

Annual Report

2020-2021

*TABLE OF CONTENTS*

**MISSION STATEMENT 3**

**VALUES WE HOLD 4**

**BOARD OF DIRECTORS 5**

**ORGANIZATIONAL CHART 6**

**ROCMAURA INC. BOARD CHAIR REPORT 7**

**EXECUTIVE DIRECTOR 9**

**DIRECTOR OF NURSING 14**

**ENVIRONMENTAL SERVICES DEPARTMENT 15**

 **FOOD SERVICES DEPARTMENT/ CONSULTANT DIETITIAN REPORT……………………………………17**

**PLANT SUPERINTENDENT 21**

**MISSION 23**

**PROGRAM COORDINATOR 25**

**RAI COORDINATOR 31**

**TRINITY COURT 33**

**TERRACE COURT 39**

**HOPEWELL COURT 41**

**GARDEN COURT 44**

**ROCMAURA FOUNDATION 46**

**VISITING /DSP 50**

**RECREATION, VOLUNTEER SERVICES & RESIDENT COUNCIL 53**

 **PURCHASING DEPARTMENT & RESIDENT TRUST 56**

 **2020/21 QUALITY INDICATORS 58**

**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. 2020-2021

Kim Roberts, Chairperson

Dr. Gerald Maloney, Vice-Chair

Rod Flood, Foundation Chair

Blair Northcott, Finance Chair

Tracy Scott

Sr. Anita Holmes

Paschal Chisholm

Chelsea Seale

Kathy Hurley

Susan Benjamin

**Organizational Chart
“A Community of Caring People”
ROCMAURA INC**

**Rocmaura Inc. Board Chair**

This past year has certainly been an unprecedented one for the residents, their families, the volunteers, the Management Team, Nurse Managers and all employees at Rocmaura Nursing Home Inc. The global COVID-19 pandemic has taken a toll on all of us. However, the team at the home has worked tirelessly day in and day out to ensure the safety and well-being of all residents, staff and volunteers. The COVID-19 response plan developed by Sheana and her team of managers is comprehensive with detailed attention paid to ensuring our most vulnerable population are safe. As chair of the Board of Directors of Rocmaura Nursing Home Inc. I could not be prouder of the ongoing commitment, caring and dedication of every staff member at the home.

Despite the pandemic, every department at Rocmaura continues to live the Mission of the home and works with so much energy and pride to maintain a happy, healthy and safe environment. For this, I am so grateful and appreciative. Sheana’s leadership skills are exceptional. Her professionalism, dedication, commitment, positive attitude and kindness are evident in how she approaches every challenge and issue that arises. She is well respected by all. She has made my role as Board Chair very easy over the past year. The Management Team and Nurse Managers continue to ensure the provision of quality care for residents and ongoing education for all staff. The Finance Department under Theresa’s exceptional direction ensures deadlines are met and the bills are paid. The Nursing Department cares for every resident with love and compassion. The Recreation Department goes above and beyond with providing entertaining activities for the residents. Environmental Services works diligently to maintain a safe environment. Food Services continues to meet the nutritional needs of our residents and the Maintenance Department goes above and beyond on a daily basis to meet all standard. The Mission and Ethics Department continues to care for the spiritual needs of all of us. It was my pleasure to be on the Ethics Committee.

The work of the Foundation and Sally is truly amazing. The team continues to raise funds to support the residents during these challenging times. They expect to complete the Wardrobe project this fall, they have purchased many items on our wish list and have through donations been able to recognize staff with gifts of appreciation. Their work is greatly appreciated by the Board.

The past year was not without its challenges.

* Planning, preparing and implementing the COVID-19 Response Plan was a monumental task that required a great deal of time and energy not to mention the resources both financial and human resources required for implementation.
* AVIVA withdrew coverage for lawsuits related to COVID-19 issues, which resulted in a Board member resigning.
* A few Labour Management issues surfaced which are being addressed.
* We had to withdraw from the RFP process for the Operation of the 60 Nursing Home Beds as the five-week window to prepare the documentation in the midst of the pandemic was an impossible task.
* The shortage of RNs and LPNs continues to be a problem but Shirley is doing an excellent job in attempting to recruit new staff.

However, there have been many accomplishments for us over the past year.

* Work with the Religious Heritage Group Atlantic Inc. is progressing.
* CUPE members voted to accept their contract.
* We passed our Annual Inspection with very favorable comments from the inspectors. There are a few minor infractions that require attention and these are being addressed.
* We were able to arrange family visits and these continue to be very popular. The residents and their families are very appreciative of the visits.
* To date we have not experienced a single positive COVID Case.

I want to extend my sincere thank you and appreciation to the Sisters of Charity for their continued support of Rocmaura. Their legacy of care and compassion lives on in our home. Thank you to Catholic Health International, the New Brunswick Association of Nursing Homes, Department of Health and our Public Health Officer for your support especially during the pandemic.

I especially want to thank each and every member of the Board of Directors for your support. Your professionalism, caring and commitment to Rocmaura is greatly appreciated. You made my job very easy and it was an honor and privilege for me to serve with you. To the incoming Board members, I extend a sincere welcome to all of you. You will be working with a wonderful team. Thank you to Heather for her past nine years of support. Your experience and expertise in senior healthcare will be so missed.

Thank you to Sheana, your Management Team, The Nurse Managers and all staff and volunteers for your dedication and commitment to the residents at Rocmaura. You are the salt of the earth.

Respectfully submitted,

Marion Long

**Executive Director**

This time last year we could never have predicted how the global pandemic would affect our operation and our lives. We have found that on a personal level, everyone is exhausted from worry, vigilance, ever evolving Public Health directives, and the overwhelming change we have experienced. Operationally, our days are still at least partially consumed by ensuring the protections we have put in place are working properly and that we are on top of current knowledge with respect to Covid-19.

The introduction of vaccines this year has brought hope and light. We are thankful that all of our residents and staff had many opportunities for vaccination, both within our walls and at clinic sites. As of the writing of this report, 82% of our staff have had at least one dose with many having had two doses. Residents are almost 98% with the only outliers having been among new admissions. These are great results but we will not stop there; we will continue to share opportunities for vaccination.

New Brunswick has been among the safest of places to be during the pandemic due to the careful and thoughtful consultation between Public Health and Government. Resources have been made available and legislation has been created, in an effort to protect our population. It will be an interesting retrospective review of our province’s actions when this is over; I am sure that we will be proud of how we have protected one another.

Over the last year and a half, resurgences have occurred as we expected, but were tamped down due to the measures our province employed. Other provinces have not been so lucky and we pray for them each day. The world is experiencing something quite different from our reality in New Brunswick; we are fortunate and we know it. I hope that by fall we will all be in a better place.

Due to our provinces measures and the financial assistance they have provided, we have been able to return to a fairly normal way of life. Families and visitors are welcome at Rocmaura every day albeit with a new normal way of visiting, within Public Health directives. That is what we must live with for now; life is being lived. The hallways are alive with the voices of residents and their loved ones and with entertainers who bring festivity to everyone.

For now, we pray each day that our preparations and planning are being put to good use by preventing an outbreak. If that is the case, we will never know for sure but we will thank God for his protection.

As usual, my report is formatted according to the Strategic Directions of Rocmaura Inc.’s Strategic Plan. Each of the four Directions 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.

**Strategic Direction: Building Relationships**

*“Working with Partners to build our community/Enhancing the lives of those who work at Rocmaura”*

The pandemic has challenged us to provide loving care while protecting the residents and staff. We have done our best to provide balance in both spheres and hope that we have made the best decisions with the information available to us at the time. Our way of being, putting the residents first in all our decisions, has guided us.

**Governance**

The Rocmaura Board of Directors continues to provide solid support and guidance and its 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.

Over the last year, the board has been extremely kind, thoughtful, and supportive. I am very thankful for their guidance and support through these difficult times.

Strategic Plan

The Strategic 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. Over the last year, the team has worked hard to keep the residents and staff safe while also providing high quality care and services.

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.

In tracking the list of candidates for Nursing Home placement, we are consistently in the top three (3) Nursing Homes requested. From 2014 to 2016, we were always second after the opening of Loch Lomond Villa’s new homes. In 2016, we dropped to third behind Loch Lomond Villa and Kingsway, which serves the large catchment area of the Kennebecasis Valley which has a population of approximately 30,000 (~45% of Saint John), Peninsula, and areas almost reaching Hampton.

**Labor Relations**

The settlement of the CUPE Collective Agreement created unrest for a long period of time. After hearing from staff that they were ready to accept the Collective Agreement, we offered a “Vote on Offer” to staff in December 2020. The process was overseen by the Labor Board and voting was tallied on January 21st; 92 voted to accept the Collective Agreement and only 48 voted against. This statement by staff members closed this chapter.

New wage grids were implemented quickly and retroactive payments, which were significant, were issued to staff within the timelines outlined in the process.

Essential Services Legislation

We began negotiations to establish Essential Services levels for all designations for all staff, including RNs. To date, we have received CUPE’s response but those negotiations have stalled due to other processes. We have not received NBNU’s response but the Association has; this work will continue throughout the summer. We expect the Nurses union will go on strike at some point in the fall but the levels will need to be agreed upon in advance of this action.

**Professional Involvement and Development**

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

* Values Integration Appraisal Member 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
* Accreditation Canada surveyor, Accreditation Canada

**Health and Safety**

Paula Breen continues do a great job managing the in house portion of the program and Shirley Fraser has brought expertise and support, as this was part of her role as an Occupational Health Nurse for the refinery. Our experience rating has reduced to below the industry standard due to their good work. However, we do expect our numbers to rise due to the change in the Early Safe Return to Work Program, which happened last year.

