

Hogarth Riverview Manor

2026/27 Quality Improvement Plan "Improvement Targets and Initiatives"

Quality Lead: Jonathon Riabov, Administrator
Hogarth Riverview Manor
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St. Joseph's Care Group 35 Algoma Street North Box 3251, Thunder Bay, ON, P7B5G7

AIM		Measure							Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O= Optional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)													
Equity	Equitable	Percentage of staff who have completed relevant equity, diversity, inclusion, anti-racism education - Repairing the Sacred Circle 1 (All Staff) *EC	Custom	% / Hogarth Riverview Manor Staff	In house data collection / April 2026 to March 2027	Hogarth Riverview Manor	Apr to Sep 29.37% To date 35.85%	30% annually 60% cumulative	To meet organizational strategic goal of achieving 30%, 60% & 90% in 2025-26, 2026-27, & 2027-28 respectively	1. Offer RSC session onsite at HRM to support staff attendance	1. Work with site administrator and Director of Care to schedule staff for the on site sessions. 2. Directors to encourage staff to attend RSC. 3. Regular updates with directors on quarterly performance	1. % of staff enrolled in RSC training 2. Monthly tracking of attendance at RSC sessions	Improve performance from 35.85% to 60% by March 31, 2027.
Experience	Patient-Centred	What do you think about the overall dining experience in the Home? Response: Great	Custom	% / LTC home residents	In house survey (Touch The Table) / April 2026 to March 2027	Hogarth Riverview Manor	47.40%	52%	10% improvement on the baseline	Improve the overall dining experience for residents of Hogarth Riverview Manor	1. Staff Development Ongoing training continues to focus on proper table setting, including correct cutlery placement, appropriate use of plate warmers, and professional food plating techniques 2. Post-Admission Communication To strengthen relationships and better understand individual preferences, residents and their families are contacted 30 days post admission to gather feedback on the initial dining experience and identify opportunities for improvement. 3. Ongoing Engagement and Feedback Collection Conduct "Touch the Table" surveys during regular walkabouts at breakfast, lunch and dinner times by Food Service Supervisors, Production Chefs, and Managers. Residents and families also have the option to complete independent survey. The Resident Council to continue providing monthly menu item suggestions and select all holiday/special-occasion meals. In addition, the monthly Dining Committee consisting of staff, residents, and family members will be reinstated. 4. Dining Initiatives a) Digital menu screens will be utilized to highlight holidays and special meals, while themed placemats are provided during holiday celebrations and resident birthdays to enhance special-occasion dining experiences. b) Bi-monthly culturally themed meals will be introduced to reflect diverse culinary traditions and expand menu variety.	1. Conduct a minimum of 12 Touch the Table surveys on each of the 15 units per month.	Improve dining experience from 47.4% to 52% by March 31, 2027.

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Experience	Patient-Centred	Do you feel that you can raise a concern about staff without it negatively affecting your (or your family members') care? Response: Yes Definitely	Custom	% / LTC home residents	In-house survey / April 2026 to March 2027	Hogarth Riverview Manor	N/A	Baseline	New data collection method	Create an open communication pathway for families and residents to communicate complaints which they feel will not impact care.	<ol style="list-style-type: none"> Staff Communication Whistleblower Protection reminders are shared with all staff via email on a quarterly basis. Ongoing Resident and Family Communication and Culture Building A consistent "Normalizing Statement" is included in all monthly newsletters for 2026–2027, reinforcing that raising concerns is common, encouraged, and essential to continuous quality improvement. Families are reassured that voicing concerns will not negatively impact care of their loved ones Ongoing Feedback Collection Following each Resident Care Conference, residents and families are provided the opportunity to complete an anonymous survey question provided in a sealed envelope for them to respond if they feel comfortable raising concerns about staff. Complaints Management Visibility Complaints Management Guides, including information on whistleblower protection, are prominently displayed in elevators and on Family Council boards and are featured regularly in the home's monthly newsletters. Clinical Manager Visibility Photo posters introducing the Clinical Managers, along with their direct contact information, are displayed throughout the home to enhance leadership visibility and accessibility. 	1. % of resident/family members provided survey question in a sealed envelope during a care conference.	Collect baseline data based on new process.
Safety	Safe	Number of incidents of racism & discrimination reported by SJCG staff	Custom	Number / Hogarth Riverview Manor Staff	In-house data collection / April 2026 to March 2027	Hogarth Riverview Manor	5	Baseline	New Process initiated in 2025-26. Will use 2026-27 as the base year to strengthen establishment of the baseline.	1. Strengthen a structured quarterly ILS review process with HR, Occupational Health, and Indigenous Health	<ol style="list-style-type: none"> Quarterly meetings will be scheduled with HR, Occupational Health, and Indigenous Health to review ILS reports related to racism and discrimination. Data will be reviewed for consistency, frequency, and emerging patterns over time. Where recurring or notable issues are identified, preliminary action plans or monitoring strategies will be documented. Outcomes, learnings, and any actions taken will be recorded and shared 	1. % reviews conducted as scheduled per quarter.	Complete 100% of planned quarterly ILS review meetings to strengthen baseline data collection and inform future improvement initiatives.