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**Shoreham Village**

**Resident Care**

**Scorecard**

**4th Quarter 2022/23 &**

**Annual Report**

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# 1.0 Shoreham Village Occupancy Rate Q4 Jan - March 2022/23

# The Average Occupancy Rate for the Q4 Jan - March 2022/23 – 98.7% (average 1.2 vacant beds per day).

**Comments:**

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

The annual occupancy rate for 2022-23 was 96.9% which is an improvement when compared with 2021/22 which was 93.4%. This quarter the occupancy rate was 98.7% (1.2 average vacant beds per day). The rate has slightly increased over the 3rd quarter of 2022/23 (98.2%) and significantly increased over the same period of 2021/22 (91.07%). This significant improvement in our occupancy rate is related to all vacancies previously on hold due to Resident Room renovation project being reopened.

The occupancy rate for the respite bed is increasing as shown in Table 1.

**Table 1 Respite Bed Occupancy**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Month** | **Occupancy 2018/19** | **Occupancy**  **2019/20** | **Occupancy**  **2020-21** | **Occupancy**  **2021-22** | **Occupancy 2022-23** |
| April | 43.3% | 70.0% | 0 | 13.3% | 53.3% |
| May | 12.9% | 35.5% | 0 | 0.0% | 35.5% |
| June | 36.7% | 80.0% | 0 | 0.0% | 83.3% |
| July | 64.5% | 74.2% | 0 | 29.0% | 0.0% |
| August | 51.6% | 45.2% | 0 | 74.2% | 93.5% |
| September | 73.3% | 20.0% | 0 | 66.7% | 70.0% |
| October | 41.9% | 0.0% | 0 | 100.0% | 22.6% |
| November | 33.3% | 0.0% | 0 | 50.0% | 43.3% |
| December | 61.3% | 71.0% | 0 | 32.3% | 58.1% |
| January | 0.0% | 45.2% | 0 | 61.3% | 12.9% |
| February | 25.0% | 82.1% | 25% | 0 | 28.6% |
| March | 19.4% | 45.2% | 0 | 22.6% | 45.2% |
| **Total** | **38.6%** | **47.4%** | **2.1%** | **37.8%** | **45.5%** |

**2.0 Shoreham Village - ResidentIncidents – Q4 Jan - March 2022/23**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total # of Incidents Per Quarter** | **Q4**  **2021/22** | **Q1**  **2022/23** | **Q2**  **2022/23** | **Q3**  **2022/23** | **Q4**  **2022/23** |
| Responsive Behaviors | 37 | 52 | 36 | 30 | 55 |
| Falls | 47 | 46 | 45 | 34 | 58 |
| Medication Errors | 21 | 26 | 15 | 12 | 18 |
| Other | 41 | 42 | 39 | 10 | 32 |
| **Total** | **146** | **166** | **135** | **86** | **162** |
|  |  |  |  |  |  |
| **Incident Rate Per 1000 Resident Days** | **Q4**  **2021/22** | **Q1**  **2022/23** | **Q2**  **2022/23** | **Q3**  **2022/23** | **Q4**  **2022/23** |
| Responsive Behaviors | 5.07 | 6.76 | 4.39 | 3.73 | 6.86 |
| Falls | 6.44 | 5.98 | 5.49 | 4.22 | 7.24 |
| Medication Errors | 2.87 | 3.38 | 1.83 | 1.49 | 2.24 |
| Other | 5.62 | 5.46 | 4.76 | 1.2 | 3.99 |
| **Total** | **20.00** | **21.58** | **16.47** | **10.68** | **20.33** |

**Comments:**

2022-2023 saw us through a third year of the pandemic and a return to modified normal operations. The Shoreham team continued to demonstrate resilience and adaptation while supporting residents and their families through suspected and confirmed COVID outbreaks. Shoreham implemented required protocols to keep staff and residents safe while continuing to support required renovations and provide a high standard of quality care.

Shoreham has also been navigating significant staffing challenges which has required continued reliance on travel and agency staff. This has been welcome support and the Shoreham team has been providing orientation and coaching to the variety of new staff joining on short-term contacts. We have created new orientation learning pathways for agency and travel staff to ensure they have the information that they need while on short assignment.

Overall our annual number of incidents (549) decreased when compared to last year and continues to demonstrate sustained improvement over past years. There were 565 incidents in 2021-22 compared to 515 incidents in 2020/21, 570 incidents in 2019/20 and 721 in 2018/19.

