

	Last Year		This Year		
Indicator #16	CB	CB	27.00	--	NA
Number of referrals for Indigenous Traditional Healing and Medicine (Hogarth Riverview Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Self-ID implementation, department/program education (services/referral pathways)

Process measure

- 1. Individual program processes established. 2. All departments/programs are aware of the Self-ID process and Indigenous Health department/Traditional Healing services

Target for process measure

- Self-ID rolled out in 95% clinical areas by June 2024

Lessons Learned

Unique program needs, HR challenges need to be considered as risk to meeting deliverables and timelines with multi-year, large scale projects.

Indicator #25	Last Year		This Year		
	89.00	90	97.00	--	NA
Percentage of staff who have completed relevant equity, diversity, inclusion, anti-racism education - Wake the Giant (all staff) (Hogarth Riverview Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Develop communication and promotion strategy to all staff.

Process measure

- Communication plan complete by Q2

Target for process measure

- 100% promotion activity complete by Q3

Lessons Learned

Inter-departmental collaboration helpful to support knowledge sharing and efficiencies. Staying up to date with the data supports proactive response to future needs.

Indicator #22	Last Year		This Year		
	CB	75	44.00	--	NA
Percentage of staff who have completed relevant equity, diversity, inclusion, anti-racism education - Repairing the Sacred Circle 2 (Management) (Hogarth Riverview Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Develop communication and promotion strategy to all management of the identified education.

Process measure

- Communication plan complete by Q2.

Target for process measure

- 100% communication/promotion roll out complete by end of Aug 2024

Lessons Learned

Inter-departmental collaboration helpful to support knowledge sharing and efficiencies. Staying up to date with the data supports proactive response to future needs.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #8	41.70	44	48.80	--	NA
"How often did staff involve you in planning your (or your family members') care?"	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Response: Always (Hogarth Riverview Manor)					

Change Idea #1 ☒ Implemented ☐ Not Implemented

To improve communication with residents/family members when planning care

- Process measure**
 - 1. Percentage of pre and post admission meetings/follow up 2.Percentage of walkabouts that capture resident or family communication 3. Percentage of how many care plans are mailed out to Billing Contacts post Care Conference.

Target for process measure
 - 1. 100% of admissions to receive a call pre admission and post admission. Pre admission meetings to be scheduled for all willing families and residents requesting or triggering a need for additional support. 2. 60% of assigned walkabouts will have resident or family communication captured. 3. 90% of active/willing billing contacts less PGT will receive a copy of the plan of care pre annual care conference.

Lessons Learned

Positive shift to further involve resident and families within the care we provide.

Ongoing communication, and the sharing of the plan of care prior to conferences have helped to support and strengthen our relationships with our residents and their family care partners

	Last Year		This Year		
Indicator #12	39.90	42	53.00	--	NA
"How often did staff listen carefully to you?"					
Response: Always (Hogarth Riverview Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

To improve communication with residents/family members including how carefully do staff listen to you.

- Process measure**
 - 1. Percentage of huddles where manager remind staff to listen to residents and engage them in their own care.

Target for process measure
 - 1. 90% of all huddles attended by managers will include a reminder to staff to listen to residents and engage them in their own care.

Lessons Learned

Positive shift to continue involving residents within their care included continuous reminders to staff using available tools and avenues for communication (such as quality huddles).

Indicator #4	Last Year		This Year		
	27.70	29	38.40	--	NA
"Do you feel that you can raise a concern about staff without it negatively affecting your (or your family members') care?"	Performance	Target	Performance	Percentage Improvement	Target
Response: Yes Definitely (Hogarth Riverview Manor)	(2024/25)	(2024/25)	(2025/26)	(2025/26)	(2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

To improve our current communication/strategy around raising a concern

Process measure

- 1. 12/12 GTM Agendas will have whistleblower as a standing agenda topic. 2. 12/12 Monthly Newsletters will include whistleblower protection. 3. 12 monthly inspections will confirm that Complaints Management Signs remain up. 4. Process established and implemented with N'doo'owe Binesi by Sept. 2024

Target for process measure

- 1. 12/12 GTM Agendas will have whistleblower as a standing agenda topic. 2. 12/12 Monthly Newsletters will include whistleblower protection. 3. 12 monthly inspections will confirm that Complaints Management Signs remain up. 4. Process established and implemented with N'doo'owe Binesi by Sept. 2024

Lessons Learned

Solid communication has helped to grow our relationship with N'doo'owe Binesi and to ensure their involvement continues to identify and meet resident needs.

	Last Year		This Year		
Indicator #19	121.00	109	66.00	--	NA
Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period (Hogarth Riverview Manor)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

To develop a plan to have GPA recertification in place. To also create a plan to continue to move dementiability training forward through out the home.

- Process measure**
 - 1. The percentage of our staff completing GPA recertification. 2. The percentage of our staff completing dementiability training

Target for process measure
 - 1. To have 75% of eligible staff complete GPA recertification by March 31, 2025. 2. To have 75% of our staff complete Dementiability training by March 31, 2025.

Lessons Learned

Staff now have more tools to help identify the meaning behind the behaviors encounters, and have greater resources to help reduce behavioral triggers.