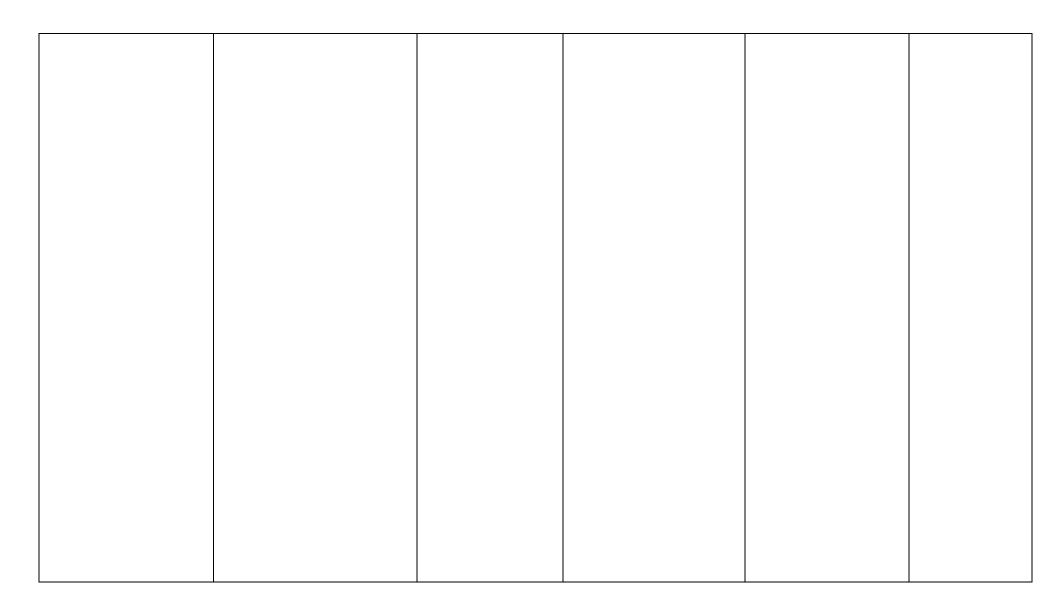
CQI Plan

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.

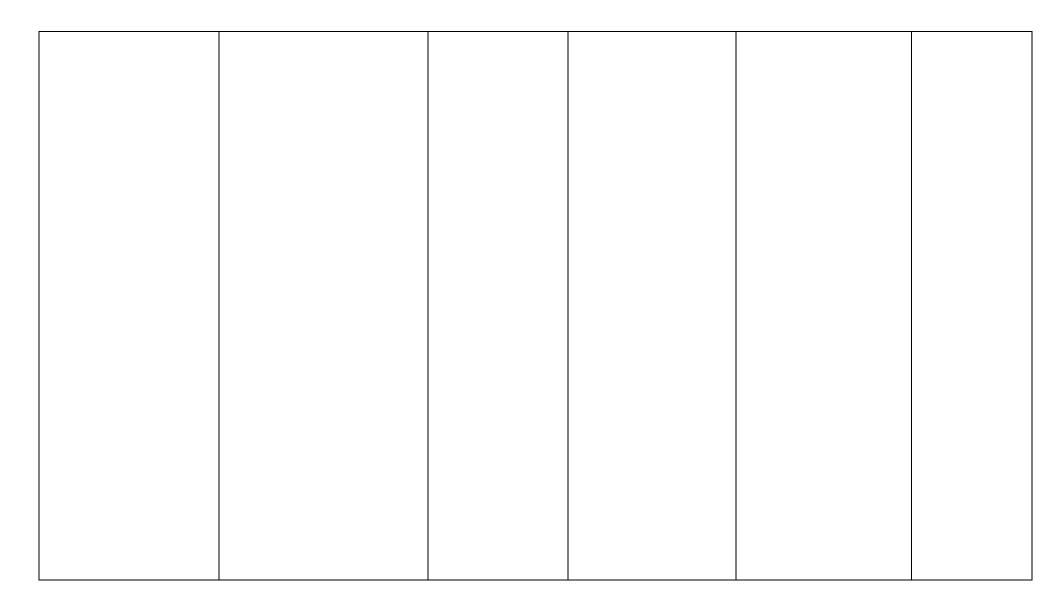
Theme # 1: Timely & Efficient Transitions

