



Service: Example only

Description of Service:

Date: _____

Residential Care:

Review Started: _____ Review ended: _____

List of People Contributing to the Review [sign where indicated]

Endorsed by:

Owner:		
RN:		
RN:		
Social Program:		
Healthcare Help:		
Discussion Topic	Discussion & Action Plan	Person Responsible By.....[date]
<p>1. Occupancy.</p> <p>Number of beds occupied: _____</p> <p>Number available: _____</p> <p>NASC Referrals:</p> <p>Respite Calendar:</p> <p>Advertising:</p> <p>Website:</p> <p>Ease of contact [open phone lines / availability of people to talk to]: No problems encountered over the past year.</p>	<p>This is the Annual Review:</p> <ul style="list-style-type: none"> - Looking back over 2009 - Looking forward over 2010 - Planning for 2010 according to our Service Objectives - All staff being aware of this planning and participating & contributing as they did in 2009. <p>Hospital Admissions:</p> <p>Hospital Re-admissions:</p>	



Discussion Topic	Discussion & Action Plan	Person Responsible By.....[date]
<p>2. Inductions</p> <p>Dedicated person for staff inductions is:</p> <p>_____</p> <p>Induction Training Resource available at www.HH.NET.nz/pages/training</p>	<p>Much work on the staff Training Pack:</p> <ul style="list-style-type: none"> - Easier inductions - Inductions are a “process and take time. <p>Dedicated Training File with Training signing sheet</p> <p>New employee / s will be working as:</p>	<p>RN / Team leader responsibility</p> <p>Ongoing</p>
<p>3. Review of our Service Objectives</p> <p>Examples:</p> <ol style="list-style-type: none"> 1. Zero staff time loss injury among employees Jan – Dec 09 2. Good Health & Safety Management System 3. Good Inductions all employees. Ongoing 4. Staff Participation – Monthly Staff meetings with good attendance and staff contribution. 5. Safe & happy environment for residents / clients. 	<p>[Example Objectives are aligned with ACC’s standard recognising excellence in Health & Safety Management with a 20% discount on employee ACC Levies</p> <p>New H&S Policy 1.1.10 – to gain ACC Discount this year by: _____</p> <p>Upgraded Induction Training Resources working well</p> <p>Staff are integral to and contribute to all discussions & formal meetings.</p> <p>Certification & good report from Ministry of Health.</p>	<p>Ongoing</p>

4. Exception Reporting: Looking at all the **Unexpected** / undesirable things that happened.
Ask WHY did it happen? How can we stop it ever happening again? Do we need more training? What other changes are needed?

2009 Staff Time Loss Injury Jan 01 – Dec 31 reviewed

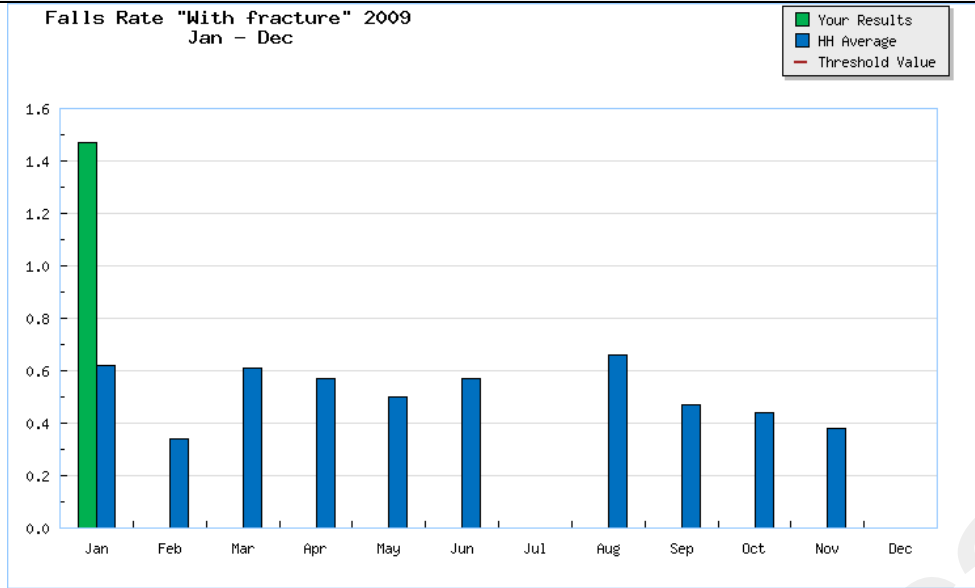
Name	Injury	Days Off Work	Future Prevention



Resident Injury: Falls

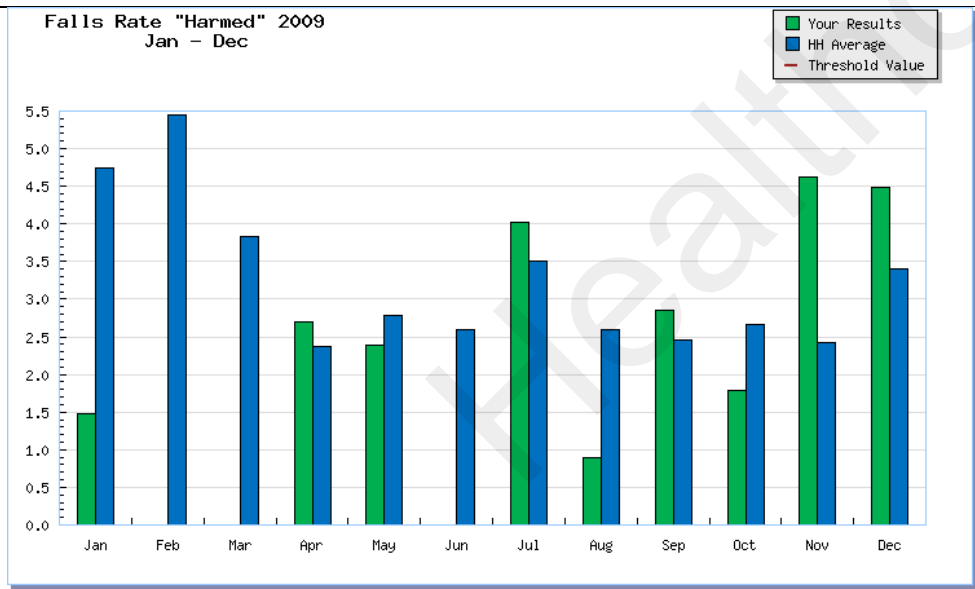
Discussion & Action Plan

Person Responsible By.....[date]



Falls with Fracture:
 None since January
 No resident suffered a serious harm injury from falling at Our Home since Feb 2009.
 Well done all staff who have worked so diligently to help keep our residents safe.
NB: Green = our stats
Blue = average of everyone else in the program [Nationwide in NZ].

RN / Team leader responsibility
 Ongoing



Falls Harmed [bruise or skin tear]:
 Above the average for falls where resident harmed with bruise or skin tear in Nov [5] & December [5]. Three months saw no falls where a resident was harmed.
 Discussion:

Moving & handling training all staff in Nov 09.



