Resident Care Quality Report

Annual 2017-18

Saint Vincent's Nursing Home

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Contents

Our mission is to provide quality care and services in a home-like environment.

Commitment to Quality

Saint Vincent's Nursing Home is committed to providing quality of life through compassionate and innovative care. We recognize the ability to do so is through continuous quality improvement. The SVNH Strategic Plan outlines how we are working towards our vision and operationalizing our mission on a daily basis. The quality improvement plan further demonstrates the priorities for the 2018-19 year.

The quality indicators were developed with input from the Board of Directors, the senior leadership and management teams, the Quality Team, and the Resident and Family Centred Care (RFCC) group. Our highest priority is to engage residents and families in how we improve quality. Through our Resident's Council and RFCC working group, we are listening to residents and families to understand what matters most to them and with that information, implement activities by:

- Establishing improvement goals
- Setting priorities
- Describing methods of measurement and analysis
- Assigning responsibilities for quality improvement activities
- Working to resolve barriers and address needs identified through quality improvement activities

All residents, families and employees are encouraged to take an active role in quality at Saint Vincent's – whether that is participating in a quality committee, spearheading a quality initiative, conducting research on best practices, or taking part in education sessions and in-services to better their understanding of quality management and quality assurance for our residents.

Quality management is a shifting process and therefore, quality should always be reviewed and is a standing agenda item on many internal committee meetings.

Medication Management

Action Plan (Completed)

Nursing errors discussed with nurses involved by RCMs.

3 Ways to eMAR video sent to all RN/LPNs via email to review. 17 RN/LPNs indicated they reviewed video.

Catalyst Super Users (2 LPNs) in place to address concerns with eMAR that staff are experiencing.

14 RN/LPNs indicated they reviewed the 2017 CRNNS/CLPNNS medication guidelines.

The RCMs reviewed with the Evening and Night nurses the Processing of Orders policy and 24 Hour Check policy and the verification of orders procedures.

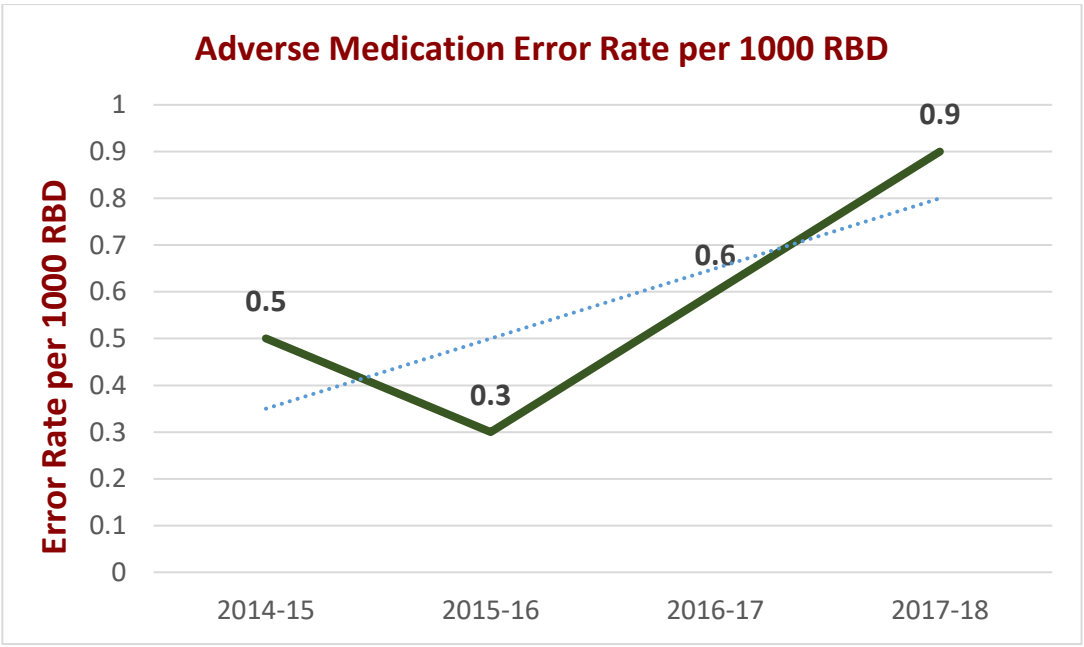
Pharmacy implemented an independent verification check list to help ensure all steps are followed prior to sending medication to units.

