**Quarterly Report Summary**

**Q2–2023 April 1- June 30**

Prepared by M. Babcock

**RESIDENT CARE and SAFETY:**

**FALLS PREVENTION:** # of falls this quarter was 125. # of unique individuals who suffered a fall is 51. Huron and Superior had the highest number of residents falling in their home area at 13 each, Superior had 46 total falls and Huron had 26 total falls. Superior had a resident fall 18 times. Erie had the lowest number of residents falling for a total of 23. Ontario had 8 residents fall for a total of 13 and Michigan had 9 residents fall for a total of 13. There were 6 residents who fell more than 4 times. The falls team will be focusing on implementing interventions for residents who are having multiple falls including ensuring proper footwear, hip protectors, having MD assess for Prolia to strengthen bones, and huddling with staff after each fall on the unit.

**Behavior (BSO**): A new BSO lead was hired, Christine McEwen joined the Vision team. The team’s current caseload consists of 22 residents. Of this number, 12 are BSO internal, 6 are GMHOT and 4 are external BSO. This past quarter we received 10 referrals of those ten, 9 were high risk and 1 was moderate risk. There were 9 PIECES assessments completed. Wandering Care Pathway had 2 residents this quarter and IPOD Therapy currently has 13 residents. There were 4 discharges.133 documented progress notes in relation to BSO this past quarter. (April 34, May 49, June 50). There were 19 risk management aggressions (resident to resident) The total number of residents with antipsychotics without a diagnosis of psychosis was 29 in total this quarter. 11 in April (11/45 = 24.4%), 7 in May (7/42=16.7%) and 11 in June (11/50=22%). We currently have 4 BSO PSW Champions and we are still actively recruiting. We had 2 huddles for Parkinson’s Education, which was well attended. The 2023 goals for the BSO team this year. 1. The 2023 goal reduce/prevent staff injury in relation to physically responsive behaviour to staff and volunteers from 7 to 0.2. Educate BSO PSW Champions (U-First education) and to fill BSO PSW shifts on the floor, and Pieces education for Christine (BSO Lead).3. IPOD Therapy: To work with the Recreation Department to review and update the resident list so the program is being used effectively and to its fullest potential.

**Bladder and Bowel incontinence**: The Annual goal for the continence team is to update the current Urinary Continence CST (Clinical Support Tool/assessment) to reduce completion time, and to provide quality information that helps to identify residents who would benefit from urinary continence interventions to either improve or maintain their current functioning. Proof of reaching the goal will be evidenced by a reduction in the % of residents with worsening bladder incontinence by 3%. Data has been favorable this quarter for April and May and unfavorable for June increasing to 23.2% from 16.0%. 23.2% is above the provincial average. Registered staff continue to complete urinary continence assessments this quarter. Updated Urinary Continence Assessment will be set live in the 3rd quarter after collaborating with PT to discuss available options for rehab programs for urinary continence. The team plans to check in with registered staff after the new assessment is set live to gain further feedback in quarter 3. There are 66 residents who are either occasionally, usually continent or continent. The goal is to maintain the current level of functioning at identify residents at risk for decline.

**Wound and Skin Care**: Wound care statistics declined this quarter with worsening wounds increasing from 3 (2.6%) residents to 6 (4.9%). New pressure areas increased from 1 (0.9%) to 6 (5.1%) residents. Note data includes 3 residents who passed away this quarter. Program successes include an addition of new member to the team (L. Gatecliff, RPN), annual pamphlet review w/ edits, dietary and Nursing wound care policies updated, updated resources in med rooms, nursing attendance at education sessions. Challenges: updating charge RN binder/follow up, time constraints, staff knowledgebase (ex. staging, PCC entry), meeting attendance. Investigation findings indicate utilizing a liquid protein supplement as an alternative to Beneprotein would result in a significant cost increase. Education: Medline - Wound Assessment and Documentation, Skin Tear Prevention and Management modules, PCC Skin and Wound portal webinar, ARJO - The Impact of New Technology on the Reduction of Home Acquired Pressure Injury webinar. Plan moving forward: “How to” document outlining entering orders in PCC (in progress) w/ education at next department meeting, wound care boards in med room to highlight pressure injury/skin tear posters.

