



Response to Family Council July 30th, 2015 Meeting Minutes

Minutes received by AGM August 12, 2015

Response emailed August 17, 2015

ISSUES FOR MANAGEMENT RESPONSE:

1. Please can management support the PERT team in implementing music in dining areas and reviewing resident music preferences, so they can be considered when arranging music therapy and musical entertainment for the residents.

The management team is in ongoing support of all initiatives of the PERT team.

2. Please can management support Scott Lebrun in educating staff on the importance of restorative care practices with residents, include him in new staff orientation and in-service training.

The management team is in ongoing support of the initiatives of Restorative Care. The topics covered in staff orientation are dictated by the MOHLTC and the time constraints of the orientation process. Team members are trained on an ongoing basis through huddles during shifts by the Restorative Care team.

3. Please can management introduce post-meal washcloths to clean food debris from residents' faces and hands and emphasize to staff the importance of cleaning the faces and hands of residents who cannot do this themselves.

A pilot program continues on the Nichol Neighbourhood of sample products that could be used. It must be made clear that the use of a "warm towel" after meals is in addition to normal washing of faces and hands that must occur after meals. If a family member notices that a resident is leaving the dining room with food debris, we would ask that it be brought to the attention of the team.

4. Why are PSWs putting away resident laundry when this is a job for laundry aides? When will management hire another laundry aide for LTC?

This issue will be raised with our Support Office as we cannot provide an answer locally.

5. Can management please provide Family Council with the current year's monthly data for worsening pressure ulcers, falls per 100 residents, worsening bladder control, use of restraints, inappropriate use of antipsychotics and the current plan for "continuous quality improvement".

Please see attached data.

6. Please can management respond to both the June and July minutes prior to our August meeting.

Completed.

7. Please can management refrain from editorializing when they respond to our minutes and respond only to the concerns as written.

Please provide me with your interpretation of “editorializing” as I am confused how my answers are being interpreted. I have reinserted Issue 4 from the May Minutes for reference. All statements made below are factual.

4. Members with loved ones in the locked neighbourhoods still feel that staffing levels are insufficient for the demands of the residents' care.

As discussed at Family Council, the care levels of all residents are looked at to determine the most effective staffing for all 192 residents. I do agree that we are not provided sufficient resources from MOHLTC to meet needs in a way that is acceptable to all residents and families. Riverside Glen is committed to utilizing the resources provided to us in the most efficient and effective way possible.

8. Please can management ensure that the extra 0.5 PSWs for the afternoon shifts, arrive at the "second" neighbourhood on time to provide the needed care to those residents.

As discussed at previous meetings, if care needs fluctuate, it may be necessary for the Charge Nurse to keep a Team Member to address the care need.

9. Please can management deal with staff disputes to alleviate morale problems and prevent further staff dissatisfaction and departure and compromise of resident care.

Staff morale is a near impossible indicator to measure. Leadership at Riverside Glen does its best to provide working conditions that support our Team and provide a great environment. If Family Council could provide specific details that they see regarding staff dissatisfaction, it would be appreciated.

10. Please can management provide a list of all of the known staff changes that will be occurring in the current and upcoming month, i.e. who is leaving and who is their replacement?

Staff changes occur on an ongoing basis for reasons such as medical situations, maternity, Education Leave of Absence etc. I would be happy to have Karen Norris, who coordinates our Staffing Patterns, come to a Family Council meeting to discuss changes.

Thank you for bringing these concerns/issues to our attention. We look forward to continue working with each of you, focusing upon enriching the lives of our residents.

Michael Schmidt
Interim Assistant General Manager
The Village of Riverside Glen

Schlegel Report System Data Jan-15 Feb-15 Mar-15 Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Number of Residents who have fallen	38	32	44	32	44	37						
Serious Medication Errors	0	0	0	0	0	0						
Total Wounds	8	8	8	8	8	11						
Total Urinary Tract Infections	1	5	0	1	3	5						

2014-2015 | Village of Riverside Glen QIP Goals

Objective	Measure/Indicator	Current Performance Q2 2015	Target Performance	Proposed Change Idea Methods	Goal for Change Ideas	Comments on Completion Status
To reduce falls	Percentage of residents who had a recent fall (in the last 30 days)		2014 CIHI reported performance at 19.25%. Working towards 16.36%, moving towards the provincial average	<ul style="list-style-type: none"> <input type="checkbox"/> Falls risk assessments on each resident will continue to be completed quarterly and as required, to identify risks <input type="checkbox"/> Each neighbourhood team will review individualized falls prevention strategies for all residents who are identified as at moderate or high risk of falls at least twice annually <input type="checkbox"/> 100% of falls risk assessments will be completed quarterly <input type="checkbox"/> All residents who are at moderate to high risk of falls will have an individualized plan of care that outlines inter-professional interventions and strategies to prevent falls reviewed by the care team quarterly through 2015 <input type="checkbox"/> 100% of falls and falls reports will be reviewed monthly for trends by the neighbourhood and quality teams monthly and quarterly during the falls committee meetings 	<ul style="list-style-type: none"> <input type="checkbox"/> 80% or more residents who are at moderate to high risk of falls will be reviewed by neighbourhood teams at least twice annually throughout 2015 <input type="checkbox"/> All monthly falls reports will be shared with the neighbourhood team by 15th of every month, and quarterly falls committee meetings will be implemented by the end of Q3 <input type="checkbox"/> 80% or more residents who are at high risk for falls will consider having one or more of the following individualized strategies in place, every quarter throughout 2015 	
To reduce worsening of pressure ulcers	Percentage of residents who had a pressure ulcer that recently got worse		2014 CIHI reported performance at 3.37%. Working towards the	<ul style="list-style-type: none"> <input type="checkbox"/> Residents who are identified as palliative are to be considered by team for therapeutic surface and are to document when such a 	<ul style="list-style-type: none"> <input type="checkbox"/> Have at least 2/3 of residents identified as palliative on a therapeutic surface as a prophylactic measure to reduce the prevalence of pressure 	