The number and rate of incidents have increased over the last quarter (86) and increased over the same period of last year (146). The number of incidents per wing were: A – 32, B – 32, C – 25, D – 23 and E – 50.

* Of the 162 incidents 19.7% were classified as other.
* 14 residents had 3 or more incidents this quarter (excluding med occurrences) and accounted for 37 incidents (75%). 1 resident had 17 incidents and 1 resident had 15 incidents, another had 12, 11, and 10, 9, 8, and 6 respectively. 3 residents had 4 incidents each and 3 residents had 3 incidents each.

**Responsive Behaviors**

Of the 55 incidents, 4 residents accounted for 63% of the incidents. 1 resident had 15 incidents and 2 residents had 7 incidents each and 1 resident had 6 incident. The number of incidents per wing: A –4, B –13, C –7, D –0 and E – 31.

There were 39 episodes of physical aggression, 10 incidents of verbal aggression, and 5 incidents of sexual non-aggression and 1 incident of sexual aggression. No incidents resulted in an injury.

All Responsive Behaviour incidents continue to be reviewed by the Responsive Behavior Team which includes the zone Behavior Resource Consultant. PIECES and GPA continue to be the foundation for our behavior support approach.

**Falls**

The number of falls have increased since last quarter (34 falls) and increased from the same quarter of last year (47 falls). 20 residents had 1 fall each and 22 residents had 2 or more falls. 5 residents accounted for 45% of all falls – each with 17, 15, 12, 11 and 10 falls respectively. These people have care plans which acknowledge their risk for falls and balance their right to live at risk.

* Of the 58 falls, 6 were witnessed and 52 were unwitnessed.
* With the exception of 1 fall which resulted in a shoulder fracture, all falls resulted in no injuries or minor injuries from redness to minor laceration.

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**

The annual number of medication incidences (75) has decreased significantly since last year (124).

This quarter the number of medication errors have slightly increased from 12 to 18 and slightly decreased when compared to the same period of last year (21). The number of incidents per wing: A –3, B – 7, C – 1, D – 2 and E – 4 and there was 1 *other.*

*Missed doses* accounted for 55% (10) of the med errors. *Patches* (not being removed) accounted for 0% of errors which is an improvement from last quarter which saw 19% of errors related to failure to remove patches. Pharmacy errors accounted for 16 % (3 - data entry).

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

**Other Incidents**

Of the 32 incidents classified as other, 4 were choking incidents, 8 were elopement, 2 were injury of unknown cause, 6 were self-inflicted injury, and 12 other (eg. Resident ate co-residents dessert, resident took scissors and cut co-residents lift strap, CCA accidentally removed sling from under resident, resident eating sandwich that wasn’t their diet order etc )

**3.0 Shoreham Village - ResidentInfection Report – Q4 Jan - March 2022/23**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total # of Infections Per Quarter** | **Q4**  **2021/22** | **Q1**  **2022/23** | **Q2**  **2022/23** | **Q3**  **2022/23** | **Q4**  **2022/23** |
| Respiratory | 64\* | 1 | 2 | 5 | 12 |
| Urinary Tract | 2 | 8 | 5 | 5 | 13 |
| Skin | 2 | 1 | 2 | 7 | 12 |
| Gastrointestinal | 0 | 0 | 2 | 0 | 1 |
| Other | 3 | 6 | 1 | 1 | 5 |
|  |  |  |  |  |  |
| Total | 71 | 16 | 12 | 18 | 43 |
|  | | | | |  |
| **Incident Rate Per 1000 Resident Days** | **Q4**  **2021/22** | **Q1**  **2022/23** | **Q2**  **2022/23** | **Q3**  **2022/23** | **Q4**  **2022/23** |
| Respiratory | 8.77 | 0.13 | 0.24 | 0.62 | 1.49 |
| Urinary Tract | 0.27 | 1.04 | 0.61 | 0.62 | 1.62 |
| Skin | 0.27 | 0.13 | 0.24 | 0.87 | 1.49 |
| Gastrointestinal | 0 | 0 | 0.24 | 0 | 0.12 |
| Other | 0.41 | 0.78 | 0.12 | 0.12 | 0.62 |
|  |  |  |  |  |  |
| Total | 9.72 | 2.08 | 1.45 | 2.23 | 5.34 |

\*61 are COVID infections

**Comments:**

The total number of infections for the 4th quarter (43) shows a significant increase over the last quarter (18) and a decrease when compared to the same period of last year at (71). The team is evaluating the cause of this increase to assess if there is a care practice contributing to an increase. It was noted that a post antibiotic assessment wasn’t always being completed to ensure treatment had been effective, resulting in a gap. Several UTI and skin infections from this quarter were for the same resident but captured as separate because they required three different types of antibiotic treatment prior to resolving.

