2024/25 Quality Improvement Plan for Ontario Long Term Care Homes "Improvement Targets and Initiatives"



Ivan Franko Home (Etobicoke) 767 ROYAL YORK ROAD, Etobicoke , ON, M8Y2T3

AIM		Measure					Current		Target		Change Planned improvement			Target for process	
Issue	Quality dimension	Measure/Indicator	Туре	Unit / Population	Source / Period	Organization Id	performance	Target	justification	External Collaborators	initiatives (Change Ideas)	Methods	Process measures	measure	Comments
M = Mandatory (all ce	lls must be completed) F	= Priority (complete ONI	Y the comments o	cell if you are not w	orking on this indica	tor) O= Optional (do	o not select if you a	re not working o	n this indicator) C = 0	Custom (add any other indicators	you are working on)				
Access and Flow	Efficient	Rate of ED visits for	0	Rate per 100	CIHI CCRS, CIHI	51307*	17.14	16.25	Our primary	NLOT	1)1. Conduct data collection	- Utilize the current system to gather data on ER visits,	The team, including the MD, will conduct weekly huddles	To reduce the	- The home
		modified list of		residents / LTC	NACRS / October				objective		and analyze ER visit statistics		and will analyze number of cases where residents required		s provides ongoir
		ambulatory care–sensitive		home residents	1st 2022 to September 30th				continues to be reducing the		on a monthly, quarterly, and annual basis. 2. Identify	made by power of attorney (POA), and resident preferences, facilitated by the RAI coordinator The DOC	ER visits. During weekly huddles, the team will explore alternatives for managing similar cases at home, thus	with Unplanned Emergency	education to sta residents, and
		conditions * per 100			2023 (O3 to the				number of		recidents with progressive life	e, will analyze common reasons and recurring natterns for ER	avoiding transfers to the FR. The total number of residents	Department Visits	families
Experience	Patient-centred	Percentage of	0	% / LTC home	In house data,	51307*	95.24	100.00	At our Home, we		1)Incorporate empathy	- Schedule the training sessions led by experienced	- Number of training sessions conducted per quarter -	- Achieve a	We intend to
		residents responding positively to: "What		residents	NHCAHPS survey Most recent	′			believe that every resident deserves		training: offer specialized training sessions focused on	facilitators from the human resources department, Behaviour Support Lead and community resources	Attendance rate for each training session - Participant feedback on training effectiveness - Percentage of	minimum attendance rate of	maintain an independent
		number would you			consecutive 12-				to have their		building empathy and	Record the attendance for each session Collect	residents/families/persons of importance who positively	80.00% for each	approach when
		use to rate how well			month period				voice heard and		understanding among staff 2)Enhance staff	- Research and select appropriate communication tools	- Number of communication tools selected and acquired	- Select and acquire	sunwing the
		the staff listen to							to be actively		communication tools:	based on resident needs and staff preferences Acquire	within the designated timeframe Attendance/engagement		
		you?"							involved in their care. We		provide staff with updated	the selected communication tools through approved	in staff training sessions on communication tool usage	tools by March	
									recognize that		communication tools, such	vendors/suppliers Train staff members on how to	Frequency of communication tool usage recorded during	2025 Achieve a	
		Percentage of	0	% / LTC home	In house data,	51307*	100	100.00	At our Home, we		1)Conduct staff training on	- Schedule communication workshops facilitated by	- Track the attendance and participation rates in	- Achieve a	We intend to
		residents who		residents	interRAI survey /				are committed to		communication and conflict	communication experts or trained staff members (Human	communication workshops conducted per quarter to	minimum	maintain an
		responded positively to the statement: "I			Most recent consecutive 12-				creating a safe and welcoming		resolution skills to create a safe and respectful	Resources department, Behaviour Support Lead, community resources etc.) - Utilize a mix of interactive	ensure staff engagement Conduct pre- and post- workshop surveys to assess staff perception of their	attendance rate of 80.00% for each	independent approach when
		can express my			month period				environment		environment for residents to	methods including role-playing group discussions and	communication skills and confidence levels - Monitor	training session ner	suproving the
		opinion without fear							where residents		2)Implement interactive	- Design and obtain interactive communication boards,	- Monitor the timely installation of communication boards	- Strive for positive	
		of consequences".							feel empowered		communication boards suitable for designated	equipped with writing utensils, sticky notes, or digital interfaces suitable for designated resident areas within the	in designated resident areas, ensuring they are positioned appropriately for resident accessibility and privacy Track	feedback from residents regarding	
									to express their opinions and		resident areas within the	Home Schedule installation of the boards in strategically	the frequency of resident contributions to the	their ability to	
		Percentage of	C	% / LTC home	In house data,	51307*	100	100.00	At our Home, we		1)Strengthen Staff Training or	n - Conduct regular training sessions for staff on customer	- Number of training sessions conducted per quarter	- Ensure that at least	st We intend to
