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 2016

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.

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 providing care that considers residents' strengths, preferences, and needs in a non-rushed manner. 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 2015 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.

Quality Improvement Achievements from Past Year

We made progress on our objective this past year but have not yet achieved our target. Our progress indicates that we are heading in the right direction, and we will consult future survey results to measure our improvement. Our "final" measurement may not accurately reflect the extent of our progress because it was taken just over a quarter of the year into our QIP. (Our annual Resident Satisfaction Survey is distributed in August, which was only 4 months after we initiated the work on our QIP). In completing our first full year of the QIP cycle, we discovered the need to modify our Quality Calendar to better align our annual survey season with the QIP cycle, which we have done for the coming year, to improve the accuracy and timeliness of our measurements and feedback cycle. We anticipate that this change will more accurately reflect our success in achieving our objectives.

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 23, 2016.

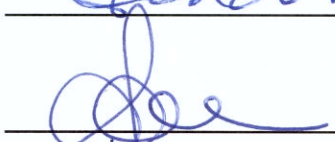
Patient/Resident/Client Engagement

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.

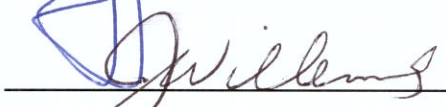
Sign-off

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

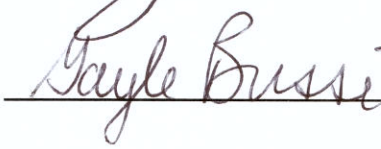
Glen Unruh, Board Chair



Tim Siemens, Chief Executive Officer & Quality Council Chair



Judy Willems, Director & Long Term Care Quality Committee Chair



Gayle Bussi, Acting Director of Care

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Quality Improvement Plan – Pleasant Manor – Long Term Care

AIM		MEASURE				CHANGE				
Quality Dimension	**Objective**	**Measure/ Indicator**	**Current Performance**	**Target for 2016/17**	**Target Justification**	**Planned Improvement Initiative (change ideas)**	**Methods**	**Process Measures**	**Goal for change ideas (2016/17)**	**Comments**
Resident Centered	A – 1 Equip, support, and engage staff to provide care considering residents' strengths, preferences, and needs, in a non-rushed manner	% of Very Satisfied responses to question 6 and question 7 in the Personal Care category on the Resident Satisfaction Survey, pertaining to staff providing care considering resident strengths, preferences, and needs in a non-rushed manner	Question 6: 33% Very Satisfied Question 7: 33% Very Satisfied	Question 6: 43% Very Satisfied Question 7: 43% Very Satisfied	To match best performance in other categories on Resident Satisfaction Survey	We will pilot a flexible breakfast start time, between 8:25am and 8:40am, so morning care is not so rushed. Residents will be served their meals individually as they are ready, though residents who require assistance will only be served once a staff member is with them to assist them. Staff will use touch, smiling, and eye contact to more meaningfully connect with residents.	The change in routine will be communicated to Nursing and Dietary staff and portering volunteers Communicate to Resident Council and Family Council. Hold an inservice to train and encourage staff to connect with residents in these ways Reinforce in departmental meetings by discussing examples	Change communicated, as documented in departmental meeting minutes Change communicated, as documented in meeting minutes Inservice held Discussion at May and September departmental meetings, as documented in meeting minutes	Change in routine will be communicated and implemented by April 1, 2016. Change in routine will be communicated by April 1, 2016. Hold an inservice by April 30, 2016. Discussed at all departmental meetings in both May and September 2016.	We chose this objective based on ratings and comments from residents, as identified on the 2015 Pleasant Manor Resident Satisfaction Survey.

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						We will improve bathing routines.	Director of Care (DOC) will audit bathing schedule and service to ensure each resident is bathed using his/her preferred bathing method (bath or shower), and make adjustments as needed.	Audit completed and changes made, if needed	Audit completed and changes made by April 30, 2016.	
							DOC will conduct audits of bathing to ensure it is done in a non-rushed manner, and provide re-training to staff as needed.	Audits completed	Baseline audit completed by May 31, 2016, and monthly audits completed afterward.	
						We will equip and support staff to manage work while short staffed and to respond to/ communicate with residents and families	Supervisors will continue to monitor our progress on our 2015 QIP initiatives.	2015 QIP reviewed monthly at Supervisors meetings, as documented in meeting minutes	2015 QIP reviewed monthly beginning March 1, 2016.	We chose to focus on reworking staffing routines so staff are less rushed and feel less stressed out. We expect that this will result in staff being able to take more time with residents rather than rushing them, and will reduce staff expression of frustration/stress to

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							DOC will review and modify staffing routines to alleviate stress and time pressure on staff for certain personal care tasks, finding ways for staff to work together to provide easier, safer, more dignified care. DOC will conduct audits and solicit feedback from Personal Support Workers (PSWs) and Registered Staff to monitor effect of new routines. Hold an inservice for Registered Staff to train them to better support PSWs	Routines reviewed and modified Routines communicated at departmental meetings, as documented in meeting minutes Audits completed to monitor effect of new routines. Feedback solicited from PSWs and Registered Staff Changes made as needed. Inservice held	Routines will be reviewed and modified by May 15, 2016. Routines will be communicated by May 30, 2016. Weekly audits completed from May 30 to June 30, 2016. Feedback collected and reviewed by July 15, 2016. Changes made by July 31, 2016 Hold an inservice by April 30, 2016.	residents/families. We expect that this focus will help get to the root of any rushed behaviour that is occurring and will contribute to a foundation for non-rushed, quality care.

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						We will survey residents twice throughout year to gauge progress in these areas.	Distribute a 2 question survey (questions 6 and 7) to all residents in both July and September. Director will attend July & September Resident Council meetings to report back on results.	% positive responses Results reviewed, as documented in minutes	36% positive responses on July survey 40% positive responses on September survey Results reviewed by July 31 and September 30.	