

# Bupa Care Services NZ Limited - The Booms Home & Hospital

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Bupa Care Services NZ Limited

**Premises audited:** The Booms Home & Hospital

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 17 November 2016      End date: 17 November 2016

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 69

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

## Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

<b>Indicator</b>	<b>Description</b>	<b>Definition</b>
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

The Booms is part of the Bupa group. The service is certified to provide rest home, hospital (geriatric and medical) and dementia level care for up to 69 residents. On the day of the audit there were 69 residents.

This unannounced surveillance audit was conducted against a subset of the Health and Disability Standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of resident's and staff files, observations and interviews with residents, relatives, staff and management.

The service is managed by an experienced care home manager. The residents and relatives interviewed all spoke positively about the care and support provided.

The service continues to implement well-developed systems, processes, policies and procedures. Implementation is supported through the Bupa quality and risk management programme that is individualised to The Booms. Quality initiatives continue to be implemented which provide evidence of improved services for residents.

A continuous improvement has been identified around implementation of the quality programme.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Residents and family are well informed including of changes in resident's health. The care home manager and clinical manager have an open-door policy. Complaints processes are implemented and complaints and concerns are managed and documented and learning's from complaints shared with all staff.

Policies are implemented to support residents' rights, communication and complaints management. Families interviewed reported that they are kept informed. Complaints and concerns have been managed and a complaints register is maintained.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The Booms has a well-established quality and risk management system that supports the provision of clinical care and support. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. The facility is benchmarked against other Bupa facilities. Interviews with staff and review of meeting minutes/quality action forms/toolbox talks, demonstrate a culture of quality improvements. Health and safety policies, systems and processes are implemented to manage risk. Incidents documented demonstrated immediate follow up from a registered nurse. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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The registered nurses utilise the interRAI assessment to assess, plan and evaluate care needs of the residents. Care plans reviewed were developed in consultation with the resident and/or family. Care plans demonstrate service integration. Resident files include three-monthly reviews by the general practitioner. There is allied health professional input into resident care.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines have completed education and medicines competencies. The medicine electronic records reviewed included documentation of allergies and sensitivities and are reviewed at least three-monthly by the general practitioner.

There are activities programmes in place for the rest home, dementia unit and hospital residents. The programme includes community visitors and outings, entertainment and activities that meet the recreational preferences and abilities of the residents.

All food and baking is done on-site. All residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building holds a current warrant of fitness and the buildings and grounds meet the needs of the resident groups.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, there were no residents using restraint and three residents using an enabler. Restraint management processes are adhered to.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	1	38	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>The complaints policy describes the management of the complaints process. Complaints forms are available at the entrance to the facility. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. Staff interviewed (three caregivers, three registered nurses (RNs), one cook, one kitchen hand, one activities assistant) were able to describe the process around reporting complaints.</p> <p>A complaints register is maintained. Complaints for 2016 (year to date) were reviewed. Each verbal or written complaint included an investigation, met expected timeframes and corrective actions were put into place where indicated. Complaints are linked to the quality and risk management system.</p> <p>Discussions with residents and families confirmed that issues are addressed promptly and that they feel comfortable to bring up any concerns with the care home manager.</p>
Standard 1.1.9: Communication  Service providers communicate effectively with	FA	All eight residents interviewed (six rest home, two hospital) stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. A record of communication with families is retained in each resident file. The accident/incident form includes a section to record family notification. Fifteen

consumers and provide an environment conducive to effective communication.		incidents/accidents forms reviewed indicated family were informed. Four families interviewed (two dementia level, one hospital, one rest home) confirmed they are kept informed of any changes in their family member's health status.
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The Booms Home and Hospital (The Booms) is owned and operated by Bupa Care Services NZ, which has a head office in Auckland. The Booms provides rest home, dementia and hospital (medical and geriatric) level care for up to 69 residents. On the day of audit, the facility was at full capacity with 22 rest home level residents, 22 dementia level residents and 25 hospital level residents. One resident (rest home level) was receiving services under the long-term conditions contract and one resident (rest home level) was receiving services under the post-acute convalescent care (PACC) contract.</p> <p>The Bupa organisation has documented vision and values statements that are shared with staff and are displayed. There is an overall Bupa strategic plan and risk management plan. The Booms has specific annual quality goals identified that link to the strategic plan and are reviewed quarterly.</p> <p>The Booms has an experienced care home manager who is a practising registered nurse. She has been in the role for the last nine years. The care home manager is supported by a clinical manager/RN who has been in the role for one year. The clinical manager has worked as an RN for Bupa for the past six years. She was on annual leave during the audit.</p> <p>The care home manager and clinical manager have both maintained at least eight hours annually of professional development activities related to managing an aged care facility.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement</p>	FA	<p>A quality and risk management programme is in place. Interviews with the care home manager and staff reflected their understanding of the quality and risk management systems.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. Policies and procedures include reference to interRAI for an aged care service. New policies or changes to policy are communicated to staff, evidenced in meeting minutes and on the staff noticeboard.</p> <p>Data collected (e.g., falls, medication errors, wounds, skin tears, challenging behaviours) is collated and analysed with results communicated to staff. Corrective actions have been implemented where benchmarked data exceeds targets. An internal audit programme is in place. Areas of non-compliance include the initiation of a corrective action plan with sign-off by a manager when implemented.</p> <p>A senior caregiver is the designated health and safety officer who is supported by the care home manager. The</p>