		residents responding		residents	NHCAHPS survey	/ 51307	100	100.00	are committed to		Customer Service: provide	service skills, empathy, and effective communication	Record the attendance for each session Collect	90.00% of staff	maintain an
		positively to:"I would			Apr 2023 - Mar				providing		ongoing training for staff	techniques Utilize a variety of training methods, such as	participant feedback through surveys distributed after the	members attend the	e independent
		recommend this site			2024				exceptional care		focused on customer service	workshops, seminars, role-playing exercises, and online	training Analyze the frequency and staff involvement in	training sessions	approach when
		or organization to others."							and service to all of our residents,		2)Increase social and	- Collaborate with local community organizations to	Number of social and recreational activities offered per	- Increase the	- Regularly revie
									and we take great		recreational activities for	expand the range of available social and recreational	week/month Attendance rates at each activity, tracked	number of social	and update the
									pride in the		residents to foster a sense of	The state of the s	through digital records (e.g. SurveyMonkey consent forms	and recreational activities offered	activity schedul based on reside
									relationships we		overall quality of life	ir including group outings, arts and crafts sessions, musical	obtained from residents/families/persons of importance;	within the first six	foodback and
									have built with our community.		3)Launch initiatives to	- Develop engaging and visually appealing content for social	- Monitor the number of inquiries received via phone,	- Increased number	l l
									Our goal is to		encourage residents and thei families to share positive	ir media platforms showcasing resident activities, achievements, and community involvement Encourage	email, and other channels on a monthly basis Track engagement metrics on social media platforms, including	of inquiries received via phone, email,	1
									ensure that every		experiences with friends,	residents and families to provide testimonials and share	likes, comments, shares, and new followers Document	and other channels	A
				ar (1 ma)		F40074	100	10000	resident feels		family and the breader	their experiences on our website and social modia channel	the number of testimonials and positive reviews received	within the first three	
		Percentage of residents who	C	% / LTC home residents	In house data, NHCAHPS survey	51307*	100	100.00	At our Home, we are committed to		 Conduct staff training on communication and conflict 	 Schedule communication workshops facilitated by communication experts or trained staff members (Human 	- Track the attendance and participation rates in communication workshops conducted per quarter to	- Achieve a minimum	We intend to maintain an
		responded positively			Apr 2023 - Mar	'			creating a safe		resolution skills to create a	Resources department, Behaviour Support Lead,	ensure staff engagement Conduct pre- and post-	attendance rate of	independent
		to the statement: "I			2024				and welcoming		safe and respectful	community resources etc.) - Utilize a mix of interactive	workshop surveys to assess staff perception of their	80.00% for each	approach when
		can express my							environment		2)Implement interactive	- Design and obtain interactive communication boards,	- Monitor the timely installation of communication boards	- Strive for positive	surveying the
		opinion without fear of consequences".							where residents feel empowered		communication boards	equipped with writing utensils, sticky notes, or digital	in designated resident areas, ensuring they are positioned	feedback from	
									to express their		suitable for designated	interfaces suitable for designated resident areas within the	appropriately for resident accessibility and privacy Track	residents regarding	
									opinions and		resident areas within the	Home Schedule installation of the boards in strategically	the frequency of resident contributions to the	their ability to	A l
Safety	Safe	Percentage of LTC	0	% / LTC home	CIHI CCRS / July	51307*	3.73	3.60	According to		1)All newly admitted or	Nurses will assess newly admitted and readmitted resident	All newly admitted and readmitted residents will have RNAC	Number of	The Home
		home residents who		residents	2023–September				quality indicators	5,	readmitted residents will	using RNAO Falls Risk Screening, Assessment and	Falls Risk Screening, Assessment and Management and	residents who fell in	n provides ongoin
		fell in the 30 days leading up to their			2023 (Q2 2023/24), with				the IFH demonstrates		undergo a fall risk assessmen conducted by registered	nt Management, Morse Fall Scale assessment for fall risk. Registered staff will refer all newly admitted and readmitted	Morse Fall Scale assessment withing 24 hrs. All newly admitted and readmitted residents will be referred to PT for	the 30 days leading to their assessment	
		assessment			rolling 4-quarter				strong		nursing staff within 24 hours	recidents to PT for assessment	accessment and will be seen by PT	will decrease by	concerning fall
					average				performance		2)To have completed RNAO		RAI-MDS lead will check on regular basis if RNAO Falls Risk	Number of residents who fell in	
									regarding the		Falls Risk Screening, Assessment, and	Assessment, and Management protocol, along with the Morse Fall Scale assessment, as determined by the	Screening, Assessment, and Management protocol and the Morse Fall Scale assessment are completed on time by	the 30 days leading	/
									incidence of falls among residents		Management protocol and	Universal Data Assessment (UDA) and through nursing	registered staff and whether care plans were updated	to their assessment	i .