**Rocmaura Foundation**

The contributions of the Rocmaura Foundation Board of Directors and Sally Cummings have made life for the Residents so much more comfortable. We are grateful for their work and their success in finding people who are interested in the Residents and showing their caring by contributing to the things that make their lives better. The Foundation is blessed with some new members this year; they are highly engaged and creative and we are thankful for them.

Sally Cummings has a unique set of skills and she is creative and willing to work hard to yield great results. It is quite amazing that during this time of great uncertainty and financial change for individuals and companies, Sally has been able to make connections with people and companies who are able and willing to share resources for the betterment of the residents. I believe this has been possible through her previous focuses on building relationships and promoting the life that is lived within our walls. She has caught the attention of the public through her work.

We are grateful to Sally and the Board of Directors for their creativity and hard work.

**Strategic Direction: Our Values Based Environment**

*“Care and compassion are lived expressions of Christ’s love for us and the SCIC’s founding spirit”*

The mission of Rocmaura is lived by its staff each day in the care and compassion they show to the Residents. We have tried especially hard this year to ensure the residents remained connected to their loved ones by finding creative ways to support visiting and by all joining together to support one another to make the residents feel loved and part of the larger community.

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

Unfortunately, Sister Mae and Sister Louise have not been able to be present this year due to the pandemic. We have missed them immensely; we hope someday soon they will be able to return. Additionally, Sister Laura stepped down from her role on the Ethics committee and in Ethics education due to other commitments. We will miss her presence.

Jean Marie Dionne continues to provide stability and comfort to residents and staff alike. Her presence is welcoming and peaceful, which is conducive to the needs people are experiencing.

**Staff Development**

Participation in educational opportunities and conferences has been markedly different this year. Most opportunities have changed to online formats and some have been cancelled altogether. We would have liked to provide another education session to the entire staff on Mission and Values, Approaches to Care, and Workplace Violence, harassment, and discrimination; however, with the restrictions in place this will need to be re-designed.

Gentle Persuasive Approaches to care has been delivered by our Recreation Therapist, Kelly Blakney. Kelly has done a great job with this program of education and has really excelled at this. We are very happy she has taken this on and has reached so many staff members already.

**Catholic Health International**

Catholic Health International has remained a wonderful partner. They have been supportive of all their organizations and we are very thankful. This year, they extended formation experiences for us in online formats so that our mission and values remain well intact supported by staff who are nourished by our common goals to provide the best care and services possible for those for whom we care. This type of concentration on the formation of people pays off in grounded and healthy people.

 **Strategic Direction: A Home Away from Home**

*“A warm and happy home where Residents and their loved ones are safe and loved”*

**Integrated Quality, Safety and Risk Management**

The team has continued to refine their reporting and data analysis to meet the needs of their departments, staff, and residents. This type of concentration allows us to accurately assess and plan for our needs and is an essential set of tools for decision-making.

Please see the information included in the reports for more information.

**Recreational Services**

Pam Clark and her team have been very busy flexing to adapt to the changes the pandemic has brought to recreational programming and to support residents to visit with their loved ones in many modalities. They have worked closely with Christina Harvey in the scheduled and Designated Support Person visiting, as well as window, telephone, and virtual visits for those who cannot come to Rocmaura and during times when it was necessary to limit the amount of people in the home due to risks in the community.

We have had several times when we needed to close our doors to in person visiting. Families have been so supportive and we are very grateful to them. They have trusted us to do our best for their loved ones and the staff and they have supported us when we made hard decisions around visiting. We respect that and do our very best to be judicious when making these decisions and I think the families realize the efforts we make to be balanced in this respect.

**Strategic Direction: Financial Stability**

*“Working with partners to improve our financial position/Ensuring resources are allocated effectively and efficiently”*

We have had an especially good year with respect to the bottom line. This is for a variety of reasons including because government has ensured that Personal Protective Equipment including masks, gloves, and hand sanitizer, etc. have been in good supply, free of charge to us. This has helped nursing homes tremendously.

Additionally, government has provided a Covid-19 per diem rate to cover July 2020-March 2021, with additionally funding of $4.10 per diem from April-June 2021. This has allowed us to provide high quality protection and to cover expenses not normally incurred. We are very thankful for this.

We also took advantage of the wage subsidy program for which we were eligible. Our WorkSafeNB rating is below industry standard, which has helped immensely. Additionally, because of the pandemic, a lot of the regular preventative maintenance work that we would normally do had to be delayed. This will cause an increase in the coming year however, as the work needs to be completed.

In tough times, our team comes together for the sake of the Residents and each other. We are experiencing such times now and I am very proud to see the team band together. The Residents are always at the forefront of our minds and decisions and that certainly makes knowing which way to go a lot easier. I am very grateful to the managers and staff.

In closing, I also express my gratitude to the SCIC, CHI, and Board for their support and careful stewardship. I know that I have a diverse and skilled group upon whom I can call to give counsel and guidance. You set a consistent, professional, and compassionate tone for the work of mission we carry out each day.

Respectfully submitted,

Sheana Mohra RNBN MHA

Executive Director

**Director of Nursing**

**Initiatives Completed 2019-2020**

* Facilitated 4 covid-19 vaccination clinics:

Residents - January 22, 2021 & February 19, 2021 150/150 Dose #1 145/150 Dose #1&2

Employees – February 26, 2021 & May 13, 2021 185/226 Dose #1 138/226 Dose #1&2

* Infection Control Audits – COVID-19 Planning
* Wound Care education - Erica Breau provided education on site and during RN/LPN staff meetings.
* Wound Care Conference September 25, 2020
* RN/LPN Collaboration - Practice Consultant from ANBLPN facilitated documentation presentation during RN/LPN Staff Meeting.
* Momentum Enhancements – Weekly Care Plan meetings with ID team ongoing.
* Staff Meetings via zoom.
* Nursing Unit Clerk Rotation Changes - Isabella Anghel and Ashley Jennings joined our team. New routines to support all units consistently (NUC rotate floors q 3 months).
* N95 Fit Testing for RNs & LPNs completed by LPN.
* Sentinel Swab testing weekly – LPN trained.
* Recruitment & Retention – RNs, LPNs, RAs & NUC – 43 nursing employees hired
* EFAP onsite Debriefing sessions post violence incident involving employee and resident – July 2020.
* Gentle Persuasive Approach Training – Train the Trainer September 28-29, 2020 – monthly training sessions for employees by Recreation Therapist Kelly Blakney.
* Schedule changes – Increased LPN coverage on evenings – schedule change on Terrace Court and Hopewell Court and Unit Managers switched courts.
* Occupational Therapist completed Job Site Analysis for role of LPN on all units.

**Goals 2021-2022**

* Enhance collaboration between RNs and LPNs.
* Increase scope of practice for LPNs (catheterization, phlebotomy).
* Enhance wound reporting on momentum (weekly pictures to be included).
* New Musculoskeletal Injury Prevention program to be rolled out by NB Safety Association – “All the right moves”. RNs and Rehab Assistant will be trainers.
* Increase documentation support for LPNs.
* Rotation Changes – have employees rotate units to enhance morale and resident care.

Respectfully submitted,

**Shirley Fraser**

Shirley Fraser RN/BN COHN (c)

Director of Nursing

Environmental Services Department

Strategic Pillar: A Valued Based Environment

E.V.S. morning crew meetings continue where reading of the mission statement is paramount, safety and teamwork is encouraged, and staff have the opportunity to express concerns and ideas regarding more efficient work practices. The staff are knowledgeable and their input is valued. They are conscientious, caring, and work hard to meet the needs of our residents.

Strategic Pillar: A Home Away from Home

The E.V.S. staff interactions with residents is reflective of Rocmaura’s mission. E.V.S. team are dedication and have a sincere interest in improving resident experiences here at Rocmaura. They treat the residents, their belongings and personal space with respect during the execution of their duties, have a clear understanding, we are working in the resident’s home, and that without the residents we would not have purpose.

Housekeeping staff make the home feel comfortable and friendly while ensuring a clean and safe environment meeting the goal of our mission, “A community of caring & providing quality care”.

The survey result of 89% satisfaction on the Environmental Service Audit (completed by staff) indicates some improvement needed. However, it is difficult to improve the appearance of worn flooring in an older home. This makes it challenging to dispel poor opinions, as old floors in need of replacement do not look clean and disinfected. A score of 94% satisfaction on the Housekeeping portion of the Resident/Family Satisfaction Survey indicates that residents and family are overall satisfied with the Housekeeping department

The impact of the Covid 19 Pandemic has facilitated a need to increase cleaning of “high touch” surfaces. This increase in overall workload necessitated the implementation of an extra day shift and an evening shift.

Laundry staff processes close to 12,000 pounds of personal laundry per month, more than a 1000-pound increase in this past year, some of which is due to the added cleaning of isolation gowns. Implemented laundering of isolation gowns on site occurred, ensuring we do not run the risk of not having personal protective equipment (PPE) when needed.

The score of 83% satisfaction on the Laundry Service Audit (completed by staff) indicates that staff believe some improvements are needed which we hope the new equipment will help facilitate. A score of 96% satisfaction on the laundry portion of the Resident/Family Satisfaction Survey indicates Residents and families are satisfied with services.

Highlights – In the laundry department in 2020, we had some issues with aging equipment breaking down, slowing our processes. This may have contributed to the poor Laundry Service Audit score. With the purchase of 2 new washing machines and 2 new dryers, along with electrical updates to support them, there has been a significant improvement in productivity. The new equipment is more energy efficient, meets CSA standards and if Rocmaura were to expand in future, these items will help ensure efficient service to an increased population.

Staffing of both Housekeeping and Laundry department has been a challenge due to long-term absences of some full time staff. We have been actively recruiting throughout this past year and have been able to maintain a clean safe home for the residents.

Strategic Pillar: Building Relationships

Service NB (Facilicorp) relations has improved as we have a wonderful relationship with a representative from Facilicorp, who is available when needed and makes every effort to accommodate our needs.

