Care Services Committee

Location: York Care Centre Boardroom

AGENDA
September 15, 2022 @ 4PM

Item	Description	
1	**Call to Order & Introductions**	Marjorie Belzile
2	**Approval of Previous Minutes April 14, 2022**	Marjorie Belzile
3	**Declarations of Conflict of Interest**	Marjorie Belzile
4	**Business Arising** 1. Introduction of New Members 2. Unvaccinated Employees	Marjorie Belzile
5	**Care Services Report for Q3 (January 1, 2022 – March 31, 2022)** 1. Clinical Care & Quality 2. Therapeutic Recreation & Volunteers 3. Resident Council 4. Progress on Strategic Goals	Jamie Roy
6	**Family Advocacy Group Report**	Greg Doucet
7	**New Business** 1. NB Seniors' Advocate Report – Summary of Recommendations	Geri Geldart
8.	**Date of Next Meeting** Thursday, November 10th at 4PM	

Minutes of meeting
Care Services Committee
Virtual (Zoom)
On April 14, 2022 at 4:00pm

Present: Marjorie Belzile (Chair), Lyne St. Pierre-Ellis, Marilyn Born, Gary Beattie, Greg Doucet, Geri Geldart
Staff: Jamie Roy

1. **Call to Order**

Ms. Belzile called the meeting to order.

2. Approval of Previous Minutes – January 19, 2022

It was moved by Mr. Beattie and seconded by Ms. Born that the minutes be approved as presented. Motion carried

3. Declarations of Conflict of Interest

Ms. Belzile asked the members present if there was a need to register a conflict of interest. Due to COVID-**19** the meeting was held virtually.

4. Business Arising From the Minutes

4.1. Membership

Ms. Belzile confirmed that she approached the dietitian with respect to joining the Care Committee but she declined the opportunity as she is unable to contribute at this time. Ms. St. Pierre-Ellis confirmed Bonny Hoyt-Hallett will be joining the Care committee as a Community Member.

4.2. Acronyms

The list of frequently used acronyms was included in the package.

5. Care Services Report for Q4 (January 1, 2022 – March 31, 2022)

5.1. Highlights

- Q4 has been the most challenging due to COVID affecting both staff and residents.
- Continuous masking throughout the facility remains a requirement.
- Admissions were delayed in January and February due to strain on staffing.
- 205 residents have received their third dose, 5 residents have had two doses and 2 residents have not received any dose. Mr. Beattie asked when we can expect the next booster to arrive and Ms. Roy confirmed we have received confirmation today from Social Development who have advised us to start the order for the vaccine
- 7 RAs were onboarded as a result of the internal RA training program. They are completing their

preceptorship and will complete orientation this week which should help with the current staffing issues.

- Ms. Roy confirmed we requested additional staffing resources from Social Development as a short-term solution to the staffing issues created by the COVID outbreak. Additional RN and LPN resources were provided. Ms. Born asked how the additional staff affected the budget. Ms. Roy clarified that Social Development was supportive of our requests and funded the additional staff.
- Memory Lane – the major wall murals are complete. The Café is almost complete and will include a library. The hallway colours have been changed and residents' doors have been painted different colours. Work on the spa is ongoing.

5.2. Key Performance Indicators

5.2.1. "Falls within the last 30 days" is at 18% reflecting an improvement over previous quarters. Ms. Roy confirmed she is still working to collect additional data on Falls with Injuries.

5.2.2. The "Improved Physical Functioning KPI" has improved and may be correlated with fewer falls.

5.2.3. We have seen a significant improvement in the "Experienced Worsened Pain" indicator. This has been an area of focus and may be related to better coding.

5.2.4. The "Inappropriate use of Anti-Psychotics" KPI did increase by 5% which represents an unfavourable trend. Ms. Roy believes this is partly due to the large number of new admissions. Physicians prefer not to change medication while the resident is settling in. Ms. Roy will monitor this indicator closely.