		<p>principles.</p> <p>health and safety programme includes three specific and measurable health and safety goals that are reviewed quarterly. Staff undergo annual health and safety training during their orientation. This training is repeated annually. Staff are encouraged to enrol in the Bupa Bfit programme. The health and safety committee meets every month. Contractors are required to be inducted into the facility and sign a health and safety form when this has been completed.</p> <p>A range of falls prevention strategies are implemented including staff education, medication reviews for residents at risk of falling, implementation of the vitamin D programme for all residents and a comprehensive investigation of each resident's fall on a case-by-case basis.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>There is an accident and incident reporting policy. Adverse events are investigated by the clinical manager and/or registered nursing staff, evidenced in all fifteen accident/incident forms reviewed. Adverse events are trended and analysed with results communicated to staff. There is evidence to support actions are undertaken to minimise the number of incidents. Clinical follow up of residents is conducted by a registered nurse. Unwitnessed falls include neurological observations.</p> <p>Discussions with the care home manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications. Examples were provided.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the</p>	FA	<p>There are human resources management policies in place which include recruitment and staff selection processes. Relevant checks are completed to validate the individual's qualifications, experience and veracity. Copies of practising certificates are held for all health professionals. Five staff files were reviewed (two RNs and three caregivers). Reference checks are completed before employment is offered. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. An in-service education programme is being implemented that is complimented by toolbox talks during handovers and a range of annual competency assessments.</p> <p>RN staff are in the process of completing their professional development recognition portfolios. Ten caregivers are regularly rostered to work in the dementia unit. All ten have completed the required dementia qualification. There is a minimum of two staff available twenty-four hours a day, seven days a week with a current first aid/CPR certificate.</p>

requirements of legislation.		
Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	<p>A staff rationale and skill mix policy is in place. Sufficient staff are rostered on to manage the care requirements of the residents. Extra staff are called on for increased residents' requirements with examples provided.</p> <p>Both the clinical manager and care home manager are RNs who work Monday – Friday. Two RNs are scheduled during the AM shift (one dementia and one hospital/rest home). There is a minimum of one RN scheduled on the PM and night shifts. Interviews with staff, residents and family members identify that staffing is adequate to meet the needs of residents.</p>
Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	<p>Medication rooms/cupboards were checked across the three areas. Registered nurses in the hospital, rest home and dementia unit administer medications. In the rest home and dementia unit, senior medication competent caregivers administer medications in the absence of a registered nurse. All staff administering medications have completed an annual medication competency in August 2016 (completed competencies were sighted). Registered nurses also complete an annual syringe driver competency.</p> <p>The service uses a robotic packaged system for medications. All medications are checked on delivery against the medication chart and discrepancies are fed back to the supplying pharmacy. There is a small supply of hospital stock kept in a locked cupboard in the hospital medication room.</p> <p>The 12 electronic medication charts sampled were clear and easy to understand, they included photo ID and allergies. The medication instruction contained information on crushable medications and warfarin precautions. Antipsychotic medication management plans were in place for residents on these medications.</p> <p>There were two residents self-administering medications at the time of audit. The GP had assessed both residents as competent to self-administer medications and the competency was evidenced reviewed at time of three-monthly GP/NP review. Residents were observed to have a locked drawer in their room for safe storage of medications. Staff record electronically on the medication management system that medication has been self-administered as prescribed on each shift.</p> <p>Eleven of twelve medication charts sampled showed evidence of being reviewed by the GP three-monthly (one was for resident on a six week post-acute convalescent contract.) All prescribed medications had been electronically signed as administered including the effectiveness of 'as required' medications.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All food is prepared and cooked on-site. The food is transported to the dining rooms in bain maries. The bain marie in the dementia unit is stored behind a secure servery area. The temperature of the food is checked before leaving the kitchen and again before being served. There is a cook on duty daily who is supported by a morning and evening kitchen hand. All kitchen staff have an up-to-date food safety and hygiene certificate. There is a kitchen manual and a cleaning schedule which was evidenced to be implemented. Chemicals are stored in a locked cupboard and safety data sheets are available. Personal protective equipment is worn as appropriate. There are Bupa seasonal menus on a six-weekly cycle and these have been approved by a consultant dietician. The cook receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Special diets and allergies are written on the kitchen whiteboard. Resident likes and dislikes, specific cultural and dietary needs are met. Snacks are available for residents in the dementia unit. Fridge and freezer temperatures are recorded daily (sighted). Temperatures are recorded on all chilled and frozen food deliveries. All food in the chiller, fridges and freezers is dated. Stock is rotated by date. The kitchen is well equipped. Food satisfaction surveys are done annually. Residents and relatives interviewed spoke positively about the food provided.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>All resident files reviewed had a documented care plan and all reflect current needs. When a resident's condition changes, the RN initiates a nurse practitioner or GP review. Residents interviewed reported their needs were being met. Family members interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management and continence products identified for day use, night use and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed state there is adequate continence and wound care supplies.</p> <p>Wound assessment, wound management and evaluation forms and short-term care plans were in place for all minor wounds in the hospital (two skin tears and a chronic wound), the rest home (one skin tear) and the dementia unit (two skin lesions). There were three facility acquired pressure injuries and appropriate management of these residents and care was evident.</p> <p>The facility has been actively working to reduce the number of residents sustaining skin tears in 2016 (link to 1.2.3.6).</p> <p>Monitoring charts were utilised, examples sighted included (but not limited to): weight and vital signs, blood glucose, food and fluid, turning charts and behaviour monitoring, enabler monitoring as required.</p>