Communication with family of residents has been a challenge due to the impact Covid has had on visiting. Family were encouraged to communicate issues/concerns with the E.V.S. department services during this Pandemic through email and phone calls when they were not able to come into the facility.

Strategic Pillar: Financial Stability

Laundry remains over budget related to the Service NB (Facilicorp) expenses increasing. Contributors to these excessive costs are; resident need exceeds the contractual quotas and multiple resident personal clothing laundered by Facilicorp when they should remain in house. We continue to work with the Nursing department and Service NB to remedy these issues however; resident needs exceed our expected linen usage, and resident need is paramount.

*Goals:*

Housekeeping: Decrease labor hours spent trying to maintain worn flooring by 10%, and provide to a more appealing and esthetic looking environment overall, with continued requests for funding from Nursing home services/government toward the purchase and installation of new flooring throughout.

Laundry: Reduce Facilicorp costs by 10% in 2021 through continuing to educate and work with the nursing department to reduce unnecessary use of linen and reduce the amount of residents personals sent to Facilicorp.

Reduce in house linen poundage by 1000 lbs. per month through reduction of unnecessary washing of items such as heavy blankets, coat sweaters etc. that contribute excessive poundage.

E.V.S.: Decrease absenteeism rates in both departments by 5% in 2021.

Respectfully Submitted,

Paula Breen

Support Services Manager

Staff Program Coordinator

**Dietary Department**

**Strategic Pillar: Home Away from Home: Caring, Comfort & Safety**

The dietary department continues to attempt to meet the ever-changing nutrition and dining needs of all residents. Dietary staff provide our residents with a “Community of Caring” by maintaining a home like dining atmosphere. They provide a pleasant and accommodating meal service, ensuring quality through utilizing standard recipes and provision of food choices. Recently we added tablecloths and a center décor piece for a “pop” of color to make dining just a little more sophisticated. All of this contributes to residents’ psychological, social needs, and physical well-being.

Residents and staff continue to appreciate the love and care put into their meals by the Food Service department as evidenced by the result of 93.3% satisfaction on the Food Service Audit (completed by staff) and 98.7% satisfaction on the Dietary portion of the Resident/Family Satisfaction Survey.

To further enhance the dining experience for residents, new products on the market are evaluated and incorporated into the menu, which is altered twice a year (spring/summer and fall/winter), with input from residents, families, and staff. The Dietitian participates in weekly care plan meetings to update resident care plans with nutrition information specific to individual resident needs/care.

Currently we have forty-nine percent (49%) of residents on a regular diet, thirty percent (30%) on mechanical soft and nineteen percent (19%) on pureed, one percent (1%) on fluids only and one percent (1%) on tube feed. Fourteen percent (14%) of residents require thickened liquids to safely consume fluids.

The number of residents who require full assistance with meals and snacks is twenty-one percent (21%). Those requiring partial assist, such as arranging their food and encouraging them throughout the meal is thirteen percent (13 %). The remaining sixty-six percent (66%) of residents require minimal staff assistance with meal set-up/ preparation.

A Mini Nutritional Assessment Screening tool is utilized to evaluate nutrition risk for each resident quarterly. Assessment results, guide nutrition intervention with the goal of preventing malnutrition for all residents. It is common to have a newly admitted resident rate as malnourished. Currently only three percent (3%) of the residents are rated as “malnourished”. Thirty-one percent (31%) are rated as “at risk for malnutrition”. Sixty-five percent (65%) have a normal nutritional status rating.

Over 1 year ago, we revived the Food Service Committee that meets quarterly. We had some difficulty obtaining a resident family member to be part of that team however; we have found an interested family member who will be joining us in June. The committee’s goal is to help the department meet the mission of Rocmaura and the goals of department i.e. create a menu for the residents that remains within the Food Service Budget but also provides quality and nutritious food, accommodates specific medical diagnoses requirements and meets residents’ personal preferences and desires.

The dietary department also utilizes taste testing and tray audits, food temperature recording, resident council feedback, concern sheets, yearly family/resident surveys, and staff feedback to identify areas in which we are deficient and evaluate quality of food and service.

The dietary dept. produces 3 meals and a snack daily for 150 residents. That is 450 meals per day or 164,250 individualmeals/trays per year. The department tracks and evaluates errors in meal service, to determine & address cause and ensure errors are not repeated, to provide the safest food service possible for our residents. The overall concern/error rate in 2019 was 3.75% vs 1.60% in 2020.

Dietary Concerns and level of Seriousness Legend:

0 - No dietary related risk to resident/Unrelated to food service

1 - Minor inconvenience/No risk to resident Health & Safety

2 - Near Miss - Possible risk to resident health & safety

3 - Injury - Adverse physical effect to resident/Fatal

**Strategic Pillar: Financial Stability**

While continuously attempting to meet the nutrition and dining needs of each new resident, evolving with the ever-changing needs of all residents, and dealing with the challenges presented with Covid, the Dietary department has been successful in adapting and remaining on budget.

Unfilled/Vacant **12-hour** shifts in the department for 2019 were 9% (77 shifts) and in and 2020 7% (58 shifts). Vacant **7.5 hours** shifts in the same periods 2019 - 2% (24 shifts) and 2020 1% (14 shifts). These stats motivated a very recent change in schedules and shift lengths, which included eliminating the 12-hour shifts in an attempt decrease working short. It will be interesting to evaluate this change in 2021.

Highlights of 2020/2021

* Continued with once a month “resident’s choice” for lunch hour meal. Determined at resident council meeting.
* Continued addition of extra protein for residents with wounds, to assist with wound healing, reviewed monthly at Wound Committee meeting.
* Periodically provided “Crew” meetings with dietary staff to review safety tips, concerns and information sharing.
* Dietitian continued to meets with all new nursing staff to review dietary department procedures, and proper feeding methods for residents.
* Education in services were restricted mostly to “Safety Talks” due to Covid restrictions. The following are just a few of those;
	+ Nutrition month in-service March 12, 2020. Provided by dietitian with prize draw from those that attended.
	+ Handwashing safety talk
	+ Back in Form recertification for Support Services
	+ Outbreaks can be stressful
	+ All accidents can be prevented
	+ Dysphagia
	+ Dehydration

Goals for 2021:

* Decrease loss of small wares (plates, dishes, cups etc...), 2 handled adaptive cups & covers, utensils etc. by 15% through education of all staff re; the costs associated with these losses.
* Ensure a greater “on hand” supply of utensils and other dishes so that we have an abundance decrease the occasions when we run short due to slowed processes in the department or when nursing runs behind with passing trays and feeding residents, etc.
* Continue to replace dishes (when broken) with a higher quality to reduce repeated replacement of poor quality.
* Continue to provide adaptive equipment i.e. timed plates and 2 handles cups to help maintain residents independence re; feeding.
* Decrease waste of food/fluids by educating Cooks on the importance of adhering to the standardized recipes, ensuring the dietitian evaluate appropriates of meals and beverages as needed and educating nursing staff on the importance of ensuring the residents drink all fluids provided on meal trays.
* Continue to evolve meal service to meet the individual needs and wishes of each resident while maintaining work efficiency, appropriate food temperatures and limit waste.
* Improve recruitment and retention through continuous receipt of resumes, advertising and more management involvement in mentoring new hires.
* Purchase of larger and more colorful tablecloths to enhance further the aesthetics of the main dining area.
* When Covid-19 is under control and in an effort to meet food safety standards, all recent hires will receive education and certification in the Food Safety Course. Best practices state this must occur within 3 years of hire, however; the goal here, is that this occurs within 6 months of hire.
* Continue with staff education re; work related procedures and nutrition information for their own well-being as well as increase the frequency of “crew” meetings.

Respectfully Submitted,

Paula Breen Karen Simon

Support Services Manager Registered Dietitian

Staff Program Coordinator

**Plant Superintendent**

**Strategic Direction: Our Values Based Environment**

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 continue to work guided by Rocmaura’s mission statement.

**Strategic Direction: A Home away from Home**

I sit as a member on a number of committees within the home and collaborate with Back in Form, the Rehab team, Health and Safety Committee and Management team and Covid-19 Committee to provide a safe and clean environment.

Some projects achieved this year include:

* New electrical room for laundry to receive new equipment. 2 washers, 2 dryers and upgrade panels on the floors for food carts
* Installed new flooring 4 rooms in Trinity Court
* 20 new bed’s replaced
* 3 new floor lift’s and installed new electrical for the ceiling lifts
* New wardrobes, installed 6
* All ceiling lifts being inspected for new standard of installation/all corrected
* ( Covid-19) Face recognition and temperature scanners installed for staff and visitors entrances

**Strategic Direction-Financial Stability**

The maintenance department worked on gathering pricing for supplies for Covid-19 with Roxanne. Ensuring we had enough supplies in and working with suppliers on pricing as pricing has in fluctuated greatly. Rocmaura is in need of a renovation with our ageing building.

**Covid-19**

Covid-19 brought great challenges to Rocmaura, as direction changed frequently due to learnings, we had to change each day with communications/planning, equipment and for infection control measures changing daily and making sure our residents, staff and visitors were safe.

**Strategic Direction: Building Relationships**

We continue to hold the following contracts at great pricing with the following companies:

1. Otis-Elevator
2. Greenway/Landscaping/Snow Removal
3. Ultra-Alarm Services
4. Viking Sprinkler/Back flow preventions
5. Black McDonald/Ventilation, Heating

Working with great management team to make it safe for our residents and workers. Having an amazing leader to direct us each day and keep focused in the pandemic. Making sure we had all the information from public health and the Federal Government. Executive Director Sheana Mohra has done an amazing job keeping all parties informed.

Respectfully Submitted,

Harry Searle

Plant Superintendent

**Mission**

Although my title changed to Director of Mission this year, my role continues to encompass mission, ethics, and spiritual care.

