

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate 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 / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	9.23	8.23	Riverview Gardens	

Change Ideas

Change Idea #1 Expand number of registered staff trained in Canadian Serious Illness Conversations (CSIC) course by Pallium Canada.

Methods	Process measures	Target for process measure	Comments
Offer hybrid training at Riverview Gardens.	Number of registered staff trained in CSIC.	20% registered staff will have completed CSIC by March 31, 2027.	

Change Idea #2 Refresh use of SBAR communication tool.

Methods	Process measures	Target for process measure	Comments
Include refresh of SBAR tool in Spring training 2026.	Number of registered staff communicating using the SBAR tool.	There will be a gradual monthly increase in use of the SBAR tool starting in April 2026 through March 2027 with a goal of 100% of registered staff using the tool to communicate with the physician group by the end of the fiscal year.	

Change Idea #3 Explore community partnership with community paramedic team.

Methods	Process measures	Target for process measure	Comments
Nursing department to meet with community paramedic team to explore opportunities to support residents to remain at Riverview Gardens for some services that residents are possibly being transferred to hospital for.	Number of inquiries made to community paramedic team	Riverview Gardens nursing department will meet with the community paramedic team to explore options.	

Safety

Measure - Dimension: Safe

Indicator #2	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 September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	44.56	40.00	We are a very large home with 20% of our beds in a restricted access unit. Many of these individuals are administered antipsychotics for off-label uses for the safety of themselves and others. We feel a 10% reduction is achievable as we are essentially working with the other 80% of residents.	

Change Ideas

Change Idea #1 Review antipsychotic medications with a goal to focus on one at a time for possible elimination.

Methods	Process measures	Target for process measure	Comments
Choose one medication for evaluation across all areas. Working with the pharmacist, obtain a tapering schedule for those residents that may be eligible to eliminate the medication. Complete one Home area at a time.	Number of resident medication profiles reviewed per month.	100% of residents receiving antipsychotic medications on floors two-five will have a medication review by March 31, 2027.	Sixth floor will be excluded from the initial work on this indicator.

Change Idea #2 Review of documentation to assist staff to capture relevant information completely.

Methods	Process measures	Target for process measure	Comments
The nursing department will capture this information and it will be reviewed at the medication management meeting.	Number of residents experiencing hallucinations or delusions having evidence of these documented in their health record per month.	100% of residents receiving antipsychotic medications and experiencing hallucinations or delusions will have ongoing documentation in their health record supporting this.	

Change Idea #3 Review of medications for all new residents admitted to the Home with an eye to eliminate antipsychotic medications if appropriate.

Methods	Process measures	Target for process measure	Comments
Add medication review to the information reviewed during admission meetings.	Number of new residents that receive a high-level medication review prior to admission per month.	100% of new residents with a planned admission to the home will have a high level review of medications in advance of admission date.	This initiative will involve nursing and social work.

Change Idea #4 Initiate a medication management committee and meet regularly throughout the year.

Methods	Process measures	Target for process measure	Comments
Nursing management staff to initiate a medication management committee to meet regularly to track progress on our initiatives to deprescribe antipsychotic medications as indicated.	Number of resident medication profiles reviewed and reported on at each monthly meeting.	100% of residents receiving antipsychotic medications will have a medication review completed by March 31, 2027.	

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	2.95	2.50	Our goal is to align closer to the provincial average rather than the national average.	

Change Ideas

Change Idea #1 Implementation of a digital tool to automate wound documentation, assessment and monitoring.

Methods	Process measures	Target for process measure	Comments
The nursing team will work with the IT staff to initiate mobile technology that will enable the capture of images and accurate wound measurements.	Number of nursing staff that demonstrate use of new technology to measure wounds.	100% of nursing staff will be trained in the use of the digital tool for wound care by September 30, 2026.	

Change Idea #2 Evaluate and optimize treatment nurse roles within the home to maximize resource utilization and improve continuity of care.

Methods	Process measures	Target for process measure	Comments
The skin and wound committee will review shift routines, assignments and job aides to maximize consistency in resident care.	Number of shift routines, assignments and job aides reviewed per quarter.	The skin and wound program members will review and modify as needed, all shift routines, assignments and job aides by March 31, 2027.	

Change Idea #3 Continue to provide skin and wound care education sessions facilitated by our external partner.

Methods	Process measures	Target for process measure	Comments
We will host skin and wound care sessions at the home and invite all registered staff to attend.	Number of staff that demonstrate uptake of education per quarter.	100% of treatment nurses and 50% of non-treatment nurses will attend sessions by March 31, 2027.	

Change Idea #4 Display data for improved awareness.

Methods	Process measures	Target for process measure	Comments
Quality reports will be printed and displayed on each nursing area.	Number of areas displaying skin and wound statistics.	Ten home areas will have skin and wound statistics displayed quarterly for review by staff.	