

CONTINUOUS QUALITY IMPROVEMENT

Purpose and Goals of the Continuous Quality Improvement Initiative (Year 2022) at Heritage Green

Heritage Green Nursing Home is committed to the Quality Improvement Initiative; will establish and maintain a formal interdisciplinary committee accountable for providing oversight and strategic direction on this quality improvement initiative.

Designated Lead: Aleta Agpalo (Assistant Administrator) – Extension 105

Homes Priority Areas:

- **Nursing/Pharmacy Department**
- **Maintenance Department**
- **Laundry and Housekeeping Department**
- **IT/Health and Safety/Emergency Planning**
- **Dietary and Food Services Department**
- **Activity/Programs Department**

To achieve our objectives, we will:

1. Ensure that anyone affiliated with Heritage Green Nursing Home recognizes all internal and external contacts as customers and is committed to delivering excellent quality service to each and every one of them.
2. Foster a cooperative team focus so that all employees and volunteers work toward the common goal of Excellent Quality Service.
3. Maximize opportunities in an innovative, creative and responsible manner to position Heritage Green Nursing Home as a progressive organization.
4. Empower employees and volunteers so that they have control over their own work and the decisions related to it, enabling them to provide the best quality of services.
5. Deliver a constant message and level of service so that Heritage Green Nursing Home is recognized as a quality organization.
6. Ensure that employees, volunteers and other stakeholders are accountable for customer satisfaction so that Heritage Green Nursing Home is recognized as a quality organization.
7. Promote greater awareness, understanding and involvement by establishing open lines of communication across all levels of Heritage Green Nursing Home.
8. Ensure all employees, volunteers, other stakeholders continuously improve their level of service in order to exceed customer expectations.
9. Ensure all employees, volunteers and other stakeholders share in the vision by providing training about Heritage Green Nursing Home's goals, policies and structure, and by fully training each employee, volunteer and other stakeholders for their own job function.

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10. Promote a positive attitude within the organization by recognizing the contributions of each employee, volunteers and other stakeholders.

Procedure: To monitor and analyze/review the Inspection Protocols from the Ministry of Health and Long Term for each Program Area (and sub program areas); analyze and create Actions Plans for improvement.

Annual Cycle for Heritage Green Nursing Home

January to March:

- **Plan: What are we trying to accomplish?**
- **Identify the Inspection protocols**

April to June:

- Engage the Departmental Team Managers, Staff members, Residents/Families/Volunteers
- Ensure staff/families/residents are part of providing feedback/creating action plans, where possible
- Plan and schedule meetings

July to September:

- Assess each Departmental Area using the Inspection protocols (deadline August 1st)
- Inspection Protocols data analysis due to Aleta A. August 30th
- Create the Action Plan and submit to Aleta by August 31
- Attain sign off of the Action Plans by October 31

October – December:

- Implement the Action Plan
- Review Action Plan and data
- Communicate Outcomes to Residents/Staff and Families
- Plan for continued services or new/enhanced priority areas

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Administrator/Assistant Administrator:

- Ensure the interdisciplinary committee, including resident and family representatives, where possible, is established and functioning as mandated.

MEMBERSHIP:

Administrator
Assistant Administrator (Chairperson)
Director of Care
Assistant Director of Care (Clinical and Staff Development)
Programs Manager
Dietary Manager
Housekeeping/Laundry Supervisor
Maintenance Manager
Office Manager
Financial Manager
IT/Health and Safety Manager
Pharmacist
Dietician
Medical Director
RN/RPN
PSW
Resident Council Rep (1 member)
Family Council Rep (1 member)

RESPONSIBILITIES:

- To monitor and report to the long-term care home licensee on quality issues, resident's quality of life, and the overall quality of care and services provided in the long-term care home, with reference to appropriate data.
- To consider, identify and make recommendations to the long-term care home licensee regarding areas of priority areas for quality improvement in the home.
- To coordinate and support the implementation of the continuous quality improvement initiative, including but not limited to, preparation of the report on the continuous quality improvement initiative.

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- To review, on a scheduled basis, facility and departmental Quality Improvement activities - structure, process, outcomes, audit procedures, tools effective action plans and follow-up.
- To assist department heads in creative problem solving and re-evaluation.
- To identify areas requiring additional resources, assistance through the systematic review of departmental Quality Improvement records and external reports.
- Minutes of the meetings shall be maintained on file in the Administrator's office for a minimum of three years.
- To provide quarterly reports on the facility Quality Improvement Program to the Administrator.