few months, we are purchasing more preventative items such as Skin Prep and 3M Spray.

Gloves are another item we have seen an increase of \$395.25 in annual cost. Last December there was a change in UOM and pricing, one case of gloves contained 1500 gloves instead of the 1000 gloves the previous years  
April, 2016 - March 31, 2017 449 Cases were purchased for a total of \$12,686.25  
April, 2017 - March 31, 2018 342 Cases were purchased for a total of \$13,081.50

Usage report is available upon request.

Resident Trust: The Comfort and Clothing Allowance for each subsidized resident remains at \$108 a month; residents have been receiving this amount since 2007. The allowance provides comfort items such as; hair care, outings, clothing items, foot care, canteen, OTC medications and Bingo to name a few. As cost go up it becomes more of a challenge to cover the cost of the comfort items for each resident.

The Low-Income Benefit \$400 annually is greatly appreciated by many residents; it allows our residents to have some of the comfort items they may not be able to afford otherwise.

Respectfully submitted,

Roxanne Beatteay  
Resident Trust/ Purchasing



## **Program Coordinator**

### Educational Programs

#### **Strategic pillar: Resident Care/Valued Employees**

In 2017, there were a total of **116** in-house and **3** outside education opportunities for employees.

**3647** recorded attendees. Each opportunity is geared to improving resident care and/or provides staff with skills, tools to help ensure competency in caring for our residents. Frequently, Rocmaura employs outside resources, some of our community partners, to assist in educating and promoting a healthy work life culture to our employees.

As all RN's and LPN's are required to attend what is considered a "Live" fire drill (mandated by NH services for RN's) we are pleased that in 2017 we were successful in reaching 100% compliance.

### Integrated Quality Safety and Risk Management (IQSRM)

#### **Strategic pillar: Founding Spirit/Resident Care**

The IQSRM team meet quarterly to report and review deficiencies in audit outcomes and work toward best practices in addressing these deficiencies. IQSRM utilizes quality indicators to measure and evaluate success or failure of initiatives in an effort to develop strategies for improvement and adopt new processes as needed. Reflective of Rocmaura's outstanding performance, the average satisfaction score per resident was 94% in 2016 and has improved to 98% in 2017. This is directly related to the mission set forth by the Sisters of Charity, to meet the changing needs of our residents and those we serve.

Wellness Committee: The sub-committee of "Wellness" encourages staff to live an overall healthy lifestyle, proven to assist in increased productivity and decreased sick time rates for employees thereby ensuring quality care to our residents. **Please See the Wellness Committee Annual Report.**

### Health & Safety (H & S)

#### **Strategic pillar: Valued Employee/Resident Care/Governance**

The Health and Safety (H&S) committee's objective is to have a safe work environment. To meet that objective and as per the H&S Act requirement, we hold meetings monthly. Meetings are utilized to review accidents/incidents, monthly inspections, policy and procedures as needed. We focus on being proactive in reducing incidents/injuries/illness, through providing education. H&S Minutes are communicated via posting on the H&S Bulletin Board, distributed to Management Team and Board of Directors monthly, providing copies to the CUPE Local, and distributed throughout the facility in monthly Safety Talks. The Committee, collaboratively with the U-First Program, the Back In Form Program (B.I.F.), and the Wellness Committee promote & address safety and employee wellness issues. With the help of the B.I.F., H&S is involved in assessing appropriate equipment needed to meet care needs and staff safety.

**Strategic pillar: Valued Employees**

The H & S committee recognizes safe work practices through the H & S Awards during Staff Appreciation. Incident/Accident Free Award for 2017 were:

- Pastoral Care (10 yr.)
- Admin (4 yr.)

- 
- 
- **Strategic pillar: Governance/Financial Stewardship**
  - We continue to work with **Morneau Shepell** to decrease our WSNB cost of claims and ultimately the Experience rating. Note: experience rating had a dramatic increase in the WSNB **basic rate** in 2016.
    -
  - Comparison Days Lost & Cost of Claims
    - Worksafe New Brunswick WSNB vs Early Safe Return to Work program ESRTW:
      -

	T	Days on WSNB effects experience rating.	D	Total WSNB cost of claims (carried forward and new)	Roc's WSNB Experience rating for following yr.
	1	294.22	5	\$93,551.92	\$4.36
		614.		\$2	\$

	1	62	6	49,432.21	6
	8	792.96	6	\$225,629.01	\$66.62

- Chart reflects a small **d**ecrease in the number of incidents however; as it is not a large change we don't expect to see a significant effect on WSNB experience rating. Change in employee participation in ESRTW is down slightly but unremarkable. Non-participation in ESRTW is determined by the attending physician, surgeons, specialists, physiotherapist or Occupational therapists involved in the case, not related to employee refusal.

▪ **Summary of Rocmaura's Significant Findings**

Year	Nature	Source	T	Part Of Body
2020	<ul style="list-style-type: none"> <li>▪ 55% Sprains /strains</li> <li>▪ 29% Cont./bruising</li> </ul>	<ul style="list-style-type: none"> <li>▪ 25% Bodily Motion</li> <li>▪ 22% Resident responsive behavior</li> </ul>	2	<ul style="list-style-type: none"> <li>▪ 22% Backs</li> <li>▪ 21% Neck/shoulder</li> </ul>
2020	<ul style="list-style-type: none"> <li>▪ 53% Sprains /strains</li> <li>▪ 32% Cont./bruising</li> </ul>	<ul style="list-style-type: none"> <li>▪ 31% Bodily Motion</li> <li>▪ 18% Resident responsive behavior</li> </ul>	2	<ul style="list-style-type: none"> <li>▪ 23% Backs</li> <li>▪ 25% Finger, hand, wrist, Elbow &amp; arm</li> <li>▪ 12% Neck/shoulder</li> </ul>



<ul style="list-style-type: none"> <li>20</li> </ul>	<ul style="list-style-type: none"> <li>51% Sprains/strains</li> <li>26% Cont./bruising</li> </ul>	<ul style="list-style-type: none"> <li>16% Bodily Motion</li> <li>31% Resident responsive behavior</li> </ul>	<ul style="list-style-type: none"> <li>2</li> </ul>	<ul style="list-style-type: none"> <li>23% Backs</li> <li>19% Finger, hand, wrist, Elbow &amp; arm</li> <li>9% Neck/shoulder</li> </ul>
--	---	---	---	---

	2015	2016	2017
Ti	<ul style="list-style-type: none"> <li>29% - 9 - 11am</li> <li>8% - 11 - 12am</li> <li>13% - 12 - 2pm</li> </ul>	<ul style="list-style-type: none"> <li>22% - 9 - 11am</li> <li>11% - 11 - 12am</li> <li>8% - 12 - 2pm</li> </ul>	<ul style="list-style-type: none"> <li>18% - 9 - 11am</li> <li>11% - 11 - 12am</li> <li>17% - 12 - 2pm</li> </ul>
Y	<ul style="list-style-type: none"> <li>25 incidents - <b>Fulltime</b> with <b>10-25 yrs. Service</b> (24%)</li> <li>25 incidents - <b>Part time &amp; 5-10 yrs. Service</b> (24%)</li> </ul>	<ul style="list-style-type: none"> <li>24 incidents - <b>Fulltime</b> with <b>10-25 yrs. Service</b> (23%)</li> <li>45 incidents - <b>Part time</b> with <b>5-10 yrs. Service</b> (44%)</li> </ul>	<ul style="list-style-type: none"> <li>13 incidents - <b>Fulltime</b> with <b>10-25 yrs. Service</b> (16%)</li> <li>5 incidents - <b>Part time</b> with <b>5-10 yrs. Service</b> (6%)</li> </ul>
A	<ul style="list-style-type: none"> <li>41 -50 yrs. = 28%</li> <li>50 yrs. - over =41%</li> </ul>	<ul style="list-style-type: none"> <li>41 -50 yrs. = 14%</li> <li>50 yrs. - over =51%</li> </ul>	<ul style="list-style-type: none"> <li>41 -50 yrs. = 22%</li> <li>50 yrs. - over =54%</li> </ul>

- 58.92% of Rocmaura staff is between the ages of 41 and 50 plus (Feb 2017) and 68% of the incidents/injuries involved this demographic.

- Total Incidents in 2017 - 81
- Incidents per Department

▪ D e p a r t m e n t	▪ 2	▪ 2	▪ 2
▪	▪ T	▪ T	▪ T
▪ N u r s i n g	▪ 7	▪ 7	▪ 5
▪ D i e t a r y	▪ 9	▪ 1	▪ 5
▪ H o u s e k e e p i n g	▪ 1	▪ 1	▪ 1
▪ L a u n d r y	▪ 3	▪ 2	▪ 5
▪ R	▪	▪	▪

	e c r e a t i o n	0	1	1
▪	M a i n t e n a n c e	0	1	1
▪	A d m i n i s t r a t i o n	0	0	0
▪	P a s t o r a l C a r e	0	0	0
▪	V i s	3	0	1

i t o r / O t h e r			
--	--	--	--

- 
- **Location of incidents for 2017:**
- **Trinity - 8 (10%)      Terrace - 23 (28%)      Garden - 13 (16%)**  
**Hopewell - 12 (15%)      N/A - 25 (31%)**

- 
- **Improvements completed for 2017:**

- ✓ As mandated by WSNB, care staff must have proof of competency in patient manual handling. Back in Form (B.I.F.) trainers now provide monthly refresher courses to meet this requirement. In 2017 – approximately 59 of 168 nursing staff (35%) were recertified in manual handling. Meeting the goal of 1/3 completed refresher every 3 years. Furthermore, Rocmaura has ensured the Support Services staff receives a B.I.F. refresher as well. 36 of 55 support services staff, (65%) of our support services staff met this goal in 2017.
- ✓ 3 employees completed their 6 hour Practice session for First Aid, First responders and 1 has completed the full 2 day Workplace standard First Aid with CPR C & AED.
- ✓ All RN’s maintain the status of “First Aid Responders” through a deviation with WSNB.

- 
- 
- 
- Respectfully submitted,
- Paula Breen
- Program Coordinator
-

- **Recreation and Volunteer Services**

- - “Therapeutic Recreation is committed to promoting the connection between health and recreation involvement. To promote play, recreation and leisure as a means to psychological and physical recovery, health and well-being among individuals with disabilities. Recreation therapists use individual and group counseling techniques and play, recreation and other activity-based interventions to maximize an individual's functioning and promote quality of life.” (Temple University)

- - **Strategic Pillar: Valued Employees**

- - - The Recreation Therapy Team plays a vital role in improving the quality of life of our residents. The Team consists of one full time Recreation Therapist (Manager and responsible for Terrace Court), one part time Recreation Therapist (Trinity), one full time Activity Coordinator (Hopewell) and one part time Activity Coordinator (Garden) and four (4) SEED students who were employed from June to August 2017.

- - - Activity Coordinator, Susan Cobbett, retired in January 2018. Scott Winchester was granted the position in February 2018. Scott has received an online Activity Coordinators certificate, after successfully completing the course, from Red Deer College in Alberta.

- - - The Recreation Therapist from Trinity Court sits on the Infection Prevention and Control Committee and the Mental Health Case Review Committee. Three (3) staff attended the “Senior Population Education” offered at Horizon Health in October 2017. The Recreation Manager presented a family education session to St. John & St. Stephen Nursing Home in September on U-First! and the Recreation Team involvement in the “reduction of antipsychotics program”. One of the Activity Coordinators is a member of the Food Service Committee.

- - **Strategic Pillar: Founding Spirit**

- - - Our residents’ life and leisure history assessments are utilized by the Recreation Team in program planning, reminiscing, and developing intervention strategies. The Life Biographies assist staff in all departments, and volunteers, in getting to know the person’s likes, habits, routines, leisure interests and what makes them smile.