Action Plan (Proposed)

To meet goal, actions to include:

RCMs to ensure Catalyst training 3 Ways to EMAR is completed on orientation for all RN/LPNs.

RCMs to complete random audits each month to ensure all nursing staff are completing 3 Steps to EMAR at the end of medication passes.



There were no adverse effects to the residents from any of the errors. Our error rate remains minimal.

The majority of nursing incidents involved missed doses and missed doses that had been signed as given. This was a concern last year as well and staff were asked to review 3 Steps to EMAR, Catalyst's system that ensures medications are all given, if any response is required for prn's administered, or if any medication tasks need to be completed.

Catalyst training is included in the RN/LPN orientation which includes a video on 3 Ways to EMAR.

The majority of pharmacy errors involved data entry. The errors noted in this report were not detected by pharmacy or during our verification processes. There was an improvement in the number of data entry errors found and rectified during SVNH's verification process after discussion with nurses on Evening and Night shifts by the RCMs.

Goal for 2018-19

To reduce the number of missed doses by 90%.

Falls Management

Action Plan (Completed)

Baseline care plans developed and initiated for residents identified at risk for falls.

Extra monitoring for residents at high risk for falls.

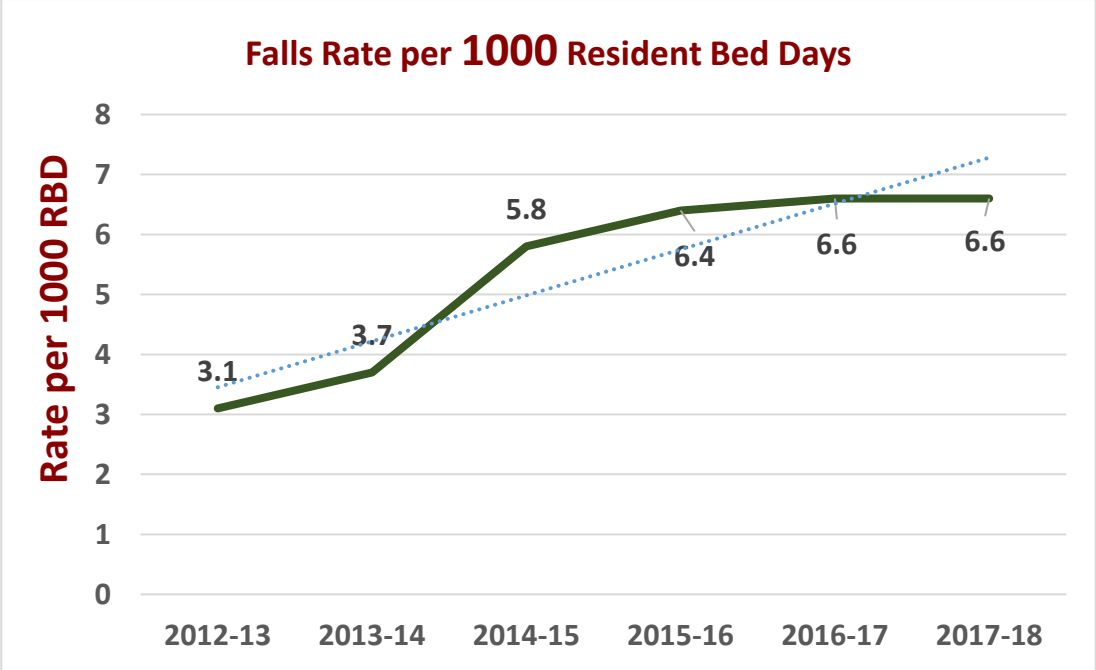
Action Plan (Proposed)

To initiate PDSA cycle to achieve goal. To include:

Education sessions for all staff on fall prevention to be offered every quarter.

