**Quarterly Report Summary**

**Q1–2023 Jan1 –Dec 31**

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**RESIDENT CARE and SAFETY:**

**FALLS PREVENTION:** The # of unique residents who fell this quarter was fifty-seven. The total # of falls this quarter was 136. Falls data has been broken down by unit this quarter to understand which residents are falling frequently and on which unit. Erie had the largest number of falls this review with 7 residents who had 3 or more falls in the quarter. We have new falls lead Cheryl Ronholm and Aaron Thornton. Cheryl and Aaron are currently working on reviewing the falls data, setting their team goals, and becoming familiar with their role as Falls Resident Care Program lead in the home.

**Behavior (BSO**): The BSO continues to have 23 residents on its current caseload. BSO lead/PIECES resource team engaged in 92 1:1 intervention this quarter down from 172 last quarter. A POE meeting continues to look at the re-implementation of BSO-PSW’s. GMHOT consulted with 7 residents this quarter. 4 residents have been discharged this quarter with improved behaviours. BSO lead is currently off, the full-time position is being covered by the QIC. Part of the operational plan from 2022 was revisiting the BSO program. As a result 6 BSO PSW champions have been recruited this quarter and GPA education provided in November to all team members. BSO/PIECES assessments completed this quarter and 8 long-form P.I.E.C.E.S assessments were completed. 1 Wandering care pathway completed. The BSO External Team was consulted on 2 residents for transitional support. 15 residents were seen by both the BSO team and Social Work this quarter. There were 43 documented Aggression (with care) Progress Notes this quarter, an improvement from 111 to 97 incidents of aggression. Only 1 incident was noted to be resident to resident in Risk Management Aggression UDA. Currently antipsychotic use without a diagnosis has increased from 11. 9% to 18.2 %this quarter which continues to be below the average. NP and MD continue to review antipsychotic usage quarterly as part of the QIP. BSO cupboards and IPOD therapy programs were updated this quarter to ensure Montessori activities are accessible to all staff for all residents.

**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 Registered staff’s time completing and provide quality information identifying residents who would benefit from urinary continence interventions to either improve or maintain their current functioning evidenced by a reduction in the % of residents with worsening bladder incontinence by 3%. Data has been favorable this quarter regarding the Continence program and is below the provincial average. The average % of residents with worsening bladder incontinence improved from 24.6% last quarter to 13.2% a great start for the 2023 year. Improvements may be related to improved compliance of registered staff completing urinary continence assessments this quarter. Best practice guidelines were the focus this quarter for the team. The current Urinary continence CST assessment has been updated in draft PCC and sent out for feedback. Action plans have been developed for 2023 to implement strategies to reach the 2023 goal.

**Wound and Skin Care**: Wound care statistics improved this quarter with worsening wounds decreasing from 6 (5.1%) residents to 3 (2.6%). New pressure areas decreased from 6 (5.2%) to 1 (0.9%) resident; meeting VNH targets averages. Wound care statistics improved this quarter with worsening wounds decreased from 6 (5.1%) residents to 2 (1.8%). New pressure areas decreased from 6 (5.2%) to 0 (0%) residents; meeting VNH targets. Program successes include modifying the wound care referral process to include more frequent RN monitoring with a wound care binder setup in Charge RN office, Medline quarterly education setup for registered staff. Plan moving forward: annual pamphlet, policy & procedure review, update med rooms with Medline resources, create “How to” document outlining entering orders in PCC, and investigate liquid protein for wounds specifically oral nutrition supplement vs. powder.

**Nursing Rehab**: We ended this quarter with 28 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. At the beginning of the quarter in January, we started with our percentage for the number of residents with improved mid-loss activities of daily living at 26.4%, the Provincial average is 21.1%. In February our percentage stayed roughly the same at 26.9%. We finished this quarter in March with an average of 23.9%, a slight decline from January. This quarter we successfully hired a fourth LEA team member, and we are back to full staffing. New for the team this quarter was 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 LEAs are now completing practical assessments on orientation day to ensure that new staff understand the online content. We have also reviewed and updated the Nursing Restorative and Rehabilitation Program policy after identifying some gaps. The changes will ensure more communication with families and residents who are participating in the programs and at time of discharge. This quarter we met to discuss our goal for 2023. We have decided as a team that we will carry forward our goal from last year as we felt we did not achieve that to our full abilities in 2022. The goal for 2023 will be to broaden our Restorative and Rehab program services to enhance the wellbeing of our residents.

**Palliative:** The Palliative care multi-disciplinary team continues to meet on a regular basis to discuss strategies and areas for improvement at Vision. Annual goals were established at the January 10th, 2023, meeting with a focus on improving staff education.

