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**Shoreham Village**

**Resident Care**

**Scorecard**

**1st Quarter 2022/23**

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# 1.0 Shoreham Village Occupancy Rate Q1 April – June 2022/23

# The Average Occupancy Rate for the Q1 April - June 2022/23 – 94.9% (4.51 average vacant beds per day).

**Comments:**

The DHW target occupancy rate for budgeting is 99.2%. For Shoreham Village this equates to an average of .7 vacant beds per day.

The 1st quarter occupancy rate for 2022/23 was 94.9% (4.51 average vacant beds per day). The rate is higher than the 4th quarter of 2021/22 (91.07%) and lower compared to the same period of 2021/22 which was 93.23%. This is related to beds held with support of DSLTC & Continuing care for the Resident Room renovation project.

The occupancy rate for the respite bed shows a significant increase in utilization when compared to Q1 in the previous two years as shown in Table 1.

 **Table 1 Respite Bed Occupancy**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Month** | **Occupancy 2016/17** | **Occupancy 2017/18** | **Occupancy 2018/19** | **Occupancy** **2019/20** | **Occupancy****2020-21** | **Occupancy****2021-22** | **Occupancy 2022-23** |
| April  | 0.0% | 60.0% | 43.3% | 70.0% | 0 | 13.3% | 53.3% |
| May | 71.0% | 41.9% | 12.9% | 35.5% | 0 | 0.0% | 35.5% |
| June | 70.0% | 80.0% | 36.7% | 80.0% | 0 | 0.0% | 83.3% |
| July | 71.0% | 61.3% | 64.5% | 74.2% | 0 | 29.0% |  |
| August | 38.7% | 87.1% | 51.6% | 45.2% | 0 | 74.2% |  |
| September | 33.3% | 93.3% | 73.3% | 20.0% | 0 | 66.7% |  |
| October | 77.4% | 77.4% | 41.9% | 0.0% | 0 | 100.0% |  |
| November  | 40.0% | 70.0% | 33.3% | 0.0% | 0 | 50.0% |  |
| December | 77.4% | 38.7% | 61.3% | 71.0% | 0 | 32.3% |  |
| January  | 45.2% | 35.5% | 0.0% | 45.2% | 0 | 61.3% |  |
| February | 3.6% | 57.1% | 25.0% | 82.1% | 25% | 0 |  |
| March | 48.4% | 45.2% | 19.4% | 45.2% | 0 | 22.6% |  |
| **Total**  | **48%** | **62.3%** | **38.6%** | **47.4%** | **2.1%** | **37.8%** | **57%** |

**2.0 Shoreham Village - ResidentIncidents – Q1 April - June 2022/23**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total # of Incidents Per Quarter** | **Q1****2021/22** | **Q1****2022/23** | **Q2****2022/23** | **Q3****2022/23** | **Q4****2022/23** |
| Responsive Behaviors | 6 | 52 |  |  |  |
| Falls | 50 | 46 |  |  |  |
| Medication Errors | 16 | 26 |  |  |  |
| Other | 46 | 42 |  |  |  |
| **Total** | **118** | **166** |  |  |  |
|  |  |  |  |  |  |
| **Incident Rate Per 1000 Resident Days** | **Q1****2021/22** | **Q1****2022/23** | **Q2****2022/23** | **Q3****2022/23** | **Q4****2022/23** |
| Responsive Behaviors | 0.79 | 6.76 |  |  |  |
| Falls | 6.62 | 5.98 |  |  |  |
| Medication Errors | 2.11 | 3.38 |  |  |  |
| Other | 6.09 | 5.46 |  |  |  |
| **Total**  | **15.61** | **21.58** |  |  |  |

**Comments:**

2021-2022 was another year characterized by resilience and adaptation. Shoreham supported the residents and their families through the uncertainly of changing LTC Guidelines and Public Health directives including the loosening of COVID restrictions and a slow return to a new normal. Shoreham continues to employ required protocols to keep staff and residents safe while continuing to provide a high standard of quality care as evidenced by our quality indicators.