- - - Family time is an important aspect of life at Rocmaura. The Recreation Room is available and utilized seven (7) days a week for family gatherings such as, lunch, supper, birthdays or anniversary parties. Families appreciate having a space to use for their get-togethers.

---

- - - The second Annual Family and Resident Christmas Dinner was held on December 21<sup>st</sup>. There were approximately 130 family members in to

---

have lunch with us. The Dietary and Recreation Department collaborated to make the event a success.

▪

▪ Music Therapy

▪

- Music therapy is a discipline in which credentialed professionals (MTA\*) use music purposefully within therapeutic relationships to support development, health and well-being. Certified music therapists have completed a 1000-hour practicum in a variety of settings with different populations and write a standardized exam to attain their certification. Music therapists use music safely and ethically to address human needs with cognitive, communicative, emotional, physical, social and spiritual domains. (Definition from Canadian Association of Music Therapists)

▪

---

▪

- On Trinity court music therapy sessions are conducted in group and individual sessions. Group sessions take place often twice or three times a day and music is used to help residents engage socially with one another. Music provides comfort and aides well to reminisce about their younger years. Music therapy sessions also provide an opportunity for family members to connect with their loved one's through singing, dancing and reminiscing about their years together. One particular resident will dance with his wife within group to tunes such as "Tennessee Waltz and Jailhouse Rock." The structure of the music and engaging environment gives them a chance to connect through dancing and his wife will often comment he was always the last person to leave the dance floor.
- In one on one session, certain residents are targeted if they are isolated, upset, and need a social visit. One resident has lost the ability to speak but in music therapy sessions she connects with me through singing different syllables and she will sometimes sing in harmony with me and snap/clap her fingers. This moment of connection with another individual is very important and powerful. To me this is a reminder that, with a disease like Alzheimers, some people say that it takes things away, it takes someone's memories, personality away etc. Yet, I believe there is still that person in their body, and it is part of my work to help connect with them and bring them out through music. Another individual session involved a resident connecting with her French roots through singing folk songs in French. Upon remembering the words to these songs, she smiles and talks about how it is good to remember!
- Another resident (a new resident) is a proficient guitar player and I play piano and sing while he picks on guitar. Music is used for him to relax and is a means of self-expression for him. Music is a big part of his identity and it is important that he have an opportunity to connect with that part of himself in a place where everything is new and different.

▪

- Submitted by Sarah Bell, BMus Ed., M.A, MTA Certified Music Therapist

- 
- Trinity Court residents benefit from the Music Therapy program, five hours a week, with a certified Music Therapist. Garden Court had a Music Therapy student on Mondays and Wednesdays from 1:00 – 4:30 p.m. to fulfill his internship hours. Julien focused on 1x1 interventions and group therapy sessions. He also worked with one resident to maintain their ability to play the piano; this resident often would accompany him in the group sessions. Julien completed his placement on April 30, 2018. We will miss him.

- **Strategic Pillar: Resident Care**

- Individualized leisure goals are developed, monitored and reassessed on a daily basis and reviewed at the yearly Interdisciplinary review; small group programs and activities of daily living is an important aspect of resident programming. Distraction techniques are used to decrease agitation or change a behavior in order to improve their quality of life.
- The Recreation team offers a range of small, large and one to one programs on each Court. Fun & Fitness, News and Views, Book Club, Social Club, Music Therapy, musical entertainment, walking program, Lunch Group, Let's Reminisce, bowling, crafts, gardening, Bible Study, Rosary, baking, cooking, order out for meals, daycare visits (Intergenerational Programming), spiritual programs, one to one target programs. The residents on each court gather weekly for Mass, Bingo, Circle of Friends, musical entertainment.
- Our beautiful courtyard was utilized in the summer with music in the garden, BBQs, ice cream socials, walking program, family visits and daycare visits. Many residents are able to come and go from the Courtyard independently. This is very important to our residents, especially those that need to get out daily or are looking to get out and the Courtyard is a safe place for them to be.
- In May 2017, we had a program for 6 weeks called "Power of Dance", for dementia residents. A dance teacher and eight (8) children from Princess Elizabeth school joined us for an hour of instructional dance with music, very simple moves to do in a wheelchair or standing up. Both groups enjoyed the program and the interaction.
- The children from Origins Daycare continue to bring joy, play, happiness, smiles, and sometimes tears to our "nannies and grampies". At times, it is difficult to engage a person in a 1:1 target program, but you introduce a small child and the dynamics change. We have one resident who is not able to feed herself or render her own personal care; she realizes great benefit from the intergenerational

program: one day one of the children gave her a ball; she counted to three and threw it to him.

- 
- The three (3) summer students developed a program from June to August 2017 that involved the children and the residents in weekly creatively themed programs.

- - Residents' Council

- 
- Residents' Council consists of approximately 20-30 residents. They meet monthly to discuss pertinent issues related to them as residents of Rocmaura. The Council was established to provide a line of communication between residents and administration with the hope of providing suggestions and changes on improving the quality of care.

- 
- The meeting is held the first Monday of each month from September to June. Each year, with the assistance of the staff advisor, the executive is elected. The Council has been active in the past year with community events such as; Gala Dinner, Volunteer Dinner, Community Chaplaincy Banquet and Luncheons at Lily Lake. The President sends condolences, on behalf on the Council, to the families of deceased residents.

- 
- The President, Phil Williston, passed away in February. Phil will be fondly remembered for the work he did with the Council and encouraging residents to participate in Council and other Recreation programs in the Home. The new President was elected in March 2018.

- - Minivan Usage ~ Families

- Families are using the minivan to take their loved ones home for a visit, out for lunch or a drive, doctors' appointments, to weddings and funerals and family gatherings.

-



▪ **Strategic Pillar: Volunteers, Professional, Community Partners**

- 
- Our Residents and their families enjoyed volunteer entertainers, family entertainers, clubs, schools and community organizations that have offered programs and volunteers to our Home. Their involvement plays a vital role in life at Rocmaura. The following is a list of some of the organizations, schools, and clubs that have partnered with our Residents in the past year: Ruth Ross Residence, Sisters of Charity, Cooperative Education, NBCC (Human Service Worker Program, PSW Program), St. Mark's Girl Guides, Origins Childhood Center, Island View School, Princess Elizabeth School, Hazen White St. Francis School, Lakeview Heights School, Rotary Choirs, Key Industries Choir, Rocmaura Auxiliary, St Pius CWL, Community Chaplaincy Program (Circle of Friends), St. Luke's Church, Rothesay Baptist Church, St Rose Church, North Side Assembly, HMCS Brunswicker, Ken Garey.
- 
- Thanks are extended to Fr. Gerry White who volunteers his time to Rocmaura each Wednesday to preform Mass to approximately 45 residents. Fr. White's cheerful deposition and love of our residents is cherished by the residents, families and staff.
- 
- Special Masses were held at Christmas and Easter. The Christmas Mass was held in the dining room and an invitation was extended to families to attend with their loved ones. Rose Daigle assisted Fr. White at Mass and provided the music for the service on her guitar.
- 
- Rev. Terry Doncaster hosts an Anglican Service on the 4<sup>th</sup> Monday of the month with the help of his three volunteers. Thanks to St. Luke's Church for their continued support of Rocmaura.
- 
- The Department works with the Auxiliary in the planning, organizing and implementing the Annual Christmas Bazaar.

▪ **Nursing Home Week 2017**

- 
- Nursing Home week was a lot of fun. Residents, families, staff, daycare children and community partners participated in a free hotdog BBQ while enjoying the sunshine in the Courtyard and music by Mike & Mel. The week concluded with our annual Volunteer Appreciation night celebration with the Praise Service volunteers from North Side Assembly receiving the Community Service Award. Thank you to the many volunteers for their continued dedication to our residents as several of our programs could not be implemented without their assistance.
- 
- 
- 
- 
-

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 

- Clothing shopping

- 
- The Tan Jay and Alia store brings in their product for the ladies twice a year. The Main Lounge is taken over with racks of fashionable clothing, purses, and jewelry at very reasonable prices. Residents enjoy the personal service and the ability to be able to shop for themselves. Easy Fashion Adaptive Clothing set up shop in our Main Lounge in the Spring and Fall for our families and residents to shop. Residents do not pay the tax when they have a prescription for the clothing from the Doctor.
- 
- Thank you to our families, volunteers, staff, community partners, Boards of Directors and the Management Team, for continuing to believe in and support Therapeutic Recreation as an essential part of our Residents' daily lives. We will continue to meet our Teams daily goal of assisting our residents to maximize their independence and improve their quality of life.
- 
- Respectfully submitted,
- 
- The Recreation Team
-

## ▪ **Dietary**

### ▪ **Strategic Pillar: Founding Spirit**

- 
- Caring for our residents in their home away from home in a compassionate, mission focused setting is a continuous, collaborative aspiration. Surrounded with good natured, fun loving, and attentive staff, it is heartwarming to witness the staff engaging with our residents.
- 
- Dietary staff continues to be greatly involved in our resident's dietary requests and needs, which is incorporated into our continuous strategic planning. Preparing a wide variety of home-style meals, snacks, and beverages, while recognizing varied food and beverage preferences adds to a pleasurable dining influence. This contributes to residents' psychological and social well-being, as well as their physical well-being.
- 
- With our team of creative, qualified cooks and our experienced Dietician, we strive to retain maximum nutritive value, flavor, color, texture and appearance through standardized recipes. Our objective is to create a menu of quality comfort food to accommodate specific diagnoses, needs and desires.

### ▪ **Strategic Pillar: Resident Care**

- 
- Residents are provided with a pleasurable and supportive dining environment for all meals and thereby receive quality nutrition care appropriate for their medical condition(s), personal needs, and quality of life
- 
- We are currently implementing an action plan, utilizing the eCPS Themed Meals in a joint effort with the Recreation team. We are excited to work in partnership with the Recreation Team to achieve this goal. We are thrilled about marking occasions in a festive traditional approach, thus creating an enjoyable, sociable and happy atmosphere to enhance the social well being of our residents.
- 
- Continuous quality improvement through quality taste testing, daily resident and family feedback, resident surveys, Food Committee Meetings, and staff feedback are an ongoing resource. Waste reduction, strict sanitation guidelines and adhering to HACCP protocol are a part of strategic guidelines to ensure budgets and standards meet our benchmark. Rocmaura's food cost per resident, per day, was \$7.07 for 2017-2018.
- 
- Team members offer dining room residents menu choices and "table by table" service, so all residents are make their own choices regarding meals. Rotating the order of the "table by table" service on a regular basis allows all residents the opportunity to be served first.

- 
- **Strategic Pillar: Valued Employees**
- 
- Staff Appreciation Week, Random Acts of Kindness contest, Pub Grub Day, Dilly Bar Day and many fundraising events, are examples of how we show our dedicated team members our mission to ensure they experience a positive work setting. In addition, our many Wellness Committee activities, speakers, in-house services, and open door policy contribute to our continued support and enhance our team's workday. This positive power is thus forwarded to our residents.
- In addition to providing our team with positive support, we are dedicated to offer continued education in cooking, Back in Form 93% team members completed, WHMIS, Food Safe Certification 66% team members completed, First Aid Certification, Safety and Wellness Talks and our U First program.

▪ **Strategic Pillar: Volunteers, Professional, Community Partners**

- 
- The highly anticipated Community BBQ and Volunteer banquet are currently in the planning stages for this year. With an anticipated 300 for the BBQ and 75 at the Volunteer Banquet, I am confident of another successful year.

