

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 2021

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 resident satisfaction with the quality of the food. We chose this objective in response to feedback from Long-Term Care (LTC) residents that identified it as an area of lower satisfaction on the 2019 and 2020 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 immediately paused our 2020 QIP upon declaration of the COVID-19 pandemic so we could prioritize pandemic preparation and response. This past year, we focused all staff time and energy on keeping residents, staff, visitors, and family members as safe and supported as possible throughout the pandemic.

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.

Contact Information

Tim Siemens, CEO, Radiant Care
1 Tabor Drive, St. Catharines, ON L2N 1V9
tims@radiantcare.net or 905-934-3414 ext. 1052

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



Dawn Clyens, Director of Clinical Services



Ginny Meijaard, Nutrition Manager

2021-2022 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 the quality of the food by October 31, 2021.	% of positive (very satisfied and satisfied) responses to the following questions on the Resident Satisfaction Survey: a) "How would you rate the temperature of the food when it is received?" b) "How would you rate the promptness of the meal service?", and c) "How would you rate the seasoning and taste of the food served?"	78% (38 of 49) positive responses (Do Not Know answers were excluded from the calculation)	83% positive responses (Do Not Know answers were excluded from the calculation)	To match best performance in other categories on Resident Satisfaction Survey	<p>Improve promptness of meal service</p> <p>Test food quality (taste, seasoning, proper doneness)</p> <p>Monitor food service & quality on an ongoing basis</p>	<p>Nutrition Manager to meet with Dietary staff to share survey results and QIP focus & review expectations.</p> <p>Supportive Housing lead staff will monitor food quality by doing a visual & taste test of each lunch and supper on the new menu. Any quality issues will be noted on the test form and reported to Nutrition Manager for follow up.</p> <p>Nutrition Manager/ Supervisor or delegate will conduct a biweekly audit to ensure:</p> <ul style="list-style-type: none"> Best practices for keeping food warm are being followed 	<p>Reviewed with Dietary staff, as per departmental meeting minutes</p> <p># tests completed</p> <p># of audits completed</p>	<p>By April 15, 2021</p> <p>42 tests completed (1 of each lunch & supper) between April 1 – 21, 2021</p> <p>16 audits (8 lunches & 8 suppers) between April 1 – July 31, 2021</p>	

2021-2022 Quality Improvement Plan – Long Term Care

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						<p>Follow up on issues</p> <p>We will survey 4 residents partway through the year to gauge progress in this area.</p>	<ul style="list-style-type: none"> Meals are being served promptly and properly Food quality <p>Any quality issues will be noted on the audit form and reported to Nutrition Manager for follow up.</p> <p>Nutrition Manager will follow up on test & audit findings as needed</p> <p>Nutrition Manager/ TR will meet with 4 residents by June 30 to survey them on the 4 questions related to temperature, promptness, taste, and overall satisfaction with food</p>	<p>Follow up completed and documented on test/audit form</p> <p>% of positive responses</p>	<p>As needed</p> <p>81% positive responses</p>	