

Report LTCR-SS-03-14

To: Chair Burley and Member of the Social Services Committee
From: Lynne Johnson, Director of Long Term Care
Meeting Date: January 15, 2014
Subject: **Resident Quality and Safety- Publicly Reported Indicators**
Status: Recommendation endorsed by Committee as presented per Resolution SSC13-14 January 15, 2014; Endorsed by County Council February 4, 2014 per Resolution CC25-14;

Recommendation(s)

THAT Report LTCR-SS-03-14 regarding Publicly Reported Indicators be received for information.

Background

Health Quality Ontario (HQO) is an independent agency responsible to measure and report, to the public, on the quality of publicly funded health care services in Ontario. Information is provided on their website and refreshed annually.

Website data was refreshed at the end of November and reflects the April 2012-March 2013 reporting period. The following report identifies individual home averages in comparison with the provincial average and a provincially established benchmark for four indicators.

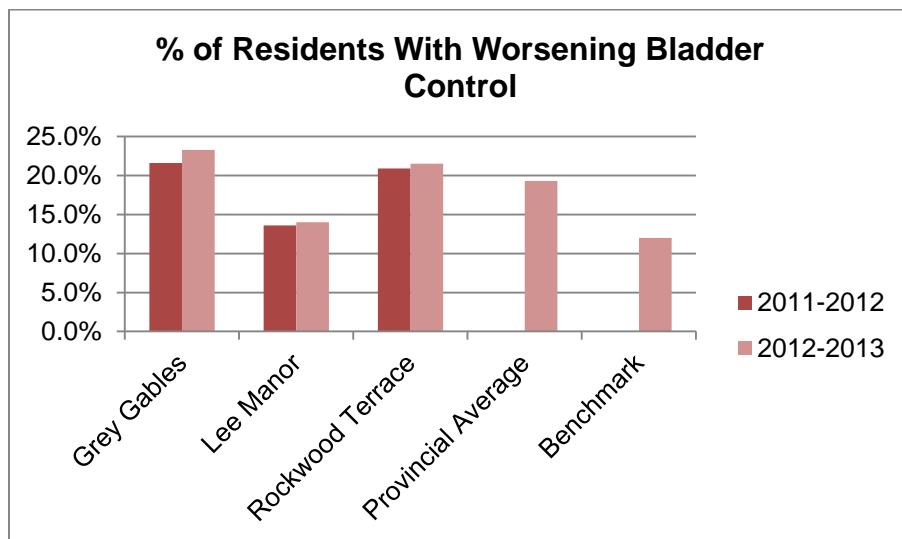
Bladder Control

This indicator measures residents whose bladder function declined over a three-month period. Incontinence is more common in older people if they have multiple chronic illnesses, neurological conditions or nerve damage. Impaired mobility and dementia may also impact on a person being able to get to the washroom.

Incontinence can be embarrassing and may have a negative impact on a person's well-being and ultimately their quality of life. Managing incontinence continues to be a

challenge for long-term care homes due to the complexity of the diagnosis and care requirements of the residents.

Grey Gables, Lee Manor and Rockwood Terrace have each established a continence care committee that reviews the statistics and challenges related to incontinence. The committee is responsible to identify recommendations for improvement. Education has been provided for staff, residents and families to support activities to manage and improve continence.



