Resident Care Quality Report

Quarter 1(Apr-May-Jun) 2020-21

Saint Vincent's Nursing Home

Kim Wright, RN Director Quality & Operations

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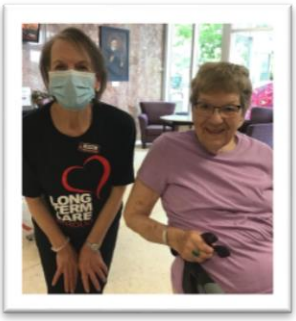


Andrea and Sylvia hanging out in the lobby.

Commitment to Quality

Our mission is to provide resident and family centred care by living our core values.

We work together to create quality of life and support each other by recognizing individual physical, social, emotional, cultural, and spiritual needs.

These last few months have been unusual for our SVNH community. We have been faced with many challenges associated with the potential risk of Covid-19 entering our nursing home. Thanks to the efforts of our management team, our front-line staff and administrative staff, we have been able to keep our residents and staff safe. Thanks as well to the residents themselves who have had to adapt to everyone wearing a mask, to not being able to visit up close with their families, and to the changes in the routines such as meal times and leisure activities. And thanks to our families who have offered their support to our staff during this difficult time. That support means so much and we miss you.

Through this difficult time, we continue to meet our commitment of providing quality care for our residents. Our staff have had to adjust to the changes in routines and the need to wear a mask at all times but they continue to provide quality and compassionate care. Thank you all for your dedication.

My report may look a little different this quarter. Because we have not been to meet with families, residents and staff to discuss our quality report as we normally would, I have added an "information" section for each indicator to help explain in a little more detail of what lies behind all the data.

We continue to focus on pressure injury prevention this quarter. Staff are more aware of the risks our residents may have in pressure injury development. The incidence of pressure injuries increased this quarter, however most injuries were stage 2. Because of regular risk assessments, early interventions of pressure relieving equipment and care strategies, these wounds did not worsen and in many cases closed.

Our medication error rate remains low. The focus in the next few months will be the orientation of new staff to safe medication management.

Our falls rate has increased this quarter with some residents having numerous falls. Unit huddles are being held, involving resident, family, RN, LPN, PCWs and PT to ensure all interventions are in place to assist fall and injury risk being minimized as much as possible. Falls during the overnight increased this quarter. We will continue frequent rounding during those hours.

Our infection rate remains low. There was an outbreak of respiratory syncytial virus (RSV) early in the quarter as we screened for Covid-19. All residents recovered.

As always, I cannot thank the staff of Saint Vincent's Nursing Home enough for their dedication to the quality of care we provide our residents and families.

If you have any questions feel free to contact me at kwright@svnh.ca.

Kim Wright, RN
Director, Quality & Operations

Medication Management

Action Plan (Completed)

Review of medication policies by Nsg/Pharmacy committee continues.

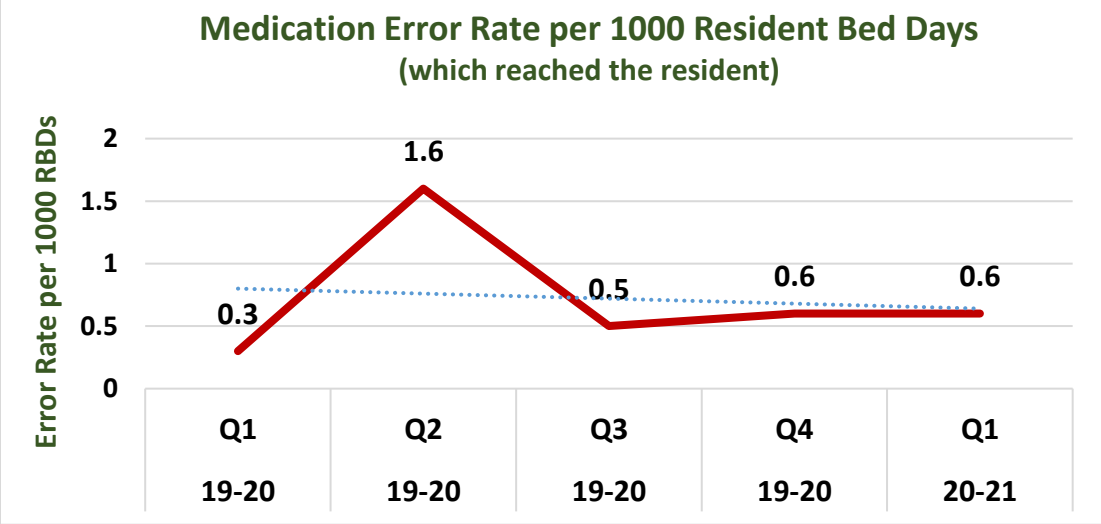
Medication errors discussed with nurses involved by RCMs. Education and policies reviewed as needed.

