CQI

CQI/SPECIALIZED PROGRAMS CHAIR REPORT April-June 2023

Faith and Grace Manors

Date-August 3 and 4, 2023

Holland Christian Homes

AGENDA / Minutes:

1.) Welcome

2.) Review Committee Terms of Reference and Committee Evaluations

Membership reviewed and members added as per the Fixing Long-Term Care Act (FLTCA)

3.) Risk Management Plan and CQI Plan

-The Risk Management Plan was reviewed and updated by the CQI committee

-CQI Plan was reviewed, revised, and signed off by the appropriate personnel

4.) Audit Schedule

Audits are completed as per the Audit schedule

5.) CQI Calendar

The CQI calendar is signed off each month by the program leads and department heads.

6.) Resident/Family Satisfaction Survey

The survey will be delivered in e-format (survey monkey) for the 2023 survey.

The survey was redesigned to have two surveys. Residents will get a "Resident Satisfaction Survey", while families/SDMs will get a "Family Experience Survey" – questions will be more appropriate based on the person(s) responding.

7.) Accreditation Canada

The CARF teams at HCH continue on the CARF journey with monthly touchpoint meetings.

-Application for CARF was submitted on February 1st.

-All standards must be in place and can show evidence by August 2023

- -The survey will be completed in early spring 2024

8.) Infection Control Update

- **Faith Manor**

Hand hygiene Audit results: 1080 hand hygiene Audits were completed on the speedy audit App over the last 3 months. (Total each month; April - 340, May - 339, and June - 401). Based on our goal to maintain a compliance rate of 95% monthly, the hand hygiene compliance rate has been fairly maintained this quarter (April to June), with a compliance rate between 98.6% to 100%.

PPE audits: A total of 31 PPE audits were completed during the quarter; Audits were mainly done with the practical nursing students, PSW students, and a few new staff. There were rare occasions when a staff /student was donning gloves before the gown, and they were corrected. Staff came out of the resident's room with full PPE on but were corrected and re-educated on the spot. Ongoing 1:1 re-education for the regular staff.

Monthly Infection Surveillance: UTIs and skin infections were the highest among the infection categories during the quarter.

UTI education was posted on the Surge Learning platform, for Nurses and PSWs to complete by the end of April 2023. This education was also extended to the end of May 2023, due to the increased number of UTIs (A total of 10 in April and 10 in May). Skin infections reported over the quarter were mainly due to the diagnosis of cellulitis. These skin infections were not specific to one unit and therefore would not be deemed as linked from one resident to another.

Outbreak: There was 1 outbreak, Covid-19 related

May 29, 2023 - June 10, 2023 (lasted 11 days) – 4 residents and 4 staff

- **Grace Manor**

Analysis of Infection Surveillance: 40 infections have been reported so far this quarter. UTI, skin, and respiratory infections were a major category.

Outbreak Report: No new outbreak

Holland Christian Homes

Hand Hygiene Audit Report and Analysis: A total of 1701 Hand hygiene audits were completed with 100% compliance. 4 moments of hand hygiene education were provided to staff and students by the IPAC lead as needed. On-the-spot education is being provided while doing the audit by registered staff.
PPE Audit Report and Analysis: New mandate from the Ministry regarding masking etc., therefore no PPE audits were completed in keeping with no new outbreaks.

9.) CQI Boards/Suggestion Box

- Boards are updated as needed
- No suggestions received this quarter

10.) CQI Newsletter and Communications

- The Winter/Spring newsletter was distributed to staff, visitors, families, and residents. The newsletter can be found on the CQI Boards

11.) CQI Annual Program Review Day

The annual program days were held on April 4, 2023, for Grace Manor and April 5, 2023, for Faith Manor. This year we were fortunate enough to have this review day in person. Family and Resident Councils were represented. Frontline staff, the CEO, and a member of the Board were in attendance.

12.) Strategic Plan

An update on the Strategic Planning process was provided.

13.) HQO – Quality Improvement Plan

The QIP for both Grace and Faith Manor was updated and submitted to Health Quality Ontario on March 31, 2023.

14.) Communication:

What from this meeting needs to be communicated?
Who are we communicating this information to?
How will we communicate this information?
When will we communicate this information?
Who is responsible to ensure this information is communicated?

