



# QUALITY IMPROVEMENT PROGRAM

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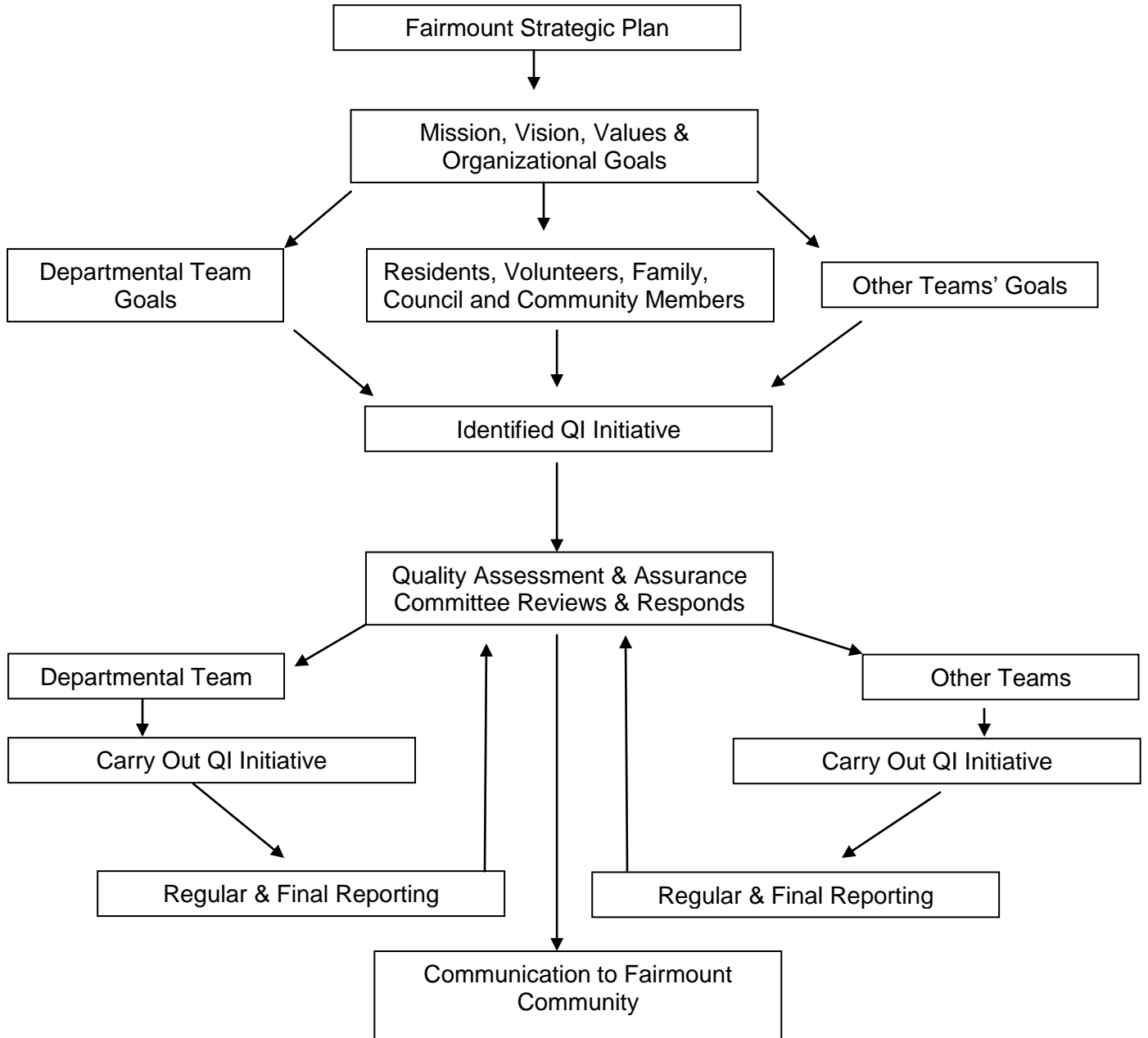
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# GENERAL STATEMENT

Fairmount Home is committed to the continuous improvement of our services to our residents, staff, volunteers and the greater Fairmount community.

