

The Leamington United Mennonite Home and Apartments

POLICY AND PROCEDURE

CATEGORY:
Administration

SUBJECT:
Quality Improvement Program

SECTION:
Q
POLICY:
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DATE:
July, 2011

Signature: _____
ADMINISTRATOR

REVISION DATE: September, 2015

QUALITY IMPROVEMENT PROGRAM

GOAL:

The Quality Improvement (QI) Program is guided by the vision that each resident be given the opportunity to enjoy safe, effective, and responsive care that enables them to achieve the highest potential quality of life while at the Leamington Mennonite Home.

The QI Program, as guided by the interdisciplinary QI Committee, shall plan, inspire, and execute:

- The ongoing development of performance, measurement, and reporting systems, rooted in resident quality care indicators as identified by the Leamington Mennonite Home and the Ministry of Health.
- The facilitation of best practices, in all Departments throughout the Home, ensuring interdisciplinary collaboration and teamwork.
- The creation of quality improvement methods that will:
 - Improve the ability to manage change.
 - Enhance productivity and efficiency.
 - Stimulate innovation and collaboration.
 - Achieve leading quality goals.
 - Mobilize and educate staff.
 - Engage residents, families, volunteers, and the community.

The Leamington Mennonite Home, through its Mission Statement, strives to be “a faith based community of care providing compassionate and comprehensive care, responsive to the individual needs of residents through a team effort consisting of a multidisciplinary staff, family members, volunteers, church, and community resources, which place residents first in its circle of care and support.”

POLICY:

The Quality Improvement Committee shall, in consultation with the Board, staff, residents, and their families, develop a Quality Improvement Plan with strategic priorities, goals, implementation timelines, and measurement tools. The QI Committee shall inspire the creation of interdisciplinary working groups and special committees which will assist in the development of definable courses of action including assessment and measurement tools, Staff protocols and routines, communication and education strategies, to ensure that Quality Improvement goals and priorities can be met.

PROCEDURE:

The Quality Improvement Committee shall consist of the following members:

Frontline Staff

- 3 Personal Support Workers
- 1 Personal Support Worker/BSO Team
- 1 Assistant Director of Nursing and Personal Care
- 1 Registered Staff
- 1 MDS: Rai Co-ordinator
- 1 OTA

Management

- Director of Nursing and Personal Care
- Director of Administrative Services
- Administrator (Chair)

- Membership of the Committee shall be reviewed on an annual basis with Committee Members appointed by the Administrator in consultation with the Home’s Leadership Team.
- The Administrator shall chair the Committee Meetings.
- Administrative staff shall generate Committee Minutes.

- Committee Minutes shall be distributed to Committee Members, posted for all staff, and included in Board Reports.

Meetings

- Meetings will be held on a quarterly basis (January, April, July, October) in the Meeting Room with the Agenda and Minutes distributed in advance.

Annual Responsibilities (January)

- Formulation of strategic priorities and goals.
- Assistance in developing of supporting performance measurement and reporting indicators, tools, and strategies.
- Review of recommendations from Working Groups and Special Committees (Wound Management Committee, Falls Prevention Committee and/or Working Groups) required to support the Strategic Goals, Priorities and Action Plans of the QI Program.
- Evaluation of Monthly and Quarterly Departmental Audit Tools and Goals.
- Communication and Engagement: staff, residents, families, volunteers, and community.
- Implementation and analysis of the Annual Resident & Family Surveys, resulting in an Action Plan in consultation with LMH Board & Staff and Resident & Family Councils.

Quarterly Responsibilities (April, July, October)

- Review and analysis of strategic goal and priority measurements through the use of Comparison Dashboards with the implementation of recommended Action Plans as needed.
- Implementation of recommendations received from Working Groups and Supporting Committees.
- Evaluation of quarterly trends emerging from the Departmental Audit Tools and Goals as summarized by Department Leaders and Supervisors, and assistance with the development of Action Plans to be implemented by Departments or on an Interdisciplinary basis to improve quality.
- Continuous formulation of Communication and Engagement Strategies on a quarterly basis through use of:
 - Staff Meetings
 - Departmental Meetings
 - Family Council Meetings
 - Resident & Family Newsletters
 - Board Reports
 - Volunteer Meetings

Protocols

- Any recommendations made by the Committee with staffing, financial, or policy & procedure implications will be forwarded to the Administrator and/or Board of Directors for approval
- Normal decision making will occur through a consensus process.