

Continuous Quality Improvement Initiative Report March 2025

Designated Lead

Fola Akano, Senior Administrator Long-Term Care

2024 - 2025 Quality Improvements

Please see attached 2024 - 2025 QIP Progress Report that identifies the actions implemented based on the results of the 2023 Resident Satisfaction Survey, including timelines and outcomes.

2025 - 2026 Quality Priorities

Please see attached 2025 - 2026 Quality Improvement Plan (QIP) that focuses on the following priorities:

- To improve resident and family/Substitute Decision Maker (SDM) satisfaction re knowing who to contact for LTC program-specific inquiries;
- To promote the role of family members as key partners in the circle of care by improving communication between the home and residents' family members; and,
- To enhance resident experience by personalizing care, including communication styles and interests.

The attached QIP outlines the processes for measuring progress and implementing adjustments as needed throughout the year. Updates will be provided to the Continuous Quality Improvement Committee (CQIC) at their quarterly meetings as needed.

In addition to focusing on the above quality priorities, an annual review and refinement of all policies and procedures is completed to ensure that the highest standards are being met, maintained and updated in accordance with legislation.

2024 Resident Experience Survey

For 2024, various updates were made to the Resident Experience Survey, formerly known as the Resident Satisfaction Survey. Questions were refined in an attempt to obtain more specific information with respect to care, services, programs and goods provided at the home. The updated survey was presented and approved by members at the Residents' Council meeting on October 16, 2024. Subsequently, the surveys were distributed November 1, 2024 with a deadline of November 15, 2024.

A copy of the 2024 Resident Experience Survey results is attached.

Survey results were also communicated as follows:

- Posted in the Resident Resource Binder on January 16, 2025 and available for review by all family members, caregivers and Substitute Decision Makers (SDMs).
- Distributed to supervisory staff via email on January 13, 2025.

The results were also discussed with residents at the February 7, 2025 Residents Council meeting.

Actions taken for improvements were documented, and all nursing and personal care concerns were addressed by the Director of Clinical Services. Future issues will be documented and shared with residents via Residents' Council and Food Committee meetings. Minutes for both committees will be included in the Resident Resource Binder and Food Committee Binder and are available for family members, caregivers and SDMs to review and will be shared at Family Council Meetings when the Council has been established. Regular updates are provided to staff via huddles.

Family / Caregiver / SDM Survey

For 2024, a new Family / Caregiver / SDM Survey was created and distributed to applicable resident contacts to measure their experience with respect to care, services, programs and goods provided at the home.

This new survey was presented at the Residents' Council meeting of October 21, 2024 and positive feedback was received. The surveys were distributed to family contacts via email on November 1, 2024 with a deadline of November 15, 2024. Survey results were tabulated and shared with residents and actions taken for improvements were documented.

Records of Improvements

The individuals who participated in evaluations of quality improvements are documented in the committee meetings noted below.

CQIC Committee

The LTC CQIC is responsible to:

- Assist the Quality Council in the performance of its mandate to support the Board's governance role for the quality of resident care and services.
- Assist the Quality Council in meeting the continuous quality improvement initiative requirements under Section 42 of the Fixing Long-Term Care Act (FLTCA), 2021.
- Perform the function of the Continuous Quality Improvement Committee under Section 166 of O. Reg 246/22.
- Perform the functions of the Quality Management System under the Commitment to Quality Policy.

CQIC Meetings were held as follows:

- May 14, 2024
- October 23, 2024
- January 21, 2025

Residents' Council

The purpose of the Residents' Council is:

- To provide Residents with the opportunity to contribute to the operation of the Home.
- To establish a mechanism whereby Resident concerns are communicated to administration.
- To provide a forum for Residents to collaborate with community groups and volunteers concerning activities for the Residents.
- To allow Residents to play an important role in the organized daily life of the Home and all its activities with the Residents planning and contributing wherever possible. Encouraging an exchange of ideas, suggestions, and concerns regarding all aspects of care and activities in the Home.
- To ensure the rights, respect, dignity, and quality of life of residents at the centre are respected by facilitating regular communication among the residents and management team.
- To provide an opportunity to assist the administration and management team in providing better services and programs by offering suggestions, complaints, and recommendations.
- To promote friendship, tolerance and understanding.
- To provide and receive necessary information for the benefit of all residents.