We have developed a structured quality improvement program to allow the organization and management of quality initiatives as follows:



## GOALS OF THE QUALITY IMPROVEMENT PROGRAM

1. To provide a culture of continuously improving systems, methods and processes to improve the Home's services to its residents, staff, volunteers and the greater Fairmount community.
2. To ensure the quality improvement program is interdisciplinary.
3. To ensure a process is in place for the identification of quality initiatives.
4. To ensure the coordination and monitoring of quality initiatives.
5. To ensure communication of quality initiatives.
6. To ensure adequate documentation is kept of all quality initiatives.

# Mission, Vision, Values & Organizational Goals

## ***Mission Statement***

Fairmount is an accredited long-term care home for 128 residents, dedicated to providing the best quality of life to those who live and work here.

The Fairmount community fosters a creative and responsive environment in which all members – staff, families, volunteers, students, community partners and the residents themselves – respect and promote the strengths and abilities of each other, especially those for whom this is home.

A full range of high quality programs are provided with the caring expertise of a dedicated, multi-disciplinary, team, responding to the unique needs and wishes of our residents.

All members of our Community are advocates for all those who live and work here.

## ***Fairmount Vision Statement***

In response to changing needs of residents and the community, we will continue to develop and implement innovative “best practices” and programs. We will continue to foster and grow an environment of mutual respect for residents and all members of our caring community.

We will promote the principles and practices of Continuous Quality Improvement for all aspects of Fairmount’s caring community, and we will maintain the ethical balance between innovation and resident choice, safety and risk management.

Building on the foundation of strong relationships, Fairmount will seek to increase the involvement of the wider community by bringing our citizens into Fairmount through the sharing of our expertise, our location, and our excellent programming. Fairmount will also reach out into the wider community as a leader and participant, sharing its knowledge and resources to plan and implement activities that will improve the lives of the elderly throughout the entire area.

## ***Fairmount Values***

<b>C</b> - Caring and Compassionate	<b>C</b> – Community-Oriented
<b>R</b> - Responsive and Respectful	<b>O</b> – Opportunity and Openess
<b>E</b> – Expertise, Enabling	<b>M</b> – Meaningful and Mindful
<b>A</b> – Acceptance, Advocacy, Appreciation	<b>M</b> – Motivated
<b>T</b> – Team Work	<b>U</b> – Unique
<b>I</b> – Independent and Innovative	<b>N</b> – Neighbourly
<b>V</b> – Vibrant, Visionary	<b>I</b> – Inclusive
<b>E</b> – Ethical	<b>T</b> – Togetherness
	<b>Y</b> – <b>YOU</b> – our focus

## **Fairmount's Goals**

1. To ensure all members of the Fairmount Community are knowledgeable and accepting of our Mission, Vision and Values, and put them into practice all day, every day.
2. To ensure a holistic life style will be maintained for all residents, including responding to their unique needs and wishes, related to learning and desired experiences, to satisfy their physical, social, emotional, spiritual and mental needs.
3. To be a positive learning environment for all staff, volunteers, residents and their families based on best practices and mutual respect, creativity and innovation.
4. To continue the development of a "best practices" standard for all aspects of Fairmount's caring community.
5. To be an innovative environment fostering the development and application of new ideas that will enhance the living and working environment.
6. To develop and implement a strategy for recruitment, training, retention and succession planning to ensure an exceptional group of staff and volunteers.
7. To take a leadership role in the planning and development of the Local Health Integration Network, and in working with other local, area and provincial organizations and people, to ensure the highest quality of care and programming for the long term care sector.
8. To enhance the knowledge of our citizens throughout the area about Fairmount and the activities and services it provides.

## Organized/Required Programs

There are a variety of organized or required programs that the Home must provide under different pieces of legislation. These include, but are not limited to:

1. Nursing & Personal Support Services
2. Restorative Care
3. Recreational & Social Activities
4. Dietary Services & Hydration
5. Medical Services
6. Information & Referral Assistance
7. Religious & Spiritual Practices
8. Accommodation Services
9. Volunteer Program
10. Falls Prevention & Management
11. Skin & Wound Care
12. Continence Care & Bowel Management
13. Pain Management
14. Health & Safety
15. Medication Management
16. Infection Prevention & Control
17. Training & Orientation

Departmental and other teams are in place to support quality improvement activities in all organized and required programs.

