

2022/2023

CQI Plan

July 11 2022

Labdara Lithuanian Nursing Home

MISSION STATEMENT

Labdara Lithuanian Nursing Home shall provide a nurturing home that meets the physical, social, cultural and spiritual needs of its residents.

GOALS

Labdara Lithuanian Nursing Home shall...

- provide the highest quality care, encompassing the dignity, respect and rights of those in residence.
- plan and deliver care cooperatively with its staff, residents, family members, and government bodies.
- foster a living environment in which Lithuanian customs, traditions and language are preserved and encouraged.

Theme # 1: Timely & Efficient Transitions

CQI GOALS/TARGET OUTCOMES	ACTION ITEMS	SUPPORTING PROCESS	PROCESS IMPLEMENTATION	PROCESS MEASUREMENT	STATUS REPORT Quarterly
<p>The percentage of potentially avoidable emergency department visits will remain below 5% of the total resident census/month.</p>	<ol style="list-style-type: none"> 1. Initiate & implement available clinical assessment tools to early identify – where possible – changes in resident conditions. 2. Utilize diagnostic supports through external partners and internal resources to rule out possible acute infections. 3. Monitor symptom changes daily. 4. Access additional community resources where able to maintain acute clinical responsiveness to changes in conditions – i.e IV therapy; palliative resource teams 	<p>Maintain timely/scheduled RAI/MDS assessments.</p> <p>Routine lab utilization. Available and working equipment for diagnostic use.</p> <p>Daily infection surveillance process.</p> <p>Accessibility to referral services for community supports.</p>	<p>Assessments are in place and timely for new admissions/readmissions and significant changes in resident status.</p> <p>Abnormal lab values are communicated and assessed as indicated. Assessment interventions are captured in PCC +/- eMar – i.e., glucose monitoring; DOS</p> <p>Changes in symptoms are captured on daily infection surveillance.</p> <p>IV therapy is maintained in the Home where possible.</p> <p>HIN funding reflects utilization for enhanced resident needs.</p>	<p># of ED visits per month</p> <p># of antibiotics ordered with supporting diagnostic values/month</p> <p># of Monthly eMar audits indicating interventions.</p> <p># of monthly audits indicating acute symptom monitoring</p> <p># of residents/year on IV therapy</p> <p># of residents/quarter on HIN funding.</p>	

Theme # 2: Service Excellence

CQI GOALS/TARGET OUTCOMES	ACTION ITEMS	SUPPORTING PROCESS	PROCESS IMPLEMENTATION	PROCESS MEASUREMENT	STATUS REPORT
<p>Complaints to the home will not exceed 2% of the monthly census.</p> <p>Complaints submitted to the home will be responded to with in 10 days for 100% of the total number of complaints submitted.</p> <p>Resident & Family satisfaction surveys will indicate satisfaction with care & services provided for 90% of the surveys completed.</p>	<ol style="list-style-type: none"> 1. Complaint process will be reviewed on admission for all new residents and family members. 2. All complaints submitted will be reviewed with in 24 hours of receiving and resolved no later than 10 days from the date of the complaint. 3. Resident & Family surveys will be provided to all residents and family annually 4. Review & communicate results of annual Resident & Family survey and establish a plan to respond to discrepancies through CQI committee. 	<p>Admission Package</p> <p>Complaints & Concerns process</p> <p>Annual Resident & Family Survey through established format – i.e. PDF; email; on line</p> <p>CQI Committee meeting.</p>	<p>Admission packages are provided, and complaint process reviewed on every new admission and as required.</p> <p>Complaints and Concerns forms (if applicable) are available and accessible.</p> <p>Resident & Family Survey is provided at the same time yearly by a designated department with accompanying instructions & support.</p> <p>Plan to address discrepancies is developed.</p>	<p># of residents and family who respond “yes” on the annual survey to knowledge of complaints process is greater than 80%.</p> <p># of complaints received using the Complaints & Concerns process monthly. # of resolutions with in 10 days.</p> <p># of surveys completed, and the percentage of completed surveys indicating satisfaction with care & services provided.</p> <p># of dissatisfaction results with greater than 50% response.</p>	

Theme # 3: Safe & Effective Care

CQI GOALS/TARGET OUTCOMES	ACTION ITEMS	SUPPORTING PROCESS	PROCESS IMPLEMENTATION	PROCESS MEASUREMENT	STATUS REPORT
<p>100% of resident care plans will indicate a holistic approach to palliative care from early to end of life supports and quality of life interventions.</p> <p>Ongoing commitment to health-related quality of life through targeted interventions to maintain MDS quality indicator percentages below provincial averages.</p> <p>Robust IPAC program and outbreak preparedness that maintains infection rates below provincial averages.</p>	<ol style="list-style-type: none"> <li data-bbox="453 345 846 613">1. Palliative care philosophy will be included in the admission package and included in admission checklists (if applicable) for care plan inclusion. <li data-bbox="453 735 846 922">2. Continue admission, re-admission, quarterly and/or significant change in status RAI/MDS assessment protocols. <li data-bbox="453 1166 846 1385">3. Maintain IPAC practices and outbreak preparedness as indicated in FLCTA, 2021 and local public health best practice. 	<p>Palliative Performance Scores (PPS)</p> <p>Admission protocols</p> <p>RAI/MDS assessment, coding, and submission protocols.</p> <p>IPAC manual. FLCTA, 2021. Outbreak Preparedness.</p>	<p>PPS are completed on admission, readmission and with significant changes.</p> <p>Admission protocols include inclusion of palliative quality of life in care plans.</p> <p>RAI/MDS protocols are completed according to established process and high-risk outcomes addressed.</p> <p>The IPAC program is active in all aspects of inclusive of daily infection prevention process, audits, and outbreak preparedness.</p>	<p># of Palliative Performance Scores completed.</p> <p>100% of all care plans include palliative quality of life goal statement.</p> <p># of MDS quality indicators below provincial averages on a quarterly basis.</p> <p>Infection rates below the provincial average monthly. 85% compliance with IPAC protocols as indicated through audit results.</p>	