Residents' Council Meetings were held as follows:

- May 17, 2024
- July 17, 2024
- October 17, 2024

Minutes from the previous meeting are reviewed at the next meeting. Minutes are also posted in the Resident Resource Binder available for all residents, family, caregivers and SDMs to review.

Food Committee

A Food Committee was formed in 2024 and includes representation from both staff and residents. They continue to meet to discuss any issues related to food as identified on the survey results, as well as any new concerns that may arise.

The Food Committee met as follows:

- April 17, July 17, September 18 and November 18, 2024
- January 15 and March 12, 2025

Minutes are posted in a binder located at the Welcome Desk in Long-Term Care. Articles will be included in the monthly newsletter quarterly advising where the Food Committee Minutes binder is located, and that the information is available for residents, family members, caregivers, SDMs to review.

Family Council

The purpose of the Family Council is to ensure an active, progressive and organized Family Council Committee is in place with mechanisms:

- To establish a mechanism whereby family members or a person of importance to a resident within the home are able and welcome to voice their suggestions, concerns and compliments are communicated to the administration.
- To provide a forum that provides an opportunity for involvement and participation by family members or a person of importance to a resident within the home to gather and collaborate to improve the quality of life and care for all residents of Radiant Care.
- That provide educational opportunities for family members and friends of Radiant Care Long-Term Care residents to learn and gain understanding of the home and how it operates.
- That provide a source of mutual support to all family members and friends of Radiant Care Long-Term Care residents.
- To inform and educate family members and friends of Radiant Care Long-Term Care residents.
- To advocate on behalf of all family members and friends of Radiant Care Long-Term Care residents.
- To ensure the rights, respect, dignity and quality of life of residents at the home are respected by facilitating regular communication among the council and management team.

Efforts continue to invite family members, caregivers, friends and SDMs to form the committee. Information sessions were held on August 21, 2024 at 2:00pm and on September 24, 2024 at 7:00pm. A slideshow was presented and provided an overview of what a Family Council is as well as:

- their purpose and goals
- what they do
- the benefits of a Family Council
- how to become a member
- contact information of the Therapeutic Recreation Supervisor

Additional information sessions will continue to be scheduled, convened semi-annually at a minimum, to advise family members, caregivers and SDMs re the importance to residents of the right to establish a Family Council. An article was included in the March 2025 Pleasant Manor newsletter providing details to family, caregivers, friends and SDMs re same.

Communication with Staff

- Meetings were held with Nursing and Dietary departments in April 2024 to share survey results and QIP focus, and to review and clarify food service routines and expectations. Ongoing meetings continue for part-time and casual staff via departmental meetings/huddles.
- Various staff from different departments were asked a series of questions on how they can contribute to a positive dining experience for the residents. Information was shared with all results, resulting in raised awareness re routines and expectations.

Training

- 'Dining with Dignity' posters with specific themes of (1) Connections and Honoring Dignity; (2) Creating Opportunities and Enjoyment; (3) Offering Support and Identity; and (4) Dining with Dignity – Pleasant Manor were created in June 2024. This information was shared with staff during meetings / huddles and also posted in staff areas. Confirmation of review and sign-off was required by all staff.
 - Additional one-on-one training for existing staff and new hires as required.
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Reference: Continuous Quality Improvement Initiative Report, O. Reg. 246/22, Fixing Long-Term Care Act, 2021