Transdermal administration form printed out in orange for eMAR binders

Action Plan (Proposed)

D, RC and D, Q&O to review medication management orientation of new RN/LPNs.

High Alert Medication education in winter 2020.



*Resident Bed Days adjusted to average 141 occupancy rate for Q1

7 nursing medication errors in total reached 8 residents. There were no adverse effects related to medication errors.

There were

- 1 missed dose during medication administration, signed as given.
- 1 error involved previous transdermal patch not being removed as ordered.
- 2 errors involved medication given at wrong time.
- 2 errors involved administration of the incorrect dose of narcotic
- 1 error involved giving Warfarin that had been put on hold

There was 1 pharmacy error reported this quarter. Nursing staff noted error prior to medication administration. Error did not reach the resident.

EMAR Barcode System (in a nut shell)

SVNH uses Catalyst OneMAR System when administering medications to our residents. Each resident's medication is sent in pouches that contain the resident's name, room number, name of medication and dosage in the pouch and date and time to be administered. The pouch also has a barcode. The nurse scans the barcode which prompts the computer to the resident's medication record which includes a photo of the resident and the list of their medications for that day. The nurse checks each medication in the pouch against the medication record before administration. Once the medications are administered the nurse then can e-sign that the medication was given. This system compares to having a second nurse checking each medication with you to decrease the risk of an errors. We have many more safe guards in place which also help keep our medication error rate low.

Falls Management

Action Plan (Completed)

Care plans in place for new admissions identified as at risk for falls.

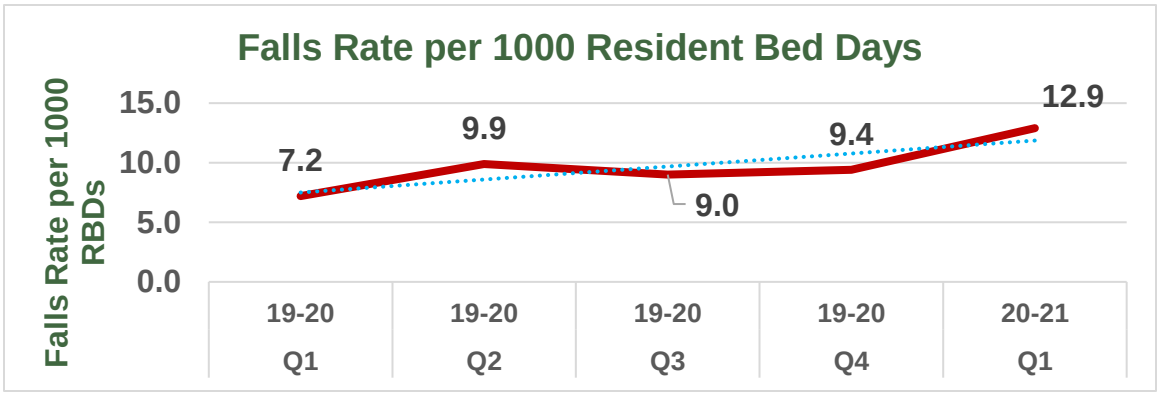
Weekly falls discussed with physician during rounds to review medications, change in status.

Hourly rounding by staff to check on the safety of every resident between 2300 and 0700.

