



**City of Kingston**  
**Information Report to Rideaucrest Home Board of Management**  
**Report Number AP-17-039**

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**To:** Chair, Rideaucrest Home Board of Management  
**From:** Lanie Hurdle, Commissioner, Community Services  
**Resource Staff:** Casie Keyes, Administrator, Rideaucrest Home  
**Date of Meeting:** November 9, 2017  
**Subject:** Rideaucrest Home Report for August - September 2017

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**Executive Summary:**

This report is the fifth of the bi-monthly reporting that is provided to the Rideaucrest Board of Management for 2017. The report includes statistical information on key indicators that are being reported to the Ministry of Health and Long Term Care as well as information on operations of the Home.

This report contains information from August through September 2017.

**Recommendation:**

This report is for information purposes only.

November 9, 2017

Page 2 of 5

**Authorizing Signatures:**

ORIGINAL SIGNED BY COMMISSIONER

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**Lanie Hurdle, Commissioner, Community Services**

ORIGINAL SIGNED BY CHIEF ADMINISTRATIVE OFFICER

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**Gerard Hunt, Chief Administrative Officer**

**Consultation with the following Members of the Corporate Management Team:**

Desirée Kennedy, Chief Financial Officer & City Treasurer	Not required
Denis Leger, Commissioner, Corporate & Emergency Services	Not required
Mark Van Buren, Acting Commissioner, Transportation & Infrastructure Services	Not required

November 9, 2017

Page 3 of 5

**Options/Discussion:**

**Operational Information and Data**

Rideaucrest Home has maintained an occupancy rate of 99.41% in August and 99.59% in September. The 2017 year to date occupancy rate is 99.31%. Maintaining a high occupancy rate is important to leverage provincial funding which is based on daily envelopes per resident and the Case Mix Index (CMI).

Rideaucrest Home had 6 incidents reportable to the Ministry of Health and Long Term Care (MOHLTC) during this reporting period.

The Ministry of Health and Long Term Care (MOHLTC) did not visit the Home during the months of August or September 2017.

There are currently 420 people on the waiting list for the Home. 263 of those waiting are 4A priority who are actively seeking/requiring admission to Long Term Care, of which 15 are in crisis awaiting placements.

**Quality Initiatives**

The Home has completed the annual Resident Satisfaction Survey for 2017. The purpose of this survey is to assess resident quality of life in addition to satisfaction with the care and services provided at Rideaucrest. Results are being compiled and will be shared at the next Board of Management meeting.

Rideaucrest's quality improvement plan is based on predetermined indicators. The quarterly Canadian Institute for Health Information (CIHI) Home specific results versus the Province for Q1 2017/2018 (April - June 2017) are attached as Exhibit A.

The Home continues to work towards improvement in stage 2-4 pressure ulcers. Occurrences have risen over the last reporting quarter and this continues to be attributed to accuracy in staging and the inherence of wounds from residents upon admission. The Best Practice Lead continues to work with all Registered staff on staging and will be looking to roll-out a new wound care assessment in the coming weeks.

The falls statistics within the Home are higher than last quarter and that of the Province. However, the rate of injury related to falls continues to be very low. In relation to the falls, the Homes' restraint statistics continue to decrease as staff are utilizing less physical restraints. The Home continues to work towards a zero bedrail model which is reflected in this statistic.

Use of antipsychotics without diagnosis of psychosis continues to trend downward. The Home is continuing to closely monitor the use of antipsychotics with the attending physicians and psychogeriatric outreach team through regular meetings to ensure proper utilization.

November 9, 2017

Page 4 of 5

Worsened bladder continues to rise in the Home as well as the Province and the SE LHIN. The Province currently has the worsened bladder indicator under review as the rise in this indicator is reflective of the population entering long-term care across the Province.

Finally, statistics for Emergency Room visits are trending down from last quarter and remain lower than that of the Province and the SE LHIN.

The Long-Term Care Sector provided a memo to all Long-Term Care Homes of provincial data from the annual Resident Quality Inspections (RQI). This information is used as a benchmarking tool for homes to understand what the average RQI non-compliances were for 2016. Rideaucrest's 2016 RQI results were as follows: 6 Written Notifications (WN), 5 Voluntary Plan of Correction (VPC), 0 Compliance Orders (CO), 0 Director Referral (DR) and 0 Work and Activity Order (WAO). Provincial average for 2016 was 8 WN and 0.85 CO. Please see Exhibit B for more details on Provincial comparison.

#### **Family Education and Information Committee**

In August, the Home's Dietitian spoke to the group about the Dietary service, modified diets, and the role of the dietitian. In September the RAI MDS Coordinator presented on the RAI/MDS assessment process in the Home.

#### **Staffing Announcements**

As per the new Extencicare contract which was initiated October 31, 2017, Casie Keyes has assumed the role of Home Administrator. Deb Skeaff was reassigned to another role with Extencicare starting on October 31, 2017.