Quarterly, the number (166) and rate of incidents have increased over the last quarter (146) and increased over the same period of last year (118). The number of incidents per wing were: A – 16, B – 59, C – 53, D – 1 and E – 35.

• Of the 166 incidents 25% were classified as other.

• 11 residents had 3 or more incidents this quarter (excluding med occurrences) and accounted for 89 incidents (63%). 1 resident had 19 incidents, 1 resident had 18 incidents, 1 resident had 15 incidents, 1 resident had 10 and another had 9 incidents, these 5 residents had a total of 71 of the incidents (50.7%)

• With the room renovation project underway D wing residents have been temporarily accommodated on other wings resulting in incidents being shifted from D wing.

**Responsive Behaviors**

Last quarter there were 37 incidents and this quarter we have been further increase in behavior occurrences, 52. Of these 52 incidents, 39 were involving the same 4 residents.

 The number of incidents per wing: B – 19, C – 22, E – 11.

There were 51 episodes of physical aggression and 1 incident of verbal aggression.

All Responsive Behavior incidents continue to be reviewed by the Behavior Support Team.

We have noted a significant increase in behavior occurrences since several new admissions made Shoreham their home. The team is working closely to support the residents, co-residents and each other to provide a safe environment. We have been supported by continuing care through over cost funding to implement 1:1 support for identified resident to help redirect them and provide additional precautions to ensure others are safe.

Gentle Persuasive Approach Training continues to provide the basis of Shoreham Behavior support care. We have an onsite GPA coach and we work closely with our zone Behavior Resource Consultant.

**Falls**

The number of falls are consistent when compared to the last quarter (47 falls) and slightly improved when compare to the same quarter of last year (50 falls). 26 residents fell. 4 residents accounted for 41.3% of the falls.

* Of the 46 falls 5 were witnessed and 41 were unwitnessed.
* 11 falls resulted in minor injuries from bruising to skin tears, and no falls resulted in a fracture. 1 of the 11 falls resulted in a transfer to hospital for assessment due to possible head injury. The resident did not require treatment and returned to Shoreham.

All incidents continue to be reviewed on a regular basis by the Manager Resident Care and the mobility team with prevention strategies added to the resident care plans.

**Medication Errors**

Medication errors have increased slightly this quarter when compared to the same period of last year (21). April had 8 occurrences, May 13, and there were 5 in June.

Missed doses account for 53% (14) of all medication incidents. 27% (7) of all medication errors where pharmacy errors. 46% (12) of medication incidents occurred on B wing which is also the wing with the largest medication pass.

All errors are reviewed with staff involved. There were no errors resulting in injury to residents.

**Other Incidents**

Of the 42 incidents classified as other 3 were elopement, 1 were choking, 24 were near miss incidents (ex. residents standing by themselves, transferring to other seating/bed without assistance), and 14 other (ex. swollen hand with no known cause, resident pulled fire pull station, resident ate another residents food, resident tried to consume hand sanitizer etc).

**3.0 Shoreham Village - ResidentInfection Report – Q1 April - Jun 2022/23**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total # of Infections Per Quarter** | **Q1****2021/22** | **Q1****2022/23** | **Q2****2022/23** | **Q3****2022/23** | **Q4****2022/23** |
| Respiratory | 2 | 1 |  |  |  |
| Urinary Tract  | 7 | 8 |  |  |  |
| Skin  | 0 | 1 |  |  |  |
| Gastrointestinal  | 0 | 0 |  |  |  |
| Other | 2 | 6 |  |  |  |
|  |  |  |  |  |  |
| Total  | 11 | 16 |  |  |  |
|  |  |
| **Incident Rate Per 1000 Resident Days** | **Q1****2021/22** | **Q1****2022/23** | **Q2****2022/23** | **Q3****2022/23** | **Q4****2022/23** |
| Respiratory | 0.26 | 0.13 |  |  |  |
| Urinary Tract  | 0.92 | 1.04 |  |  |  |
| Skin  | 0 | 0.13 |  |  |  |
| Gastrointestinal  | 0 | 0 |  |  |  |
| Other | 0.26 | 0.78 |  |  |  |
|  |  |  |  |  |  |
| Total  | 1.44 | 2.08 |  |  |  |

**Comments:**

The total number of infections for the 1st quarter (16) shows an increase over the same period of last year at (11) and a significant decrease compared to the previous quarter (71, 61 were COVID infections).