Unit huddles with RN/LPN, CCA/PCWs and PT to review care plans and falls prevention interventions of those residents with 3 or more falls for effectiveness and changes that may be needed started on some units.

Action Plan (Proposed)

Continue unit huddles with RN/LPN, CCA/PCWs and PT to review care plans and falls prevention interventions of those residents with 3 or more falls be needed.



**Resident Bed Days adjusted to average 141 occupancy rate for Q1

We had 165 falls this quarter. This does not include near misses.

- There was 1 reported near miss.
- 54 (38%) residents fell this quarter. 36% of residents fell last quarter.
- 28 residents had multiple falls resulting in 140 (85%) of the 165 actual falls.
- 22 residents had 3 or more falls with 1 resident having 22 falls and another had 16 falls.
- 2/6 new admissions had falls this quarter (5 total falls). Both were assessed as high risk for falls on admission.

FALL AND FALL INJURY PREVENTION STRATEGIES AT SVNH

SVNH recognizes that many falls are predictable and preventable. However, some falls cannot be prevented. The focus in these cases is on preventing injury and decreasing the frequency of falls. Falls prevention is a shared responsibility by all members of the SVNH team as we are all on the lookout for residents who may have forgotten their walker or their shoes and wiping up spills immediately.

Here is a quick synopsis of strategies SVNH has in place to help reduce falls and fall-related injuries:

- An assessment is completed to identify those residents at risk for falls on admission/readmission, every 6 months and if there is a change in the resident's health status.
- Our physiotherapist assesses each resident's gait, balance and/or mobility difficulties on admission and as the resident's health changes. At the same time, the therapist will assess the resident's current mobility equipment (walker, cane) for safety.
- An individualized care plan is initiated to include interventions to help reduce the number of falls and injuries. Care plan may include:
  - Bed at appropriate height for ease of resident getting in/out of bed if appropriate
  - Bed in lowest position for those residents unable to get out of bed on own. A crash mat may be put beside bed to help reduce injury if resident crawls out of bed.
  - Good fitting footwear is vital- should fit well, be non-slip and comfortable
  - Keeping resident areas including resident's room and hallways clear of clutter
  - Assisting residents to the bathroom when needed
  - Rest periods for residents that may require time to get off their feet during the day
  - Call bells always within reach and ensuring the resident knows how to use it
  - Bedtime routine- some residents are night hawks and like to go to be later
  - Increased safety checks for residents at risk for falls especially at night
- Physician and nursing reviews to assess medications and disease processes which may increase risk of falls
- Use of hip protectors to help prevent hip fractures for those identified as high risk for falls
- Falling Star logo at bedside for residents at risk to help identify those residents as high risk to all staff
- Team huddles are held to review care plans of residents with multiple falls for effectiveness of current interventions, reviewing residents incidents looking for possible trends- time of day falls usually occur, location of falls, etc.

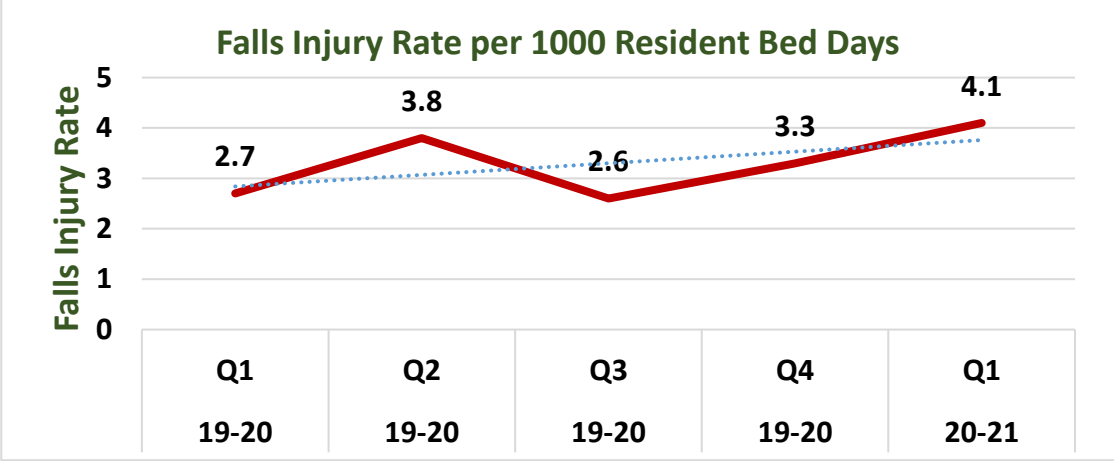
Falls Management- Injury Rate

Action Plan (Completed)