- 
- Respectfully submitted,
- 
- Linda Steeves
- Food Service Manager

- 
- 
- 
- 
- 
- 
-

## Consultant Dietitian Report

### ▪ Strategic Pillar: Resident Care

- 
- The role of the Registered Dietitian (RD) is multifaceted and ever evolving with the changing needs of the residents. During part time hours, residents are assessed for their nutrition needs and preferences, their ability to feed themselves and appropriate dining environment. In addition, the RD participates in setting meal service standards to maximize food service delivery for the benefit of the resident, as well as to meet Nursing Home requirements. This aspect often requires staff education. Also, staff are provided with nutrition information that will enhance knowledge for their own health.
- 
- Care is given to each resident to provide a variety of nourishing food that they will enjoy.
- Residents are assessed for food and beverage preference. Family members are interviewed when residents are unable to speak for themselves
- Residents are assessed for their ability to assist themselves to eat. Assistive devices such as bent spoons to assist limited arm flexibility, two-handled mugs to facilitate drinking with shaky hands and plates with rims to assist loading a utensil are made available as needed.
- Food and beverage texture is modified as needed for each resident to meet their needs and wishes. Beverages can be thickened to various thickness and food chopped to four different textures for residents with chewing and swallowing difficulties.
- Resident needs and abilities with respect to their dining environment is considered.
  - Residents abilities range from being able to feed themselves, others may need to have few distractions, or be able to pattern off someone else who is eating, and some require full assistance at meals.
- A Nutrition and Hydration Program has been created as a means to ensure that residents' daily nutrition and hydration needs are being met. The program also serves as a means to maintain, restore, and optimize the nutritional health and hydration status of each resident.
  - 
  - ***International Dysphagia Diet Standardisation Initiative (IDDSI) program***
  - 
  - The past year has been a time of learning and contemplating implementation of the International Dysphagia Diet Standardisation Initiative (IDDSI) program, which clearly defines food and beverage textures. For example, various thicknesses of beverages are named and defined for measurement so that there is a way to consistently prepare what is best for the resident. Names are identified for various chopped textures, such as puree, minced and moist, etc.
  -

- Incorporating the new guidelines will facilitate communication when residents move between facilities so that their needs for modified texture are met consistently. I have attended a workshop that introduced the topic, provided hands-on education for testing textures and knowledge of resources. In addition, I have attended a presentation from a Dietitian who has begun the preparation aspect of the IDDSI program in a small Nursing Home in NB.
- 
- The IDDSI website provides increasingly more detail to assist preparation at Rocmaura. The first stage of implementation requires management approval to proceed, then education and participation of the Food Service Manager and Cooks to create standardized recipes.
- 
- 

▪ ***Nutritional Assessment***

- A Mini Nutritional Assessment Screening tool is used to evaluate nutrition risk for residents upon admission, yearly, and upon significant change in their health status. Assessment results guide nutrition intervention with the goal of preventing malnutrition for all residents.
- 
- It is more common in recent years to have a new admission who rates as malnourished. Currently seven percent (7%) of the residents are rated as malnourished. In addition, the increasing number of residents who are dependent on staff for their nourishment increases the number of residents who rate as “at risk” for malnourishment. Thirty nine percent (39%) of residents are rated as at risk for malnutrition. Fifty four percent (54%) have a normal nutritional status rating, which is a higher percentage than predicted for the average nursing home. The following chart is the record of the number of residents according to their nutritional status. (previous years are recorded for comparison)
- 

▪ Mini Nutritional Assessment Screening Scores

▪ Normal Nutritional Status

	De					Av.	M
T	5						1
H	17						1
G	30						2

T	14							2
T								8

▪ At Risk of Malnutrition

	De						Av.	M
T	34							2
H	11							1
G	18							2
T	10							4
T	73							5

▪ Malnourished - significant factor in rating: rapid weight loss or very low BMI

	De						Av.	M
T	9							7
H	1						0	0

G	1						4	4
T	0							0
T	11						9	1

- 
- Factors contributing to malnutrition:
  - Illness affecting ability to relate to the task of eating
  - Illness affecting appetite
  - Limited capacity for intake combined with staffing limitations
  - Individual preference
  - Decline of health with increased age

▪ **Feeding capability of residents**

- The following chart compares the feeding capability of residents for the year 2017 with previous years, subdivided into Courts.
- For the year 2017:
  - Thirty one percent (31%) of residents require full assistance with meals.
  - Thirty six percent (36%) of residents require assistance throughout the meal
  - Ten percent (10%) require minimal assistance; mostly environment modification
  - Twenty three percent (23%) go to the main dining room for dinner and supper

▪ **# Residents - Full Assistance (fed their meals by another person)**

	De	A					A
T	30	2					3
H	0	1					2



G	2	8					9
T	4	8					3
T	36	4					4

▪

# Residents- Assist (cueing/partial feeding required/require one food at a time)

		A					A
T		1					9
H		4					8
G		1					1
T		7					2
T		3					5

▪

- # Residents - Environment modification requiring minimal assistance
- (i.e. can handle whole tray and require controlled environment, personal preference for solitude while eating, watch TV, etc.)

					Ma		A
T					5.5		4

H					6	4
G					10	4
T					2	0
T					23.	1

⋮

# Residents - Main Dining Room (minimal assistance, many distractions)

					Av.	A
T					4	3
H					15	1
G					19	1

							17	1
T							0	0
T							38	3
							36	3

- Key:
- \*\* tube feed
- L- lunch
- ◇ up to 16 less residents than capacity due to renovations
- S- supper
- \* Change in staffing in the dining room

▪ **Strategic Pillar: Technology**

- GeriMenu is the computerized food service system utilized to facilitate the increasing special needs and preferences of each resident. Data received from assessments is entered into the computer program. The computer transposes the needs of each resident into lists of food items for the Dietary staff to prepare. Individualized meal cards are printed for each meal; they specify what to serve each resident, such as fried egg toasted sandwich on white bread and mustard to meet a resident wishes, or special mug with a spout lid or add 2 straws.
- In addition to resident satisfaction, the system creates efficiency and limits waste by defining exact numbers for each item needed for the meal. Waste is also prevented by cancelling standard items the resident does not want. For the system to remain current, all staff working with residents at meal time must report updates as resident need or wishes change.

▪ **Strategic Pillar: Valued Employees**

- Education is provided for employees through daily interaction and upon their request. Informal education occurs between nursing staff and the RD as the RD participates in delivering and feeding residents. More formal education has occurred in individual units with groups of staff as the topics are needed. Recent topics have included:
  - appropriate time for providing lactaid pills
  - supplements that are lactose free,
  - food preparation to prevent gluten contamination

- appropriate dining environment for residents who are easily distracted
  - - As part of orientation, new nursing staff are educated to Rocmaura's dining standards and detail of meal service that will facilitate optimum care of the resident. Education material is made available in high traffic areas of the home.
    - - Education is provided to Dietary staff to facilitate their interaction with residents and to accomplish their tasks correctly. Topics have included:
        - preparation method for Nectar or Honey thick tea, coffee
        - importance of labelling, dating special food/beverage items
        - training on data entry into Geri Menu computer program
          - - Respectfully submitted,
            - Jane Barefoot RD
            - Registered Dietician
            - 
            -

- **Environmental Services Department**

- 
- Environmental Services (EVS) staff take pride in ensuring a comfortable, clean and safe environment for our residents. With an older facility such as Rocmaura, maintaining its appearance and cleanliness can be difficult, however; staff embraces these challenges through stewardship, teamwork, and communication. The E.V.S. supervisor's exceptional organizational skills help her orchestrate the workload of E.V.S. allowing completion of necessary tasks.
- 
- Staff continues to participate enthusiastically in morning crew meetings with noted improved respectful communication between co-workers. The mission statement is read, staff is given an opportunity to express concerns, safety reminders are discussed, upcoming in-services reviewed and teamwork is promoted. Each member of the team has a voice, and input is always reflective of Rocmaura's mission; the care of our resident comes first. The staff's wealth of knowledge is valued. There is an ongoing effort to regularly praise of conscientious, caring, hardworking employees at the crew meetings. The opportunity to express ideas regarding more efficient work practices has improved overall function of the department.

- **Strategic Pillar: Valued Employees**

- 
- Last year's change in the Housekeeping work rotation continues to improve teamwork and morale within the department. The cleanliness of the home has also improved, as evidenced by a satisfaction score of 97.5% in the EVS Housekeeping audits.
- 
- E.V.S. team often attends in-services relating to their work, safety in the workplace, and resident care and participates in wellness activities. This involvement demonstrates a dedication to the mission through education and an interest in improving resident experiences here at Rocmaura.
- 
- Staff utilization of "PEP" and the EFAP is actively promoted. These programs are intended to help staff in times of personal distress and illness or are a means of educating staff regarding health, nutrition, and financial wellness, just to name a few. The E.V.S. team members, who have used this resource have reported it was a helpful tool.

- **Strategic Pillar: Founding Spirit/Community Partners**

- 
- The E.V.S. staff truly understands our mission and values, as evidenced by their continued support of external and internal fundraising events. Externally, breast cancer's "Dress for The Cause" campaign and the collection of school supplies for the nearby school with underprivileged children are always supported by the E.V.S. staff. Internally they contribute to programs/events, especially those organized by the

foundation and those geared to helping co-workers and/or their family members.

▪

▪ **Strategic Pillar: Resident Care**

▪

▪ The laundry staff continues to processes over 10,000 pounds of personal laundry per month, or 2.22lbs/resident/ day. The E.V.S. supervisor remains involved with the day-to-day workings in the linen department and collaborates with the staff on how to manage the workload. In recent months, the department has initiated changes in response to 2017 increase in complaints from family and staff regarding lost personal clothing, personal clothing delivered to the incorrect person, and long wait time for personal linen especially P.J.'s and underwear. This initiative has greatly improved the overall function of Linen department as evidenced by the Linen audits result of 96.5%.

▪

▪ Improved communication with family of residents, on admission regarding personal linens and laundry protocols has ensured linen that is inadvertently sent to Service NB is quickly located and the frequency of its being sent to Service NB is decreasing.

▪ Previous introduction of a protocol for E.V.S. staff to account for their chemicals/cleaning supplies continues to be successful. This protocol reduces the risk of dangerous items making their way into our resident's hands, which is of paramount concern, therefore this practice will continue.

▪

▪ **Strategic Pillar: Resident Care/Governance**

▪

▪ Laundry continues to be over budget related to the Service NB expenses. We continue to work with the Nursing manager and Service NB to remedy this issue however; our resident needs exceed our expected linen usage, and needs of the residents is paramount.

▪

▪ Beginning in January 2018 there was a change in the Maintenance Attendant and Environmental Utility schedule to accommodate a "floor scrubbing/maintenance" routine. The purpose: to decrease the impact this has on resident care. This is still in the early stages and has yet to be evaluated.

▪

▪ Rotation of housekeeping staff throughout the home, every three months, continues to give staff exposure to all resident which leads to more personal interactions, a greater understanding of varied residents levels of care, how care impacts our daily work and how our work impacts overall quality of care. This initiative has also had a positive influenced on the overall cleanliness of our home; staff is circulated which ensures each section of the home receives exemplary attention.