<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>There are two dedicated activities assistants located in the dementia unit who work across the following shifts: Monday to Friday 12-6pm and 10am-6pm at the weekends. The activities assistants have completed dementia care training modules. The rest home and hospital programmes are run Monday to Friday 9am -5pm by an activity coordinator. Group activities are voluntary and developed by the activities staff. Residents were able to participate in a range of activities that were appropriate to their cognitive and physical capabilities. The service has a van which is used for resident outings. The group activity plans were displayed on noticeboards around the facility. Dementia residents often join (under supervision) concerts and events with the other residents. All residents who do not participate regularly in the group activities are visited by a member of the activity staff with records kept to ensure all such residents are included. All interactions observed on the day of the audit indicated a friendly relationship between residents and activity staff. The resident files reviewed included a section of the care plan was for activity and has been reviewed six-monthly. Residents interviewed spoke positively of the activity programme with feedback and suggestions for activities made via meetings and surveys. The organisation has an occupational therapist that oversees the activity programme and is available for activity staff to discuss recreational programmes and provides education for activity staff twice a year. The residents are maintaining links with the community and continuing activities they participated in outside of the facility.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>In files sampled, care plan evaluations were documented by the registered nurses. Six-monthly multidisciplinary reviews (MDT) were completed in five long-term files sampled, by the registered nurse with input from caregivers, the GP or nurse practitioner, the activities coordinator and if applicable the physiotherapist. Family are invited to attend the MDT review. Files sampled also had short-term care plans available to focus on acute and short term issues. The discharge plan for the resident on a post-acute convalescent contract evidenced weekly RN, physio and nurse practitioner evaluation of achievement towards the discharge planning goals.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A current building warrant of fitness is posted in a visible location (expiry 30 June 2017).</p>
<b>Standard 3.5:</b>	FA	<p>The infection coordinator uses the information obtained through surveillance to determine infection control activities,</p>

<p>Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>resources and education needs within the facility.</p> <p>Individual infection report forms are completed for all infections. Infections are included on a monthly register and a monthly report is completed by the infection control coordinator. Infection control data is collated monthly and reported at the quality, infection control and staff meetings. The infection control programme is linked with the quality management programme.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GP's that advise and provide feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. An outbreak (respiratory) occurred in September 2016 and was evidenced to be well contained and managed. The infection control log (sighted) was completed and contact with the Public Health team was evidenced. A debrief meeting with staff had occurred.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers and comprehensive restraint procedures. Interviews with the care staff confirmed their understanding and the differences between restraints and enablers.</p> <p>Enablers are assessed as required for maintaining safety and independence and are requested voluntarily by the residents. At the time of the audit, the service had three residents who had voluntarily requested an enabler. No residents were using a restraint.</p> <p>Residents using an enabler undergo an assessment process similar to those residents being assessed for a restraint. Consent for use of an enabler is signed by the resident (evidenced in one resident's files when an enabler was in place).</p>

## **Specific results for criterion where corrective actions are required**

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Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display
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# Specific results for criterion where a continuous improvement has been recorded

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As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	CI	<p>The facility continues to implement a culture of continuous quality improvement. Strategies are implemented to reduce the number of adverse events.</p> <p>Benchmarking reports are generated throughout the year to review performance over a 12-month period. Quality action forms are utilised at The Booms and document actions that have improved outcomes or efficiencies in the facility. The service continues to collect data to support the implementation of corrective action plans. Responsibilities for corrective actions are identified.</p> <p>There is also a number of ongoing quality improvements identified through meeting minutes and as a result of analysis of</p>	<p>A key indicator of quality of care is the monthly benchmarking data. Quality initiatives are implemented to reduce adverse events (e.g., falls, skin tears, pressure injuries, infections). One example of an initiative undertaken during 2015 and 2016 has been to reduce the number of skin tears. Strategies have included increasing staff awareness through toolbox talks, education sessions, staff meetings and implementing pamper sessions for residents that include regular nail trimming. The number of skin tears has reduced over this period, especially for hospital level residents (36% (16) hospital; 15% (2) rest home).</p>

		quality data collected. The Booms is proactive in developing and implementing quality initiatives. All meetings include feedback on quality data where opportunities for improvement are identified.	
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End of the report.