

WIKWEMIKONG NURSING HOME QUALITY IMPROVEMENT PLAN



Cheryl Osawabine-Peltier, Administrator

July 11, 2022

Wikwemikong Nursing Home

MISSION STATEMENT

At the Home we are dedicated to provide the highest standard of holistic quality care in a home-like atmosphere where each Elder is honoured, respected, and cared for in a compassionate loving environment that promotes dignity. The Mission, vision and values of the Wikwemikong Nursing Home are based on the Seven Grandfather teachings.

Mnaadendamowin (Respect)

Dbaadendiziwin (Humility)

Debwewin (Truth)

Aak'dehewin (Bravery/Courage)

Zaagidwin (Love)

Gwekwaadiziwin (Honesty)

Nibwaakaawin (Wisdom)

Theme # 1: Timely & Efficient Transitions

CQI GOALS/TARGET OUTCOMES	ACTION ITEMS	SUPPORTING PROCESS	PROCESS IMPLEMENTATION	PROCESS MEASUREMENT	STATUS REPORT Quarterly
<p>The percentage of potentially avoidable emergency department visits will remain below 5% of the total resident census/month.</p>	<p>1. Initiate & implement available clinical assessment tools to early identify – where possible – changes in resident conditions.</p>	<p>Maintain timely/scheduled RAI/MDS assessments.</p>	<p>Assessments are in place and timely for new admissions/readmissions and significant changes in resident status.</p>	<p># of ED visits per month</p>	

Theme # 2: Service Excellence

CQI GOALS/TARGET OUTCOMES	ACTION ITEMS	SUPPORTING PROCESS	PROCESS IMPLEMENTATION	PROCESS MEASUREMENT	STATUS REPORT
<p>Complaints submitted to the home will be responded to within 10 days for 100% of the total number of complaints submitted.</p>	<p>1. All complaints submitted will be reviewed within 24 hours of receiving and resolved no later than 10 days from the date of the complaint.</p>	<p>Complaints & Concerns process Complaint log</p>	<p>Admission packages are provided, and complaint process reviewed on every new admission and as required.</p> <p>Complaints and Concerns forms (if applicable) are available and accessible.</p>	<p># of complaints received using the Complaints & Concerns process monthly. # of resolutions within 10 days.</p>	
<p>Resident & Family satisfaction surveys will indicate satisfaction with care & services provided for 90% of</p>	<p>2. Resident & Family surveys will be provided to all residents and family annually</p>	<p>Annual Resident & Family Survey through established format – i.e. PDF; email; on line</p>	<p>Resident & Family Survey is provided at the same time yearly by a designated department with accompanying instructions & support.</p>	<p># of surveys completed, and the percentage of completed surveys indicating satisfaction with care & services provided.</p>	<p>Due to pandemic and staffing issues, survey is delayed until</p>

<p>the surveys completed.</p>	<p>3. Review & communicate results of annual Resident & Family survey and establish a plan to respond to discrepancies through CQI committee.</p>	<p>CQI Committee meeting.</p>	<p>Plan to address discrepancies is developed.</p>	<p>.</p>	<p>September 2022</p>
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Theme # 3: Safe & Effective Care

CQI GOALS/TARGET OUTCOMES	ACTION ITEMS	SUPPORTING PROCESS	PROCESS IMPLEMENTATION	PROCESS MEASUREMENT	STATUS REPORT
<p>100% of resident care plans will indicate a holistic approach to palliative care from early to end of life supports and quality of life interventions.</p> <p>Ongoing commitment to health-related quality of life through targeted interventions to maintain MDS quality indicator percentages below provincial averages.</p> <p>Robust IPAC program and outbreak preparedness that maintains infection rates below provincial averages.</p>	<ol style="list-style-type: none"> <li data-bbox="453 345 846 613">1. Palliative care philosophy will be included in the admission package and included in admission checklists (if applicable) for care plan inclusion. <li data-bbox="453 735 846 922">2. Continue admission, re-admission, quarterly and/or significant change in status RAI/MDS assessment protocols. <li data-bbox="453 1166 846 1385">3. Maintain IPAC practices and outbreak preparedness as indicated in FLCTA, 2021 and local public health best practice. 	<p>Palliative Performance Scores (PPS)</p> <p>Admission protocols</p> <p>RAI/MDS assessment, coding, and submission protocols.</p> <p>IPAC manual. FLCTA, 2021. Outbreak Preparedness.</p>	<p>PPS are completed on admission, readmission and with significant changes.</p> <p>Admission protocols include inclusion of palliative quality of life in care plans.</p> <p>RAI/MDS protocols are completed according to established process and high-risk outcomes addressed.</p> <p>The IPAC program is active in all aspects of inclusive of daily infection prevention process, audits, and outbreak preparedness.</p>	<p># of Palliative Performance Scores completed.</p> <p>100% of all care plans include palliative quality of life goal statement.</p> <p># of MDS quality indicators below provincial averages on a quarterly basis.</p> <p>Infection rates below the provincial average monthly. 85% compliance with IPAC protocols as indicated through audit results.</p>	<p>New initiative</p>

HUMAN RESOURCES Retention and Recruitment	<ol style="list-style-type: none"> 1. Maintain adequate staffing in all departments of the home. 2. Continue to recruit Registered Nurses and other qualified staff to meet the needs of the residents 3. Develop inhouse training and support for new staff members 	<p>Staffing schedules</p> <p>Staff recruitment measures</p> <p>Number of new staff completing orientation program</p>	<p>Master schedule Adjust master schedule to meet the needs of the residents and staff work life balance.</p> <p>Ongoing advertisements Work with Health Force Ontario to recruit new staff</p> <p>Orientation program participants</p>	<p># of open positions in each department</p> <p># of new hires</p> <p># of staff completing orientation program</p>	
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<p>Health and Safety Emergency Response</p>	<p>Review and test all emergency codes</p>	<p># of emergency code drills conducted</p>	<p>Three fire drills per month (once on each shift) Annual full evacuation drill Drill for Code White, Code Yellow</p>	<p># of fire drills per month # of annual evacuation drills # drills for code white and code yellow</p>	<p>3 per month Due to pandemic and staffing issues, annual evacuation and drills for code white and code yellow was not done, this will be completed in August 2022</p>
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