5.2.5. "Worsened Depressive Mood" is relatively unchanged. The RAI coordinators have developed an Itacit module for this area of care and all staff will complete the module in April/May.

5.3. Seniors Quality Leap Initiative (SQLI)

York Care Centre participates in the Seniors Quality Leap Initiative (SQLI), an international quality improvement collaborative. In Q3, 53 residents participated in the Quality of Life Survey. Results show modest improvement in scores for staff responsiveness, personal control and caring staff. However, scores for food satisfaction and social life declined. Ms. Roy confirmed plans for a taste testing are in place for the upcoming year and her activity team are actively planning a resumption of social activities, the Junior Volunteer Program and the facility-wide Resident Council. Although we were not surprised by the scores for social life and food, it was wonderful to see the strong scores for staff responsiveness and caring staff given the staffing challenges we have faced. Kudos to our staff for continuing to provide such high-quality care.

Ms. Born asked for more information on staff shortages. Ms Roy advised that we would like to hire additional RNs and LPNs. We are pursuing internationally educated nurses (IENs) in collaboration with government. It may take in excess of six months to see results of this work. Ms. Geldart informed the committee of a memo received earlier today confirming that LPNs working in the long term care sector will now have wage parity with the acute care sector. This will address a significant recruitment challenge created when the acute care sector collective agreement was settled earlier this year.

5.4. Progress on Strategic Goals

The ITACIT module is now complete. Focus now is on staff completion of the training module. Delivery on All the Right Moves training has not reached target due to staff shortages. Ms. Belzile said the New Brunswick Continuing Care Safety Association has switched focus and will be

launching small nuggets of education.

6. Family Advocacy Group Report

Mr. Doucet confirmed that, prior to COVID, the committee would meet once per month. It's a group for families to learn about the services and to bring forward specific concerns related to the needs of their loved ones. Concerns have been raised regarding meeting hygiene and dietary needs.. Ms. Roy said that bath time has been a concern of hers too and she will take that back to her team to identify ways to improve this issue. Mr. Doucet asked whether it would be beneficial to recruit a new member from the Board of Directors who perhaps has a loved one at York Care Centre. Ms. Belzile said she would take that back to the Board of Directors.

7. New Business

7.1. Seniors Advocate Report

Ms. Belzile said that she had read the Seniors Advocate Report which described deficiencies in a nursing home. Ms. Belzile suggested we review the report and determine if any policy or practice changes are required at YCC. In particular, she requested a review of our policy on reporting abuse. Ms. Roy offered to look at the policy and bring back to the next meeting**.**

7.2. The Return of Unvaccinated Employees

Ms. Geldart advised that the provincial nursing home standards will be updated to reflect the latest directive from Social Development regarding COVID vaccination.. Ms. Geldart advised that six unvaccinated employees were terminated in November 2021 and we are waiting for the Nursing Home Association to provide a draft grievance settlement offer for homes who plan to bring these employees back to work. . It is our intention to work with the CUPE group to bring these employees back to their original positions. Mr. Doucet and Ms. Geldart to connect on how to communicate this message to families. Ms. Geldart confirmed that YCC staff are still doing a rapid test on arrival at work.

8. Date of next meeting

To be confirmed. The new Board and Committee Meeting Schedule to be distributed late Summer.

_____ _____

Marjorie Belzile, Chair **Caroline Marygold, Minutes**

REPORT TO THE CARE SERVICES COMMITTEE

April 1st – June 30th, 2022
Quarter 1 Activity

The purpose of this report is to apprise the Board's Care Services Committee of key activities within each quarter of the fiscal year, including an update on key performance indicators and the strategic care pillar. Accordingly, the Committee receives four reports per year with content from the following senior leaders.

