

Access and Flow | Efficient | **Optional Indicator**

Indicator #7	Last Year		This Year		
	17.14	16.25	20.35	-18.73%	19
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Ivan Franko Home (Etobicoke))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

1. Conduct data collection and analyze ER visit statistics on a monthly, quarterly, and annual basis. 2. Identify residents with progressive life-limiting illnesses early on, collaborating closely with family members and a multidisciplinary team to discuss changes in health status and the benefits of palliative care and the “Do not sent to hospital” level of intervention. 3. Early detection of residents with recurring ER visits and prompt initiation of multidisciplinary team meetings with residents and their families to explore the advantages of home-based treatment options and the drawbacks of frequent ER visits. 4. Education of families and residents on admission, annual care conferences and as needed about available interventions provided at home to minimize unnecessary ER visits.

Process measure

- The team, including the MD, will conduct weekly huddles and will analyze number of cases where residents required ER visits. During weekly huddles, the team will explore alternatives for managing similar cases at home, thus avoiding transfers to the ER. The total number of residents sent to the ER will be reported and discussed quarterly at the Continuous Quality Improvement Committee meetings.

Target for process measure

- To reduce the number of residents with Unplanned Emergency Department Visits by 5% in comparison to the same period during last year by the end of August, 2024.

Lessons Learned

This initiative continued to be implemented on a regular basis. Collected ED statistics is used to identify and evaluate trends.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Contact MD or NP before sending unwell resident to ED and obtain their professional opinion.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Continue to implement this initiative since obtaining professional MD/NP opinion before making the decision, the team ensures that residents receive the most appropriate level of care at Ivan Frank Home.

Comment

This indicator fell short of the set target; however, several factors contributed to a higher-than-expected rate of emergency department (ED) transfers. These include respiratory and/or COVID-19 outbreaks, an increase in new admissions with acute symptoms, and a higher proportion of frail residents. These challenges have impacted our ability to meet the target, highlighting the need for ongoing evaluation and targeted strategies to enhance resident care and reduce avoidable ED transfers.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #5	100.00	100	100.00	--	NA
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Ivan Franko Home (Etobicoke))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Conduct staff training on communication and conflict resolution skills to create a safe and respectful environment for residents to express their opinions.

Process measure

- - Track the attendance and participation rates in communication workshops conducted per quarter to ensure staff engagement. - Conduct pre- and post-workshop surveys to assess staff perception of their communication skills and confidence levels. - Monitor incidents of resident feedback related to communication and conflict resolution to evaluate the impact of the workshops on resident satisfaction and perceived safety. - Percentage of residents/families/persons of importance who positively responded to the Indicator.

Target for process measure

- - Achieve a minimum attendance rate of 80.00% for each training session per quarter - Receive positive staff feedback, indicating improvement in staff perception of communication skills and confidence levels post-workshop compared to pre-workshop surveys. - Minimize the rate of negative feedback incidents within six months of implementing the workshops, ensuring a qualitative improvement in resident experiences. - 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting a culture of open communication, trust, and safety within our Home.

Lessons Learned

Staff training on communication and conflict resolution effectively supported residents feeling safe and comfortable expressing their opinions. Maintaining our 100% positive response rate reinforces the importance of ongoing education in sustaining open, respectful dialogue.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Implement interactive communication boards suitable for designated resident areas within the Home, featuring rotating prompts, questions, and topics for residents to respond to anonymously or openly. These boards can serve as a creative and easy outlet for residents to share their thoughts, experiences, and suggestions without fear of consequences.

Process measure

- Monitor the timely installation of communication boards in designated resident areas, ensuring they are positioned appropriately for resident accessibility and privacy.
 - Track the frequency of resident contributions to the communication boards and the variety of topics addressed.
 - Solicit feedback from residents regarding their comfort level and perceived safety in expressing themselves on the communication boards.
 - Percentage of residents/families/persons of importance who positively responded to the Indicator.
- Target for process measure**
- Strive for positive feedback from residents regarding their ability to express themselves freely and without fear of consequences through the communication boards in designated resident areas.
 - 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting a culture of open communication, trust, and safety within our Home.

Lessons Learned

This change idea was partially met. However, enhanced collaboration with an expanded and active Family Council has noticeably improved overall communication and resident confidence. Moving forward, we will explore alternative practical tools to further support open dialogue and maintain our high level of resident satisfaction.

