Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of potentially avoidable emergency department visits for long-term care residents. (Lakeridge Gardens)	C	Count / Residents	Ministry of Health Portal / Q3 2023 - Q2 2024	26.90	21.70	Provincial overall rate	Community Paramedicine LTC Plus, Registered Nurses Association of Ontario (RNAO)

Change Ideas

Change Idea #1 Antimicrobial Stewardship Program

Methods	Process measures	Target for process measure	Comments
Implement Antimicrobial Stewardship program for UTI, respiratory illness, and skin and wound; guideline, training and education for staff, families and residents on identification, streamline documentation and communication, and ongoing coaching to reinforce practices.	1. % residents with urinary tract infection 2. % residents who developed or have not improved from a respiratory illness	1. 3% (residents with UTI) 2. 4.6% (residents who developed or have not improved from a respiratory illness)	Target based on 10% reduction: UTI - 3.4% (Q3 2023 - Q2 2024) Respiratory Illness; 5.1% (3.4% (Q3 2023 - Q2 2024)

Change Idea #2 RNAO Clinical Pathways

Methods	Process measures	Target for process measure	Comments
Implementation of RNAO Clinical Pathways Group 1 modules; Admission, Resident and Family Centred Care, and Delirium Screening (Jan-Jul 2025)	% of persons participating in developing their personalized plan of care	100% (persons participating in developing their personalized plan of care)	

Measure - Dimension: Timely

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m.	P	Number / ED patients	CIHI NACRS / Apr 1 to Sep 30, 2024 (Q1 and Q2)	65.90	65.00	Target is 10% improvement from baseline.	

Change Ideas

Change Idea #1 OHAH collaboration

Methods	Process measures	Target for process measure	Comments
Identification of trigger point for escalation to OHAH based on ED volumes per site	Increased discharges coded as “Discharge home with CCAC” in Epic on dates/sites where escalation has occurred	Increased volume of 10% above baseline for discharges supported by OHAH (CCAC in Epic system) on days where triggered for support	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of front-line staff in ED and Surgery who have completed relevant IDEAA education	C	% / Staff	In house data collection / NA	CB	30.00	Target is based on number of staff in Surgery and a multi-year plan to complete IDEAA education	

Change Ideas

Change Idea #1 Human rights legislation training

Methods	Process measures	Target for process measure	Comments
Offer in-person leader sessions and virtual front line sessions for human rights training and track registration for the human rights training through Microsoft Forms	Number of surgical leaders that have completed in-person human rights legislation training and number of front line clinicians and staff that have completed virtual human rights legislation training	Surgical leaders - 80%, Front line clinicians and staff - 30%	

Change Idea #2 Completion of at least two of the IDEAA modules

Methods	Process measures	Target for process measure	Comments
CPL module spotlights for staff, PCMs to identify opportunities for staff to complete module and track completion through Tier 2 virtual board	Number of front line staff that have completed at least two IDEAA modules	65% (front line staff)	

Experience

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 having a voice in participating in care planning decisions and services received (Lakeridge Gardens)	C	% / Residents	In-house survey / 2024	87.60	92.00	5% increase determined by difference in benchmarking between mean from 2024 Annual Experience Survey and the mean at the 85th percentile	

Change Ideas

Change Idea #1 Restorative Dining Program

Methods	Process measures	Target for process measure	Comments
Launch Restorative Care Program; develop Restorative Care Committee, education and training to staff	% residents worsened in activities of daily living (ADLs); bed mobility, transfers, eating, and toileting	34% (residents worsened in ADLs)	Current rate for CIHI indicator is 39.8% (Q3 2023 - Q2 2024); target is a 20% decrease

Change Idea #2 Restorative Walking Program

Methods	Process measures	Target for process measure	Comments
AI walking program, interprofessional standard work, dedicated spaces on resident home areas, ongoing coaching to reinforce practices	% residents who worsened or remained completely dependent in transferring or locomotion	17.3% (residents worsened)	Current rate for CIHI indicator is 21.7% (Q3 2023 - Q2 2024); target is a 20% decrease

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Patient Experience: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	C	% / Patients	In-house survey / Apr 2024-Jan 2025	71.80	80.00	Target is 10% improvement from current year's target	EPIC Regional Working Groups

Change Ideas

Change Idea #1 Increase MyChart enrolment

Methods	Process measures	Target for process measure	Comments
Change approach for MyChart activations	Percentage of MyChart enrollments	30% (patients enrolled)	Patients having access to their electronic charts improves information sharing.

