Quality Assurance

Policy: It is the policy of the Activity Department to evaluate the activity program every month to ensure the quality of the program.

Procedures:
- The Activity Department will conduct a monthly Quality Assurance committee meeting to discuss issues and make changes to improve the activity program.
- The Activity Department will complete the Quality Assurance Checklist each month.
- The Activity Department will conduct a Quality Assurance Evaluation with residents and family members each month.
- The Activity Department will discuss Quality Assurance issues monthly with Administrator, Nursing Department, Food Service Department, and Maintenance.

Q. A. Tool: Activity Program Review

Directions: through interview and record review, determine the status of the following:
(Y = Yes, N = No, N/A = Not Applicable)

1. A qualified professional directs the activity program. ________
2. Activities are regularly scheduled 7 days a week. ________
3. Activities are provided: in the evening ________ on the weekend ________ in the community ________
4. Cultural and ethnic interests are incorporated into activity programs. ______________
5. Residents who chose not to attend any group activity or who are non-responsive are provided appropriate programs. ________
6. Are activities offered for:
   a) cognitively intact residents who can choose to participate ________
   b) moderately impaired residents who need small group structured activities ________
   c) severely impaired residents or those who best respond to 1:1 activities ________
7. Other facility personnel assist as needed with provision of activity program (transportation, supervision etc.) ________
8. Activity calendars are prominently displayed on each wing and in each resident's Room by the first of each month ________
9. Activities occur as posted. ________
10. Volunteers participate in conducting programs in the facility. ________
11. Activity staff has reviewed and signed their job descriptions ________

Percentage of Compliance = Number of Yes responses, divided by total number of responses, X's 100

Department: ____________________________________________________________________

Percentage of Compliance ________

Threshold reached? Yes ________ No ________

Signature of Assessor: ______________________________________ Date: _______/ _______/ ________

Part 1 of 2 parts: Part 2 Residents Quality Review
Q. A. Tool: Resident Quality Assurance

Directions: through interview and record review, determine the status of the following:

(Y = Yes N = No N/A = Not Applicable)

1. Do you participate in activities offered. ________
2. Do the activities offered interest you? ________
3. Are the activities offered similar to the activities you enjoyed before coming to this facility? ________
4. Are the times the activities are offered satisfactory? ________
5. Is there enough variety of activities offered? ________
6. Do you have adequate assistance with activities, such as getting supplies or having access to tape recorders? ________
7. If you need special equipment such as book holder, large print books or talking books, is it available? ________
8. Do the activities you participate in make you feel good about yourself? ________
9. Do you have fun with the activities you do? ________
10. Are there enough activities offered in the evening? ________
11. Are there enough activities offered on the weekend? ________
12. If needed, do you receive assistance to get to activities on time ________
13. Are there enough activities planned outside the facility? ________

1. A resident council is in existence and functioning ________
2. Private space is provided for resident council meetings ________
3. A designated staff member is assigned responsibility to assist the resident council as needed ________
4. Other staff members attend resident council meeting by invitation only ________
5. The Administrator reviews resident council concerns, grievances and/or recommendations and communicates a response ________

Percentage of Compliance = Number of Yes responses, divided by total number of responses, X's 100
Department: ____________________________________________________________
Percentage of Compliance ________
Threshold reached? Yes ________ No ________

Signature of Assessor: __________________________________________ Date: _______/ _______/ ________

Part 2 of 2 parts: Part 1 Activity Program Review