The Palliative Care Team is creating an assessment tool that prompts a more 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 i.e. – establishing goals of care, notifying MD/NP, ensuring the care plan is updated and appropriate orders are received. The new assessment tool will allow for a multi-disciplinary approach – Registered staff, Social Work, Rec. Staff, Dietary, and NP. Care team huddles will be trialed on unit with direct caregivers. April 11th, 2023. The Palliative Care team will discuss the resident’s care needs, strategize concepts to improve communication between staff, ensure quality care needs are being met and provide support to the staff team caring for the resident. Team leads 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 PCC.

Communication in Palliative Care PowerPoint that also touches on Cultural and Spiritual care for various backgrounds will 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 for the annual mandatory education in the upcoming months.

**Pain** The annual goal for the pain program is to maintain % of residents with new or worsening pain below provincial average of 10%. Data has been favorable this quarter, with **%** of residents with new/worsening pain at. Completed action items for this quarter include connected with Shannon Richard and arranged for pain education for registered staff (booked for May 2023), reviewed best practice guidelines r/t pain management, reviewed PRN use/pain notes/residents triggered for new/worsening pain on MDS RAI. Nine residents are currently being monitored for worsening pain. No MD/NP referrals **w**ere needed with the last resident review. NP or MD were aware of each of the nine residents, and registered staff had already placed referrals where needed. Pain communication boards were updated on each unit, noting which residents are being monitored for new/worsening pain. The plan moving forward is to continue to monitor resident’s monthly and PRN usage, referring to PT/MD/NP as needed, and continuing 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:** Plan for refresher education on ordering and receiving of medications – outstanding. Delivery from Satellite pharmacy in a timely manner has been addressed by sending orders to Vision via taxi**.**

**EDUCATION:** Education room in NH basement under renovation for future hub to provide all types of training in the home. Simulation mannequin “Chloe” purchased for the Nursing department with wound identification, chest sounds, cardiac sounds, IV start limb for training and advanced skills learning.

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

**EQUIPMENT:** New slings for mechanical lifts purchased.

**IPAC:** The % staff adhered to the 4 moments of hand hygiene is at 89 %; a decrease of 5% from the previous quarter. The goal is to be 90 % or higher for hand hygiene. For the next quarter, there will be continued education on hand hygiene, the proper use of gloves and auditing of the 4 moments of hand hygiene that will take place. % staff doffed PPE correctly as per Isolation Signage on door at 62%; this is a decrease of 5% from previous quarter. On the spot education and coaching is given without punitive measures currently while staff are entering isolation rooms. Donning/Doffing posters were created and now being posted as of December 15/2022 at each resident’s room for all staff/visitors to use when they enter/exit isolation rooms for removal of their PPE’s. The daily IPAC Team huddles continue with each outbreak. There was a significant increase in the number of MRSA and VRE swabs this quarter which correlated with the number of admissions 25 for the quarter. There was a significant increase in the number of Urine C&S swabs as well as the number of positive swabs this quarter. Out of the swabs completed, 75 % of them were positive for a urine culture which is valid therefore indicating they are completing urine specimens based on the residents meeting a case definition for when to complete a urine sample. The initiation of daily IPAC Huddles during the outbreaks is an effective tool for communication and education for all staff working on an outbreak unit. The Infection Prevention Audit and the PPE Precautions Audit continue to be effective tools to identify any IPAC concerns.

Rapid Antigen Testing Clinic and the Active Visitor Screening at the Brock Street entrance was closed as of March 31, 2023, as per the new directives from the Ministry of Long-Term Care. Asymptomatic Screen Testing is no longer required upon entrance for visitors to enter the Rest home or LTC home. Passive screening is still required.

**Rest Home:** The Rest Home had 8 admissions and 3 discharges this quarter along with 17 tours completed and 3 consults for alternative living. 11 falls, an improvement from 17 this quarter. 1 fall resulted in a hospital transfer with the resident requiring staples for a laceration.21 residents are participating with PT this quarter, a decline from previous. PT hours will be reduced as a result. 1 accidental elopement occurred this review. Improper documentation of medications occurred resulting in 4 medication errors this quarter. Infection update: No outbreaks in the Rest Home this quarter. 2 residents were treated for UTI and 1 resident positive for Upper respiratory infection with no spread to others. 1 sentinel event occurred the phone system went offline at 5:30pm. Tech call was made, and the system came back online at 3:22pm.

