

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 2023

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 their overall dining experience. 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 2022 Tabor 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.

Reflections since your last QIP submission

Over the past year, we continued to focus 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 continue to experience the waning of the pandemic, we are focusing our quality improvement efforts on specific initiatives to improve resident satisfaction in the area of personal care.

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.

Resident Experience

Based on feedback received from residents, this year's QIP has been created in consultation with our Resident Council in order to increase the resident satisfaction with their overall dining experience.

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



Barbara Osborne, Nutrition Manager

2023 - 2024 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 their overall dining experience by October 31, 2023	Percentage of residents responding positively to overall dining experience based on various audits	88% (37 of 42) positive responses (Do Not Know answers were excluded from calculation)	90% positive responses	To match best performance in other categories on Resident Satisfaction Survey	Review current equipment using best practice involved in keeping food hot	Replace steam table in the 3 rd floor servery	Order and install new steam table	May 31, 2023	
						Improve promptness of meal service and create a positive dining experience	Hold meetings with Nursing and Dietary departments to share survey results and QIP focus, and to review and clarify food service routines and expectations	Meetings scheduled and information reviewed	April 3 - 6, 2023	
							Hold 'Dining with Dignity' in-services with Professional Practice Clinician for Dietary staff, Personal Support Workers and Therapeutic Recreation staff	% of staff trained and/or audited	May 1 - 5, 2023	

2023 - 2024 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
							Conduct audits on Dietary Aide processes re keeping food warm from kitchen to servery to table	# of audits completed	May 8 - July 31, 2023	
							Nutrition Manager & Director of Care to meet to review results of audits and establish desired routines and expectations	Meeting scheduled	August 15, 2023	
						Conduct audits to ensure best practices for keeping food warm are being followed	Nutrition Manager will establish an audit tool, schedule and conduct audits	Audit tool created; audits scheduled and completed	May 8 - July 31, 2023	
						Follow up on issues	Nutrition Manager to follow up on audit findings as needed	Follow up completed and documented	As needed/identified by Nutrition Manager	
						Educate staff on how to create a positive dining experience for residents	Audit staff to determine how they can contribute to a positive dining experience	% of staff trained and/or audited	May 31 - June 7, 2023	

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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
						We will survey 8 residents partway through the year to gauge progress in this area	Nutrition Manager or delegate will meet with 8 residents (2 per floor) to survey them on 4 questions related to temperature, promptness, taste and overall satisfaction	% of positive responses	90% positive responses	