#### **Financials**

The approved 2017 operational budget for Rideaucrest Home is \$5,475,871 in municipal contribution. As of the end of September 2017, Rideaucrest Home has spent 70% of its municipal contribution, which is \$28,789K under budget. Other Accommodation (OA) funding is \$14K lower than budget which assumes a 1% rate increase effective July 1 annually. Preferred accommodation revenue is \$38K higher than budget due to high occupancy rate and split in basic versus semi-private accommodation.

Notable areas include: Nursing \$193K overspent, Dietary \$122K underspent (due mainly to vacant positions within department) and Life Enrichment \$84K underspent (due to vacant positions within department). Variances year to date have been adjusted to reflect payroll timing, with the compensation budget pro-rated based on the number of payroll periods to date. Higher wage costs will be reported in months that have three pays, with corresponding higher budget.

#### **Existing Policy/By-Law:**

Not applicable

November 9, 2017

Page 5 of 5

**Notice Provisions:**

Not applicable

**Accessibility Considerations:**

Not applicable

**Financial Considerations:**

Not applicable

**Contacts:**

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Casie Keyes, Administrator, Rideaucrest Home 613-530-2818 extension 4283

**Other City of Kingston Staff Consulted:**

Laura Rabbie, Supervisor, Finance & Administration, Rideaucrest Home

**Exhibits Attached:**

Exhibit A Canadian Institute for Health Information (CIHI) Q1 Indicators April - June 2017

Exhibit B 2016 RQI Data Memo to LTC Homes

**Reporting April - June - CIHI Q1 2017**

Facility	Indicator	Apr 1 - June 30/17 Q1	Jan 1 - Mar 31/17 Q4	Oct 1 - Dec 31/16 Q3	July 1 - Sept 30/16 Q2	Apr 1 - June 30/16 Q1
Rideaucrest	Daily physical restraints	7.0%	7.8%	8.3%	8.9%	8.9%
Province	Daily physical restraints	4.9%	5.1%	5.3%	5.5%	5.7%
SE LHIN	Daily physical restraints	8.5%	9.0%	9.3%	10.0%	10.5%
Rideaucrest	Has a stage 2-4 pressure ulcer	5.1%	4.7%	5.3%	6.2%	8.3%
Province	Has a stage 2-4 pressure ulcer	2.2%	2.2%	2.3%	2.3%	2.3%
SE LHIN	Has a stage 2-4 pressure ulcer	5.5%	5.5%	5.6%	5.6%	5.5%
Rideaucrest	Has fallen	22.7%	21.1%	19.7%	18.1%	17.7%
Province	Has fallen	16.1%	15.8%	15.8%	15.6%	15.5%
SE LHIN	Has fallen	16.9%	16.8%	16.7%	16.6%	16.4%
Rideaucrest	Taken antipsychotics without diagnosis of psychosis	22.1%	22.3%	23.0%	23.7%	23.8%
Province	Taken antipsychotics without diagnosis of psychosis	20.2%	20.4%	20.8%	21.3%	22.0%
SE LHIN	Taken antipsychotics without diagnosis of psychosis	20.3%	21.1%	21.8%	22.1%	22.4%
Rideaucrest	Worsened bladder continence	27.1%	25.3%	21.0%	23.3%	21.7%
Province	Worsened bladder continence	17.6%	17.4%	17.3%	17.1%	17.2%
SE LHIN	Worsened bladder continence	19.1%	18.6%	18.2%	17.7%	17.6%
Rideaucrest	Emergency Room visit	8.8%	14.3%	11.8%	11.5%	10.3%
Province	Emergency Room visit	12.9%	13.1%	12.7%	12.8%	13.5%
SE LHIN	Emergency Room visit	9.5%	9.2%	9.6%	9.1%	9.9%

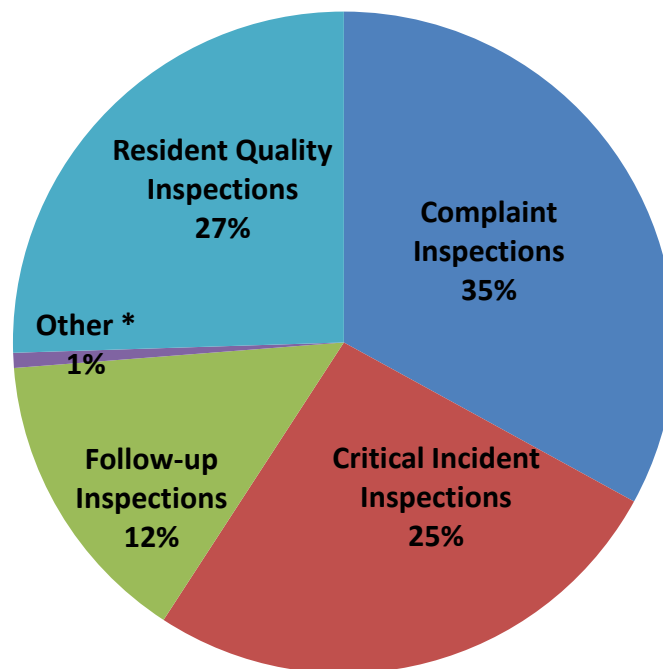
### ANNUAL PROVINCIAL DATA: 2016 RESIDENT QUALITY INSPECTIONS

This memo highlights the results of RQIs conducted across the province in 2016. The data is intended to give homes a better sense of the broader compliance status and trends in the sector.

