

Let's Make Healthy
Change Happen.



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



TABOR MANOR
serving seniors with excellence, love and dignity

Long Term Care

March 2017

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 communication to residents within the home. 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 2016 Tabor Manor Resident Satisfaction Survey.

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.

Quality Improvement Achievements from Past Year

We successfully implemented our QIP this past year, resulting in a marked increase in resident satisfaction with the food and dining experience. Satisfaction with the food increased by 12%, which was 7% higher than our target! Satisfaction with the dining experience increased by 4%, to 96%, which was 1% higher than our target! As part of our QIP, almost 90% of our employees were trained on Dining with Dignity, an in-house training program designed to help employees understand the experience and perception of the residents they are serving at mealtimes and to help them improve their service to these residents accordingly. As a result of this training and the other change ideas implemented through our QIP, residents are enjoying mealtimes more, which is a major success!

Following our first full QIP year, we identified a need to modify our Quality Calendar to better align our annual survey season with the QIP cycle, which we did this past year. This change improved the accuracy and timeliness of our measurements and feedback cycle, and has allowed the success of our QIP implementation to reflect in our final measurement.

Population Health

This QIP respects the specific needs of Long-Term Care residents who have chosen to live in our home. By demographics, the Long-Term Care resident population who lives in our home is, on average, 84 years of age, presenting with a variety of comorbidities. In fact, 60%-70% of our residents present with some sort of cognitive impairment, not to mention physical disability and infirmity. Also, most, if not all, residents who choose to move to our home, choose to die within the home. As such, strategic priorities established by the Board prompt us to specialize in dementia and palliative care. To achieve this, our organization has partnered with Brock University and McMaster University in a national research study on palliative care.

Equity

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.

Integration and Continuity of Care

Pleasant Manor and Tabor Manor, which are sister homes, have 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 Ontario Association of Non-profit Homes and Services for Seniors (OANHSS) 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.

Access to the Right Level of Care – Addressing ALC Issues

Our organization has and will continue to support specific initiative relating to ALC pressures. Most recently, we have increased local Long-Term Care capacity by drawing into the Niagara Region 46 new LTC beds, thereby increasing the local supply of this scarce resource, in order to respond to local ALC pressures. Also, our Niagara-on-the-Lake site has partnered with the HNHB-LHIN and Niagara Health to convert 12 Long-Term Care beds into a 12-unit Activation Restoration Bed program.

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 LTC Professional Advisory Committee (PAC) and 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 Pleasant Manor and Tabor Manor Board of Directors on Wednesday, March 22, 2017.

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.

Staff Safety & Workplace Violence

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

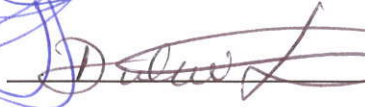
I have reviewed and approved our organization's Quality Improvement Plan



Glen Unruh, Board Chair



Tim Siemens, Chief Executive Officer & Quality Council Chair



Dulcie Lindo, Director & Long Term Care Quality Committee Chair

Quality Improvement Plan – Tabor Manor – Long Term Care

AIM		MEASURE				CHANGE				
Quality Dimension	Objective	Measure/ Indicator	Current Performance	Target for 2017/18	Target Justification	Planned Improvement Initiative (change ideas)	Methods	Process Measures	Goal for change ideas (2017/18)	Comments
Resident Centred	Improve communication to residents within the home by October 31, 2017	% of positive responses to the questions on the Resident Satisfaction Survey that pertain to management's efforts to share information	76% (29 of 38) positive responses	81% positive responses	To match best performance in other categories on Resident Satisfaction Survey	<p>Change Tabor Times to include a blurb from each department</p> <p>Inform residents and families of upcoming staff rotations</p>	<p>Therapeutic Recreation (TR) Supervisor will create new Tabor Times layout.</p> <p>TR Supervisor will coordinate schedule of submissions and send calendar reminders.</p> <p>Supervisors will send TR Supervisor submissions by the due date, each month</p> <p>Communicate through:</p> <ul style="list-style-type: none"> • Tabor Times • Email that goes out with Tabor Times • Resident Council meetings • Family Council meetings 	<p>Layout created</p> <p>Calendar invites for year sent</p> <p>Submissions received on time</p> <p>Completion</p>	<p>Layout created by April 30, 2017</p> <p>Calendar invites for year sent by April 30, 2017</p> <p>Each submission from each Supervisor received on or before the deadline</p> <p>Beginning April 30, 2017, included in Tabor Times and highlighted in accompanying email, when applicable</p> <p>Documented in meeting minutes</p> <p>Documented in meeting minutes</p>	We chose this objective in response to the 2016 Resident Satisfaction Survey, which showed that there is room for improvement in how management shares information with residents.

Quality Improvement Plan – Tabor Manor – Long Term Care

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Quality Dimension	Objective	Measure/ Indicator	Current Performance	Target for 2017/18	Target Justification	Planned Improvement Initiative (change ideas)	Methods	Process Measures	Goal for change ideas (2017/18)	Comments
						<p>Post outbreaks on website</p> <p>Communicate new employees and residents to residents</p>	<p>Establish location and process for adding outbreaks to website</p> <p>Inform residents and families of where to find outbreak information on website</p> <p>Human Resources (HR) to email Ward Clerk the name and position of each new Tabor Manor employee on their date of hire – Add to New Hire Checklist</p> <p>Ward Clerk will post a notice on the Resident information board on the relevant floor(s) within one business day when:</p> <ul style="list-style-type: none"> a new employee is hired 	<p>Location and process established</p> <p>Communicated</p> <p>Email sent by HR on employee's date of hire</p> <p>Notice posted</p>	<p>Location and process established by June 30, 2017</p> <p>Communicated by July 15, 2017</p> <p>Beginning, May 30, 2017: Email sent, as documented on checklist</p> <p>Notice posted, as documented in response email to HR</p>	

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						<p>We will survey residents twice throughout year to gauge progress in this area.</p>	<ul style="list-style-type: none"> a new resident moves in – Add to new resident checklist <p>Distribute a 1 question survey (How would you rate management's efforts to share information with you?) to 20 residents in both July and September.</p> <p>Director will attend July and October Resident Council meetings to report back on results.</p>	<p>Notice posted</p> <p>% positive responses</p> <p>Results reviewed, as documented in minutes</p>	<p>Notice posted, as documented on checklist(s)</p> <p>77% positive responses on July survey</p> <p>79% positive responses on September survey</p> <p>Results reviewed by July 31 and October 31.</p>	