

# LABDARA LITHUANIAN NURSING HOME

## CONTINUOUS QUALITY IMPROVEMENT MANUAL

**Subject:** Program Overview

**Section:** 1

**Approved:** Administrator

**Page:** 1

**Date of Origin:** Oct.01, Jun 05

**Date Last Revised:** June 22

### CONTINUOUS QUALITY IMPROVEMENT COMMITTEE TERMS OF REFERENCE

#### PURPOSE

To promote and interdisciplinary approach to all services provided with the home.

To provide a means whereby a co-ordinated approach to Continuous Quality Improvement can be encouraged, maintained and ongoing.

To provide a means whereby facility standards can be continuously reviewed and improved to obtain optimal outcomes.

To provide a means to conduct educational programs to improve the quality of care and services to our clients.

To minimize adverse affects of loss upon a health care organizations human, physical and financial assets through risk management.

To improve client relationships.

To reduce unnecessary work, activities and cost.

To improve communication and responsiveness to client needs.

To coordinate CQI activities related to facility teams and committees.

To identify performance indicators to be measured.

To determine the process for identifying thresholds.

To establish teams in response to indicator outcomes requiring follow up.

To monitor results both rate based and sentinel.

To analyze data.

To determine statistics to be maintained and frequency of reporting.

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### MEMBERSHIP

Membership of the Quality Committee includes but is not limited to:

- Senior Managers
- All Departmental Managers
- Representative from all Departments
- Resident or Family Representative
- Internal Customers
- External Customers
- Inservice Coordinator

### DESIGNATED LEAD

The designated lead for the continuous quality program at our home is the **Director of Care, Beata Malizia RN**

### MEETINGS

The Continuous Quality Improvement Committee will meet at least quarterly or more frequently at the call of the Chair.

### MINUTES

Minutes for all meetings will be posted for review by all staff and committee members.

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### CONTINUOUS QUALITY IMPROVEMENT PROCEDURE

1. All CQI indicators will be tracked monthly unless otherwise specified. This tracking report will be the major component of the CQI program.
2. When an indicator goes below or above the threshold level, focused audits are used to identify the issues and problems with a view to immediately correcting the process.
3. Audits are conducted by all levels of staff, as designated by the CQI Committee and the annual audit schedule.
4. The CQI Committee will interpret the results of these audits, make recommendation, develop an action plan and follow up schedule to improve areas identified.
5. All risk management audits (falls, accidents, resident / family concerns, etc.) are completed monthly or more frequently if necessary, as determined by the CQI Committee and CQI schedule.
6. All staff completing the CQI audits should make recommendations to the CQI Committee on educations needs, policy and program development, and recommendations for refining processes and the auditing procedure.

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### CQI PROCESS

#### ASSESSMENT AND IDENTIFICATION OF PRIORITIES

1. Identify scope of care and service related to team purpose.
  - Who do we serve?
  - Key core processes (what do we do)
  - Desired results of care and services
2. Understanding client's needs and expectations.
  - Assess and understand clients needs through satisfaction surveys, resident interviews, Resident Council meeting minutes and direct resident needs assessment
  - Need of the client are paramount.
  - Reviewing concerns on a regular basis is vital in determining areas for focus. Concerns can be raised at Resident's council, through the home's concern process and through direct engagement with residents. Concerns should be tracked and analyzed monthly.
3. Identifying priorities
  - Take teams desired results and combine with client needs and expectations
  - Take integrated list and identify priorities for CQI for the upcoming year.
  - Consider high volume, high risk activities, greater risk elements to client problem areas in the past
  - Focus on client outcomes when determining priorities for the year.
4. Identifying indicators
  - What measures will tell the team whether the desired results are being achieved?
  - Focus on outcome indicators to track and establish responsibilities for tracking information.
  - Make sure that there is a numerator, denominator and time period for indicate that are rate based
  - Each priority may have more than one indicator.
  - Setup indicators in PCC to track and review by Quality Committee

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### PLANNING

- 1) Determine the mechanisms for data collection  
Identify and or develop audits required  
Who and how data will be collected
- 2) Determine thresholds  
Establish maximum and minimum levels of performance for selected indicators
- 3) Determine frequency of review required for each priority.
- 4) Assessing and monitoring indicators.  
Assess indicators for reliability and usefulness. Determine which indicators are going to be tracked and how. Establish in PCC.
- 5) Revise and redefine indicators and thresholds.  
Assess reliability and usefulness on an ongoing basis.  
Revise and or discontinue indicators where the needs have changed.  
Evaluate and revise threshold of performance annually and/or as outcomes improve.

### IMPLEMENTATION

- 1) Determine frequency of audits pertinent to desired outcomes and assign through the CQI schedule.
- 2) Assign responsibility and time frame for audit completion. Establish CQI schedule for the upcoming year and assign audits.
- 3) Completed audits to include recommendations for improvement of process (es). Ensure audits are completed as per schedule.
- 4) Report any areas of identified risk to the Supervisor on duty.
- 5) Audits submitted to team by target date.
- 6) Establish indicators in PCC QIA module.

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- 7) Review findings, audits and indicators at Quarterly Quality Committee meetings.

### EVALUATION – MEASURING PROGRESS

- 1) Prioritize identified outcomes resulting from audits.
- 2) Develop and action plan for each outcome requiring improvement / response with assigned responsibilities and time frames set.
- 3) Monitor the action plan implementation / revisions until desired outcomes are achieved.
- 4) Review indicators and findings at Quarterly Quality Committee meetings for evaluation.

### COMMUNICATION

- 1) Share results progress on a regular basis. Establish CQI information boards within the home to share indicators and quality plan. Post quarterly indicators for review by staff, residents and family.
- 2) Post the home's CQI plan on the CQI Information board and update as required. Post CQI plan on home's website for review.
- 3) Share annual summary results with Resident Council and Family Council.
- 4) Post Annual Quality Plan on the provincial website. (HQO)
- 5) Post Annual Program and Satisfaction Reviews. Share with staff, residents and family council. Post Annual Results on CQI information board.