Senior Leader
Jamie Roy, Vice President, Care Services & Quality

Key Areas of Reporting
Clinical Care & Quality,
Therapeutic Recreation
& Volunteers,
Residents Council

1. Clinical Care & Quality

Covid outbreaks within York Care Centre began at the end of March and continued throughout April, May and finally ended in June. All units in the facility had a Covid outbreak at one point during Q1. More of our staff got Covid during this quarter, which continued to put a strain on our staffing levels. This was a very difficult quarter for our residents, staff and families due to the restrictions and increase use of personal protective equipment. Although we had our challenges with covid, we created a re-opening plan and started having larger group activities and entertainment. This made a huge difference for resident quality of life and social engagement.

Here are some important highlights from Quarter 1:

- The first Covid outbreak began March 24th, 2022 and the last one ended June 19th, 2022 affecting all 5 units. There was a total of 107 residents who contracted the virus and 7 of those residents died with the virus.
- We did a booster clinic in the month of June for our residents: 189 residents received a covid vaccine.
- There was a total of 26 admissions and 26 discharges.
- Hawkins House had one Covid outbreak, with 15 tenants affected. There was one admission and four discharges.
- Attendance Support Program – we have met with approx. 34 staff members in Quarter 1.
- Memory Lane Project highlights – there are just a few minor things left to be completed: painting and stenciling numbers on the residents' doors, repurposing an old cabinet and establishing a library, finishing cupboards and storage in the tub room. Mural artist will not be able to return until at least June to do trees down the hallways.

Key Performance Indicators

	Q1		Q2		Q3		Q4	
	N	D	N	D	N	D	N	D
Falls within the last 30 days This indicator looks at how many residents fell in the last 30 days leading up to the date of their quarterly clinical assessment	40	196						
	20%							
Newly occurring pressure ulcer This indicator looks at the number of residents who have developed a new pressure ulcer	6	182						
	3%							
Worsened pressure ulcer This indicator looks at the number of residents whose stage 2 to 4 pressure ulcer had worsened since the previous assessment	7	193						
	3%							
Restraint use This indicator looks at how many residents are in daily physical restraints. Restraints are sometimes used to manage behaviours or to prevent falls	24	194						
	12%							
Potentially inappropriate use of anti-psychotics This indicator looks at how many residents are taking antipsychotic drugs without a diagnosis of psychosis	28	119						
	23%							
Worsened depressive mood This indicator looks at the number of residents whose mood from symptoms of depression worsened	29	196						
	14%							
Experienced pain This indicator looks at the number of residents who express pain on a daily basis and/or describe as severe or excruciating	13	196						
	6%							
Experienced worsened pain This indicator looks at how many residents had worsened pain from prior assessment	31	189						
	16%							
Behavioral symptoms improved This indicator looks at how many residents have an overall decrease in behavioral symptoms from prior assessment	16	194						
	8%							
Behavioral symptoms worsened This indicator looks at how many residents have an overall increase in behavioral symptoms from prior assessment	18	193						
	9%							
Transfers to hospital The percent of residents transferred to hospital	5	196						
	3%							
Days in outbreak status The number of days total that each unit was in outbreak								
	178							
Covid Immunization The percent of residents who are 'fully vaccinated'	193	213						
	91%							

York Care Centre indicators are now live on Your Health System | CIHI. Please remember that there is a one-year lag in the results.

Q1 Pulse Survey - Voice of the Residents:

Survey not done this quarter.

Q4 Pulse Survey - Voice of the Family:

Survey not done this quarter.

2. Therapeutic Recreation & Volunteers

In Quarter 1, visitation was still restricted up until June, when we officially opened with minimal restrictions/guidelines. Virtual visits were still happening with a few residents whose families lived out of province. There was a lot of positive feedback from families and the need for the caregiver training reduced. We were still averaging 170+ caregivers.

346 activities have taken place this quarter. In late May, we started to reintroduce large communal activities, and in June we hosted a Carnival for all the residents in our Friendship Centre. Zumba, and Drum fit also returned, along with some in-person live entertainment. We said good bye to our 4 COOP students, and welcomed 3 Summer Students. One of our Activity Coordinators had a baby girl in May, so we started recruitment for the vacant temporary position.