Below you will find an overall accounting of how many compliance orders and written notifications were served, as well as a top ten section showing which section of the legislation is cited most often in 2016, with a comparison to 2015, and 2014.

### PROVINCIAL INSPECTIONS: JANUARY 1, 2016 – JANUARY 31, 2017

Inspection Type	# of Inspections: Jan 1, 2016 - Jan 31, 2017
Complaint	801
Critical Incident	580
Follow-up	278
Other *	20
RQI **	627
<b>Total</b>	<b>2,306</b>



\* Other inspections include: SAO-Initiated inspections, Post-occupancy, Special Inspection, etc.

\*\* RQIs are counted based on RQI Last Onsite Date

CCF inspections are counted based on the date the report is locked and synched with the IQS Server

Type of Non-Compliance	Average # during RQI		
	2014	2015	2016
Written Notification	12	10	8
Compliance Order	2	1.03	0.85

<b>Number of RQIs completed</b>		<b>627</b>	
<b>Number of Compliance Orders Served</b>		<b>530</b>	
<b>Compliance Orders per RQI</b>	Minimum Number	<b>0</b>	In 399 LTC homes = <b>64%</b>
	Maximum Number	<b>16</b>	In 2 LTC homes = <b>0.3%</b>
	Less than 3 COs	<b>1 to 2</b>	164 LTC homes = <b>26%</b>
	<b>Average</b>	<b>0.85 COs / RQI</b>	

<b>Number of RQIs completed</b>		<b>627</b>	
<b>Number of Written Notifications</b>		<b>4646</b>	
<b>Written Notifications per RQI</b>	Minimum Number	<b>0</b> (i.e. "clean RQI")	In 37 LTC homes = <b>6 % **</b>
	Maximum Number	<b>37</b>	In 1 LTC home
	Higher # of WNs	20 and above	29 LTC homes = <b>5 %</b>
	<b>Average</b>	<b>7.43 WNs / RQI</b>	

\*\* 37 LTC homes with 0 WNs (i.e. no non-compliances or Compliance Orders)



**Top 10 Issued @ RQIs: All Non-Compliances (WNs)**  
January 1, 2016 – January 31, 2017 (2016 RQIs only)

2016			Non-Compliance	Description	2015		2014	
Rank	# of LTCHs in which issued	% of LTCHs in which issued			Rank	% of LTCHs in which issued	Rank	% of LTCHs in which issued
1	443	71%	s. 6 .	Plan of care	1	76%	1	81%
2	286	46%	r. 8.	Policies, etc., to be followed, and records	2	51 %	3	55%
3	169	27%	r. 50.	Skin and wound care	7	33%	9	33%
4	148	24%	r. 229.	Infection prevention and control program	3	38 %	2	67%
5	136	22%	s. 19.	Duty to protect	-	-	-	-
6	134	21%	r. 129.	Safe storage of drugs	6	33%	7	37%
7	129	21%	r. 20.	Hot weather related illness prevention	-	-	-	-
8-9	116	19%	s. 3.	Residents' Bill of Rights	5	35%	5	48%
8-9	116	19%	r. 51.	Continence care and bowel management	-	-	-	-
10	110	18%	r. 15.	Bed rails	10	24%	-	-

**Top 10 Issued @ RQIs: Compliance Orders**  
January 1, 2016 – January 31, 2017 (2016 RQIs only)

2016			Non-Compliance	Description	2015		2014	
Rank	# of LTCHs in which issued	% of LTCHs in which issued			Rank	% of LTCHs in which issued	Rank	% of LTCHs in which issued
1	79	13%	s. 19 (1)	Duty to protect	-	-	-	-
2	44	7%	r. 15 (1)	Bed rails	1	7%	1	9%
3	34	5%	s. 6. (7)	Plan of care	3	6%	3	4%
4	27	4%	r. 8. (1)	Policies, etc., to be followed, and records	4	5%	4	4%
5	16	3%	r. 36.	Transferring and positioning technique	-	-	-	-
6-7-8	15	2%	r. 50. (2)	Skin and wound care	10	3%	-	-
6-7-8	15	2%	s. 6. (10)	Plan of care	-	-	-	-
6-7-8	15	2%	s. 8. (3)	Nursing and personal support services	8	3%	-	-
9-10	14	2%	s. 15. (2)	Accommodation services-	5	4%	7	4%
9-10	14	2%	s. 24. (1)	Reporting certain matters to Director	-	-	-	-