Objective	To provide a mealtime experience for residents that incorporates a person-centered approach to dining	
Measure/Indicator from 2024 - 2025 QIP	Percentage of residents responding positively to overall dining room/mealtime experience based on various audits	
Current Performance as stated on 2024 - 2025 QIP	94% (59 of 63) positive responses	
Target Performance as stated on 2024 - 2025 QIP	96% positive responses	
Final Performance - End of 2024	92% (43 of 47) positive responses	
QIP Progress		
Change Idea	Methods	Progress/Completion
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	<ul style="list-style-type: none"> ▪ Completed between April 12 and 19, 2024. ▪ Ongoing for part-time and casual staff via departmental meetings/huddles and meeting minutes.
	Hold 'Dining with Dignity' in-services with the DOC from Tabor Manor for Dietary staff, PSWs, Registered staff and Therapeutic Recreation staff	<ul style="list-style-type: none"> ▪ Covid-19 outbreak May 6 - 29. No in-person in-services were able to be completed. ▪ Dining with Dignity Poster was created in June and shared by departmental heads during meetings/huddles and signed off once read/shared. ▪ Posters posted in staff room/areas.
	Nutrition Manager will establish an audit tool, schedule and conduct audits	<ul style="list-style-type: none"> ▪ Dining with Dignity audits conducted from July 1-31st (11 audits total; varying meal times) ▪ Audits completed by Director of Clinical Services (DOCS), Nutrition Manager (NM), Assistant Nutrition Manager (ANM) and Therapeutic Recreation Supervisor.

	Nutrition Manager & Director of Care to meet to review results of audits and establish desired routines and expectations	<ul style="list-style-type: none"> ▪ DOCS and NM met July 8 to discuss DOCS' findings. ▪ Determined some parts of the audit are not realistic with the current resident population of the home.
Follow up on issues	Nutrition Manager to follow up on audit findings as needed	<ul style="list-style-type: none"> ▪ NM and DOCS continue to remind staff of expectations during mealtimes in the dining room via huddles/departmental meetings.
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	<ul style="list-style-type: none"> ▪ CHOICE posters were posted in staff areas for staff to familiarize themselves with the Dining with Dignity principles. ▪ Various staff from different departments were asked a series of questions on how they can contribute to a positive dining experience for the residents. ▪ Completed October 15 and 17 by the ANM.
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)	<ul style="list-style-type: none"> ▪ Residents were surveyed between October 21 - 25 by NM.
Lessons Learned	<p>Hold meetings with Nursing and Dietary departments to share survey results and QIP focus, and to review and clarify food service routines and expectations:</p> <ul style="list-style-type: none"> • Sharing results from the QIP with staff and receiving their perceptions; feedback and observations is crucial to addressing identified quality issues. • By involving residents in this program, we promoted a personalized, home-like atmosphere that was part of our Dining with Dignity initiative. <p>Nutrition Manager will establish an audit tool, schedule and conduct audits:</p> <ul style="list-style-type: none"> • Results show that there are some aspects of dining with dignity that the teams cannot always adhere to (medication dispensing at mealtimes, many residents needing assistance in the dining room therefore, it is difficult to assist residents at one table at the same time). • Suggestions made to ensure resident is given medication at a time that is convenient for the resident, not impacting his/her privacy. 	

Nutrition Manager & Director of Care to meet to review results of audits and establish desired routines and expectations:

Working together with the DOC to exchange and review the results of our audits, feedback from the staff and family concerns is an effective way to keep improving the dining experience. ▪ When complaints were received, the DOC and NM held meetings to address issues. ▪ Scheduling monthly meetings to review insights from the results perspective will be beneficial for taking a more preventative and constructive approach. Through the examination of trends and data obtained from audits or patterns, we will proactively address issues, enhance other areas if needed and ensure an ongoing success.

Audit staff to determine how they can contribute to a positive dining experience:

- With the introduction to dining with dignity, staff have proven to be much more aware of the way they can contribute to a positive dining experience.
- There is a need for more adaptive tables to create a more comfortable dining experience for those in bigger or smaller wheelchairs.

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):

Resident surveys show that the dining room has become an inviting place to be during mealtimes but that staff members could do a better job at chatting socially with residents during these times.