The end of this quarter saw the creation of a new 1 year term position for dedicated support of an IPAC Specialist. This position will be paying close attention to our IPAC practices, infection surveillance, monitoring trends, and providing targeted staff education. Following a review of the quarterly data a meeting was held with the registered supervisory staff to review a new infection tracking tool. Over the next quarter we will be working to implement the new PCC Infection control module. This will house all infection data within the electronic health record and allow for better reporting and monitoring.

This quarter’s infections were located on the wings respectively:

A -16, B -5, C-8, D-9, E-5

**Respiratory Infections**

This quarter Shoreham experienced an increase in covid activity. There were 12 respiratory infections this quarter which was an increase from the 3rd quarter (5) and a decrease from the same period of last year (64).

**Urinary Tract Infections**

The number of reported Urinary Tract Infections (13) significantly increased from the last year (2) and the 3rd quarter (5). All residents were treated in house and symptoms resolved. There is a resident who has known recurring UTIs which made up 3 of the occurrences and requires prophylactic antibiotics. Another resident accounted for several of the infections which ultimately required IV antibiotics.

**Skin Infections**

The number of skin infections (12) have significantly increased from the last quarter (7) and from the same period of last year (2). We have had a couple wounds which have required several antibiotic treatments. Going forward we plan to separate Skin infections and wound infections. There was one case of cellulitis which required IV treatment.

**Gastrointestinal Infections**

There was 1 gastrointestinal infection.

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

There were 5 other infections for this quarter.

**4.0 Shoreham Village – Pressure Injury Summary – Q4 Jan – March 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.

|  |  |  |  |
| --- | --- | --- | --- |
|  | January | February | March |
| # of Residents with PIs | 5 | 5 | 4 |
| # of Stage 2 PIs | 3 | 1 | 1 |
| # of Stage 3 PIs | 0 | 0 | 1 |
| # of Stage 4 PIs | 1 | 1 | 2 |
| # of Unstageable PIs | 1 | 3 | 1 |
| # of New Facility Acquired | 1 | 0 | 1 |
| **TOTAL PIs** | **5** | **5** | **5** |

**Most of 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. HANS Wound consultants are involved and supporting the treatment and care of the complex wounds.**

**CCAs documents every day and evening shift that they have visualized skin/pressure points and there aren’t any skin integrity concerns. This quarter following the discovery of a pressure wound and falsified CCA documentation the RNs/LPNs completed additional head-to-toe skin assessments on all residents.**

**The Shoreham NP and Wound Team Lead are completing the new provincial Wound Champion program.**

**5.0 Shoreham Village - Hand Hygiene Report – Q4 Jan – March 2022/23**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Results** | **Q1** | **Q2** | **Q3** | **Q4** |
| # of Staff Audited | 264 | 177 | 191 | 226 |
| # of Opportunities Observed | 1296 | 787 | 1175 | 1334 |
| # of Opportunities Met | 1235 (95.3%) | 764 (97%) | 1140 (97%) | 1311 (98%) |
| # of Opportunities Missed | 61 (4.7%) | 23 (3%) | 35 (3%) | 23 (2%) |

**Comments:**

**Areas for improvement include:**

Hand hygiene is a key infection prevention and control measure and the team continuously audits and educates staff to support safe practices.

There were 23 incidents where the opportunity for Hand Hygiene was missed however no areas scored less than 80%. Areas where the majority of unmet opportunities resulted included: food handling/feeding, between procedures with the same person, prior to touching clean linen, prior to direct care, wound care and medication administration.

On the spot education is provided to staff at the time of the audits to support learning and improved practice. All staff complete annual hand hygiene education.

**6.0 Shoreham Village - Volunteer Report – Q4 Jan – March 2022/23.**

**Comments:**

**Volunteer Recruitment, Training and Retention**

We continue to maintain email, social media and verbal communications with volunteers. This quarter the team updated the Volunteer handbook and is investigating a new volunteer management software called Volgistics.

**Steady or Growing volunteer base**

Shoreham provides a positive volunteer experience for both residents and volunteer participants. We continue to recruit and grow our program.

We have 3 new volunteers join the program this quarter. 0 retired/inactive