Here are some highlights from the year in Mission:

**Mission** – All of us at Rocmaura have greatly missed the presence of Mae Arsenault, scic (Mission Coordinator) throughout the past year. One of Mae’s contributions was making contact with new staff to begin the process of mission orientation. She embodied Rocmaura’s mission, modelling for us all the lesson she often teaches – that mission is lived out in the encounters and interruptions that punctuate our days.

Fortunately, many at Rocmaura demonstrate what our mission is all about every day. In ways both big and small, staff and management team members show their love for the residents in our care. Approximately 50 mission appreciation cards were sent in the past year, thanking those who were seen “living the mission”. Staff events during the summer months and during National Catholic Health Care Week highlighted the appreciation we have for our staff members. This is on top of all those other little reminders throughout the year (such as gift draws or free lunches) that are provided to staff thanks to Rocmaura, the Foundation, and the Wellness Committee.

**Ethics** – Regrettably, Laura Hughes, scic, resigned from her positions as Ethics Educator and Ethics Committee member this year. Laura also served as a former Ethics Committee Chair and a member of the Research Review Committee; we are so grateful to her for all of the guidance and support she has offered to us over many years. We wish her well as she continues her work in other areas.

Ethics Committee meetings were on hiatus at the beginning of the year, and then held virtually from December through May. Discussions surrounding Covid-19, MAiD, workplace violence, and current resident issues dominated our meeting times. Educational components around vaccine hesitancy and ethical decision-making also took place. Ethics Committee members are a very dedicated group who enjoy contributing to Rocmaura.

**Spiritual & Religious Care** – All of us need spiritual care from time to time, but perhaps nowhere as much as in health care settings during a pandemic! Throughout the year, residents missed out on many visits from family, friends, and clergy, not to mention cancelled worship services and celebrations. We greatly missed Louise Arsenault, scic (Director of Spiritual & Religious Care) who has not been able to be with us since the beginning of the pandemic. In an attempt to compensate for these lost hours of one-on-one time, I have prioritized spiritual care visiting as much as possible over the past several months.

Happily, Fr. Gerry White continued his ministry with us whenever it was possible to celebrate mass together, as well as with on-call visits to administer the Sacrament of the Sick. When he was not able to be here, Recreation staff and I were able to coordinate small gatherings for ecumenical services on each of the courts. That is one of the many, many ways in which Recreation staff members contribute to the spiritual needs of our residents.

Rocmaura residents are blessed to live in a place where the value of mission, ethics, and spiritual care is recognized. This extends from our sponsor, CHI, through the Board of Directors, Administration, and staff to the residents themselves and their families, who all contribute to the “community of caring people” that surrounds us here.

For the upcoming year, I would like to begin keeping track of various statistics to do with Mission activities – for example, how many staff members I am able to meet with for mission orientation, the number of residents at weekly mass, and the average number and length of time of spiritual care interactions with residents.

I thank all of you for your support. Stay safe, and be well!

Respectfully submitted,

Jean Marie Dionne, Director of Mission

# Program Coordinator

**Strategic Pillar: Values Based Environment**

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

The IQSRM team meet to report and review deficiencies in audit outcomes and work toward best practices when addressing these deficiencies. Due to Covid-19 these meetings were suspended however; data was still collected. The 2020 overall score of 97% on the Resident/Family Satisfaction survey is consistent with Rocmaura’s outstanding past performance and indicates Rocmaura is successful in meeting our mission set forth by the Sisters of Charity and best practices.

**Strategic Pillar: Financial Stability**

**Health & Safety (H&S)**

Rocmaura’s Experience rate is the amount of money Rocmaura pays to WorksafeNB (WSNB) per every $100 of payroll. Between 2017 and 2020 the WSNB costs, slowly decreased in collaboration with the WSAC program funded through Social Development (SD) however; on Jan 01, 2020, that program ended. For 2021, the experience rating has decreased more to $5.80 however; without the SD program, we will not be surprised if the rate begins to climb.

WorksafeNB (WSNB)

**Strategic Pillar: Values Based Environment**

The goal of Rocmaura Health and Safety Committee and Claims Management is to reduce staff incidents/injuries and costs associated with them. The committee carefully reviews all injuries, in an effort to determine root cause. This assists the committee in determining the education needs of staff, specifically the education needed to help employees work safe and avoid injury.

Other information regarding Staff Incidents/injuries

**Strategic Pillar: Building Relationships**

This past year Covid-19 limited many of our regular celebrations and forced us to put them on hold or adapt to a different form. The H&S committee in an effort to build relationships with staff and engage them in contributing to a safe work culture usually recognize safe work practices through the H&S Awards, celebrated in collaboration with staff appreciation. Due to Covid-19 this celebration is postponed until the summer months.

The H&S Committee collaborates with the U-First Program (soon to incorporate the Gentle Persuasive Approach), the Back In Form Program (B.I.F.) also going through dramatic changes, and will be called “All The Right Moves”, and the Wellness Committee to promote and address safety and employee wellness. We work in collaboration with WSNB providing support for injured workers and with the nursing home association re; our Modified Duties program.

**Wellness:** Wellness information/education, such as weekly wellness tips, and updates on Employee Family Assistance Program (EFAP) is provide to staff via email, paystubs and if appropriate handouts and/or posters. The majority of this information is provided by “Lifework”s through the NBNH association and Morneau Shepell. The wellness

committee has also treated staff to free lunches multiple times throughout the year ensuring attendance to the Covid protocols.

**Strategic Pillar: Values Based Environment & Home Away from Home: Caring, Comfort & Safety**

**Educational Programs**

This past year, due to our inability to gather, we facilitated education with “Safety Talks”. The focus is the incorporation of information pertinent to all disciplines and departments. Each topic focused equipping staff with the skills to provide competent, compassionate and autonomous care and help ensure competency and safety in caring for residents.

In 2020, there were 69 in-house education opportunities (only 10 less than 2019) with 3106 recorded attendees (155 more than 2019). Some of the education sessions provided in 2020-21 were as follows:

* Dementia, Anxiety, Lost & Scared
* WHMIS
* Fire Drills
* Outbreaks can be stressful
* Annual CPR training (limited attendees)
* Be aware of your Approach
* Lift safe, Lift properly
* Code white: Internal threat
* Transporting residents in W/C or Geri-chair
* Outbreaks can be stressful
* Annual First Aid training (limited attendees)

**Strategic Pillar: Building Relationships**

Unfortunately, due to Covid-19 restrictions, it was difficult to employ outside resources to assist in education. We have missed working with our community partners; WSNB Education officer, Pharmacist from Lawton’s, and an Emergency Measures representative but look forward to nurturing those relationships in future.

 **Strategic Pillar: Financial Stability**

We continue to be proud that the majority of education sessions are free or offset through the Wellness Committee’s fundraising efforts.

Highlights:

The following information is in respect to the successes/met goals of our 2020 H&S plan:

* Number of incidents in 2019 – 94 vs Number of incidents in 2020 – 64, a decrease of 32%.
* Loss of funding from NHS re; the WorkSafe accommodation (staff wages paid by NHS instead of WSNB paying) caused the WSNB days lost due to injury, to rise in 2020 compared to 2019 by 31% (355 lost days 2019 vs 509 lost days 2020). The overall Cost of Claims went up by 9%.

Goals:

* See a further 15% reduction in Incidents in 2021 compared to 2020.
* See a further 15% decrease in WSNB days lost/affected by injury, 2021 versus 2020.
* Continue to provide education and information re; Health & Safety related in-services concentrating on how to work safe & track attendance.

Respectfully Submitted,

Paula Breen

Support Services Manager

Staff Program Coordinator

**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:

* Plan and 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 in 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 is submitted to the Department of Social development and 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. Heidi DeLucry began in this position on May 14 of 2020.

For the purpose of this report, the census data collected from April 1, 2019 - March 31, 2020 is as follows:

Admission: 53

Discharge due to Deceased: 48

Discharge (Excluding Deceased): 23

External Transfer: 25

Internal Transfer: 161

Average Census: 148.0

End-Date Active Census: 148

From-Date Active Census: 149

In September 2019 a subject matter expert was on site to provide additional training to enhance alignment of LTCF and Momentum functioning on all 4 units of Rocmaura. Care Plan/ADL meetings were developed with the integration of an interdisciplinary approach. Nursing, Dietary, Recreation, Spirituality and Rehabilitation attend meetings and each discipline are responsible to conducting assessments and completing reports. The interdisciplinary team reviews the Clinical Assessment Protocols (CAPS) to maintain and revise residents’ care plans.

Respectfully submitted,

Heidi Delucry & Shirley Fraser

Inter RAI Coordinator & Director of Nursing

**Trinity Court**

The Covid-19 pandemic certainly has presented special challenges for Trinity courts residents and staff. We have taken various actions to safeguard our residents and to prevent the spread of Covid-19. The care team has worked diligently to meet the special needs of our residents and protect them from social isolation, as our visitors are restricted. Social isolation can exacerbate dementia symptoms and the care team continually develops alternative ways for our residents to connect with their families and friends- virtual video calls, phone calls, window visits, scheduled and DSP visiting are a few examples of how staff maintain that social connection. Our dementia residents also have a tendency to wander and have a special need for social connection and physical touch leading them to roam in and out of other residents rooms and into common areas such as our TV lounge. This increases the risk of transmitting or contracting the Covid-19 virus. Our dementia care residents are a very vulnerable population during this pandemic.

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.

* 5 residents have diagnosis of dementia.
* 6 residents have diagnosis of mixed dementia.
* 1 resident has diagnosis of Lewy body dementia.
* 2 residents have diagnosis of vascular dementia.
* 10 residents have diagnosis of Alzheimer’s disease.

