

Access and Flow | Efficient | Priority Indicator

	Last Year		This Year	
Indicator #5	9.62	9	17.14	16.25
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Ivan Franko Home (Etobicoke))	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

1. Collect data and analyze ER visits monthly, quarterly, and annually. 2. Review and analyze palliative care program quarterly and annually by emphasizing team approach in family and residents education about palliative care and intervention provided in the home to decrease unnecessary ER visits. 3. Early identification of residents with progressive life limited illness and close collaboration with family members and multidisciplinary team to discuss early changes in health status and benefits of palliative care. 4. Early identification of residents with re-occurring ER visits and early performance of multidisciplinary team meetings with the residents and their families to discuss advantages of treatment options in the home and disadvantages of ER visits. 5.

Process measure

- The team will keep track of the total number of residents who visited ER and were admitted to hospital in a every two-month period. Those numbers will be compared with previous data.

Target for process measure

- To reduce the number of residents with Unplanned Emergency Department Visits by 10% in comparison to the previous year.

Lessons Learned

Our primary objective continues to be reducing the number of emergency room (ER) visits for our residents and mitigating any negative experiences they may encounter in hospitals. Through a strong partnership with our dedicated MD/Physician, who prioritizes the quality of care for our residents, and through fostering close relationships with community partners like the NLOT team, we are committed to steadily decreasing the indicator for modified ambulatory care-sensitive conditions by 5% from our current performance level.

Our team has successfully implemented data collection and analysis procedures to monitor ER visits on a monthly, quarterly, and annual basis. We have a proactive approach to identifying residents who frequently visit the ER, promptly initiating multidisciplinary team meetings with residents and their families. Through these discussions, we emphasize the benefits of receiving treatment at home and the drawbacks of frequent ER visits.

Furthermore, our team collaborates closely with both family members and residents to identify individuals with progressive life-limiting illnesses. We ensure timely conversations about changes in health status, the advantages of palliative care, and the benefits of receiving treatment in the home instead of ER visits.

Our team faced challenges with COVID-positive and symptomatic residents and their families, as the latter expressed uncertainty and fear about the consequences of COVID infection of their loved ones, often requesting ER visits.

Comment

The current performance is 17.14.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year	
Indicator #2	100	100	100	NA
Percentage of residents responding positively to: "I would recommend this site or organization to others." (Ivan Franko Home (Etobicoke))	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

1. Improve the quality of care and services provided to the residents by increasing responsiveness of staff to residents' needs. 2. Enhance the physical environment of the facility to create a more comfortable and pleasant living space for residents. 3. Increase social and recreational activities for residents to foster a sense of community and improve their overall quality of life. 4. Enhance communication with residents and families by providing more frequent updates on care and treatment approaches.

Process measure

- 1. Percentage of staff who received training on best care practices and effective communication with residents and families.
- 2. Number and types of social and recreational activities offered to residents.
- 3. Response Rate and Results of the annual satisfaction survey, including the percentage of those who would recommend our facility to others.

Target for process measure

- Maintain the current percentage of residents who would recommend our facility to others at 100% mark.

Lessons Learned

Successes:

- Achieved a 100% satisfaction rate in resident recommendations, indicating excellence in care and services.
- Successful staff training programs leading to improved resident care and communication.
- Enhanced engagement with residents and families, fostering a strong sense of community.
- Efficient implementation of feedback mechanisms, allowing for prompt response to resident needs.

Challenges:

- Sustaining high standards of care to maintain a 100% satisfaction rate amidst changing healthcare landscapes.
- Balancing resource allocation effectively to continue providing high-quality care.
- Preventing complacency and continuously seeking areas for improvement in care and services.
- Catering to diverse and evolving needs of residents while maintaining consistent care quality.

Comment

The current performance is 100.00.

