

**Perth and Smiths Falls District Hospital**  
**Board Quality – Minutes (Closed)**  
**Thursday, September 14, 2023**  
**Via Zoom**  
**7:30a.m. – 9:00a.m.**

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**1. Call to Order – I. Boyle**

MOVED by R. Schooley  
SECONDED by W. Hollis

*THAT the PSFDH Board Quality Committee Meeting move into a closed session at 8:09a.m.*  
CARRIED.

**2. Approval of Agenda**

MOVED by C. Maloney  
SECONDED by W. Hollis

*THAT the September 14, 2023 Board Quality Committee Agenda be approved as circulated.*  
CARRIED.

**3. Declaration of Conflict of Interest**

No conflicts were declared.

**4. Approval of Minutes**

MOVED by W. Hollis  
SECONDED by G. Church

*THAT the April 13, 2023 and June 8, 2023 Board Quality Committee closed session meeting minutes be approved as circulated.*  
CARRIED.

**5. Business Arising from the Minutes**

Nil

**6. Quality of Care Review**

**6.1 QRCA 2023-5**

B. Smith gave a report on a recent QRCA (2023-5) fall with injury on July 19, 2023. The summary outlines the hospital's findings and recommends corrective actions.

B. Smith shared the presentation and summary of the case and evaluated the recommendations.

History:

A 76-year-old male was admitted from Almonte, post-stroke with right side deficits provoked by atrial fibrillation. The patient was admitted directly to third floor Perth for some rehab. The patient's medical history includes bilateral pulmonary emboli, dyslipidemia, hypertension, atrial fibrillation, stroke, and left knee replacement.

Admission:

The patient suffered from an unwitnessed fall from his bed when he landed on his knees, trying to reach for something on the floor. A Hoyer lift was used to return the patient to his bed. On assessment, there was a skin tear on the elbow and minor knee pain; there was no bleeding. The patient experienced pain throughout the night, and an x-ray was ordered; it revealed a femur fracture. The patient was then transferred to Med/Surg, Smiths Falls, for surgery and treated over the course of the week with pain management. The post-op period was uneventful. The patient was transferred back to Almonte on July 27, 2023.

Recommendations:

1. Revise Falls Policy and educate to the use of bed rails
2. Complete a MORSE Tool on all admitted patients
  - A MORSE Tool is a standardized assessment for identifying patients who are at risk of falls. This tool will be embedded in the Cerner and will be used regionally

3. If available, use a bed with bed alarm
  - We will switch beds between patients who constitute a fall risk and those who don't.
  - D. Hodgins and the procurement team are investigating additional modern beds with alarms.

Questions:

Nil

There is no resolution as a result of this closed session.

## **6.2 QRCA 2023-7**

B. Smith gave a report on a recent QRCA (2023-7) fall with injury on July 22, 2023. The summary defines the hospital's conclusions and suggested corrective measures.

B. Smith shared the presentation and summary of the case and evaluated the recommendations.

History:

A 79-year-old male was admitted to the hospital with failure to cope and possible dementia. The patient has a history of atrial flutter, aortic valve replacement, heart failure, inguinal hernia, dementia, and ETOH disorder.

Admission:

The patient was admitted to Perth Med/Surg with a failure to cope and was assessed as having a low fall risk. The patient uses a walker to mobilize, and he bathes independently. The patient was walking to the bathroom when he suffered an unwitnessed fall. The patient reported hitting his head, but there was no pain or evidence of bruising or laceration. This particular room he was in was a private room converted into a double occupancy room, resulting in limited space for a walker between the beds and the doorway. An x-ray and CT scan were ordered. The x-ray showed a left hip fracture, but no findings were noted in the CT. The patient was transferred to Med/Surg Smiths Falls for surgery on his left hip. Post-op was uneventful.

Recommendations:

1. Return room to a private accommodation
  - Better equipped with lighting and space as a private room
2. Until room is returned to a private room; fall risk patients are not to be admitted to this room.
3. An office on this unit (previously a private room) will also be converted back to a private room in order to maintain bed compliment.

Questions:

W. Hollis asked if the MORSE Tool was used for this patient.

- B. Smith noted that it should have been, but the facility issue was the cause of the fall.

R. Schooley questioned whether the patient's use of a walker wouldn't suggest a fall risk.

- While not all patients who use a walker are considered high-risk, B. Smith clarified that even those with low fall risk should have had a fall-risk wristband on.

There is no resolution as a result of this closed session.

## **7. New Business**

Nil

## **8. Adjournment – I. Boyle**

*MOVED by W. Hollis*

*SECONDED by R. Schooley*

*THAT the PSFDH Board Quality Committee moved out of closed session at 8:18a.m.  
CARRIED.*