

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 2024

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 providing a mealtime experience for residents that incorporates a person-centered approach to dining. 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 2023 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-centered care as well as Seniors Strategy in the province.

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. We will continue to focus our quality improvement efforts on specific initiatives to improve resident satisfaction in the area of mealtime experience.

Patient/Client/Resident Engagement and Partnering

We continue to intentionally collaborate with and seek feedback from residents through ongoing Residents' Council meetings and our annual Resident Satisfaction Surveys. Upon identifying areas for improvement, we met with the Resident Council which affirmed our proposed focus on increasing resident satisfaction in the area of mealtime experience in the coming year. Staff create an action plan and report back to the Resident Council and Family Council to let them know how we plan to increase resident satisfaction.

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 resident satisfaction with their mealtime experience. All other feedback from the Resident Satisfaction Surveys is reviewed and discussed at Resident Council meetings as well as Continuous Quality Improvement Committee meetings to ensure that all concerns are addressed.

Contact Information

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Sign-off

I have reviewed and approved our organization's Quality Improvement Plan



John Krause, Board Chair



Tim Siemens, Chief Executive Officer & Quality Council Chair



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



Bronwen Herbert, Nutrition Manager

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2024 - 2025 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	To provide a mealtime experience for residents that incorporates a person-centered approach to dining	Percentage of residents responding positively to overall dining room/mealtime experience based on various audits	94% (59 of 63) positive responses	96% positive responses	To match best performance in other categories on Resident Satisfaction Survey	To create a positive dining experience at all meals	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 12, 2024	
							Hold 'Dining with Dignity' in-services with the DOC from Tabor Manor for Dietary staff, PSWs, Registered staff and Therapeutic Recreation staff	% of staff trained and/or audited	May 17, 2024	
							Nutrition Manager will establish an audit tool, schedule and conduct audits.	Audit tool created; audits scheduled and completed.	May 31, 2024	
							Nutrition Manager & Director of Care to meet to review results of audits and establish desired routines and expectations	Meeting scheduled	June 7, 2024	

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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
						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	June 28, 2024	
						We will survey 8 residents partway through the year to gauge progress in this area	Nutrition Manager or delegate will meet with 8 residents to survey them on 6 questions related to overall satisfaction based on CHOICE guiding principles (Dining with Dignity Policy)	% of positive responses	90% positive responses	