## QUALITY IMPROVEMENT ROLE OF TEAMS

There are a variety of teams in place to support quality improvement at Fairmount. The quality improvement activities of each team are vital to the overall success of the quality improvement program at Fairmount.

Each team is required to:

- a) Establish its purpose and review on an annual basis
- b) Establish measureable goals which must align with its purpose and the goals of the organization and review on an annual basis
- c) Establish measures to track its progress in meeting its goals
- d) Review opportunities for quality improvement and identify quality improvement initiatives to be brought forward for review to the Quality Assessment and Assurance Committee (QAAC).
- e) Carry out quality improvement initiatives once approved by the QAAC.

The Interdisciplinary Program Evaluation form will be used to help each team keep track of all of its goals, measures and quality improvement initiatives.

## HOW DO I BRING FORWARD AN IDEA FOR QUALITY IMPROVEMENT?

Ideas for quality improvement can come from a variety of sources which can include, but is not limited to:

- a) Audit results
- b) Inspection results
- c) Complaints
- d) Survey results
- e) Incident reports
- f) Risk identification forms
- g) Observation
- h) Staff meetings
- i) Resident and/or Family Committees
- j) County Council
- k) Publications

Everyone at Fairmount is encouraged to look for and bring forward improvement opportunities. If you see an area where improvement is needed and you have some ideas about how to do so you can bring it forward verbally or in writing to one of the following:

- a) The Administrator
- b) The Director of Resident Care
- c) The Assistant Director of Care
- d) The Manager of Environmental Services
- e) The Manager of Food Services
- f) Residents' Council
- g) County Council

Whoever receives your idea will ensure it is forwarded to the appropriate team for discussion.

Quality improvement initiatives identified by team members should be taken forward to the team for discussion and then forwarded to the Quality Assessment and Assurance Committee in the required format (see section entitled Submission of Quality Initiatives to the QAAC).

## ROLE OF THE QUALITY ASSESSMENT & ASSURANCE COMMITTEE (QAAC)

The purpose of the interdisciplinary Quality Assessment and Assurance Committee (QAAC) is to:

- a) Prioritize, coordinate and evaluate quality initiatives at Fairmount.
- b) Provide a forum for discussion and dialogue on matters of quality and risk at Fairmount.
- c) Receive reports from and provide feedback to teams.
- d) Communicate quality initiatives and their outcomes to stakeholders, including but not limited to staff, volunteers, Residents' Council, Family Council and County Council,
- e) Act as a resource in relation to continuous quality improvement.

Membership includes the following individuals:

- a) Administrator
- b) Director of Resident Care
- c) Assistant Director of Care
- d) Manager of Environmental Services
- e) Manager of Food Services
- f) Volunteer & Special Events Coordinator
- g) Nurse Practitioner

All quality initiative project proposals must be reviewed and approved by the QAAC.

## HOW TO SUBMIT QUALITY IMPROVEMENT INITIATIVES TO THE QAAC

Teams considering quality initiatives will primarily use the **Model for Improvement** strategy which is built on the following three questions:

**What are we trying to accomplish?**  
**How will we know if a change is an improvement?**  
**What changes can we make that will result in an improvement?**

Once the three questions have been answered the teams will develop, test and implement the change strategies through a series of small PDSA (Plan, Do, Study, Act) cycles.

The *Long-Term Care Improvement Guide* from the Ontario Health Quality Council will be used to guide quality teams through each step of the quality initiative as follows:

- a) Defining the quality problem
- b) Establishing the AIM Statement
- c) Defining the changes
- d) Identifying the measures
- e) Plan-Do-Study-Act Cycles

Each team will use a **Project Charter Worksheet** which sets out the purpose, scope, measures and targets for success. It also identifies the key members of the team and specifies the time and resources to be invested as well as the anticipated benefits.

The Project Charter Worksheet must be submitted to the Quality Assessment & Assurance Committee for review prior to implementation of the initiative.

