CONTINUOUS QUALITY IMPROVEMENT OVERVIEW OF INITIATIVE

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

Heritage Green Nursing Home is dedicated to the Continuous Quality Improvement (CQI) Initiative. We will establish and maintain a formal interdisciplinary committee responsible for providing oversight and strategic direction for this initiative.

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

Co-Lead: Dorina Rico (Director of Care) – Extension 120

Objectives

To achieve our goals, we will:

- 1. Ensure that everyone affiliated with Heritage Green Nursing Home recognizes both internal and external contacts as customers and is committed to delivering excellent service to all.
- 2. Foster a collaborative team environment where all employees and volunteers work toward the common goal of delivering Excellent Quality Service.
- 3. Maximize opportunities to innovate creatively and responsibly, positioning Heritage Green Nursing Home as a progressive organization.
- 4. Empower employees and volunteers by giving them control over their work and related decisions, enabling them to provide the best quality services.
- 5. Maintain a consistent message and level of service, so Heritage Green Nursing Home is recognized as a quality organization.
- 6. Hold employees, volunteers, and other stakeholders accountable for customer satisfaction, reinforcing Heritage Green Nursing Home's reputation as a quality organization.
- 7. Promote greater awareness, understanding, and involvement by establishing open communication channels at all levels of the organization.
- 8. Ensure continuous improvement in service quality by training employees, volunteers, and stakeholders to exceed customer expectations.
- 9. Foster a positive attitude within the organization by recognizing the contributions of employees, volunteers, and stakeholders.

Procedure

The CQI Committee will monitor, analyze, and review the Ministry of Health and Long-Term Care Inspection Protocols for each program area (and sub-program areas), then create and implement action plans for improvement. The committee will track progress, identify adjustments, and communicate outcomes for priority areas of quality improvement.

Annual Cycle for Heritage Green Nursing Home CQI Initiative

January to March:

- Develop the CQI Report for the upcoming year, gathering input from the Resident/Family Council, CQI Committee, and Professional Advisory Committee to identify priority areas.
- Consider CQI indicators and analyze the summary spreadsheet.
- Publish the CQI Report for the previous year by March 31st.

April to June:

- Engage Departmental Team Managers, Staff, Residents, Families, Volunteers, and Program Leads to identify CQI indicators.
- Ensure staff, families, and residents provide feedback and contribute to action plans when possible.
- Plan and schedule meetings by the Designated Lead and Co-Lead.

July to September:

- Review the Resident/Family Satisfaction Survey questions with the Resident/Family Council.
- Continue collecting data for the CQI Indicator Spreadsheet.

October to December:

- Launch the Resident/Family Satisfaction Survey (Oct 1st).
- Implement the action plan.
- Create the COI Indicator Spreadsheet.
- Communicate outcomes to residents, staff, and families.
- Plan for the continuation or enhancement of services and priority areas.

Membership

- Administrator
- Assistant Administrator (Designated Lead)
- Director of Care (Co-Lead)
- Assistant Director of Care
- **Designated Leads** for Falls, Skin & Wound, Incontinence, IPAC, Restorative, Palliative, Pain, and Zero Tolerance for Abuse
- Programs Manager
- Dietary Manager
- Housekeeping/Laundry Supervisor
- Maintenance Manager
- Financial Manager
- IT/Health and Safety Manager
- Pharmacist
- Dietitian
- Medical Director
- RN/RPN
- PSW
- Resident Council Representative (1 member)
- Family Council Representative (1 member)

Responsibilities

- Monitor and report to the long-term care home licensee on quality issues, residents' quality of life, and overall care and services provided, referencing appropriate data.
- Identify and make recommendations regarding priority areas for quality improvement.
- Coordinate and support the implementation of the continuous quality improvement initiative, including preparation of relevant reports.
- Review, on a scheduled basis, facility and departmental Quality Improvement activities, including structure, process, outcomes, audit procedures, tools, effective action plans, and follow-up.
- Assist department heads with creative problem-solving and re-evaluation.
- Identify areas requiring additional resources and support through the systematic review of departmental Quality Improvement records and external reports.
- Maintain minutes of meetings on file in the Administrator's office for a minimum of three years.
- Provide quarterly reports on the facility's Quality Improvement Program to the Administrator.