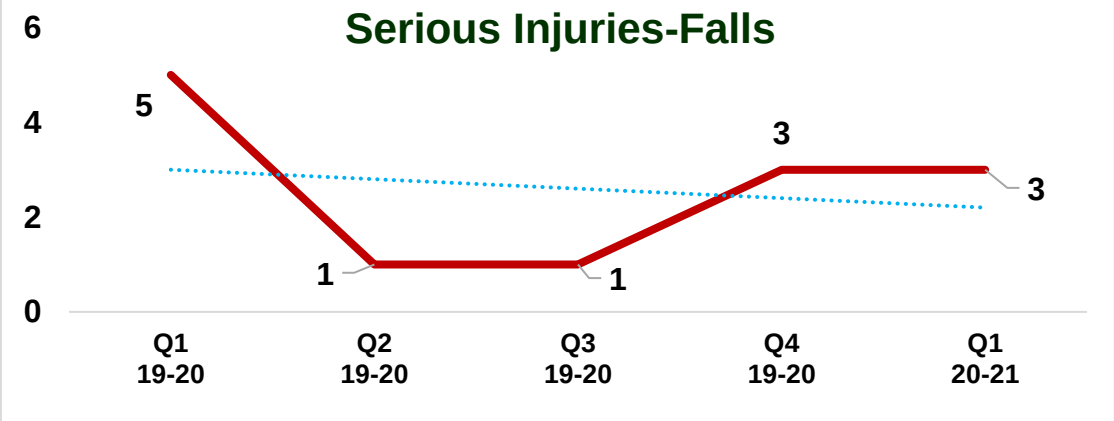
Root Cause Analysis completed for serious injuries.

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

Hourly rounding by staff to check on the safety of high-risk resident between 2300 and 0700.



**Resident Bed Days adjusted to average 141 occupancy rate for Q1



Action Plan (Proposed)

Continue to assess residents at risk for falls for hip protectors.

2/28 residents with multiple falls wear hip protectors.

Majority of injuries were slight hematomas, lacerations. All have healed.

Serious injuries

- Fractured pelvis. Has recovered and is walking on unit with walker at present.
- Possible fractured ribs. Has returned to usual mobility status in wheelchair. No pain from injury.
- Fractured humerus. Up in chair daily. Receives physio to maintain movement. No pain from injury.

What are hip protectors?

Older people living in nursing care facilities or older adults living at home are at high risk of falling and a hip fracture may occur after a fall. Hip protectors are plastic shields (hard) or foam pads (soft), usually fitted in pockets in specially designed underwear. They are worn to help cushion a sideways fall on the hip.

