# LAPOINTE-FISHER NURSING HOME LIMITED

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| **MANUAL:** ***ADMINISTRATION*** | **HOME SPECIFIC NAME:**<br>o **Fairfield Park**<br>o **Brouillette Manor**<br>o **LaPointe-Fisher Nursing Home**<br>✓ **Corporate** |
| **TITLE: CONTINUOUS QUALITY IMPROVEMENT (CQI)** ***PROGRAM*** | **SECTION: QUALITY MANAGEMENT** |
| | **PAGES:** 3 |

**EFFECTIVE DATE: APR 2009** **REVISED: JUNE 2022**

## POLICY:

The Home has a system in place to monitor, analyze, evaluate and improve the quality of life and overall quality of care and services provided in the Home.

## PROCEDURE:

1. A designated lead who is a member of the staff shall co-ordinate continuous quality improvement (CQI) in the Home.

2. A CQI committee established and composed of multidisciplinary staff, including designated leads of the home, a member of the resident council and a member of the family council (if any) shall meet quarterly to:
   - monitor and report to the Home on quality issues, residents' quality of life, and the overall quality of care and services provided in the long-term care home, with reference to appropriate data.
   - consider, identify and make recommendations to the Home regarding priority areas for quality improvement in the home
   - coordinate and support the implementation of the CQI initiative, including but not limited to, preparation of an annual report for the fiscal year on the CQI initiative.

3. A quality improvement plan (QIP) shall be developed and implemented.
   - The QIP shall be submitted annually to Ontario Health, using a template provided by the province.
   - Goals/objectives included in the QIP shall be identified & prioritized by the leadership team, following a review of :
     ✓ Reports received by the CQI Committee

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| Review date: | June 2022 | | | | | |
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- ✓ Long term care home quality indicators shared by the Canadian Institute for Health Information (CIHI). These indicators are up-dated quarterly allowing homes to benchmark and monitor performance against other homes, as well as the province.
- ✓ Department indicators related to the services provided (i.e. audits)
- ✓ Internal tracking / monitoring records

4. Performance indicators shall be identified and monitored regularly.
   - The Home's leaders, in collaboration with the CQI Committee, shall select process/outcome measures that are relevant and appropriate and linked to strategic goals and objectives.
   - The CQI Committee shall monitor performance indicators quarterly.

5. Client satisfaction surveys shall be distributed and action taken where a need identified.
   - Resident/family satisfaction surveys shall be distributed annually.
   - Staff satisfaction surveys shall be distributed each accreditation cycle.

6. Indicators and other quality improvement information shall be used to identify and address opportunities for improvement.

   Homes may use a variety of sources inclusive but not exclusive to:
   - Internal indicators
   - CIHI indicators
   - Trends in safety incidents
   - Resident health outcomes
   - Resident/family and staff satisfaction results
   - Recommendations &/or complaints
   - Accreditation indicators
   - Community health needs

7. The Home, in collaboration with the CQI committee shall prepare an annual report for the fiscal year on CQI initiatives, no later than three months after the end of a fiscal year and publish the report on the Home's website, as well as provide a copy to the resident council and family counsel (if any).

   The annual report shall include
   - Name of designated lead for CQI initiatives
   - Description of priority areas, objectives, policies, procedures and protocols for the CQI initiative for the next fiscal year
   - Description of process used to identify the priority areas for the next fiscal year and how these are based on recommendations from the CQI committee.

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- Description of a process to monitor and measure progress, identify and implement adjustments and communicate outcomes for the priority areas.
- The date resident/family satisfaction surveys were distributed.
- The results of the resident/family satisfaction surveys that were distributed.
- How and the dates the results were communicated to residents/families.
- Improvement actions taken based on the results of the above surveys, the dates implemented and the outcomes
- The role of the Resident Council and Family Council, if any with respect to the actions taken.
- How and the dates actions taken were communicated to the Resident Council
- Other improvement actions taken, the dates and the outcomes

8. The CQI Program shall be evaluated annually and a record kept of the persons who participated in the evaluation.

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