We onboarded 5 new volunteers, that assisted in the recreation department in various capacities such as Accessible Bike, Van Driver, Exercise Facilitator, Arts & Crafts, and Friendly Visitors.

Resident Activities	Q1	Q2	Q3	Q4
Number of available resident activities This indicator looks at the number of activities made available compared to the goal of 450 for the quarter	78%			
Residents participating in activities This indicator looks at the number of residents participating in scheduled activities	96%			

1. Resident Council

Resident Council met one last time separately due to COVID outbreaks within the facility, but officially met in person in May and June. Discussion around the accessible side walks and having benches available along the fire road. Confirmed that both items would be completed. Council was able to host another successful 50/50 fundraiser and Dan Boone was the successful winner, each received $250. Council breaks over July and August, and plans were made for their annual Summer Party for July.

Members: Tracey Mitchell (President), Ellen Saunders-Aube (Vice Pres), Suzette Facini, Linda Bird, Isabel Kinch, Gloria Murray, Sheila Jordan, Natalie Henderson, Laurie Crockett., Jean Colwell. Pastor Norm (Chair), Allyson Hickey (Secretary), Emily Wright (Staff Liaison)

2. Progress on Operational Goals

All goals which were due in Quarter 1 have been completed.

Note: Shaded Cell Indicates the Target Date for Completion

Care Pillar	Q1	Q2	Q3	Q4
Improvements in Dietary services to include meal quality, menu options, efficiency and reduce food waste.	Not started			
To create and implement Bedside Audits to measure quality of care for residents.	Not started			
To establish a "Cautious Re-opening Plan" respectful of Public Health Guidelines which increases the number of in-person events and activities while managing outbreak risk and resident safety.	Complete			
Participate in NBCCSA product trial of "Vendlet" Resident Positioning technology.	On Track			
Review Senior's Advocate report to determine if YCC policy changes are required.	On Track			
Re-open & rebuild Adult Day Program	On Track			
Re-build the entertainment programs.	Not started			
Re-build the recreation programs.	On Track			
Review and enhance "All the Right Moves" training to care services personnel and establish an audit plan – dependent on availability of educational modules from NBCCSA.	Not started			
Formalize role and activities within the SQLI framework/program	On Track			
Establish a marketing plan for the Adult Day Program to support recruitment target.	Complete			
Complete the Memory Lane project and hold recognition event.	On Track			
To review the registered volunteer list and re-build the program.	On Track			
Restart the Junior Volunteer Program.	On Track			

Sincerely,

Jamie Roy
Vice President, Care Services & Quality

YORK CARE CENTRE
EXCELLENCE IN LONG-TERM CARE

Care Services Committee

Summary of Recommendations from the NB Seniors' Advocate

"He Deserved Better. One Man's Final Days In Long-Term Care"

Background

The NB Seniors Advocate conducted an investigative review of the involvement of the Department of Social Development with the case of an individual who passed away shortly after admission to a NB nursing home. In January 2022, they released a report which identified several concerns with processes within the nursing home and the Department of Social Development as well as recommendations to address these concerns. The report below provides a high level summary of the recommendations and any implications for York Care Centre.