Next meeting – October 2023

Holland Christian Homes

CQI CHAIR REPORT - FAITH AND GRACE MANOR

Not Meeting goal | Trending to not meet goal | Meeting/surpassing the goal

RISK CATEGORY	IDENTIFIED RISKS FOR FOCUS	GOAL OR TARGET	Q1 (Jan/Feb/Mar)		Q2 (Apr/May/Jun)		Q3 (Jul/Aug/Sep)		Q4 (Oct/Nov/Dec)	
			GM	FM	GM	FM	GM	FM	GM	FM
SENTINEL EVENT	# of CI forms to MLTC for *resident-to-resident* abuse	0	0	0	2	1				
	# of *Critical Incident* forms to MLTC for allegation of *staff-to-resident* abuse	0	3	0	6	0				
	# of improper/incompetent care Critical Incidents	0	0	0	3	0				
	MLTC and/or complaint or CIS Inspection Results	0 Orders	0	0	0	0				
		4 VPC's	1	0	0	0				
		6 WN's	11	0	1	0				
	Outstanding Orders (not yet cleared by MLTC)	Info	1	0	0	0				
	# of *complaints* directed to the MLTC where they come in to investigate.	2	2	1	2	1				
	# of Medication incidents with an adverse effect	0	0	5	0	0				
	# of Medication incidents by staff without an adverse effect	Less than 3	0	0	0	1				
	# of Medication incidents due to Pharmacy error.	Less than 3	0	0	0	0				
	2. # of actual emergency code incidents/events	Info	0	0	2	1				

Holland Christian Homes

RISK CATEGORY	IDENTIFIED RISKS FOR FOCUS	GOAL OR TARGET	Q1 (Jan/Feb/Mar)		Q2 (Apr/May/Jun)		Q3 (Jul/Aug/Sep)		Q4 (Oct/Nov/Dec)	
			GM	FM	GM	FM	GM	FM	GM	FM
	reported e.g. IT systems failures etc.,									
	System Failures (Environmental / Maintenance)	0	0	0	0	0				
	# of Concern forms	Info	12	0	13	7				
	# of Concern forms (resulted in unsatisfied or unresolved)	0	0	0	0	0				

Discussion and Analysis:

- Filling all the vacant beds, admissions from the hospital – residents disoriented, increased risk / # of falls
- Increased FLTCA requirements to report all allegations of abuse/incompetent care
- New requirements to report all email complaints through the Critical Incident Reporting System (previously would have been a concern form – internal only)
- Several CIs are from the same resident/families/POA
- Many CIs are unsubstantiated, however, must still be reported

GM: Education of the reporting requirement to families, residents and staff has seen an increase in the number of critical incidents reported. 15 CIs reported for the quarter for GM related to falls, resident-to-resident abuse, medication-related (loss of a fentanyl patch, reported to police), incompetent care, and alleged abuse.

FM: Report of abuse was unsubstantiated due to mental capacity.

Privacy	# of actual and known personal information or staff privacy breaches	0	0	0	0	0				

Discussion and Analysis:

No privacy breaches this quarter.

Health and Safety	# of confirmed workplace violence incidents such as harassment, bullying, domestic violence	0	0	1	0	0				
	# of lost time injuries cases greater than 2 days (WSIB)	0	2	2	8	8				

Holland Christian Homes

RISK CATEGORY	IDENTIFIED RISKS FOR FOCUS	GOAL OR TARGET	Q1 (Jan/Feb/Mar)		Q2 (Apr/May/Jun)		Q3 (Jul/Aug/Sep)		Q4 (Oct/Nov/Dec)	
			GM	FM	GM	FM	GM	FM	GM	FM
	# of New CLAC Grievances	2	0	N/A	2	3				
	Vulnerable Occupancy Fire Drill Inspection Result	PASS	PASS	1	NA	PASS				
	# of emergency code exercises (not including code red)	Info	1	1	1	2				
	Total # of union arbitrations that went to Arbitration (previous quarter)	0	0	0	1	0				
	# of shifts filled by an agency (PSW, RN, RPN)	80	71	0	76	8				
	# of MOL orders	0	0	0	0	0				
	% of 'active' Manors staff who have completed Mandatory Training	100%								

Discussion and Analysis:

GM: Reduction in the number of shifts filled by agency staff due to successful recruitment and the hiring of students who exhibited outstanding performance during their placements.

FM: No lines are currently being occupied by agency staff due to the successful strategy of hiring registered staff and PSWs during their placements.

Increased awareness surrounding the identification and communication of near misses could be driving the numbers up from last reported quarter 100% of the near misses reported are as a result of a resident to staff interaction/behaviours. Elevated number of near miss incidents reported at 41 is a significant increase from 7 in the previous quarter; from the 41 the highest areas are 21 in slap and punch and 9 are bruise/scratch.