Falls

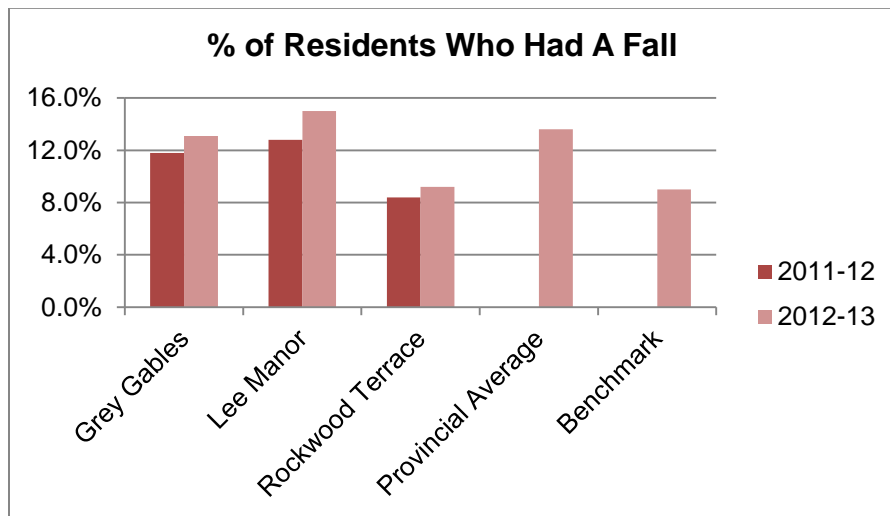
Weak muscles, poor vision, decreased sensation and side effects from prescription medication are some of the reasons an elderly person may have a higher risk of falling. The homes track the number of residents who fall, the number who incur more than one fall and injuries as a result of falls.

Independence and mobility is a high priority for many residents. It can be challenging to balance the risk of falling with a person's right to choose independent living. Education on the risks associated with falling, increasing resident involvement in active physiotherapy programs, medication reviews and other interventions to promote safety, assist in decision making.

On review of data at Lee Manor, many of the residents with falls had multiple health conditions, complex behaviours and were assessed as being at high risk for falls. Staff were able to verify that 97% of falls, that occurred, resulted in no or only minor injuries and personalized interventions were put in place to support residents in maintaining safe, independent mobility. Hip protectors and special head gear is available to reduce

the risk of hip fractures or head injury as a result of falls. The home has also increased the number of available bed and chair alarms used to alert staff to resident activity.

At Grey Gables, the Fall Prevention Committee continues to meet every six weeks and was instrumental in hosting a “Falls Fair” which provided education for staff, residents and family members. The balancing measure for falls that the home is using is the number of restraints in use. During the identified reporting period, restraint use decreased while falls increased. Current raw data demonstrates a downward trend in falls and the team will continue with current interventions

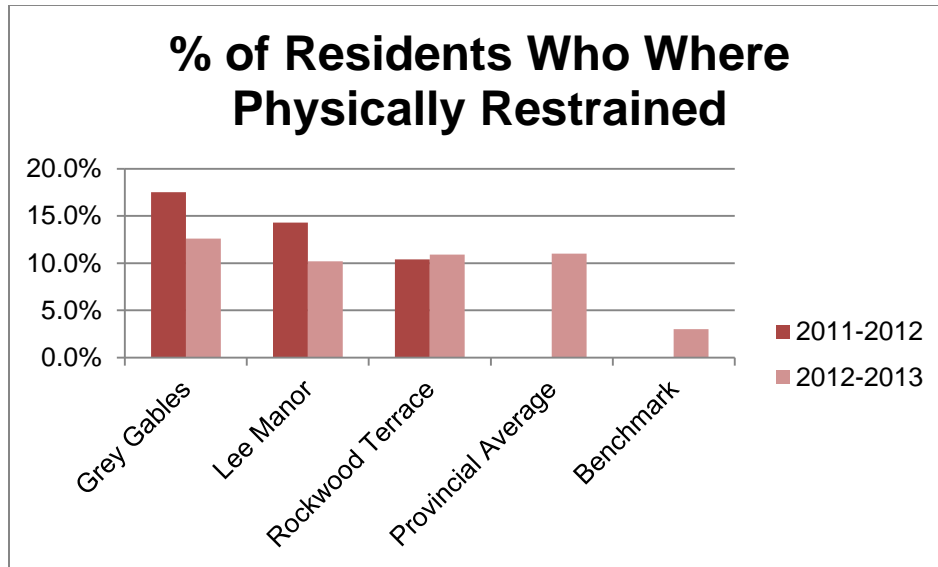


Physical Restraints

Physical restraints may include lap belts, table tops, bed rails and locked doors. Before a restraint is used, consultation with the resident, family and care team must occur to ensure a risk is present and to review alternatives that may prevent the need for a restraint.

