



Tudor House

Annual Report

2009 / 2010

Selkirk, Manitoba





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(Tudor House P.C.H.)
Selkirk, Manitoba**

Program / Service Description:

Tudor House Personal Care Home is a Licensed and Accredited 76 bed Private Long Term Care Facility that is located beside Woodland Courts Independent & Assisted Living Suites for Seniors (53 Suites) on spacious landscaped grounds in Selkirk nearby the local Selkirk & District General Hospital. The facility is restricted to *Smoke Free Living (NO SMOKING)*. Our Mission Statement is **“Elder Centred Care, provided with Quality, Dignity, Compassion & Partnership.”**

Tudor House maintains very high standards, designed to ensure the elders benefit from individualized care provided in a courteous and friendly manner in a home-like atmosphere. The care we give builds on the elder's strengths and constantly seeks to improve their quality of life, physically, mentally, emotionally and spiritually. The facility has two separate care areas all on ground level. (46 private rooms, 13 semi-private, 1- 4 bed Dorm) Maple Hall has the Alzheimer /Dementia Special Care Needs Rooms and Poplar & Oak Halls have with Personal & Extended Care Rooms to better meet clients needs by grouping elders with like-needs together. In addition to care to Elderly & Dementia clients, we are also providing long term care services to mentally and physically handicapped adults, seniors with stable psychiatric needs, a limited number of respiratory clients and hospice/palliative type care for the dying.

The following Service Components are provided on site:

- Medical Advisors & Services (*weekly visits by Dr.Demsas/Dr. Lindenschmidt*)
- Consultant Psychiatrist Services (*monthly visit by Dr.Kremer*)
- Professional & Non-professional Nursing Services (*RN,RPN,LPN,HCA*)
- Recreation & Volunteer Services (*Certified Recreation Facilitators*)
- Rehabilitation Services (*Fulltime Rehab. Aide*)
- Social Services (*Part Time*)
- Pharmacy Services (*Rexall Geri-Aid*)
- Podiatrist Services (*monthly Dr. Yacob*)
- Hairstylist Services (*Provincially Licensed*)
- In-service & Staff Education Services (*Part Time*)
- Pastoral Care (*Selkirk & District Ministerial Assoc. & Catholic Pastors*)
- Consultant Dietician Services (*RD*)
- Dietary Services (*Certified Food Service Supervisor & Certified Food Handlers*)
- Housekeeping Services
- Laundry Services
- Maintenance Services (*Class 4 Power Engineer & K Licenses*)
- Administration, Accounting and Business Services (*Comptroller CA, & KPMG Auditor*)

The following Service Components are provided by the IRHA:

- Occupational Therapy Services (*8 hrs per month*)
- Physiotherapy Services (*on referral basis*)
- Lab & X-ray Services
- Ambulance/EMS Services

Utilization Statistics:

The following Statistics have been gathered regarding Service Utilization for the past year and as @ March 31st:

	2007-08	2008-09	2009-10
Occupancy Rate	99.18	99.56	99.68
# of Regular Admissions	11	19	13
# of Interim Admissions	28	15	12
# of Discharges to Community	2	2	0
# of Transfers to other PCH	12	11	9
# of Discharges to Hospital			1
# of Deaths	25	22	14
Male Residents	23	19	20
Female Residents	53	56	56
Aged (over 65)	72	73	73
Average Age	81.89	84	85
Average Length of Stay	3.03 yrs	2.99 yrs	3.04 yrs
Physically Challenged and/or Disabled	68	73	73
Developmentally Delayed	1	2	2
Psychiatrically Disabled	7	11	7
Continuous Oxygen (O2)	4	4	4
# of Hospital Admissions	32	13	13
# of ER Visits	24	18	12
Levels of Care			
Level 2	2	3	9
Level 3	38	46	36
Level 4	36 (3 CC)	26 (5 CC)	31 (2 cc)
Total Residents	76	75	76

WRHA MIS Nursing Staffing Summary (Paid Hours per Resident Day as per SPA)

Staffing	2007-08 hrs	PH/RD	2008-09 hrs	PH/RD	2009-10	PH/RD
RN/RPN hrs	12,729.28	34.87	13,198.86	36.16	14,895	40.81
LPN hrs	16,968.28	46.49	14,716.86	40.32	14,492	39.70
HCA hrs	64,274.22	176.09	67,733.67	185.57	69,228	189.66

Nursing Staffing Patterns (as per Duty Schedule @ March 31st):

	2007-08	Staffing Ratio	2008-09	Staffing Ratio	2009-10	Staffing Ratio
Days	1 SNM,1RN, 3 LPN, 8 HCA	1: 5.85	1 SNM,1.5RN, 2.5 LPN,10HCA	1: 5.07	1 NM, 2RN, 3 LPN,10HCA	1 : 4.75
Evenings	1 RN,3 LPN, 6.5 HCA	1: 8	1 RN,2 LPN, 8 HCA	1: 6.91	1 RN,2 LPN, 8 HCA	1 : 6.91
Nights	1 RN, 4 HCA	1:15.2	1 RN, 4 HCA	1:15.2	1 RN, 4 HCA	1 : 15.2

*Please Note that the 2008 Manitoba Health Nursing Staffing Increase full implementation has been delayed and extended to 2012 due to financial constraints as per WRHA.