Total # of WSIB claims - 4 cases were due to COVID-19 WSIB Claims and the remaining were resident to staff related WSIB incidents.

# of WSIB claims with lost time - all the WSIB cases resulted in lost time ranging from a couple of days up until 5 months in some cases.

Total # occupational disease claims to WSIB - The Outbreak was initially declared on May 29, 2023, due to 2 resident positive cases on the unit on the 3rd floor which resulted in 4 staff testing positive for COVID-19 and filling WSIB Claims. June 10 2023, Public Health has declared the Covid-19 Outbreak over at Faith Manor (3rd floor). The cumulative resident case count is 4 As of June 10, 2023.

Holland Christian Homes

RISK CATEGORY	IDENTIFIED RISKS FOR FOCUS	GOAL OR TARGET	Q1 (Jan/Feb/Mar)		Q2 (Apr/May/Jun)		Q3 (Jul/Aug/Sep)		Q4 (Oct/Nov/Dec)	
			GM	FM	GM	FM	GM	FM	GM	FM
CLAC Union Grievances: Total of 3 Grievances for Q2. **Case #1** Griever was awarded a temp full-time employment on March 22, 2022. Employee failed to abide by article 9.07(b) Step 2 completed May 3, 2022; union filed a letter dated May 25, 2023, adding 40 more names to this grievance - re temp f/t and article 9.07 (b) **Case #2** Griever was unjustly disciplined; 2-day suspension, Union proposed Counselling letter and Employer is holding at a reduction to a 1-day suspension; Step 2 completed April 17, 2023. Investigation for this grievance is ongoing. **Case #3**: The employer has reached out to the griever numerous times to make up missed shifts and the griever has replied that she is too busy.										
Service Provision	Occupancy Rate (%)	97%+	92.1%	96.3%	97.3%	98.3%				
	# of admissions	For Info	20	30	13	15				
	Flu Vaccination Rates-Staff (2021)	GM 90% FM 90%								
	Flu Vaccination Rates-Residents (2021)	GM 95% FM 95%								
	COVID-19 Vaccination Rates-Staff (2021)	GM: 85% FM: 95%								
	COVID-19 Vaccination Rates-Residents (2021)	GM: 95% FM: 95%								
	CMI (not RUG weighted)	Maintaining at current or increase GM 1.13 FM 1.13 1.10-1.12 1.09 or less	1.16%	1.17%	1.14%	1.17%				
	Discussion and Analysis: Occupancy Rate: Faith Manor is selected as a higher choice, multiple-bed offers from other high-priority homes, crisis placements/complex residents who pass away within days of admission, and the application review process has become time-consuming and complicated with complex hospital crisis applications. A process is in place to review the application process to improve the speed of replies in order to be able to accept bed offers more readily.									
	Nursing Rehab funding % (qualified for, as per MDS)	5% +	7.14%	6%	7.56%	6%				

Holland Christian Homes

RISK CATEGORY	IDENTIFIED RISKS FOR FOCUS	GOAL OR TARGET	Q1 (Jan/Feb/Mar)		Q2 (Apr/May/Jun)		Q3 (Jul/Aug/Sep)		Q4 (Oct/Nov/Dec)	
			GM	FM	GM	FM	GM	FM	GM	FM
	# of incidents resulting in a critical incident report to MLTC (excludes resident abuse)	2	1	0	2	0				
	Overall Satisfaction (from Resident/Family Survey)	97%								
	Accreditation Status	Exemplary Standing								
	Outbreaks (Infectious)	0	2	3	0	1				
	4. # of applicants on the waitlists (all bed types) (average for the 3 months)	Over 200	229	260	253	287				
	3rd Party Contracts	Current and up-to-date- Met	Met	Met	Met	Met				
	Discussion and Analysis: **GM:** Grace Manor had 1 COVID-19 outbreak in January, and 4 staff and 10 residents were affected. One RSV outbreak in March, 2 residents were affected. **FM:** Faith Manor had 2 COVID-19 outbreaks.									
	Total #of transfers to Emerg. Department	Goal is to exceed performance in relation to provincial averages.	35	23	23	42				
	# of LTC residents sent to the emergency department and were Admitted	For info	22	5	11	22				
	# of Residents that died in hospital	For info	1	8	1	6				