Recommendations	Implications for York Care Centre
Protection of Nursing Home Residents	
R.1 That DSD develop evidence-based best safety practices for all homes to implement. Nursing homes should be obligated to incorporate these practices as a minimum requirement to comply with the adequate care standards. Inspectors must review each nursing home's service description for compliance and must interview random staff to determine if adequate care standards for safety are being followed in practice.	We are supportive of recommendations which promote the implementation of effective practices for safety, etc. YCC has adopted "Gentle Persuasive Approach" training as our primary behavior support / management & violence mitigation program. Other safety protocols in place include falls prevention, medication safety, etc. As new practices are considered, participation from experienced nursing home staff is important. The current inspection process is a somewhat outdated model of accreditation / certification. It is based primarily on document review and on-site inspections and has a strong focus on reporting of deficiencies. Incorporating concepts of continuous quality improvement would be beneficial.
R.2 It is recommended that the DSD undertake a thorough review of best practices in violence mitigation, and develop a comprehensive policy and practice structure, in collaboration with the Senior's Advocate and representation from: nursing homes, the NANB, the NB Council of Nursing Home Unions, the ANBLPN, the NBANH and academic experts from NB post-secondary institutions.	
Major Incident Reporting	
R.3a DSD amend practice standards to obligate reporting of major incidents to both the Liaison Officers and Adult Protection within 24 hours and ensure that there is staff available to respond.	YCC has been diligent in reporting major incidents to the Liaison Officer and Adult Protection. Recent "miss" was due to a very new staff member not being familiar with the policy.
R.3b As part of the annual inspection, DSD require Liaison Officers to review with nursing home management their duty to report major incidents to Nursing Home Services and Adult Protection.	

Recommendations	Implications for York Care Centre
R.3c DSD develop a universal incident report form to be used by all nursing homes in the province, with Liaison Officers delivering training to nursing home management on how to use the form. This incident report form must be completed by nursing home staff for all incidents that cause harm to residents, and each completed form must be signed a resident's family member. The incident report form must not include any identifying information about other residents.	We are somewhat concerned by the punitive tone of this section. We are supportive of standardizing processes for incident reporting within the nursing home sector. Incident management is most effective when people feel free to report incidents without fear of reprisal. They should be fact based and should provide the foundation for further investigation. We are not supportive of the "incident report" being signed by the family and placed on the chart. The resident's record should be the place to document the event, the impact on the resident and associated care provided. The incident report is a management tool for investigation and may not include all relevant information.
R.3d DSD's Nursing Home Services practice standards be amended to require mandatory inclusion of all major incidents in a resident's record whether they are a victim or aggressor, as part of the comprehensive care plan. This requirement should be explicitly stated in the Nursing Homes Act.	
R.4 It is recommended that beyond the transparency and accountability aspects of publishing individual annual nursing home inspections, DSD report publicly, annually, on aggregate data resulting from inspections. Such reporting must identify homes with multiple and persistent non-compliance with the law and practice standards.	
Complaint Process	
R.5a DSD create a standardized complaint process, in consultation with the Senior's Advocate, to ensure a consistent province-wide system for nursing home complaint, response and appeal processes with fidelity to administrative fairness and rights-respecting practices. The Department also ensure effective monitoring of this complaint process system by establishing a Provincial Nursing Home Complaints Committee.	YCC's complaint process starts at the unit / department level where the person in charge of the area is responsible for investigation / resolution / follow-up. The CEO is informed of significant complaints. It would be important for the provincial complaints committee have a clear mandate. The added-value of such a committee needs to be articulated. We do not have a complaints committee for unresolved complaints. If such a committee were to be created, we would need to carefully consider appropriate mandate and membership given the confidential nature of the subject matter. Our Resident Council and the Family Advisory Council are avenues to bring forward concerns/complaints. YCC has posters displayed and provides the Senior's Advocate brochure in all admission packages.
R.5b DSD ensure that each nursing home appoints its own Complaints Committee to hear complaints that have not been satisfactorily addressed by the nursing home, and that these committees are comprised of individuals from the Board of Directors, family members, and residents. Each nursing home Complaints Committee must report regularly to the Provincial Complaints Committee on issues raised within the nursing home.	

