

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

Supportive Housing

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.

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Overview of Our Organization's Quality Improvement Plan

Overview

The objective we focus on in our QIP is aimed at improving client-centred care, particularly related to courteous and helpful service from our staff. We chose this objective to respond to feedback from supportive housing (SH) clients that identified it as an area where there is room for improvement on the 2014 Pleasant Manor Supportive Housing Client Satisfaction Survey.

Our QIP aligns with the quality objectives of our organization's strategic plan, and with our Multi-Sector Service Accountability Agreement (M-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 (HQP) 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 client-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 clients 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 Supportive Housing Client Satisfaction Surveys to obtain data and feedback from our clients so we can better understand their needs. As mentioned above, our QIP objective is drawn directly from our 2014 Supportive Housing Client Satisfaction Survey as a means of responding to client feedback. Our goal is to improve client satisfaction in the identified area on the 2015 Supportive Housing Client 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 SH Continuous Quality Improvement Committee (CQIC). We have 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

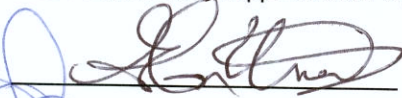
Upon receiving our Supportive Housing Client Satisfaction Survey results, staff identify an area for improvement and create an action plan. We then report back to the Tenant Council to let them know how we plan to improve in the identified area.


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

 Glen Unruh, Board Chair

 Tim Siemens, Executive Director & Quality Council Chair

 Judy Willems, Director & Supportive Housing Quality Committee Chair

 Deborah Isherwood, Supportive Housing Coordinator

Quality Improvement Plan – Pleasant Manor – Supportive Housing

| 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 |
| Client-Centred | A -1 Improve client satisfaction rating of staff service delivery in a courteous and helpful manner | % of responses scoring 10 on question #3 of 2015 Supportive Housing Client Satisfaction Survey | 65% scoring 10 | 75% scoring 10 | To match best performance in other categories on Supportive Housing Client Satisfaction Survey | <p>Hold two inservices in 2015 focusing on courteous customer/client service, with accompanying reading material or online training as an alternative to ensure the opportunity for 100% participation</p> <p>Supportive Housing Coordinator will include Courteous Client Service as a standing agenda item in monthly departmental staff meetings</p> | <p>Engage staff in dialogue on best practices in kind and courteous service to clients</p> <p>Encourage staff to identify circumstances where it is a challenge to provide service in a courteous and helpful manner, and identify ways to overcome those challenges</p> <p>Supportive Housing Coordinator will provide positive feedback when observing staff going the 'extra mile' in providing client service</p> <p>Courtesy and helpfulness will be reviewed as a benchmark of</p> | <p>% of employees attending inservices or completing an equivalent through reading materials or on-line training</p> <p>% of monthly departmental meetings in which Courteous Client Service is discussed</p> | <p>100% of employees attending inservices or completing an equivalent through reading materials or on-line training</p> <p>100% of monthly departmental meetings in which Courteous Client Service is discussed</p> | This objective was chosen in response to the 2014 Supportive Housing Client Satisfaction Survey, which showed that there is room for improvement in the area of staff courtesy and helpfulness experienced by the survey respondents. |

Quality Improvement Plan – Pleasant Manor – Supportive Housing

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|-------------------|-----------|--------------------|---------------------|--------------------|----------------------|---|---|---|---|----------|
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| | | | | | | <p>excellence during performance evaluations in 2016.</p> <p>Monitor staff compliance with the consistent wearing of name tags</p> <p>Ensure that Montessori implementation continues</p> | <p>At every fire drill, a Supervisor will record % of employees wearing name tags, as a monthly audit.</p> <p>Pay for as many employees to attend Montessori training as we can with the education funding we receive, which is an unknown amount at this time.</p> <p>Following each Montessori training session, the Montessori Team Leader will obtain a copy of each attending employee's Montessori certificate.</p> | <p>% of employees wearing name tags at each fire drill</p> <p>% of employees with Montessori certificates</p> | <p>100% compliance by March 31, 2016</p> <p>50% of employees with Montessori certificates by March 31, 2016</p> | |