Holland Christian Homes

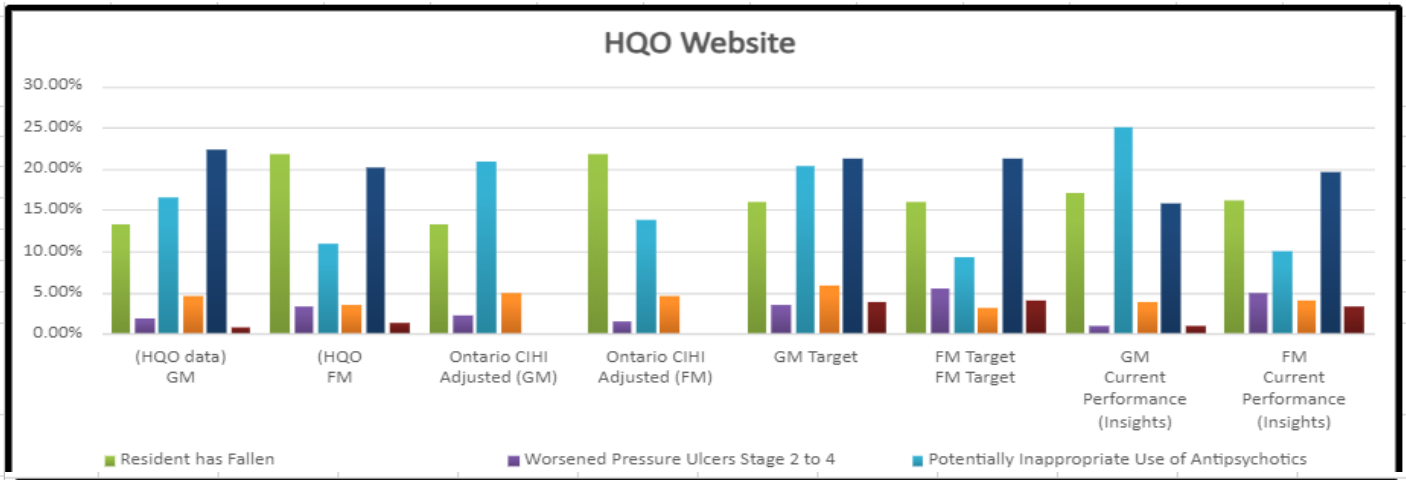
RISK CATEGORY	IDENTIFIED RISKS FOR FOCUS	GOAL OR TARGET	Q1 (Jan/Feb/Mar)		Q2 (Apr/May/Jun)		Q3 (Jul/Aug/Sep)		Q4 (Oct/Nov/Dec)	
			GM	FM	GM	FM	GM	FM	GM	FM
	# of Residents that died in the Home	For Info	14	8	4	6				
	Discussion and Analysis: **FM:** There was a 1-point decrease in hospital transfers this quarter. 22 of the 42 residents transferred to the hospital were admitted, 10 of the transfers were seen as potentially avoidable, and 14 of the transfers were full code. **GM:** There was a significant decrease in the number of hospital transfers this quarter from 34 to 23. 11 residents sent to the hospital were admitted, 6 of the transfers were seen as potentially avoidable , and 6 falls with injuries.									
	Total # of times a program was cancelled or changed after the calendar was posted	0 1-4 5+	3	31	1	1				
	# of residents at risk (activities) avg. per month	10	18	31	7	4				
	Discussion and Analysis: Faith and Grace Manor: Residents at risk in Activity Pro were met in Grace Manor, and over the target by 1 for Faith Manor. There is a standing agenda item at department meetings to address this.									
	# of residents at high nutrition risk 1 (unstable) avg. per month	35 (avg.) or less	18	48.6	22	37				
	# of residents at high or moderate nutrition risk 2 (supplements)	GM 48 FM 24	14	2	13	29				
	# of residents with a weight loss greater than 5% in one month (average per month)	Less than 5	3	2	1	2				
Discussion and Analysis: **GM**: All targets met for the quarter. **FM**: Over the past quarter, many of the new residents coming into the home are in need of more nutritional screening until they are settled. The RD will continue to monitor residents on admission. The RD will continue to re-evaluate the residents on supplements and find a food that is an alternative to the supplement.										