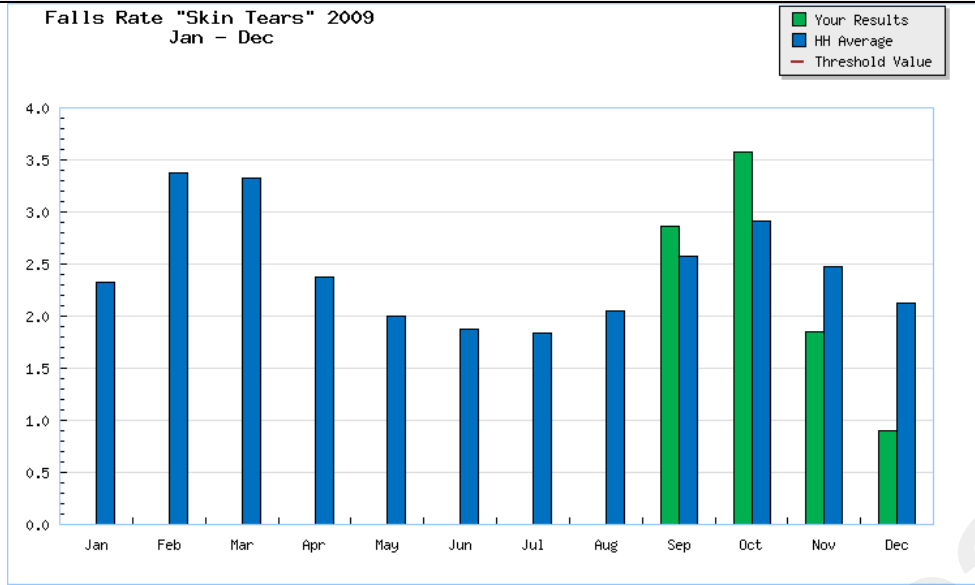
Resident Injury: Falls	Discussion & Action Plan	Person Responsible By.....[date]																																																				
<p>Falls Rate "Unharmed" 2009 Jan - Dec</p> <table border="1"> <caption>Falls Rate "Unharmed" 2009</caption> <thead> <tr> <th>Month</th> <th>Your Results</th> <th>HH Average</th> <th>Threshold Value</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>4.5</td><td>6.5</td><td>6.5</td></tr> <tr><td>Feb</td><td>3.2</td><td>5.8</td><td>6.5</td></tr> <tr><td>Mar</td><td>2.8</td><td>6.0</td><td>6.5</td></tr> <tr><td>Apr</td><td>0</td><td>5.2</td><td>6.5</td></tr> <tr><td>May</td><td>4.8</td><td>4.8</td><td>6.5</td></tr> <tr><td>Jun</td><td>10.0</td><td>4.8</td><td>6.5</td></tr> <tr><td>Jul</td><td>4.0</td><td>5.5</td><td>6.5</td></tr> <tr><td>Aug</td><td>1.0</td><td>4.2</td><td>6.5</td></tr> <tr><td>Sep</td><td>12.5</td><td>6.5</td><td>6.5</td></tr> <tr><td>Oct</td><td>4.5</td><td>7.0</td><td>6.5</td></tr> <tr><td>Nov</td><td>1.8</td><td>3.2</td><td>6.5</td></tr> <tr><td>Dec</td><td>1.8</td><td>3.8</td><td>6.5</td></tr> </tbody> </table>	Month	Your Results	HH Average	Threshold Value	Jan	4.5	6.5	6.5	Feb	3.2	5.8	6.5	Mar	2.8	6.0	6.5	Apr	0	5.2	6.5	May	4.8	4.8	6.5	Jun	10.0	4.8	6.5	Jul	4.0	5.5	6.5	Aug	1.0	4.2	6.5	Sep	12.5	6.5	6.5	Oct	4.5	7.0	6.5	Nov	1.8	3.2	6.5	Dec	1.8	3.8	6.5	<p>Falls Unharmed:</p> <p>Two unharmed falls in Nov and December. Large number of falls in September [13] without injury.</p> <p>Short Term Care Plan to reduce falls for all residents at entry and all existing residents now introduced as part of Care Planning. Exercise programs are recognised as helping residents to sustain less injury should they fall.</p>	<p>RN / Team leader responsibility</p> <p>Ongoing</p>
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Resident Injury: Skin Tears

Discussion & Action Plan

Person Responsible By.....[date]



Skin Tears:

Three in September, four reported in December, two in Nov and one in December

Note this is a new category and reporting only began recently. Category created in response to Service Provider request. Others have entered their stats for the year retrospectively. One resident gardens among the roses and elevates the stats when we document superficial cuts and scratches [like she has known all her life and resistant to gloving up].

RN / Team

leader responsibility

Ongoing

Linking Skin Tears to Infections:

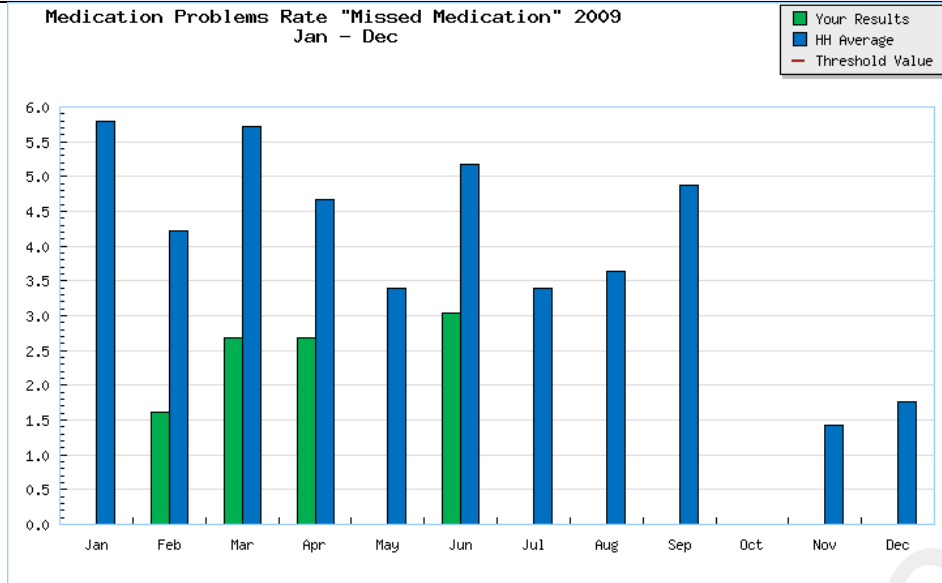
- We have had more skin & wound infections where residents suffered skin tears
- We see staff who are competent in skin tear dressings as integral to reducing infections in 2010 – linkage with training program
- Using the Wound Care Folder is a good way of communicating wound care to RN's Team Leaders and Care Staff
- Prevention:
 - Falls Prevention Program
 - Staff education
 - Recognising those who are the most frail and documenting special cares in Care Planning



Resident Medication Problems:

Discussion & Action Plan

Person Responsible By.....[date]



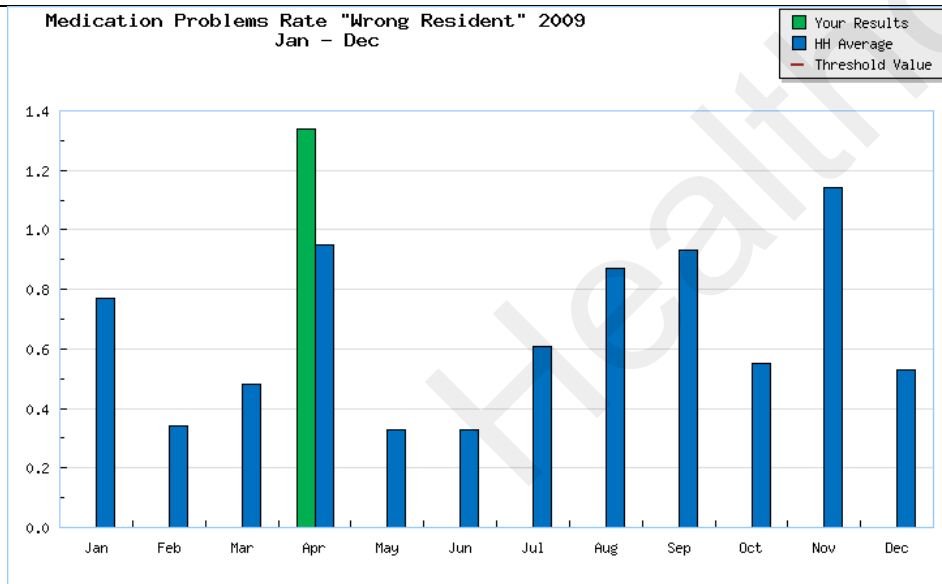
Missed Medication:

Preventative actions / incident investigation discussed:
None reported since June.

Staff are usually diligent in reporting errors. Training resources reminds staff of ALL categories that need reporting. Competency based learning tool refreshes everyone annually.

Discussion: Where residents are well known to staff good systems will encounter less problems. Senior staff responsible for medication administration. Low staff turn-over sees staff very familiar with medication regimes and with residents.

RN / Team leader responsibility
Ongoing



Medication given to Wrong Resident:

One reported in April. None since.

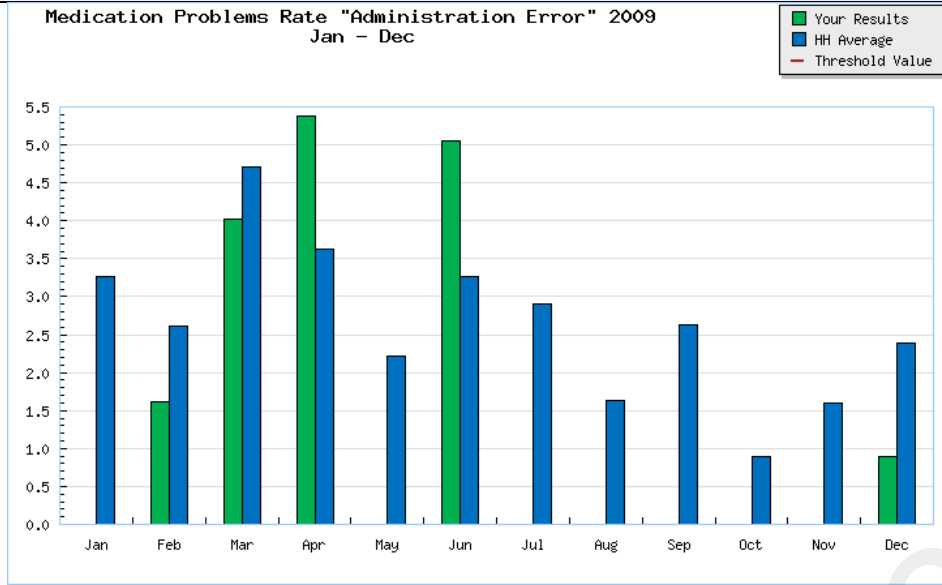
New Form now in use helps staff select category / categories of error – much easier to use.



Resident Medication Problems:

Discussion & Action Plan

Person Responsible By.....[date]



Administration Error:

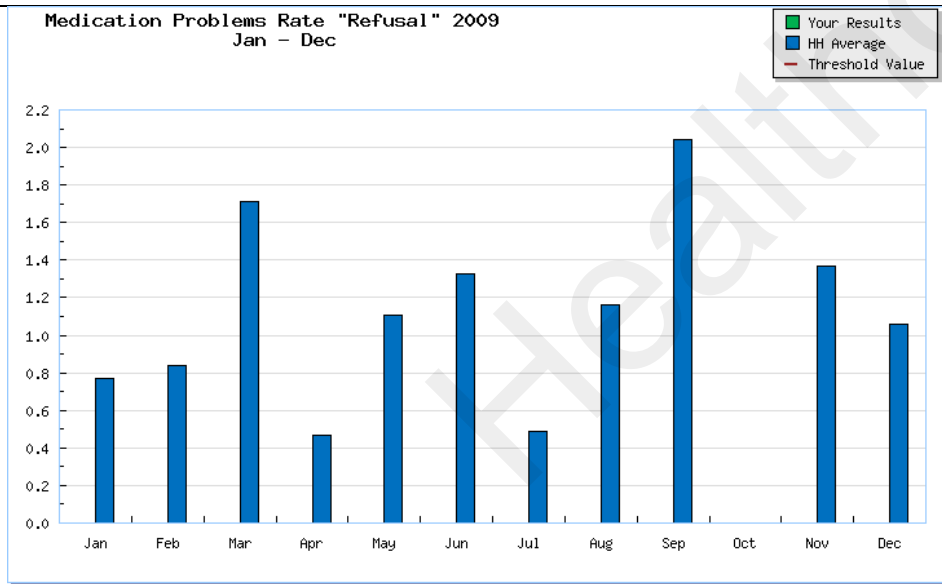
One reported in the 2nd half of 2009. Administration errors include:

- Dropped on floor
- Spat out or found in bed or on floor
- Late or forgotten
- Incorrect Resident or drug
- Anything where the administration could be improved.

Well reported category with response time aimed at fast turn-around to help prevent future occurrences. Further analysis of stats revealed:

Good system of blister packs.

RN / Team leader responsibility
Ongoing



Refusal:

None reported.

This to be reviewed as part of staff training:

- Understanding ALL categories of error needing reporting
- Assessments of knowledge in Meds Teaching units online.

Comment:

Ongoing refusal flags a medication review.

Upgraded GP Review Form in HH 2010 Care Planning documents thorough GP Review of meds.

Moving & handling training all staff in Nov 09.