Change Idea #2 Spread unit orientation across Women’s & Children’s and Medicine programs

Methods	Process measures	Target for process measure	Comments
Co-design the unit orientations.	Number of unit orientations implemented	All Medicine units and W&C units	Sharing information at the beginning of patient stay sets them up for a successful discharge.

Change Idea #3 Review AVS before discharge

Methods	Process measures	Target for process measure	Comments
Print AVS at discharge and explain information to patients.	Percentage increase (from previous year) in number of AVS printed at discharge.	5% increase in number of AVS printed	Reviewing information prior to discharge improves patient’s understanding of information.

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents resulting in lost time or healthcare sought	C	Count / Staff	In house data collection / 2024	78.00	50.00	Target unchanged, continuing from previous year.	

Change Ideas

Change Idea #1 Program Improvement Plans (High Risk Programs)

Methods	Process measures	Target for process measure	Comments
High risk programs (Emergency Department, Mental Health & Addictions, Medicine, Healthy Aging, Lakeridge Gardens) will complete program specific improvement plans to meet WPV targets.	Number of high risk programs that have developed and are implementing WPV improvement plans.	100% (5 of 5 high risk programs)	

Change Idea #2 Crisis Prevention and De-Escalation Training Year 2

Methods	Process measures	Target for process measure	Comments
Continue to offer Level 2 and 3 Crisis Prevention and De-Escalation Training to front-line team members.	Number of employees trained.	1000 employees trained	

Change Idea #3 Workplace Violence Standardized Incident Review Process

Methods	Process measures	Target for process measure	Comments
Implement a standardized incident review process to investigate root cause of workplace violence incidents meeting LH's serious safety event criteria.	Incident review completed for all WPV incidents meeting LH's serious safety event criteria. Process will be measured a two intervals: -Incident investigation completion -Formal incident review meeting completion	100% of team member WPV incidents meeting serious safety event criteria will complete an incident review. -Incidents will be investigated within 5 business days. -Formal incident review meeting will be completed within 30 business days.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents who fell in the last 30 days (Lakeridge Gardens)	C	% / Residents	CIHI CCRS / Q3 2023 - Q2 2024	19.40	16.50	Provincial average; 15% decrease	Registered Nurses Association of Ontario (RNAO)

Change Ideas

Change Idea #1 RNAO Clinical Pathways

Methods	Process measures	Target for process measure	Comments
Implementation of RNAO Clinical Pathways modules Group 2; Falls and Pain modules (Aug 2025 - March 2026	% of residents at risk for falls with a documented multi-factorial fall prevention or injury reduction plan	100% (residents at risk for falls with a documented multi-factorial fall prevention or injury reduction plan)	

Change Idea #2 Restorative Walking Program

Methods	Process measures	Target for process measure	Comments
Launch Restorative Care Program: develop Restorative Care Committee, education and training to staff, AI walking program, interprofessional standard work, ongoing coaching to reinforce practices	% compliance Falls Injury Prevention Quality Check	85% (Quality Check compliance)	

Change Idea #3 24- Hour Care Plan reviews

Methods	Process measures	Target for process measure	Comments
Enhance real-time updates aligned with User-Defined Assessment schedule	# of care plan reviews overdue	0 (care plan reviews overdue)	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents with a worsened stage 2-4 pressure ulcer (Lakeridge Gardens)	C	% / Residents	CIHI CCRS / Q3 2023 - Q2 2024	2.90	2.30	Provincial average; 20% decrease	Smith and Nephew's

Change Ideas

Change Idea #1 Skin and Wound Care Champions

Methods	Process measures	Target for process measure	Comments
Implement Standard Work for Skin and Wound Care Champions including auditing	% compliance Pressure Injury Prevention and Management Quality Check	85% (Quality Check compliance)	

Change Idea #2 Turning and Repositioning Dial

Methods	Process measures	Target for process measure	Comments
At head of bed, insuite for q2 hourly repositioning for residents with single stage 3 or greater, or multiple stage 2 pressure injuries	% compliance IPAC Skin and Wound Quality Check	85% (Quality Check compliance)	

Change Idea #3 Skin and Wound Training and Education

Methods	Process measures	Target for process measure	Comments
Online Surge Learning Management System and vendor education sessions e.g. Smith & Nephew's	% registered staff (RN/RPN) who attended education	100% (staff who attended education)	