

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 2019**

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 experience, particularly related to improving management's 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 and 2018 Pleasant Manor Resident Satisfaction Surveys.

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.

### Describe your Organization's Greatest Quality Improvement Achievement from the Past Year

We were unsuccessful in achieving the stated goal on our QIP this past year, but in the past year, we have learned that one of the main areas causing dissatisfaction is management accessibility and availability so we are responding by focusing this year's QIP at addressing these areas.

### Patient/Client/Resident Partnering & Relations

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.

### 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 anonymous Employee Engagement Survey seeks to uncover whether or not discrimination and harassment exist within the home, and, if so, to what extent. Based on survey results, our organization is able to respond accordingly. In addition, all employees are required to read our Workplace Violence and Harassment Prevention Policy and Program annually to stay information about our organization's commitment, responsibilities, and response to ensure a violence and harassment-free workplace.

### 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

  
\_\_\_\_\_ Dawn Clyens, Director of Clinical Services

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>Resident Centered</b>	Increase resident satisfaction with management's responsiveness and ability to address issues or complaints by October 31, 2019.	% of positive (very satisfied and satisfied) responses to the following question on the Resident Satisfaction Survey: "How would you rate management's responsiveness and ability to address issues or complaints you have?"	25% (2 of 8) positive responses	50% positive responses	To match best performance in other categories on Resident Satisfaction Survey	Equip staff with required information to appropriately respond to enquiries	Hold meeting with front line office staff to communicate Director's schedule and appropriate response to enquiries, and provide required information to staff.	Meeting held	Meeting held by April 1, 2019	
							Create a reference sheet that outlines the appropriate employee/supervisor to speak to about certain topics. Communicate to front line staff.	Cheat sheet created and communicated	By March 15, 2019	
							We will supply the nurses' station with business cards for Supervisors and relevant contacts so they can be handed out to people who need to contact these individuals.	Business cards put in place	By March 15, 2019	
					Director will make herself known and available to residents, and will be more visible on the floor	Director will attend the beginning of each Residents' Council meeting	Attendance	Attended all 4 meetings in 2019		
						Director will assist/visit with residents on the floor once a week	# of times/week	1 time/week		

## 2019 – 2020 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
						<p>Supervisors will make themselves known and available to residents, and will be more visible on the floor</p> <p>We will survey 8 residents partway through the year to gauge progress in this area.</p>	<p>Director will block off 2 hours of open access appointments every other week for residents and families to meet with Director in a timely manner.</p> <p>Supervisors will assist/visit with residents on the floor once a week.</p> <p>In each monthly newsletter, we will feature one Supervisory staff member so residents can get to know our team and who is responsible for what.</p> <p>Meet with 8 residents by June 1 to survey them on the question: "How would you rate management's responsiveness and ability to address issues or complaints you have?"</p>	<p># of days appointments are offered between March 1 and October 31</p> <p># of times/ week</p> <p>Each Supervisor/ Senior Manager will be featured once</p> <p>% of positive responses</p>	<p>10 days</p> <p>1 time/week</p> <p>Each featured once between March 1 &amp; November 1</p> <p>37% positive responses on June survey</p>	