Resident Medication Problems:	Discussion & Action Plan																																																					
<p>Medication Problems Rate "Prescribing Error" 2009 Jan - Dec</p> <table border="1"> <caption>Medication Problems Rate "Prescribing Error" 2009</caption> <thead> <tr> <th>Month</th> <th>Your Results</th> <th>HH Average</th> <th>Threshold Value</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>0.00</td><td>0.52</td><td>0.00</td></tr> <tr><td>Feb</td><td>0.00</td><td>0.42</td><td>0.00</td></tr> <tr><td>Mar</td><td>0.00</td><td>0.00</td><td>0.00</td></tr> <tr><td>Apr</td><td>0.00</td><td>0.47</td><td>0.00</td></tr> <tr><td>May</td><td>0.00</td><td>0.33</td><td>0.00</td></tr> <tr><td>Jun</td><td>0.00</td><td>0.00</td><td>0.00</td></tr> <tr><td>Jul</td><td>0.00</td><td>0.00</td><td>0.00</td></tr> <tr><td>Aug</td><td>0.00</td><td>0.58</td><td>0.00</td></tr> <tr><td>Sep</td><td>0.00</td><td>0.00</td><td>0.00</td></tr> <tr><td>Oct</td><td>0.00</td><td>0.00</td><td>0.00</td></tr> <tr><td>Nov</td><td>0.00</td><td>0.00</td><td>0.00</td></tr> <tr><td>Dec</td><td>0.00</td><td>0.00</td><td>0.00</td></tr> </tbody> </table>	Month	Your Results	HH Average	Threshold Value	Jan	0.00	0.52	0.00	Feb	0.00	0.42	0.00	Mar	0.00	0.00	0.00	Apr	0.00	0.47	0.00	May	0.00	0.33	0.00	Jun	0.00	0.00	0.00	Jul	0.00	0.00	0.00	Aug	0.00	0.58	0.00	Sep	0.00	0.00	0.00	Oct	0.00	0.00	0.00	Nov	0.00	0.00	0.00	Dec	0.00	0.00	0.00	<p>Prescribing Error: None reported.</p> <p>Other providers have found this an area where corrective action is needed at Certification Audit. It is important to ensure the GP prescriptions measure up to Section 41 of the Medicines Act. The new audit tool scrutinises this area rigorously. Quality Review of Medicine Management will help pick up where GP's are not utterly clear. Also helps to monitor prn meds and instructions.</p>	<p>Person Responsible By.....[date]</p> <p>RN / Team leader responsibility</p> <p>Ongoing</p>
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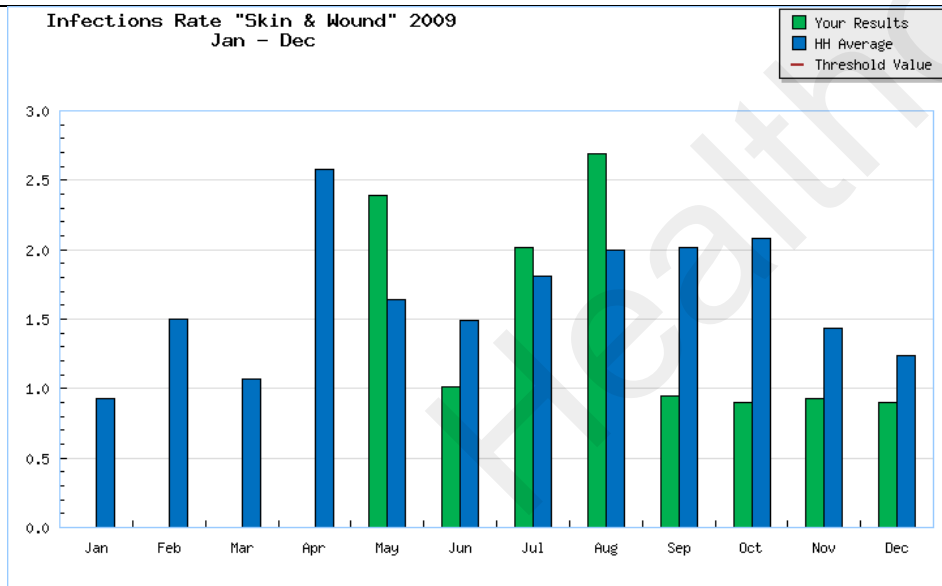
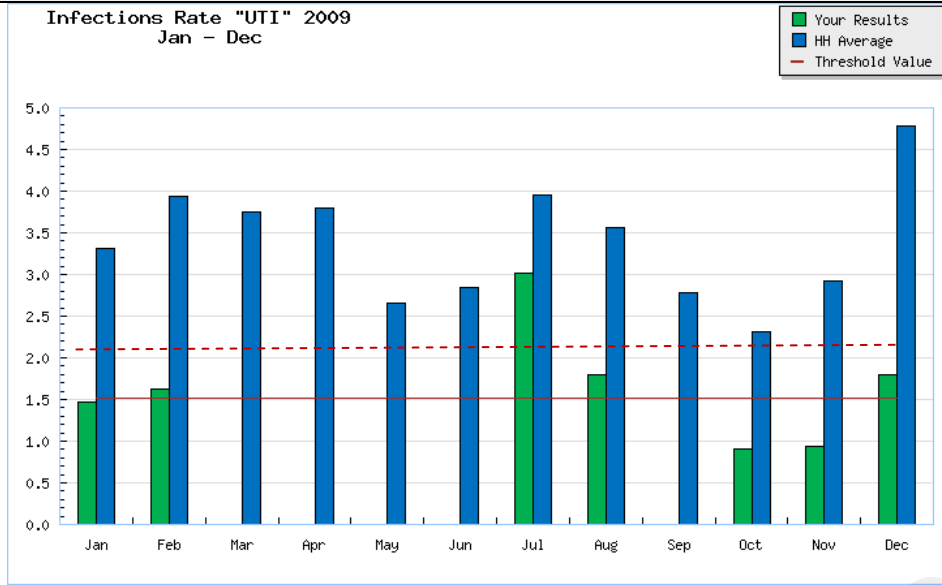
Template for this review requested from www.HH.net.nz to view [may be a robust tool for reviewing the entire program]. Discussion:

Quality Review of Medicine Management:

- Annually [last review dated _____]
- Reviews the Medicine Management Program
- Looks at Safe Entry of Meds, Storage, disposal and Medicine Reconciliation
- Staff competencies and Training Needs
- Appropriate response to adverse reactions and medication errors
- Standing orders and prn medication instructions



Resident Infections:



Discussion & Action Plan

Person Responsible By.....[date]

Urine Infections

Two in August & December, one in Oct & Nov. Significantly LESS than the average every month except January. **Well done all staff!**

The threshold value is viewed by many Rest Homes as too low compared to the frailty and confusion of many of today's population of residents. The Dementia Rate [dotted line] is set higher.

Discussion: Less than one in a month is an excellent goal to aim for. We achieved this in 2008 [one month exception only].

Conceded, Residents are more frail with tighter Needs Assessment criteria in 2009 than 2008.

RN / Team leader responsibility

Ongoing



Skin & Wound Infections.

