

Let's Make Healthy
Change Happen.



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



PLEASANT MANOR
serving seniors with excellence, love and dignity

Supportive Housing

March 2016

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 how well staff listen to clients. 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 2015 Pleasant 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.

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.

Challenges, risks and mitigation strategies

Our challenge will be to achieve the performance goal. One of the major risks we are aware of is the lack of appropriate staffing levels to carry out high quality care. When our staff are overwhelmed with too much work, we are aware of a tendency to cut corners to complete all necessary work, which jeopardizes our focus on client-centred care.

We will do our best to mitigate this risk through appropriate staffing levels as well as we can within our budgetary constraints. Our organization has policies and job routines in place that ensure that clients are served as well as possible within our current staffing reality. In addition, we are implementing ongoing audits to ensure we achieve our stated objective. Part of the auditing process involves following up with individual staff, as necessary, if we become aware of any issues that detract from this objective.

Information management:

Our organization uses our annual Supportive Housing Client Satisfaction Surveys to obtain data and feedback from our clients so we can better understand their needs. As mentioned above, our QIP objective is drawn directly from our 2015 Supportive Housing Client Satisfaction Survey as a means of responding to client feedback. Our goal is to improve client satisfaction in the identified area on the 2017 Supportive Housing Client Satisfaction Survey.

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 & 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 23, 2016.

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.

Accountability management:

Our progress on our QIP objective will be reviewed quarterly at CQIC meetings and then reported on at QC meetings. The objective on our QIP is incorporated into our supervisors' annual performance plans through our performance management system, to be reviewed and assessed throughout the year and in their annual performance reviews.

Sign-off

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



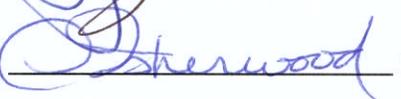
Glen Unruh, Board Chair



Tim Siemens, Chief Executive Officer & Quality Council Chair



Judy Willems, Director & Supportive Housing Quality Committee Chair



Deborah Isherwood, Supportive Housing Coordinator

Quality Improvement Plan – Pleasant Manor – Supportive Housing

AIM		MEASURE				CHANGE				
Quality Dimension	Objective	Measure/ Indicator	Current Performance	Target for 2016/17	Target Justification	Planned Improvement Initiative (change ideas)	Methods	Process Measures	Goal for change ideas (2016/17)	Comments
Client-Centred	A – 1 Improve client satisfaction rating of how well staff listen to them	% of responses scoring 9 or 10 on question #13 of Supportive Housing Client Satisfaction Survey, pertaining to how well staff listen to clients	80% (20 of 25 responses) scoring 9 or 10	85% scoring 9 or 10	To match best performance in other categories on Supportive Housing Client Satisfaction Survey	Implement procedure of consulting personal preference sheet in binder for each client (detailing bath time and other bathing preferences), and obtain client feedback if preferences are being honoured Staff will use touch, smiling, and eye contact to more meaningfully connect with clients.	Communicate procedure to staff Supportive Housing Coordinator will conduct a monthly bathing audit. Measure client feedback through a brief survey. Complete baseline survey by April 1, 2016, and measurement by October 31, 2016. Hold an inservice to train and encourage staff to connect with clients in these ways	Procedure communicated, as documented in departmental meeting minutes Audits completed % positive responses (Satisfied or Very Satisfied) Inservice held	Procedure communicated by April 1, 2016. Monthly audits completed for 12 months beginning April 1, 2016 85% positive responses (Satisfied or Very Satisfied) Hold an inservice by April 30, 2016.	We chose this objective in response to the 2015 Supportive Housing Client Satisfaction Survey, which showed that there is room for improvement in how well staff listen to clients. We have chosen to focus on how well staff listen to clients, particularly in terms of their preferences.

Quality Improvement Plan – Pleasant Manor – Supportive Housing

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						<p>We will survey 15 clients twice throughout year to gauge progress in these areas.</p>	<p>Reinforce in departmental meetings by discussing examples</p> <p>Distribute a 1 question survey (question 13) to 15 clients in both July and September.</p> <p>Director will attend September Tenant Council meeting to report back on results.</p>	<p>Discussion at May and September departmental meetings, as documented in meeting minutes</p> <p>% of responses scoring 9 or 10</p> <p>Results reviewed, as documented in minutes</p>	<p>Discussed at departmental meeting in both May and September 2016.</p> <p>82% positive responses on July survey</p> <p>83% positive responses on September survey</p> <p>Results reviewed by September 30.</p>	