**Nursing Rehab:** We ended this quarter with 32 residents on NR programming in the home. The NR team continues to assess all new admissions to the home for a 7-day trial; those residents that meet the potential for programming are then added to the NR case load. We continue to work closely with the RAI department. This has allowed us to capture resident decline in abilities soon and more efficiently. At the beginning of the quarter in April, we started with our percentage for the number of residents with improved mid-loss activities of daily living at 16.7%, the Provincial average is 20.5%. In May, our percentage slightly increased to 17.0%. We finished this quarter in June with an average of 19.1%. We continue to evaluate our programs to ensure we are delivering a wide range of services to our residents to maximize their abilities. The team continues to offer fine motor programming to the residents and has expanded their ROM/PROM programming over the quarter. The Falls Prevention program that was started in the late fall is showing success and the team continues to monitor and add higher risk residents. The team continues their involvement in the new Transfer and Lift Training education for new employees that has been developed in conjunction with the online learning component through Lambton College. The LEA’s complete practical assessments on orientation day to ensure that the new staff understand the online content. The goal for this quarter is to identify the decline in our numbers compared to last quarter and get back to the provincial average.

**PALLIATIVE**: The Palliative Care multi-disciplinary team continues to meet on a regular basis to discuss strategies and areas for improvement at Vision. The Palliative Care multi-disciplinary Team met again on April 14th to develop an idea of how the new Palliative Care assessment tool would be set up. The goal is to create an assessment tool that will prompt team members to complete a comprehensive exam when a resident’s PPS falls to 20% or lower. Staff education will be provided on how and when to conduct a PPS. The assessment tool will serve as a guide for the necessary procedure to follow and establishing goals of care, notifying MD/NP, ensuring the care plan is updated and appropriate orders are received. A new palliative assessment tool draft was created and is to be presented to the DOC/Admin staff for review. This quarter the first care team huddle was held on the Erie unit on Tuesday April 11th for D.H. The Palliative Care team discussed the resident’s care needs and strategized concepts to improve the resident’s quality of life. A plan was devised to trial a Broda chair to allow resident to be up for longer periods at a time and to bring resident to lunch and return her to bed after lunch. The residents’ interests were discussed: enjoys sitting by the window in the sunlight and listening to music. The result being all interventions tried were effective. Within the next quarter, plan to meet with Corinne to develop a “No Hospital Transfer” list for each unit in the home to easily communicate a resident/family's desired plan of care – special care instructions in POC. Develop communication in Palliative Care PowerPoint that also touches on Cultural and Spiritual care for various backgrounds to be added to the staff routine binders on each unit for staff to refer to when needed. The educational PowerPoints will be presented at all departments in the upcoming months.

**PAIN:** The annual goal for the pain program is to maintain % of residents with new or worsening pain and be below the provincial average of 10%. This quarter 9 residents had a pain score greater than 2. The pain team continues to review PRN use/pain notes/residents triggered for new/worsening pain on MDS RAI. 16 residents are currently being monitored for worsening pain. Only 2 of the residents had Pain assessments completed in the assessments tab. After reviewing PRN pain usage in PCC: 4 residents had over 40 documented PRN narcotics in the last 30 days. 1 resident was referred to PT for pain therapy by NP. 3 residents assessed by MD/NP and are working on a plan to treat pain and no referral was needed. Pain communication boards continue to be updated on each unit, noting which residents are being monitored for new/worsening pain. The plan moving forward is to find another co-lead for the team to replace the prior lead. Monitor resident’s monthly and PRN usage, referring to PT/MD/NP as needed, and continue to connect with registered staff on the units to talk about high-risk residents. The program will also look at non-pharmacological interventions for residents with new/worsening pain (turning and re-positioning, PT programs etc.)

