

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #5	8.24	8.24	10.00	-21.36%	NA
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Riverview Gardens)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Introduce communication and assessment tools for registered staff use in determining the most appropriate course of action when considering the need to transfer a resident to acute care.

Process measure

- Number of registered staff communicating using the SBAR tool.

Target for process measure

- There will be a gradual monthly increase in use of the SBAR tool starting in April 2024 through March 2025 with a goal of 100% of registered staff using the tool to communicate with the physician group by the end of the fiscal year.

Lessons Learned

This tool has been shared with all registered nurses. It has been expanded and used more broadly than intended in fact. We will be working with RNs to use the tool as intended - for communicating with the physicians after hours.

Change Idea #2 Implemented Not Implemented

Build capacity for registered staff to conduct advanced care planning discussions through introduction of conversation guides.

Process measure

- Number of registered staff trained in advanced care planning with the use of the conversation guide.

Target for process measure

- 80% of registered staff to complete training on advanced care planning by March 2025.

Lessons Learned

This initiative was not actioned this year.

Comment

For the 2025/26 fiscal year, we will be focusing efforts in other areas.

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3	36.08	39.68	51.24	42.02%	56
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Riverview Gardens)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 **Implemented** **Not Implemented**

Reinforce the cell phone policy to reduce or eliminate distractions while staff are working.

Process measure

- Number of staff that sign to confirm understanding of the expectations around use of cell phones in the home.

Target for process measure

- 100% of staff will sign the new policy within three months of it being established.

Lessons Learned

We did educate 100% of staff on our cell phone policy. All staff read and signed their understanding of the policy through Fall training. In addition, this policy has been reinforced at team meetings.

Change Idea #2 **Implemented** **Not Implemented**

Additional customer service education to be provided to all staff.

Process measure

- Number of staff that attend customer service training per month.

Target for process measure

- 100% of Riverview Gardens staff will receive customer service education by August 2024.

Lessons Learned

We did provide some education at Fall mandatory education (all staff) and will be expanding on that at the upcoming Spring 2025 education for all nursing and PSW staff.

Indicator #4	Last Year	74.25	This Year	22.70%	85
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Riverview Gardens)	67.35	Performance (2024/25)	82.64	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 **Implemented** **Not Implemented**

Trial a "welcome" information sheet for new residents and families informing them of roles of staff and inviting them to provide feedback to any staff member.

Process measure

- Number of home areas with "welcome" sheets per month; number of comments regarding the use of the sheets

Target for process measure

- Pending acceptance, 100% of new residents to the home will receive a welcome sheet with helpful information and directions where to provide feedback by December 2024.

Lessons Learned

This was initiated on single Home area as a test however note there were relatively few new admissions over the course of the year.

Change Idea #2 **Implemented** **Not Implemented**

Relocate resident council meetings to a confidential space.

Process measure

- Number of resident council meetings held in private space.

Target for process measure

- 100% of resident council meetings will be held in a private setting starting in April, 2024.

Lessons Learned

All monthly resident council meetings were held in a confidential setting this past year.

Safety | Safe | Optional Indicator

Indicator #1	Last Year		This Year		
	Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Riverview Gardens)	20.23 Performance (2024/25)	18.25 Target (2024/25)	19.82 Performance (2025/26)	2.03% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Plan the structure and resources required to implement a nursing restorative program.

Process measure

- Number of committee meetings held and completion of the project plan with a timeline.

Target for process measure

- The committee will be struck and the first committee meeting will be held by April 30, 2024.

Lessons Learned

We have a RAI Restorative Coordinator in place and have staffing and proposed schedules prepared. We are awaiting budget approval to launch the program.

Change Idea #2 Implemented Not Implemented

Initiate weekly falls huddles with staff on one home area to review the resident falls and discuss opportunities for changes to the Care Plan to decrease falls.

Process measure

- Number of weekly huddles reviewed per month at the Falls Committee meetings.

Target for process measure

- There will be one huddle per week on the home area with the highest number of resident falls starting May 2024 with a possibility of increasing the number of huddles and the number of home areas through the end of the fiscal year.

Lessons Learned

We partially completed this plan. One Home area did complete some huddles, but due to staffing changes, the initiative was not continued.

Change Idea #3 Implemented Not Implemented

Liaison between nursing and Behavioural Supports Ontario (BSO) staff to develop resident specific interventions to provide engagement activities during times of higher falls incidence.

Process measure

- Number of fall committee meetings and falls huddles with BSO staff in attendance.

Target for process measure

- 80% of falls committee meetings and falls huddles will be attended by BSO staff.

Lessons Learned

BSO staff did attend some committee meetings and Home area huddles. Our intent is to continue to include BSO staff in these meetings once numbers of BSO staff have been restored.

Change Idea #4 Implemented Not Implemented

Increase awareness of high fall risk residents through existing venues such as regularly scheduled staff meetings.

Process measure

- The number of staff meetings that include a review of residents with a high falls rate and interventions for prevention.

Target for process measure

- 100% of staff meetings on home areas with residents with a high falls rate will include a review of the falls and interventions for prevention.

Lessons Learned

We successfully implemented this on some home areas. We will expand this in the coming year.

Comment

We recently initiated a change to the locations where staff routinely document resident care in an effort to have staff able to see and hear residents more closely.

Indicator #2	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Riverview Gardens)	40.87 Performance (2024/25)	34 Target (2024/25)	41.23 Performance (2025/26)	-0.88% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Riverview Gardens will have an interdisciplinary antipsychotic review committee meeting for the purpose of reviewing medication profiles of residents receiving antipsychotic medications with a goal to discontinue any as indicated.

Process measure

- Number of resident medication profiles reviewed at each meeting.

Target for process measure

- 100% of residents receiving antipsychotic medications will have a medication review completed by December 31, 2024.

Lessons Learned

We had staffing challenges this year related to capacity and resources in order to get the committee established.

Change Idea #2 Implemented Not Implemented

Review documentation for residents receiving antipsychotics.

Process measure

- Number of documentation reviews completed per meeting.

Target for process measure

- 100% of residents receiving antipsychotic medications will have a medication review completed by December 31, 2024.

Lessons Learned

This change idea was attempted, however on a limited scale and without the benefit of a formal committee.

Change Idea #3 Implemented Not Implemented

Education sessions will be provided by our consultant pharmacist regarding the use of antipsychotic medications.

Process measure

- Number of registered staff that attend the antipsychotic education session.

Target for process measure

- 100% of registered staff will receive antipsychotic education by September 2024.

Lessons Learned

This session was presented in June 2024.

Comment

We will be adding this initiative and these change ideas to our workplan for the coming year.