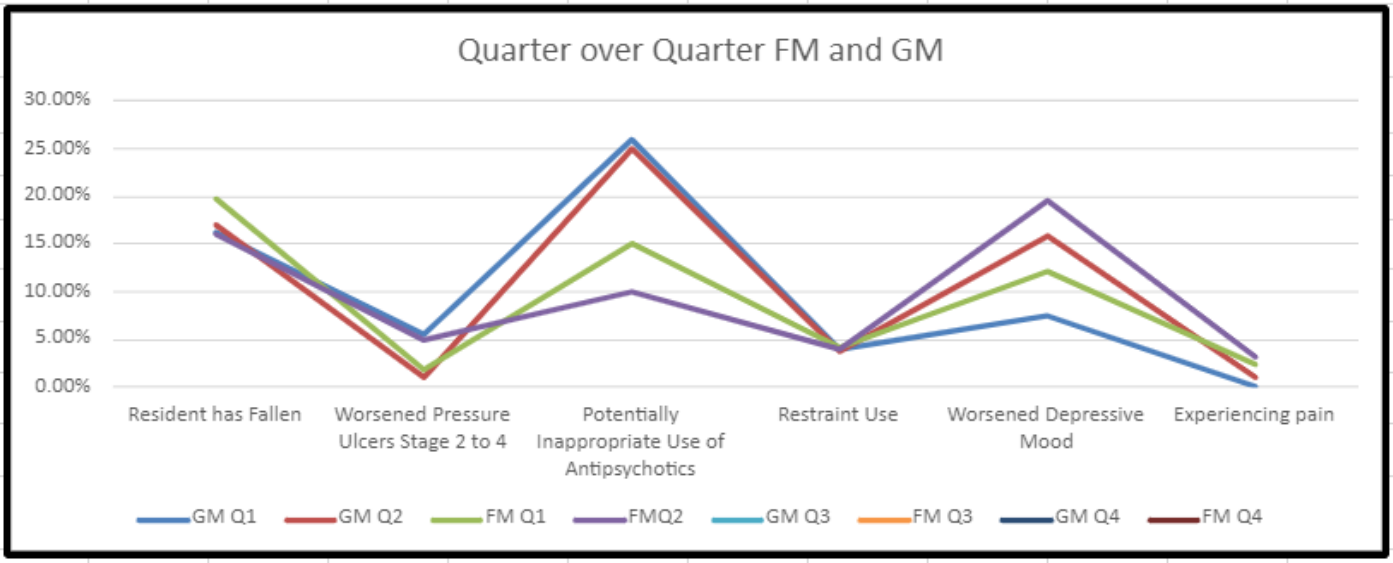
Holland Christian Homes

Publicly Reported Data

Comparison data from CIHI, HQO, and Insights.

	GM (HQO data)	FM (HQO data)	Ontario CIHI Adjusted (GM)	Ontario CIHI Adjusted (FM)	GM Target	FM Target	Current Performance (Insights) GM	Current Performance (Insights) FM
Resident has Fallen	13.20%	21.80%	13.20%	21.80%	16.00%	16.00%	16.98%	16.13%
Worsened Pressure Ulcers Stage 2 to 4	1.90%	3.30%	2.20%	1.40%	3.48%	5.50%	0.99%	4.92%
Potentially Inappropriate Use of Antipsychotics	16.60%	10.90%	20.90%	13.80%	20.36%	9.20%	25.00%	10.00%
Restraint Use	4.60%	3.50%	5.00%	4.50%	5.90%	3.06%	3.85%	4.03%
Worsened Depressive Mood	22.40%	20.10%	(ower the better (17.1%)	lower the better (13.7%)	21.18%	21.18%	15.84%	19.63%
Experiencing pain	0.70%	1.30%	lower the better (0.4%)	lower the better (0.7%)	3.79%	4.00%	0.94%	3.23%
Wait Times (median) from community	130 days	143 days						
Wait times (median) from hospital	No data	43 Days						





Holland Christian Homes

SPECIALIZED PROGRAMS – Q4 CHAIR REPORT - FAITH AND GRACE MANOR

Date of Meeting: April 26, 2022 @ 9am

Not Meeting goal | Trending to not meet goal | Meeting/surpassing the goal

CATEGORY	IDENTIFIED FOCUS	GOAL OR TARGET	GOAL OR TARGET	Q4 (Jan/Feb/Mar)		Q1 (Apr/May/Jun)		Q2 (Jul/Aug/Sep)		Q3 (Oct/Nov/Dec)	
		GM	FM	GM	FM	GM	FM	GM	FM	GM	FM
Behaviour Management	# of residents transferred to a tertiary health bed	For info	For info	0	0	0	0				
	# of residents with responsive behaviours (moderate and high) (avg/mth)	For info	For info	68	98	68	91				
	# of residents sent to hospital on a Form 1	0	0	0	0	0	0				
	% of potentially inappropriate use of antipsychotics without diagnosis of psychosis. (CIHI)	PA: 19.4% GM: 20.36%	PA: 19.4% FM: 9.20%	26.09%	15.12%	25%	10%				
	# of residents occupying a private room due to behaviours **(avg/mth)**	For info (subsidized through high intensity)	For info (subsidized through high intensity)	0	0		0				