**PHARMACY:** Leadership team attending pharmacy education off site in June. Refresher IMM training and education booked with liaison for September of next quarter. Some late deliveries noted, tracking sheet initiated in the CRN office for tracking.

**LAB:** Issues with WMMI (radiology) booking and arrival for resident x-rays and ultrasounds not in a timely manner.

**EDUCATION:** CPAP, Parkinson’s Huddles, Wound care education by Medline, Clinic support lead educated and facilitated RSA to PSW training using education room and Chloe mannequin with great success. Education room near completion for simulation resident room and facilities for training.

**STAFFING:** Continue to have insufficient registered staff and 2 agency RPNs are still onboard. Recruiting and retention remains a priority.

**EQUIPMENT:** New slings for mechanical lifts purchased. Mechanical lifts on order as well as 2 new high low beds purchased.

**IPAC:** 1 Outbreak in May and 1 in June, gastrointestinal outbreak impacting the whole home and Covid outbreak on the Huron unit. The Covid outbreak occurred in May which affected 5 residents and 1 staff member. Total number of days in outbreak this quarter was 27. The % staff/visitors adhered to the 4 moments of hand hygiene is at 92% up 3% from 89% the previous quarter meeting the goal to be 90 % or higher. % staff doffed PPE correctly as per Isolation Signage on door was up 92% from 62%; this is an increase of 48% from the previous quarter. There were 44 MRSA swabs this quarter down from 55 4%. 21 VRE swabs collected this quarter down from 25 previous with no positives for either. There was a decrease of 17 compared to the previous 24. 12 of the urine samples were positive down from prior 18. 1 wound this quarter was infected consistent with previous quarter, 1 resident suffered cellulitis down from 2 previous quarter. There were 4 residents who were transferred to hospital in relation to infection in this review, up 300% compared to 1 prior quarter. 3 respiratory infections down from 24 previous and improvement of 88%. 1 resident was positive for c Difficile. 37 residents were placed on 24-hour isolation surveillance monitoring. Antibiotic hand rub was below the benchmark identifying need to monitor closets, clean utility rooms, staff rooms for expiration. A monthly walk through will be initiated to address these areas by ESM and IPAC manager. IPAC audits continue to be effective tools to help address IPAC concerns, IPAC hurdles continue to be successful in relation to communicating changes.

**Rest Home:** The Rest Home had 7 admissions and 4 discharges this quarter. 19 tours, up 2 from the previous quarter. 4 consults for alternative living. 7 falls down from 11 the previous quarter. 2 falls resulted in a hospital transfer, 1 in relation to sepsis and another with a fractured shoulder.  3 Medication errors. All 3 errors were omissions by one member of staff. Infection update: No outbreaks in the Rest Home this quarter. 1 resident suffered 3 UTI’s this review.

**Resident Satisfaction (Resident Council and Family Council):**

18/39 Family and Resident Satisfaction Questionnaires were returned from the NH residents or families an improvement from the previous quarter of 4/39. 8/9 RH CSQ’s were returned, another improvement from the previous quarter from 3/9. 6/17 new admission CSQ’s received, and 4/20 discharge CSQ’s were received. 4 CSQ required follow up an increase from 1 the prior quarter. 95% of responses regarding I can express my opinion without fear, 93% reported they would recommend Vision to others. The average rating when asked how well the staff listen to you was 4.4/5, down slightly from 4.8. Celebrated Family Council week June 5-9. Family Council held a Funfest on June 8th for families to attend to bring awareness to Family Council which was successful, and an article made it into the newspaper about the event. The Family Council continues to look for a Secretary for the Family Council. There were 3 Ask Me Cafés held, with 1 family member attending out of 25. The Family Council Brochure has been completed and is available for families to pick up in the home.

