

Equity

Measure - Dimension: Equitable

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	100.00	We are aiming for 100% of staff to complete DEIJ education.	

Change Ideas

Change Idea #1 All staff will complete DEIJ training ("What Diversity is and Why it Matters").

Methods	Process measures	Target for process measure	Comments
The session is offered electronically, and all staff will be expected to log in and view the session. Tracking will be completed by the Coordinator of Training and Safety.	Number of staff that complete the electronic session.	100% of staff will complete the electronic session by December 31, 2025.	

Change Idea #2 All People Leaders will complete additional DEIJ training ("Understand and Counter Bias").

Methods	Process measures	Target for process measure	Comments
This session is offered electronically, and all staff will be expected to log in and view the session. Tracking will be completed by the Coordinator of Training and Safety.	Number of people leaders that complete the electronic session.	100% of people leaders will complete the electronic session by December 31, 2025.	

Experience

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?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	51.24	56.00	We achieved our target last year, and believe a further 10% improvement target is reasonable.	

Change Ideas

Change Idea #1 Riverview Gardens will obtain feedback from residents in a timely manner to ensure timely response to concerns.

Methods	Process measures	Target for process measure	Comments
A report will be provided to a management committee meeting monthly.	Number of reports provided to the management committee meeting.	100% of resident council meetings will have a summary report submitted to the management Committee monthly for action, resolution and trending.	Total Surveys Initiated: 121 Total LTCH Beds: 320

Change Idea #2 Customer service training to be provided to all staff.

Methods	Process measures	Target for process measure	Comments
Customer service training will be provided at Spring (nursing and PSW) and Fall (all staff) training. This training will be provided to equip staff with the skills to handle resident and family interactions effectively, encompassing communication, empathy, and concern resolution, with a goal to improve resident and family satisfaction.	Number of staff that attend the customer service training sessions at each of Spring and Fall training.	100% of staff will attend customer service training in Spring (nursing and PSW) and Fall (all staff).	

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".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	82.64	85.00	We are aiming to essentially maintain our performance target in the next cycle.	

Change Ideas

Change Idea #1 Riverview Gardens will obtain feedback from residents in a timely manner to ensure timely response to concerns.

Methods	Process measures	Target for process measure	Comments
A report will be provided to the management committee meeting monthly.	Number of reports provided to the management committee meeting.	100% of resident council meetings will have a summary report submitted to the management committee meeting monthly for action, resolution and trending.	Total Surveys Initiated: 121 Total LTCH Beds: 320

Change Idea #2 Customer service training to be provided to all personnel.

Methods	Process measures	Target for process measure	Comments
Customer service training will be provided at Spring (nursing and PSW) and Fall (all staff) training. This training will be provided to equip staff with the skills to handle resident and family interactions effectively, encompassing communication, empathy, and concern resolution, with a goal to improve resident and family satisfaction.	Number of staff that attend the customer service training sessions at each of Fall and Spring training.	100% of staff will attend customer service training in Spring (nursing and PSW) and Fall (all staff).	

Change Idea #3 Provide a welcome bag to all new residents admitted to the Home.

Methods	Process measures	Target for process measure	Comments
The bag will be provided by a small number of staff on the day of admission to introduce them to the Home area. There will be an insert in the bag containing a list of some staff where comments may be directed should a resident wish to provide feedback.	Number of welcome bags distributed through March 31, 2026.	100% of new residents or their family will receive a welcome bag on the day of admission.	

Change Idea #4 Enhance signage throughout the Home to include key personnel on each home area.

Methods	Process measures	Target for process measure	Comments
Each Home area will have signage in the elevator vestibule indicating who the nurse manager, full-time RN, full-time RPN(s) are, promoting increased knowledge of where to direct any questions or feedback.	Number of Home areas with required signage.	100% of Home areas will have signage in the elevator vestibule by June 30, 2025.	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	19.82	17.75	We did not hit our target from last year, however did trend in the right direction. We are aiming to continue the trend for the coming year.	

Change Ideas

Change Idea #1 Launch a nursing restorative program.

Methods	Process measures	Target for process measure	Comments
Extend the work of the nursing restorative committee to plan and support staff education and position postings.	Number of staff hired or transitioned to new roles in the nursing restorative program.	The nursing restorative program will be launched by March 31, 2026.	

Change Idea #2 Spotlight fall prevention during fall prevention awareness week 2025.

Methods	Process measures	Target for process measure	Comments
Education and staff engagement to raise awareness of preventing falls; reduce risk of falls; and assist residents to reduce fear of falling.	Number of staff that engage with activities through the week.	75% of staff working during fall prevention awareness week will engage in one or more activities.	

Change Idea #3 Engage falls champions on each Home area.

Methods	Process measures	Target for process measure	Comments
Lift and transfer champions to have enhanced responsibilities on each area to function as a resource to colleagues and monitor environmental modifications and promoting safe lifts and transfers.	Number of areas with a designated falls champion.	100% of Home areas will have at least one designated falls champion.	

Measure - Dimension: Safe

Indicator #5	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	O	% / LTC home residents	CIHI CCRS / July 1 to Sep 30, 2024 (Q2), as target quarter of rolling 4-quarter average	41.23	34.00	We feel we have some "low hanging fruit" and what has been preventing us from achieving our goal has been staffing (leadership) resource related. We feel this target is achievable given our current staffing levels and desire for improvement.	

Change Ideas

Change Idea #1 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 deprescribe any as indicated.

Methods	Process measures	Target for process measure	Comments
Establish a medication review committee with regularly scheduled meetings with a goal to review resident antipsychotic medications on one to two home areas per meeting.	Number of resident medication profiles reviewed at each monthly meeting.	100% of residents receiving antipsychotic medications will have a medication review completed by March 31, 2026.	

Change Idea #2 Review documentation for residents receiving antipsychotics.

Methods	Process measures	Target for process measure	Comments
At the antipsychotic review committee attendees will review documentation for those residents having their medications reviewed at the committee.	Number of documentation reviews completed per meeting.	100% of residents receiving antipsychotic medications will have a medication review completed by March 31, 2026.	

Change Idea #3 Education sessions will be provided regarding the use of antipsychotic medications.

Methods	Process measures	Target for process measure	Comments
We will host antipsychotic sessions regarding the use of antipsychotic medications.	Number of staff that attend the antipsychotic education sessions.	100% of registered staff will receive training regarding the use of antipsychotic medications by March 31, 2026.	