Discussion and Analysis:

Faith and Grace Manor: In regards to the use of antipsychotics without a diagnosis of psychosis, new admissions from the community are admitted with these medications, and also an increase in personal expression. Risk Factors are not easily managed by non-pharmacological interventions. Additionally, residents might not be coded in MDS for psychosis but may

CATEGORY	IDENTIFIED FOCUS	GOAL OR TARGET	GOAL OR TARGET	Q4 (Jan/Feb/Mar)		Q1 (Apr/May/Jun)		Q2 (Jul/Aug/Sep)		Q3 (Oct/Nov/Dec)	
		GM	FM	GM	FM	GM	FM	GM	FM	GM	FM
require these medications but may reduce their symptoms e.g. personal expression of risk factors which are not easily altered by nonpharmacological interventions. An antipsychotic reduction committee has been formed to reduce the use of Antipsychotics in LTC. This interdisciplinary team involves registered staff and PSWs from different home areas, Pharmacists, DRC, ADRC, NP, and BSL.											

CATEGORY	IDENTIFIED FOCUS	GOAL OR TARGET	GOAL OR TARGET	Q4 (Jan/Feb/Mar)		Q1 (Apr/May/Jun)		Q2 (Jul/Aug/Sep)		Q3 (Oct/Nov/Dec)	
		GM	FM	GM	FM	GM	FM	GM	FM	GM	FM
Restraints, PASDs and Bed Safety	Total # of physical restraints **(avg per month.)**	**5**	**5**	**3**	**10**	**3**	**9**				
	# residents with lap belt restraints **(avg per month.)**	**3**	**3**	**1**	**0**	**1**	**0**				
	# residents with bedrail restraints **(avg per month.)**	**0**	**0**	**0**	**1**	**0**	**1**				
	# Residents with tabletop restraints **(avg per month.)**	**2**	**2**	**2**	**11**	**2**	**8**				
	% residents physically restrained (CIHI Stat) **Provincial Average 2.98%**	**PA: 2.98% GM: 5.90%**	**PA: 2.98% FM:3.06%**	**4.05%**	**4.10%**	**3.85%**	**4.03%**				
	# of PASDs used quarterly	**67**	**60**	**69**	**65**	**70**	**74**				

Holland Christian Homes

Discussion and Analysis:

Faith Manor: Monitoring /Observation;
Staff observed the resident reaction to the use of restraints in place
Monitoring and supervising on an ongoing basis
Ensure the device is applied correctly and maintained, and released the resident from the physical device
Repositioning at least q 2 hrs, based on resident condition.

Grace Manor:
Restraint use in the last quarter is higher i.e. 3.85% compared to the provincial average 2.8% but lower than the target goal 5.9%. There are two tabletop restraints (lap tray) and one seatbelt restraint to prevent falls for residents. The interdisciplinary team has critically reviewed and analyzed the data identified by residents and will continue to assess and collaborate with families and staff to minimize the use or discontinuation of restraints.

CATEGORY	IDENTIFIED FOCUS	GOAL OR TARGET	GOAL OR TARGET	Q4 (Jan/Feb/Mar)		Q1 (Apr/May/Jun)		Q2 (Jul/Aug/Sep)		Q3 (Oct/Nov/Dec)	
		GM	FM	GM	FM	GM	FM	GM	FM	GM	FM
Continence and Bowel Management	# of totally incontinent residents – bladder	**Info**	**Info**	**98**	**150**	**103**	**159**				
	# of incontinent residents – bowel	**Info**	**Info**	**75**	**125**	**79**	**129**				
	% of residents with worsened bladder continence (CIHI Stats)	**PA: 18.28% GM: 8%**	**PA: 18.28% FM: 8%**	**11.54%**	**22.5%**	**9.21%**	**18.18%**				
	# of residents on scheduled toileting (**Avg per month**)	**For info**	**For info**	**3**	**10**	**4**	**8**				
	% of staff trained on the use of continence products	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**				