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

4/39 Family and Resident CSQ’S returned for the NH. 3/9 RH CSQ’s returned. 3/31 new admission CSQ’s received, and 7/33 discharge CSQ’s were received. 1 CSQ required follow up. 100% of responses regarding I can express my opinion without fear, and I would recommend Vision to others. Average rating when asked how well the staff listen to you was 4.8/5. 2 Family Council meetings occurred with approx. 12 family members in attendance each time held via Zoom. Family council is looking for a Secretary. There has been 3 “Ask Me Café” via zoom with 1/25 family member who participated. In progress, plans to meet in person and via Zoom to occur in September of 2023. The finalizing of Family Council Brochure, a Family council Open House Event on June 8th, from 1-5 during Family Council. Family Council Ask Me Button’s arrived for family council members to wear while in the home to encourage others to approach and ask questions.

**Quality Improvement Service Report**

Clinical connect plus is enabled in the PCC environment. Goal is to train RN’s/DOC/NP and MD on use of new module to access new admission residents’ information coming from the community. Approval was obtained for a new research grant furthering the PIECES research project previously participated in. More information to come in Q2. The Wi-Fi upgrades are scheduled for completion in the first week of May. QIP was submitted March 31, 2023, to Ontario Health. Annual goals have been set for the Nursing Program leads by the Resident Care QI committee. A Gemba walk was completed in March as part of Vision’s Operational plan 2023: Rebuilding Resident Care Services. 11 staff are finishing up the PSW/FSW fast track micro credentialing program is coming to an end with staff aiming to graduate in June 2023.

**JOH&S:**

The number of employee incident reports filed this quarter was 14 in total. 5 in Jan 2 in Feb and 7 in March. MSD Injuries: consistent with last quarter at 4 MSD injuries. 1 in January, 0 in February and 3 in March. The # Of WSIB Claims: 3 resulted in modified work (+1 resulted in 1 day modified work with no WSIB claim). The # Of Modified Hours: 1032.6 hours this quarter – Up from 471.5 hours last quarter. (Jan - 448.25, Feb - 242.04, March - 342.31). 2 lost time claims carried over this quarter with significant injuries. Gastro outbreak April 3 -12: 8 staff ill (reported to WSIB). H&S Certification Level 2 certification completed this quarter for L. Vandenberg. Breanne Owens has joined the team as a worker member, Annual Emergency training for the RNs is booked for May 2, 2023. Night staff Fire Response training will also occur as part of the Fire Drill Scenario annual event completed with the Fire Department will be rescheduled for Q2 2023. This will include Med Sled training. A new “Booster” unit was purchased and installed to provide additional cooling for the Ontario Unit. A1 security has installed 2 additional video cameras to monitor the front vestibule at Brock St & the RH entrance on Wellington St. Security camera monitoring station upgrade complete. Mandatory Education is being planned to be part of the Lambton College Passport program in 2023. Mandatory education is being planned for 2023. The MOLTC Director Order for air conditioning has been resolved.

**Daily Resident Care:** The total # of monthly audits completed Jan: 72, Feb:57, Mar:79. Areas for improvement noted on audits: 13.9% mouth care concerns remain the highest, but improved 15% from the previous ¼. 5.3% of Resident Care audits were in relation to untidy beds noted to be 16%. An increase from 3% to 5.8% was noted for overall cleanliness concerns. Missed baths: 72 in Jan, 57 in Feb, and 79 in March. 60% of chart audits are completed for admissions. Admission Chart Audit summary findings revealed: 3 missing lab results, 2 missing orientation checklists, 4 missing bowel and bladder assessment, 2 missing smoking assessments, 1 missing personal belongings list, 2 missing vaccination information, 4 pain assessments not triggered, 3 bowel and bladder assessments missing. 2 pain assessments did not trigger, 4 missing signatures for orders from Dr. Gannon. 6 draft notices in PCC. Reminders sent out to staff to resolve. 30 overdue care plans (from all departments) compared to previous 107 this quarter. 30 overdue assessments compared to previous 57 overdue assessments (all departments). No findings of staff using the Do not use abbreviation list.

**Team Huddles**

51 huddles completed this quarter compared to 53 last. Huron had 9, Michigan had 11, Erie had 9, Superior 12, and Ontario 11. 65 concerns were discussed down slightly from 71. 2OFI cards were placed on the huddle boards. 3 staff incorporated education into huddles. The focus for the quarter was on education of EOL, Delirium, offloading pressure, Pro Resp demonstrated care and repair of portable 02 cylinders x 2 to each unit. Summary of issues: Equipment issues 17 in relation to slings. No Environmental issues reported. Process/Procedure:7 oxygen tanks not being filled, diet texture, staff overtime meals, bed alarms unplugged. People issue:41 “working short”, certain units not having floats, too many baths for units to complete on days without bath shifts. issues regarding staff. EOL education provided by EOL residents are priority, to many calls ins/attendance management has been reinitiated, staff burnout on Huron in relation to demands of family. Material issues: 1 nurses station cluttered. Management issues: 1 noting management doesn’t understand how heavy some of the units are.