**Quality Improvement Service Report**

Clinical connect plus and project Amplifi enabled in the PCC environment training provided this quarter via Relias portal and available moving forward. New Horizon’s and PIECES research project began this quarter. PIECES project aim is to create a Toolkit that will aid LTC homes in introducing virtual PIECES care-planning framework to enact person-centered care. Operational Plan meetings have been taking place this quarter after the GEMBA walk. Implementation of improvements are aimed for September 11, 2023, with a goal of Rebuilding Resident Care Services. The Wi-Fi upgrades have been completed this quarter. Next steps are to look at reviewing our current Technology needs in the home and will be implemented as part of the Operational plan collaborating with Fully Managed and Pioneer. PSW/FSW fast track micro credentialing program completed, with 10/11 staff successfully graduating in June 2023. Mandatory Education was implemented this year in collaboration with Lambton College. Currently 11 staff require follow-up from the Human Resources department to get their education completed. Action plans are being worked on by each team preparing for Accreditation Survey in September. Inspection protocol updates are underway with a plan to implement them into the Quality Monitoring schedule in 2024. West Wing will have 7 returning students in September and 4 beds to fill. Receiving applications for September.

**JOH&S:**

The number of employee incident reports filed this quarter: Totaled 21 an increase from 14. There were 4 on April 9 in May and 8 in June. MSD Injuries increased this quarter for a total of 4. 2 on April 1 in May and 2 in June. The # Of WSIB Claims: 3 resulted in modified work this review consistent with last review. The # Of Modified Hours: was up from 1032.6 to 1111.75. The number of lost times claims 1 this review in May. All Emergency Plans are to be reviewed and revised with community, resident, and family input where applicable by June 11, 2022. The Plans were posted on the Vision website. The Plans were posted without the community partner involvement which remains outstanding. Annual Emergency training for RN’s was completed May 2, 2023. Night staff Fire Response training will also occur as part of the Fire Drill Scenario annual event including Med Sled training completed with the Fire Department to be scheduled. Karleen Long (HR Coordinator) and Heidi Turco (RH) have joined the team as worker members. P. Weening, Board Member, has resigned. Rachel Smit will take his place as board representative on the JOH&S team.

**Daily Resident Care:** The total # of monthly audits completed this quarter was 201 compared to 208 last reviews. Areas for improvement noted in the audits: Shaving and wheelchair cleaning. Tidiness of bedding has also been a challenge. 523 baths were missed this quarter. 69 were documented residents not available. 421 documented as refused. 33 were documented as not applicable. 59 residents have refused 3 or more times. 7 residents had frequent refusals (12 or more). Last quarter 208 missed baths were reported a significant increase in this review.

**Team Huddles**

51 huddles completed again quarter. Huron had 11, Michigan had 8, Erie had 9, Superior 12, and Ontario 11. Continue on a downward trend for care concern. 53 care concerns were discussed this review compared to 65. 3 Opportunity For Improvement (OFI) cards were placed on the huddle boards this quarter by frontline staff. Summary of issues discussed: Equipment issues total 10 many in relation to slings. 1 Environmental issue related to staff not cleaning up spills just putting wet signs over a spill. 9 Process/Procedure issues: oxygen tanks not being, ROHO cushions and covers, concerns of who gets in the tub first, New meal choice tool as met resistance and snack cart binders, staff meals and obtaining a meal ticket which is a new process implemented, bed alarms found unplugged, rails being left down resulting in risk for falls and Huron tub not working. People issues:32 down from 41. Noted that attendance management and counselling memos have been implemented and sick calls seem to be decreasing with units seldom working short. EOL education provided this quarter, will plan to continue to monitor and continue to educate this review. Material issues: 0. Management issues: 1 staff continue to report management doesn’t care and understand how heavy some of the units are. The goal of the Operational plan is to address many issues with a review of job routines and trial changes to come in September. Also noted that complaints regarding international students have improved.