CATEGORY	IDENTIFIED FOCUS	GOAL OR TARGET GM	GOAL OR TARGET FM	Q4 (Jan/Feb/Mar) GM	Q4 (Jan/Feb/Mar) FM	Q1 (Apr/May/Jun) GM	Q1 (Apr/May/Jun) FM	Q2 (Jul/Aug/Sep) GM	Q2 (Jul/Aug/Sep) FM	Q3 (Oct/Nov/Dec) GM	Q3 (Oct/Nov/Dec) FM
	Incontinence Products Satisfaction rate from Resident Family Satisfaction Survey	95%	95%	88%	95%						

Discussion and Analysis:

Change in residents' functional status and infection could affect their continence level. The nursing staff continues to assess residents for any changes and implement interventions as needed. Team leads and champions will continue to educate staff, assess residents and utilize continent products and specific toileting programs to reduce episodes of incontinence as well as enhance the quality and dignity of our residents.

CATEGORY	IDENTIFIED FOCUS	GOAL OR TARGET GM	GOAL OR TARGET FM	Q4 (Jan/Feb/Mar) GM	Q4 (Jan/Feb/Mar) FM	Q1 (Apr/May/Jun) GM	Q1 (Apr/May/Jun) FM	Q2 (Jul/Aug/Sep) GM	Q2 (Jul/Aug/Sep) FM	Q3 (Oct/Nov/Dec) GM	Q3 (Oct/Nov/Dec) FM
Pain Management	% of residents where pain worsened from previous 3 months (CIHI stat, internal report)	PA: 9.51% GM: 9.40%	PA: 9.51% FM: 3.79%	4.29%	4.63%	4.72%	3.33%				

Discussion and Analysis:

Grace Manor: -The % of residents with worsened pain continues to trend downwards with a slight increase from 4.29% to 4.72% compared to the target or Provincial average of 9.51%.
(Oct to Dec 2022) = 5.26% (Jan -Mar)2023 = 4.29% (April to June) 2023 = 4.72%
- Pain Assessments using RNAO Pain BPG (Pain Assessment for residents unable to report) and (Pain Assessment for residents able to report) on PCC and critical care plan review continues to be completed:
On admission, quarterly, during significant changes in status, and after each fall incident.
-Pain Rounds by GM Pain Team on residents identified from RAI-MDS Coding/PCC Insights as having worsened pain.
-Re-education for frontline staff to identify and report signs and symptoms of pain on a daily basis.
-Pain and Symptom Management for residents at Palliative -End of Life
-Collaboration continues with External partners i.e., RNAO - INQuIRE Submission, Evidence Booster, Acclaim Health

-There has been no MLTC non-compliance related to the pain program.

CATEGORY	IDENTIFIED FOCUS	GOAL OR TARGET	GOAL OR TARGET	Q4 (Jan/Feb/Mar)		Q1 (Apr/May/Jun)		Q2 (Jul/Aug/Sep)		Q3 (Oct/Nov/Dec)	
		GM	FM	GM	FM	GM	FM	GM	FM	GM	FM

Faith Manor: We remain lower than the SFP average in the percentage of all analgesic usage (NSAIDS, Opioids) throughout this quarter (April-June). We are well below the target of % of worsened pain and residents that have pain. We saw a significant decrease in the % of residents that have worsened pain (1.17%). While we did see a slight increase in the % of residents with pain, we remain under target. This increase could be related to the complexity of the medical status of the residents we have seen admitted to the home in recent months. We will continue to utilize a collaborative interdisciplinary approach to pain management and utilize non-pharmacological methods of pain management whenever able (repositioning, hot and cold therapy, lighting adjustments). We will continue to consult with the external Pain Management Consultant at any given time should that be needed.

CATEGORY	IDENTIFIED FOCUS	GOAL OR TARGET	GOAL OR TARGET	Q4 (Jan/Feb/Mar)		Q1 (Apr/May/Jun)		Q2 (Jul/Aug/Sep)		Q3 (Oct/Nov/Dec)	
		GM	FM	GM	FM	GM	FM	GM	FM	GM	FM
Skin and Wound Care Management	Total # of pressure injuries stage II or greater **(mthly average)**	**GM: 8**	**FM: 8**	**8**	**15**	**8**	**14**				
	% of residents with recently worsened ulcers (CIHI stat definition, internal report), **Provincial average 2.5%**	**PA: 3.39%** **GM: 3.48%**	**PA: 3.39%** **FM: 5.50%**	**5.56%**	**1.74%**	**0.99%**	**4.92%**				
	# of **newly** acquired skin tears	**GM: 8 per month**	**FM: 8 per month**	**22**	**33**	**18**	**25**				
	# of skin tears from **unknown** cause	**GM: 5 per month**	**FM: 5 per month**	**14**	**14**	4	**11**				
	# of newly **internally** acquired	**GM: 0 per month**	**FM: 0 per month**	**2**	**6**	1	**2**				