Human Resources Statistics

Paid Sick Hours Per Eligible Employee	2007	2008	2009
Average # of Hrs per year	54.45	67.24	51.26

WCB – Lost Time Incidents & Lost Hrs Rate	2007	2008	2009
# of Workplace Accidents & Injuries Claims	22	14	15
Lost injury rates per 100 FTE Workers	9.2	9.0	5.9
Average Days Paid per FTE Worker	9.0	14.6	7.5
Assessment Rate per \$100 payroll	2.35	2.63	3.36
New D & R Claims (LTD)	0	0	0

Staff Education

Staff Education	2007	2008	2009
# of New Staff Orientated	33	24	21
# of In- services provided (in-house)	54	47	47

C.Q.I. Performance Indicators:

Tudor House has an active “Continuous Quality Improvement Program” with the following Performance Indicators revised and utilized for 2009-10 with benchmarks, analysis and actions in the full annual report.

CQI Highlights & New Indicators

Performance Indicator	2007-08	2008-09	2009-10
% of Falls per 1000 Resident Days	Satisfactory 3.7%	Satisfactory 2.5%	Satisfactory 3.6%
Actual # of Falls per month – Days, Eves, Nites	9.5 per month average	6.3 per month average	8.5 per month average
% of Residents with New Pressure Ulcers (Internal/External acquired) per 1000 resident days	Satisfactory 0.84% average	Satisfactory 0.80% average	Satisfactory 0.57% average
% of Residents who are on Restraints	Needs Improvement 16.0%	Needs Improvement 14.3%	Needs Improvement 11.2%
% of Residents who are restrained per 1000 resident days	Alert 9.4% average	Alert 7.7% average	Satisfactory 0.35% average
Medications/ Substances Reports per 1000 resident Days	Satisfactory 1.25 average	Satisfactory 0.5 average	Satisfactory 0.32% average
# of Occurrence Reports	20.6 /month average	13.8/month average	12.75/month average
# of Critical Clinical Occurrences	0.08 average (1 actual)	0	0
# of Critical Occurrences	0	0	0

# of Near Misses	0.5 (6 actual)	0.2 (2 actual)	0.3 (4 actual)
# of Workplace Injuries per month	Alert 1.9 average	Alert 1.3 average	Alert 1.8 average
% of Residents & Family or Advocates Satisfied with Services	Satisfactory 91.3%	Satisfactory 95.8%	Satisfactory 95.5%
% of Comment/Concern Reports Satisfactorily Resolved	Satisfactory 96.7%	Satisfactory 100%	Satisfactory 95.0%
# of Fire Drills held per Month/Time of Day	Satisfactory Rating 3 q month, All shifts	Satisfactory Rating 3 q month, All shifts	Satisfactory Rating 3 q month, All shifts
% of Preventative Maintenance Inspections Completed	Satisfactory 100%	Satisfactory 100%	Satisfactory 100%
% of Work Orders Completed in 30 days	N/A	Satisfactory 95.4% month average	Satisfactory 89.5% month average
# of Outbreaks	Respiratory - 1 Enteric - 0	Respiratory - 1 Enteric - 0	Respiratory - 0 Enteric - 0
% of Residents with Infections per Month (actual)	Alert 5.0%	Satisfactory 4.1%	Satisfactory 4.7%
% of Residents with Nosocomial Infections per 1000 Residents Days	Satisfactory 3.1% average	Satisfactory 2.2% average	Satisfactory 1.5% average
# of MRSA Infections	0	3	2
# of C. difficile Infections	0	0	0
% of Residents Immunized for Influenza Vaccine	Alert 82%	Alert 85%	Alert 84%
% of Staff Immunized for Influenza Vaccine	Satisfactory 67%	Satisfactory 65%	Satisfactory 61% H1N1
% of New Staff Orientation per month	Satisfactory 100%	Satisfactory 100%	Satisfactory 100%

<i>Union/Employer Relations</i>	<i>2007-08</i>	<i>2008-09</i>	<i>2009-10</i>
# of MNU Grievances Local 117	0	0	0
# of IUOE Grievances Local 987	0	0	1

Public Interest Disclosure Act (Whistle Blower Protection) April 2, 2007

<i>Annual Report</i>	<i>2007-08</i>	<i>2008-09</i>	<i>2009-10</i>
# of Disclosures	0	0	0
# of Disclosures Acted On or Not Acted On	0	0	0
# of Investigations Commenced as a result of a Disclosure	0	0	0
Investigation Results, Findings of Wrongdoing & Corrective Actions	0	0	0

Annual Update:

Accreditation Canada 2010 Survey

Accreditation Canada (CCHSA) is scheduled to complete a survey of Tudor House in the fall 2010. We are well underway in planning and preparation for the new Qmentum LTC survey planned for Tudor House and hopes to do well under the new guidelines and meet all the ROPs and Standards.

