

September 2021 PQI Report

Committee Succession Planning Update

There have been multiple changes to the PQI Committee, as it relates to alterations in membership. With Andrea Terakita leaving the Society, a new community living staff is to be joining the Committee next month for the October meeting. Reilly Newel, community living program assistant, has been identified as the successor for this program. Additionally, the previous succession plan was reviewed and the Committee Chair identified a need to add additional members to the Committee, particularly in programs outside of housing. In September's meeting, the Committee welcomed Kile McKenna, Operational Technician for Drug Checking services and Theresa Mantha from the Triple A program in Kamloops.

Program Participant Feedback Sub-Committee

The Sub-Committee met on September 28th and formulated a plan for a new process to ensure review of feedback received from service recipients, as well as improved channels for individuals to submit their feedback to the Society. The Sub-Committee is recommending that they will be taking on the ongoing role of collecting and reviewing service recipient feedback. This will be submitted through multiple channels and reviewed monthly at the Sub Committee Meeting, which takes place on the last Monday of every month. There will be a quarterly report created to align with the quarterly critical incident report. The channels made available to individuals to provide feedback include the annual surveys, the creation of a new online submission form through the ASK website, a new phone line extension from the 433 main office number, written suggestion box feedback, and verbal 1-1 conversations with staff. The individual who engages in this conversation is to submit the feedback received through the new online submission form. There will be a new email address created for all feedback to be submitted to, in order to ensure consistent review.

Critical Incident Review – Q2, June 2021-August 2021

In reviewing the critical incident data, it was noted that while June was a fairly quiet month, reported incidents skyrocketed in July. Overall, there appears to be a consistent increase in acts of violence towards staff and clients, rather than simply threats of violence. The Committee has requested that the CI Reporting Form on ShareVision be adjusted to include a more specific breakdown of selectable events; for example, verbal threats of violence, aggressive physical acts of violence towards staff, aggressive physical acts of violence resulting in property damage, etc. Property damage was previously not being tracked at all, and the Committee agrees that whether it is a result of intentional aggression or not, it must be tracked moving forward. The Committee also agrees that moving forward, a breakdown in specific service provided by 911 should be tracked. For example, was it paramedics/ambulance, the Fire Department, RCMP, or a combination who provided the service; did they actually arrive on site; what was the outcome of the service provided?

Critical Incident Review – Q2, June 2021-August 2021 (Continued)

It was noted that the Naloxone Administration Policy is not being consistently followed. There were many critical incidents submitted where staff administered naloxone, but did not call emergency services. This goes against company policy, as it is specified that ESS must be contacted each time naloxone is administered. Upon further discussion, it became evident that there are a few different explanations for this. The primary issue stated was the operating wait time that occurs with 911 calls being 15-20 minutes. Often, by the time the call makes it through, the individual has recovered, they have moved on, and there is no need for medical assistance. Staff are concerned that the time spent waiting on the phone, is time where a staff could be supporting a colleague through life-or-death situations for supported individuals. The mindset of maintaining client dignity and autonomy was frequently mentioned; upon revival, as individuals beg staff not to call 911, many staff are concerned about losing the client's trust and are concerned that if this occurs, folks will be less likely to bring overdose incidents forward, ultimately resulting in more deaths. While the Committee does not have an immediate solution to this, the item has been actioned and the Committee Chair will arrange a discussion with the Overdose Prevention Coordinator and Director of Clinical Services to follow up for a review of the policy, in hopes of a suggested resolution.

Another theme noted pertaining to naloxone administration is the increased number of incidents that relation to community members, not specific to individuals who receive services from ASK. The Committee has specific that naloxone administration to community members should be tracked separately.

Client injuries continued to remain consistently high throughout the Second Quarter, with 111 reported incidents of injury, compared to the previous Quarter's 110 report incidents of injury. As naloxone administration is included under the category of "client injury", one-third of the reported injuries pertain to substance overdose. The Fairhaven program surpassed Burdock in July, having the highest amount of program incidents reported. This is the first time that Burdock has not had the highest amount of incidents reported since it opened. The Penticton LPN noted that throughout the month of July, there were multiple isolated individuals at Fairhaven who faced health concerns, with numerous critical incidents being reported that related to these specific individuals.