▪

▪ **Strategic Pillar: Governance /Financial Stewardship**

▪

- Absenteeism rate for the department (linen, housekeeping and maintenance)
- 2016 avg. rate - 6.03% 2017 avg. rate - 5.73%.
- 
- **Strategic Pillar: Technology**
- 
- Utilizing e-mail and voice mail to communicate information has improved collaboration between departments. The Utilization of staff personal e-mail to communicate is fully accepted by the staff and helps ensure more effective communication and improved execution of work. Most E.V.S. staff now embrace the utilization of Staff Schedule Care (SSC) and are proficient in submitting availability for work, checking banked hours i.e. vacation and stats accrued etc.
- 
- 2017 Accomplishments:
  - Decreased frequency of missing personal linen and wait times.
  - Acquired funding for floor scrubbers.
  - Continued with daily morning crew meetings.
    - I continue to be proud of the EVS staff whose; primary concern is always the care of our residents. I am blessed to be part of this group.
    - 
    - Respectfully submitted,
    - Paula Breen-E.V.S. Manager

## ▪ **Plant Superintendent**

- We have had another challenging year in Maintenance. The department has worked hard to provide safe services to our residents, staff, families, and the public who grace Rocmaura's doors on a daily basis. We will continue to work guided by Rocmaura's Mission Statement.
- 
- I sit as a member on a number of committee's within the home and collaborate with Back and Form, the Rehab team, and the Health and Safety committee to provide a safe and clean environment.
- 
- **Some small project achieved this year include:**
- 30 New Beds
- 2 Epoxy flooring systems in Trinity Court bathrooms
- Ceiling tracks (4 more will finish the project)
- New hot water tank
- New Dishwasher
- Voltage for food carts installed on the floors
- Replaced flooring
- Heat scan test electrical (with report)
  - Rocmaura is in need of interior refreshing and equipment replacement in all departments. Life expectancy fulfilled. This work will be completed in a few years working with the Facility Condition Assessment report.
  - 
  - The Maintenance department is working on new gathering pricing for the projects included in the Facility Condition Assessment report: Roofing, Electrical, Flooring, Windows, Hot water tank.
  - 
  - Maintenance is working with the Health and Safety team to reduce the cost of claims as this is quite substantial to the budget.
  -
- We continue to hold the following contracts at a great price with the following companies:
  - Honeywell-Mechanical + Ventilation A/C
  - Otis Elevator
  - Greenway /Landscaping /Snow Removal
  - Ultra - Alarm Services



- Viking Sprinkler
- Back flow preventions
  - 
  - Respectfully submitted,
  - Harry Searle
  - Plant Superintendent
  -

## ▪ **Mission, Ethics, and Spirituality**

- Two years into this role, I believe I now have a clearer understanding of the work I am being called to do. Many people may be unsure of what is meant by mission, ethics, and spirituality, perhaps even some who are employed at Rocmaura Nursing Home. However, as I summarize in this report the state of mission, ethics, and spirituality at Rocmaura throughout the past year, I would like to bear witness to the ways I have learned about my work – by seeing these concepts lived out every day.

### ▪ **Mission**

- At Rocmaura, we hear a lot about “living the mission” – from our Executive Director, from our managers, from the reading of our mission statement. Perhaps it is this overt reference to the mission that allows staff members to live it so easily. I often hear from residents about the kindness of staff members, and I often see it in action as well: from the day to day – like making sure a resident has everything that is needed within arm’s reach, or a cheerful hello as a resident or family member is passed in the hallway – to the special events, like the Christmas celebration for residents and their families. Rocmaura is a community of caring people for the staff, as well. I see committee members going above and beyond their required duties to offer special events and treats for their colleagues, managers looking out for their employees, and so many opportunities for education. Staff Appreciation Week is especially full of perks for everyone working at Rocmaura.
- While many workplaces strive to meet the physical and mental health needs of their employees, there are not as many who also offer opportunities for spiritual growth. In-house, we offer the Blessing of Hands during Staff Appreciation Week. There are also conferences sponsored by CHANB and CHAC. As well as being inspired by this year’s CHANB conference theme, “Hope”, Rocmaura staff and volunteers also participated in the opening prayers at the beginning of each day. CHAC’s exploration of “Formation” fuelled a greater understanding for me of how we can continue to develop mission at Rocmaura. CHI encourages us in our mission efforts as well; this year, two of Rocmaura’s community members have participated in the Catholic Leadership Formation program.
- Thanks to Catholic Health International, we have begun the process of creating a history wall. This is exciting not just because it will serve as a tribute to the work of the Sisters of Charity, but because it will link that work to the work that we continue to do today, showing us where the mission came from and, hopefully, inspiring us to carry it on. CHI also serves as an invaluable resource to Rocmaura’s Ethics Committee. The CHI Centre for Excellence Spiritual & Religious Care Committee, of which I am a member, is a source of learning in regards to matters of spirituality and spiritual health.

- Mae Arsenault, scic, continues to be an inspiring example of carrying the mission for me, personally; she patiently allows her work to be interrupted time and again as I ask for help, her opinion, or her experience. She and many of the other Sisters of Charity have helped me to understand more fully the way of life of the SCIC. From them, I am learning how their charism has been lived out historically and how it is still relevant today.
- Finally, the members of the Board of Directors also know a thing or two about mission, whether or not they realize it. This became most noticeable to me during our strategic planning session, where our mission was continually brought to the fore. How fortunate are we, to have at our service a group of talented professionals with years of experience and knowledge, who also understand Rocmaura's mission and help us to focus on it!

- 
- 
- 
- 

▪ **Ethics**

- 

- The Ethics Committee at Rocmaura is made up of staff and community members who volunteer their time to try to wrap their heads around questions that are not easily answered. Whether it is a current ethical issue regarding a resident, or the (thus far) hypothetical issue of accompanying a resident who chooses medical assistance in dying, or creating relevant policy in preparation for the legalization of marijuana, committee members are diligent in discerning what is best for the residents of Rocmaura.
- The committee is aided greatly in its endeavours by the work of Laura Hughes, scic, who volunteers her time to chair the committee and is constantly looking out for us. Laura is also a member of our Research Review Committee (along with Sheana Mohra, Holly Jones, Paula Breen, and me), which was called upon for one project in the past year when a student from Mount Allison University recruited volunteer participants among Resident Assistants at Rocmaura.
- Our Ethics Committee played an important role during the Accreditation process last November and was recognized for the good work that it carries out. Many members of the committee also participated in a workshop led by Sr. Nuala Kenny, based on her newest book, *Rediscovering the Art of Dying*. This may be a topic that the general population would rather avoid, but given the number of resident deaths throughout the past year, it is something we must face and do well.

- 

▪ **Spirituality**

- 

- Anita Naves, scic, continues faithfully in her ministry to the residents of Rocmaura, along with Louise Arsenault, scic. Their care for the

residents is so evident that, of course, the residents can tell and appreciate it so much.

- Weekly masses are a highlight for many, with the warm sense of community that has been developed over time. Fr. Gerry White is loved by residents; he knows most everyone by name and loves to gently tease (residents and the Sisters alike!)
- The other denominational groups who share their time and talents with our residents are also owed much gratitude, as are the priests upon whom we call when the Sacrament of the Sick has been requested and Fr. Gerry is not available.
- There is a final group who also delivers spiritual care to our residents, and this is our staff. I would be remiss to not mention, in particular, how the Recreation team at Rocmaura cares for the spiritual needs of the residents, but also in general how the staff as a whole contribute to the spiritual well-being of all we serve - which I believe brings me back to my starting point.
- As I have learned more about my responsibilities in this role, I have realized how much mission, ethics, and spirituality are already lived out at Rocmaura Nursing Home. It is a pleasure to work with such a caring community of people.
- 
- Respectfully submitted,
- 
- Jean Marie Dionne
- Director of Mission, Ethics, & Spirituality
-

## ▪ **Rocmaura Auxiliary**

- The Rocmaura Auxiliary had another successful year of fundraising and volunteering to support the residents of Rocmaura.
- 
- Our Membership supported the Resident's canteen by purchasing supplies and providing volunteers to work at it. We also provide prizes for the Resident's weekly bingo.
- 
- The Rocmaura Auxiliary donated \$100 to the Rocmaura Foundation in the form of a Leaf for the Donor Wall Tree in Memory of Deceased Members of Rocmaura Auxiliary.
- 
- Our Members donated a shadow box to the Home to provide memory displays for a Residents room. Also two baby dolls for the calming of residents who are anxious.
- 
- Members of Rocmaura Auxiliary have used their talents and provided 21 knitted bonnets for Tops for Tots and 9 Twiddlemuffs for residents who suffer from dementia.
- 
- We raised \$749.35 with our Monthly 50/50 draw in 2017.
- 
- In September, we had our AGM and Dinner. We had an attendance of 42 members and 3 guests, enjoying a turkey dinner and treated to several door prizes including tickets to Rocmaura's Annual Gala. We also celebrated one of our member's, Monty Johnson, 100th birthday with cake and a gift of a bouquet of flowers for her. Monty still volunteers with the Auxiliary at the age of 100 by helping with bingo, and helping at the Bake Table at our annual Bazaar in November.
- 
- In November we had our annual Bazaar, this is our major fundraiser involving the members, our residents and the community, a great success, raising \$3,437.55.
- 
- The Auxiliary now has a Face Book page and in December we carried out an online auction of a child's sweater & hat set; gift cards to Vivaldi's \$40, Irving \$50 and Tim's \$25; a camera ; Party Lite "Shell Candle and Christmas Candle Holders.

Respectfully submitted,

- Marie Murphy
- Rocmaura Auxiliary President
-

## ▪ **Foundation Chairperson**

- Rocmaura Foundation makes life better for Residents in their “home away from home” by providing some of the comforts of home not funded by Government. We enhance the quality of life for 150 people, helping them age with dignity and respect.
- 
- While our 45-year-old building may be in need of some updates, Accreditation Surveyors applaud Rocmaura for “not being high tech, but high touch.” The Foundation realizes that special, intangible quality is the basis of many gifts from our donors and benefactors.
- 
- This was an especially gratifying year for the Foundation, as we accomplished one of our major goals, completing Phase II of the **Wardrobe Project** on Hopewell Court after working away at it for the past decade. We have 49 wardrobes left to build on Terrace Court at a cost of over \$170,000. Thanks to a \$3500 donation from the Knights of Columbus Council 6595, they have helped kick-start the final phase of the project. The K of C is dedicating the first wardrobe in memory of Father Eugene O’Leary, a beloved Parish Priest and Grand Knight who spent his final days at Rocmaura.
- 
- The Foundation granted over \$15,000 in “**WISHES**” to the home this year and was blessed with many favourable comments about our care. This is especially rewarding to us, as New Brunswick becomes the fastest aging population in the country. Plans for new nursing home beds are in the works and mega fundraising campaigns are underway among so many charitable organizations. As needs in our community grow, the need for community support is also increasing. Rocmaura focuses on what makes us special, our community of caring people – the volunteers, friends, and staff who make a difference.

## ▪ **Strategic Pillar: Founding Spirit**

- 
- Through our many campaigns, Rocmaura Foundation incorporates the mission of the Sisters of Charity. Two representatives from the SCIC, Sister Sandra Barrett and Sister Anita Naves continue to serve on our board, helping to ground the Foundation in ever changing times. With only a handful of Sisters still working amongst us, it is wonderful to have their support.

## ▪ **Strategic Pillar: Volunteers, Professionals, Community Partners**

- 
- The Foundation office is always attempting to build relationships with staff, family members, community leaders, and corporations big and small. Whether it is by receiving a helping hand from board members or our summer SEED student, Foundation Director Sally Cummings is appreciative to have the help. Many thanks to volunteer Karen Knight

who has been helping decorate our display showcase for Residents to enjoy.

- 
- This year we said farewell to board member Joe Coughlan, and welcomed June Creamer Cormier who had a special connection to Rocmaura, her Aunt June. I am also sad to wrap up my 3-year term on the board. It was my pleasure to help spear head a couple of new ideas for the Foundation including our highly successful Merlot to Masterpiece and Spring Fling events, as well as helping to improve things behind the scenes at the annual Gala and increasing our volunteer base to 50 this year! Board member recruitment remains a challenge to find people who have time and are committed to being involved.
- 
- The Foundation relies heavily on the help of many partners. It is important to thank all the employees who contribute through our staff payroll deduction plan and support our many fundraising campaigns. Suppliers do not hesitate to jump on board to support us, by purchasing tickets, and providing auction donations. Many thanks to companies like JDA Electric who provide a table for Residents to attend our annual fall fundraising dinner.
- 
- This year was especially satisfying for Foundation Director Sally Cummings, who served as President of the Saint John Rotary Club. The Foundation also joined the Union Club as well as continued its membership with the AFP Association of Fundraising Professionals. These networking opportunities help expand our outreach into the community.

