



# **Annual Report**

**2006 / 2007**

**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 "CCHSA Accredited" 76 bed Private Long Term Care Facility that is located beside Woodland Courts Independent & Assisted Living Suites for Seniors 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 **"Resident Centred Care, provided with Quality, Dignity, Compassion & Partnership."**

Tudor House maintains very high standards, designed to ensure the resident benefits from individualized care provided in a courteous and friendly manner in a home-like atmosphere. The care we give builds on the resident'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 by grouping residents 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, respiratory clients and hospice 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)
- Social Services
- Pharmacy Services (Shoppers Drug Mart)
- Podiatrist Services (monthly Dr. Yacob)
- Hairstylist Services (Provincially Licensed)
- In-service & Education Services
- 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 and Business Services

**The following Service Components are provided by the IRHA:**

- Occupational Therapy Services
- Physiotherapy Services
- Lab & X-ray Services
- Ambulance Services

**Utilization:**

The following Statistics have been gathered regarding Service Utilization for the past year:

**2006-07**

**Residents:**

Occupancy Rate.....	99.30%
# of Regular Admissions.....	9
# of Interim Admissions.....	21
# of Discharges/Transfers .....	12
# of Deaths.....	18
# of Hospital Admissions.....	19
# of ER Visits.....	30
Levels of Care –	Level 2 = 3
	Level 3 = 41
	Level 4 = 32 (7 with Chronic Care Indicators)
	Total = 76

**Nursing Staffing Pattern:**

<b>Days</b> – 1 SNM (M-F), 1 NM, 3 LPNs, 8 HCA	Staffing Ratio 1:6.3
<b>Evenings</b> – 1 NM, 3 LPNs, 6.5 HCA	Staffing Ratio 1:7.4
<b>Nights</b> – 1 NM/RN, 4 HCA	Staffing Ratio 1:15.2

Total Professional Nursing Hours = 28,973.84 hrs (or 79.38 hrs/day)

Total HCA Nursing Hours = 69,382.75 hrs (or 190.09 hrs/day)

**Indicators:**

Tudor House has an active “Continuous Quality Improvement Program” with the following Performance Indicators utilized for 2006-07 with benchmarks, analysis and actions.

- **% of Falls per Thousand Resident Days = Satisfactory 3.5% yearly average**
- **Actual # of Falls per month – Days, Eves, Nites = Satisfactory Days 3.8, Eves 2.4, Nites 2.4 Average**
- **% of Falls per Thousand Resident Days – Major Injuries = Satisfactory 0.14%** (seeking opportunities to reduce potential for injury for those residents that choose to risk falling with freedom of mobility.)
- **% of Residents with Skin Breakdown—Pressure Ulcers = Alert 6.9%** significant improvement in last 2 quarters (recording same Residents each month, not new)
- **# of Skin Breakdown - by Stages = Needs Improvement 0.5 Average for 12 months for Stage IV Skin Breakdowns** (Same repeated residents mostly, Diabetic & Circulation Disorders are challenging.)

- **% of Residents who are on Restraints = Needs Improvement 16.2%** (Least Restraint Policy is in place, some residents/families want restraints/bedrails for personal security, introduction of Hi/low beds is helping reduce restraints, further interventions to be explored, positioning bars to replace bedrails, removal of lapboards etc.. Goal is 0% Restraints )
- **% of Resident/Advocates Satisfied – Dietary Surveys = Satisfactory 92.2% yearly average**
- **% of Resident/Advocates Satisfied – Hskg/Laundry Surveys = Needs Improvement 76.2% satisfied** (mostly painting, minor repairs, lost clothing issues. This indicator under revision.)
- **# of Fire Drills held per Month/Time of Day = Excellent/satisfactory Rating 3** (Drill held each month all shifts, days, eves & nites covered).
- **Kgs of Laundry per Month per Resident = Satisfactory 9700 kgs average per month** (within range for personal clothing and linen combined totals for period).
- **% of Preventative Maintenance Inspections Completed = Satisfactory 100%** (all Preventative Maintenance Inspections required completed each month for reporting period.)
- **% of Residents with Infections per Month (actual) = Alert 5.1%** overall total yearly average (continue to work towards reducing incidence of preventable infections.)
- **# of Types of Infections = Satisfactory - Average per month as follows: Respiratory 1, Eye 0, Ear 0, GI 0, Genital 0, Urinary 0.75, Skin 1.2, Other 0.25** (Regular hand washing reminders, annual in-services, Hand sanitizers thru out the facility promoted and good Influenza Staff vaccination response helpful.)

**\*\*Note: The “New” Performance Indicators that will be utilized for 2007-08 will reflect current CCHSA standards and required practices.**

## **Annual Update:**

Accomplishments this year reflect responding to and meeting the CCHSA recommendations from the Accreditation 2004 survey. This primarily addressed strategic and operational planning, leadership assessment and benchmarks for all performance indicators.

The formation of the Tudor House "Community Advisory Committee" during 2006 was a significant achievement and involved stakeholders, families and employees in the Strategic and Operational planning as well as helped generate new ideas and suggestions from our local community. Out of this came a new set of values, a code of Ethics, and the Strategic and Operational Plan 2007 & Beyond.

The continued improvements to the physical building, equipment and operational practices was maintained and expanded upon. This included hiring an Interior Decorator and developing a redecorating plan for the facility to make it more home-like and less institutional. Laundry and Linen room upgrades and re-flooring. Staff Room re-flooring and new staff furniture. Exterior Roofing Renovations, handicapped automatic door openers installed, computer system upgrades, "Power Smart" Car plugs installed and some major mechanical system improvements and upgrades were accomplished. A Reconditioned Resident Wheelchair Bus was purchased for resident outings and 10 new high-low LTC beds & special mattresses were purchased.

Staffing patterns were stable based upon levels of care as reported annually to WRHA & IRHA.

New for 2007-8 will be the implementation of FMEA Exercises and Medication Reconciliation Processes to work towards better Patient Safety Practices.

Staff Safety Practices and education & training will be also a priority during the next fiscal year.

### **\*\* Our New Challenge:**

**The major planning priority for 2007-08 will be a 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 will be shared with the Board of the IRHA for comment, suggestions and collaboration in order to better meet the long term care Population Health needs of the region in the future.**