Experience | Patient-centred | Priority Indicator

	Last Year		This Year	
Indicator #3	96.55	98	95.24	100
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Ivan Franko Home (Etobicoke))	Performance (2023/24)	Target (2023/24)	Performance (2024/25)	Target (2024/25)

Change Idea #1 Implemented Not Implemented

1. Provide staff with additional training on effective communication and active listening skills. 2. Encourage families to provide "All About Me Form" (adapted from Alzheimer's Society Canada) upon admission to help our staff better understand residents' needs and approaches.

Process measure

- 1. 2. Number of "All About Me Forms" received in comparison to New Admissions Rate. 3. Percentage of residents/families/persons of importance who responded to the Indicator per year.

Target for process measure

- 98.00 % of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2024.

Lessons Learned

We are gathering additional insights about our residents to customize their care plans, addressing their distinct needs. Utilizing tools like the "All About Me" form and other internal resources helps us gain a deeper comprehension of our residents' past experiences and expectations, thereby aiding us in meeting their unique requirements effectively.

The challenge persists with cases where residents are unable to communicate their preferences and have no relatives or significant others to provide insights into their unique needs and experiences

Indicator #4	Last Year		This Year	
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Ivan Franko Home (Etobicoke))	100 Performance (2023/24)	100 Target (2023/24)	100 Performance (2024/25)	100 Target (2024/25)

Change Idea #1 Implemented Not Implemented

1. Conduct staff training on communication and conflict resolution skills to create a safe and respectful environment for residents to express their opinions. 2. Ensure that Resident Council Meetings are held in a manner that encourages resident participation. 3. Encourage family members to participate in a Family Council to provide family members with a formal platform for sharing their opinions and concerns. 4. Promote our existing system for anonymous feedback to allow residents and family members to express their opinions without fear of reprisal. 5. Conduct annual "Resident/Family/Person of Importance Satisfaction Survey" to gather feedback and identify areas for improvement.

Process measure

- 1. Percentage of staff trained on communication and conflict resolution skills. 2. Number of Resident Council Meetings and percentage of residents who participated in them. 3. Number of Family Council Meetings and the number of family members who participated in them. 4. Number of anonymous feedback forms received from residents and family members. 5. Response Rate and Results of the annual satisfaction surveys.

Target for process measure

- Maintain percentage of residents who report feeling comfortable expressing their opinions without fear of consequences at 100% mark by Mar, 2024 and implement improvements based on the feedback received.

Lessons Learned

We were able to gain deeper insights into the residents' living experiences and requirements, ensuring that the care at the Home continues to provide a supportive and responsive environment.

Indicator #1	Last Year		This Year	
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Ivan Franko Home (Etobicoke))	10.62 Performance (2023/24)	9.50 Target (2023/24)	18.95 Performance (2024/25)

Change Idea #1 Implemented Not Implemented

Decrease number of residents who are receiving antipsychotic medications without diagnosis of psychosis.

Process measure

- Residents’ medication is reviewed on admission and quarterly. The interdisciplinary team works collaboratively with residents and their families to discuss the need of psychotropic medication for the residents that do not have an existing diagnosis of psychosis. The care plan will be updated accordingly.

Target for process measure

- Reduce the use of antipsychotics in the Home by 10 % by March 31, 2024.

Lessons Learned

Our existing protocol of reviewing medications at admission and quarterly is proving effective. Additionally, the strong cooperation between our multidisciplinary team, the residents, and their families in referring residents who are on antipsychotic medication without a valid psychosis diagnosis to the attending physician and BSO Lead is functioning well.

However, over the past year, it has been noted that many residents, particularly those newly admitted to the facility, are already on antipsychotic medications despite lacking a formal psychosis diagnosis. Our multidisciplinary team actively collaborates with these residents and their families to provide education on the adverse effects and various risks associated with the long-term use of antipsychotic drugs. Our multidisciplinary team is actively working on titrating them off antipsychotics completely and/or substituting antipsychotic medication with alternatives.