Clinical RNs to review care plans of residents with multiple falls with care team including physiotherapist, resident and family to consider reassessment of interventions at unit meetings/ huddles/ care conferences. Team to consider time of falls, location of falls, possible triggers (restless, need for bathroom), etc.

Continue close monitoring of those residents at risk.



63 residents over the past year had 2 or more falls resulting in 75% of the total number of actual falls.

# of Residents	# of Falls
26	2-3
16	4-5
9	6-7
4	8-9
8	10 or more

44 (49%) residents admitted/ readmitted to SVNH in 2017-18 assessed as high risk for falls.

Goal for 2018-19
To reduce the number of multiple falls for each resident identified as high risk by 25%.

Action Plan (Completed)

Hip protectors considered for residents assessed for high risk for falls.

Audit showed “Falling Stars” in place on care plans and at bedside to communicate to all staff, residents at risk for falls.

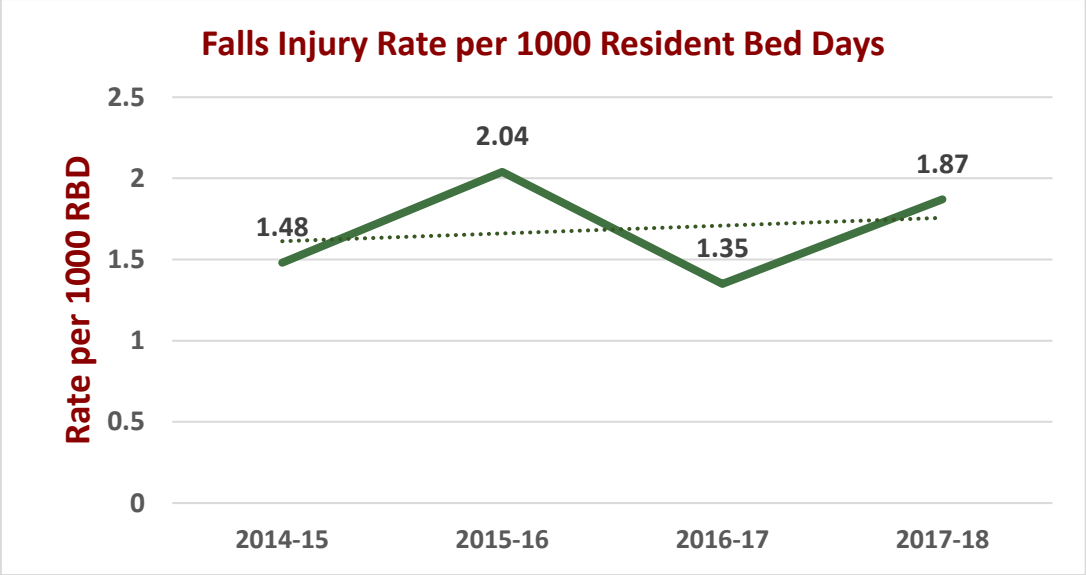
Root Cause Analysis completed for serious injuries.

Action Plan (Proposed)

Ensure documentation is on resident record when families are contacted regarding hip protectors, their response, when ordered, when put in place (on care plan) and resident’s response to intervention.

Continue to communicate to all staff on unit residents at high risk for falls with the “Falling Stars” and unit meetings/ huddles.

Falls Management-Injury Rate



Majority of injuries were slight hematomas and skin tears.

Six residents received fractured hips with a fall. One resident received a fractured pelvis and another a fractured Humerus.

Root Cause Analysis of the falls causing severe injuries showed the declining health of the resident, care plan not specific about frequent checks and hip protectors not considered/ worn as possible causes of fall/injury.

Incident reports show that hip protectors are not commonly used at present for residents assessed as high risk for falls.

There is evidence on units that all staff including nursing, dietary and environmental services are ensuring residents are wearing proper footwear, have their mobility aides and clutter and spills are being cleaned.