It is evident that the Critical Incident Data review requires a more thorough and detailed report, in order to be the most useful in improving services. The Committee recommends a review of the current system in place, as the manual tracking is inefficient and labour intensive. While the current system is being reviewed and remains in place, the Chair will create a schedule assigning one month to each Committee member, in order to share the workload across all members.

A full detailed monthly breakdown of the Critical Incidents for the first two Quarters can be found at the end of this report.

Additional Topics of Discussion

Review of Tear-Out Forms

A paramedic was concerned with the fact that the tear-out form provided to emergency services includes the individual's Social Insurance Number. The major concern is risk for identity theft with the inclusion of the SIN. The Committee recommends that the tear-out form is to be updated to ensure the removal of the SIN on the form. As the form will then need to be updated in each individual's file, the Committee Chair will request an example copy of the tear-out form from each program, through the COO. The Committee will review these examples in October's meeting to create a unified version, and to ensure review of the form in its entirety, to catch any other necessary adjustments and to ensure efficient use of the review.

Staff Engagement Survey

The People Experience (previously Human Resources) department will circulate the staff engagement survey in the upcoming month. The Committee recommends that results from the survey be shared with staff, in order to ensure transparency. Additionally, through sharing the results, management can clearly identify the full cycle of strategic planning, to both staff members and COA. Results from the staff survey will lead to actionable items in the strategic plan to improve employee retention in areas with low satisfaction; i.e. if there are communication or recognition issues. Through sharing the results, the actioned plan, and then reviewing next year's results, it will be apparent that management is hearing what staff have to say. Dependent on participation in the 2021 survey, the Committee also recommends a financial review of the cost for a third-party audit for the 2022 survey, as budgets needs to be planned in advance of the year ahead. This may improve involvement in the survey, which has been an issue in previous years.

Accreditation Update

Andrina and Bruce Hardy will be completing a mock audit, agency-wide, on October 18th. This will help assess where the agency currently stands in the accreditation cycle and should highlight areas for improvement.