Recommendations	Implications for York Care Centre
R.5c DSD confirm that Resident / Family Committees are in place in each nursing home as per standards. The role of these Resident / Family Committees must be clearly defined in the Standards. In addition to providing orientation and communication to new residents and their families, the Resident/Family Committees should offer a platform for members to share concerns regarding resident care, with a responsibility to forward issues to the nursing home Complaints Committee as needed. If a resident/family is still not satisfied and is seeking further recourse even after speaking with the nursing home's Liaison Officer, they should be advised to contact the Office of the Senior's Advocate. All nursing homes must prominently display posters with information about how to reach the Seniors' Advocate Officer and include the Seniors' Advocate brochure in all resident registration packages.	YCC has an established Resident Council and a Family Advisory Council which serve these aims. We don't have a formal follow-up process – but the informal process has been successful. Formalizing the process would be an improvement.
Staff Training	
R.6 It is recommended that DSD guarantee comprehensive training for all nursing home staff on violence-reduction interventions, with mandatory reporting to DSD to ensure that all staff have received training.	Staff training and support essential to ensure adoption of effective practices. We recommend the funding of permanent full time education staff / resources.
R.10 DSD ensure Adult Protection social workers undergo mandatory initial and annual training on the Practice Standards, and in all investigations they should complete a checklist document to ensure the Standards have been followed.	
Communication with family members of nursing home residents	
R.11 DSD ensure that prior to notice of discharge of any resident of a nursing home, the nursing home must be required to notify both the Department and the Seniors' Advocate, with contact information for the resident and/or the resident's substitute decision-maker. The Department should then be required to institute a rapid response procedure to assess the validity of the discharge. When there is no irremediable safety concern, a process of mandatory mediation should be instituted between family and nursing home. The Department should also engage in a consultation with the Senior's Advocate and other relevant stakeholders in regard to a review of protections in the Nursing Home Act to guard against unfair discharge practices.	We rarely discharge residents, but we are aware of this occurring in other homes. We support a process which would provide families with dispute resolution options.

Recommendations	Implications for York Care Centre
R.12 DSD amend the Nursing Home Services practice standards to ensure supportive interactions with family and insist upon the compassionate care needed to uphold human dignity, including throughout the grieving process and in relation to funeral rites.	The recommendation to modify standards to ensure compassionate care…it seems unfortunate that this directive is necessary.
Adult Protection investigations in Nursing Homes	
R.7 DSD's Adult Protection investigations in nursing homes take measures to ensure a comprehensive harm prevention approach informs all investigations, in order to assess and address the risk to all residents, even if the Adult Protection referral relates to only one or a few residents. The investigator must ensure comprehensive documentary disclosure is obtained to make certain that all relevant information (charts, incident reports) for all affected residents is considered. Formal interviews must also be conducted with affected residents, family members, an staff who provide direct care, rather than addressing all questions to management staff. AP investigations should follow a template to ensure that comprehensive harm prevention approaches are enforced and that the scope of review is not unreasonably limited. Staff training should be offered to guarantee that more robust investigation techniques are adopted consistently in accordance with the practice standards.	We have a limited window into the investigation process and framework. We participate by reporting, providing access to documents, making staff available for interviews, etc. Experience / competency of investigations questioned at times. Adult Protection staffing levels may require augmentation if they are to carry out comprehensive investigations on all incidents which would be similar to those in the report. These new processes may increase administrative demands on nursing home staff.
R.8a DSD create new, detailed Adult Protection standards for nursing homes, that adequately address the particular situations of abuse and neglect that can occur in these facilities, and provide guidance as to how to curb and address resident to resident violence so as to minimize all risks of harm.	
R.8b DSD establish a behavioral incident review process wherein monthly reports of all critical injuries and behavioral management incidents in long-term care are produced and reviewed at the provincial level through monthly meetings of the AP officials with the participation of the Senior's Advocate Office.	