Upon approval from the Quality Council the team will carry out the quality initiative and report back to the Quality Council using the **PDSA Worksheet**.

## COMMUNICATION & DOCUMENTATION

Formal communication to stakeholders about the quality initiatives undertaken at Fairmount may be conducted by the Quality Assessment & Assurance Committee (QAAC) through a variety of methods including, but not limited to:

- a) Grapevine Gazette
- b) Staff Intranet
- c) Fairmount Website
- d) Quality Improvement Board
- e) Lobby Displays
- f) Reports to Residents' Council
- g) Reports to Family Council
- h) Reports to County Council

Detailed documentation must be maintained throughout the quality initiative process and the final documentation package must include:

- a) Minutes of all team meetings including the date, time, location and names of those in attendance
- b) The Project Charter Worksheet
- c) All PDSA Worksheets

All documentation must be forwarded to the QAAC. The QAAC will ensure documentation regarding communication of the initiatives is kept with the final documentation package.



## PROGRAM EVALUATION

Program:	Quality Improvement
Policy/Regulation reference	
Screening Protocols Used (if applicable)	
Assessment/Reassessment Instruments Used (if applicable)	
Program goals	
Measures	
Methods used to promote achievement of goals	
Methods used to monitor outcomes	
Referral process for specialized resources (if applicable)	
Location of documentation regarding resident-specific action taken	
Quality initiatives approved by Quality Assessment & Assurance Committee	
Annual evaluation of the program	

Date of annual evaluation	
Persons participating in the annual evaluation	
Summary of changes made to the program as a result of the evaluation	
To whom and how were changes communicated?	

# QUALITY IMPROVEMENT PLAN – 2011

## **Goal #1**

A comprehensive list of current quality improvement activities and measures will be prepared by the Management Team for submission to the appropriate teams by February 15, 2011.

Measure – List of QI measures completed

Responsible: Administrator

## **Goal #2**

Fairmount will have 100% of its departmental goals and measurements completed by May 31, 2011.

Measurement = # departments with goals & measurements completed/# of departments

Responsible: Department Heads

## **Goal #3**

100% of the teams (non-departmental) will have their goals and measurements completed by June 30, 2011

Measurement = # teams with goals & measurements completed/# of teams

Responsible: Team Chairs

## **Goal #4**

100% of all teams will receive Model for Improvement strategy training by October 31, 2011

Measurement = # of teams that received training/# of teams

Responsible: QAAC

## **Goal #5**

80% of teams will have a Project Charter Worksheet for at least one quality initiative for submission to the QAAC by December 31, 2011

Measurement = # teams with Project Charter Worksheet/# of teams

Responsible: Team Chairs

For the purposes of this plan the departments are identified as:

1. Nursing & Personal Support Services
2. Restorative Care
3. Recreational & Social Activities
4. Dietary Services & Hydration
5. Medical Services
6. Information & Referral Assistance
7. Religious & Spiritual Practices
8. Accommodation Services
9. Volunteer Program

For the purposes of this plan the Non-departmental Teams are identified as:

1. Falls Team
2. Wound Care Team
3. Intestinal Health/Continence Care Team
4. Pain Management Team
5. Health & Safety Committee
6. Professional Advisory Committee
7. Education Committee
8. Labour-Management Team
9. Management Team
10. Pleasurable Dining Committee
11. Psychogeriatric Team
12. Environment Team
13. Information Management Team
14. Restorative Care Team
15. Palliative Care Team



**PLAN-DO-STUDY-ACT FORM**

**Objective for this PDSA Cycle**

**Date:**

Is this cycle used to:

Develop **or**  test **or**  implement a change?

What question(s) do we want to answer on this PDSA cycle?

**PLAN:**

*Plan to answer questions: Who, What, When, Where?*

*Plan for collection of data: Who, What, When, Where?*

*Predictions (for questions above based on plan):*

**DO:**

*Carry out the change or test, collect data and begin analysis.*

**STUDY:**

*Complete analysis of data.*

*Compare data to predictions and summarize what was learned.*

**ACT:**

*Are we ready to make a change?*  Adopt  Adapt  Abandon

*Plan for the next cycle.*

**PDSA Reference #** \_\_\_\_\_