Second Quarter CI Data

<u>June 2021</u>	<u>July 2021</u>	<u>August 2021</u>	<u>Second Quarter</u>
<i>Total Incidents Reported: 51</i>	<i>Total Incidents Reported: 75</i>	<i>Total Incidents Reported: 61</i>	<i>Total Incidents Reported: 187</i>
<i>Programs Reporting Incidents: Burdock(16), Spero(13), Mission Flats(2), Crossroads(3), Fairhaven(6), Kam Street OR(2), Surge(2), Juniper(1), Kam Housing Outreach(2), MHASH Kam(1), TIOAT(1), ACT/ICM (1)</i>	<i>Programs Reporting Incidents: Burdock(18), Spero(7), Fairhaven(24), Crossroads(4), Mission Flats(4), Kam Housing OR(2), Henry Leland(2), Surge(5), Stollery(1), CLBC Kam(2), Kam Street OR(5), SHOP(1)</i>	<i>Programs Reporting Incidents: Burdock(16), Fairhaven(8), Crossroads(4), Mission Flats(5), Spero(9), Surge(1), Maverick(1), Stollery(1), Juniper(1), AAA(1), Kam Street OR(1)</i>	<i>Programs Reporting Incidents: Burdock(50), Spero(29), Crossroads(11), Fairhaven(38), Kam Street Outreach(8), Mission Flats(11), Juniper(2), AASH/MASH(1), CLBC Kam(2), Surge(8), Henry Leland(2), Maverick(1), Stollery(2), Kam Housing OR(4), TIOAT(1), AAA(1), SHOP(1), ACT/ICM(1)</i>
<i>Non-Program Sites Reporting Incidents: Community Kamloops(2), 433 Tranquille(4), Stollery(2), Bridgeway(2)</i>	<i>Non-Program Sites Reporting Incidents: 433 Tranquille(6), Community Kamloops(2), Tina(1), Maverick(1),</i>	<i>Non-Program Sites Reporting Incidents: Bridgeway(1), 433 Tranquille(1)</i>	<i>Non-Program Sites Reporting Incidents: 433 Tranquille(11), Community Kamloops(4), Tina(1), Bridgeway(3), Maverick(1), Stollery(2)</i>
<i>LOS Requests: 3 Naloxone Administered By Staff: 12 911 Called: 39 Fire Alarm Set Off: 0 False Alarms: 0 Client Injuries: 33, (+2 Comm) Staff Injuries: 2 Threats of Violence Towards Staff: 0 Actual Violence Towards Staff: 2 Threats of Violence To Clients: 0 Actual Violence Towards Clients: 9 Client Deaths: 4 Incident Caught On Camera: 26 Likely Didn't Need To Be Reported: 1 Suicidal Ideation: 4</i>	<i>LOS Requests: 12 Naloxone Administered By Staff: 20 911 Called: 57 Fire Alarm Set Off: 0 False Alarms: 0 Client Injuries: 46 (+5 Comm) Staff Injuries: 0 Threats of Violence Towards Staff: 3 Actual Violence Towards Staff: 9 Threats of Violence To Clients: 1 Actual Violence Towards Clients: 11 Client Deaths: 4 Incident Caught On Camera: 34 Likely Didn't Need To Be Reported: 2 Suicidal Ideation: 1</i>	<i>LOS Requests: 10 Naloxone Administered By Staff: 6 911 Called: 48 Fire Alarm Set Off: 2 False Alarms: 1 Client Injuries: 32 (+1 Comm) Staff Injuries: 0 Threats of Violence Towards Staff: 1 Actual Violence Towards Staff: 6 Threats of Violence To Clients: 1 Actual Violence Towards Clients: 7 Client Deaths: 2 Incident Caught On Camera: 27 Likely Didn't Need To Be Reported: 0 Suicidal Ideation: 1</i>	<i>LOS Requests: 25 Naloxone Administered By Staff: 38 911 Called: 144 Fire Alarm Set Off: 2 False Alarms: 1 Client Injuries: 111 (+8 Comm) Staff Injuries: 2 Threats of Violence Towards Staff: 4 Actual Violence Towards Staff: 17 Threats of Violence To Clients: 2 Actual Violence Towards Clients: 27 Client Deaths: 10 Incident Caught On Camera: 87 Likely Didn't Need To Be Reported: 3 Suicidal Ideation: 6</i>
<i>Times of CI's 12AM-4AM: 3 4AM-8AM: 5 8AM-12PM: 9 12PM-4PM: 16 4PM-8PM: 8 8PM-12AM: 10</i>	<i>Times of CI's 12AM-4AM: 4 4AM-8AM: 1 8AM-12PM: 18 12PM-4PM: 20 4PM-8PM: 13 8PM-12AM: 19</i>	<i>Times of CI's 12AM-4AM: 3 4AM-8AM: 7 8AM-12PM: 7 12PM-4PM: 12 4PM-8PM: 9 8PM-12AM: 9</i>	<i>Times of CI's 12AM-4AM: 10 4AM-8AM: 13 8AM-12PM: 34 12PM-4PM: 48 4PM-8PM: 30 8PM-12AM: 38</i>