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<p>To reduce the use of restraints</p>	<p>Percentage of residents who were physically restrained (daily)</p>	<p>provincial average with the target set at 3.0%</p>	<p>surface has been put in place</p> <ul style="list-style-type: none"> <input type="checkbox"/> Increase Skin & Wound Committee meeting frequency to every 2 months <input type="checkbox"/> Meeting dates will be communicated to team members in the communication book, as well as by email. Meetings will be minuted and available <input type="checkbox"/> At least every other month there will be an educational opportunity for team members to attend and learn about an aspect of preventing, identifying & treating wounds or promoting good skin integrity <input type="checkbox"/> In-service attendance will be taken and a record will be kept of who attended 	<p>ulcers in this population by December 31 2015</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have 5 more meetings before December 31, 2015 <input type="checkbox"/> Offer at least 5 meaningful in-services and educational opportunities to team members before Dec 31, 2015. Aim is to capture at least 75% of nurses 	
<p>To reduce the use of restraints</p>	<p>2014 CIHI reported performance at 7.47%. Working towards a figure below that of the provincial average; namely, 6.3%</p>	<p>2014 CIHI reported performance at 7.47%. Working towards a figure below that of the provincial average; namely, 6.3%</p>	<p>A PASD/ Restraint alternatives assessment will be completed on all residents who use a physical device with restraining effects (seatbelt, table tray, tilt) prior to application/with change and quarterly thereafter</p> <ul style="list-style-type: none"> <input type="checkbox"/> 100% of PASD and restraint assessments completed will be reviewed by the quality team quarterly <input type="checkbox"/> Use neighbourhood huddles to identify residents who can have their restraints minimized or discontinued. 	<p>100% of residents using a physical device with a restraining effect will have an updated PASD/Restraint assessment completed by Q4</p> <ul style="list-style-type: none"> <input type="checkbox"/> 10% or more residents will consider an alternative or trial with a lesser form, decreased amount of time using (the restraint) or having no restraint by December 31, 2015 	

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<p>To reduce worsening bladder control</p>	<p>Percentage of residents with worsening bladder control during a 90-day period</p>	<p>2014 CIHI reported performance at 29.07%. Working towards the provincial average of 24.7%</p>	<p>and in discussion with the resident(s) family and attending physician then complete a 10 day trial period with a lesser form or no restraint, or reduced amount of time using the restraint for 10 days, on residents identified as suitable candidates for minimizing restraints</p> <ul style="list-style-type: none"> <input type="checkbox"/> 100% of PASDs/ restraints used on each neighbourhood and trial period will be reviewed by the quality and neighbourhood team quarterly <input type="checkbox"/> Quality team will review PASD/Restraint education completion rate at least quarterly 	<ul style="list-style-type: none"> <input type="checkbox"/> 100% of team members will complete education on restraints, PASDs and alternatives by December 31, 2015
<p>To reduce worsening bladder control</p>	<p>Percentage of residents with worsening bladder control during a 90-day period</p>	<p>2014 CIHI reported performance at 29.07%. Working towards the provincial average of 24.7%</p>	<p>Enhancing the surveillance and monitoring of UTIs will be discussed at least quarterly as part of an interdisciplinary team meeting to address incontinence</p> <ul style="list-style-type: none"> <input type="checkbox"/> The meetings will be held at least quarterly and will be minuted <input type="checkbox"/> New PCA positions are to be created and filled <input type="checkbox"/> In addition to mandatory training, nurses and PCAs will receive education specific to defining incontinence and being 	<ul style="list-style-type: none"> <input type="checkbox"/> Have at least three meetings before December 31 2015 <input type="checkbox"/> 100% of new positions to be filled by June 2015 <input type="checkbox"/> Have at least 90% of nurses and 75% of PCA's signed off on this education by December 2015