▪ **Strategic Pillar: Financial Stewardship**

- 
- The Donor Wall now in its second year has raised over ten thousand dollars and has become a special place in the heart of our home, giving family members a way to leave a legacy. The second annual Mission Award during Staff Appreciation Week this year, paid tribute to the outpouring of care and cooperation during a recent flood in the home.
- 
- Fellowship is one of the best parts of what we do, and Foundation members enjoyed serving breakfast at Assumption Centre in April, and spent a busy weekend selling 50/50 tickets in rainy weather at Rib fest in June.
- 
- We feel it is so important to tell the stories about the people who visit and live in our home, and share the impact of our efforts to make things better for them through our annual Direct Mail Campaign. With funds down slightly this year, Joe Coughlan headed up a new telephone campaign to say thank you to our annual donors personally, which was very well received. We hope people will think of Rocmaura when leaving a legacy, however as people are living longer at home and

spending less time at Rocmaura, developing these relations is more difficult.

- 
- Our 19th Annual Gala held on September 16, 2017 raised \$56,000 with about 500 people attending. This year's event was themed "Canada 150", featured Donnie & the Monarchs, CTV's Cindy Day and John Eisner as auctioneer. Many thanks to the RCMP for the opportunity to take "Selfies with a Mountie!"
- 
- Our 14<sup>th</sup> annual Curling Fun Spiel on February 3, 2017 raised \$7800; up over last year due to a number of new sponsors and 18 teams participating. Many thanks to Chair Emil Olsen, plus our partners, Subway and Tim Horton's Quispamsis, for their ongoing support. Auctioneer Roland Roberts is always a big hit.
- 
- Memorial Donations totaling almost \$12,000 are up over last year, and a new holiday campaign our Angel Tree raised \$1280 thanks to a donation of ornaments from Lawton's Pharmacy.
- 
- Gift in kind donations totaled \$49,000, which included 114 items used for auction at the Gala, including artwork, crystal, jewellery, Limoges, furniture, silver, and Royal Doultons. There was one wheelchair donated valued at \$2800, and about \$9000 worth of resident items in total that were donated for use in the home.

#### ▪ **Strategic Pillar: Resident Care**

- 
- The multicultural, intergenerational and spiritual sides of Rocmaura are shown on the new Rocmaura Bus. Residents had great fun doing a professional photo shoot with Martin Flewwelling and enjoy seeing their photos on display around the home.
- 
- The need to be able to adapt to the changing needs of our Residents is more important than ever as the government is only able to provide the "necessities of life. With increasing cutbacks to nursing home budgets, the need for the public's help is even more important. Our WISH campaign has become an important link between the Foundation Board and our front line staff, our caregivers who have a hands-on opportunity to request their wishes for the home.
- 
- Nothing gave residents more comfort than a new blanket warmer for Garden and Trinity Courts. The home also has seven new Rock n Lock Glider chairs, which allow residents to self soothe. We also purchased a number of new pressure relieving devices like mattress covers and fall



prevent equipment like bed alarms. The Auxiliary purchased two baby dolls and a memory box for Terrace Court.

▪

▪ **Strategic Pillar: Technology**

▪

This year the Foundation continues to update its use of technology with the purchase of a new colour printer.

- Online memorial donations continue to grow through Canada Helps.org. Many thanks to Shawn Soplett who helps keep our www.Rocmaura.com website up to date. We are continuing to use social media to promote our activities on Facebook, which has grown to over 900 followers with some posts receiving as many as 10,000 views! Our E-newsletter is well received by family members who enjoy hearing our Resident stories.

▪

▪ **Strategic Pillar: Valued Employees**

▪

- The Foundation wants employees to know how much they are valued at Rocmaura and we feel it is important to be recognized for the good things we do. We donated the Foundation's PRIMO Parking Spot to a valued employee during Staff Appreciation week. We are grateful for the support of staff like Cindy Keleher, who hosts our Lotto 10/49 draws and others who bake for our sales. Many other staff never hesitate to help raise funds by selling tickets and volunteering at our events. We are appreciative to the Management team - Linda Steeves in Dietary, Roxanne Beatteay with Resident Trust, Paula Breen the Manager of EVS, and Janice Carr in Payroll who keeps our 240 staff informed about our events. Thanks to David Williams who includes Foundation News in his staff newsletter. Many thanks to Theresa Mercer for keeping our finances accounted for and helping us keep our families informed.

▪

▪ **Strategic Pillar: Governance**

▪

- Our bylaws are being updated by the board and our owners Catholic Health International. We are grateful to our Board members who support our fundraising events, attend meetings, serve on committees, and volunteer their time. Board longevity continues to be a struggle, and we are always looking for committed individuals. Thank you to Sheana Mohra the Executive Director of Rocmaura for the continued support she gives, and Sally Cummings our Foundation Director who tries to think outside the box for new fundraising projects. Next year we would hope to invest in more education for the Foundation, and focus on aesthetics of the home, as a new furniture replacement plan becomes a priority for the year ahead.

▪

- Respectfully submitted,

▪

- Sheila Fitzpatrick - Foundation Chair

▪

- **Wellness Committee**

- **Strategic Pillar: Valued Employees/Community Partners**

- Wellness, a subcommittee of the Health and Safety (H & S) committee, is partnered with NB Association of Nursing Homes, Priority Engagement Possibility (PEP) and the Shepell-fgi Employee/Family assistance program (EFAP). Wellness encourages Rocmaura staff and their families to utilize “PEP” and Shepell-fgi EFAP resources even when not in a crisis situation. We promote participating in the NBANH “PEP” programs through incorporating their initiatives in our plans as much as possible. “PEP” promotes health all year with many educational and supportive programs free to staff. The EFAP also offers financial, legal & personal counseling, healthy meal planning, advice regarding child care, education on exercise, diabetes, arthritis, and harassment.
- Each year we review our program to determine our path and develop a “Wellness Events Calendar”. In a concerted effort, the committees participate in Nursing Home Week activities, Support Fire Safety week, Infection Prevention Control week, Nursing week, & Staff appreciation week.
- Being part of a larger community, Wellness extends outside the home to partner with those who need our assistance, professionally and monetarily. Our yearly campaign, to gather school supplies for a local school whose many students come from disadvantaged families is an initiative that benefits not only the students but also our residents and staff. We continue to partner with the Cancer Society by fundraising for the “Dress for the Cause” campaign. These annual activities promote the goodness of “Giving to those in need” and provide support to those in our greater community.

- **Strategic Pillar: Founding Spirit/Valued Employees/Resident Care/Governance**

- The “Wellness” program endeavors to provide activities and information sessions for our employees and their families, intended to facilitate caring for themselves & maintain a healthy lifestyle. Staff and management attendance at events and in-services demonstrates their understanding of the benefits of such a program. Activities consistently yield between 30 and 40 participants. The “Valued Employees” pillar is clearly demonstrated by the management team and the Board of Directors through financial support particularly for staff appreciation, as well as allowing staff time to participate in activities during work hours. Promoting a healthy workforce ensures a happy and productive team who are then more capable of providing quality care to our residents; the basis of our Founding Spirit.
- **The morale boosting activities sponsored by Wellness this past year included:**

- o School supply campaign
- o Breast Cancer fundraiser
- o Fundraiser for an ill staff member
  - **Health & Other Wellness related In-services included:**
    - o Mental health “let’s talk” campaign
    - o Deaf & Hard of Hearing society
    - o Computer & Internet safety awareness
    - o Staff Appreciation week activities
    - o “Violence is not part of the job” Safety talks
    - o Payroll & pension info sessions
- o Christmas -“Elf on the shelf” hunt
- o “Deck the Halls”
- o Staff Christmas Social
  - - o Diabetes
    - o March - nutrition month in-service on food labels & treats
    - o Compression stocking clinics for staff
    - o Exercise with your child
    - o Personal Safety - Saint John Police Force.
    - o NBANH “PEP” non-smoking campaign

- **Strategic Pillar: Technology**

- 
- We share Wellness information of events and initiatives, through the utilization of staff personal e-mail. The payroll clerk includes information with paystubs and “Staff Schedule Care” our scheduling program. We continue to distribute information with posters, through safety talks, our yearly calendar of events, agenda/minutes of meetings, and our newsletter.

- **Strategic Pillar: Financial Stewardship**

- 
- Fundraising is used to provide initiatives with little to no financial assistance from Rocmaura. Fundraisers include Friday Jean day, ticket sales for various prizes, and occasionally there are meals staff may purchase.
- 
- The success of the Wellness program is attributed to strong support both administration staff and employees who see the Wellness Committee’s work as important to all associated with Rocmaura and the organization as a whole.
- 
- Respectfully submitted,
- 
- Paula Breen
- Chairperson
- Rocmaura Wellness Committee
-

## ▪ **Trinity Court**

- Over the last year, Trinity Court has continued to maintain a high level of service to our Residents and their families. As always, I am very thankful to work with such a phenomenal and dedicated Care Team. Our caring, knowledgeable, professional, staff do their very best to put the Residents' needs first in all aspects of their daily life. They truly act as advocates for all of our Residents.

▪

- Trinity Court is a secure, dementia special needs unit, which is home for 24 Residents. Residents admitted to Trinity Court have some level of mental impairment, are physically well and are ambulatory. Our quieter, home like environment offers a safe wandering path, a cozy kitchen and a beautiful outside courtyard which allows for effective management of the challenging behaviors many of our Residents exhibit. All 24 of our Residents have some type of dementia, from Vascular to Alzheimer's disease. Many are in the moderate to late stages of their disease.

▪

- Presently, Trinity Court is home for 16 women and 8 men. The ages of our Residents range from 65-96, with 83 being the average age. Since last May, Trinity Court has had 14 admissions, 6 deaths, 17 in-house transfers off the unit and 5 in-house transfers to our unit. We had three (3) emergency transfers to hospital with no admissions required.

▪

### ▪ **Trinity Court Statistics**

▪

#### ▪ **Level of care**

▪

- Currently we have no residents who are independent with care.
- 19 residents require total care with all of their activities of daily living and require the assistance of one (1) staff member.
- Five (5) residents require total care with all of their activities of daily living and require the assistance of two (2) staff members.
  - We continue to follow an unforced daily routine, which allows the Resident to go about their day at their own pace. This helps reduce anxiety and agitation when care is given. Weekly showers are provided for each Resident and most have their hair appointments the same day or next day. This schedule is always flexible and is determined by the Residents' level of compliance on that day. Physical care is always a challenge with dementia care residents as many do not want care or do not think they need care. As our Residents' condition declines, the complexity of care increases causing an increase in the overall workload. This presents a challenge, as our staffing numbers do not increase with the Residents' changing needs.

▪

- **Ambulation**

- 
- 18 are independent and require no aides.
- Three (3) are independent and require the use of walkers.
- One (1) requires the use of a Hoyer lift for transfers in and out of bed.
- Two (2) require assistance of two staff to ambulate.
  - Trinity Court is not equipped with ceiling lifts and we continue to use a portable electric lift to transfer Residents in and out of bed when required. This lift is utilized when a Resident falls and needs to be lifted off the floor. When a Resident's condition progresses and they are no longer able to ambulate independently, we submit an In-house transfer referral to one of the other nursing units who are better able to meet the Resident's changing needs. This can sometimes take weeks or even months depending on bed availability on the other units.