Comment

Staff training on communication and conflict resolution was successfully implemented, resulting in strong attendance and positive feedback. Although interactive communication boards were not fully implemented, enhanced involvement from the Family Council significantly improved resident comfort in expressing opinions. Overall, these initiatives helped maintain our 100% positive response rate.

	Last Year		This Year		
Indicator #4	100.00	100	100.00	--	NA
Percentage of residents responding positively to:"I would recommend this site or organization to others." (Ivan Franko Home (Etobicoke))	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Strengthen Staff Training on Customer Service: provide ongoing training for staff focused on customer service skills, empathy, and communication techniques. Empowered staff who excel in providing personalized care contribute to positive resident/family/persons of importance experiences and increase the likelihood of recommendations to others.

Process measure

- - Number of training sessions conducted per quarter. - Record the attendance for each session. - Collect participant feedback through surveys distributed after the training. - Analyze the frequency and staff involvement in feedback mechanisms, self-reflection and peer evaluation exercises to assess the effectiveness of the training and identify areas for improvement. - Monitor staff performance through direct observation and feedback from residents and families/persons of importance regarding their interactions with staff. - Percentage of residents/families/persons of importance who positively responded to the Indicator.

Target for process measure

- - Ensure that at least 90.00% of staff members attend the training sessions conducted per quarter. - Implement feedback mechanisms, self-reflection, and peer evaluation exercises for 100.00% of staff members within the first quarter of the training program; achieve maximum compliance among staff in subsequent quarters. - Conduct direct observations of staff interactions with residents and families/persons of importance for at least 20.00% of staff members per quarter. - 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting our staff training initiatives in enhancing customer service skills and fostering positive resident experiences.

Lessons Learned

Ongoing staff training in communication and empathy successfully supported our 100% resident recommendation rate. Continued emphasis on these skills is key to sustaining high-quality care.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Increase social and recreational activities for residents to foster a sense of community and improve their overall quality of life.

Process measure

- - Number of social and recreational activities offered per week/month. - Attendance rates at each activity, tracked through digital records (e.g. SurveyMonkey consent forms obtained from residents/families/persons of importance; PointClickCare records done by Activity Department Staff). - Resident satisfaction surveys conducted after each activity to measure enjoyment and perceived benefits. - Volunteer engagement levels, including recruitment numbers and hours contributed. - Percentage of residents/families/persons of importance who positively responded to the Indicator.

Target for process measure

- - Increase the number of social and recreational activities offered within the first six months of implementation. - High attendance rate across all activities within the first quarter. - Consistently positive resident and families/persons of importance feedback following each activity. - 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting the high satisfaction and confidence in the services provided.

Lessons Learned

Expanding our social and recreational activities has noticeably improved resident engagement. High participation rates and positive resident feedback confirmed these activities are meaningful, enjoyable, and enhance our sense of community.

Change Idea #3 ☒ **Implemented** ☐ **Not Implemented**

Launch initiatives to encourage residents and their families to share positive experiences with friends, family, and the broader community to ultimately promote the Home's positive image. Emphasize social media promotion to highlight events, activities, and community engagement initiatives on platforms like Instagram, Facebook, and TV.

Process measure

- - Monitor the number of inquiries received via phone, email, and other channels on a monthly basis. - Track engagement metrics on social media platforms, including likes, comments, shares, and new followers. - Document the number of testimonials and positive reviews received from residents and families. - Measure the increase in media coverage and visibility of the home in local newspapers, magazines, and TV segments. - Percentage of residents/families/persons of importance who positively responded to the Indicator.

Target for process measure

- - Increased number of inquiries received via phone, email, and other channels within the first three months of implementing the initiative. - Target a 20% increase in social media engagement metrics (likes, comments, shares, new followers) within the first six months. - Aim for at least five new testimonials or positive reviews per month. - 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting the success of our initiatives in fostering positive word-of-mouth marketing and enhancing the reputation of our Home within the community.

Lessons Learned

Our initiatives to promote residents' positive experiences externally significantly enhanced the Home’s visibility and strengthened community ties. Increased testimonials, positive reviews, and active social media engagement affirmed our approach.

Comment

Expanding our social and recreational activities notably increased resident participation and satisfaction. Residents consistently shared positive experiences, reflecting meaningful engagement. We plan to implement a more accurate digital tracking system to better measure and respond to residents' preferences.