**Risk Management:**

7 Critical incidents in total this quarter. 1 Enteric Outbreak in April. 3 incidents in May: Covid outbreak, complaint by resident on Huron noting that staff entered his room without the proper PPE staff have been followed up with and a fall resulting in injury. June there were 3 incidents: fall with a fracture, incident of family alleged abuse, and Code Yellow resulting in resident being found with no injuries. Concerns and complaints: 2 this quarter. 1 in May: Resident complaint that 2 staff entered isolation room without proper PPE, and 1 in June: Family requesting a meeting to advocate for more staff. Near Miss/ Sentinel Events: 8 Sentinel events this review. total (April: 1, May: 4, June: 3)0 Near Miss. 1. Pizza found in the main kitchen oven left overnight.2 Service provider for phone issue. 3. Intruder entered the home at 0100 am and sat in Michigan lounge looking for cab fare. 4. Drywall screws across entire length of Crawford St Entrance. 5 Two intruders in Crawford St Parking lot on Nights,6. Intruder in South/Crawford St. Garden, 7. Intruder looking for sister who doesn’t live here, 8. SFP notified them that their system was down. 1 Ethical issue this review, where a resident had fallen and fractured their hip and daughter was refusing pain medication. The care conference was scheduled to discuss and provide education regarding pain management and family agreed to treatment plan. 1 privacy breach in relation to paystubs being issued to the wrong employees.

**Human Resources and Volunteers**:

A total of 26 staff hired this quarter compared to 13 priors. 33 staff left this quarter and increased from 22. Sick time increased this quarter from 6718.75 to 8540.75.

Overtime hours decreased by 1373 hours. A total of 7 Exit interviews completed again this quarter with the common point being: most staff are leaving for another job. Rated working here high but felt salary were low again this review. HR is looking at an incentive program. The HR team is also exploring Microsoft office programs creating a more efficient workflow. Administration benefits have been modified to accommodate a work/life balance. The HR dept continues to work on compliance of all employee files. The Lambton/Vision Cooperative is now in the pilot phase and was used for Mandatory Education. Metrics are recorded for quality improvement. Plan to utilize the Micro credentialling for Mandatory education to begin in May. The total number of volunteer hours for April was 140, May 159, and June 176 decreased slightly from 501.5 hours to 475 this quarter. Recruitment of 5 volunteers occurred, and 0 have resigned, and 4 previous volunteers have returned. Volunteer recruitment has improved in relation to vaccination requirements and mask mandate lifted. The volunteer coordinator has been promoting volunteer opportunities at the following: Legion, Rotary club, Good Will job center, Strangways center.

**Wellington Flats**: All apartments continue to be occupied this quarter. 6 Bachelor apartment tours occurred, and 1 one-bedroom tour occurred; resulting in 3 apartments being rented. Staff attended the Old Age Expo and received many questions regarding the Flats. The guest suite was being occupied by an agency nurse who moved out on June 14th, the room has been filled since June 17. 4 Service calls were placed, 3 Orkin inspections occurred. There were 26 Tenant/building issues, up from 22 the previous review. Issues continue to be followed up by the Superintendent. 2 staff members provided their notice this quarter resulting in 2 training sessions for dinner service being arranged. The Superintendent started assisting with Rest Home tours in April. Paid laundry machines continue to be successful averaging 882.41 per month. Stairwells, electrical room, mechanical room, garbage room and chutes were all cleaned and painted this quarter. New soap pumps were put throughout the building.

**Social Work:** The Social work team discharged 14 residents from Q2 to Q3. 4 residents passed away. 8 additional cases were resolved, and 2 residents refused social work support. Most time is spent on: Transitional Support, Financial/ Case Management, Long Term Emotional/Therapeutic, and Resource/Care Partner Coordination. A moderate amount of time is spent on: Short Term Emotional/Therapeutic, Mental Health, Family Supports, Behavioral Supports, Advocacy. A minimal amount of time has been spent on End of Life. Successes this quarter: New social worker was onboarded. Welcome Victoria Thomson. Care partner education session will be held in May. -Started surveys and focus groups completed for New Horizons project. Research Project Update: Completion of phase 1 & 2 of New Horizons project – research and development next steps Ellan will be moving away from direct resident work as Tim and Victoria filling all SW service hours. Ellan provides supervision and project management (New Horizons). Annual New Horizons for Seniors Program Community-based stream 2023-2024 Call for proposals open August 1 to September 14, 2023, and exploring the possibility of having a resident fund.