

Leamington Mennonite Home  
Long Term Care

**QUALITY & RISK MANAGEMENT  
POLICY AND PROCEDURE**

<b>CATEGORY:</b> Quality Management	<b>SUBJECT:</b> Indicator Monitoring & Improvement	<b>SECTION:</b> A <b>POLICY:</b> 3
<b>DATE:</b> July 12, 2022	<b>Administrator's Signature:</b> _____	

**INDICATOR MONITORING & IMPROVEMENT**

**POLICY:**

Organizational Quality Indicators have been developed to monitor quality, identify risks, perform benchmarking, and identify opportunities for improvement.

The Home will record indicator results monthly in their clinical documentation system, run benchmarking reports, complete an analysis, report on variances, and set up improvement projects as required.

**PROCEDURE:**

**A. Indicator Input**

- 1) All designated managers will collect data in accordance to the electronic database QIA portal.
- 2) All indicators will be entered by the 10<sup>th</sup> of the month by the Manager or designate into the Corporate Indicators.
- 3) The QRM Lead is responsible for ensuring the indicators are entered into QIA according to the definitions by the 10<sup>th</sup> day of the month for the previous month's data.
- 4) Indicator results are reviewed and analyzed monthly at appropriate department and management team meetings.

**B. Exception Reporting**

Benchmarking reports are run after the 15<sup>th</sup> of the month from the clinical documentation system QIA Reports.

- 1) All Managers will complete the exception reporting for all results above or below the mean for their assigned indicators in the QIA portal by the 20<sup>th</sup> of the month (these are explained and appropriate actions identified using the "Monthly Indicator Variance Analysis and Action Plan" tracking template).
- 2) The QRM Lead is responsible for indicator trending and exception reviews at Leadership & Quality and for ensuring that improvement projects or teams are set as required to improve indicator results.

- 3) The work of the project or team is tracked in the clinical documentation system QIA module and used at the time of accreditation.
- 4) The Indicator Variance Tracking Form is submitted to the Administrator monthly with the QRM Lead's report.
- 5) The Home may establish and track Home specific indicators based on the operational plan, identified risks, and/or key processes.