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 2025

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

Overview of Our Organization's Quality Improvement Plan

Overview

The objective of our Quality Improvement Plan (QIP) targets three key areas: (1) enhancing satisfaction among residents and families or substitute decision-makers (SDMs) by providing clear contact information for inquiries related to long-term care (LTC) programs; (2) strengthening the role of family members as essential partners in care through improved communication between the home and residents' families; and (3) personalizing care to enhance resident experiences by considering individual communication styles and interests. This objective was selected based on feedback from LTC residents, highlighting lower satisfaction ratings in the 2024 Resident Satisfaction Surveys.

Our QIP aligns with the quality objectives in our organization's strategic plan, complies with the Long-Term Care Service Accountability Agreement (L-SAA), and supports provincial and regional strategies focused on client-centered care, including the Seniors Strategy in our province.

Over the past year, we have dedicated most of our staff's time and energy to ensuring the safety and support of our residents, staff, visitors, and family members. We will continue to prioritize quality improvement efforts aimed at enhancing resident satisfaction, particularly in strengthening communication between the home, residents, and their families.

Resident Experience

This year's Quality Improvement Plan (QIP) has been developed in consultation with our Resident Council to enhance resident satisfaction, specifically regarding communication between the home, residents, and their family members, based on the feedback received.

We are committed to collaborating with residents and gathering their feedback through regular Resident Council meetings and our annual Resident Satisfaction Surveys. After identifying areas for improvement, we held discussions with the Resident Council, which supported our focus on enhancing communication between the home, residents, and their family members in the coming year. Our staff will create an action plan and report back to both the Resident Council and Family Council to share our strategies for improving resident satisfaction.

Contact Information

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Sign-off

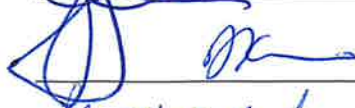
I have reviewed and approved our organization's Quality Improvement Plan



John Krause, Board Chair



Tim Siemens, Chief Executive Officer



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



Bronwen Hadfield, Administrator Long-Term Care

2025 - 2026 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
Communication	To improve resident and family/SDM satisfaction re: knowing who to contact for LTC program-specific inquiries	Percentage of residents responding positively to the following questions: (1) Staff awareness of my personal preferences of routines for waking up in the morning, bedtime rituals and hygiene choices, and reflection of awareness in their daily care; (2) Staff care that considers my strengths, preferences and needs in a non-rushed manner allowing me the optimal independence at my own pace; (3)	90% (18 of 20) positive responses	93% positive responses	To match best performance in other categories on Resident Experience Survey	Review and update existing admission information packages	Review existing packages Coordinate with admission team to update admission packages	Information reviewed Updates made	April 1, 2025 April 30, 2025
	To promote the role of family members as key partners in the circle of care by improving communication between the home and residents' family members	Physiotherapy services offered at Radiant Care Pleasant Manor; (4) I was involved in decisions about my care as much as I wanted to be				Create a pamphlet / document that outlines roles, responsibilities, and contact information for each department	Create document Provide education to admission team	Document created Education scheduled for staff and completed	June 1, 2025 Hold in-services by June 15, 2025
						Create a family / SDM newsletter based on their feedback, to include home-specific events, upcoming special events, department-specific news and updates; email once monthly to family / SDM and post in resident rooms. (This is in addition to existing resident newsletter)	Create audit / questionnaire Complete audits with family / SDM for feedback Create family / SDM newsletter	Audit / questionnaire created Audits conducted Newsletter to be created	April 1, 2025 April 30, 2025 May 31, 2025
							Implement audit / questionnaires to family / SDM for feedback on new process	Audits compiled and feedback implemented	July 15, 2025

2025 - 2026 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
	To enhance resident experience by personalizing care, including communication styles and interests					<p>Create cue cards to reflect preferences, interests and care-related routines to improve residents' sense of quality care and safety</p> <p>Information to be posted in resident rooms</p> <p>Ask residents for feedback to determine effectiveness</p>	<p>Create cue cards</p> <p>In-services to educate team members of purpose</p> <p>Post information in resident rooms</p> <p>Create audits / questionnaire for residents</p>	<p>Cue cards created</p> <p>In-services scheduled</p> <p>Information posted</p> <p>Audits created and implemented</p>	<p>April 1, 2025</p> <p>April 15, 2025</p> <p>May 15, 2025</p> <p>June 15, 2025</p>

Resident Experience Survey 2024 Results

A total of 6 responses were received from 41 residents for a response rate of 15%.