Goal for 2018-19
To reduce the number of fractured hips by 50% with the intervention of hip protectors for those residents assessed for high risk for falls.

Least Restraint-Physical/Environmental

Action Plan (Completed)

Revised Least Restraint Policy in effect.

Baseline care plans developed for residents using restraints.

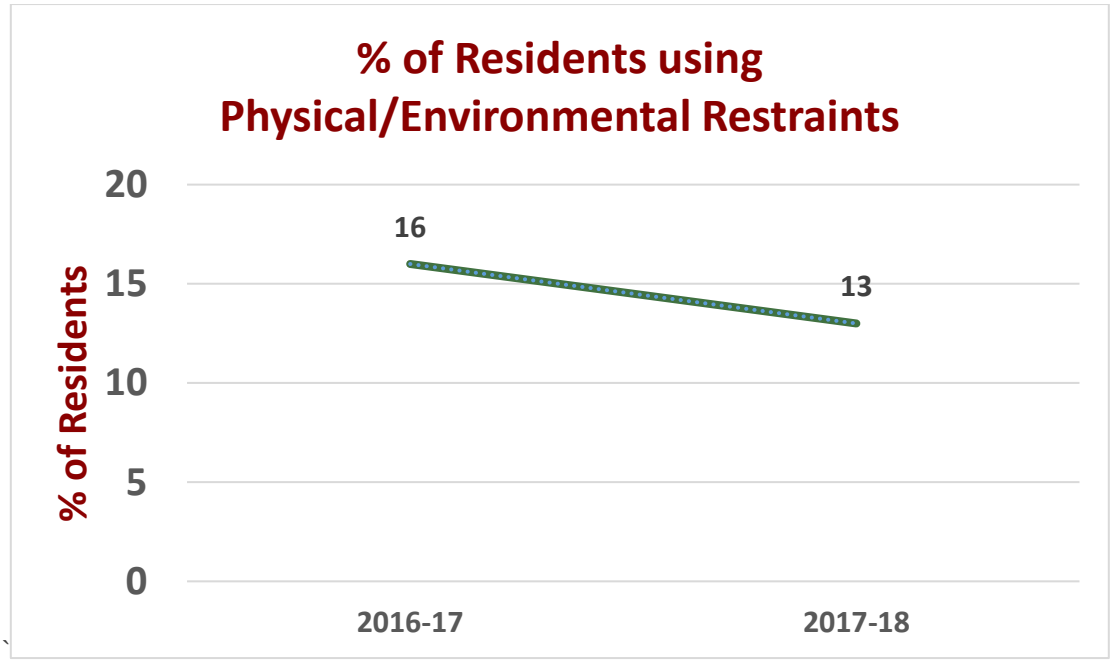
Baseline care plans developed for residents using positioning belts.

Action Plan (Proposed)

Care plans in place for all residents using restraints /positioning belts/chairs.

Development of policy for the use of personal safety devices.

Development of a safety alarm policy.



At present we have 19 (13%) of our residents using physical/environmental restraints. No half doors is are place.

We have 45 (30%) of residents in positioning belts and/or tilt wheelchairs for positioning. This is up from 38 (26%) from last quarter.

We have several residents using alarms in bed/chairs.

Goal 2016-18

Our goal is to ensure policy for Least Restraint is being followed prior to and during the administration of a restraint to consider non-restraint interventions.

CIHI National Usage of Restraints 6.5%

Action Plan (Completed)

192 staff completed an hour long workshop featuring Teepa Snow in a DVD on Care Approaches and Dementia (mandatory).

Education offered throughout the year via e-learning, conferences and webinars on dementia, care approaches, medications for staff and families.

RCMs reviewed care approaches with staff involved in responsive behavior incidents.

Wedges provided for residents who resist care and try to roll back.

ROAMALERT policy and procedure reviewed and revised.