- 
- **Elimination**
- 

- Three (3) residents are continent and do not require an incontinence system. They take themselves to the bathroom.
- Four (4) residents are continent and require a scheduled toilet routine.
- 17 residents are incontinent and wear an incontinence system. 16 of these residents require a scheduled toilet routine as they still have some control.
  - We continue to use the incontinence product called Ultra Stretch system. This system provides a better fit and more comfort for our Residents. The majority of our Residents wear this incontinent product or wear a pull-up product.

- 
- **Nutrition**
- 

- 22 residents require meal set up and constant supervision throughout the meal.
- Two (2) residents require total assistance with their meals.
- We have one (1) resident who is a very high risk for aspiration.
- We have two (2) non-insulin dependent diabetics and no insulin dependent diabetics.
  - All of our Resident's enjoy each meal in our main dining room. We strive to create a quiet, friendly, inviting atmosphere in order to

decrease any distractions. We serve meals restaurant style and we serve one table at a time and one item at a time. A seating plan is followed daily in order to seat Residents who are compatible together and by their stage of dementia. This is for their socialization and for therapeutic reasons. We have two (2) residents who need to be placed in a Geri chair during meal times as they will not sit in a regular chair long enough to finish their meals. Continual cueing and direction is required for many of our Residents during meal times.

- 
- Breakfast begins at 815am and is served as the Residents get up for the day. We are very fortunate and grateful to have a dietary staff member prepare and serve breakfast to our Residents daily until 1015 am. After 1015 am, the nursing staff prepare and serve breakfast. Having the dietary staff assist with breakfast allows the nursing staff to be available on the floor to provide care to our Residents as they get up. It also gives nursing staff the time needed to help those Residents who require total assistance with their meals.
- 
- Nursing staff serve lunch from 1200-1315.
- 
- Kelly Blakney, our Recreation Therapist, provides a small lunch group in our cozy kitchen for eight (8) of our Residents throughout the week. The Residents really enjoy this social time together. Kelly also assists with some of the Residents who require total assistance with their meals. We truly appreciate all of her help.
- Suppertime is 1700-1830. Suppertime can be a challenge as many of our Residents sundown during this time and can exhibit symptoms such as wandering, pacing, rummaging, agitation and aggression.
- Jane Barefoot, our Dietician, is a huge asset to our care team and we are grateful for all she does to ensure that the Residents' nutritional needs met.
- 
- All Residents are weighed on admission and then every two months or as directed by the Dietician or Physician.
- 
- Four Residents take Resource 2.0, 30-60 MLS, with each medication pass as this helps maximize their calorie and protein intake.
- 
- **Rehab**
- 
- Currently, we have six (6) residents using pressure reduction devices, four (4) residents wear compression stockings for leg edema, one (1) resident wears Juxtafit wraps for leg and feet edema and seven (7) residents wear orthopedic shoes. We are thankful to have our rehab resources.
- 
- **Mental Health**
-

- We have seen a decrease in the number of dementia Residents admitted with a secondary mental health diagnosis. We have two (2) Residents with a secondary diagnosis of depression and two (2) Residents with paranoia and delusional disorders. We are very fortunate to be able to work closely with Community Mental Health. They are a great resource and together we strive to develop appropriate interventions, which will minimize such challenging and responsive behaviors that these Residents can experience. Trinity Court always works towards our goal of antipsychotic medication reduction. The benefits of this include focusing on providing target one on one care and increasing interactions with our Residents to prevent the challenging and responsive behaviors from occurring, thus, not requiring medication to treat these behaviors.

- **Restraints**

- Two (2) resident requires the use of a Geri chair when up.
- Two (2) residents require use of a Geri chair during meal times only.
- Two (2) residents require the use of two side rails at bedtime.
- Two (2) residents require use of restraints on a as needed basis.
  - We currently have five (5) residents who require a wonder alert bracelet due to the high elopement risk.
  - Restraints are evaluated monthly and if not needed are discontinued. We only restrain when necessary.

- **Staffing**

- 0700-1500: 1 RN, 2 LPN's, 1 RA. Two staff work together and provide care for all residents requiring 2 staff and one staff works alone in a section. The RN passes all medications at 0800 and an LPN passes the 1200 medications.
- 1500-2300: 1 RN, 1 LPN, 1 RA and 1 RA who works from 1700-2100. The RN passes all medications.
- 2300-0700: 1 RN for both Trinity and Garden Court, 1 RA.
  - Fortunately, staffing ratios have not changed. Changing current skill mix will certainly have a huge impact on quality resident care.

- **Foundation**

- We are very excited that the foundation has granted two of our wishes this year. They purchased another Thera-glide rocker and a blanket warmer. These items provide much needed comfort to our residents.



We send out a big thank you to the foundation for helping us to improve the lives of our residents.

▪

▪ **Fundraising**

▪

- We have been selling bottled water this past year and to date we have raised approximately \$400.00. This money is used to purchase items such as new curling iron, hair dryer, hair elastics, razors, etc. that our residents need.

▪

▪ **Trinity Court Care Team**

▪

- Our team strives to maintain the unique environment and lifestyle that Trinity Court has to offer. As a specialized unit, we need to effectively manage the challenging dementia related behaviors, manage mobility, promote freedom of movement, provide sensory stimulation, and promote what truly makes us a specialized dementia care unit.

▪

- Our care team consists of many professionals, all Rocmaura departments, community partners and volunteers who are dedicated in living out our mission each day to improve the quality of our Residents' lives. Each day I witness the level of dedication, support and compassion our team has and I am very blessed to work with such a wonderful team. They truly are a "Community of caring People".

▪

- Respectfully submitted,

▪

- Gerri-Lynn Stephen, RNBN
- Unit Manager

▪

## ▪ **Terrace Court**

- Over the past year, Terrace Court has continued to maintain a high level of care to our residents and their families. I continue to feel blessed to have spent the last 12 months working with highly dedicated staff that are willing to adapt to the ever-changing needs of our residents.
- Terrace Court has forty eight (48) residents who are either physically or cognitively impaired. We have thirty- nine (39) female residents and nine (9) male residents. Their ages range from forty-five (45) to one hundred and seven (107) with the average age of eighty- five (85). For the calendar year of 2017, Terrace Court had twelve (12) admissions, twenty-six (26) deaths, fourteen (14) in-house transfers. We are home to the Palliative Care Suite, which is a blessing for both our residents and their families in their final days. It allows us to provide a level of care to our residents that we otherwise could not. Residents, families and staff are truly blessed to have this suite.

## ▪ **TERRACE COURT STATISTICS**

### ▪ ***Level of care:***

- Currently forty (40) of our residents require care with all of their activities of daily living. Sixteen (16) require two staff members to complete their care; thirty-two (32) require one staff member of which two require minimal assistance with care.
- Terrace Court is home to four single rooms and twenty-two (22) double rooms.

### ▪ ***Ambulation:***

- Thirty- five (35) residents require use of a ceiling lift for all transfers. Each ceiling lift requires two staff members. One (1) resident ambulates independently using a walker and three (3) residents ambulate independently. Nine (9) residents require staff members to assist with supervised transfers.

### ▪ ***Elimination:***

- Two (2) residents are continent and take themselves to the bathroom. They also wear pull-ups for some incontinence. Forty-six (46) residents are incontinent and wear incontinent system.

### ▪ ***Nutrition:***

- With every meal, thirty (30) residents require total assistance. This includes the setting up of trays and feeding the residents all three (3) meals plus snacks and/or supplements. Fifteen (15) residents require assistance setting up their trays and continual supervision and assistance during the meal. Three (3) residents are able to feed themselves with some needing minimal assistance setting up the tray but can then eat on their own.

▪

- Pamela Clark continues to host the lunch group in our lounge on Terrace Court for sixteen to twenty (16-20) residents from Monday to Friday. Some of these residents require setting up of trays and supervision throughout the meal. However, more and more require much more assistance and total feeding than in the past. Pam also assists with some of the residents who require total assistance with their meals. We appreciate Pam's contributions. Meals on Terrace Court continue to be a time-intensive undertaking.
- 
- **Restraints:**
- Thirty- nine (39) of our residents use some type of restraint (i.e. side rails[s] up when in bed, Geri-chair with table or wheelchair with seatbelt and clamshell).
- **Dementia:**
- We presently have eight (8) residents with responsive behaviors that are ever changing and consistently require staff to adapt their care strategies to reflect on their behaviors. The staff members on Terrace court are excellent in their endeavors when dealing with responsive-type behaviors in our residents. They strive to treat each resident individually.
- **Age:**
- We currently have one resident who is forty-five (45) years old with Progressive MS.
- **Staffing:**
- 0700-1500: 1 RN, 4 LPNs, 7 RAs with 2 RAs working 730-130. There are four teams of four and one team of one.
- 1500-2300: 1 RN, 2 LPNs, 4 RAs, complemented with an RA from 5-9.
- 2300-0700: 1 RN shared between Terrace and Hopewell, 1 LPN and 1 RA.
- Staffing has been consistently stable throughout the year.
- 
- Respectfully submitted,
- 
- Heidi DeLucry, RN
- Unit Manager, Terrace Court
-

## ▪ **Garden Court**

- 
- Garden Court is a 49-bed unit that provides a caring and supportive environment to mostly residents with various stages of Dementia (Alzheimer's, Vascular Dementia, Mixed Dementia, or Lewi Body Dementia).
- 
- The ages of our residents range from 59 to 98 with an average age of 86. There are 11 male residents and 38 female residents. We have five (5) single and 22 double rooms.
- 
- **Admission and Discharge Statistics:**
  - 23 Admissions
  - 15 Deaths
  - 12 External Transfers
  - 56 Internal Transfers
  - Discharge 0
- 
- **Level of Care:**
  - 1 self-care
  - 31 require one person assist
  - 12 require 1-2 person assist
  - 5 require 2 person assist
  - 0 require 2-3 person assist
- 
- **Restraints:**
  - Residents requiring 2 side rails - 29
  - Residents requiring Geri-chair with table -0
  - Residents requiring Wheel Chair with seatbelt and/or clamshell- 22
- 
- **Level of Incontinence:**
  - 1 resident has a colostomy
  - 1 resident is straight cathed 3xday(Q shift)
  - 4 residents are continent and do not require an incontinence system
  - 19 residents need to be toileted but wear an incontinence system as at times are incontinent
  - 25 residents are incontinent at all times
- 
- **Nutrition:**
  - 20 Residents go to the main dining room for meals. Some residents stay on unit at supper
  - 5 Residents eat in small lunch group
  - 4 Resident eats in his room or alcove
  - 20 Residents eat in the large lounge and all require cueing and/or assistance. 8 of these need total assistance
-

- Some residents go to the large lounge for breakfast (those who are up and ready to go) and are monitored by staff. For those who do not go to the main dining room for lunch and supper, meal times last approximately 1 1/4hrs (12:00-13:15 and 17:00-18:15). Meal times are a challenge because more residents require some type of assistance, so are required to have their meals on unit

- **Transfer Status:**

- Independent - 19
- Assist of 1 person - 6
- Assist of 2 person-3
- Stand up lift [2 staff] - 0
- Medi - lift [2 staff] - 21

- **Mobility:**

- Independent with or without walker- 17
- Assisted 1 person - 8
- Wheel chair or Geri-chair - 24

- **Staffing:**

- Our staff numbers remain the same. We have found those on the list to be admitted can be challenging in one way or another. Some residents still are physically responsive or refuse care so they must be approached several times during a shift to see if they are willing.
- We encourage staff to attend the educational in-services made available to them and extra staffing is at times made available to ensure they can attend.
- We are presently trying some new routines on the unit to assist in making the workload more manageable. This is an ongoing effort so that staff can give the residents the best quality care.

