

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



PLEASANT MANOR
serving seniors with excellence, love and dignity

Long Term Care

March 2015

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

ontario.ca/excellentcare

Overview of Our Organization's Quality Improvement Plan

Overview

The objective we focus on in our QIP is aimed at improving resident-centred care, particularly related to the bathing experience. We chose this objective to respond to feedback from long term care (LTC) residents that identified it as an area of lower satisfaction on the 2014 Pleasant Manor Resident Satisfaction Survey.

Our QIP aligns with the quality objectives of our organization's strategic plan, and with our Long Term Care Service Accountability Agreement (L-SAA). Further, our QIP aligns with provincial and regional strategies of client-centred care, as well as Seniors Strategy in the province. It is integrated with Health Quality Ontario's (HQO) and the Local Health Integration Network's (LHIN) health services plan that focuses on client experience.

Integration and continuity of care

Pleasant Manor and Tabor Manor, which are sister homes, have a Quality Council (QC) that oversees the quality improvement strategy and initiatives at both homes. The homes work together and align objectives to create positive change in both locations. We are a member of the Ontario Association of Non-profit Homes and Services for Seniors (OANHSS) Region 2 Administrators group and the Hamilton Niagara Haldimand Brant (HNHB) Long Term Care Homes (LTCH) Network and Niagara Senior Supportive Housing Network (NSSHN), and have been working with these groups to develop quality improvement initiatives.

Challenges, risks and mitigation strategies

Our challenge will be to achieve the performance goal. One of the major risks we are aware of is the lack of appropriate staffing levels to carry out high quality care. When our staff are overwhelmed with too much work, we are aware of a tendency to cut corners to complete all necessary work, which jeopardizes our focus on resident-centred care.

We will do our best to mitigate this risk through appropriate staffing levels as well as we can within our budgetary constraints. Our organization has policies and job routines in place that ensure that residents are served as well as possible within our current staffing reality. In addition, we are implementing ongoing audits to ensure we achieve our stated objective. Part of the auditing process involves following up with individual staff, as necessary, if we become aware of any issues that detract from this objective.

Information management:

Our organization uses annual Resident Satisfaction Surveys to obtain data and feedback from our residents so we can better understand their needs. As mentioned above, our QIP objective is drawn directly from our 2014 Resident Satisfaction Survey as a means of responding to resident feedback. Our goal is to improve resident satisfaction in the identified area on the 2015 Resident Satisfaction Survey.

Engagement of clinicians and leadership:

Our leadership staff were involved in the creation of the objectives and action plans on our QIPs through our LTC Continuous Quality Improvement Committee (CQIC). We have also consulted our LTC Professional Advisory Committee (PAC) and engaged in conversations with Brock & DeGroote School of Medicine, Niagara Campus, as partners in our quality journey. Our management team has obtained certification through Improving & Driving Excellence Across Sectors (IDEAS) training. Our QIP was reviewed and approved by the Pleasant Manor and Tabor Manor Board of Directors on Wednesday, March 18, 2015.

Patient/Resident/Client Engagement

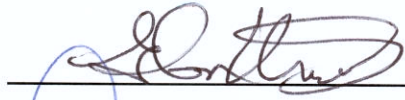
Upon receiving our Resident Satisfaction Survey results, we meet with the Resident Council to discuss the results and establish an area for improvement. Staff create an action plan and report back to the Resident Council and Family Council to let them know how we plan to improve in the identified area.

Accountability management:

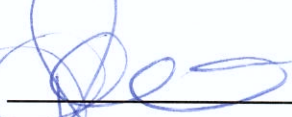
Our progress on our QIP objective will be reviewed quarterly at CQIC meetings and then reported on at QC meetings. The objective on our QIP is incorporated into our supervisors' annual performance plans through our performance management system, to be reviewed and assessed throughout the year and in their annual performance reviews.

Sign-off

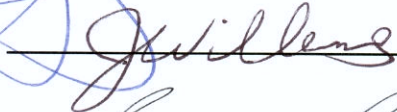
I have reviewed and approved our organization's Quality Improvement Plan

A handwritten signature in black ink, appearing to read 'Glen Unruh', written over a horizontal line.

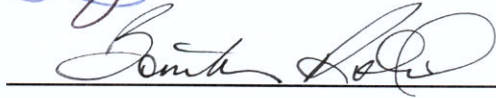
Glen Unruh, Board Chair

A handwritten signature in blue ink, appearing to read 'Tim Siemens', written over a horizontal line.

Tim Siemens, Executive Director & Quality Council Chair

A handwritten signature in black ink, appearing to read 'Judy Willems', written over a horizontal line.

Judy Willems, Director & Long Term Care Quality Committee Chair

A handwritten signature in black ink, appearing to read 'Bonita Riehl', written over a horizontal line.

Bonita Riehl, Director of Care

Quality Improvement Plan – Pleasant Manor – Long Term Care

AIM		MEASURE				CHANGE				
Quality Dimension	Objective	Measure/ Indicator	Current Performance	Target for 2015/16	Target Justification	Planned Improvement Initiative (change ideas)	Methods	Process Measures	Goal for change ideas (2015/16)	Comments
Resident Centered	A - 1 Enhance the bathing experience for residents	% of Very Satisfied responses to questions 1 and 6 in the Personal Care category on the Resident Satisfaction Survey, pertaining to bathing/hygiene. % of positive responses on a separate question on Resident Satisfaction Survey pertaining to this objective.	Question 1: 20% Very Satisfied Question 6: 30% Very Satisfied	Question 1: 30% Very Satisfied Question 6: 40% Very Satisfied	To match best performance in other categories on Resident Satisfaction Survey	Refresh the tub room: - Declutter - Repair tiles - Repair baseboard - Build a cupboard or alternative organized space for residents' personal items - Decorate: plants, art, etc.	Observe tub room to determine if repairs and updates are complete	# of elements of the tub room refresh that have been completed	All 5 elements of the tub room refresh have been completed by March 31, 2016	We chose this objective because the categories in which residents indicated the least number of "very satisfied" responses were related to personal care, as identified on the 2014 Pleasant Manor Resident Satisfaction Survey.
						Play enjoyable and relaxing music. Purchase CD player and prepare a playlist of spa-like music (nature sounds, etc.). Include the use of the towel warmer in the bathing procedure.	Director of Care will do periodic audits to determine if employees are playing appropriate music and using towel warmer, and record findings. Follow up with employees individually and at meetings, as required to reinforce action plan.	% of time appropriate music is being played at the time of an audit	90% compliance to playing appropriate music by March 31, 2016	
						Ask residents for feedback on what	Record residents' answers and find	% of residents whose	The feedback of 50% of residents has been	

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						would improve the bathing experience for them	ways to implement change ideas that address their feedback.	feedback is reflected in the change ideas	implemented by March 31, 2016.	
						Involve PSWs in the idea generation phase of this goal	Record PSWs' ideas and find ways to incorporate them into change ideas.	% of PSWs whose ideas are incorporated into change ideas	The ideas of 50% of PSWs have been implemented by March 31, 2016.	