

**BABCOCK COMMUNITY CARE CENTRE  
POLICY & PROCEDURE**

<b>Manual: CQI Manual</b>	<b>Issuing Authority: CQI Committee</b>
<b>Subject: Continuous Quality Improvement (CQI) Program Initiative</b>	<b>Page Number:</b>
<b>Effective Date: April 2025</b>	<b>Supersedes: April 2024</b>

**Policy:**

Babcock Community Care Centre shall develop, implement and maintain an ongoing quality improvement program designed to monitor and evaluate the quality of resident care, pursue methods to improve quality care and to resolve identified problems.

**Purpose:**

The primary purposes of the CQI Program are:

- 1) To provide a means whereby negative outcomes relative to resident / staff care and safety can be identified and resolved through a multidisciplinary approach and effective systems of services and positive care measures can be reinforced and expanded to improve care given;
- 2) To establish and provide a system whereby a specific process and the documentation relative to it is maintained to support evidence of an ongoing CQI Program, encompassing all aspects of resident care including safety, infection control and quality of life applicable to our residents;
- 3) To develop monitoring tools that provide an effective mechanism to assure that each resident receives the necessary care and services to attain or maintain their highest physical, mental and psychological well-being.
- 4) To assist departments, consultants and support services to indicate lines of authority , responsibility and accountability so that open lines of communication and outcome resolutions may be achieved for optimum resident care on a continuous basis;
- 5) To develop plans of improvement and evaluate corrective actions taken to obtain the desired results, and;
- 6) To provide a centralized, coordinated approach to CQI activities so as to bring about a comprehensive program of CQI to meet the needs of the home, residents and staff.

**Authority:**

Joe Babcock, Administrator is the designated lead of the CQI Program.

**Primary Goals of the CQI Committee:**

1. To monitor and report to the long-term care home licensee on quality issues, residents' quality of life, and the overall quality of care and services provided in the long-term care home, with reference to appropriate data.
2. To consider, identify and make recommendations to the long-term care home regarding priority areas for quality improvement in the home.
3. 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.

## **CQI Committee Members:**

The following individuals will be part of the CQI Committee:

1. The home's Administrator.
2. The home's Director of Nursing and Personal Care.
3. The home's Medical Director.
4. Every designated lead of the home – Dietary, Activities, Infection Control, Environmental Services
5. The home's registered dietitian.
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.
7. At least one employee who is a member of the regular nursing staff of the home.
8. At least one employee who has been hired as a personal support worker or provides personal support services at the home
9. One member of the home's Residents' Council.
10. One member of the home's Family Council, if currently active.

## **Implementation:**

- 1) The implementation of our CQI Program shall be coordinated and supported by the CQI Committee.
- 2) This committee shall meet quarterly or as deemed necessary by the CQI Lead to make recommendations for quality improvements in the home, review assessment tools, data collection reports and all activities regarding CQI as carried out by departments, services or teams.
- 3) When choosing quality improvement priority areas for the home, the committee may consider using a number of resources including but not limited to the home's Mission Statement and Strategic Plan, changes to applicable best practices, regulatory requirements and standards of practice, resident satisfaction reports, quality indicator reports / assessments, sector benchmarks and input gathering activities.
- 4) The CQI Committee shall help determine the types of CQI activities to be used and shall review all data collection tools, monitoring tools and activities that encompass all categories of care rendered to determine:
  - a. Their appropriateness;
  - b. The standards against which they are measured; and
  - c. Their effectiveness to meet resident care needs.
- 5) Any suggested improvements will be discussed with the committee. All improvements will be monitored to determine appropriateness and / or the need for alternative measures.
- 6) Reinforcement of identified positive outcomes will be carried out by specific departments or services on the recommendation of the CQI Committee.
- 7) Individual departments or services may be assigned responsibility for monitoring and evaluating quality improvement initiatives assigned to their area by the CQI Committee.
- 8) A delegate from the CQI Committee may attend meetings of other committees/departments as deemed appropriate and shall serve as a liaison among committees, individuals, services, and / or departments to focus on CQI in the ongoing operation of the home. This includes sharing information and obtaining input from the Resident and Family Council of the home.

**Evaluation / Communication of Quality Improvements:**

- 1) All CQI activities will be integrated and coordinated among all departments and services and the effectiveness of the CQI Program will be assessed on an ongoing basis.
- 2) QI related reports made by departments, services, or other committees shall be submitted to the CQI Committee for review and discussion.
- 3) Reports will be evaluated to determine problems, plan solutions, implement actions and ensure follow-up is completed
- 4) Quality Indicators as chosen by the CQI Committee will be monitored quarterly and assessed against benchmarks, goals and desired outcomes.
- 5) Corrective measures and further QI initiatives will be discussed / developed and monitored by the CQI Committee.
- 6) Examples of QI initiatives that may be implemented to promote improvement include, but are not limited to:
  - Educational training programs;
  - New or revised policies and procedures;
  - Staff routine changes;
  - Supply or equipment changes;
  - Adjustments to admission, transfer and / or discharge practices;
  - Enhancement of services and;
  - Adjustment in employment practices.
- 7) Results of quality improvement initiatives will be documented in our CQI Binder. Summaries will be developed and shared at Resident / Family Council Meetings, with staff, applicable regulatory bodies and service providers, and posted on communication boards for visitors to review.

**Committee Chairperson / Recording Secretary:**

The role of the chairperson / coordinator will be shared among CQI Committee members.

**Priority Areas of Quality Improvement for 2025/2026**

The following areas of Quality Improvement have been selected after consultation with Resident Council, staff of the home, Family Council and our Quality Improvement Committee:

- Working with our Construction Manager and their team to continue the development of our new home with a goal of completing construction in spring of 2026.
- Continued implementation of the RNAO Clinical Support Tool Assessments in our electronic charting system. These tools will help us improve our assessment of residents and development of care plans by ensuring our assessments reflect the most up to date best practice guidelines available.
- Update and develop policies and routines that will be used in our new home.
- Implementation of resident documentation initiatives including online lab integration and the transition to the interRAI LTCF resident assessment instrument.
- Monitoring of key performance indicators and the development of plans to address those areas identified as needing improvement
- Assess and continue to improve our Infection Prevention and Control Program (IPAC) in the home though the use of contracted and internal audits, additional IPAC Lead training, education of staff, residents and families, and maintaining / upgrading of our current equipment / furniture / surroundings to improve infection control practices and provide a safe, stimulating, home-like environment for our residents
- Monitoring client satisfaction and obtaining feedback on areas that can be improved upon to provide a caring and safe home-like experience for our residents

**Annual Satisfaction Survey**

Every year we ask our residents and their family to complete a satisfaction survey of the services received at the home. The survey questions are worded for the client to answer “Always, Most of the time, Sometimes or Never”. “Always” indicating total satisfaction and “Never” indicating poor satisfaction. The Resident / Family Council are consulted when developing the survey questions.

We have 22 questions that cover nursing services, recreation and restorative care services, dietary services and housekeeping/laundry services.

Our most recent survey was completed in December 2024:

- Out of 560 responses, 525 indicated they agreed with the statement “Most of the time” or “Always” (93.75% of total responses received). We felt this was a very positive result.
- Out of 560 responses, we had 0 “Never” selections.
- Out of 560 responses, we had 19 “Sometimes” selections (3.39% of total responses received).
- 100% of responses indicated they would recommend our home to others.
- 96.43% of responses answered “Yes” - they can express their opinion to staff/management without fear of consequences.

The entire report was shared with our Resident / Family Councils and posted in our home for all staff and visitors to view.

**Review Dates**