- **Garden Court Team:**

- The team is composed of Nursing staff, a Physician, Dietary, Environmental Services, Pastoral Care, Laundry, Recreation, Maintenance, and Rehabilitation Services, Back in Form, Clerical, Hairdresser, Volunteers and EMH O/T and Physio.
- We strive to provide quality care to the 49 very special residents on our unit. Our aim is to give each resident the dignity and respect they deserve and to make living at Rocmaura a very positive experience.
- We are still blessed to have some very helpful and supportive families who help us reach our goals.
- Respectfully submitted,

- Brenda Wilson R.N.
- Unit Manager, Garden Court
-

## ▪ **Hopewell Court**

- Hopewell Court is home to 29 Residents living and sharing their lives on a cognitively well unit. We continue to maintain a high level of care for both our Residents and their families while adapting to their ever-changing needs. Not all of our Residents are cognitively suited for Hopewell Court; however, every effort is made to ensure the success of their integration.

- A Resident's level of cognition is assessed prior to and immediately following admission to Hopewell Court. The assessment is conducted by way of a Mini Mental State Examination or MMSE. Ideally, we would like for a Resident to score at least 23/30 on this assessment. This assessment tool helps us to determine if a Resident will benefit from the recreational and socialization programs unique to Hopewell Court. We also encourage our Residents to maintain as much of their independence as possible. Given the health issues that many of our Residents face it is challenging to maintain our identity as a "cognitively well" unit since we continue to care for Residents with psychiatric disorders in addition to the aging needs of older adults.

- Hopewell Court has nine (9) private rooms and ten double rooms. Currently we care for twenty-three (23) women and six (6) men, ranging from seventy-five (75) to one hundred and one (101) years of age. This fiscal year seven (7) Residents were admitted and there were seven (7) Resident deaths. Over the past year, we transferred four (4) Residents to other courts within the home.

### ▪ ***Level of Care***

- As in the previous year, the level of care for our Residents has continued to become more intense due to the natural decline related to age, accompanied with the increase of newly admitted Residents with more physical and psychological disorders. The population being admitted now is usually much older and frailer than in the past. All of our Residents require some degree of assistance with care, while eighteen require total care with their activities of daily living.
- Currently five (5) Residents require two staff to render care. Fourteen (14) Residents require a mechanical lift operated by two (2) staff members to get them in and out of bed.
- Eleven (11) of our Residents have mental health illness in addition to dementia and other illnesses. They suffer a variety of symptoms, which require patience, understanding, guidance, continuity, and one on one reassurance from our care team. Some of these Residents show intermittent behaviors that are difficult to manage.

### ▪ ***Ambulation and General Mobility***

- Fourteen Residents depend on a mechanical lift to be assisted in and out of bed. Seven (7) Residents ambulate independently and eight (8) require a walker. Fourteen (14) Residents utilize a wheelchair.

- 
- Resident mobility rapidly changes day to day depending on medical conditions and psychological state. We are guided by a least restraint policy; however, there are instances where restraints are used for safety reasons with the consent of Residents and Families. Nineteen (19) Residents require a restraint for safety reasons. Sixteen (16) Residents require two side rails elevated while in bed and seven (7) have a seatbelt applied when using a wheelchair.
- 
- **Nutrition**
- Fifteen (15) Residents dine in the main dining room. The other fourteen (14) remain on the court for their meals with eleven (11) requiring some degree of assistance. Three (3) of the Residents require total assistance with their meals. Residents eating on the court dine either in their room or in the small lounge on the court.
- 
- **Skin integrity**
- Currently we have no major issues with skin integrity. Several Residents have orders for creams to alleviate excoriated skin or rashes. In addition, some have been set up with special cushions and mattresses to prevent skin breakdown.
- 
- **Elimination**
- Twenty-three (23) of the twenty-nine (29) Residents use some form of incontinence system.
- Nine (9) of them are totally independent and seven (7) are independent during the day.
- Twelve (12) Residents require partial assistance.
- Thirteen (13) are completely incontinent.
- The majority of Residents are incontinent of urine to some degree.
- 
- **Staffing**
- Currently the day shift is staffed by one (1) RN, two (2) LPNs, and three (3) RAs. One (1) of the RAs works only a four (4) hour shift and one (1) of the LPNs is designated to pass medications and provide care to an assigned number of Residents.
- The evening shift is staffed by one (1) RN, one (1) LPN, and two (2) RAs.
- The night shift consists of one (1) LPN and one (1) RN covering two (2) courts.
- 
- Staff education continues on ethics, wellness, fire prevention and infection control related topics. Staff have the opportunity to attend educational in-services provided in-house. We have had education on wound care, palliative care and also mental health and related topics.
- 
- The staff continues to adapt as the Residents' clinical conditions change due to age, an increasing psychiatric population, and the needs of a more physically challenging Resident.



- - ***Hopewell Care Team***
  - This exceptional team consists of Nursing, Medical, Pastoral Care, Dietary, Environmental Services, Maintenance, Rehabilitation, Back in Form, Clerical, Pharmacy, Recreation, Hairdressing and Volunteers. Outside resources include Mental Health Community Services, Occupational and Physiotherapy provided by Extramural Hospital and Podiatry.
  - 
  - Rocmaura has several Committees that work to improve both the well-being of Residents and staff. Wound care, Ethics, Health and Safety and Wellness are examples of these committees. Together, this team is committed to providing quality care as a “Community of Caring People” and continues to strive to fulfill our mission.
  - 
  - Respectfully submitted,
  - 
  - Catherine Downs RN
  - Unit Manager, Hopewell Court

- **Rocmaura Nursing Home 2017 Infection Report**

Trinity												
Infection		Jan - Mar			Apr - Jun			Jul - Sept			Oct - Dec	
Month												
R	IL											
	Pn											
	Lo											
U	Wi											
	Wi											
S	Ce											
	So											
	W											
G	No											
	C											
E	Co											
Total												
Terrace												
R	IL											
	Pn											
	Lo											
U	Wi											
	Wi											
S	Ce											
	C											

■

MRSA Report 2017

Terrace

	J a n - M a r	A p r - J u n	J u l - S e p	O c t - D e c
Month				
New Nosocomial to Roc:				
> 48 hr post adm				
> 48 hr post transfer in				
< 24 hr of transfer out				
Total on admission/Transfer				
Total infected				
Total prior positives				
Total positive				

Hopewell

New Nosocomial to Roc:				
> 24 hr post adm				
> 24 hr post transfer in				
< 24 hr of transfer out				
Total on admission/transfer				
Total infected				
Total prior positives				
Total positive				

Trinity

New Nosocomial to Roc:				
------------------------	--	--	--	--

▪ > 24 hr post adm	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪ > 24 hr post transfer in	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪ < 24 hr of transfer out	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪ Total on admission	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪ Total infected	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪ Total prior positives	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪ Total positive	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪ Garden													
▪ New Nosocomial to Roc:	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪ > 24 hr post adm	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪ > 24 hr post transfer in	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪ < 24 hr of transfer out	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪ Total on admission	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪ Total infected	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪ Total prior positives	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪ Total positive	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
▪ House Total	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪

- 
-

▪ **Infection Statistic 2017-2018**

▪ <b>Endemic Infections in LTC</b>	▪ <b>Rates / 1000 resident days</b>
▪ Urinary Tract Infections	▪ 0.46-4.4
▪ Respiratory Tract Infections	▪ 0.1-2.4
▪ Skin & Soft Tissue Infections	▪ ≤ 0.1-2.1
▪ Gastrointestinal Infections	▪ 0-0.9

▪ <b>Month</b>	▪ <b>April</b>	▪ <b>May</b>	▪ <b>June</b>	▪ <b>July</b>	▪ <b>Aug</b>	▪ <b>Sept</b>	▪ <b>Oct</b>	▪ <b>Nov</b>	▪ <b>Dec</b>	▪ <b>Jan</b>	▪ <b>Feb</b>	▪ <b>Mar</b>	▪ <b>Comments</b>
▪ UTI	0.88	0	0.67	0	0.86	0.44	1.57	0.67	.65	.43	.48	.43	▪
▪ RTI	0.67	0.65	1.1	0.65	0.22	0.67	0.43	0.44	.22	.22	0	.22	▪
▪ Soft Skin/Tissue	0	0	0	0	0	0	0.22	0	.43	0	0	.22	▪
▪ GI	0	0	0	0	0	0	0	0	0	0	0	0	▪
▪ <b>Resident Days</b>	<b>4496</b>	<b>4642</b>	<b>4498</b>	<b>4645</b>	<b>4644</b>	<b>4500</b>	<b>4644</b>	<b>4500</b>	<b>4650</b>	<b>4650</b>	<b>4200</b>	<b>4598</b>	▪

▪ **Calculations**

▪ # of infections x 1000 resident days

▪ # of residents for month

▪

▪ If 4 UTI in month of Nov for Rocmaura

▪ 4 infections x 1000 resident days = 4000      4000 = 0.89

▪ 150 residents x 30 days = 4500 resident days      4500

▪

▪ **References:**

▪ University of Manitoba, Emerging Infectious Diseases Vol. 7, No. 2, March-April 2001.

▪ Long Term Care Surveillance and Reporting, March 2010.

- **2017 Skin Integrity/Pressure Injury Wound Report**



Month	J	A	M	J	A	S	O c t	No v
1: Non-Blanchable Erythema of intact skin		B	8 R SL C B W M JD W	6 B S D C M J		3 SL C M	2 : S L T : I t : h e e l : V e n t r o p e d i c : B o o t : P : O " B : : : c o o c y x : r e d d e n e d	2: SLT-improved heel P O'B - unchanged
2: Partial	6	8	3	3		4	7	8: IB, heali

- ROHO / Specialty Mattress: 6: SLT, BW, IB, RJ, LT, MN ,Palliative: 1: WG
- Jan – total 20 reviewed, 4 removed and 7 added- New total 16: Feb – 17 reviewed, 1 new, 1 deceased, 4 removed due to healing: March – 19 reviewed – 1 deceased, 7 new added total 18: April – total 22 reviewed – 8 removed (7 healed, 1 deceased), 4 new added – new total 14; May 2017 – Committee reviewed total of 29 residents: 5 Residents had deceased, 9 Residents had Improved / Healed, 5 Residents have Chronic wounds / Ca, 7 Residents remained the same, 1 Resident came to Rocmaura with an existing wound and 1 Resident will be referred to the Wound Care Specialist
- June 2017 – Committee reviewed total of 23 residents: 1 resident deceased,5 residents improved/healing, 3 residents have Chronic wounds due to medical condition and poor nutrition/bedrest, 2 residents have chronic Cancer wound, 4 new, 2 placed back on list for monitoring , 0 residents resolved and removed, 5 residents unchanged, 1 Palliative ,
- Aug, 2017 – Total of 21 review: 3 deceased, 5 removed due to improvement, 8 new added for closer monitoring (1 was not due to pressure but tissue growth under investigation
- Sept 2017 – 24 Residents Reviewed: 3 new, 6 removed due to improvement, specialist assessing several on Garden for treatment
- Oct 2017 – total reviewed was 22: 11 continued to monitor, 7 removed (1 deceased and 6 improved), and 4 new added – reviewed 4 that arrived to us as Hospital Acquired
- Nov 2017 – Total reviewed was 18: 11 continued to monitor, 4 removed (1 improved, 1stable Ca+, 2 deteriorating health/palliative), 3 New added
-

▪ Hand Hygiene Audits: 2017

▪ Audit/Statistic	▪ Area	▪ Count	▪ Remarks	▪ Reporting Month												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
▪ Nursing: Terrace Court	▪ Rm	1	▪ m													
▪ Trinity Court	▪ Rm	1	▪ m													
▪ Garden Court	▪ Rm	1	▪ m													
▪ Hopewell Court	▪ Rm	1	▪ m													
▪ Administration	▪ w	1	▪ m													
▪ Dietary	▪ a	1	▪ m													
▪ Laundry/Maintenance	▪ m	1	▪ m													
▪ Recreation	▪ A	1	▪ m													
▪ Volunteers	▪ R	1	▪ q													

- All completed audits are to be submitted to the DON.
- April; not sure done correctly, c selected for several items.