Presently, Trinity Court is home for 15 women, and 9 men. The ages of our residents range from 64-92 with 81 being the average age. Since last May, Trinity Court has had 11 admissions, 4 deaths, 11 in-house transfers off the unit and 3 in-house transfer to our unit. We had 11 emergency transfers to hospital with 3 admissions required. 1 Resident admitted to CAM unit for behavioral assessment and management.

**Level of care**

* Currently we have no residents who are independent with care.
* 16 residents require total care with all of their activities of daily living and require the assistance of 1 staff member.
* 3 residents require total care with all of their activities of daily living and require the assistance of 1- 2 staff members.
* 1 resident requires total care with all activities of daily living and requires assistance of 3- 4 staff members.
* 4 resident requires total care with all activities of daily living and requires assistance of 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. The hairdresser schedules one day per month on our unit and provides hair care to many of our residents who are not receptive to leaving the unit. 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**

* 19 are independent and require no aides.
* 4 are independent and require the use of walkers.
* 1 requires the use of a Hoyer lift for all transfers.
* 0 requires assistance of two staff to ambulate.
* 14 residents are a falls risk as per falls risk assessment

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 residents 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 residents’ changing needs. This can sometimes take weeks or even months depending on bed availability on the other units.

**Elimination**

* 0- residents are continent, do not require an incontinence system, take themselves to the bathroom.
* 7 residents are continent and require a scheduled toilet routine.
* 13 residents are incontinent and wear an incontinence system & require a scheduled toilet routine as they still have some control.
* 4 Residents are incontinent at all times and wear an incontinence system, no toilet routine as they have no control.
* 0 resident requires straight catheterization &/or foley catheter for urinary retention.

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**

* 23 residents require meal set up and constant supervision throughout the meal.
* 1 resident requires total assistance with their meals and snacks.
* We have 3 resident who is a very high risk for aspiration.
* 14 residents require regular diet.
* 8 residents require mechanical soft diet.
* 1 resident requires puree diet
* 1 resident requires a mechanical soft, gluten & lactose free diet.

 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. We have 4 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 1000 am. After 1000 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 of our residents throughout the week Tuesday-Friday. 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.

Karen Simon, our dietician, is a huge asset to our care team and we are grateful for all she does to ensure that the resident’s nutritional needs are met.

All residents’ are weighed on admission and then every month or as directed by dietician or physician.

10 residents take Resource 2.0, 30-60 MLS, with each medication pass as this helps maximize their calorie and protein intake.

**Rehab**

* 7 residents using pressure reduction devices.
* 6 residents wear compression stockings for leg edema.
* 9 residents wear orthopedic shoes.
* 1 resident requires bed alarm.

We are thankful to have our rehab resources.

**Wound Care**

* 5 residents have Stage I wound.
* 1 resident has Stage II wound.
* 0 residents has Stage 3 wound.
* 1 resident has Stage IV wound.
* 7 residents follow our heel protocol for prevention.
* 5 residents are at risk of skin breakdown according to our Braden Scale assessments.

Our wound care committee meets monthly & we collaborate with Erika Breau, wound care nurse from Molnlycke regarding wound assessments and treatment. Erika also attends our wound care meetings. Wound care protocol is always followed with each wound.

**Mental Health**

* 6 residents with a secondary diagnosis of depression.
* 2 residents with paranoia and delusional disorders.
* 7 residents have diagnosis of anxiety.

Trinity Court continually works towards our goal of antipsychotic medication reduction. Benefits of this include focusing on providing target one on one care and increasing social interactions with our residents to prevent the challenging and responsive behaviors from occurring, thus, not requiring medication to treat these behaviors.

All Trinity staff had the opportunity to attend Gentle Persuasive Approach ( GPA ) training which is a program that trains care staff to deliver person centered, compassionate care to residents with dementia & how to safely manage their responsive behaviors. This training will now be mandatory each year for all staff working in Trinity Court.

**Restraints**

* 1 resident requires the use of a Geri chair when up.
* 4 residents require use of a Geri chair during meal times only.
* 0 residents require the use of two side rails at bedtime.
* 10 residents require use of restraints on an as needed basis.
* 1 resident who requires a wander alert bracelet.

Restraints are evaluated monthly and if not needed are discontinued. We only restrain when necessary and as our last resort.

**Medical**

* 3 residents have pacemakers.
* 18 residents are a No code.
* 6 residents are Full code.
* All residents have monthly BP & P taken.
* We have 3 Non- insulin dependent diabetics who require monthly accuchecks and 2 insulin dependent diabetics who require weekly accuchecks. We also follow standing order for hypo/hyperglycemia as required.
* 5 residents require monthly accuchecks as they are on a medication that can cause hyperglycemia.
* 7 residents require routine blood work for lipid profiles, CBC’s, & lytes.
* All residents have routine yearly blood work completed every October.
* All residents have been immunized for Covid-19 except for our two newest admissions. They both will be scheduled for our upcoming vaccine clinic.
* All regular immunizations up to date except for one of our latest admissions. These immunizations will be given once covid-19 vaccines have been given.
* 16 residents are at risk for pain as per pain scale assessments.

**Staffing**

* 0700-1500: 1 RN, 2 LPN’s, 1 RA. We have two sections. One section consists of 10 residents and is staffed with either 1 LPN or 1 RA. This section consists of those residents who require only one staff assist. Second section consists of 14 residents and is staffed with 1 LPN & 1 RA. This section consists of those residents who require more than 1 staff for care. The RN completes 0800 medication pass. An LPN completes the 1200 and 1400 med passes.
* 1500-2300: 1 RN, 1 LPN, 1 RA and 1 RA who works from 1800-2200. The med LPN passes all medications at supper and the RN passes the bedtime medications. We implemented this change to free up the RN to complete all RN tasks from 1500-1700. There are three sections consisting of 8 residents each, The RA & LPN work together with those residents who require more than 1 staff with care.
* 2300-0700: 1 RN for both Trinity and Garden Court, 1 RA.

It was implemented that Trinity Court is to never work short due to low number of staffing working on unit. This has improved resident safety considerably.

**Foundation**

We are very excited that the foundation has granted more of our wishes this year. They purchased three new bedside tables, four lounge chairs, three love seats & two new theraglide rockers. We send out a big thank you to the foundation for helping us to improve the lives of our residents.

**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”.

Gerri-Lynn Stephen, RN/BScN

Unit Manager, Trinity Court

**Terrace Court**

Over the past year, Terrace Court has continued to maintain a high level of care to our residents and their families.

Terrace Court has forty - eight (48) residents who are either physically or cognitively impaired. We have thirty- eight (38) female residents and ten (10) male residents. Their ages range from sixty - six (66) to ninety-nine (99) with the average age of eighty- two (82).

For the fiscal year of 2020-21, Terrace Court had eleven (11) admissions, nineteen (19) deaths, sixteen (16) 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.

**Level of care**

* Currently forty-one (41) of our residents require care with all of their activities of daily living. Twenty four (24) require two staff members to complete their care; twenty-four(24) require one staff member
* Terrace Court is home to four single rooms and twenty-two (22) double rooms.

**Ambulation**

* Thirty-eight (38) residents require use of a ceiling lift for all transfers. Each ceiling lift requires two staff members. Two (2) resident ambulate independently using a walker and one (1) resident ambulates independently. Seven (7) 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. Two (2) more residents are mostly continent but require assistance with transfers to and from the bathroom. One (1) resident has an indwelling foley catheter. Forty-three (43) residents are incontinent and wear incontinent system.

**Nutrition**

* With every meal, twenty-eight (28) residents require total assistance. This includes the setting up of trays and feeding the residents all three (3) meals plus snacks and/or supplements. Sixteen(16) residents require assistance setting up their trays and continual supervision and assistance during the meal. Four(4) residents are able to feed themselves with some needing minimal assistance setting up the tray but can then eat on their own.

The staff of Terrace court continue to host a lunch and supper group in the large lounge seven days a week. 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. Meals on Terrace Court continue to be a time-intensive undertaking.

**Restraints**

* Forty-four (44) 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 ten (10) 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 aged 66 years and two residents aged 99 years.

**Staffing**

* 0700-1500: 1 RN, 3 LPNs, 8 RAs with 2 RAs working 0700-1300. There are four teams of four and one team of one.
* 1500-2300: 1 RN, 2 LPNs, 5 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,

Catherine Downs, RN

Unit Manager, Terrace Court

**Hopewell Court**

Hopewell Court is home to 29 Residents living and sharing their lives on a cognitively well unit. We are proud to 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.

All Residents have their level of cognition 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 a Resident to score at least 23/30 on this assessment. This assessment tool helps 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 private rooms and ten double rooms. Currently we care for twenty-one women and eight men, ranging in age from sixty-two to ninety seven. Since January 2020, Hopewell Court admitted eight residents. In addition, we had eleven Resident deaths. Over the past year, we also transferred Residents to other courts within the home and received Residents from other courts.

**Level of Care**

As in the previous year, the level of care required by our Residents has continued to increase. This increase is mainly a result of the natural decline in health 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, with twenty-two residents in need of total care with their activities of daily living.

Currently four residents require two staff to render care. Fifteen residents require a mechanical lift operated by two staff members to get them in and out of bed.

Fifteen of our Residents have mental health illness including dementia and other illnesses. These Residents 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. We also have two Residents dependent on oxygen therapy.

**Ambulation and General Mobility**

Fifteen residents depend on a mechanical lift to be assisted in and out of bed. One resident ambulates independently, twelve require a walker. Sixteen residents utilize a wheelchair.

Any of the residents ability to ambulate can change rapidly depending on changes in medical conditions or their psychological state. We are guided by a least restraint policy however, there are instances related to safety where restraints are required. Consent for the use of restraints must be given by the Resident or family. Nineteen residents require a restraint for safety reasons. Nineteen residents require two side rails elevated while in bed ( three PRN) and three have a seatbelt with clamshell or pen release applied when using a wheelchair.