2014-2015 Village of Riverside Glen QIP Goals

<p>To reduce the inappropriate use of anti-psychotics in LTC</p>	<p>Percentage of residents on antipsychotics without a diagnosis of psychosis</p>	<p>2014 CIHI reported performance at 22.45%. Working towards an absolute target of 19% to maintain an average below the provincial performance</p>	<p>aware of how to take measures to promote a resident's continence</p> <ul style="list-style-type: none"> <input type="checkbox"/> Team Members will sign in to education sessions, to be kept with other education tracking documentation <input type="checkbox"/> The BSO and Pharmacy consultant will attend the PAC meeting, and provide education for registered team members on non-pharmacological interventions and alternatives to antipsychotics annually <input type="checkbox"/> PAC meeting minutes, education schedule and attendance will be reviewed and tracked by the quality team quarterly <input type="checkbox"/> Referral will be sent to the BSO team once a new order, change in dosage and frequency and discontinuation of an antipsychotics <input type="checkbox"/> A personal Expression Monitoring Record to be completed on residents who have new or increased personal expression(s) related to introducing an antipsychotic medication <input type="checkbox"/> 100% of referrals and monitoring records will be tracked/reviewed by the BSO team monthly 	<ul style="list-style-type: none"> <input type="checkbox"/> 85% or more registered team members and prescribers will attend an education regarding antipsychotic use, alternative strategies for personal expressions conducted by the BSO team and Pharmacy consultant by December 31, 2015 <input type="checkbox"/> More than 80% of referrals for new, change and discontinuation of Antipsychotics and Personal Monitoring Records will be completed monthly through 2015 <input type="checkbox"/> 15% or more antipsychotics being administered with no clinical indications will be discontinued by December 31, 2015 	
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2014-2015 Village of Riverside Glen QIP Goals

<p>Receiving and utilizing feedback regarding resident experience and quality of life → <i>Having a voice</i></p>	<p>Percentage of residents responding positively to: <i>I can express my opinion without fear of consequences</i> (InterRAI QoL)</p>	<p>2014 CIHI reported performance at 77%. Working towards the organizational average with an absolute target of 85%</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Quality team and pharmacy consultant will review MDS data and Medication Utilization Report quarterly to measure outcomes <input type="checkbox"/> Review council and committee meetings monthly <input type="checkbox"/> Provide education to all team members regarding Resident's rights, Whistleblowing and Abuse prevention at least annually. <input type="checkbox"/> Quality team will review education completion rate at least quarterly <input type="checkbox"/> Involve social worker in counselling and advocating on behalf of residents and families <input type="checkbox"/> Quality team will track and review the number of SW consultations and referrals quarterly 	<ul style="list-style-type: none"> <input type="checkbox"/> 100% of team members will complete education on Resident's Rights, Abuse Prevention and Whistleblowing by December 31, 2015 <input type="checkbox"/> A social worker will be available to support residents and families 36 hours bi-weekly by Q3 	
<p>Receiving and utilizing feedback regarding resident experience and quality of life → <i>Overall Satisfaction</i></p>	<p>Percentage of residents responding positively to: <i>I would recommend this site or organization to others</i> (InterRAI QoL)</p>	<p>2014 CIHI reported performance at 68.2%. Working towards the organizational average of 78%</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Village orientation to be offered at least quarterly with all new team members scheduled to attend <input type="checkbox"/> Review the number of new team members and village orientation attendance quarterly <input type="checkbox"/> A team member will be conducting a tour of the Village with a resident at least monthly <input type="checkbox"/> Quarterly tracking of village tour attendance by quality team 	<ul style="list-style-type: none"> <input type="checkbox"/> 90% or more new team members will attend the village orientation throughout 2015 <input type="checkbox"/> Resident village tours will be implemented by Q3 <input type="checkbox"/> Resident(s) will be able to participate in group or individual interviews for new team members at least 4 times throughout 2015 	

2014-2015 Village of Riverside Glen QIP Goals

<p>To reduce potentially avoidable emergency department visits</p>	<p>Number of emergency department (ED) visits for modified list of ambulatory care sensitive conditions* (ACSC) per 100 long-term care residents</p>	<p>2014 CIHI reported performance at 16.24%. Working towards remaining under the provincial average; namely at 14.5%</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Resident(s) interested will be involved in new team member(s) interviews at least quarterly <input type="checkbox"/> Interview notes will be tracked by the quality team quarterly <input type="checkbox"/> Registered team members to have a huddle twice daily (on day and evening shifts) to discuss and follow-up on pertinent changes in residents' condition. Huddle notes will be documented electronically and be available for team members to refer to daily <input type="checkbox"/> Review interventions to reduce necessity for ED visits with family and residents upon moving in, annually during care conference and prior to transferring a resident to the hospital, and with registered team twice yearly <input type="checkbox"/> Quality team will review 100% of hospital transfer notes quarterly, along with registered team member meeting minutes and attendance at least bi-annually 	<ul style="list-style-type: none"> <input type="checkbox"/> Huddles will be implemented by Q2 and will continue throughout 2015 <input type="checkbox"/> 100% of residents and families moved to the hospital are aware of available interventions to reduce ED transfers <input type="checkbox"/> 85% or more registered team members have reviewed available interventions to reduce the necessity to reduce ED transfers by December 31, 2015 	
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