

**QUALITY OF SERVICE COMMITTEE – 2015 SUMMARY AND REVIEW OF SERIOUS OCCURRENCES-
AUGUST TO DECEMBER 2015**

Reviewed MARCH 1, 2016				
S.O. # - DATE	TYPE	INCIDENT	ACTION TAKEN	COMMITTEE REVIEW
S.O. #10 August 9, 2015	Missing Person	Resident was sitting in dining room waiting for her supper then entered the Resident Care Office where the nurse followed her. The nurse returned to the dining room to complete her pill pass and assist with feeding residents their supper. Resident exited the building to sit in a chair just outside the back door and then proceeded to the Gazebo area. At 17:33 the Resident leaves the grounds.	A staff looked outside on the property for Resident and could not see her at 17:50. Director of Resident Services was notified at 18:03 and search was expanded to hospital at 18:10 where Resident was located and returned to Butternut location. Director of Resident Services was notified that the Resident had returned.	Magnetic locks and coding approved for back door.
S.O. #11 September 14, 2015	Complaint made by or about a Client, or Other Serious Occurrence involving a Client	As a result of Fire Alarm testing the loud noise was upsetting the Resident. She threw herself on the floor while continuing to yell and scream. While walking around the interior of the building a staff member wanted to speak with the Nurse Manager, during this conversation the Resident struck another resident. Resident returns to dining room and after sitting for 10 minutes she follows a staff member and is visibly upset as she is yelling and striking her arms and hands in the air while walking towards the exit. Resident strikes another resident in the head and continues to follow the staff member. She re-entered the dining room and walked directly to the staff she was following and hit her several times before	Resident was redirected and several attempts were made to de-escalate and relocate her. The Nurse Manager stepped in to take her for a walk which was effective. The Nurse Manager continued with tension reduction. The Residents Behaviour Support Plan was initiated to the point of tension reduction. As a result of the harm to residents and staff, 911 was called and the Resident was admitted to Markham Stouffville Hospital Mental Health Unit. Resident was discharged from hospital on September 25, 2015 with medication change and follow	Medication assessment and PRN given. Resident had an allergic reaction (see SO #12). Medication assessment again and medications decreased and PRN discontinued. Resident's behaviour has improved with less aggression. Feeling that the yelling may not stop.

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S.O. #11 B September 28, 2015		<p>she could be stopped. During this process a second staff member was hit as well.</p> <p>The Residents family advocating for a medication assessment and possible diagnosis of dementia due to increase in behaviour.</p>	up psychiatric appointment.	
S.O.#12 September 28, 2015 S.O.#12 B October 2, 2015	Complaint made by or about a Client, or Other Serious Occurrence involving a Client	<p>Resident had an allergic reaction to new medication prescribed following a discharge from Markham Stouffville Hospital on September 25, 2015. Resident developed a rash, which continued to spread over her entire body. She became increasingly more reluctant to eat, had difficulty swallowing, swelling around mouth, and had increased drooling.</p> <p>Discharge from Markham Stouffville Hospital with a rash that could take a few weeks to subside. Follow up appointment in November with psychiatrist who ordered medication.</p>	Readmission back to Markham Stouffville Hospital.	
S.O.#13 September 29, 2015	Complaint made by or about a Client, or Other Serious Occurrence involving a Client	PSW noted Group Home Resident was congested and expelled large amounts of mucous. Temperature was taken 101.3. and Resident turned pale and breathing became labored, eyes closed and he became unresponsive.	Resident was sent to North York General Hospital. Brother was notified. Resident was admitted September 30, 2015 for aspiration pneumonia.	Resident continues to cope well under palliative and uses oxygen during the night and can be used during the day if

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AUGUST TO DECEMBER 2015**

S.O.#13 B October 6, 2015		Resident was discharged to Group Home on September 24, 2015 but sent back to hospital the same evening due to excessive congestion/mucous.	911 called and Resident readmitted to hospital. October 6, 2015 Resident was in stable condition and hospital had requested a family/care provider meeting to discuss condition and health status.	needed.
S.O.#13 C October 14, 2015		Resident was discharged from hospital on October 9, 2015 and referred to a Palliative Care Team due to diagnosis of acquired brain injury and aspirations.	Resident deemed palliative and comfort care measures put in place.	
S.O.#14 November 16, 2015	Complaint made by or about a Client, or Other Serious Occurrence involving a Client	Resident was found to be in prolonged seizure, lasting approximately 15 minutes.	911 was called and paramedics subdued seizure and transported her to hospital where Resident was admitted for observation and possible aspiration.	Medication had to be increased due to significant weight gain since admission.
S.O.#14 B November 17, 2015		Resident was discharged from hospital after receiving antibiotics and increase in seizure medication.		
S.O.#15 November 17, 2015	Complaint made by or about a Client, or Other Serious Occurrence involving a Client	Staff noticed a Resident had a rash on the left side of his body and was not responding appropriately with tongue protruding and drooling.	911 was called and Resident was transported to Markham Stouffville Hospital. Report from doctors in emergency that Resident had experienced a stroke. Resident admitted for further observation.	Central Care Access Centre provided an air mattress which was extended and we are looking at purchasing an air mattress for him. This Resident is now

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<p>December 21, 2015</p> <p>S.O.#17B December 23, 2015</p>	<p><input checked="" type="checkbox"/> d) Medication Error</p>	<p>Home Residents lunchtime medications before giving to him and then was distracted by another Resident and forgot to give the medication. Evening staff then noted the medication still attached to the blister pack.</p> <p>Resident’s health remains the same as before the missed dose of medication. No concerns to report.</p>	<p>monitor the Resident for twenty four hours for any adverse effects. Staff were advised to remove the missed dose off the blister pack and mark it missed to be returned to pharmacy. Direction given to Group Home staff on proper medication and proper reporting procedures.</p>	<p>was disciplined and has been advised not to administer medication to Residents until completion of the medication course on March 1 and then evaluate how she is doing.</p>
<p>S.O.#18 December 22, 2015</p> <p>S.O.#18 B December 29, 2015</p>	<p>Complaint made by or about a Client, or Other Serious Occurrence involving a Client</p>	<p>Director Community Programs met with Outreach Client as Client refused to allow Client Support Manager to stay. Client proceeded to become angry with Director over discussion of staff the Client would not allow to train on his care. Client’s agitation escalated to the point of yelling and name calling with profanities, including an accusation of abuse. When the Director attempted to leave, the Client became aggressive, flailing his arms as if to strike out and continued to yell, swear, and name call.</p> <p>Outreach Client continues to refuse to allow this new staff hired as his full time care staff to train on his care. Staff was asked to leave by Client on December 21, 22, 23, 25, and 28</p>	<p>Our concern is that the Client continues to jeopardize his care with his demeanor towards both current and new staff to be trained. Participation House, Markham will continue to send in qualified and competent PSW staff which includes new staff to be trained as well as staff that may have not had full training but are qualified PSW staff. Request to Client for updated Health information but not received.</p> <p>Continue to provide training for this staff.</p>	<p>Client was given a Outreach termination date of April 15, 2016 by our legal firm.</p>