- **Falls Review**

- **Approx. 50% Residents fall annually with 10% of these resulting in serious injury.**

- **Rocmaura has Falls Prevention Strategy-** Falls Risk Assessment Tool is to be completed in the 1<sup>st</sup> week of admission, when condition changes, and when there is a fall. Collaborative approach taken when reviewing history/concern of Residents falls (all team members involved with the resident). Communication with all team members essential. Documentation in chart and care-plan included.

- **Risks / Concerns / Reasons/ Follow-up** : Many are unwitnessed, occur when out with family, >falls may be an indicator of medical/mental/cognitive change, sensory impairment (vision/hearing) aids, ambulatory/mobility/transferring supportive device needs, recent admission to hospital, proper lighting, nutritional needs, clutter in rooms/hallways, room in corridors to maneuver, need for hip protectors, low bed, bed alarms, U-First approaches to care, Restraints should be avoided, inappropriate footwear, toileting regime, commode at bedside at night, appropriate seating, room close to nursing station, call bells within reach, reg. review of medications, behavior mapping needed, freq reminders to our residents to call for assistance.

- **April 2018** Fall Incidents added to monthly staff meetings – Review of Falls / Team Huddles

- **Garden Court**

								Incidents/ possible Reason	Follow-up
							1	lost balance, resident no insight as to limitations, unwitnessed,	freq. reminders to residents to call for assistance, regular toileting regimes, review seating / belts / restraints with

										rehab, regular rounding, review of medications, behavior mapping, Fall prevention strategies
--	--	--	--	--	--	--	--	--	--	---

▪  
▪ **Trinity Court**

▪ Cou	▪	▪	▪	▪	▪	▪	▪	▪	▪ Incidents/ possible Reason	▪ Follow-up
▪ Fall										
▪ 8/2	▪	▪	▪	▪	▪	▪	▪	▪	▪ Lost balance, slid off chair, no insight to call for assistance, unwitnessed,	▪ Review programming, 1 on 1, close observations, fall prevention strategies, U-First, ongoing monitoring, med review, antibiotics, Moved closer to nursing station

▪  
▪ **Terrace Court**

▪ Cou	▪	▪	▪	▪	▪	▪	▪	▪	▪ Incidents / possible Reason	▪ Follow-up
-------	---	---	---	---	---	---	---	---	--	-------------

								n		
▪ 4/2	▪	▪	▪	▪	▪	▪	▪	▪	no insight into limitations, lost balance, not calling for assistance moving from WC to bed, self-mobilizing,	<ul style="list-style-type: none"> <li>▪ freq reminders, seatbelt tolerated but undoes it,</li> <li>▪ ongoing close monitoring, rounding regular,</li> <li>▪ fall prevention strategies</li> </ul>

- 
- 
-

▪ Falls Review

▪ Hopewell Court

Cou							I n c i d e n t s / p o s s i b l e R e a s o n	Follow-up
2/2							r e s i d e n t s  w i t h  n o  i n s i g h t  a s  t o	<ul style="list-style-type: none"> <li>▪ continue to monitor, falls prevention strategies,</li> <li>▪ care plan, behavior mapping,</li> <li>▪</li> </ul>

								l i m i t a t i o n s , l o s t  b a l a n c e , d o e s  n o t  c a l l  f o r  h e l p , s l i d  o f  b e d / c	
--	--	--	--	--	--	--	--	--	--



								h a i , r  u n d o  b e l t	
--	--	--	--	--	--	--	--	---	--

- APRIL 2018 – Total falls was 21 However 20 were Resident falls and 1 was a Non-resident fall



															lacerations
															<ul style="list-style-type: none"> <li>▪ Nov - 1 resident with 3 falls, 2 with 2 falls</li> <li>▪ Dec - 2 residents had 4 falls each</li> <li>▪</li> </ul>

▪

- Calculations for Fall Rates:
- # of falls x 1000 resident days
- # of residents' day for month
- 
- If 4 falls in month of Nov for Rocmaura
- $\frac{4 \text{ falls} \times 1000 \text{ resident days} = 4000}{150 \text{ residents} \times 30 \text{ days} = 4500 \text{ resident days}} = 0.89$



<b>Residents</b>																	
	Te			Ho pe we ll		Tri			Ga			T				%	
	44			28 / 29		2			42			1				8	

<b>2015-2016</b>																	
<b>Residents</b>																	
	Te			Ho pe we ll		Tri			Ga			T				%	

45	29 / 29	2	46	1	9
----	---------	---	----	---	---

2016-2017


Residents

Te	Hopeville	Tri	Ga	T	%
41	27 / 29	2	47	1	9

2017-2018


Residents

Te	Ho	Trinity	G	T	%
----	----	---------	---	---	---

		p e w e l l			
▪ 4	▪	2 8 / 2 9	▪ 24/ 24	▪ 4	▪ 1 9

▪

▪

**■ NB-AUA Collaborative 2017-2018**

	<b>■ Hopewell</b>	<b>■ Garden</b>	<b>■ Trinity</b>	<b>■ Terrace</b>	<b>■ Total</b>					
	Tot	Tot	Tot	Tot	Tot					
	Re	Re	Re	Re	Re					
	7/2	1/7	6/4 (12)	1/6 (16)	14/0 (1)	7/4 (28)	2/7 (22)	34/22 (8.	3/3 (8.	
	8/2 (28)	1/8 (13)	5/4 (10)	0/5 (0)	18/0 (75)	0/1 (12)	6/4 (33)	2/6 (24)	37/24 (8.	3/3 (8.
	7/2 (24)	0/7 (0)	8/4 (16)	0/8 (0)	18/0 (75)	0/1 (0)	6/4 (33)	2/6 (26)	39/26 (5.	2/3 (5.
	6/2 (21)	1/6 (17)	6/4 (12)	1/6 (16)	18/0 (75)	0/1 (0)	5/4 (10)	0/5 (23)	35/23 (5.	2/3 (5.
	6/2 (21)	1/6 (17)	6/4 (12)	1/6 (16)	15/0 (62)	0/1 (0)	5/4 (10)	0/5 (21)	32/21 (6.	2/3 (6.
	6/2 (21)	0/6 (0%)	6/4 (12)	1/6 (16)	15/0 (62)	0/1 (0)	5/4 (10)	0/5 (21)	32/21 (3.	1/3 (3.
	7/2	1/7	6/4	1/6	13/0	0/1	5/4	1/5	31/	3/3



	24	14	12	16.	54	0%	10	2%	(20	(9.
	7/2	1/7	6/4	1/6	17/	0/1	5/4	0/5	35/	2/3
	24	14	12	16.	63	0%	10	0%	(23	(5.
	7/2	1/7	5/4	0/5	16/	0/1	5/4	1/5	33/	2/3
	24	14	10.	0%	67	0%	10.	20	22	6%
	7/2	1/7	6/4	1/6	16/	0/1	6/4	0/6	35/	2/3
	24	14	12	16.	67	0%	12.	0%	23	5.7
	8/2	0/8	6/4	1/6	16/	1/1	5/4	0/5	35/	2/3
	27.	0%	12	16.	67	6.2	10	0%	23	5.7
	7/2	0/7	6/4	0/6	18/	2/1	5/4	0/5	36/	2/3
	24	0%	12	0%	75	11	10.	0%	24	5.6

▪ **Target Residents (cohort):**

- a) Residents in LTC facilities, receiving antipsychotic medications without a diagnosis of psychosis:
  - i. *Inclusion criteria: Residents receiving an antipsychotic*
  - ii. *Exclusion criteria: schizophrenia, Huntington’s chorea, hallucinations, Delusions and end-of life residents.*
- **Aim** : To reduce the number of residents receiving an antipsychotic without a diagnosis of psychosis on Terrace Court from its current baseline of 17% to 12.5% (8/48 to 6/48 residents) by April 2017. To achieve a 15% reduction rate for those residents receiving an antipsychotic without a diagnosis of psychosis on Terrace Court by April 2017.

- **Second Aim:** To educate 80% of all staff within the facility on U-First/PIECES best practices for dementia care and thus reduce the number of residents receiving an antipsychotic without a diagnosis of dementia from 25% to 19% (37/150 to 29/150 residents) and to achieve a 15% reduction rate in the same target resident cohort.
-

## ▪ **MDS-LTCF- RAI Coordinator**

- 
- **Background**
- InterRAI is a not for profit International Research network committed to improve care for medically complex people and people with disabilities. InterRAI develops and refines assessment methods using proven research methods.
- Health care organizations across Canada use the InterRAI (Resident Assessment Instruments) to assess people at their point of care.
- 
- In New Brunswick, the Province funds this program for Long Term Care Facilities (LTCF) through platform and initial training and the funding for Coordinators in Nursing Homes depending upon the number of beds in each home. The software used is Momentum.
- 
- Nursing homes use InterRAI assessments to:
  - Provide care
  - Understand individual's strengths and preferences
  - Flag potential risks
  - And help make clinical decisions about the individual's health
- 
- The information gathered assists:
  - At the clinical level, to plan care and measure outcomes.
  - At the organization level, for quality improvement, benchmarking, program planning, and resource allocation.
- 
- For long-term care facilities such as Rocmaura, the LTCF (Long Term Care Facilities) assessment has many areas that capture information from the resident in real time.
- Once the assessment is completed electronically, a number of clinical outputs can be used to support care planning for the resident.
- These Clinical Assessment Protocols (CAPS) help identify areas where the resident may be at risk or has potential to improve, or where she will need assistance or interventions to prevent deterioration.
- Areas identified:
  - Physical activities promotion
  - Activities of Daily living
  - Physical restrains
  - Cognitive loss
  - Delirium
  - Communication
  - Mood
  - Behavior
  - Activities
  - Social relationship
  - Falls
  - Pain
  - Pressure ulcer
  - Cardiorespiratory conditions

- Undernutrition
- Dehydration
- Feeding tube
- Prevention
- Appropriate medications
- Tobacco and alcohol use
- Urinary Incontinence
- Bowel conditions
  - - Outcome Scales are another clinical output that can help clinicians understand how a person is functioning now and over time.
  - - The data collected from the RAI assessment of all the residents, can be combined to paint an overall picture of the level of care and changing needs of all the residents.
    - All this information will be submitted to the Canadian Institute of Health Information through a secure online system. CIHI then analyses, combines and sorts all the data and makes it available to organizations for comparable reporting across Canada.
  - - **Report**
  - - The RAI Coordinator has been in this position since January 2017. The Initial Assessments for all residents are completed. The Routine Assessments due quarterly are being completed with 41 remaining this month to be up to date.
    - As you can read below from the census data, our home has coped with many deaths that require as many admissions. During this period, 343 assessments have been completed by the Coordinator.
    - For the purpose of this report, the census data collected from April 1, 2017 to March 31, 2018 is as follows:
      - Admissions: 60
      - Discharge due to Deceased: 54
      - Discharge (Excluding Deceased): 2
      - External Transfer: 19
      - Internal Transfer: 132
    - The Coordinator trains staff at different levels of the home that have access to the system to enter and obtain data.
    - We have received notice from the Director of Nursing Home Services that the Standard in completing resident assessments using the interRAI LTCF tool will become part of the inspection process effective September 1, 2018.
    - The Coordinator has developed a work plan to have the assessments and training up to date by then. With the understanding that this is an ongoing task.

- Respectfully submitted,
- Leticia Adair, RN
- RAI Coordinator
-