Manitoba Health PCH Standards Visit 2009

Tudor House had the Manitoba Health & IRHA representatives to complete our 6th PCH Standards Visit on Sept. 17th 2009. We did very well and passed 11 of the 12 Standards of Tool # 2 being reviewed. An action plan was put in place to address policy and procure issues relating to restraints and we expect that this was well received by Manitoba Health. A big bouquet goes to all the hard working staff for their excellent efforts again this year.

Strategic & Operational Plans

Tudor House's New Strategic and Operational Plan 2009 and Beyond was followed during 2009-10 fiscal year with all significant timelines met and revised deadlines for a few minor issues were set.

Community Outreach: There are plans for the Tudor House "Community Advisory Committee" meet in November of 2010 providing an opportunity for stakeholders, families and employees to be updated and discuss revisions to the Strategic and Operational planning as well as help generate new ideas and suggestions from our local community. Suggestions and input from the community was well received.

Capital Planning: The major capital planning priority for 2009-10 remains as the new business plan proposal for redevelopment and renovation of Tudor House Personal Care Home to meet current Manitoba Health Design Guide Standards for Long Term Care Facilities and to become a "centre of excellence" for the elderly. This is an ongoing project with the feasibility study completed by Stantec Architecture with positive results for redevelopment. We are exploring options and ongoing capital planning is underway.

The continued minor improvements to the physical building, equipment and operational practices was maintained and expanded upon. 10 more new high-low LTC beds & special mattresses, a exciting new Rehabilitation Equipment (Bungee Walker & Sit Stand Lift) was purchased from NeuroGym through the wonderful generosity in donations from friends and families (almost \$15,000 was raised). Ongoing is Information Technology equipment replacement and numerous IT upgrades for work stations & Elder/Staff Computer Kiosks with Internet access. Our 2010-11 current fundraising will be for additional medical & nursing Equipment to benefit elders & staff and expect to reach our fundraising goal this next year of \$10,000.00

Analytical Reviews: Also for 2010-11 will be further FMEA Exercises, Root Cause Analysis and more work on processes to work towards better Patient Safety Practices.

Best Practices: The two successfully implemented nationally recognized Nursing Best Practices (RNAO) last year will be expanded upon with the introduction of two more Nursing Best Practices during 2010-11.

Green Environmental Initiatives: Tudor House continues to recycle both glass, metal, tins, paper & cardboard significantly reducing its Waste Removal volumes. We have made considerable progress on Power saving lighting both on reducing incandescent and upgrading the fluorescent lighting. Power saving Parking electrical Car plug ins have all been installed and other initiatives are planned to reduce our carbon footprint and be more sustainable. We are pursuing additional "green" policies and practices.

Education, Training & In-servicing

Staff Safety Practices and education & training will continue to be a priority during the next fiscal year. "Life Support for Health Care Providers Training" (Professional and HCA) will continue to be taught to our staff. Also "Non-Violent Crisis Intervention Training" (CPI) of our staff will continue with our in-house instructor. Annual staff In-servicing on basic safety and required skill updating will still continue for all staff. We will continue with Ethics meetings and explore other Eden Alternative workshops and training.

**** Our Major Care Challenge & Initiative for 2009 & Beyond:**

The Eden Alternative Journey ®:"

Mission: To improve the well-being of Elders and those who care for them by transforming the communities in which they live and work.

Vision: To eliminate loneliness, helplessness, and boredom.

Tudor House began officially effective May 23, 2008 it's "Journey into the Eden Alternative" ®. We welcomed all staff to familiarize themselves with this exciting new process for the care of our Elders. This process to Edenize a Nursing home is intended to help banish the three plagues of the human spirit that afflict many of our elders, "loneliness, helplessness and boredom". It is a gentle care type of philosophy that focuses on the elder being cared for and supported in a home atmosphere rather than an institutional environment.

There are many positive changes that will come out of this process and we encourage and hope all of our staff and families support this endeavor to make a real home and Garden of Eden for our Elders. Four of our staff are officially trained as "Eden Alternative Associates" and 4 more were trained in early 2009-10. We have shared our new direction with the Resident & Family Council and we have their support. We will continue to process to educate and inform all of our Elders, Staff and Families on the Eden Alternative. A new Brochure, books and Videos are available to borrow and assist in staff training.

Some of the exciting new improvements, is the creation of neighborhoods (Maple Hall & Poplar Hall), relaxed breakfasts, reduction of strict routines for our Elders, encouraging and motivating staff for Random Acts of Kindness, Good Deeds and loving care of our Elders, increasing pets and natural plants, new Elder-centered activities, less medications, more choices for Elders, increase children visitation and interaction. Staff uniforms policy is under review for a final determination of balancing respect, professionalism and Infection control issues. Dramatic new changes with union and management working together over the past few years for a major HCA staffing reorganization resulting in Full and Part time staff dedicated to specific neighborhoods to ensure continuity of care and increase staff elder bonding and pride in work area and with very positive results. This is being examined for extending to Professional Nursing Staff , Recreation and Housekeeping departments for neighborhood assignments.

It Can Be Different!

Be a Part of the Solution!

Respectfully Submitted by

John A. Martyniw RN RPN
Administrator
June 09 2010