



Continuous Quality Improvement Interim Report

We are pleased to share our Interim Quality Report for 2025/2026

Ivan Franko Home Quality Commitment

Ivan Franko Homes (IFH) is a not-for-profit organization committed to delivering exceptional, person- and family-centered care within a culturally enriched environment inspired by Ukrainian heritage. While we proudly celebrate and preserve Ukrainian traditions, language, and values, our doors are open to individuals from all backgrounds. We embrace diversity and are dedicated to supporting residents of all nationalities with the same compassion, respect, and dignity.

Ivan Franko Home Approach

At IFH, our Quality Improvement Program is embedded in everything we do to support our goal of optimizing residents' overall health, wellness, and quality of life. This commitment is reflected through our nursing and administrative policies, adherence to standards of practice and protocols, regular audits, feedback surveys, and active participation in accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF). Additionally, we engage in proactive analysis of safety practices and continuously seek opportunities for quality improvement. Ensuring high-quality care and resident satisfaction remains our highest priority.

Quality Priorities for 2025/2026

The quality priorities in our 2025/2026 QIP were established through a combination of provincial directives, the unique needs of our Home, and insights drawn from data analysis. The key priority indicators are as follows:

2025/2026 Quality Indicators	
Quality Indicator	Target %
Reduction in ED transfers	16.25
Increase in effective communication between residents and staff	100
Increase residents and their families' experience	100
Decrease falls	3.6
Decrease antipsychotic use without diagnosis	17.5

Achieving Results

At IFH, achieving meaningful outcomes through our Quality Improvement Plan is a collaborative effort. Our multidisciplinary care team, Quality Improvement Committee, non-registered staff, residents and their families, along with other stakeholders, are actively engaged in identifying areas for improvement. They provide valuable insight into issues, suggest strategies for enhancement, and help define attainable goals.

When a problem is identified, all relevant data is gathered, analyzed, and reviewed by the appropriate stakeholders. A targeted action plan is then developed, guided by the Home's policies, evidence-based practices, and, most importantly, the best interests of our residents and their families.

Once improvements are implemented, they are closely monitored to assess their effectiveness. The Quality Improvement Committee team conducts regular reviews, while stakeholder feedback is collected and analyzed to support ongoing evaluation. Practices that prove successful are adopted into standard operations, while others are re-evaluated and adjusted as needed to ensure continued progress.

While the percentage of **Emergency Department (ED) transfers** from IFH remains below the provincial performance target, our Home continues to strive for further reduction. Recognizing the multifactorial impact on residents' health and well-being, we have enhanced our healthcare team by adding a Nurse Practitioner as part of our Quality Improvement efforts.

Our Quality Improvement Committee team regularly collects and analyzes data to identify trends related to ED transfers. This information is reviewed by our multidisciplinary care team, who provide informed recommendations to improve the quality of care. These collaborative efforts support early intervention, promote better health outcomes, and ultimately help reduce unnecessary ED visits.

While **communication between residents and staff** is currently rated at a high percentage, it remains a key priority for IFH. We believe that every resident has the fundamental right to express

their voice—whether it's regarding their care, concerns, or overall experience in the Home—without fear of consequences. Ensuring that residents feel heard and respected by staff is essential to maintaining a safe and supportive environment.

As part of our commitment to continuous improvement, we introduced a bi-annual Residents and Families Survey to gather meaningful feedback, identify areas for enhancement, and ensure we are meeting the needs and expectations of those we serve. The results guide our performance tracking and support efforts to elevate the quality of care and communication within the Home.

Additionally, the "Happy or Not" feedback platform has been made available in the building's vestibule, accessible 24/7 to both families and caregivers. This real-time tool allows for immediate reflection and input, further supporting our goal of fostering a responsive, open, and person-centered environment.

We have successfully **reduced the number of resident falls**, achieving a performance level well below the provincial target. Despite this success, fall prevention remains a top priority at IFH, as we recognize the serious and potentially life-altering consequences that falls can have on seniors with higher care needs at our home.

Our Fall Prevention Program continues to effectively address the needs of all residents, particularly those at moderate to high risk. Upon admission, our multidisciplinary team conducts a MORSE Fall Risk Assessment within the first few hours and develops an individualized care plan within the first 24 hours. All necessary safety interventions are implemented immediately to ensure the resident's environment is as safe as possible.

By combining early risk identification with timely, person-centered interventions, we continue to foster a safe and supportive environment that prioritizes the health, safety, and dignity of every resident.

At IFH, reducing the use of **antipsychotic medications among residents without a diagnosis** of psychosis remains a key quality improvement priority. We recognize the importance of minimizing unnecessary antipsychotic use and have aligned our strategies with evidence-based practices and the successful approaches of other leading facilities.

Our multidisciplinary team conducts monthly reviews of all residents prescribed antipsychotics without a corresponding diagnosis. These reviews focus on developing individualized plans for gradual dose reduction, with the ultimate goal of discontinuing medication use when appropriate.

In collaboration with our Behavioural Support Ontario (BSO) Lead and BSO Personal Support Worker (PSW), we implement personalized, non-pharmacological interventions to address and manage behavioral symptoms effectively. Additionally, regular medication reviews are conducted with our pharmacy team to explore and discuss alternatives to antipsychotic use.

Through these collaborative, resident-centered efforts, we are actively working to enhance the quality of care and reduce reliance on antipsychotic medications in our Home.

Monitoring Progress and Continuous Improvement and Informing Stakeholders

At IFH, monitoring progress and continuous improvement are key elements of our Quality Improvement Plan. We gather and analyze data on priority indicators, such as a decrease in ED transfers, effective communication between residents and staff, resident satisfaction, reduction in falls, and a decrease in antipsychotic medication use for the residents without proper diagnosis, to track performance and identify areas for improvement. Our interdisciplinary Quality Improvement Committee reviews this data regularly, using a Plan-Do-Study-Act (PDSA) model to test and refine strategies.

Frontline staff feedback plays a crucial role, as their insights often reveal gaps that data alone cannot capture. To keep everyone informed, we update residents and families through councils and one-on-one conversations, emails, while staff receive regular updates during huddles and general meetings.

We also provide leadership with updates on our progress, ensuring alignment with organizational goals and meeting external accreditation standards. By engaging all stakeholders and leveraging data, we foster a culture of continuous improvement that enhances both the care and experience of our residents.

Quality Improvement Committee

At Ivan Franko Home, our interdisciplinary team plays a pivotal role in delivering exceptional care and services to our residents. The Continuous Quality Improvement (CQI) Committee is dedicated to enhancing all aspects of our operations by identifying and implementing improvement measures based on ongoing reviews of best practices and advancements in senior care.

This process is made possible through strong collaboration between our dedicated staff, leadership, and members of both the Residents' and Family Councils. By holding regular meetings and analyzing relevant data, the CQI Committee prioritizes key initiatives, tracks their outcomes, and ensures that adjustments are made when necessary. This collaborative approach ensures that we continuously meet the evolving needs of our residents, their families, caregivers, and staff.

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