

Let's Make Healthy
Change Happen.



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

Radiant
Care
Tabor
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

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 accessibility. 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 2018 Tabor 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.

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

We successfully implemented our QIP this past year and surpassed our goal. We increased residents' satisfaction with the temperature of the food from 79% to 88%, which was 6% higher than our target! The best practices we have implemented through this QIP will remain in place to continue to ensure food stays hot until it is served to residents.

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

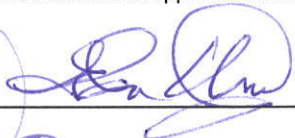
A first step in identifying what action steps to develop to monitor, reduce, and prevent workplace violence, is to know what, if anything, is occurring. As such, our annual anonymous Employee Engagement Survey seeks to uncover whether or not discrimination and harassment exist within the home, and, if 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, Interim Director & Long-Term Care Quality Committee Chair



Karen Pental, Director of Care

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
Resident Centered	Increase resident satisfaction with management's accessibility by October 31, 2019.	% of positive (very satisfied and satisfied) responses to the following questions on the Resident Satisfaction Survey: "How would you rate management's accessibility for you?"	82% (31 of 38) positive responses	84% positive responses	To match best performance in other categories on Resident Satisfaction Survey	<p>Communicate Director's schedule and communication plan to front line office staff.</p> <p>Director will make herself known and available to residents, and will be more visible on the floor</p> <p>Supervisors will make themselves known and available to residents</p>	<p>Hold meeting with front line office staff to communicate Director's schedule and appropriate response to enquiries, and provide required information to staff.</p> <p>Director will attend the beginning of each Residents' Council meeting</p> <p>Director will assist/visit with residents on the floor once a week</p> <p>Director will block off 1.5 hours of open access appointments every other week for residents and families to meet with Director in a timely manner. Appointments may be booked through Ward Clerk.</p> <p>Supervisors will attend the April Residents' Council meeting to introduce themselves, provide brief updates, and allow questions.</p>	<p>Meeting held</p> <p>Attendance</p> <p># of times/week</p> <p># of days appointments are offered between March 1 and October 31</p> <p>Attendance</p>	<p>Meeting held by April 1, 2019</p> <p>Attended all 4 meetings in 2019</p> <p>1 time/week</p> <p>10 days</p> <p>Attended meeting on April 10, 2019</p>	

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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>Director of Care (DOC) will block off 1.5 hours of open access appointments every Monday for residents and families to meet with DOC in a timely manner. Appointments may be booked through Ward Clerk.</p> <p>DOC will communicate this opportunity to residents in the Tabor Times by March 1.</p> <p>Maintenance Supervisor will follow up with residents on Worxhub requests four times a month.</p> <p>Nutrition Manager will do initial dietary profile with new residents 50% of the time</p> <p>Nutrition Manager will be present at a mealtime once a week in the dining room, rotating floors</p> <p>TR Supervisor will be present on the floor to stage and engage residents once a week</p>	<p># of days appointments are offered between March 1 and October 31</p> <p>Completion</p> <p># of residents checked in with in a month</p> <p>% of Initial Dietary Profiles completed</p> <p># of times/ week</p> <p># of times/week</p>	<p>20 days</p> <p>Completed by March 1, 2019</p> <p>4 residents/month</p> <p>50% of Initial Dietary Profiles completed</p> <p>1 time/week</p> <p>1 time/week</p>	

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						We will survey 15 residents partway through the year to gauge progress in this area.	Chaplain will hold “Chaplain Chats” on a floor once a week Meet with 15 residents by June 1 to survey them on the question: “How would you rate management’s accessibility for you?”	# of times/week % of positive responses	1 time/week 83% positive responses on June survey	