Change Idea #2 Implemented Not Implemented

Use best practice guidelines when prescribing antipsychotics for residents with diagnosis of psychotic condition. Reassess on quarterly basis.

Process measure

- All newly admitted residents and existing residents with changes in behaviour will be placed under BSO-DOS monitoring. Registered staff will refer residents with behaviour to the Behaviour Support Lead (BSL). BSL completes behavioural assessments, reviews the resident's backgrounds, medications, and other contributing health conditions in order to find a unique approach to each resident. Also, BSL collaborates with the interdisciplinary team and families to update residents' care plan. The BSL collects data (e.g. internal referrals and resolved cases, admissions to psychiatric units, referrals to Baycrest, Form #1, use of antipsychotics, etc.) and reports to the quality improvement committee monthly and to the Responsive Behaviour Committee quarterly.

Target for process measure

- Reduce the use of antipsychotics in the Home by 10 % by March 31, 2024.

Lessons Learned

The prescription of antipsychotics for residents diagnosed with psychotic conditions has been successfully implemented following best practice guidelines.

All new residents, and current residents exhibiting behavioral changes will undergo BSO-DOS monitoring. Registered staff are instructed to direct residents demonstrating behavioral issues to the Behaviour Support Lead (BSL). The BSL is responsible for conducting behavioral assessments, examining the resident's history, medications, and other relevant health factors to devise a personalized approach for each resident. Moreover, the BSL works in collaboration with the interdisciplinary team and family members to revise the resident's care plan. The BSL is also tasked with gathering data, such as internal referrals, resolved cases, referrals to Baycrest, Form #1 submissions, and antipsychotic usage, and presents these findings to the quality improvement committee monthly and to the Responsive Behaviour Committee every quarter. Furthermore, the effective introduction of the RAO BPG Person and Family Centered-Care assessment has enriched our healthcare team with detailed insights into the distinct needs, values, and beliefs of individuals receiving care. This comprehensive assessment enables our healthcare team to customize care plans to align precisely with the specific needs of each resident.

Change Idea #3 **Implemented** **Not Implemented**

Educate staff on specific tools (e.g. DOS, MMSE, BPG delirium screening) for residents with responsive behaviours to identify their triggers and prevent the use of antipsychotics.

Process measure

- The Behaviour Support Lead (BSL) completes behavioural assessments, reviews the residents' history, medications, and other underlying health conditions. Comprised information is used to create individualized approaches suitable to each resident. All the changes will be reflected in the care plan. The BSL collects data (e.g. use of antipsychotics, resolved cases, etc.) and reports to the quality improvement committee on monthly basis as well as to the Responsive Behaviour Committee quarterly.

Target for process measure

- Reduce the use of antipsychotics in the Home by 10 % by March 31, 2024.

Lessons Learned

The Behavior Support Lead (BSL) conducts thorough behavioral assessments, which involve reviewing the residents' medical history, current medications, and any underlying health conditions they may have. This comprehensive information is then utilized to develop personalized approaches tailored to the specific needs of each resident. Any adjustments or interventions made as a result of these assessments are documented and incorporated into the resident's care plan.

Additionally, the BSL is responsible for collecting data related to behavioral outcomes, such as the use of antipsychotic medications and the resolution of behavioral issues. This data is regularly reported to both the quality improvement committee on a monthly basis and the Responsive Behavior Committee on a quarterly basis. These reports help track the effectiveness of interventions, identify trends or patterns in behavior management, and inform future decision-making processes regarding resident care.

Not all residents exhibiting responsive behaviors will necessarily respond to the outlined specific tools or interventions. Each resident is unique, and their responses to various interventions can vary based on factors such as their individual health condition, cognitive abilities, personal preferences, and past experiences. Therefore, it's important for care providers to approach each resident with flexibility and to continuously assess and adjust interventions based on their individual responses and needs.

Comment

The current performance is 18.95. Total Number of LTC beds=85