

Experience | Patient-centred | Custom Indicator

Indicator #6	Last Year		This Year		
	95.10	75	73.90	--	NA
Resident Satisfaction - Would recommend this home to others (Riverside Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

maintain through ongoing engagement with Residents' Council at monthly meetings to ensure services meet resident needs

Process measure

- number of department updates provided annually at Residents' Council

Target for process measure

- results for would recommend remain above 90% on annual survey

Lessons Learned

A new younger population has changed expectations of resident experience. Continuing to pivot practices to meet resident needs / expectations. Efforts are ongoing.

Comment

Residents were engaged and active in making recommendations following results of most recent resident experience survey which was positive.

Indicator #1	Last Year		This Year		
	87.80	85	81.00	--	NA
Family Satisfaction - Would recommend this home to others. (Riverside Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Maintain / improve current level of engagement through enhanced monthly family newsletter with features and updates from each department with special focus on recreation and food

Process measure

- number of newsletters sent per calendar year

Target for process measure

- 12 newsletters sent / published annually to family members

Lessons Learned

Newsletters were implemented in 2024 however the content and topics will be adjusted in 2025 to focus on areas of concern / interest, specifically food and recreation

Comment

Attempts to create a family council have not been successful. Families prefer individual conversations should any concerns arise instead of group discussions. We continue to try to engage and recruit members.

Safety | Safe | Custom Indicator

Indicator #5	Last Year		This Year		
	0.00	2.50	0.00	--	NA
Percentage of residents with restraints (Riverside Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Maintain restraint free home through ongoing communication

- Process measure

 - # of meetings held with families / residents to discuss alternatives monthly

Target for process measure

 - 0% restraint utilization

Lessons Learned

The home continued to be restraint free for the entirety of 2024

Comment

The home continued to be restraint free for the entirety of 2024. We continue to monitor our processes but have not included as a priority for 2025 workplan.

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC residents with worsened ulcers stage 2-4 (Riverside Place)	2.88	2.50	2.40	--	NA

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Review current bed systems/surfaces for residents with PURS score 3 or greater.

Process measure

- # of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly

Target for process measure

- A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024

Lessons Learned

Home has added pressure surfaces with pumps to meet resident needs and has a plan to put in place prior to skin issues worsening

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Improve Registered staff knowledge on identification and staging of pressure injuries

Process measure

- # of education sessions provided monthly for Registered staff on correct staging of pressure injuries

Target for process measure

- 100% of registered staff will have received education on identification and staging of pressure injuries by Sept 2024

Lessons Learned

Ongoing education for staff which has been helpful and will continue.

Comment

All wound care champions received enhanced wound care training in 2024 which was beneficial. We continue to focus on this indicator for 2025.

Safety | Safe | **Optional Indicator**

Indicator #2	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Riverside Place)	12.99	15	14.84	-14.24%	13

Change Idea #1 ☒ Implemented ☐ Not Implemented

Implement specific activity program at afternoon change of shift for residents who are high risk for falls

Process measure

- # of residents reviewed for activity needs/preferences weekly # of activity programs that occur during change of shift in afternoon weekly

Target for process measure

- Specific activity program at afternoon change of shift will be implemented by June 2024

Lessons Learned

Increased resident programs and afternoon restorative was introduced in July 2024. This has been a great benefit to the falls reduction program

Change Idea #2 ☒ Implemented ☐ Not Implemented

Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement.

Process measure

- # of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly

Target for process measure

- Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024

Lessons Learned

This was a good measure however the data tracking point was not necessary. Process was amended to review that a environmental assessment was in place during auditing and reviewed same day if it was not however tracking the totals were not necessary

Comment

There was a short-term increase in falls in Q2 following the introduction of new restorative care hours and increased walking programs. In Q3, Oct to Dec 2024 the home % of resident who fell decreased to 10.8%. We continue to focus on improvement in this indicator in 2025.

	Last Year		This Year		
Indicator #4	17.39	18	16.73	3.80%	16
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Riverside Place)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Medication reviews completed for all residents currently prescribed antipsychotics

Process measure

- # of residents reviewed monthly # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly

Target for process measure

- All residents currently prescribed antipsychotics will have a medication review completed by July 2024

Lessons Learned

Increased involvement of BSO nurse with MD's to discuss antipsychotics if any are increased or new. Active discussion with reduction ongoing

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Provide educational material to families and/or residents on antipsychotics and the importance of minimizing use.

Process measure

- # of families provided with best practice information on reducing antipsychotics monthly # of tour and admission packages provided with antipsychotic reduction information included monthly

Target for process measure

- Educational material will be provided to families and/or residents on antipsychotics and important of minimizing use by Sept 2024

Lessons Learned

Families have been provided with materials on reducing anti-psychotics which has had some benefit.

Comment

Antipsychotics reviewed at PAC quarterly and monthly at multi-disciplinary meetings in addition to during regular BSO rounds. BSO nurse active in deprescribing framework. We continue to focus on this for 2025.