

Leamington Mennonite Home
Long Term Care

**QUALITY & RISK MANAGEMENT
POLICY AND PROCEDURE**

CATEGORY: Quality & Risk Management - Nursing	SUBJECT: Nursing Risk Management Plan	SECTION: G POLICY: 1
DATE: July 12, 2022	Administrator's Signature: _____	

NURSING RISK MANAGEMENT PLAN

POLICY:

As part of the risk management framework, the risk management plan is developed to monitor process and identify risks and outcomes of care. A series of resident care audits will be completed on a regularly scheduled basis.

PROCEDURE:

The Director of Care or designate will:

- 1) Utilize the Risk Management Schedule and identify the months in which activities will be completed throughout the year to establish frequency and communicate the schedule.
- 2) Assign nursing staff to complete the audits as per schedule.
- 3) Review results and corrective action taken.
- 4) Document action and follow-up on all audit tools with input from staff.
- 5) Where a Home area achieves a 90% rating in three consecutive months on a specific audit other than restraint and move in audits, decrease the frequency and number of monthly audits to quarterly.
- 6) Where an audit receives a rating of 70% or less in one month, increase the frequency or the number of audits until a 90% rating is achieved for a minimum of three consecutive months.
- 7) Revise posted schedule of quality management activities on each home area/neighbourhood, including audits, action plans, and follow up activities as required.
- 8) Share the results of audits at Nursing Practice Meetings, Leadership & Quality meetings, and at Professional Advisory Committee Meetings (ON) and MSAC (BC) as applicable.

SCHEDULE OF AUDITS:

The Nurse in charge of the building or designate will:

- 1) Complete eMAR backup audit daily as assigned.

Nurses on each home area/neighbourhood will:

- 1) Initiate the Resident Chart Audit – Move In on the 6th day of move in, completing all defined areas by the 21st day.
- 2) Complete the following monthly audits as assigned:

- Resident Chart Audit – one per home area/neighbourhood
 - Medication Administration Record Audit – one per home area/neighbourhood
 - Treatment Administration Record Audit – one per home area/neighbourhood for residents with treatments only
 - Physician's Orders Audit – one per home area/neighbourhood
 - Resident Weight Audit – one per home area/neighbourhood for weight variances only
 - Skin & Wound Audit – one per home area/neighbourhood for residents with impaired skin integrity
 - Resident Restraints Audit – all restraints every month
- 3) Assign the HCA/PSW team the following monthly audits:
 - Resident Grooming Audit (includes mouth care & foot care) – three per home area/neighbourhood
 - Resident Room Audit – three per home area/neighbourhood
 - 4) Assign the HCA/PSW team the following semi-annual audits:
 - Continence Care Product Use
 - 5) Assign the HCA/PSW team the following annual audits to coincide with a resident's annual review:
 - Continence Care Product Effectiveness Audit (if applicable)
 - 6) Propose recommendations and provide direct input into strategies for improvement to current systems where applicable.

Where deficiencies are noted on audits, all Staff will:

- 1) Where resident care and/or services are impacted:
 - Resolve the immediate issue
 - Address any deficiencies identified
 - Document as appropriate in the progress notes and on the QM audit tool
 - Modify the resident care plan as appropriate
- 2) Document and report these deficiencies to the ADOC/DOC immediately.