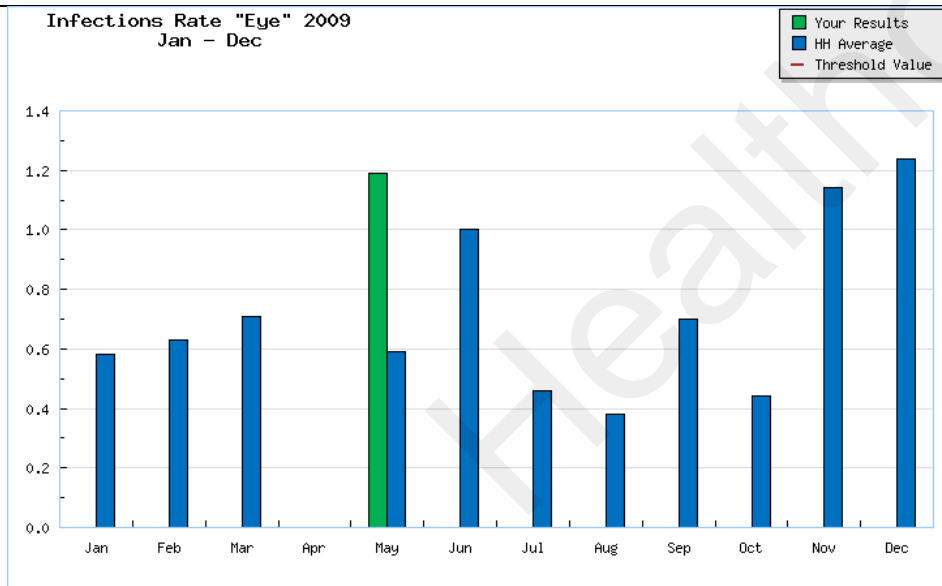
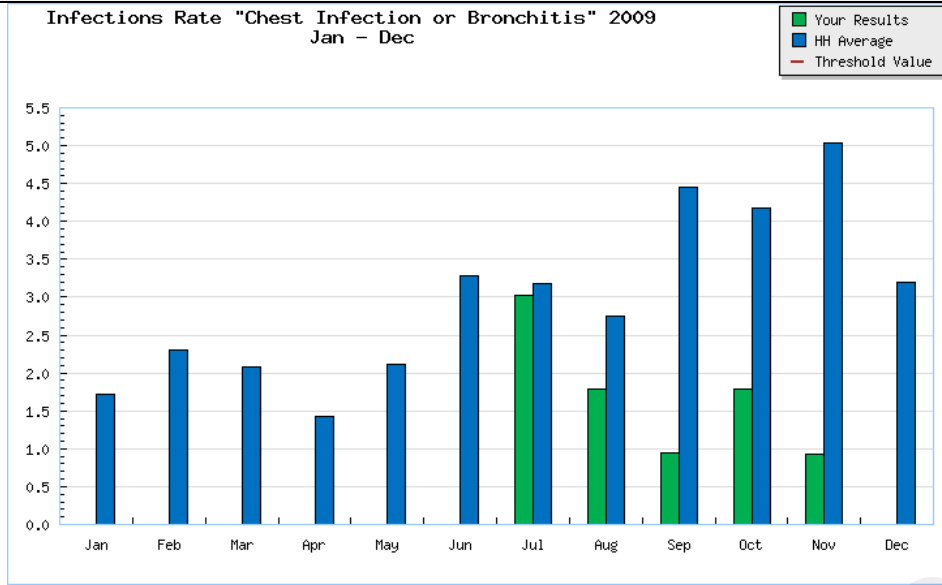
One reported each month between September & December.

There is no correlation between skin tears and skin and wound infections. The rate improved in the later half of the year. This may have been in response to education on skin and wound dressings and upgrading the dressing boxes on each floor.





Resident Infections:



Discussion & Action Plan

Person Responsible By.....[date]

Chest Infections or Bronchitis:

Two in Aug & Oct, one each month Sept & Nov
Discussion:

RN / Team leader responsibility

Ongoing

Eye Infections Reviewed:

One reported in May.
Eye infections among frail populations can be hard to treat and uncomfortable. Good environmental cleaning is important to prevent cross infection & re-infection.

Guideline followed

Where you have cluster infections and cross infections:

- Remind everyone good hand washing
- Help residents with personal cares.
- Good wipes and lots of spray & wipe for staff to use around kitchen & dining area & lounge. Environmental

Cleaning is crucial for preventing infections.

Moving & handling training all staff in Nov 09.



Resident Infections:	Discussion & Action Plan	Person Responsible By.....[date]																																							
<p>Infections Rate "Diarrhoeal" 2009 Jan - Dec</p> <table border="1"> <caption>Infections Rate "Diarrhoeal" 2009 Data</caption> <thead> <tr> <th>Month</th> <th>Your Results</th> <th>HH Average</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>0.3</td><td>0.3</td></tr> <tr><td>Feb</td><td>1.0</td><td>1.0</td></tr> <tr><td>Mar</td><td>0.0</td><td>0.0</td></tr> <tr><td>Apr</td><td>0.3</td><td>0.3</td></tr> <tr><td>May</td><td>0.0</td><td>0.0</td></tr> <tr><td>Jun</td><td>0.4</td><td>0.4</td></tr> <tr><td>Jul</td><td>0.3</td><td>0.3</td></tr> <tr><td>Aug</td><td>0.4</td><td>0.4</td></tr> <tr><td>Sep</td><td>0.6</td><td>0.6</td></tr> <tr><td>Oct</td><td>0.0</td><td>0.0</td></tr> <tr><td>Nov</td><td>5.6</td><td>2.7</td></tr> <tr><td>Dec</td><td>0.0</td><td>0.0</td></tr> </tbody> </table>	Month	Your Results	HH Average	Jan	0.3	0.3	Feb	1.0	1.0	Mar	0.0	0.0	Apr	0.3	0.3	May	0.0	0.0	Jun	0.4	0.4	Jul	0.3	0.3	Aug	0.4	0.4	Sep	0.6	0.6	Oct	0.0	0.0	Nov	5.6	2.7	Dec	0.0	0.0	<p>Diarrhoeal:</p> <p>Six reported in November among residents.</p> <p>Fast response treating the outbreak as Norovirus until proven otherwise helped contain the outbreak. Fast action with appropriate isolation precautions realised as crucial in preventing spread. Staff now well versed in appropriate response and PREVENTATIVE methods.</p> <p>Shortcuts in cleaning & disinfecting procedures are seen by proactive staff as highly UNDESIRABLE.</p>	<p>All staff seen as owning responsibility. Thanks everyone!</p>
Month	Your Results	HH Average																																							
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2010 Goals for Infection Control Program:

- PREVENTION of outbreaks particularly gastric / Norovirus
- Rapid response to any Pandemic / good monitoring of situation / status
- Prevention of winter flu and chest infections by promoting the uptake of vaccines and preventing entry through sick staff or visitors
- Reduce present infection rates
- Good reporting and documentation of all infections
- Timely referral where appropriate [sick people recognised and fast response
- Include new category in Benchmarking Stats Mouth 'Problem' & all residents assessed at entry.