**Nutrition**

We have nine residents who dine in the main dining room for at least one meal. While the other twenty remain on the court for their meals with ten requiring some degree of assistance. Only one of our residents requires 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 one ulcer that we are treating with mepilex Ag. We have one resident that has reddened heels and one with an intact blister. Several Residents have orders for creams to alleviate excoriated skin or rashes. In addition, some have been set up with special cushions and mattresses by rehab to help prevent skin breakdown.

**Elimination**

Twenty-three of the twenty-nine Residents use some form of an incontinence system.

Six Residents are totally independent for their elimination needs.

Fourteen residents are completely incontinent.

The majority of Residents are incontinent of urine to some degree during a twenty-four period.

Currently we have three residents who have indwelling catheters.

**Staffing**

Currently the day shift is staffed by one RN, two LPNs, and three RAs. One of these RAs works only a four hour shift and one of the LPNs is designated to pass medications and provide care to an assigned number of Residents.

The evening shift is staffed by one RN, two LPNs, and one RA.

The night shift consists of one LPN as well as one RN who covers two 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,

Melaina Anderson RNBScN

Unit Manager, Hopewell Court

**Garden Court**

Garden Court is a 49 bed unit with residents who exhibit different levels of cognitive status from cognitively well to mild or moderate cognitive impairment to severe cognitive decline. Their average age is 81 and range from 63 to 99 years of age.

Garden Court is a busy unit with the most turnover of residents due to the many transfers to other units as needed when the resident’s care needs change. The following data is an accumulation of stats from April 30, 2020 to May 13, 2021.

**Admission/Discharge**

Admissions- 26

Deceased- 18

Discharge excluding death- 1

Internal transfers- 60

Average census- 48.1 [currently 49]

**Level of cognition**

No diagnosis of Dementia- 12

Mild to moderate Dementia- 17

Advanced Dementia- 20

**Mobility Status**

Independent mobility without aids- 6

Independent transfer to W/C- 1

Independent mobility with walker- 10

Supervision with walker- 2

1-2 assist with walker or to W/C- 14

Mechanical lift- 16

**Feeding**

Independent-13

Set up with supervision- 21

Total assist- 15

Feeding tube- 1

**Elimination**

Independent- 9

Assist with toileting- 18

Incontinent and total assist- 22

I &O catheterization- 1

Indwelling foley catheter- 3

Colostomy- 1

**Requirements for personal care**

Independent except for shower weekly- 4

Assist with care- 10 [able to do some personal care]

Total assist with care- 35 [not able to perform any self-care]

The staff on the unit are met with many challenges, as some residents exhibit behavioral and psychological symptoms of dementia and can be physically and/or verbally responsive.

Some residents are at risk of wandering and wear wandering bracelets, which go off many times during the day, if residents are trying to exit seek.

Several residents have bed alarms attached to the call bell system as they are a high risk for falls and this will alert us if they are trying to get out of bed.

Respectfully submitted,

Brenda Wilson, RN

Unit Manager, Garden Court

**Rocmaura Foundation Inc.**

If this year was described as a dance move, non-profits did a big PIVOT, while Rocmaura Foundation was doing the HUSTLE, to keep things moving along. Our organization fared very well, due to our community of caring people, our suppliers, donors, and families, and because we adapted quickly to raise funds during some of the most challenging times.

In mid-March 2020, there were no more in-person gatherings and we had to change the way we thought about everything. All of a sudden Plexiglas, hording areas, PPE, and video calls were part of daily life at Rocmaura Nursing Home. Our community dealt with travel restrictions, restaurant closures, and social distancing protocols. Haircuts went out, and window visits were in. Temperature taking, hand sanitizer, and masks helped reduce the risk of exposure from Covid-19.

While other charities cancelled their summer BBQ’s and major fundraisers, Rocmaura Foundation sold Covid T-shirts, and was the first to transition to an online Gala. The Coronavirus forced us to move our annual event up, from September to June, via Zoom. It was new technology, unchartered territory, and it was a huge success, with the Gala net total raised $75,490, actually higher than our previous in-person event of $53,940!

While our online auction brought in only a fraction of what our silent and live auctions normally do, $5280 compared to $31,240 last year, the up side is that we did not have the costs of a $35,000 facility rental to serve 500 meals, band, or slick production teams. Our Foundation Director shot and edited all the elements for the program on an I-phone! Audiovisual companies had not yet adapted to hosting online events, and while it felt a bit frantic behind the scenes, viewers loved being part of it all. Many thanks to the Saint John Theatre Company, James Mullinger, and Cindy Day who were up for the challenge, and our special guest Jennifer Russell who treated us to a song on her Saxophone, amidst her busy schedule as Chief Medical Health Officer of NB. It was quite a show!

**WARDROBE PROJECT**While Covid brought so much uncertainty, we expected giving to decrease, but donors stepped in with major gifts. Don Mitchener made a surprise donation of $17,500 for the wardrobe project, and Scott McCain, a first time supporter, made a $10,000 gift, while Atlantic Millworks donated a free unit with our order. In all, we were able to install eleven more wardrobe units on Terrace. This brought joy to one resident in particular, June Lane, who had been waiting for several months, after being featured on last spring’s direct mail brochure. This project has been ongoing since 2007, with the Foundation raising $420,000 toward the first major renovation to resident rooms in our home’s 50 years. We now have only thirty units left to build at a cost of $105,000.

**MAJOR GIFTS**We also received a major donation of $25,000 from an anonymous donor in November 2020, and we received a $10,000 bequest in memory of Edna Dibblee-Wellnar. She lived at Rocmaura until the age of 103. Her family appreciated her care over her eight and a half year stay. The Knights of Columbus 6595 Council also continued to support us with three $2500 donations for things such as personal care items, body pillows, and music therapy programs. Two $3200 gifts also helped purchase two digital wheelchair scales; one in memory of Elsie Hersey, and the other donated by the Rotary Club of Saint John. These help weigh residents more easily, without use of ceiling lifts to help maintain proper nutrition and health. A donation from Octavio Ribeiro for $3300 also purchased two more Theraglide rocking chairs, (his 6th) to help residents self soothe. JDA Electric answered our call and donated a two-way telephone to give more privacy during window visits. Several other annual donations help fund items on our wish list including more pocket talkers. The devices help seniors participate in conversations and allow families to have more meaningful visits with their loved ones.

**WISHES GRANTED**
$5100 Ice making machine for better hydration
$3200 Wheelchair Scale donated by Rotary Club for Terrace Court
$3200 Wheelchair Scale donated by Edith Chilton for Garden Court
$700 5 pocket talkers to help residents hear
$900 Tablecloths for homier dining
$600 New resident welcome baskets
$1300 2 Geri Chairs for Trinity Court
$3300 2 Theraglide Rocking Chairs for Trinity Court
$4600 Rehab Equipment
$2000 Harold Marks Paintings Framed for Art Gallery Project
$1200 Phone donated by JDA Electric

Donors have helped make many of our wishes come true this past year. We have received more than $26,000 worth of gifts-in-kind including TV’s, wheelchairs and walkers. Families have donated everything from craft supplies to bingo prizes. We received a beautiful collection of 14 paintings by Catherine McAvity appraised at $5400, and had another collection of 12 artworks by Harold Marks framed and hung on Terrace Court. Our Foundation’s Art Gallery Project was praised recently by inspectors touring our home.

**OUR SUCCESSES**Our Direct Mail campaign more than tripled, growing from $3780 in net donations to $12,030 this year, and we now have a handful of monthly donors contributing on a regular basis.

Lotteries became a popular new way for many nonprofit charities to raise funds this year and this helped Rocmaura Foundation raise $13,860. We launched a new Mission Possible 50/50 Draw, which raised $4000 in December. It was wonderful to see in-house support like never before. Thirty percent of tickets were purchased by staff, using payroll deduction. A second draw in March raised $3000.

We worried that without visitors in the home, our Donor Wall program might decline, but donations more than doubled from $400 to $1150. Families enjoyed seeing photos of our legacy tree budding with leaves, birds, and butterflies on our Facebook posts. Next year we plan to add new hummingbirds and dragonflies to the wall for new $1000 and $1500 donation levels.

**GOING THE EXTRA MILE**Vaccination day at Rocmaura was an unforgettable moment and all staff should be commended for helping residents get their first shots. Sally Cummings documented the important events by taking videos and photos to mark the experience.

Our Foundation Executive Director really changed gears this year, taking on more of a communications role for Rocmaura. When families were no longer able to visit, social media was their only means to see their loved ones. The Foundation purchased a new printer to make photo ID badges for staff so Residents could see their caregiver’s faces behind their masks. She also helped design new signage at the Parks and Burpee entrances to lessen the confusion for families over where to make deliveries and do window visits. Many people started working from home this year, and as Foundation Chair, I stayed on in the position for an additional year, until things settled down.

Rocmaura Foundation’s mission to enhance our Resident’s quality of life also grew to encompass more staff appreciation. Families donated gift cards to say thanks to our front line staff, which launched into frequent draws. The Foundation began arranging coffee drops. Companies like Tim Horton’s and McCafe generously donated “a cup of Joe.” Rocmaura received an outpouring of community support. Early in the pandemic,Irving Oil donated cases of hand sanitizer. The home received 15 IPads, 10 fire tablets from Routinify, hand-sewn masks, and face shields from Kent. The Foundation created a new Mothers Garden and planted tulip bulbs when families were not allowed to send flowers on Mother’s Day.

**IMPACT OF COVID-19**Over the past year, businesses in our community have closed, travel ceased, and healthcare has experienced nursing shortages. Even our live auction winner had to cancel his trip to Greece, after bidding $7000 for it at our Gala last year. We have been stuck in our own version of the movie Groundhog Day. Covid-19 has taken its toll on mental health. We have weathered uncertainty around the vaccine rollout.

