QUALITY ASSURANCE PROGRAM

Revised
MAY, 2022

M A S T E R

QUALITY ASSURANCE PROGRAM

MISSION:

Au Château is committed to achieve excellence to quality improvement, considering the residents' total environment and all aspects of their lives, and will endeavor to exceed the standards perceived by our residents and their families, our employees and any observing body. The Quality Assurance Program is established in accordance with the philosophy, mission and goals of the Corporation.

RISK POLICY OBJECTIVES:

- Au Château believes that risk management by identification, assessment, corrective action and review must be an ongoing process, with a minimum delay.
- All staff members, at all times, are responsible for risk identification and reduction.
- While risk elimination is impossible, Au Château believes in the complete reduction of any identified risk to the limit of its ability to so reduce it, and to minimize the impact of negative outcomes, if any, to the best of its ability.

PROGRAM OBJECTIVES:

- Develop a comprehensive, coordinated, facility wide, program for monitoring, analyzing, evaluating and improving the quality of accommodation, care, services, programs and goods provided by the Home.
- Promote awareness of and educate staff, residents and families regarding Quality Assurance and practices.
- Ensure compliance with Ministry of Health and Long-Term Care directives and recommendations.

- Evaluate the effectiveness of Quality Assurance practices through surveillance, reporting and audits, and initiate changes that improve resident comfort and care, clinical outcomes and resident/families satisfaction level.

- Communicate and share all improvements achieved to Residents Council, Family Council and staff.

- Quickly identify problems that can effect/impact resident care or safety, make recommendations on problems/findings, in order that appropriate remedial actions are initiated in a timely manner.

- Evaluate the Quality Assurance Program annually, along with associated departmental policies and procedures/practices. The evaluation process will include the use of comparators through the RAI Program, to assess how the Home is performing in comparison to other Homes of comparable business activities.

INTERNAL AND EXTERNAL REPORTING:

The Quality Assurance Coordinator assures overall responsibility for coordinating program development, implementation and revision, delivering effective communication to Senior Management, the Quality Assurance Committee and the Board of Directors.

The Committee manages quality assurance programs and research relevant control issues and communicates information to all involved parties.

QUALITY ASSURANCE COMMITTEE

TERMS OF REFERNCE

Goals of the Committee:

1. To support the organization's goal of quality assurance programs and risk reduction.

2. To ensure the best quality of care to residents by evaluating the Quality Assurance Program, including:
   - Setting Home-wide quality improvement targets, considering prioritization;
   - Measuring results through key indicators; and,
   - Ensuring all quality improvement decisions are based on valid and reliable evidence, as well as related best current practices.

3. To support a continuous quality improvement through collaboration between the LTC Home's staff and leadership as well as representatives from the Residents' Council and Family Council.

4. The committee's objective is to create a safe and collaborative space for its members to fulfill their responsibilities, as set out in the Regulation.

Objectives of the Committee:

1. Coordinate the development of the Quality Assurance Program, and associated policies and procedures based on best practices.

2. Develop an ongoing surveillance program in order to provide the institution with relevant data to:

   - Provide benchmark information;
   - Identify problem areas and assist in the establishment of desired outcomes
   - Identify staff learning needs
   - Lead to changes in policies and procedures which address identified problems, based on:
     - the critical appraisal of information/data collected,
     - the use of evidence-based practice and clinical expertise, and,
     - the consideration of residents' and families' preferences.
   - Evaluate/measure program efficiency, defining processes and standards, quality audits, selection of tools, process documentation and training.

3. Coordinate and monitor the development, implementation and evaluation of educational and training programs based on the desired outcomes.

Committee Membership:

The Committee includes membership from the following areas of expertise:

- Administrator
- IPAC Lead
- Director of Resident Care
- Medical Director
- Pharmacist
- Dietician
- Dietary Supervisor
- Environmental Supervisor
- Programs Coordinator
- RN
- RPN
- PSW
- Resident Council
- Family Council

Meetings:

The Committee meets quarterly, and as required at the call of the Quality Assurance Coordinator or designate.

Evaluation:

- The Quality Assurance Program will be evaluated annually, as to the effectiveness of the IPAC Program and other core programs and quality indicators selected and monitored.

- Any changes to the program will be documented and communicated immediately to all affected staff and management.

- The supervisor will implement any changes within their area, and will keep the Quality Assurance Coordinator informed.