

Let's Make Healthy
Change Happen.



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

Radiant
Care
Tabor
Manor

Supportive Housing
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.

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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 experience, 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 2018 Tabor Manor Supportive Housing Client 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 clients' satisfaction with the temperature of the food from 62.5% to 81%, which was 14% 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 clients.

Patient/Client/Resident Partnering & Relations

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.

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 & Supportive Housing Quality Committee Chair


_____ Megan Challice, Supportive Housing Manager

2019 – 2020 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 |
| Client Centered | Increase client participation in plan of care by October 31, 2019 | % of affirmative responses to the following question on the Supportive Housing Client Satisfaction Survey: "Did you participate in your plan of care?" | 92% (34 of 37) affirmative responses | 95% affirmative responses | To match best performance in other categories on Supportive Housing Client Satisfaction Survey | Create plan of care with new clients | Supportive Housing Manager 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 Manager 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, 2019 | |
| | | | | | | Supportive Housing staff to continue completing semi-annual reassessments of care plan with client, ensuring participation of client | Supportive Housing Manager 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, 2019 | |
| | | | | | | Use "plan of care" terminology rather than "services" terminology | Change services posters (pictorial version of care plan) to refer to "plan of care" | Posters updated | Update posters by April 15, 2019 | |
| | | | | | | | When meeting with clients, provide them with poster | Poster provided | Provide each client with a poster when meeting with them, beginning immediately | |
| | We will survey 15 clients partway through the year to gauge progress in this area. | Distribute a 1 question survey (Did you participate in your plan of care?) to 15 clients by June 1. | % of affirmative responses | 93% affirmative responses on June survey | | | | | | |