First Quarter CI Data

<u>March 2021</u>	<u>April 2021</u>	<u>May 2021</u>	<u>First Quarter</u>
<i>Total Incidents Reported: 66</i>	<i>Total Incidents Reported: 57</i>	<i>Total Incidents Reported: 61</i>	<i>Total Incidents Reported: 184</i>
<i>Programs Reporting Incidents: Burdock(19), Spero(9), Mission Flats(8), Crossroads(6), Fairhaven(5), Kam Street OR(4), Surge(2), CLBC Kam(2), CLBC Merritt(2), Juniper(2), Maverick(2), Kam Housing Outreach(1), AASH Merritt(1), MHASH Kam(1), TIOAT(1), AAA(1)</i>	<i>Programs Reporting Incidents: Burdock(15), Spero(10), Fairhaven(9), Crossroads(8), Mission Flats(4), Kam Housing OR(4), Henry Leland(2), Juniper(1), Stollery(1), AASH Kam(1), CLBC Kam(1), Kam Street OR(1)</i>	<i>Programs Reporting Incidents: Burdock(21), Fairhaven(9), Crossroads(9), Mission Flats(9), Spero(5), Surge(3), MASH(2), Juniper(2), ACT/ICM(1)</i>	<i>Programs Reporting Incidents: Burdock(55), Spero(24), Crossroads(23), Fairhaven(23), Kams Street Outreach(5), Mission Flats(21), Juniper(5), AASH/MASH(4), CLBC Kam(3), Surge(2), Henry Leland(2), CLBC Merritt(2), Maverick(2), Merritt AASH(1), Stollery(1), Kam Housing OR(1), TIOAT(1), AAA(1)</i>
<i>Non-Program Sites Reporting Incidents: Community Kamloops(4), 433 Tranquille(4), Stollery(2), Bridgeway(2), Maverick(1)</i>	<i>Non-Program Sites Reporting Incidents: 433 Tranquille(3), Community Kamloops(2), Maverick(1)</i>	<i>Non-Program Sites Reporting Incidents: Bridgeway(3), Community Penticton (2), Community Kamloops(1), Maverick(2)</i>	<i>Non-Program Sites Reporting Incidents: 433 Tranquille(7), Community Kamloops(7), Bridgeway(5), Maverick(4), Community Penticton(2), Stollery(2)</i>
<i>LOS Requests: 13 Naloxone Administered By Staff: 9 911 Called: 53 Fire Alarm Set Off: 5 False Alarms: 1 Client Injuries: 40 Staff Injuries: 1 Threats of Violence Towards Staff: 4 Actual Violence Towards Staff: 8 Threats of Violence To Clients: 2 Actual Violence Towards Clients: 12 Client Deaths: 2 Incident Caught On Camera: 34 Likely Didn't Need To Be Reported: 2 Suicidal Ideation: 3</i>	<i>LOS Requests: 5 Naloxone Administered By Staff: 16 911 Called: 50 Fire Alarm Set Off: 4 False Alarms: 3 Client Injuries: 34 Staff Injuries: 2 Threats of Violence Towards Staff: 3 Actual Violence Towards Staff: 9 Threats of Violence To Clients: 1 Actual Violence Towards Clients: 8 Client Deaths: 2 Incident Caught On Camera: 29 Likely Didn't Need To Be Reported: 1 Suicidal Ideation: 3</i>	<i>LOS Requests: 9 Naloxone Administered By Staff: 14 911 Called: 46 Fire Alarm Set Off: 4 False Alarms: 1 Client Injuries: 36 Staff Injuries: 0 Threats of Violence Towards Staff: 0 Actual Violence Towards Staff: 6 Threats of Violence To Clients: 0 Actual Violence Towards Clients: 9 Client Deaths: 2 Incident Caught On Camera: 34 Likely Didn't Need To Be Reported: 3 Suicidal Ideation: 2</i>	<i>LOS Requests: 27 Naloxone Administered By Staff: 39 911 Called: 149 Fire Alarm Set Off: 13 False Alarms: 5 Client Injuries: 110 Staff Injuries: 3 Threats of Violence Towards Staff: 7 Actual Violence Towards Staff: 23 Threats of Violence To Clients: 3 Actual Violence Towards Clients: 29 Client Deaths: 6 Incident Caught On Camera: 97 Likely Didn't Need To Be Reported: 5 Suicidal Ideation: 8</i>
<i>Times of CI's 12AM-4AM: 4 4AM-8AM: 6 8AM-12PM: 19 12PM-4PM: 15 4PM-8PM: 12 8PM-12AM: 10</i>	<i>Times of CI's 12AM-4AM: 4 4AM-8AM: 3 8AM-12PM: 7 12PM-4PM: 13 4PM-8PM: 15 8PM-12AM: 15</i>	<i>Times of CI's 12AM-4AM: 13 4AM-8AM: 4 8AM-12PM: 12 12PM-4PM: 9 4PM-8PM: 10 8PM-12AM: 13</i>	<i>Times of CI's 12AM-4AM: 21 4AM-8AM: 13 8AM-12PM: 38 12PM-4PM: 37 4PM-8PM: 37 8PM-12AM: 38</i>