

Let's Make Healthy  
Change Happen.



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

Radiant  
Care  
Tabor  
Manor

**Supportive Housing**  
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.

[ontario.ca/excellentcare](http://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-centred care, particularly related to improving resident satisfaction with the quality of the food, especially temperature. We chose this objective to respond to feedback from Supportive Housing (SH) clients that identified it as an area where there is room for improvement on the 2017 Tabor Manor Supportive Housing Client 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 the percentage of clients who feel well informed about our Supportive Housing program from 70% to 84%, which was 4% higher than our target! The information sources and improved communication methods that were created and implemented through this QIP will remain in place to continue to provide ongoing communication of information to clients and others who are interested in learning about the Supportive Housing program.

### Patient/Resident/Client Engagement

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.

### 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 SH Continuous Quality Improvement Committee (CQIC). We have engaged in conversations with Brock & DeGroot 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

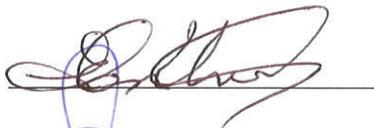
A first step in identifying what action steps to develop to monitor, reduce, and prevent workplace violence, is to know what, if anything, is occurring. As such, our annual Employee Engagement Survey seeks to uncover whether or not discrimination and harassment exists within the home, and, if so, to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

## Contact Information

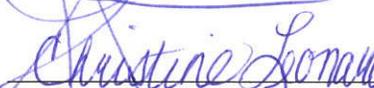
Tim Siemens, CEO, Radiant Care  
1 Tabor Drive, St. Catharines, ON L2N 1V9  
[tims@radiantcare.net](mailto:tims@radiantcare.net) or 905-934-3414 ext. 1052

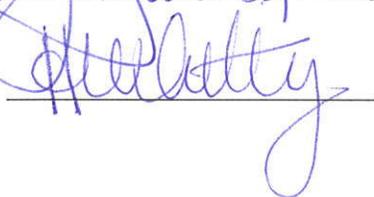
## Sign-off

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

 \_\_\_\_\_ Glen Unruh, Board Chair

 \_\_\_\_\_ Tim Siemens, Chief Executive Officer & Quality Council Chair

 \_\_\_\_\_ Christine Leonard, Interim Director & Supportive Housing Quality Committee Chair

 \_\_\_\_\_ Hilary Whitty, Supportive Housing Coordinator

# 2018-2019 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
<b>Client Centered</b>	Improve client satisfaction with the quality of the food by October 31, 2018.	% of clients responding positively to: "Satisfaction with the quality of the food"	62.5% (15 of 24) positive responses	67% positive responses	To match best performance in other categories on Supportive Housing Client Satisfaction Survey	<p>Make additional seasoning available on each table and communicate to tenants</p> <p>Use photos to show tenants 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>	<p>Put Ms. Dash on each dining</p> <p>Nutrition Manager will announce to tenants</p> <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>Seasoning on tables</p> <p>Announcement made to tenants</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>Seasoning on tables by April 16, 2018</p> <p>Announcement made to tenants by April 16, 2018</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>	

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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, and to ensure seasoning is provided on the tables</p>	<p>Meet with Dietary staff to review the following:</p> <ul style="list-style-type: none"> <li>• Warm plates – set inside steam table before going to pick up food</li> <li>• Keep food covered while not actively being served</li> <li>• Stir food immediately before serving</li> </ul> <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"> <li>• Warm plates</li> <li>• Food covered</li> <li>• Food stirred</li> <li>• Seasoning available on tables</li> </ul>	<p>Reviewed with Dietary staff, as per departmental meeting minutes</p> <p>Audit tool and schedule created</p> <p>Biweekly audits completed 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 and results reported to Nutrition Manager beginning week of May 7, 2018.</p>	

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						<p>We will survey 10 clients partway through the year to gauge progress in this area.</p>	<p>and report findings to Nutrition Manager</p> <p>Nutrition Manager will follow up on audit findings as needed</p> <p>Distribute a 1 question survey (“Satisfaction with the quality of the food”) to 10 clients who eat in the dining room, by June 1.</p>	<p>Follow up completed and documented on audit form</p> <p>% of positive responses</p>	<p>As needed</p> <p>65% of positive responses on June survey</p>	