CATEGORY	IDENTIFIED FOCUS	GOAL OR TARGET	GOAL OR TARGET	Q4 (Jan/Feb/Mar)		Q1 (Apr/May/Jun)		Q2 (Jul/Aug/Sep)		Q3 (Oct/Nov/Dec)	
		GM	FM	GM	FM	GM	FM	GM	FM	GM	FM
	pressure injuries stage II or greater										
	# of newly **externally** acquired pressure injuries stage II or greater	**GM: For Information**	**FM: For Information**	**6**	**9**	1	**5**				
	# of other therapeutic surfaces being used (excludes air mattresses)	**GM: For information**	**FM: For information**	17	25	0	26				
	% of 'active' staff who have received education on Skin and Wound Care	**100%**	**100%**								

Discussion and Analysis:

In the skin and wound program, to monitor daily skin and wound alterations, a tracking sheet is completed daily. It was noted that we had 8 pressure injuries in the last quarter, but have improved a lot in this area, and at this time and now we have 4 major pressure injuries in total, which is a significant improvement in the skin and wound program.

Worsened pressure ulcers are noted this quarter and to prevent further deterioration required assessment and wound consults were done with a wound specialist NP and which resulted in a lot of improvement.

To improve and treat skin alterations dressing orders are entered in a timely manner, RD referrals are sent, monitoring wounds on every shift.

We have about 21 air mattresses in use to prevent further damage to the skin. Staff is checking it properly if the mattress is properly inflated.

Additionally, a skin and wound requirement template is made and posted on each floor to ensure all required sections are completed and the staff was educated about this.

MOMO MEDICAL BED SENSOR - This new device helps staff and residents a lot in turning and repositioning the residents which helps to prevent skin alterations.

Holland Christian Homes

CATEGORY RED= HIGH RISK GREEN=LOW RISK	IDENTIFIED FOCUS	GOAL OR TARGET	GOAL OR TARGET	Q4 (Jan/Feb/Mar)		Q1 (Apr/May/Jun)		Q2 (Jul/Aug/Sep)		Q3 (Oct/Nov/Dec)	
		GM	FM	GM	FM	GM	FM	GM	FM	GM	FM
FALLS	Total # falls	75	122	75	75	26	100				
	# of residents on high risk falls program (Falling Stars/ Falling Leaf) **(avg/mth)**	For Information	For Information	2	12	2	14				
	% of residents who fell during the 30 days preceding their resident assessment (CIHI stat, internal report)	PA: 14.97% GM: 16%	PA: 14.97% FM: 16%	16.22%	19.84%	16.98	16.13%				
	# Falls- (discussed at the Specialized Programs Team Meeting)	GM: 102 FM: 122	GM: 102 FM: 122	75	75	82	100				

Discussion and Analysis:

GM: We had 82 falls in the last quarter, a slight increase from the previous quarter. Each fall was reviewed and analyzed with an action plan. After proper analysis of each fall our team reviewed and update the care plan as per the need of the resident to prevent further falls. We continue to encourage residents to call for help by using a call bell. Interventions such as -Bed and w/c alarms, hip protectors, non-skid socks, floor mats, and purposeful rounding in place for high fall-risk residents. Also, a falling star program is in place for close observation of the residents. We have a total of 8 residents in this program to enhance the safety of the residents.

FM: Fall assessments start on admission with a preventative approach and interventions in place. Residents are monitored 24/7 and any changes are immediately addressed to MD/NP/PT/ADOC. Also monitoring, sharing reports, and communicating with RHAs monthly regarding actual and potential risks related to falls. Reviewing and analyzing each

CATEGORY RED= HIGH RISK GREEN=LOW RISK	IDENTIFIED FOCUS	GOAL OR TARGET	GOAL OR TARGET	Q4 (Jan/Feb/Mar)		Q1 (Apr/May/Jun)		Q2 (Jul/Aug/Sep)		Q3 (Oct/Nov/Dec)	
		GM	FM	GM	FM	GM	FM	GM	FM	GM	FM
fall with the multidisciplinary team. In the first quarter, we had a total of 100 falls. Two CI reports due to falls with injury. One resident sustained an elbow fracture with full recovery.											