

Let's Make Healthy
Change Happen.



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

Radiant Care Pleasant Manor

Long-Term Care
March 2018

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 resident-centred care, particularly related to improving staff responsiveness to issues and complaints. 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 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 (HQO) and the Local Health Integration Network's (LHIN) health services plan that focuses on client experience.

Quality Improvement Achievements from Past Year

We successfully implemented our QIP this past year and surpassed our goal. We increased residents' satisfaction with management's efforts to share information from 50% to 69%, which was 4% higher than our target! The improved communication methods that were implemented through this QIP will remain in place to continue to provide ongoing communication of information and changes to residents and their families.

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.

Collaboration and Integration

In December 2017, our organization unveiled a renewed brand identity. Our homes Pleasant Manor and Tabor Manor are now known collectively as Radiant Care. We are excited to adopt Radiant Care as our brand, demonstrating that we are a unified organization with a shared vision, mission and values. Our new harmonized brand identity will assist us as our two homes continue to collaborate with one another to advance the quality of service throughout our organization. Radiant Care has 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 AdvantAge Ontario 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.

Engagement of Clinicians, Leadership and Staff

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 Long-Term Care (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 Radiant Care Board of Directors on Wednesday, March 21, 2018.

Population Health and Equity Considerations

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.

Access to the Right Level of Care – Addressing ALC

At Radiant Care Pleasant Manor, 20% of its semi-independent housing is also available to LHIN for placing seniors who require this level of housing and support. In addition, Radiant Care Pleasant Manor's agreement with the Niagara Health System and LHIN to operate a Convalescent Care Bed program through its LTC home helped to ensure 97 people receive appropriate level of support outside of hospital, since program inception in the Fall of 2015.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

At both Radiant Care homes, medications, including opioids, are strictly controlled and regulated by provincial legislation.

Workplace Violence & Prevention

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

2018-2019 Quality Improvement Plan – Long Term Care

AIM		MEASURE				CHANGE				
Quality Dimension	Objective	Measure/ Indicator	Current Performance	Target Performance	Target Justification	Planned Improvement Initiatives (change ideas)	Methods	Process Measures	Target for Process Measures	Comments
Resident Centered	Improve staff responsiveness to issues and complaints by October 31, 2018.	% of residents responding positively to: "How would you rate management's responsiveness and ability to address issues or complaints you have?" and "How would you rate the staff's ability to help resolve issues?" combined	77% (20 of 26) positive responses	80% positive responses	To match best performance in other categories on Resident Satisfaction Survey	<p>Improve employee-to-employee communication and documentation of issues/complaints that residents/families raise, through use of the following reporting processes:</p> <ul style="list-style-type: none"> • Communication books • Complaints process • Missing belongings forms • Worxhub 	<p>Review complaint and issue reporting processes at departmental meetings</p> <p>Post Missing Belongings Form on bulletin board so it is accessible</p> <p>Employees will document issues, using the appropriate reporting process</p> <p>If incorrect reporting is identified or if a resident/family indicates that they reported an issue earlier but no documentation is found, appropriate Supervisor will follow up with the employee the issue was originally reported to, to remind and retrain</p>	<p>Processes reviewed, as documented in meeting minutes</p> <p>Posted on bulletin board</p> <p>Issues documented</p> <p>Issue documented with a note about original report. Employee to whom original report was made will sign off on issue report upon reminder/retraining</p>	<p>Processes reviewed by April 30, 2018, as documented in meeting minutes</p> <p>Posted on bulletin board by April 1, 2018</p> <p>Issues documented within the shift that they were reported</p> <p>Employee signature on all reports that were delayed in being reported.</p>	

2018-2019 Quality Improvement Plan – Long Term Care

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						Communicate resolution of issues	<p>on applicable reporting process</p> <p>Employee who resolved issue will communicate resolution or follow up steps taken with resident/family member who reported issue when a missing belonging, complaint, or major issue is resolved, and will then document this communication.</p> <p>If an issue cannot be resolved in a timely manner, appropriate Supervisor will follow up with staff and resident/family member who reported issue, and will then document this communication.</p>	<p>Follow up with resident/family completed</p> <p>Follow up with resident/family completed</p>	<p>Follow up with resident/family completed within 10 days of report of issue</p> <p>Follow up with resident/family completed within 10 days of report of issue</p>	

2018-2019 Quality Improvement Plan – Long Term Care

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						<p>We will survey 10 residents partway through the year to gauge progress in this area.</p>	<p>Supervisors will track follow up communication to resident/family, and will report this statistic at monthly LTC CQIC meetings.</p> <p>Distribute a 2 question survey ("How would you rate management's responsiveness and ability to address issues or complaints you have?" and "How would you rate the staff's ability to help resolve issues?") to 10 residents by June 1.</p>	<p>Follow up with resident/family completed within 10 days of report of issue: # of issues for which resolution was communicated within 10 days/ # of issues reported x 100%</p> <p>% of positive responses</p>	<p>As of May 1, 2018, 80% of required follow up completed within 10 days</p> <p>As of July 1, 2018, 100% of required follow up completed within 10 days</p> <p>78% of positive responses on June survey</p>	