A restraint must be ordered by a physician and staff document on the need, application and removal of each restraint throughout every shift. Reassessment occurs on a regular basis and restraints are removed when appropriate.

Staff have worked with the Occupational Therapist to assess and ensure the appropriateness of table tops and restraint belts. In some cases these devices have been able to be successfully removed or other specialized seating alternatives implemented to decrease the number of restraints. The homes continue to replace old style beds with “hi-lo” beds through capital purchasing.

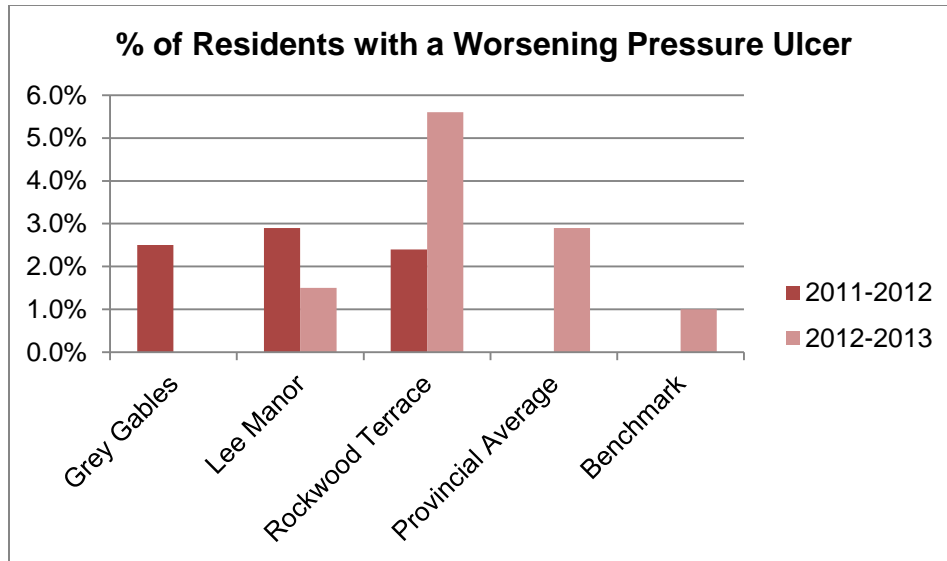


Pressure Ulcers

Pressure ulcers may develop in frail people or those who are unable to move easily when there is too much pressure or friction in a particular area. Residents with incontinence, poor nutrition, poor hydration or with a restraint are at an increased risk of skin breakdown.

All staff are provided with education on the importance of early recognition and reporting of skin changes. Pressure reducing surfaces minimize pressure and a multidisciplinary team reviews all data related to pressure ulcers.

Rockwood Terrace experienced a spike in worsening pressure ulcers in the past year. Staff have been reeducated on pressure ulcers and protocols for skin and wound care. Four registered staff members have completed advanced wound care training. Current data is monitored monthly and there has been a decrease in worsening ulcers in the past few months.



Financial / Staffing / Legal / Information Technology

Considerations

The Long Term Care Service Accountability Agreement and the Long Term Care Homes Act outline roles and responsibilities for a committee of management. Regular reporting from the homes to the committee is an important link in ensuring accountability and supporting open communication.

Link to Strategic Goals / Priorities

Goal 6 of the County of Grey Corporate Strategic Plan is “Achieving Excellence in Governance and Service”. By monitoring, evaluating and implementing action plans based on data, resident quality of life and safety will be supported.

Respectfully submitted by,

Lynne Johnson

Director of Long Term Care