We have become more aware of diversity and inclusion. When going through our second and third waves, and then the variants, we have experienced all kinds of trends, from shortages of toilet paper, disinfecting wipes, and yeast, to the growing popularity of pets.

With high demand for materials, and shortages of factory workers, the cost of medical equipment has increased. Our orders for Foundation wish list items like Geri chairs were delayed for several months. Our Club Room rentals stopped. Foundation Cafés and Spring Fling yard sale were also cancelled due to social distancing protocols. Our Curling Fun Spiel in February was postponed until next fall.

**ACCOMPLISHMENTS**Our following on social media has exploded, with Facebook now at 2.3K followers. Our reach is 40,000, 85% women, as far away as the Philippines. Staff, who once used to run from the camera, are becoming comfortable with posts with thousands of views. Our donor retention rate is at its highest in a decade at over 40%. We have acquired 200 new donors this year, and total revenues reached $274,920 compared to $202,670 last year.

The pandemic has shown us we can adapt. Canada Helps predicts online giving will continue to grow, and that is highlighting our need for better website tools. We experimented with new platforms like SimplyK, Stripe, and Bidding Owl, and we have made it easier for donors to E-transfer funds. We are looking forward to changes in Provincial regulations allowing online lotteries, and we foresee hosting new HYBRID events; imagine the possibility of guest speakers joining us from around the world or hosting a telethon right here in our home!

**FUTURE PLANS**Our future goals include strategic planning, updating our bylaws, and broadening the culture of philanthropy in our home. Establishing endowment funds, an annual giving program, and improving online tools are also on our list of things to look into. We would also like to investigate a bus rental program, and create an employee-giving plan. We see possibilities for new alliances with the Imperial Theatre and Saint John Theatre Company to live-stream entertainment to our residents. We will continue community partnerships with the Saint John Rotary Club, and Sally Cummings joined the board of the Association of Fundraising Professionals this year. We have a completely new slate of Municipal politicians that we look forward to getting to know, and a Federal election on the horizon. CERB and other funding programs will draw to a close, and hopefully life as we know it, will get back to the NEW normal. We commend all who weathered this storm.

**NEW BOARD MEMBERS**

Thank you to our wonderful board members, who volunteer their time generously. Many thanks to Rod Flood who attended Rocmaura Inc. meetings, Sister Anita Naves who has ensured for the last decade, that we follow the mission of our founders, the Sisters of Charity of the Immaculate Conception. Thanks to Brian Fitzpatrick our Treasurer, and KPMG who does our annual audit. We welcomed aboard five new directors including Jen Butler, Denise Long, Billy Tyler, Heather White-Brittain, and Anamika Jain. Many thanks to our outgoing members June Creamer Cormier, Lisa Savidant, Sister Sandra Barrett, and Jocelyn Graham.

While Covid affected long-term care facilities in a major way this year, we are blessed we have remained safe, thanks to the hard work of our management and caring staff. Special thanks to Recreation Manager Pamela Clark and Finance Manager Theresa Mercer, whose job descriptions have blown up this past year. Much appreciation to Janice Carr for keeping on top of all the new payroll deductions, and most importantly, we cannot express enough gratitude to Executive Director Sheana Mohra who fearlessly led everyone calmly and bravely through this year.

We have much to be proud of, including rolling up our sleeves to an 82% staff vaccination rate and zero cases in the home. Thinking about the lives we affect, how we make a difference, and the importance of our cause, makes us realize just what an unforgettable year this was. We are thankful to our faithful supporters who have come forward with matching gifts and responded to our Fund-a-Need campaigns when we felt everyone was just too “zoomed out” to host a second virtual Gala this June. We appreciate all our community cheerleaders, who help us make life better for our residents in their “home away from home.”

**Rocmaura Foundation Inc.**



**Emil Olsen – Chair**

**Rocmaura Foundation Inc.**

****

**Sally Cummings – Executive Director**

**Visiting**

With the pandemic, one of the many challenges that all Long Care Homes are facing is the balance between keeping residents safe and ensuring they are not feeling lonely while away from their families and loved ones.

It is a known fact that this age group is the most vulnerable in our society therefore, visiting practices need to be as safe as possible. This is accomplished by following Public Health directives very carefully. Visiting at Rocmaura comes in three forms, which have evolved throughout the year however; we still use these all three methods. Visiting began with Window Visits then, moved to Inside visits and lastly we were able to have Designated Support visits also known as DSP visits.

In the beginning of the pandemic for the months of April May and June 2020, ***Window visits*** were the only form of visiting being conducted, on average there were 15 visits per week. Families would stand outside and residents would stay inside. Window visits are still used if indoor visiting needs to be stopped for the safety of the residents. There are two days a week these visits can be scheduled and there is on average 6 window visits a week. The window visits at this point consist of family members standing inside the entrance way and talking through an intercom telephone to a resident through the glass. The intercom system was a donation by our electricians JDA Electric; it works wonderfully, very clear and loud enough for the residents to hear well.

The next form of visiting is ***Scheduled visiting***. These visits can include two visitors for 30 min once a week. The visits are socially distanced and no touching is allowed. A scheduled visitor is met at the door, screened, gowned, changed into a new medical mask and lastly their temperature is checked. In the beginning inside visits were offered five days a week. On average, there were 19 visitors a day. Until Sept 2020, these visits took place in the entrance not actually inside. In September, we starting conducting inside visits in the living room and quiet room. Once Designated Support Person (DSP) visiting was introduced, visiting days went from five days a week to two days a week. Inside Visiting hours are between the hours of 1045am until 415pm. These visits are booked through appointment. These visits enable visitors who are not DSP’s to still see their loved one. There are 28 spots available a week and they are usually fully booked with, on average, of 24 visiting slots booked and an average of 33 people a week in to visit. If for any reason the inside scheduled visits are cancelled, the window visits are conducted on the same two days .

Finally we have ***Designated Support Visits*** a Designated Support Person is defined as- A person identified by the resident or substitute decision maker as an important support. They may be a family member, friend, companion, support worker, power of attorney/trustee, agent, legal guardian, or any other person identified by the resident or substitute decision maker. Each resident is able to have two DSP’s, the Power of Attorney appoints the DSPs if the resident cannot make their own decisions.

We have 150 residents and 127 have DSP’s in place, only 23 residents are without DSP’s.

Once a DSP is designated, they sign a legal document that includes the rules, regulations and their responsibilities as a DSP. The main responsibility as a DSP is to abide by our safety rules for visits and to know the Public Health directives and follow them. The process of how to enter the building is reviewed, as well as the rules while visiting Rocmaura. DSP’s receive a swipe card and have to swipe in and out; this technology keeps record of who is in the home at any time. The final step to enter Rocmaura, as DSP is to check their temperature before entering. There is a temperature gauge that is linked to the door. Once a DSP checks their temperature and it is normal, the door unlocks. If the DSP’s temperature is not normal, the door will not unlock. For the month of April on average, we have 34 DSP’s at Rocmaura throughout the visiting hours daily.

DSP visitors are able to visit freely during set times 1:00pm-4:30pm and again from 5:30pm-8:00pm. Only one DSP visits at a time. One of the many benefits about being a DSP is that you are allowed to touch the resident that you visiting, you do not have to socially distance. DSP’s can visit in rooms and throughout the home in common areas.

Rocmaura has been fortunate to be able to have staff to complete the DSP education that is required as well as the continuous correspondence. There is an employee hired 2 days a week to set up and conduct visits, as well as train and correspond with the DSP’s. In addition to staff, the DSP program is only possible with the equipment that we were able to purchase. The equipment that is required is the swipe cards program as well as the thermometer scanner to check temperatures.

Overall, for visiting between the scheduled visits and the DSP’s in place, visiting is very successful. Families and residents are happy with the visiting platforms in place. The Window Visits are for times visitors are not able to enter; are less popular however, the intercom telephone has made the situation much better.

It is also important to note that we have essential workers that are required to enter our home. It is very important to have these people doing the necessary work to maintain our home, as well as care for residence. On average over the last year, we have 24 essential workers in monthly.

Respectfully submitted,

Christina Harvey

**Recreation and Volunteer Services**

The Therapeutic Recreation Team stepped up to the challenges that COVID presented. The Team never hesitated in the task of adapting the way programs were delivered to residents while continuing to improve their quality of life through diversified activities.

In the initial months, one to one programming was increased for all residents, then guidelines were developed for gathering in programs and the lifestyle on the Courts was, somewhat, back to pre-covid. Family involvement during all the Holidays and the daily hustle and bustle of family visits, family involvement in programs and volunteer assistance is greatly missed by the residents. We truly see the social impact the lack of community involvement has on our residents. Our residents received stimulation by strolling through the halls talking with families and volunteers.

Families were able to visit with their loved one through scheduled window visits at the Parks and Burpee Street entrances, Recreation staff used their personal cell phones and families brought theirs so they could talk as well as see each other. It was a real celebration when the outdoor visits were permitted.

The Residents were blessed with five SEED/Canada Summer Job grants in 2020. Two of the positions were responsible for the outdoor/indoor visiting program. The other 3 students assisted the Recreation Team on the Courts with programs, one to one visits, taking residents for walks, special events. The staff and the summer students connected with residents’ families, both at home and abroad, through Facetime, video chats and initially window visits. Parcels were and continue to be dropped off to the Parks Street entrance. Items are quarantined for three days, then the staff deliver the items to the residents. The Recreation Room looked like Santa’s workshop over the Christmas holidays as each resident had a red bag filled to the brim with gifts. We had two summer students return for two weeks over the Christmas break to assist with the preparation and delivery of the gifts and assisted with programs.