Experience | Patient-centred | **Optional Indicator**

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Ivan Franko Home (Etobicoke))	95.24	100	100.00	5.00%	100

Change Idea #1 ☒ Implemented ☐ Not Implemented

Incorporate empathy training: offer specialized training sessions focused on building empathy and understanding among staff members. This training could include role-playing exercises, case studies, and workshops designed to enhance empathy and improve the quality of interactions with residents.

Process measure

- Number of training sessions conducted per quarter - Attendance rate for each training session - Participant feedback on training effectiveness - Percentage of residents/families/persons of importance who positively responded to the Indicator.

Target for process measure

- - Achieve a minimum attendance rate of 80.00% for each training session per quarter - Receive positive staff feedback on empathy training effectiveness. - 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting improved empathy skills in staff.

Lessons Learned

The implementation of empathy training effectively enhanced staff communication and resident interactions. Continued emphasis on practical, daily application of empathy skills is essential for maintaining our target.

Change Idea #2 ☒ Implemented ☐ Not Implemented

Enhance staff communication tools: provide staff with updated communication tools, such as visual aids, communication boards, or electronic devices with language translation capabilities, to facilitate better communication with residents who have hearing impairments, language barriers, or cognitive limitations.

Process measure

- - Number of communication tools selected and acquired within the designated timeframe. - Attendance/engagement in staff training sessions on communication tool usage. - Frequency of communication tool usage recorded during staff interactions with residents. - Feedback from staff and residents on the usability and effectiveness of the communication tools. - Percentage of residents/families/persons of importance who positively responded to the Indicator.

Target for process measure

- - Select and acquire communication tools by March 2025. - Achieve a staff training session attendance rate of at least 90.00%. - Ensure that communication tools are consistently utilized in staff-resident interactions where the residents could benefit from their use. - Receive positive feedback from staff and residents on the usability and effectiveness of the communication tools. - 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025.

Lessons Learned

The introduction of enhanced communication tools improved interactions between staff and residents. Moving forward, we'll focus on ensuring these tools become a routine part of daily care, making communication smoother and even more effective.

Change Idea #3 ☒ Implemented ☐ Not Implemented

Implemented tailored communication resources to support residents experiencing language barriers.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

By introducing practical multilingual tools, staff have become better equipped to ask questions, understand resident preferences clearly, and respond effectively. This initiative has noticeably improved how residents experience communication, fostering greater trust and satisfaction.

Comment

Introducing tailored communication resources significantly improved residents' comfort in expressing their needs, especially those with language barriers. Continuous input from our active Family Council and residents remains essential to maintaining our current satisfaction rate of 100%.

Indicator #6	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Ivan Franko Home (Etobicoke))	100.00	100	100.00	0.00%	100

Change Idea #1 ☒ Implemented ☐ Not Implemented

Conduct staff training on communication and conflict resolution skills to create a safe and respectful environment for residents to express their opinions.

Process measure

- - Track the attendance and participation rates in communication workshops conducted per quarter to ensure staff engagement. - Conduct pre- and post-workshop surveys to assess staff perception of their communication skills and confidence levels. - Monitor incidents of resident feedback related to communication and conflict resolution to evaluate the impact of the workshops on resident satisfaction and perceived safety. - Percentage of residents/families/persons of importance who positively responded to the Indicator.

Target for process measure

- - Achieve a minimum attendance rate of 80.00% for each training session per quarter - Receive positive staff feedback, indicating improvement in staff perception of communication skills and confidence levels post-workshop compared to pre-workshop surveys. - Minimize the rate of negative feedback incidents within six months of implementing the workshops, ensuring a qualitative improvement in resident experiences. - 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting a culture of open communication, trust, and safety within our Home.

Lessons Learned

Staff training on communication and conflict resolution effectively supported residents feeling safe and comfortable expressing their opinions. Maintaining our 100% positive response rate reinforces the importance of ongoing education in sustaining open, respectful dialogue.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Implement interactive communication boards suitable for designated resident areas within the Home, featuring rotating prompts, questions, and topics for residents to respond to anonymously or openly. These boards can serve as a creative and easy outlet for residents to share their thoughts, experiences, and suggestions without fear of consequences.