Survey filled out by:

Resident : 2	Family/Caregiver/SDM: 0	Unspecified: 4
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Personal Care and Medical Issues	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Personal care received such as bathing, hygiene, safety and comfort, lifting and transferring, etc.	2	4			
Staff respect my privacy while providing personal care	2	5			
Medical concerns and medical care such as treatments, medication administration, etc. are addressed	2	3			1
Staff awareness of my personal preferences of routines for waking up in the morning, bedtime rituals and hygiene choices, and reflection of awareness in their daily care		5			1
Staff care that considers my strengths, preferences and needs in a non-rushed manner allowing me the optimal independence at my own pace	2	4			
If applicable, the continence products I use help to keep my skin dry, fit comfortably and eliminate soilage on my clothes		1	1		3
Physiotherapy services offered at Radiant Care Pleasant Manor	2		1		3
I was involved in decisions about my care as much as I wanted to be	2	3	1		
Additional Comments:					
<ul style="list-style-type: none"> ▪ Personal Care: not sure about oral hygiene ▪ Physiotherapy: was not walked enough (dissatisfied) 					

Programming and Activities	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Effectiveness of the Resident Council	1	1	1		2
Quality of activities I have been involved in	2	1	1		2
Variety of activities I have been involved in	2	1	1		2
Meaningful and enjoyable activities		4			2
Staff are aware of my personal interests and hobbies and facilitate participation in these		4	1		
Chapel Services and Bible Studies	2	2			2
One-on-one visitations with the Chaplain	2	3			1
Opportunity and support in meeting my spiritual needs	2	3			1
Additional Comments:					
<ul style="list-style-type: none"> Effectiveness of the Resident Council - not sure yet 					

Dietary / Food	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Variety of food offered on our menu	2	4			
Presentation of food	2	2	1		1
Temperature of food when it's received	2	3	1		
Promptness of meal service	1	4	1		
Seasoning and taste of food served	2	3	1		
Time provided so that I may eat my meal at my own pace	1	5			
Appropriate, courteous assistance provided with my meals	1	5			
Overall dining room experience (e.g., noise level, table mates, seating, lighting, etc.)	1	4	1		
Additional Comments:					
<ul style="list-style-type: none"> N/A 					

Environmental Services	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Radiant Care Pleasant Manor's response to maintenance issues		3			1
Lighting	1	2	1		1
Temperature inside our building	1	1	3		
Ease of mobility within our building	1	3	1		
Overall appearance of Radiant Care Pleasant Manor	1	3	1		
Overall comfort of Radiant Care Pleasant Manor	2	1	2		
Laundry service at Radiant Care Pleasant Manor	1	3	1		
Additional Comments:					
<ul style="list-style-type: none"> ▪ Radiant Care Pleasant Manor's response to maintenance issues - could be better 					

Staff Communication with Residents & Families	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Volume of voice the staff uses to talk with me	1	4			
Clarity of speech of the staff		5			
Body language when staff talk with me	1	4			
Ability of staff to help resolve issues	1	4			
Additional comments:					
<ul style="list-style-type: none"> ▪ N/A 					

Administration / Management / Office Staff	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
Management accessibility for me		3			1
Management responsiveness and ability to address issues or complaints I have		4			1
Management efforts to share information with me	2	2			1
Office staff efforts to provide me with the information I need	2	2			1
Friendliness	2	2			1
Additional Comments:					
<ul style="list-style-type: none"> ▪ N/A 					

Having a Voice	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
How well staff listen to me	1	3			

	Yes	No
I can express my opinion without fear of consequences	5	

Recommendation	Yes	No
Would you recommend Radiant Care Pleasant Manor to your family and friends?	6	

Overall Rating	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Do Not Know
I am treated with excellence, love and dignity	1	5			
Overall, rating of my experience at Radiant Care Pleasant Manor and the care and services I receive in all areas	1	4	1		

Additional comments:

- N/A