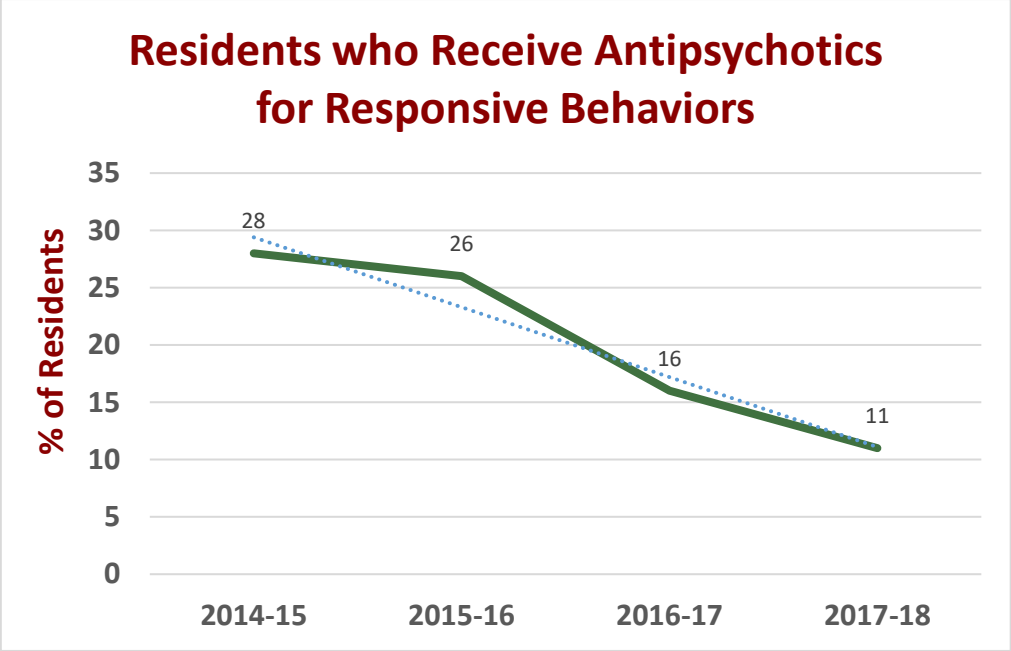
Missing Resident policy and form revised.

Action Plan (Proposed)

All staff to receive education on Positive Physical Approach in 2018

Clinical RNs to review care plans of residents with risk for responsive behaviors with care team including resident and family to consider reassessment of interventions at unit meetings/ huddles/ care conferences.

Least Restraint- Chemical



16 (11%) residents receive a chemical restraint for Responsive Behaviors. Of those 16, there is an indication of physical aggression documented for 8 of them. Other indications include agitation, resistive to care, and verbal aggression.

This number excludes those residents receiving antipsychotics for a diagnosed psychosis, hallucinations or anxiety disorders.

There is no increase in the % of incidents involving aggressive residents. Incidents per 1000 RBD for 2017-18 was 1.02 (1.3 for 2016-17).

The entire health care team and support staff are to be commended for their care approach to of our residents with dementia. Their respect and kindness shown to the residents and the use of non-pharmacological approaches through the resident's right to choose and the use of meaningful activities reflects in the low number of incidents involving residents with responsive behaviors.

CIHI National Usage of Antipsychotics 21.9 % (2016-17)

Goal 2018-19
To ensure non-pharmacological interventions are included on the care plans for all residents at risk for responsive behaviors.

Infection Control

Action Plan (Completed)

219 staff completed the mandatory Infection Control/Routine Practices Education.

203 staff completed mandatory education for a choking resident. This education was revised for 2018 to ensure staff in each department is aware of their roles in preventing the residents from choking. Education on wound treatment provided for RN/LPNs.

Hand Washing audit completed in November. 86% of the individuals performed hand hygiene.

Hand Hygiene discussed at RFCC Advisory Group in November 2017. Influenza Fact Sheet available at the front desk for visitors and staff.

Influenza and Outbreak education offered to staff in November 2017.

Infection Control Committee developed pamphlets on MRSA and C-Diff for staff and families.

