

**Theme I: Timely and Efficient Transitions | Efficient | Priority Indicator**

	Last Year		This Year	
<b>Indicator #1</b>	<b>11.35</b>	<b>11.35</b>	<b>8.70</b>	<b>8.70</b>
Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. (Riverview Gardens)	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

**Change Idea #1**  Implemented  Not Implemented

Implement regular quarterly meetings to review acute care transfer tracking tool data.

**Target for process measure**

- 100% (4 meetings) will occur as described by March 31, 2023.

**Lessons Learned**

Competing priorities interfered with plans to complete this change idea. We will add this to our QIP for 2023/24.

**Change Idea #2**  Implemented  Not Implemented

Identify and complete at least one process improvement plan (PIP) for a condition for which a resident was transferred to acute care that may be avoidable should the scenario present again.

**Target for process measure**

- The nursing team will work with members of the interdisciplinary team to complete at least one PIP for a condition for which a resident was transferred to acute care that may be avoidable should the scenario present again in the 2022/23 year.

**Lessons Learned**

Competing priorities interfered with plans to complete this change idea. We will add this to our QIP for 2023/24.

**Theme II: Service Excellence | Patient-centred | Priority Indicator**

Indicator #4	Last Year		This Year	
	Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Riverview Gardens)	<b>90.63</b> Performance (2022/23)	<b>95</b> Target (2022/23)	<b>76.34</b> Performance (2023/24)

**Change Idea #1**  Implemented  Not Implemented

Review the 2021 Resident Satisfaction survey result comments related to the question "I can express my opinion without fear of consequences" to identify opportunities for improvement.

**Target for process measure**

- 100% of identified opportunities for improvement will be documented and will have an action plan developed for implementation to support residents to feel listened to by staff by September 30, 2022.

**Lessons Learned**

Comments were reviewed and discussed at team meetings on each floor to increase awareness with staff. No specific recommendations resulted from the review. We have not been able to determine if increased awareness by staff has impacted resident comfort to express their opinion.

**Change Idea #2**  Implemented  Not Implemented

RVG to consult with Resident Council to share results of the 2021 Resident Satisfaction Survey (generally) and specifically invite ideas for improvement opportunities to feel comfortable enough to express their opinion without fear of consequences.

**Target for process measure**

- 100% of identified opportunities for improvement will be documented and will have an action plan developed for implementation to support residents to express their opinion without fear of consequences by September 30, 2022.

**Lessons Learned**

Results were shared with Resident Council. The residents in attendance for the meeting during which results were reviewed were not able to articulate any specific ideas for improvement.

**Change Idea #3**  Implemented  Not Implemented

RVG to consult with Family Council to share results of the 2021 Resident Satisfaction Survey (generally) and specifically invite ideas for improvement opportunities for helping residents to express their opinion without fear of consequences.

**Target for process measure**

- 100% of ideas generated by the Family Council will be evaluated and considered for implementation.

**Lessons Learned**

Results were shared with Family Council. The members in attendance for the meeting during which results were reviewed were not able to articulate any specific ideas for improvement.

**Comment**

Although helpful to review this information with the councils, we found they were not able to articulate suggestions for change. Perhaps suggesting interventions and reviewing them with the councils will invite more concrete feedback.

Indicator #3	Last Year		This Year	
	Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Riverview Gardens)	<b>33.55</b> Performance (2022/23)	<b>40</b> Target (2022/23)	<b>44.09</b> Performance (2023/24)

**Change Idea #1**  Implemented  Not Implemented

Review the 2021 Resident Satisfaction survey result comments related to the question "As a resident, please rate how well you feel staff listen to you" to identify opportunities for improvement.

**Target for process measure**

- 100% of identified opportunities for improvement will be documented and will have an action plan developed for implementation to support residents to feel listened to by staff by September 30, 2022.

**Lessons Learned**

Comments were reviewed and discussed at team meetings on each floor to increase awareness with staff.

**Change Idea #2**  Implemented  Not Implemented

RVG to consult with Resident Council to share results of the 2021 Resident Satisfaction Survey (generally) and specifically invite ideas for improvement opportunities for how well they feel staff listen to them.

**Target for process measure**

- 100% of ideas generated by the Resident Council will be evaluated and considered for implementation.

**Lessons Learned**

Results were shared with Resident Council. The residents in attendance for the meeting during which results were reviewed were not able to articulate any specific ideas for improvement.

**Change Idea #3**  Implemented  Not Implemented

RVG to consult with Family Council to share results of the 2021 Resident Satisfaction Survey (generally) and specifically invite ideas for improvement opportunities for how well they feel staff listen to their loved one and residents in general.

**Target for process measure**

- Number of improvement ideas generated by family members of residents.

**Lessons Learned**

Results were shared with Family Council. The members in attendance for the meeting during which results were reviewed were not able to articulate any specific ideas for improvement.

**Comment**

Although helpful to review this information with the councils, we found they were not able to articulate suggestions for change. Perhaps suggesting interventions and reviewing them with the councils will invite more concrete feedback.

**Theme III: Safe and Effective Care | Safe | Priority Indicator**

	Last Year		This Year	
<b>Indicator #2</b>	<b>39.34</b>	<b>30</b>	<b>43.88</b>	<b>35</b>
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Riverview Gardens)	Performance (2022/23)	Target (2022/23)	Performance (2023/24)	Target (2023/24)

**Change Idea #1**  Implemented  Not Implemented

Interdisciplinary team including pharmacist and physician prescriber to review all residents receiving antipsychotic medications and discontinue any as indicated.

**Target for process measure**

- 100% of residents prescribed an antipsychotic will have a medication review completed by December 31, 2022.

**Lessons Learned**

Competing priorities interfered with plans to complete this change idea. We will add this to our QIP for 2023/24.

**Change Idea #2**  Implemented  Not Implemented

Highlight a specific review of antipsychotic medications at the quarterly medication review for assessment whether the medication is required.

**Target for process measure**

- 100% of all resident medication reviews will include a specific targeted review of antipsychotic medications ongoing.

**Lessons Learned**

Competing priorities interfered with plans to complete this change idea. We will add this to our QIP for 2023/24.