**Respiratory Infections**

The number of respiratory infections shows a decrease this quarter with 1 compared to 61 in the previous quarter and 2 in the same period of last year.

**Urinary Tract Infections**

The number of reported Urinary Tract Infections (8) increased from the last quarter (2) and the same period of last year (7).

**Skin Infections**

The number of skin infections have decreased from the last quarter (2) and increased when compared to the same period of last year (0).

Education and review of wound care continues with a designated skin integrity team in place. The team has implemented the Point Click Care Skin & Wound module to integrate documentation and assessment in the one health record and have eliminated the use of How2Trak.

**Gastrointestinal Infections**

There were 0 gastrointestinal infections.

**Other Infections (eye, genitourinary, ear, oral)**

The other infections were oral, eye, and ear infections.

**4.0 Shoreham Village – Pressure Injury Summary – Q1 April – June 2022/23**

The Provincial Wound Care Program, overseen by Health Association of NS (HANS) collects data monthly through a submission to the Department of Seniors & Long Term Care (DSLTC). Shoreham data is submitted on the pressure injuries (PIs) in the facility on a given date, the last day of the month. This data captures pressure injuries and does not include other wounds ie skin tears, diabetic wounds.

|  |  |  |  |
| --- | --- | --- | --- |
|  | April | May | June |
| # of Residents with PIs | 2 | 2 | 2 |
| # of Stage 2 PIs | 1 | 1 | 1 |
| # of Stage 3 PIs | 0 | 0 |  |
| # of Stage 4 PIs | 1 | 1 | 1 |
| # of Unstageable PIs |  |  |  |
| # of Facility Acquired | 0 | 0 |  |
| **TOTAL PIs** | **2** | **2** | **2** |

**These are chronic wounds which the team continues to provide skilled care and interventions for. The wound care team has regular monthly meetings or more frequent if required.**

**5.0 Shoreham Village - Hand Hygiene Report – Q1 April – June 2021/22**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Results** | **Q1** | **Q2** | **Q3** | **Q4** |
| # of Staff Audited | 264 |  |  |  |
| # of Opportunities Observed | 1296 |  |  |  |
| # of Opportunities Met  | 1235 (95.3%) |  |  |  |
| # of Opportunities Missed | 61 (4.7%) |  |  |  |

**Comments:**

Compliance decreased for opportunities met from last quarter (97%). Opportunities met increased when compared to the same quarter of 21/22 (94.7%). There is a mandatory education module for all staff to complete annually. Areas scoring under 80% are identified for improvement.

**Areas for improvement include:**

Areas for improvement handling of clean linen, around care pre and post but gloves intact, and a few related to food prep and feeding of residents.

Follow up has been be completed by the departmental manager and manager responsible for infection control. Additional reminder communication has been sent to all staff.

**Other Infection control audits were completed which included mask and PPE wearing.**

**Mask Audit**

84 audits were completed with 100% compliance noted!

**Infection Control/ PPE audits**

71 audits completed with 86% compliance. The 14% not met was related to restocking of supplies along with some signage issues related to resident movement.

Action: Reminder sent to staff to ensure signage is moved when a resident transfers from one room to another. Also encouraged all staff to help restock PPE carts when stock is getting low.

**6.0 Shoreham Village - Volunteer Report – Q1 April – June 2022/23**

|  |  |
| --- | --- |
| **Volunteer Recruitment, Training and Retention** | **Steady or Growing volunteer base** |
| Volunteer recruitment, training and retention-Covid-19 has had a direct impact on recruiting volunteers at this time.Shoreham continues to maintain communications and updates with all activities  | Our volunteer department has remained steady with no change. We have heard from some individuals and groups of volunteers that rising costs, specifically for gas, is a becoming a barrier to volunteering.  |