Leamington Mennonite Home
Long Term Care

QUALITY & RISK MANAGEMENT
POLICY AND PROCEDURE

CATEGORY: Risk Management	SUBJECT: Audit Guidelines for Inspection Protocols	SECTION: C POLICY: 2
DATE: July 12, 2022	Administrator's Signature: _____	

AUDIT GUIDELINES FOR INSPECTION PROTOCOLS

POLICY:

Use of the Inspection Protocols (IPs) will be part of the Risk Management program for each Home. Each department will work through their respective IPs as per the Inspection Protocol schedule to identify gaps and areas for improvement, as well as to confirm that the respective processes, structures, and systems are effective. Results may be used to identify CQI projects, track CQI projects, evaluate the degree to which departmental and interdepartmental systems are working, assist in the evaluation of the quality of care, progressively discipline staff where performance is of concern, and confirm that structures and processes for care delivery are in order.

PROCEDURE:

The Department Manager or designate will:

1) Conduct an inspection with the IP to review clinical and operational processes within the Home per annual schedule as determined by the leadership team.

2) Use the IPs to assist staff in evaluating the quality of both the process and the related work completed to determine effectiveness and as/where applicable identify whether there is need for change/improvement.

3) Complete both Part A and Part B of each Inspection Protocol to conduct a wholesome review and identify any potential risks.

4) Determine strategies to address areas of deficient performance, setting specific actions in place to include:
   a. Who will compete the work
   b. When the actions will start
   c. Evaluate the program after corrective strategies are completed

5) Review results of inspections and/or corrective strategies at Leadership & Quality Meetings, respective team and committee meetings, and ensure high risk issues are discussed at the Daily Morning Report.