

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

Supportive Housing

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 client-centred care, particularly related to improving clients' understanding of the services available to them through our Supportive Housing program. 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 2016 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, resulting in a marked increase in client satisfaction with the dining experience. Satisfaction increased by 28%, which was 18% 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 clients they are serving at mealtimes and to help them improve their service to these clients accordingly. As a result of this training and the other change ideas implemented through our QIP, clients 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.

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.

Engagement of clinicians and leadership:

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 & 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 Pleasant Manor and Tabor Manor Board of Directors on Wednesday, March 22, 2017.

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.

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 & Supportive Housing Quality Committee Chair


_____ Hilary Whitty, Supportive Housing Coordinator

Quality Improvement Plan – Tabor Manor – Supportive Housing

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
Client-Centred	Improve client understanding of Supportive Housing services by October 31, 2017	% of affirmative responses to the following question on the Supportive Housing Client Satisfaction Survey: “Do you feel well informed about the Supportive Housing Program at Tabor Manor?”	70% (42 of 60) affirmative responses	80% affirmative responses	To match best performance in other categories on Supportive Housing Client Satisfaction Survey	Communicate Supportive Housing Program to clients	Supportive Housing Coordinator will create and distribute a brochure that generally outlines what the Supportive Housing Program is and services it provides Brochure will be made available at Administration Office and Supportive Housing Office Supportive Housing Coordinator will create pamphlets for each core Supportive Housing service, describing the service and outlining appropriate client expectations of the services, and implement the practice of giving	Distribution complete Brochure available Pamphlets created Practice of distributing pamphlets implemented	Brochure distributed to all tenants on Supportive Housing Program by April 30, 2017 Brochure will be available at Administration Office and Supportive Housing office beginning April 30, 2017 Pamphlets created by June 30, 2017 Practice implemented beginning June 30, 2017	We chose this objective in response to the 2016 Supportive Housing Client Satisfaction Survey, which showed that there is room for improvement in how informed clients are about the Supportive Housing Program.

Quality Improvement Plan – Tabor Manor – Supportive Housing

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						<p>Communicate Supportive Housing Program to staff</p> <p>We will survey 15 clients twice throughout year to gauge progress in this area.</p>	<p>relevant pamphlets to clients when they come on services</p> <p>Hold inservice for tenants to inform about Supportive Housing Program</p> <p>Supportive Housing Coordinator will present and review brochures and pamphlets with staff at departmental meetings</p> <p>Inservice on professional boundaries and service parameters</p> <p>Distribute a 1 question survey (Do you feel well informed about the Supportive Housing Program?) to 15 clients in both July and September.</p>	<p>Inservice held</p> <p>Documented in meeting minutes</p> <p>Inservice held and documented in inservice minutes</p> <p>% of affirmative responses</p>	<p>Inservice held by September 30, 2017</p> <p>Documented in June and July Departmental meeting minutes</p> <p>Inservice held and documented in minutes by September 30, 2017</p> <p>73% affirmative responses on July survey</p> <p>76% affirmative responses on September survey</p>	

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							Director will attend September Tenant Association meeting to report back on results.	Results reviewed, as documented in minutes	Results reviewed by September 30.	