CQI GOALS/TARGET	ACTION ITEMS	T ACTION ITEMS SUPPORTING	PROCESS	PROCESS	STATUS REPORT
OUTCOMES		PROCESS	IMPLEMENTATION	MEASUREMENT	Quarterly
	1. Initiate & implement available clinical assessment tools to early identify – where possible – changes in resident conditions.	available clinical assessment tools to early identify – where possible – changes in resident timely/schedule RAI/MDS assessments.	Assessments are in place and timely for new admissions/readmissions and significant changes in resident status.	# of ED visits per month	Oct 31/22
The percentage of potentially avoidable emergency department visits will remain below 5% of the total resident census/month.	2. Utilize diagnostic supports through external partners and internal resources to rule out possible acute infections.	supports through external partners and internal resources to rule out possible acute infections. utilization. Available and working equipm for diagnostic us		# of antibiotics ordered with supporting diagnostic values/month # of Monthly eMar audits indicating interventions.	
	3. Monitor symptom changes daily.		Changes in symptoms are captured on daily infection surveillance.	# of monthly audits indicating acute symptom monitoring	
	4. Access additional community resources where able to maintain acute clinical	community resources referral services where able to maintain community	for in the Home where possible.	# of residents/year on IV therapy	
	responsiveness to changes in conditions – i.e IV therapy; palliative resource teams	changes in conditions – i.e IV therapy; palliative	HIN funding reflects utilization for enhanced resident needs.	# of residents/quarter on HIN funding.	



Theme # 2: Service Excellence

CQI GOALS/TARGET OUTCOMES		ACTION ITEMS	SUPPORTING PROCESS	PROCESS IMPLEMENTATION	PROCESS MEASUREMENT	STATUS REPORT
Complaints to the home will not exceed 2% of the monthly census.	re fo	omplaint process will be eviewed on admission or all new residents and amily members.	Admission Package	Admission packages are provided, and complaint process reviewed on every new admission and as required.	# of residents and family who respond "yes" on the annual survey to knowledge of complaints process is greater than 80%.	
Complaints submitted to the home will be responded to with in 10 days for 100% of the total number of complaints submitted.	wi 24 re da	Il complaints submitted will be reviewed with in 4 hours of receiving and esolved no later than 10 ays from the date of the omplaint.	Complaints & Concerns process	Complaints and Concerns forms (if applicable) are available and accessible.	# of complaints received using the Complaints & Concerns process monthly. # of resolutions with in 10 days.	Oct 31/22
Resident & Family satisfaction surveys will indicate satisfaction with care & services provided for 90% of the surveys completed.	su to an 4. Re re & es re	esident & Family urveys will be provided of all residents and family nnually eview & communicate esults of annual Resident of Family survey and establish a plan to espond to discrepancies nrough CQI committee.	Annual Resident & Family Survey through established format – i.e. PDF; email; on line CQI Committee meeting.	Resident & Family Survey is provided at the same time yearly by a designated department with accompanying instructions & support. Plan to address discrepancies is developed.	# of surveys completed, and the percentage of completed surveys indicating satisfaction with care & services provided. # of dissatisfaction results with greater than 50% response.	



Theme # 3: Safe & Effective Care

CQI GOALS/TARGET OUTCOMES	ACTION ITEMS		SUPPORTING PROCESS	PROCESS IMPLEMENTATION	PROCESS MEASUREMENT	STATUS REPORT
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. Ongoing commitment to health-related quality of life through targeted interventions to maintain MDS quality indicator percentages below provincial averages.	 Palliative care philosophy will be included in the admission package and included in admission checklists (if applicable) for care plan inclusion. Continue admission, readmission, quarterly and/or significant change in status RAI/MDS assessment protocols. Maintain IPAC practices and outbreak preparedness as indicated in FLCTA, 2021 and local public health best practice. 	2.	Palliative Performance Scores (PPS) Admission protocols RAI/MDS assessment, coding, and submission protocols. IPAC manual. FLTCA, 2021. Outbreak Preparedness.	PPS are completed on admission, readmission and with significant changes. Admission protocols include inclusion of palliative quality of life in care plans. RAI/MDS protocols are completed according to established process and high-risk outcomes addressed.	# of Palliative Performance Scores completed. 100% of all care plans include palliative quality of life goal statement. # of MDS quality indictors below provincial averages on a quarterly basis.	Oct 31, 22
Robust IPAC program and outbreak preparedness that maintains infection rates below provincial averages.				The IPAC program is active in all aspects of inclusive of daily infection prevention process, audits, and outbreak preparedness.	Infection rates below the provincial average monthly. 85% compliance with IPAC protocols as indicated through audit results.	