

Let's Make Healthy  
Change Happen.



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

# Radiant Care Pleasant Manor

**Supportive Housing**  
**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.

[ontario.ca/excellentcare](http://ontario.ca/excellentcare)

## 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 increasing client participation in plan of care. 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 2017 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 (HQO) and the Local Health Integration Network's (LHIN) health services plan that focuses on client experience.

### Quality Improvement Achievements from Past Year

We implemented our QIP this past year with some success. We increased the percentage of clients who feel well informed about our Supportive Housing program from 84% to 87%, which was 3% lower than our target but is still an improvement. The information sources and improved communication methods that were created and implemented through this QIP will remain in place to continue to provide ongoing communication of information to clients and others who are interested in learning about the Supportive Housing program.

### 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.

### 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 & DeGroot 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

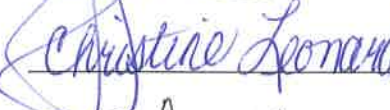
I have reviewed and approved our organization's Quality Improvement Plan



Glen Unruh, Board Chair



Tim Siemens, Chief Executive Officer & Quality Council Chair



Christine Leonard, Director & Supportive Housing Quality Committee Chair



Megan Challice, Supportive Housing Coordinator

# 2018-2019 Quality Improvement Plan – Supportive Housing

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
<b>Client Centered</b>	Increase client participation in plan of care by October 31, 2018	% of affirmative responses to the following question on the Supportive Housing Client Satisfaction Survey: "Did you participate in your plan of care?"	81% (30 of 37) affirmative responses	85% affirmative responses	To match best performance in other categories on Supportive Housing Client Satisfaction Survey	Create plan of care with new clients	Supportive Housing Coordinator or delegate will meet with all new clients to discuss and create their plan of care	Meeting with new clients	Meet with each new client upon admission, beginning immediately	
						Review/update plan of care with existing clients	Supportive Housing Coordinator or delegate will meet with each existing client to review and update their plan of care	Meeting with existing clients	Meet with each existing client before October 31, 2018	
						Supportive Housing staff to continue completing quarterly reassessments of care plan with client, ensuring participation of client	Supportive Housing Coordinator will create a script and provide instruction to staff about reviewing the care plan together with the client	Script and instruction provided	Script and instruction provided by April 15, 2018	
						Use "plan of care" terminology rather than "services put in place" terminology	Change services posters (pictorial version of care plan) to refer to "plan of care"	Posters updated	Update posters by April 15, 2018	

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						We will survey 15 clients partway through the year to gauge progress in this area.	When meeting with clients, provide them with poster  Distribute a 1 question survey (Did you participate in your plan of care?) to 15 clients by June 1.	Poster provided  % of affirmative responses	Provide each client with a poster when meeting with them, beginning immediately.  83% affirmative responses on June survey	