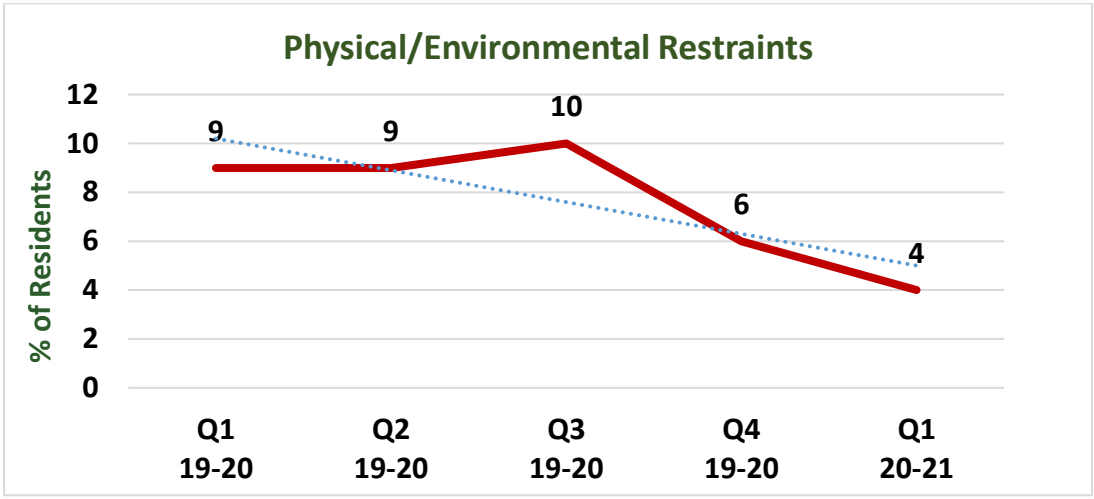
Least Restraint

Action Plan (Completed)

Action Plan (Proposed)

Review of policies for restraint and personal positioning equipment use by RN/LPN staff

RCMs to audit residents using restraints/protective safety devices for policy and procedure adherence, reassessment and appropriate care plans



At present we have 5 (4%) of our residents using physical/environmental restraints.

There are currently no half doors in place as restraints.

43 (32%) of our residents use personal assistance safety devices for proper positioning while in their wheelchairs.

*(**%'s based on 136 resident occupancy at time of report)*

Personal Assistance Safety Devices

A Personal Assistance Safety Device (PASD) is used to assist a resident with the routines of activities of living. It may limit or inhibit a resident's freedom of movement and the resident is unable to release themselves from the device; however it is not considered a restraint as the intent of the device is to provide assistance with activities of daily living by helping the resident maintain proper body mechanics for safer mobility, eating, drinking and to enhance their quality of life by giving them the freedom to foot propel their own wheelchair or feed themselves with the assistance of a tray and even to participate more in their own care .

Examples of PASD:

- A seatbelt which is applied is such a way that assists the resident to maintain good body mechanics in their wheelchair (helps to keep hips back in the chair)
- A seatbelt which is applied to help the resident from sliding down in their wheelchair while foot propelling their wheelchair
- A tilt wheelchair may help residents from sliding down in their chair while maintaining good body mechanics
- A tray on a wheelchair may give the resident a spot for the resident to rest their arms to help them to sit upright as well as give them a space to look at magazines, colour, eat or other activities

Because the PASD may limit the movement of the resident, the staff ensure the residents who use a PASD are monitored closely and their position is changed every 2 hours.

Appropriate Use of Antipsychotics

Action Plan (Completed)

ABC (antecedent, behavior, consequence) documentation set up in PCC

Medication reviews continue every 6 months- review use of antipsychotics, indications and effectiveness. One resident had prn antipsychotic discontinued, and one had dosage reduced.

Action Plan (Proposed)

To review the use of antipsychotics and non-pharmacological interventions during unit huddles and PIECES team meetings of residents receiving for "not-appropriate" use.

