

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 2018

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 resident-centred care, particularly related to improving resident satisfaction with the temperature of the food. We chose this objective to respond to feedback from long-term care (LTC) residents that identified it as an area of lower satisfaction on the 2017 Tabor Manor Resident Satisfaction Survey.

Our QIP aligns with the quality objectives of our organization's strategic plan, and with our Multi-Sector Service Accountability Agreement (M-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.

Quality Improvement Achievements from Past Year

We successfully implemented our QIP this past year and surpassed our goal. We increased residents' satisfaction with management's efforts to share information from 76% to 83%, which was 2% higher than our target! The improved communication methods that were implemented through this QIP will remain in place to continue to provide ongoing communication of information and changes to residents and their families.

Patient/Resident/Client Engagement

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.

Collaboration and Integration

In December 2017, our organization unveiled a renewed brand identity. Our homes Pleasant Manor and Tabor Manor are now known collectively as Radiant Care. We are excited to adopt Radiant Care as our brand, demonstrating that we are a unified organization with a shared vision, mission and values. Our new harmonized brand identity will assist us as our two homes continue to collaborate with one another to advance the quality of service throughout our organization. Radiant Care has a Quality Council (QC) that oversees the quality improvement strategy and initiatives at both homes. The homes work together and align objectives to create positive change in both locations. We are a member of the AdvantAge Ontario Region 2 Administrators group and the Hamilton Niagara Haldimand Brant (HNHB) Long Term Care Homes (LTCH) Network and Niagara Senior Supportive Housing Network (NSSHN), and have been working with these groups to develop quality improvement initiatives.

Engagement of Clinicians, Leadership and Staff

Our leadership staff were involved in the creation of the objectives and action plans on our QIPs through our LTC Continuous Quality Improvement Committee (CQIC). We have also consulted our Long-Term Care (LTC) Professional Advisory Committee (PAC) and engaged in conversations with Brock & DeGroote School of Medicine, Niagara Campus, as partners in our quality journey. Our management team has obtained certification through Improving & Driving Excellence Across Sectors (IDEAS) training. Our QIP was reviewed and approved by the Radiant Care Board of Directors on Wednesday, March 21, 2018.

Population Health and Equity Considerations

Our organization is owned and operated by a faith and ethnic specific community. As such, we have and will continue to offer materials in the predominant languages reflected within our resident and tenant populations.

Access to the Right Level of Care – Addressing ALC

Radiant Care Tabor Manor underwent LTC redevelopment in 2013 and, as part of its plan to address local ALC issues, invested \$970,000 of its own money to increase LTC bed capacity through the acquisition of 46 LTC bed licenses. Also, in 2015, Radiant Care Tabor Manor retrofitted its old LTC home to increase community semi-independent living at a cost of \$1.4 million. Collaborative placement with the LHIN ensures that 20% of these new spaces are open and available for seniors within the system who require housing and support.

Opioid Prescribing for the Treatment of Pain and Opioid Use Disorder

At both Radiant Care homes, medications, including opioids, are strictly controlled and regulated by provincial legislation.

Workplace Violence & Prevention

A first step in identifying what action steps to develop to monitor, reduce, and prevent workplace violence, is to know what, if anything, is occurring. As such, our annual Employee Engagement Survey seeks to uncover whether or not discrimination and harassment exists within the home, and, if so, to what extent. Based on survey results, our organization will be able to respond accordingly.

Contact Information

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Sign-off

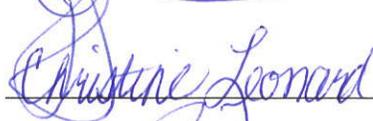
I have reviewed and approved our organization's Quality Improvement Plan



Glen Unruh, Board Chair



Tim Siemens, Chief Executive Officer & Quality Council Chair



Christine Leonard, Interim Director & Long-Term Care Quality Committee Chair



Sara Revelle, Director of Care

2018-2019 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	Improve resident satisfaction with the temperature of the food by October 31, 2018.	% of residents responding positively to: "How would you rate the temperature of the food when it's received?"	79% (31 of 39) positive responses	82% positive responses	To match best performance in other categories on Resident Satisfaction Survey	Use photos to show residents meal choices instead of show plates to prevent food from being opened multiple times prior to serving. (If there is a last-minute change in menu, we will make show plates.)	<p>Nutrition Manager or delegate will take photos of all lunches and suppers on 3-week menu, then print and laminate them.</p> <p>Communicate change to all staff at April General Staff Meeting and via memo.</p> <p>Communicate new process details to Dietary staff</p> <p>Implement show photos and discontinue show plates</p> <p>Warm plates before plating meals</p> <p>Maintenance Supervisor will inspect plate warmers and prepare them for use, if possible. If</p>	<p>Photos printed and laminated</p> <p>Shared at General Staff Meeting, as per minutes Memo posted</p> <p>Communicated to staff, as per departmental meeting minutes</p> <p>Show photos implemented</p> <p>Plate warming solution found</p>	<p>Photos printed and laminated by April 30, 2018</p> <p>Shared at General Staff Meeting, as per minutes, and memo posted by April 30, 2018</p> <p>Communicated to staff, as per departmental meeting minutes, by May 14, 2018</p> <p>Show photos implemented by May 14, 2018</p> <p>Plate warming solution found by April 16, 2018</p>	

2018-2019 Quality Improvement Plan – Long-Term Care

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						<p>Review best practices for keeping food warm with Dietary staff</p> <p>Conduct audits to ensure best practices for keeping food warm are being followed</p>	<p>not, steam tables will be used.</p> <p>Meet with Dietary staff to review the following:</p> <ul style="list-style-type: none"> • Warm plates • Keep food covered while not actively being served • Stir food immediately before serving • Use heat lamps <p>Nutrition Manager will create an audit tool and schedule by April 30, 2018</p> <p>Supervisors will conduct a biweekly audit on:</p> <ul style="list-style-type: none"> • Warm plates • Food covered • Food stirred • Heat lamps on and report findings to Nutrition Manager 	<p>Reviewed with Dietary staff, as per departmental meeting minutes</p> <p>Audit tool and schedule created</p> <p>Biweekly audits completed on two floors each time, and results reported to Nutrition Manager</p>	<p>Reviewed with Dietary staff, as per departmental meeting minutes, by April 16, 2018</p> <p>Audit tool and schedule created by April 30, 2018</p> <p>Biweekly audits completed on two floors each time, and results reported to Nutrition Manager beginning week of May 7, 2018.</p>	

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						<p>We will survey 4 residents/floor partway through the year to gauge progress in this area.</p>	<p>Nutrition Manager will follow up on audit findings as needed</p> <p>We are going to meet with 4 residents/floor by June 1 to survey them on the question: "How would you rate the temperature of the food when it's received?"</p>	<p>Follow up completed and documented on audit form</p> <p>% of positive responses</p>	<p>As needed</p> <p>80% of positive responses on June survey</p>	