

Theme I: Timely and Efficient Transitions

Measure Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 2021 - Sep 2022	8.70	8.70	Riverview Gardens is one of the top performers for this issue. Our goal is to maintain our performance.	

Change Ideas

Change Idea #1 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.

Methods	Process measures	Target for process measure	Comments
The nursing team will identify through a review of the acute care transfer tool a condition for which a resident was transferred unnecessarily to acute care. A process improvement team will be initiated to review the case, identify opportunities for improvement and implement any required training in order to prevent the same situation from recurring.	Number of PIPs completed during the 2023/24 year.	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 2023/24 year.	This change idea is carried over from 2022/23 QIP as we did not complete a PIP last year. We will monitor for the opportunity to complete one in the coming year.

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	P	% / LTC home residents	In house data, NHCAHPS survey / Apr 2022 - Mar 2023	44.09	50.00	In house data. We did exceed our target from our last QIP and will attempt to raise our positive responses further.	

Change Ideas

Change Idea #1 Introduce person centred language throughout the home.

Methods	Process measures	Target for process measure	Comments
To be introduced at staff meetings on each home area followed by distribution of poster material to all areas as well as a module during Fall training 2023.	Number of staff that successfully respond to the knowledge check questions about person centred language incorporated into Fall training.	100% of employees will correctly answer knowledge check questions about the use of person centred language in Fall training in 2023.	Total Surveys Initiated: 127 Total LTCH Beds: 320

Change Idea #2 Introduce training for customer service focus in an effort to promote a customer service culture.

Methods	Process measures	Target for process measure	Comments
Content to be introduced during Fall training.	Number of employees who complete Fall training 2023 and demonstrate an understanding of the content.	100% of staff will complete customer service training module in Fall training 2023.	

Measure **Dimension:** Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	P	% / LTC home residents	In house data, interRAI survey / Apr 2022 - Mar 2023	76.34	90.00	In house data. Our in-house response scale was altered to match the scale as noted in the QIP guidance document. We have set our target to return to what we had in our previous QIP.	

Change Ideas

Change Idea #1 Ensure voiced concerns and complaints are addressed in a timely manner.

Methods	Process measures	Target for process measure	Comments
A poster will be shared with residents informing them of who to take concerns to and the complaint process. The management team will address complaints received within 24 hours if possible, and will identify a plan of action for how the complaint will be resolved within 10 days.	Number of concerns and complaints followed up and resolved within 10 days of concern being voiced.	100% of concerns and complaints will be acknowledged within two business days, and completed within 10 days.	Total Surveys Initiated: 131 Total LTCH Beds: 320

Change Idea #2 Review Resident Rights pertaining to making a complaint.

Methods	Process measures	Target for process measure	Comments
The Activation staff will review the Resident Right pertaining to complaints and the process for bringing forth a concern twice in the coming year at Resident Council.	Minutes from Resident Council will reflect the discussion related to Resident Rights as well as the complaint process.	There will be at least two discussions about bringing forth concerns at Resident Council reflected in the minutes by March 31, 2024.	

Theme III: Safe and Effective Care

Measure Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	P	% / LTC home residents	CIHI CCRS / Jul - Sept 2022	43.88	35.00	We have been trending in the wrong direction since our last QIP. We are attempting to reverse the upward trend in this metric.	

Change Ideas

Change Idea #1 Riverview Gardens to establish a new interdisciplinary antipsychotic review committee to review all residents receiving antipsychotic medications and discontinue any as indicated.

Methods	Process measures	Target for process measure	Comments
Monthly committee meetings will be established. There will be a review of resident antipsychotic medications on one to two home areas per month.	Number of resident medication profiles reviewed per month.	100% of residents receiving antipsychotic medications will have a medication review completed by December 31, 2023.	

Change Idea #2 Review documentation for residents receiving antipsychotics.

Methods	Process measures	Target for process measure	Comments
At the monthly interdisciplinary antipsychotic review committee attendees will review documentation for those residents receiving antipsychotic medications.	Number of documentation reviews completed per month.	100% of residents receiving antipsychotic medications will have their documentation reviewed by December 31, 2023.	