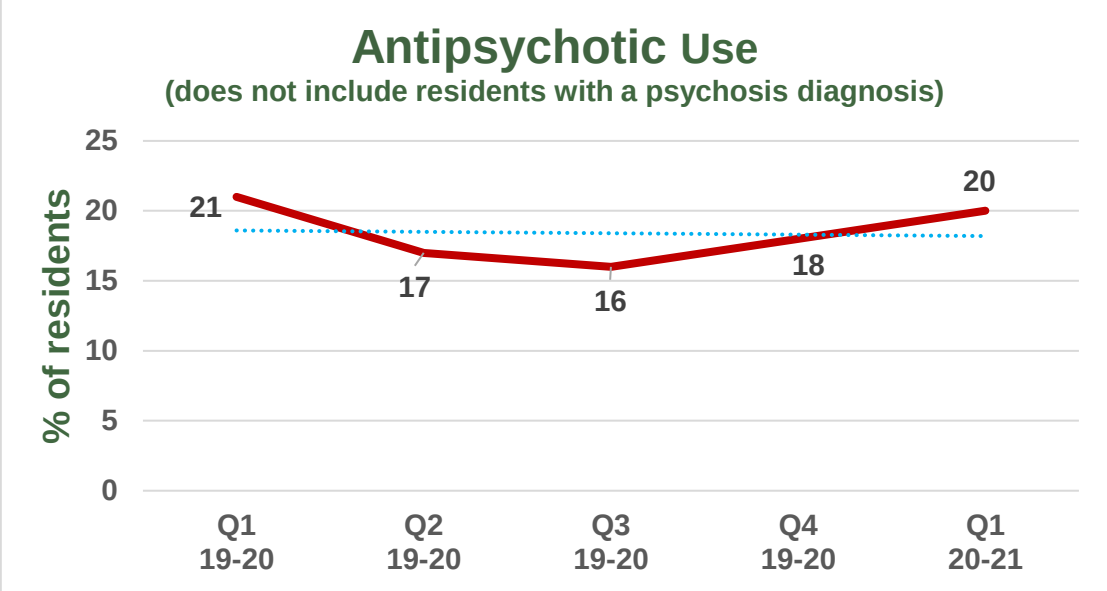
To review care plans of residents receiving antipsychotics for non-pharmacological interventions

U-First training for our frontline staff.

To review documentation of prn administration for responsive behaviors in EMAR and PCC.

PIECES team to provide education on the use of non-pharmacological interventions (care planning) for residents with responsive behaviors.

Review of the Managing Responsive Behaviors policy



***Q1 based on 136 resident occupancy at time of report.*

Antipsychotic Use in Long Term Care

Antipsychotics **may** help to manage symptoms or responsive behaviours like:

- Confirmed mental health diagnosis (e.g. schizophrenia, delusional disorder, major depression
- Hallucinations (distressed by hearing voices or seeing people who are not there)
- Delusions (feeling suspicious or paranoid that people are trying to hurt them)
- Severe agitation (extreme irritability, screaming)
- Severe physical reactions (shouting, hitting, kicking, or biting)

Antipsychotics **do not** help to manage symptoms or responsive behaviours like:

- Unsocial behaviour towards other people
- Apathy (no interest in what is happening)
- Disinhibition (like taking off clothes or sexual advances towards other people)
- Hiding or collecting things
- Repeating actions or words/chanting
- Resistance to a specific person
- Wandering or being restless
- Inability to sleep

Of the 27 residents receiving an antipsychotic other than for a diagnosis of psychosis, there is an indication of physical/verbal aggression documented for 20 of them. Other indications include exit seeking, sundowning, nonspecific anxiety, nonspecific agitation, restlessness, and sleep.

Residents on antipsychotic drugs in LTC without a diagnosis of psychosis in Canada - 20.7% *Canadian Institute for Health Information (*2018-19)

Action Plan (Completed)

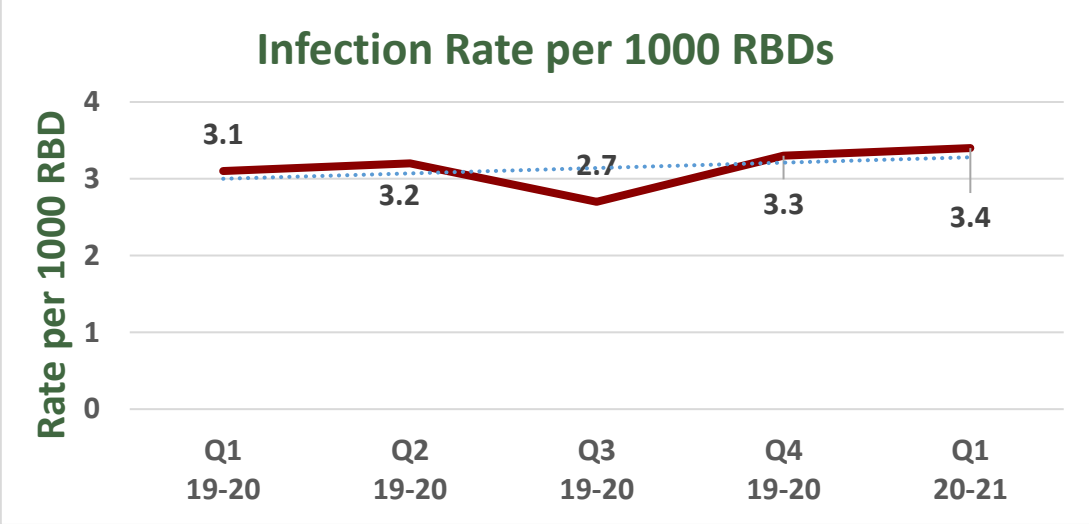
Plan for labeling residents' personal toiletry items being implemented.