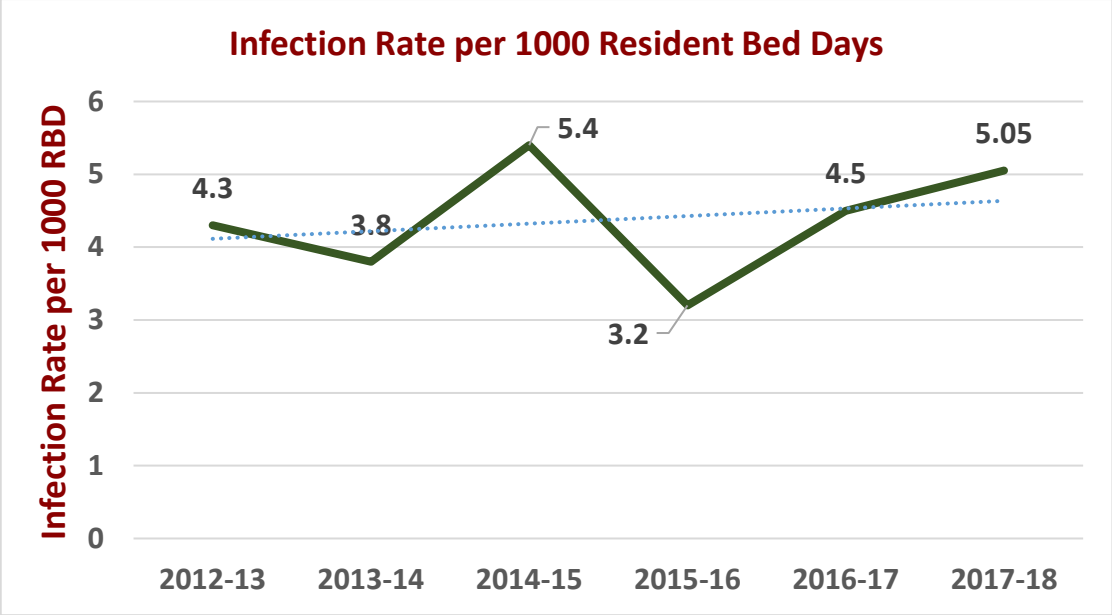
Dress code revised to address wearing of rings, nail polish, acrylic nails and long hair.

Oral Health Assessment/Care policy developed and implemented March 2018

Action Plan (Proposed)

Clinical RNs to ensure all residents are offered Pneumovax if they have not previously had or they cannot recall if previously received.

Clinical RNs to review catheter care and eye care with staff at unit meetings/huddles.



95% of residents received the Fluzone. Some residents refused the vaccine and others were deemed too frail by their physician.

All residents are assessed on admission for vaccination history. Pneumovax has been given to those residents who wish it that do not have a record of receiving or resident/family cannot recall if had previously received.

Type of Infection	Infection Rate (2017-18)
Respiratory	1.54
Urinary Tract	1.38
Skin	0.83
Eyes, Ears, Nose, Mouth	0.63
Gastro	0.19

We had an outbreak in November for Influenza-like Illness on the 6th floor. Swabs were negative for Influenza as well as other viruses tested. All residents recovered.

An outbreak of Norovirus began in late March 2018 and continued into April. Residents recovering at the time of this report.

Goal for 2018-19
Resident care plans to include interventions to reduce risk of infections (catheter care, eye care, choking risks, wound care, oral care, etc.)

Action Plan (Completed)

Education for staff provided on units on pressure injury prevention.

RN/LPNs provided a self-learning guide on pressure injury prevention and care planning to be completed April 30 2018.

Pillows for off-loading heels provided for residents at risk.

Swift Sheets used to assist in repositioning to reduce friction.

Care plans in place for all residents at risk.