Recommendations	Implications for York Care Centre
Independence and Oversight of reviews of Geriatric deaths and Critical injuries	
R.9 The Province enact amendments to the Child, Youth and Senior Advocate Act to give a clear legislative mandate to the Advocate to carry out geriatric death and critical injury reviews arising from reported cases of abuse or neglect in nursing home and long-term care in NB and that additional resources be allocated to the Seniors' Advocate to allow for the hire of additional staff to effectively care out this new mandate.	Seems to overlap with Adult Protection Investigations. Unsure if this is an additional level of investigation and review would result in improvements in care/service.
General Recommendations and Comments	
R.13 A committee comprised of senior management from DSD and DoH should lead a comprehensive consultation with all relevant stakeholders, with the goal of thoroughly amending the Nursing Homes Act, Regulations, and Practice Standards, to ensure protection of human rights.	We understand this consultation process is currently underway. We are not sure who the "relevant stakeholders" are. We expect to hear more from the NBANH in the near future. Many of these recommendations in the report relate to the inspection process. Eventually, DSD should consider an inspection process which evolves to support ongoing quality improvement rather than a punitive "infraction" approach. The workload impact of new practices will need to be considered, particularly new documentation practices.

YORK CARE CENTRE Nursing Department Departmental Policy & Procedure	
Title: INCIDENT REPORTING-MAJOR	**Policy #: I-01B**
Date Issued: July, 2001	**Page:** 1 of 3
Date Reviewed/Revised: 12/07; 05/08; 10/11; 02/14; 03/19; 07/22	
Reference: Nursing Home Standard III-A-14	

In compliance with Nursing Home Act Section 19: "The operator of a nursing home shall notify the director as soon as possible of any major incident or accident that affects or may affect the health and safety of the residents or staff."

The RN in charge of the unit where a major incident occurs shall immediately report any major incident to the DOC or VP. A verbal report is given to Nursing Home Services at 506-457-6983 as soon as possible by the RN in charge. When reporting the incident by phone to Nursing Home Services the following information should be included (See also Appendix A):

- **Date and time of call**
- **Date and time of incident**
- **Resident's name**
- **Brief description of incident**
- **Related injury and condition of the resident**
- **Transfer location (if applicable)**
- **Family notification**
- **Any other relevant info that may apply**
- **Name of person calling and their respective phone number.**

Nursing Home Services will complete a follow up communication with the DOC or VP.

"Major Incidents" include but is not limited to the following:

1) Resident related occurrences may include the following:
   a) life threatening injury to the resident
   b) accident causing admission to hospital
   c) infectious outbreak
   d) attempted suicide/suicide
   e) unexpected death
   f) missing resident
   g) incident involving coroner and/or police
   h) suspected abuse or neglect of the resident
   i) exposure to injury from the use of faulty equipment, structural defects or wiring, not following policy/procedure.

2) Personnel related occurrences may include the following:
   a) discipline incidents related to the above

3) Occupational health and safety related occurrences may include the following:
   a) exposure to faulty equipment, structural defects or wiring
   b) reaction or incident that exposes staff to dangerous materials, chemicals/ fumes

c) fire
d) major power shortage that effects the nursing home operation or other related incidents such as an emergency/disaster situation in the home, such as contaminated water and flooding.

4) Security related occurrences may include the following:
   a) threats to people or property

Major incidents shall be documented on the resident's chart in the progress notes and the electronic incident from.

Appendix A

INFORMATION WHEN CALLING IN TO HOTLINE FOR MAJOR INCIDENT REPORT

CURRENT DATE

NURSING HOME

NAME OF PERSON REPORTING INCIDENT

DATE OF INCIDENT

TIME OF INCIDENT

NAME OF RESIDENT INVOLVED, AGE AND DIAGNOSIS

MOBILITY STATUS +/- ASSIST

DESCRIPTION OF INCIDENT

WITNESSED?

INJURY

FRACTURE

OTHER

WHAT STEPS WERE TAKEN

CURRENT CONDITION OF RESIDENT (IF KNOWN OR RELEVANT)

FAMILY NOTIFICATION

NOTICE TO REPORT TO **ADULT PROTECTION** (IF NEED BE)

NOTIFICATION TO **CORONER** IN CASE OF DEATH