**Risk Management:**

Monthly fire drills completed this quarter 1 live and 2 paper. 18 Service calls this quarter. 7 Critical incidents this quarter (5 in relation to family resident complaints and 2 in relation to outbreaks (Covid and Gastro) 1 sentinel event in January this quarter. The generator switch was not working correctly, identified during routine maintenance. 2 near misses occurred 1 in Jan and Feb. 1 resident who is on enteral tube feed, was asked if he wanted a snack. Counselling memo was issued. 2nd occurred in relation to a Max lift working incorrectly raised on its own with a resident partially hooked up. Staff acted quickly and no injuries occurred as a result. 1. Complaint in relation to loudness of call bell system, Call bell log reviewed, and family provided with MOH request to turn volume up on call bell system. 2. Received an email complaint from a resident that the Max lift had feces on it and had not been cleaned in weeks. DOC investigated all lifts and checked leaning logs. 3. Multiple care concerns (chest strap tight, bed baths during outbreak, and medication order without explanation. Followed up on chest strap, MD called family, full bath provided once out of isolation. 4. Long standing sleep medication was d/c’ d without a substitution ordered. Follow up completed by NP and DOC and family satisfied with response. 5. Resident’s were discharged from their walking program and was not given notice of discharge. Policy revised to call families when resident is discharged from programs. 6. Salon overcharged resident. Additional service provided with no charge and resolved. 2 What’s on Your mind completed (1 in Feb and 1 Mar) First was in regard to having to wait for screener to open the door. The screeners break time has been adjusted to accommodate family. Secondly a request for all staff to wear name tags. An email was sent to all managers to monitor staff. 1 Ethical issue in relation to revisiting policy to allow unvaccinated family to come in as Essential Visitors. 1 Privacy breach this quarter in relation to sharing of staff T4 information for all PSW’s hired prior to Jan 2022 wage enhancement emailed out to 40 staff. Reminder of confidentiality and email requesting information be deleted was sent out.

**Human Resources and Volunteers**:

Total of thirteen staff hired in the first quarter of 2023. Twenty staff left this quarter majority in March (screeners/clinic staff) Sick time increased this quarter to 8540.75. Overtime hours decreased by 1373 hours. 7 Exit interviews completed this quarter with a common point being most staff are leaving for another job. Rated working here high but felt salary could be improved. The Lambton/Vision Cooperative is now in the pilot phase. Metrics are recorded for quality improvement. Plan to utilize the Micro credentialling for Mandatory education to begin in May. Staff returning to work in relation to non-vax policy. The total number of volunteer hours for January was 171 hrs., February 181 and March was at 149.5 hours. An increase of 236.5 hours compared to last quarter.1 newly recruited volunteer this quarter with no resignations. The volunteer coordinator has been connecting with local high school guidance counselors regarding students volunteering for community hours here at Vision along with posters to advertise volunteering on Vision’s Facebook page, and around the home. Working on providing space for volunteers to access policies and procedures, and IPAC module for accreditation.

**Wellington Flats**: Apartments continue to be fully occupied. Apartment 307 gave notice on February 1st bachelor will be moving up on April 1st. An advertisement regarding the Wellington Flats was placed in the Sarnia Journal Remembrance day edition. 9 tours occurred resulting in 4 apartments being rented. The guest suite is being occupied by an Agency nurse. 9 Service calls were placed, 3 Orkin inspections occurred, 22 tenant/building issues were dealt with this review by the Superintendent. Staffing coverage occurred 3 times this quarter. Activity calendar for Wellington Flats residents to attend, and hairdresser poster was placed up in the Wellington Flats for the Vision Salon. Paid laundry machines continue to be successful averaging 904.83 per month.

**Social Worker:** 15 residents were discharged from Q1 to Q2. Three residents passed away and 11 additional cases were resolved. One resident refused social work services. Most time spent on transitional support, financial/case management and long-term emotional therapeutics. Moderate amount of time spent on resource/care partner coordination, short term emotional therapeutics, mental health, family supports, behavioral supports and advocacy. Minimal amount of time spent on end of life. A new social service worker Tim French was onboarded. Care partner initiatives started this quarter with the first session held in March, and a second in April. Funding application has been approved for New Horizons for Seniors to fund the development/implementation of therapeutic group counselling for residents. 2 SSW students graduated in April, Victoria Thompson joined the team in May and will be here 1 day a week.