[Note new 2010 Care Planning includes Dental report as part of entry Pain Assessment]

Program Overview:

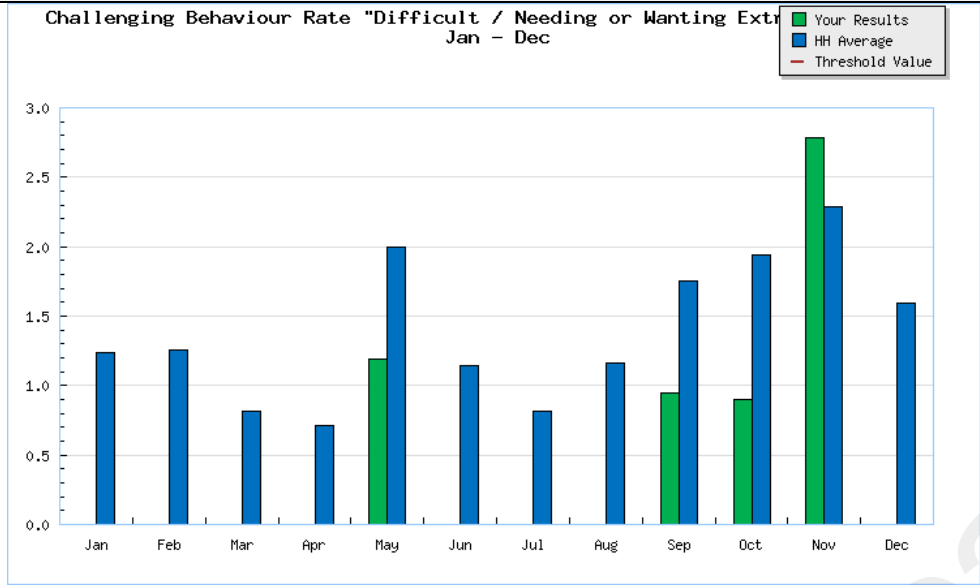
- Well Managed Program
- Few infections all year
- Less infections reported than other providers in the program
- All staff trained in Infection Control Procedures
- Well stocked Outbreak Kits available
- No ulcers reported as having developed or residents admitted with ulcer.



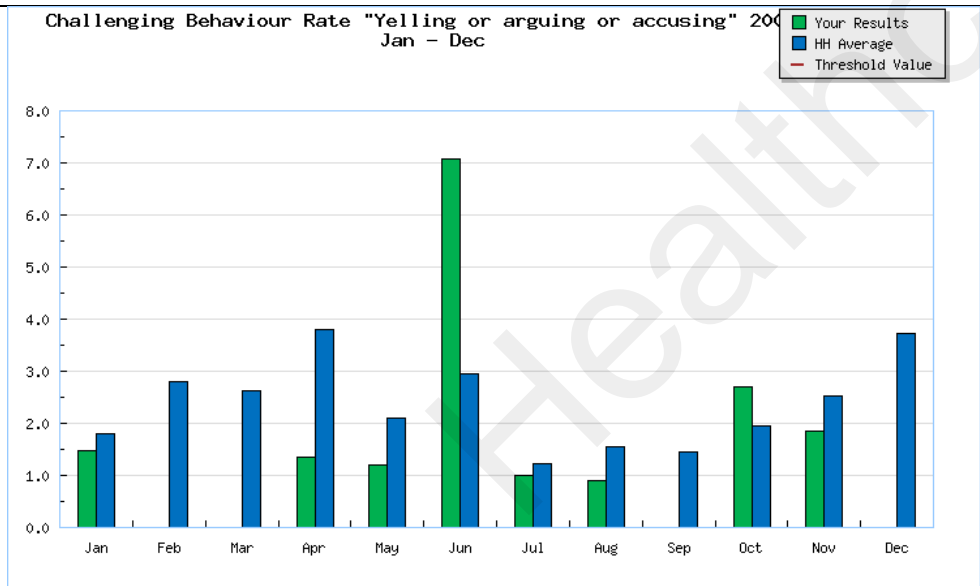
Resident Challenging Behaviours:

Discussion & Action Plan

Person Responsible By.....[date]



Difficult wanting/needing extra care
 One in September & October, three in Nov.
 Comment:



Yelling:
 Only incidences where another [resident and / or staff] were distressed have been recorded.
 Good reporting is seen as inspiring rapid management support for the resident and for staff.
 Guideline realised:
 Where we we are meeting all resident needs:
 - Physical
 - Environmental
 & emotional, then challenging behaviours are likely to be less.

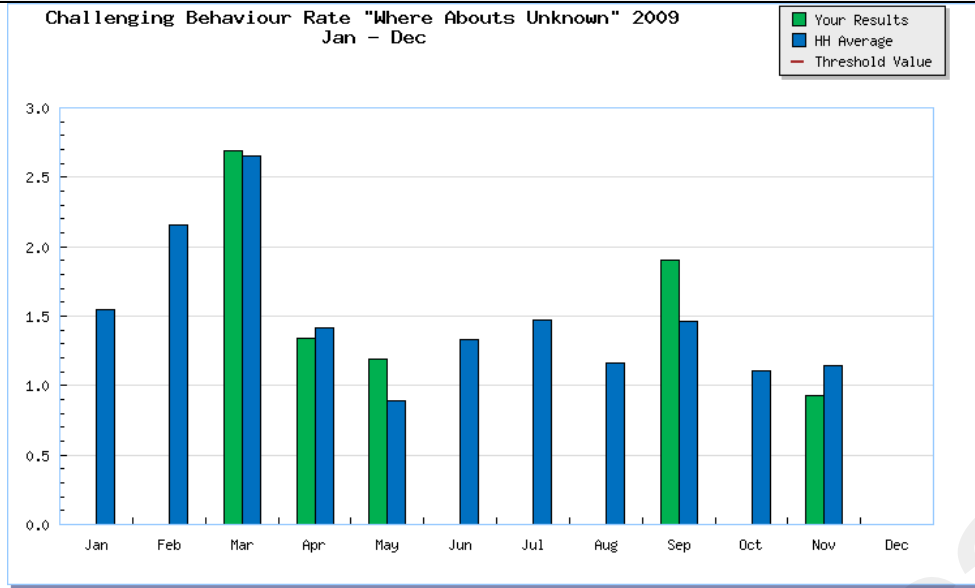
Jane Verity
 Spark of Life
 Solutions
 approach
 integrated into
 Training
 Resources &
 Challenging
 Behaviour
 Policy.