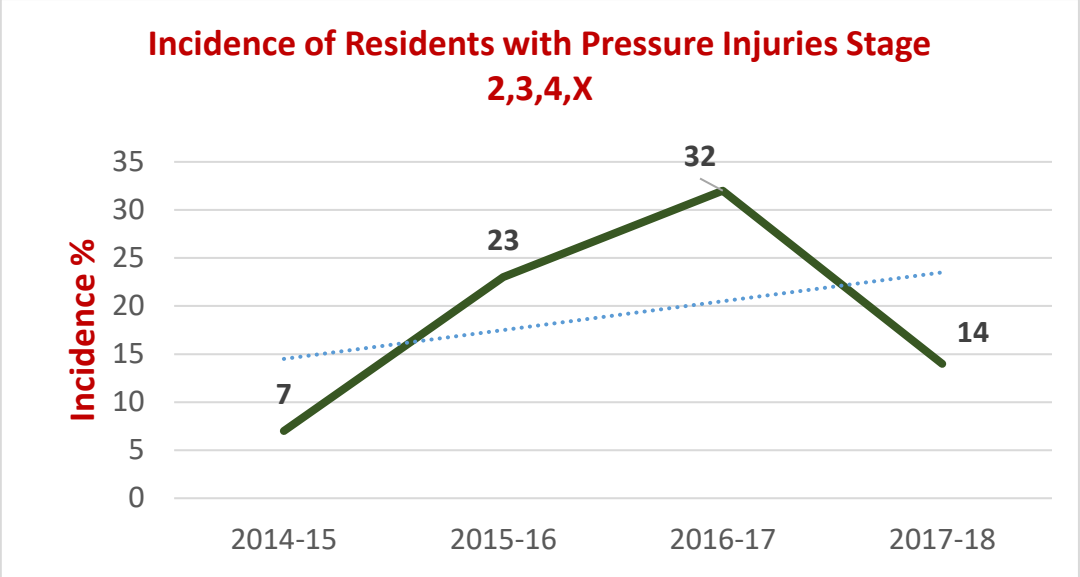
Wound treatment education provided by Wound Care Team to RN/LPNs.

Wound Care Team consulted for treatment suggestions for residents with worsening wounds.

Action Plan (Proposed)

Clinical RNs to review care plans of residents with risk of pressure injuries/ actual pressure injuries with care team including dietitian, physiotherapist, resident and family to consider reassessment of interventions at unit meetings/ huddles/ care conferences.

Pressure Injuries



Some residents who developed Stage 2, 3, 4, X pressure injuries over the past year have died.

All but 1 resident currently residing at SVNH have pressure injuries which are improving or closed.

Root Cause Analysis completed for all new Stage 2, 3, 4, X injuries. Recommendations from the reports:

- Need for improved inspection of skin at point of care to find pressure injuries at Stage 1 so care interventions can be implemented sooner.
- Ongoing assessments completed by RN/LPNs to ensure care plan is followed and effective.
- Physio response to consults needs to be timelier.
- Continued education needed on pressure injury prevention and treatment.

Goal 2018-19
To reduce the incidence of pressure injuries Stage 2, 3, 4, X to 7% (2014-15 level)

42 (47%) residents admitted/readmitted to SVNH in 2017-18 assessed as high risk for pressure injuries.

Thank you

To all the staff of SVNH. Because of your continued commitment to our residents, we are able to provide quality of care and services which is reflected in this report.

Because of you, Saint Vincent's Nursing Home is leading the way in long-term care.

Additional Milestones for 2017-18

- Revision of the **Advanced Care Directives** to better reflect the choices residents and families have and the care SVNH is able to provide to maintain the quality of life and comfort of our residents.
- Development of a **Bowel Management Protocol**. SVNH understands the affects constipation can have on our residents. This protocol focuses on constipation prevention.
- Formation of the **Meal Planning Committee**. This Committee meets quarterly and is well attended by the residents. It provides a venue for residents to voice concerns and offer menu choices.
- **All Hazards Plan** was developed including updated policies for Code White and Code Yellow.
- Introduction of **new programs in recreation** including doll therapy, art classes, and the initiation of music therapy in April 2018.
- Introduction of **PACE**, a WCB program, to ensure safe resident transfers.

Saint Vincent's NURSING HOME

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