

2022/2023

CQI Plan

July 6, 2022

Collingwood Nursing Home

MISSION STATEMENT

MISSION STATEMENT OF OUR HOME • To provide a Home-like environment to all residents, including families, which allows for a protective environment for each resident while promoting the maximum level of autonomy and independence. • All nursing and personal care requirements to be met by knowledgeable well trained staff, while promoting dignity, self-worth, respect and independence at all times. Each resident will have their care requirements assessed individually and reviewed on a regular basis. • Ensure that each resident has reasonable access to all resources within the Home/Community. • To include residents, their family/substitute decision makers, relations and friends to participate and give input into all aspects of care. • The promotion of participation of all residents in programs and activities to the desire and degree of the residents choosing and/or ability.

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>	<p>Oct 31/22</p>

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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>	<p>Oct 31/22</p>

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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"> 1. Palliative care philosophy will be included in the admission package and included in admission checklists (if applicable) for care plan inclusion. 2. Continue admission, re-admission, quarterly and/or significant change in status RAI/MDS assessment protocols. 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>	<p>Oct 31, 22</p>