Process measure

- - Monitor the timely installation of communication boards in designated resident areas, ensuring they are positioned appropriately for resident accessibility and privacy. - Track the frequency of resident contributions to the communication boards and the variety of topics addressed. - Solicit feedback from residents regarding their comfort level and perceived safety in expressing themselves on the communication boards. - Percentage of residents/families/persons of importance who positively responded to the Indicator.

Target for process measure

- - Strive for positive feedback from residents regarding their ability to express themselves freely and without fear of consequences through the communication boards in designated resident areas. - 100.00% of the surveyed residents/families/persons of importance will respond positively to the current Indicator by March 2025, reflecting a culture of open communication, trust, and safety within our Home.

Lessons Learned

This change idea was partially met. However, enhanced collaboration with an expanded and active Family Council has noticeably improved overall communication and resident confidence. Moving forward, we will explore alternative practical tools to further support open dialogue and maintain our high level of resident satisfaction.

Comment

Staff training on communication and conflict resolution was successfully implemented, resulting in strong attendance and positive feedback. Although interactive communication boards were not fully implemented, enhanced involvement from the Family Council significantly improved resident comfort in expressing opinions. Overall, these initiatives helped maintain our 100% positive response rate.

Safety | Safe | **Optional Indicator**

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Ivan Franko Home (Etobicoke))	3.73	3.60	4.93	-32.17%	4.93

Change Idea #1 ☒ Implemented ☐ Not Implemented

All newly admitted or readmitted residents will undergo a fall risk assessment conducted by registered nursing staff within 24 hours of their arrival. Additionally, recently admitted or readmitted residents will have a physical therapy assessment.

Process measure

- All newly admitted and readmitted residents will have RNAO Falls Risk Screening, Assessment and Management and Morse Fall Scale assessment withing 24 hrs. All newly admitted and readmitted residents will be referred to PT for assessment and will be seen by PT.

Target for process measure

- Number of residents who fell in the 30 days leading to their assessment will decrease by 3.4% by August 2024.

Lessons Learned

This change idea is continuous and ongoing, all new residents undergo RNAO-standardized fall risk screening and assessment, including the Morse Fall Scale. Based on the assessment results, individualized fall prevention measures are implemented to address each resident's specific needs, promoting safety and reducing fall-related risks.

Change Idea #2 ☒ Implemented ☐ Not Implemented

To have completed RNAO Falls Risk Screening, Assessment, and Management protocol and the Morse Fall Scale assessment for all residents on quarterly basis and for residents with significant change by registered staff. The fall care plans for all residents will be updated based on fall risk assessments and morse fall scale number.

Process measure

- RAI-MDS lead will check on regular basis if RNAO Falls Risk Screening, Assessment, and Management protocol and the Morse Fall Scale assessment are completed on time by registered staff and whether care plans were updated accordingly.

Target for process measure

- Number of residents who fell in the 30 days leading to their assessment will decrease by 3.4% by August 2024.

Lessons Learned

Quarterly fall assessments are conducted to continuously monitor changes in residents' conditions and implement targeted fall prevention strategies. Based on the Morse Fall Scale assessment results, appropriate interventions are identified and integrated into each resident's care plan, ensuring a personalized and proactive approach to fall risk management.

Change Idea #3 ☒ Implemented ☐ Not Implemented

To have for all residents identified with moderate to high fall risks supplementary fall prevention interventions and strategies integrated into their care plans with the goal to reduce risk of falls.

Process measure

- The Fall Prevention and Management Committee will meet every three months to thoroughly discuss and analyze fall prevention strategies for residents identified with moderate to high fall risks. The team will ensure that these strategies are integrated into the residents' care plans.

Target for process measure

- Number of residents who fell in the 30 days leading to their assessment will decrease by 3.4% by August 2024.

Lessons Learned

Individualized prevention measures based on the residents fall risk level. Fall prevention measures are implemented accordingly to ensure safety, potentially reducing fall-related risks of injuries.

Change Idea #4 ☐ Implemented ☒ Not Implemented

To offer on continuous basis education to staff from different departments regarding fall program and policies as well as strategies for preventing falls.

Process measure

- Managers from all departments will oversee the completion of staff education through Surge Learning. Staff members will be required to sign an acknowledgment sheet after reading or attending educational materials or sessions.

Target for process measure

- Number of residents who fell in the 30 days leading to their assessment will decrease by 3.4% by August 2024.