									in the 30 days		3)To have for all residents	Registered staff and physical therapists (PT) will collaborat	The Fall Prevention and Management Committee will meet	Number of	4
									preceding their		identified with moderate to	to update care plans for residents identified as at risk for	every three months to thoroughly discuss and analyze fall		n l
									assessment. Our		high fall risks supplementary	falls. Care plans will incorporate interventions aligned with			l I
									figures are lower when compared		fall prevention interventions	the Home's fall prevention program.	to high fall risks. The team will ensure that these strategies	to their assessment	1
									to the indicators		4)To offer on continuous	Every department will complete fall education on Surge	Managers from all departments will oversee the completion	Number of	
									for the province		basis education to staff from			residents who fell in	á
									of Ontario and w will continue to		different departments regarding fall program and	and meeting are are held as needed.	will be required to sign an acknowledgment sheet after reading or attending educational materials or sessions.	the 30 days leading to their assessment	
									strive for low		policies as well as strategies			will decrease by	
		Percentage of LTC	0	% / LTC home	CIHI CCRS / July	51307*	18.95	17.50	Currently better	BSOT (behavioral support	1)All newly admitted	The BSO lead will be informed of newly admitted residents	Newly admitted residents will be assessed and reviewed for		The team requir
		residents without psychosis who were) were	residents	2023–September 2023 (Q2 2023/24), with rolling 4-quarter average				than the provincial	outreach team), PRC psychogeriatric resource	residents to the facility will undergo a review and	for the purpose of reviewing their current medications in order to identify residents on antipsychotics and without	psychotropic medications	admission will have undergone referral	time to review, assess, and
		given antipsychotic							standard and	consultant, CAMH	assessment of their	diagnosis of psychosis. Simultaneously, DOS monitoring		and review by the	gradually taper
		medication in the 7							aiming to improv		2)To implement alternative	Libon admission now residents and their families will	DSO load will receive referred for all a cuts admitted	DSO Load	ncychotronic
		days preceding their resident assessment							number without		2)To implement alternative methods to address the	Upon admission, new residents and their families will complete the Personhood Summary. The RNAO Resident	BSO lead will receive referral for all newly admitted residents; BSO lead will assess all newly admitted resident	Every new admission will have	
									compromising the quality of life		responsive behaviors	and Family Centered Care assessment will be completed by	and will create together with team strategies, and	completion of a	
									for our residents		displayed by recently	the registered staff on admission. The BSO lead will then	recommendations for the new admission. Additionally, the	Behaviour Suport	
											3)Educate staff on specific	The Behavior Support Lead (BSL) instructs/educate new	The Behavior Support Lead (BSL) conducts behavioral	Reduce the use of	1
											tools (e.g. DOS, MMSE, BPG	and current staff on the appropriate utilization of specific	assessments by examining residents' histories,	antipsychotics in	
											delirium screening) for	tools. Personal support workers are responsible for	medications, and underlying health conditions. This	the Home by 7.65%	1
											residents with responsive	conducting delirium assessments in the Plan of Care (POC)	comprehensive information is utilized to develop	by August, 2024.	
											4)IFH is in a process of hiring		The effectiveness of the initiative will be measured by -	-decreased usage of	
											BSO-PSW who will provide	assessments; update and monitor behaviour tracking	number of residents with decreased antipsychotic	antipsychotic	of the BSO-PSW
											support and assistance to residents with responsive	forms, and complete any other documentation, as required; implement various techniques to redirect, de-	medication use(new or existing) -increased number of nor pharmacological tools and approaches used while	n- medications - increased number	role in IFH demonstrates a
											hehaviors Thus increasing	escalate and deal with challenging behaviors: participate in	addressing responsive behaviours in residents	of non-	commitment to