



# Continuous Quality Improvement Interim Report

July, 2022

## Designated Lead

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***MHA, CHRP, CHE Director of Operations/Administrator***

## Overview of the Organization

The Ivan Franko Home is a charitable, no-for-profit Long Term Care Home (LTC) that provides high quality, individualized care for elderly Canadians in a Home-like traditional Ukrainian environment. Our goal as a home is to optimize residents' overall health and wellness and enhance their quality of life.

## Quality Priorities for 2022/23

### **Timely Efficient Transitions**

The Priority Indicator implies the percentage of potentially avoidable emergency department (ED) visits for LTC residents. The amount of transfers to ED from Ivan Franko LTC Home was 8.4% 2021/22, which is more than two times less than the average rate in Ontario. We conducted a Root-Cause analysis and identified most common factors that contributed to ED transfers, where infections (UTI and lower respiratory infection), chronic illness (heart and kidney failures etc.), injuries from falls were among dominating reasons to transfers. Thus, we have outlined our quality improvement initiatives for 2022/23 as the ones to focus on early identification of the residents with progressive life-limited illness and collaboration with multidisciplinary team to diagnose early changes in health status; provide early treatment for most frequent endemic infections. This will be facilitated by recently implemented by our Home Ontario LTC Medication Safety Technology Program applied in Point Click Care system, which makes medication management safer and more efficient. Additionally, we will minimize the percentage of unnecessary ER visits by increasing knowledge of the Palliative Care

Approach, education of the families about treatments available in the Home. To decrease critical incidents from falls we will be performing falls prevention interventions including falls risk assessment on admission and after a fall, multifactorial interventions, staff education and re-trainings. Also, we will be developing falls education to raise awareness among residents and their families.

### **Patient-centered Experience**

The current indicator refers to the right of residents to have a voice, being able to speak up about their care and their home without fear of consequences and being listened to by staff. We will continue educating staff about the right of residents to speak up without fear of reprisals, ensuring that 100% of cognitively capable residents will be surveyed by an independent person. This will be followed by discussion of survey results with residents and families and increasing their awareness about their right to provide feedback and how to raise concerns/complains. Our priority will include engaging residents and family in shaping and directing change along with participation in quality improvement activities.

### **Safe and Effective Care**

The priority indicator looks at percentage of LTC residents without psychosis who were given antipsychotic medications. As our rate of antipsychotic medications given has been low - 10.9% in comparison to Ontario Provincial Average of 19.3% in 2020/21, we are determined to maintain our performance and potentially improve it, recognizing that antipsychotic reduction must be done gradually in order to minimize risk to residents and staff. Our Behavioral Support Team will engage in care planning for all newly admitted residents with antipsychotics prescribed and will assist in identification of non-pharmacological approaches to address expressive behaviors. RAI-MDS Coordinator will track and monitor residents on antipsychotic medications without diagnosis. Staff will have education to refresh knowledge on antipsychotic use, criteria and MDS coding.

## Quality Improvement Committee

Our interdisciplinary team provides high quality care and services to our residents playing crucial role in the life of our facility. The Continuous Quality Improvement Committee identify and implement measures for quality improvement in all facets of Ivan Franko Home's operations through constant reviews of best practices and developments in the senior care sector. This is achieved through collaboration between our Home's staff and leadership as well as representatives from the Residents' Council and Family Council. By conducting regular meetings and data review, the Continuous Quality Improvement Committee prioritize the initiatives, monitor their outcomes and make all necessary adjustments to meet the diverse needs of the residents, their families and caregivers, and staff.

## Quality Improvement Committee Members

Administrator  
Director of Care  
Medical Director  
RAI-MDS Coordinator  
Fall Prevention Program Lead  
Skin and Wound Care Lead  
Continenence Care and Bowel Management Program Lead  
Pain Management Program Lead  
Restraint Minimization Program Lead  
Infection Control Management Program Lead  
Restorative Care Program Lead  
Physiotherapist  
Health and Safety Committee Lead  
Registered Dietitian  
Pharmacy Service Provider  
Member of the regular Nursing Staff  
Activity Program Manager  
Personal Support Worker  
Maintenance Department Representative  
Laundry Department Representative  
Housekeeping Department Representative  
ONA Union Representative  
SEIU Union Representative  
The Member of the Home's Residents' Council  
The Member of the Home's Family Council

## Stakeholders Engagement

In order to successfully maintain quality improvement we are collaborating with external stakeholders, including Behavior Support Outreach Team, Geriatric Mental Health Outreach Team , Palliative Pain and Symptom Management Consultant (PPSMC) from Toronto Service, Behavioral Support Ontario Caregiver Specialist LTC Lead from Alzheimer Society of Toronto who provides support for the residents' caregivers, Golder Care Mobile Dental Services, Achieva Physiotherapy, Foot Care Specialist, LifeLabs, etc.

To promote community engagement, from the time of admission, residents and families are informed of all the different ways they can provide input into the care and needs of the resident and life of the Home. Ivan Franko Home has a functioning Residents' Council that has meetings on monthly basis. The Home consults with the Residents' Council at least every 3 months.

Ivan Franko Home constantly encourages family members to play more active role within Family Council. Not only it serves as an advocate for the residents and a line of communication between staff and families, but it also provides a formal arena in which problems confronting the residents can be identified, addressed, and resolved.

## QIP Tools Summary

Information on the processes to monitor and measure progress, identify and implement adjustments and communicate outcomes for the Home’s priority areas for quality improvement is collected and analyzed through regular Program Evaluations conducted by multidisciplinary team along with all Home’s employee; establishing and addressing Performance Indicators; Annual Resident and Family Satisfaction Surveys organized by the Continuous Quality Improvement Committee, Staff Surveys, quarterly Food Review Committee Meetings; Direct Feedback and formal complaint procedures as part of Ivan Franko Home’s Advocacy Programs.

**Table 1:** Resident Satisfaction Survey Report 2020/22

Resident Satisfaction Survey Question/Statement Sample	Percentage of the interviewed Residents who responded positively to the Question/Statement		
	<i>April, 2020</i>	<i>April, 2021</i>	<i>April, 2022</i>
“I can express my opinion without fear of consequences”	92%	94%	100%
“I feel that staff members listen to my needs and concerns”	96%	91%	93%
“I would recommend this site or organization to others”	96%	97%	100%

## QI Achievements from the 2020/21

The Canadian Institute for Health Information (CIHI) collects LTC reports and generates Quality Indicators (QIs). Referring to CIHI numbers, Ivan Franko Home maintains a high level of care for residents, which is reflected in the publicly available annual QIs reports. The Home team continuously improves the residents’ care. During the last Annual Evaluation of QIs, 92% (32/35) of the indicators, including Clinical Issues, Safety, Psychological Function, Physical Function- were higher than Ontario provincial average.

Our home has implemented a personhood tool “All About Me” – the Questionnaire adapted from Alzheimer Society. It helps our staff to get to know our residents better, to connect with them and provide support they need through the information about their personal life, the daily routines, likes and dislikes, activities they enjoyed in the past, etc. It helps our team to provide personalized

care and enhance the resident's comfort, their sense of belonging and ensure a smoother transition into their new home. Additionally, it helps our staff to feel more confident in delivering person-centered care to residents.

We purchased two Lucynt Magic Tables- interactive and stimulating game-based therapeutic tool, designed to provoke thought, and promote social interaction for those suffering from mild to moderate dementia.