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

PLEASANT MANOR
serving seniors with excellence, love and dignity

Long Term Care

March 2017

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

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 improving communication to residents within the home. 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 2017 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.

Quality Improvement Achievements from Past Year

We had some setbacks as we implemented our QIP this past year because some of our change ideas were difficult to implement and measure, and were not necessarily predictive of the overall objective. We also experienced a number of transitions on our leadership team this year, which affected momentum on our QIP, resulting in most change ideas not being initiated until late in the year, if at all. This quality improvement plan was not completed as intended. For the coming year, we will focus on creating a quality improvement plan that is achievable and measurable, and we will hold monthly meetings to review progress and next steps.

Following our first full QIP year, we identified a need to modify our Quality Calendar to better align our annual survey season with the QIP cycle, which we did this past year. This change improved the accuracy and timeliness of our measurements and feedback cycle, and has allowed the success of our QIP implementation to reflect in our final measurement.

Population Health

This QIP respects the specific needs of Long-Term Care residents who have chosen to live in our home. By demographics, the Long-Term Care resident population who lives in our home is, on average, 84 years of age, presenting with a variety of comorbidities. In fact, 60%-70% of our residents present with some sort of cognitive impairment, not to mention physical disability and infirmity. Also, most, if not all, residents who choose to move to our home, choose to die within the home. As such, strategic priorities established by the Board prompt us to specialize in dementia and palliative care. To achieve this, our organization has partnered with Brock University and McMaster University in a national research study on palliative care.

Equity

Our organization is owned and operated by a faith and ethnic specific community. As such, we have and will continue to offer materials in the predominant languages reflected within our resident and tenant populations.

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.

Access to the Right Level of Care – Addressing ALC Issues

Our organization has and will continue to support specific initiative relating to ALC pressures. Most recently, we have increased local Long-Term Care capacity by drawing into the Niagara Region 46 new LTC beds, thereby increasing the local supply of this scarce resource, in order to respond to local ALC pressures. Also, our Niagara-on-the-Lake site has partnered with the HNHB-LHIN and Niagara Health to convert 12 Long-Term Care beds into a 12-unit Activation Restoration Bed program.

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 22, 2017.

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.

Staff Safety & Workplace Violence

A first step in identifying what action steps to develop to monitor, reduce, and prevent workplace violence, is to know what, if anything, is occurring. As such, our annual Employee Engagement Survey seeks to uncover whether or not discrimination and harassment exists within the home, and, if so, to what extent. Based on survey results, our organization will be able to respond accordingly.

Contact Information

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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

_____ Christine Leonard, Director & Long Term Care Quality Committee Chair

_____ Karen Pental, Director of Clinical Services

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Quality Improvement Plan – Pleasant Manor – Long Term Care

AIM		MEASURE				CHANGE				
Quality Dimension	**Objective**	**Measure/ Indicator**	**Current Performance**	**Target for 2017/18**	**Target Justification**	**Planned Improvement Initiative (change ideas)**	**Methods**	**Process Measures**	**Goal for change ideas (2017/18)**	**Comments**
Resident Centered	Improve communication to residents within the home by October 31, 2017	% of positive responses to the questions on the Resident Satisfaction Survey that pertain to management's efforts to share information	50% (7 of 14) Positive responses	65% positive responses	To match best performance in other categories on Resident Satisfaction Survey	Host resident/family information meeting for residents and families	Therapeutic Recreation (TR) Supervisor will invite residents and their families • Post signs • Invitations delivered to residents • Include in March newsletter • Email to resident POAs Supervisory Team will work together to create content of meeting We will create a Leadership staff profile book with personal information and information about each staff's role, to be stored in Family Lounge	Invitations posted/sent out Content prepared Meeting held Binder created and available in lounge	Invitations posted/sent out by March 20 Content prepared by March 27, 2017 Meeting held by April 3, 2017. Create binder and have available in lounge by April 3, 2017.	We chose this objective in response to the 2016 Resident Satisfaction Survey, which showed that there is room for improvement in how management shares information with residents.
						Leadership staff will share information about who we are so residents and families can get to know us and our roles better				

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							Communicate upcoming major changes (ie. staffing rotation change, dining room reorganization, etc.) and rationale to staff and to residents/families prior to implementation, where possible	Promote in newsletter	Promoted	Promoted in April newsletter	
								Add to Supervisors meeting agenda to prompt communication & debrief previous changes	Added to agenda and discussed at meetings	Added to agenda and discussed at each meeting beginning April 1, 2017, as documented in meeting minutes	
								Inform staff through departmental meetings, communication book, and other communication methods as deemed appropriate at Supervisors meetings	Communicated to staff prior to change, where possible	Communicated to staff prior to change, where possible, as documented in meeting minutes or other form of communication	
								Create bulletin board space (entitled "Upcoming…") designated for communicating upcoming changes/significant events (with rationale) in the	Redesign bulletin board layout and add heading	Redesign bulletin board layout and add heading by April 3, 2017	

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							Long Term Care Home			
							TR Supervisor will update the bulletin board on a biweekly basis, following Supervisors meetings	Bulletin board updated	Bulletin board updated biweekly, beginning April 12, 2017, as documented in meeting minutes.	
							TR Supervisors to inform residents and families of this new bulletin board communication location through: • Monthly newsletter • Resident Council meetings • Family Council meetings	Communicated	Communicated in April newsletter and at first meetings after April 3, 2017, as documented in newsletter and meeting minutes	
						We will survey residents twice throughout year to gauge progress in this area.	Distribute a 1 question survey (How would you rate management's efforts to share information with you?) to 10	% positive responses	55% positive responses on July survey 60% positive responses on September survey	

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						residents in both July and September. Director will attend July & September Resident Council meetings to report back on results.	Results reviewed, as documented in minutes	Results reviewed by July 31 and September 30.		