Lessons Learned

This change idea has been partially implemented due to ongoing staff turnover, which has impacted consistency in execution. Efforts are being made to enhance staff training, and communication to ensure full implementation and sustainability of the fall screening, early identification and prevention.

Change Idea #5 ☒ **Implemented** ☐ **Not Implemented**

Fall Huddle for fall with sustained injuries to take place with staff post fall.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Discussion of the Fall incident and analysis of the contributing factors.

Comment

This indicator remains higher than our target, despite the Home efforts on screening, early identification and prevention, multidisciplinary involvement in developing appropriate interventions for fall prevention.

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Ivan Franko Home (Etobicoke))	18.95	17.50	23.63	-24.70%	22.50

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

All newly admitted residents to the facility will undergo a review and assessment of their medication and behavior management by the BSO lead.

Process measure

- Newly admitted residents will be assessed and reviewed for psychotropic medications

Target for process measure

- Every new admission will have undergone referral and review by the BSO-Lead.

Lessons Learned

All new admissions undergo a comprehensive medication review, conducted by the MD, to ensure the appropriateness and safety of prescribed medications based on the resident's health status and needs.

All new admission are initiated with BSO-DOS upon admission and continue for 5 days to address behavioural and psychological symptoms.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

To implement alternative methods to address the responsive behaviors displayed by recently admitted residents.

Process measure

- BSO lead will receive referral for all newly admitted residents; BSO lead will assess all newly admitted resident and will create together with team strategies, and recommendations for the new admission. Additionally, the BSO lead will provide monthly reports to the Continuous Quality Improvement Committee regarding the count of newly admitted residents receiving psychotropic medication without a diagnosis of psychosis, as well as updates on successful efforts to decrease this count.

Target for process measure

- Every new admission will have completion of a Behaviour Support Lead notes, incorporating strategies aimed at managing the resident's behaviors.

Lessons Learned

This change idea is ongoing and is implemented for all newly admitted residents. Our BSO Lead creates individualized interventions to address specific behavioral and psychological patterns, ensuring that each resident receives personalized care to manage symptoms and improve their overall well-being.

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 Behavior Support Lead (BSL) conducts behavioral assessments by examining residents' histories, medications, and underlying health conditions. This comprehensive information is utilized to develop personalized strategies tailored to each resident. Any adjustments made will be documented in the care plan. Additionally, the BSL will gather data about antipsychotic usage, resolved cases, and number of new residents who started on antipsychotics and have diagnosis of psychosis in place and will give monthly reports to the quality improvement committee and quarterly updates to the Responsive Behavior Committee.

Target for process measure

- Reduce the use of antipsychotics in the Home by 7.65% by August, 2024.

Lessons Learned

This change idea has been partially successful in our Home. Despite ongoing education and informational sessions covering various topics related to behavior support, such as GPA, pain management, some behavioral symptoms remain challenging to manage solely through non-pharmacological approaches. While these educational efforts have raised awareness and provided valuable tools, certain situations still require additional strategies to effectively address complex behavioral needs.

Change Idea #4 ☒ **Implemented** ☐ **Not Implemented**

IFH is in a process of hiring BSO-PSW who will provide support and assistance to residents with responsive behaviors. Thus increasing the time for observation, communication, de-escalation, and collaborating with the residents, and interdisciplinary teams to develop and implement personalized care plans.

Process measure

- The effectiveness of the initiative will be measured by -number of residents with decreased antipsychotic medication use(new or existing) -increased number of non-pharmacological tools and approaches used while addressing responsive behaviours in residents.
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Target for process measure

- -decreased usage of antipsychotic medications -increased number of non-pharmacological therapy

Lessons Learned

This change idea is proving successful as our BSO-PSW offers dedicated support for residents with responsive behaviors. Their thoughtfulness, observation, communication, and de-escalation techniques are based on the residents' exhibited needs and behaviours.

Change Idea #5 ☒ **Implemented** ☐ **Not Implemented**

GPA education for all staff

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

The change idea is ongoing.

Our Home actively supports staff in obtaining their GPA certification.

Comment

- Complete audits to track number of residents receiving antipsychotic medication without diagnosis and quality reports to evaluate trends.
- Increase % of staff receiving GPA training
- Monthly BSO Lead education to registered and non-registered staff.