Christina Harvey was hired to take over the indoor visiting program once the students returned to school at the end of August. We are so fortunate to have Christina as she continues the two day indoor visiting program.

Mail delivery has been plentiful over the past year. The Recreation Staff deliver the cards and letters daily to the residents and will read to those that are not able to read their cards. We reached out, though Facebook, to connect with schools and the community that sent pen pal letters to our residents. Generic cards were purchased and resident, often assisted by the staff, wrote back to the pen pals and their loved ones.

The Music Therapist was welcomed back to Rocmaura in the summer of 2020. Katherine’s therapeutic interventions were limited to playing and reminiscing with the residents. We were able to order portable Plexiglas partitions, which made it possible to sing again. Neurologist Oliver Sacks wrote, “Music can lift us out of depression or move us to tears - it is a remedy, a tonic, orange juice for the ear. However, for many of my neurological patients, music is even more - it can provide access, even when no medication can, to movement, to speech, to life. For them, music is not a luxury, but a necessity.”  We have increased the Music Therapy contract from once a week on Trinity to an extra six hours a month. These hours are used on Terrace Court for one to one programming.

Delbert Worden played weekly in the Courtyard, beginning in May 2020, while the residents gathered by the windows, bundles in blankets, and listed to the old familiar songs. In late June, we were able to move the residents outside to enjoy the music. In 2021, with the use of Plexiglas partition, Delbert and various entertainers that accompanied him, moved indoors.

Mass continues weekly in the main dining room, with Fr. Gerry White with approximately 30 residents attending each week. Fr. White also holds a Designated Support Person card so he is able to come to Rocmaura if a resident is in need of a Priest. Rev. Terry Doncaster was welcomed back for Anglican Service in April 2021. Rev. Keith Osborne holds a Bible Study once a month that started again in April 2021. The Designated Support Person cards have been given to one Anglican minister, one Baptist minister and the Catholic Bishop to be able to come in and visit the residents at their leisure.

To provide individualized programs, that meet each resident’s needs, leisure goals are developed, monitored and reassessed on a daily basis and at the interdisciplinary review, and includes the development of the Life Biographies. Small and large group programs, activities of daily living, and one to one target programs are important aspects of resident programming. The staff have been using Momentum for the LTCF and Care Plans as well as Activity Mass Charting.

Volunteers play a vital role in providing services to our residents. They have been truly missed. We look forward to the day when each of them can return.

We were unable to partner with Origins daycare and the Library to offer our nanny and grampies programs in person. Our partnership with NBCC Human Services Program and the high school cooperative education program was put on hold for the 202/2021 school term.

We suspended the partnership with Therapeutic Paws of Canada and are anxious to have the program begin again with Lana and Loki the cat. Families are recently permitted to bring in their pet to visit their loved one. Their vaccination information must be up to date and presented upon their initial visit. This has been well received by the residents.

Residents’ Council consists of approximately 25 residents. They continue to meet monthly to discuss issues related to the residents of Rocmaura. The Council was established to provide a line of communication between residents and administration with the goal of providing suggestions and changes on improving the quality of care.

The meeting is held the second Tuesday of each month from September to June. Each year, with the assistance of the staff advisor, the executive is elected. The President sends condolences, on behalf on the Council, to the families of deceased residents. Guest speakers are selected by the residents and invited to speak at each meeting. The Safety Talk for the month is reviewed by the staff advisor.

As with most departments, we could always use more programming staff. Our department is very fortunate to students to complement our workforce in the summer. Staffs are not replaced when they take a sick day or vacation time. One of our goals for the coming year would be to increase the Music Therapy contact by 10 hours a week. This would enable the department to utilize the therapeutic skills of the Therapist during peak times; assist with responsive behaviors through music; and possibly eliminate sun downing through the therapy.

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

**Resident Trust/Purchasing Department**

This past year has been a year like no other year; on March 11, 2020 a pandemic was declared by WHO. This date changed the world in so many ways, fifteen months later we are still feeling the effects.

Resident Trust: Covid -19 changed our pre-admission meeting format. The Pre-Admission meeting with the family member/POA was in the foyer with two designated staff reviewing the agreements for the departments. With the Yellow Phase, we are now able to meet with family members/POA to review our agreements.

Purchasing: has undergone many changes since March 2020, Personal Protective Equipment has been difficult to source. When placing an order it was not uncommon to read notices such as:

**“Items on Allocation- Rolling backorder- Limited quantities may be available for allocation- No confirmed** **ETA- A year 2030 Est. ship date/ETA means date unknown.”**

We were in need of masks, gloves, Oxivir, Purell and digital Thermometers. We were so fortunate to be assisted by Irving Oil, Scott Henderson of Social Development and Fred Blanchett of Cardinal Health.

Purell was difficult to obtain in the early months of the Pandemic. We were so fortunate to receive 120 L from Irving Oil to supplement need. This was greatly appreciated.

Masks were the most difficult to purchase. The mask we ordered in the past went from $45.00 a case to $499.00. We needed to find another source.

We would like to thank Scott Henderson of Social Development; he set up a routine delivery of masks from the Pandemic Warehouse in April 2020, which continues, as demand requires.

Gloves have increased in price over the past year by 388% causing us to purchase from another source. Gloves remain on allotment.

Tena: Our goal was to reduce the number of products we were using. We have achieved our goal this year. In the past we were ordering 13 different products, now we are ordering 8 products: Day Lights, Day Stretch and Night Super Stretch and Pull Ups.

Tena pricing remains constant. We have 87% of our residents using incontinent products. This year we spent approximately $78,280.92 on Tena, the average monthly cost is $6,523.41. The Super Stretch brief is the most popular.

My most sincere thanks go to our Management Team; this year has been like no other year and proved we can accomplish anything as a team. During the first few months, there were so many unknown situations. As a team, we were able to work out a Covid-19 plan and then another one as the situation changed. Great Team!

Sheana Mohra, thank you for keeping us safe, I always felt I was safe when coming to work at Rocmaura.

Respectfully Submitted,

Roxanne Beatteay

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
| **Antipsychotic Use** | **# meet criteria**  | 53/150 | 45/150 | 52/150 |  |  |  |  |  |  |  |  |  |
| **% meet criteria** | 35% | 30% | 35% |  |  |  |  |  |  |  |  |  |
| **# with med ↓**  | 5/53 | 5/45 | 4/52 |  |  |  |  |  |  |  |  |  |
| **% with med ↓** | 9% | 11% | 7% |  |  |  |  |  |  |  |  |  |
| **Benzo** | **# on Benzo’s** **National Average 25%** | 24 Sched23 PRN16% | 25 Sched22 PRN17% | 24 Sched19 PRN16% |  |  |  |  |  |  |  |  |  |
| Restraint Use | **Restraint Use#****%** | 85/15056% | 100/15067% | 100/15067% |  |  |  |  |  |  |  |  |  |
| **Falls** | **Falls #****total falls** | 17/150 | 37/150 | 33/150 |  |  |  |  |  |  |  |  |  |
| **%** | 11% | 24% | 22% |  |  |  |  |  |  |  |  |  |
| **Resident Safety Risk Adverse Event****causing Harm**  | 1 (sutures) | # arm | Cut head (sutures) |  |  |  |  |  |  |  |  |  |
| **Med Errors** | **Med Errors****#** | 1/150 | 2/150 | 3/150 |  |  |  |  |  |  |  |  |  |
| **%** | 0.6% | 1.3% | 2% |  |  |  |  |  |  |  |  |  |
| **Resident Safety Risk Event** | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |
| **Infections** | **Infections** **#** | 5/150 | 4/150 | 6/150 |  |  |  |  |  |  |  |  |  |
| **%** | 3.3% | 2.6% | 4% |  |  |  |  |  |  |  |  |  |
| **Resident Safety Risk Event** | 0 | 1 Stage 3 | 2 Stage 3 |  |  |  |  |  |  |  |  |  |
| **Immunizations** | **Influenza - employees** | 152/210 |  |  |  |
| **Influenza - Residents** | 148/150 |  |  |  |
|  | **COVID-19** | Update May 14, 2021 Dose #2 145/150 Dose #1 150/150 185/226 employees = 82%  |  |  |  |
| **MRSA/ VRE** | **House Total****includes****Colonized / prior +** | 5 | 5 | 5 |  |  |  |  |  |  |  |  |  |
| **Wounds** | **Wounds****#** | 16/150 | 22/150 | 22/150 |  |  |  |  |  |  |  |  |  |
| **%** **25%Benchmark** | 11% | 14% | 14% |  |  |  |  |  |  |  |  |  |
| **Resident Safety Risk Event** | 1 Stage X | 2 Stage 3 | 1 Stage 3 healing |  |  |  |  |  |  |  |  |  |
| **Wandering bracelets** | **# Residents/Total Residents** | 10/150 | 10/150 | 10/150 |  |  |  |  |  |  |  |  |  |
| **Hand Hygiene** | **9 Departments complete monthly** | 9/998% | 9/9100% | 9/986% |  |  |  |  |  |  |  |  |  |

**Falls / Med errors / Infections - %/1000 days based on FACILITY**

**Hand Hygiene audits – 1 department has not submitted**

**Restraints**

Rocmaura has a Least Restraint Policy where the least restrictive restraint shall be used for the shortest duration possible

**Definition:** Any physical (e.g. holding or handling), chemical (e.g., pharmacological), mechanical (e.g., bed rails chair belt or tray) or environmental (e.g., seclusion) method of restricting a resident’s freedom of movement, physical activity, or normal access to his/her body. (Accreditation Canada Standards / Qmentum). Types of Restraints: Geri chair with table, Geri chair with safety belt, wheel chair with safety belt, Chair with safety belt, Seatbelt with Clamshell or Pen Release, Side Rails (bed) use of 2 side rails, Psychopharmacologic drugs, and Lap buddies