

Let's Make Healthy  
Change Happen.



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

Radiant  
Care  
Tabor  
Manor

Long-Term Care  
June 2022

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](https://ontario.ca/excellentcare)

# Overview of Our Organization's Quality Improvement Plan

## Overview

The objective we focus on in our QIP is aimed at improving resident safety, particularly related to falls prevention. We chose this objective based on trend data that showed an increase in resident falls.

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 safe client-centred care, as well as Seniors Strategy in the province. It is integrated with Health Quality Ontario's (HQO).

## Reflections since your last QIP submission

Over the past year, we focused the majority of staff time and energy on keeping residents, staff, visitors, and family members as safe and supported as possible throughout the pandemic. As we start to experience the waning of the pandemic, we are focusing our quality improvement efforts on re-establishing a strong and consistent falls prevention program to reduce resident falls and improve resident outcomes.

## Patient/Client/Resident Partnering & Relations

We continue to intentionally collaborate with and seek feedback from residents through ongoing Resident Council meetings. Upon identifying negative trends in resident fall numbers, we met with the Resident Council, which affirmed our proposed focus on falls prevention in the coming year. Staff create an action plan and report back to the Resident Council to let them know how we plan to reduce falls.

## Provider Experience

Our analysis of the trend data indicates that we are experiencing more resident falls.

## Resident Experience

Residents have been experiencing falls and this year's QIP has been created in consultation with our Resident Council in order to reduce the number of falls, thereby leading to improved resident quality outcomes.

## 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

Fola Akano, Senior Administrator Long-Term Care & Continuous Quality Improvement Committee Chair/Lead

# 2022 – 2023 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
Safe	Decrease # of resident falls by December 31, 2022	# of resident falls per month	29 falls per month (in May)	Fewer than 20 falls per month	To decrease and maintain falls below our previous lowest # of falls per month	Update Falls Prevention Program Policy & Associated Documents	Update Falls Prevention Program Policy  Create supporting documents: <ul style="list-style-type: none"> <li>• 4Ps of Purposeful Rounding reference page</li> <li>• Purposeful Rounding Checklist</li> <li>• Fall LEAF program</li> <li>• Please Call, Don't Fall cueing sign</li> <li>• Fall Response &amp; Documentation Flowchart</li> <li>• Risk Factors for Falls</li> </ul>	Policy updated and posted  Documents created	By June 30, 2022  By June 30, 2022	

# 2022 – 2023 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
						Educate front-line long-term care (LTC) staff on Falls Prevention Program (FPP), including Purposeful Rounding and Fall LEAF Program	Post Falls Prevention Education Course (FPEC) on Systems 24-7  Front-line LTC staff to complete FPEC  Present FPP information and post education board on each floor  Post "Fall Response & Documentation Flowchart" on Nursing bulletin boards, education board, and orientation checklist for new Nurses  Physiotherapy Staff and Hauser's will train front-line LTC staff on proper positioning	Course posted  % Training completion  Presentation completed & board posted  Flowchart posted  Training provided	By June 30, 2022  95% of front-line LTC staff to complete by August 31, 2022  By July 15, 2022  By June 30, 2022  By September 30, 2022	

## 2022 – 2023 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
						Remind residents to use call bell: <ul style="list-style-type: none"> <li>• To get out of bed</li> <li>• To use the bathroom</li> <li>• To reach for something, or</li> <li>• If they have pain or any discomfort</li> </ul>	Falls Lead will post "Please Call Don't Fall" reminder sign in the room of residents who fall frequently and inform them to use the call bell for the identified reasons	Sign posted & reminder provided	By July 15, 2022	
						Add a Point of Care (POC) task for Restorative Care PSW to remind residents to use call bell, as per "Please Call Don't Fall" reminder sign	Added to POC		By July 15, 2022	
						CQC will complete audit of POC reminder task twice a month and follow up as needed	Audit completed and results acted upon		Starting July 15, 2022 until end of September 2022	

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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
						Incorporate the 4Ps of purposeful rounding into existing rounds and tasks: <ul style="list-style-type: none"> <li>• Pain</li> <li>• Position</li> <li>• Personal Needs</li> <li>• Periphery</li> </ul>	Affix the Purposeful Rounding Checklist to housekeeping carts, snack carts, Therapeutic Recreation (TR) work area, and nurses station  Add Purposeful Rounding to interdisciplinary unit meeting agendas  Add a POC task for PSWs to do purposeful rounding for each resident each shift  CQC will complete audit of POC purposeful rounding twice a month and follow up as needed	Checklist posted  Added to agenda  Added to POC  Audit completed and results acted upon	By July 15, 2022  Starting July 15, 2022  By July 15, 2022  Starting July 15, 2022 until end of September 2022	

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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
						Create toileting schedules to decrease falls related to toileting needs	<p>Clinical Quality Coordinator (CQC), Falls Lead (FL), and Assistant Director of Care (ADOC) will work with staff to create colour-coded toileting schedules for each section of residents, to be stored in the Personal Support Worker (PSW) binder</p> <p>Add POC tasks for PSWs to toilet residents according to schedule</p> <p>CQC will complete audit of POC toileting task twice a month and follow up as needed</p>	<p>Schedules completed</p> <p>Added to POC</p> <p>Audit completed and results acted upon</p>	<p>By July 15, 2022</p> <p>By July 15, 2022</p> <p>Starting July 15, 2022 until end of December 2022</p>	

## 2022 – 2023 Quality Improvement Plan – Long Term Care

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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
						Identify residents at highest risk of falls	CQC will update Fall Risk Assessment Tool on Point Click Care (PCC) to ensure it accurately captures fall risk  Identify and document on white board residents for whom staff need to prioritize immediate call bell response	Assessment Tool updated  Residents identified and staff informed	By July 15, 2022  By July 15, 2022	
						Reinforce Fall LEAF Program	Falls Lead will update Fall LEAF labels and transfer logos in resident rooms to be current and in a consistent location in all rooms	Labels updated to be current	By July 15, 2022	