Residents are offered pneumovax and Fluzone as indicated.

Action Plan (Proposed)

Review Infection Control policies through the IC committee.

Infection Control



**Resident Bed Days adjusted to average 141 occupancy rate for Q1

Skin Infections

- 15 cases of cellulitis. Most were associated with pressure injuries.

Urinary Tract Infections

- Number of UTI's remains low at an infection rate of 1.3. 4 residents with an indwelling catheter were treated for UTI.

Conjunctivitis

- Infection rate for conjunctivitis remains low at 0.8.

Respiratory

- There were 9 respiratory tract infections. The symptoms did not meet the criteria for influenza. We did have an outbreak of RSV with the residents starting on March 15. This involved a total of 6 residents who tested positive for RSV. Fortunately, on April 14, this outbreak was declared over by public health.

Gastrointestinal There was 0 reported gastrointestinal infections.

Infection Control- Routine Practices

Routine practices are the infection prevention practices for use in the care of all residents at all times and are determined by the circumstances of the resident, the environment and the task to be performed. They are implemented as the standard of care to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, and non-intact skin which may contain potentially infectious agents.

The elements of Routine Practices are:

- **Hand Hygiene**- certainly the most important practice
- **Point of care risk assessment** prior to providing care
- **Appropriate use of PPEs** based on risk assessment
- **Environmental Controls** Includes cleaning of our environment, equipment and laundry
- **Proper disposal of waste** including sharps and biochemical waste
- **Education**- All staff of SVNH complete Routine Practices education annually
- **Audits**- Audits are completed to ensure routine practices are being followed

Action Plan (Completed)

Wound assessment and Treatment Record set up in PCC

Weekly assessment of all pressure injuries- new, healing, worsening, closed through PCC by the clinical RNs.

Virtual weekly check-ins with units, RCMs, Director, Resident Care and Director Q&O to review current PI's, treatments, root cause analyses and policy updates.

Online pressure injury webinars/recordings made available to units by Dir, Q&O.

Action Plan (Proposed)

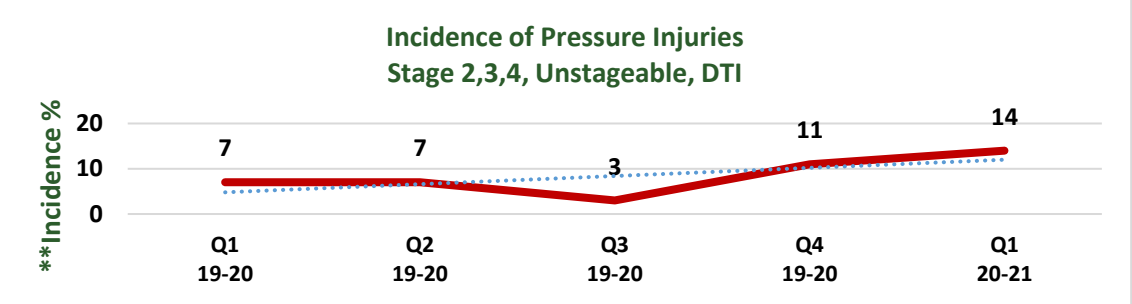
Dir, Q & O to arrange for education on wound cleansing and treatments.

Wound Care Team role to be reviewed to include policy review, review of RCAs, referral system, education.

Ramp up education on the units on the proper use and care of pressure relieving equipment.

