

Let's Make Healthy  
Change Happen.



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

Radiant  
Care  
Tabor  
Manor

**Supportive Housing**  
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.

[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 client experience, particularly related to increasing client satisfaction with the quality of the food. We chose this objective in response to feedback from supportive housing (SH) clients that identified it as an area of lower satisfaction on the 2019 and 2020 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 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 tenants, staff, visitors, and family members as safe and supported as possible throughout the pandemic.

## 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.

## Contact Information


Tim Siemens, CEO, Radiant Care  
1 Tabor Drive, St. Catharines, ON L2N 1V9  
[tims@radiantcare.net](mailto: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

  
\_\_\_\_\_  
Megan Challice, Supportive Housing Manager

  
\_\_\_\_\_  
Barbara Osborne, Nutrition Manager



## 2021-2022 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
						<p>Test food quality (taste, seasoning, proper doneness)</p> <p>Monitor tenant satisfaction with food quality</p>	<p>Supportive Housing lead staff will monitor food quality by doing a visual &amp; 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 will hold a Dining Committee meeting to get feedback on food quality</p> <p>Nutrition Manager to conduct a biweekly survey of tenant satisfaction with temperature, promptness, taste, overall satisfaction. A survey will involve asking 4 questions to the same 4 people each time to</p>	<p># tests completed</p> <p>Meeting held</p> <p># surveys completed</p>	<p>42 tests completed (1 of each lunch &amp; supper) between April 1 – 21, 2021</p> <p>Meeting held by April 1, 2021</p> <p>8 surveys completed between April 1 – July 31, 2021</p>	

## 2021-2022 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
						Monitor food service & quality on an ongoing basis	measure progress over time.  Nutrition Manager/ Supervisor or delegate will conduct a biweekly audit to ensure: <ul style="list-style-type: none"> <li>• Best practices for keeping food warm are being followed</li> <li>• Meals are being served promptly and properly</li> <li>• Food quality</li> </ul> Any quality issues will be noted on the audit form and reported to Nutrition Manager for follow up.	# of audits completed	16 audits (8 lunches & 8 suppers) between April 1 – July 31, 2021	
						Follow up on issues	Nutrition Manager will follow up on test, audit, & survey findings as needed	Follow up completed and documented on test/audit/survey form	As needed	