Resident Challenging Behaviours:

Discussion & Action Plan

Person Responsible By.....[date]



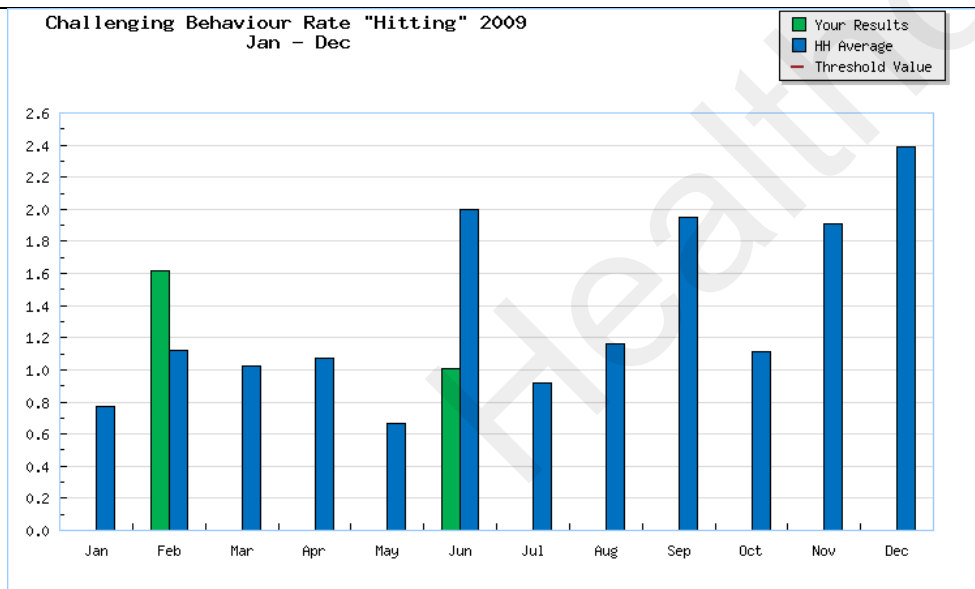
Where-about's Unknown:

Resident has left the Home without telling anyone where they are going.

Same resident twice in September & once in November.

One confused but physically active resident responsible for incidents. Discrete signage on clothing has aided his return. Balance between restricting activity and keeping safely 'secure'.

Good Individual Social Program has been very successful. Thanks our Activity Coordinator for providing such a great individual program.



Hitting:

One in February & one in May. Discussed in previous reviews. None since July.

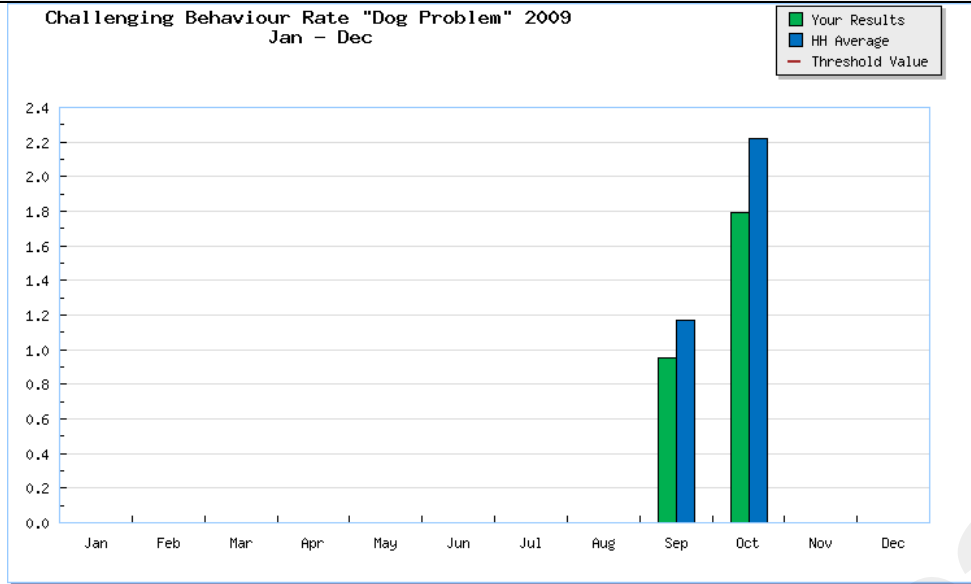
Comment:
Hitting includes:

- Flailing ineffectively
- Striking an object like the table or wall
- Throwing something
- Scratching

Staff safety is always considered.
Safety of other residents is always considered.



Resident Challenging Behaviour:



Discussion & Action Plan

Person Responsible By.....[date]

Dog Problem: New category

This is a category originally included for the Home Support division of the Benchmarking Statistics Program that is also proving relevant for residential care.

Comment:

RN / Team leader responsibility
Ongoing

Quality Review of Restraints [last review dated 09.03.09]

- Reviews policy on restraint
- Reviews Restraint Usage in the Home
- Usually requested at audit
- Required even when no restraint is practiced
- Generalises to resident Challenging Behaviours
- Looks at individual family support for residents with Challenging Behaviours

Social Program Checklist:

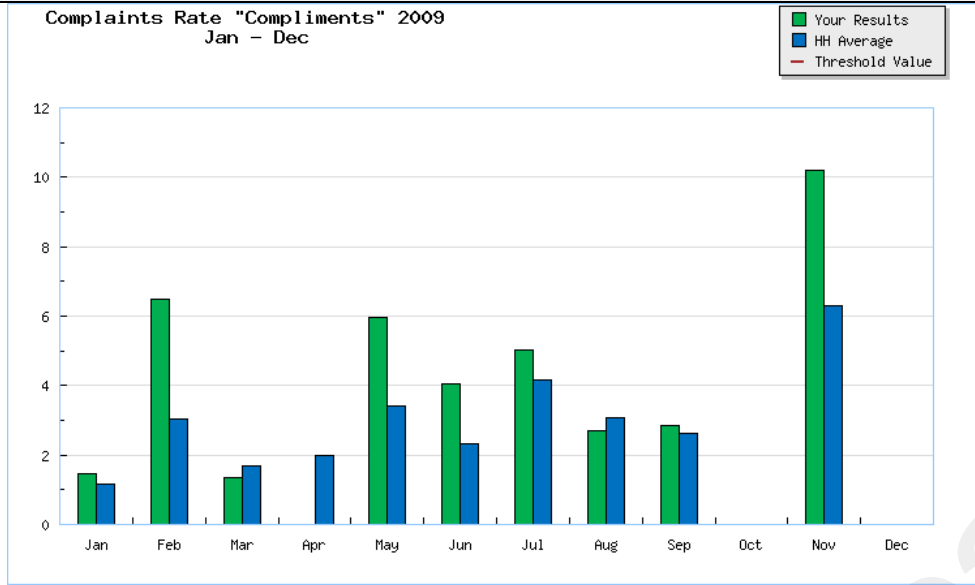
- An adequately qualified person leads the program
- Resident goals guide their own individualised social program
- These goals are reviewed with family input [where appropriate]
- Outings are offered but not compulsory
- Community integration is promoted
- Everyone has the opportunity for exercise each day according to individual ability



Resident Compliments / Suggestions & Complaints:

Discussion & Action Plan

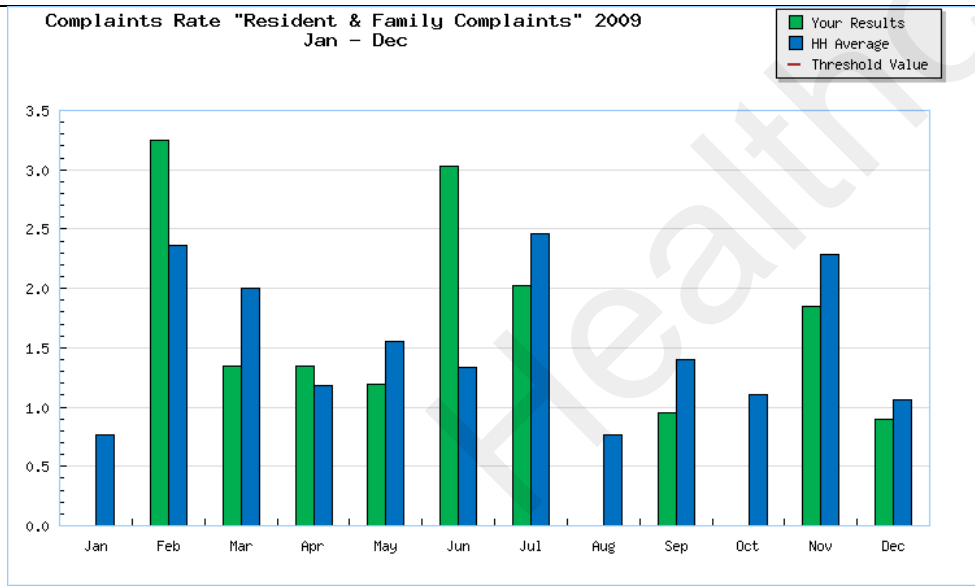
Person Responsible By.....[date]



Compliments:

- From residents or their families
- From another Health professional re our care
- From DHB
- From member of public

Comment: Resident Meetings good social opportunity and source of suggestion and ideas for improvement.



Resident or Family Complaint

Well documented. Complaints Register that précis complaints and their outcomes is an expectation per DHB contract. Person responsible for timely follow up is:

Comment:



Problem / Complaint / Investigation by DHB	Discussion & Action Plan	Person Responsible By.....[date]																																							
<p>Complaints Rate "Problem with DHB" 2009 Jan - Dec</p> <table border="1"> <caption>Complaints Rate Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Your Results (HH Average)</th> <th>Threshold Value</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>0.00</td><td>0.30</td></tr> <tr><td>Feb</td><td>0.56</td><td>0.30</td></tr> <tr><td>Mar</td><td>0.00</td><td>0.30</td></tr> <tr><td>Apr</td><td>0.47</td><td>0.30</td></tr> <tr><td>May</td><td>0.33</td><td>0.30</td></tr> <tr><td>Jun</td><td>0.33</td><td>0.30</td></tr> <tr><td>Jul</td><td>0.31</td><td>0.30</td></tr> <tr><td>Aug</td><td>0.58</td><td>0.30</td></tr> <tr><td>Sep</td><td>0.58</td><td>0.30</td></tr> <tr><td>Oct</td><td>0.00</td><td>0.30</td></tr> <tr><td>Nov</td><td>0.00</td><td>0.30</td></tr> <tr><td>Dec</td><td>0.00</td><td>0.30</td></tr> </tbody> </table>	Month	Your Results (HH Average)	Threshold Value	Jan	0.00	0.30	Feb	0.56	0.30	Mar	0.00	0.30	Apr	0.47	0.30	May	0.33	0.30	Jun	0.33	0.30	Jul	0.31	0.30	Aug	0.58	0.30	Sep	0.58	0.30	Oct	0.00	0.30	Nov	0.00	0.30	Dec	0.00	0.30	<p>When family or other Health Professional has a concern and talks to the DHB, an enquiry usually follows:</p> <ul style="list-style-type: none"> - Others in the program have answered queries of their service. - Recommendations focused upon service improvement & were positive, <p>Comment: This illustrates how important it is to recognise when someone is not happy with the service we are providing and to put things right.</p>	
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Complaints:

The Benchmarking Program documents complaints to Ministry of Health and Health and Disability Commissioner, etc. The program has seen a rise in the number of complaints about residential care in the past two years.

Good complaints management is seen as an essential part of good Business Risk Management by many managers.

Person responsible for complaints management is: _____

No complaints were recorded in the Benchmarking in 2009.

Comment:



5. Health & Safety Hazards	Discussion & Action Plan	Person Responsible By.....[date]
<p>Repairs & damage – see also Building Maintenance / Hazard ID Forms:</p> <p>Staff walk around monthly identifies hazards and maintenance issues:</p> <ul style="list-style-type: none"> - Two different people each month - Look area by area - Link to repairs and damage / building maintenance - On set day like last day of the month <p>Note: Sandra Lee trained H&S reps to look area by area for hazards. Staff walk around monthly identifies hazards and maintenance issues:</p> <ul style="list-style-type: none"> - document on Haz ID Form with category rating] - Management responsible for fast follow up. 		<p>Essential additional H&S Training Provided in Nov 09</p>
6. Internal & External Audit Reports	Purchasing Safety Review:	Person Responsible By.....[date]
<p>Spot Surveillance Audit due:</p> <p>Internal Audit schedule now complete:</p>	<p>Discussion on pending purchases</p> <ul style="list-style-type: none"> - Can it bring a Health & Safety risk to the Home? [good example is the purchase of a hoist] - Do staff need training to use it? 	
7. Compliance with Legislation	Discussion & Action Plan	Person Responsible By.....[date]
<p>Areas to consider in 2010</p> <ul style="list-style-type: none"> - Up to date Resident & Employee agreements signed - Performance appraisals matching job descriptions - GP & Pharmacy agreements 	<p>Policy Review: issue date 01.01.10</p> <ul style="list-style-type: none"> - Good Employer Policy pending - Introduced to staff for comment as each policy completed. Matches Training Resources - Collaborative with Healthcare Help 	



8. Public Safety & Emergency Readiness	Discussion & Action Plan	Person Responsible By.....[date]
<p>TWO DRILLS & 1 X Fire Service check minimum: Fire warden Refresher Training next due: _____</p> <p>Trial Evacuation next due: _____ [6 monthly refreshers]</p> <p>Emergency & Pandemic Planning:</p>		
9. Control of Contractors	Discussion & Action Plan	Person Responsible By.....[date]
<p>List of approved contractors up to date:</p> <ul style="list-style-type: none"> - Up to date agreements / contracts - Registrations are up to date - Approved for the next year - Planning 		
10. Training Program	Discussion & Action Plan	Person Responsible By.....[date]
<p>Training Schedule for 2010</p> <ul style="list-style-type: none"> - Staff requests - Identifying Gaps - In response to exception reporting [falls prevention] - Free training available - Reviewing approved trainers - Linking to career pathways for staff - Linking to performance appraisal 	<p>Areas where other providers have commonly had corrective actions at DHB audit recently:</p> <ul style="list-style-type: none"> - Aging Process - Code of Rights, Informed Consent & Advance Directives Open Disclosure - Communication [New module available - graphical] - Responsibilities re taking gifts / borrowing money [from residents] - Sexuality & Intimacy and who to turn to in event of unwelcome advances. 	

ENDS