(**based on 136 resident occupancy at time of report.)

Pressure Injuries



21 residents (for a total of 25 PIs) developed new pressure injuries this quarter stage 2, 3, and 4, unstageable and/or deep tissue.
19 new pressure injuries were stage 2.

- 13 of those pressure injuries are now closed.
- 4 wounds are healing.
- 2 residents have died.

6 were deep tissue injuries.

- 1 is now closed,
- 2 are in the healing phase.
- 2 have had little change with treatment.
- 1 resident has died.

Of the 7 residents admitted/readmitted, 4 were assessed as high risk for pressure injuries.
1 resident developed a pressure injury on readmission to SVNH.

Pressure Injury Staging

Stage 1 Pressure Injury: The skin is not broken or open. Area is pinkish/reddish in colour and stays red even when pressure is removed.

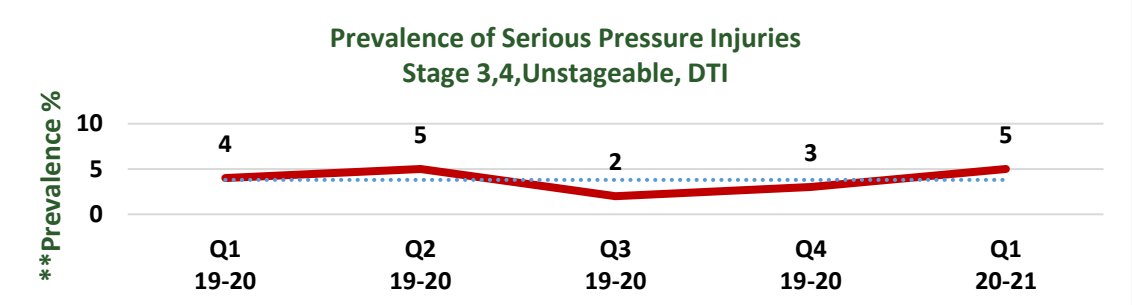
Stage 2 Pressure Injury: The skin is open. There is no slough (dead tissue) in the wound. The area is pink. It can be a blister that is intact or broken.

Stage 3 Pressure Injury: The skin is open. The wound bed has slough or fatty tissue. Involves full-thickness loss of skin. The slough does not stop the bottom of the wound from being seen.

Stage 4 Pressure Injury: The injury is down to the bone, tendon or muscle involving full-thickness skin and tissue loss.

Unstageable Pressure Injury: The wound bed is not visible due to dead tissue (slough or eshcar) covering the entire area. The depth/stage of the wound is unknown until the dead tissue is removed.

Deep Tissue Injury: The skin can be intact or broken. The area is purple or maroon in colour and may look like a bruise or blood blister.



**Of the 7 residents with serious wounds, 3 of those wounds can be considered chronic, non-healing wounds. The goal for treatment for these wounds is to monitor for infection, to keep from worsening and pain control. The other 4 residents have pressure injuries that are in the healing phase.

At Saint Vincent's Nursing Home, we responded quickly to the pandemic as information on covid-19 changed rapidly in the early stages. We put into place staff screening measures, visitor restrictions, and staff masking as required by Public Health. In addition, we placed staff who were working at or lived with someone working at other facilities affected by covid-19 on leave to prevent transmission to our facility.

We have created an isolation unit on the 2nd floor that has 4 beds but that can easily expand as needs arise. The unit will allow us to quickly isolate residents should they test positive for covid-19.

We have secured adequate PPE including surgical masks, N95 masks, KN95 masks, gowns, and face shields. We have revised our policies and procedures relating to the pandemic and have staff identified who will staff the isolation unit should the need arise.

We have closed to new admissions as we move residents from semi-private rooms into private rooms. This will increase our ability to respond, should we have a positive case of covid-19.

Residents and families are staying connected with the help of virtual calls, regular phone calls, arranged outside visits and following us on Facebook. .

Finally, staff must be commended on their work to keep this deadly disease out of our facility and for their continuing to come to work to provide for the needs of our residents. Thank you all.

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Saint Vincent's NURSING HOME