2026/2027 Continuous Quality Improvement (CQI) Initiative Report

Lakeridge Gardens

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2025/2026 Quality Improvement Initiatives

In 2025/2026 fiscal year, Lakeridge Gardens continued to focus on avoidable emergency department visits, falls injury prevention, pressure injury prevention, and strengthening the resident voice in care planning decision and services.

A summary of change ideas and their results included:

Indicator	Baseline	Target	Actual	Change Ideas
Rate of potentially avoidable emergency department visits for long-term care residents.	26.9%	21.7%	23.3%	Lakeridge Gardens launched an Antimicrobial Stewardship Program to strengthen best practices in assessing and managing asymptomatic bacteriuria. Key activities included: • Establishing clear organizational expectations for provider practice • Educating residents and families on appropriate antibiotic use • Training staff on evidence-based assessment and treatment approaches
Percentage of residents who fell in the last 30 days.	19.4%	16.5%	15.4%	Lakeridge Gardens led the following key activities to support falls injury prevention • Launched RNAO Clinical Pathways that revised screening and care plans for all residents • Participated in interprofessional planning for the Restorative Locomotion program
Percentage of residents with a worsened stage 2-4 pressure ulcer.	2.9%	2.3%	3.9%	Lakeridge Gardens led the following key activities to support pressure injury prevention • Launched RNAO Clinical Pathways that revised screening and care plans for all residents • Trained staff in evidence-based assessment and treatment approaches • Implemented ChartPick with interoperability with PointClickCare
Percentage of residents who responded positively to having a voice in care planning decisions and services received.	87.6%	92%	77.9%	Lakeridge Gardens set out to formalize a Restorative Care program with emphasis on Restorative Walking and Restorative Dining. Program development was impacted by leadership changes and remains in the planning stages.

2026/2027 Priority Areas for Quality Improvement

Lakeridge Gardens used Ontario Health's Quality Improvement Plan (QIP) program priorities to identify and prioritize quality improvement initiatives. Priorities were also reflective of the home's annual program planning session with membership from the Quality Committee to inform plan improvements. Noting that there was work to continue from the priority areas selected in 2025/2026, Lakeridge Gardens selected avoidable emergency department visits (Table 1), falls injury and pressure injury prevention (Tables 2 and 3), and resident and family experience (Table 4) as ongoing focus areas. The 2026/2027 priority areas were reviewed and formally recommended by the Quality Improvement Committee based on analysis of home performance indicators, resident and family survey results, annual program evaluations, and Ontario Health priority indicators March 26, 2026.

Resident and Family Experience Survey

Lakeridge Gardens resident and family experience survey helps improve our ability to incorporate feedback into our care and services. We have created a survey that is accessible to the residents and families of our home. Resident and Family Councils were consulted and involved in the creation of the survey and the administration methodology. The survey results include overall satisfaction scores for each department to seamlessly identify resident and families' perceptions of the home, benchmarking from previous surveys, and text analysis to highlight areas of opportunity.

In 2025/2026, Lakeridge Gardens implemented several initiatives to enhance resident experience based on the 2024 Resident Experience Survey, including:

- Optimization of the Essential Partner-in-Care Program and care conferences in collaboration with member of Family Council. Home wide launch was completed February 1, 2026
- Enhanced communication with residents and families on topics of interest (e.g., urinary tract infection prevention, resident and family role in the event of an emergency) throughout the 2025/2026 resident and family newsletters and invitations to Resident and Family Councils
- Diversification of recreational and social programming through community partnerships to better align with resident preferences and interests
- Resident and Family representation in all required programs and committees throughout the 2025/2026 year.

The 2025 Resident and Family Experience Survey ran from December 22, 2025, to February 2,2026. Lakeridge Gardens achieved an overall satisfaction of 77.9%. The results of the survey were shared with Family Council on Thursday, May 25, 2025, and Resident Council on Thursday, April 30, 2025. A summary report was posted on the quality improvement board in the main lobby of our home and in Resident Home Areas on Thursday, May 25, 2025. Discussion with team members took place during Daily Management System Huddles.

Although Dietary Services remains among the lower-scoring domains, all dietary indicators improved compared to last year. Notably, visual appeal of meals demonstrated a statistically significant increase and ranked in the top 15% of benchmarked results.

Satisfaction with Resident Care Managers showed a statistically significant improvement from 2024. Medical staff, including physicians and nurse practitioners, also demonstrated increased satisfaction, with collaboration for medical care identified as a key driver.

Reflecting the home's industry-leading work in the Essential Partner-in-Care (EPC) Program, over 85% of respondents responded positively that their EPC was identified and meaningfully involved in their care.

Quality Improvement Policy, Planning, Monitoring and Reporting

Lakeridge Gardens has a robust clinical quality improvement (CQI) program that guides out home's CQI improvement activities aimed to enhanced resident care and achieve positive resident outcomes. The Quality Committee identified improvement opportunities and sets improvement objectives for the year by considering input from annual program evaluations, annual program plan development, review of performance and outcomes using provincial and local data sources, review of priority indicators from Ontario Health, and the results of the resident and family satisfaction surveys.

Continuous Quality Improvement Committee

The Quality Committee maintains line of sight on all continuous quality improvement initiatives and identifies change ideas to be tested and implemented in collaboration with the interdisciplinary team. CQI initiatives use cause and effect diagrams, process mapping, and Plan-Do-Study-Act (PDSA) cycles, aligned with the Model for Improvement. The Quality Committee meeting monthly to monitor key indicators and obtain feedback from key stakeholders, including residents and families. Selected change ideas are aligned with best practices informed by research and literature. Through these monthly meetings, Lakeridge Gardens can confirm whether the changes resulted in improvement and adjust where needed using strategies including adapting the change idea or developed a task group.

Accreditation

In December 2024, Lakeridge Gardens participated in their first external quality review for accreditation by Accreditation Canada, reaffirming our commitment to deliver high quality, safe, and resident-centred care and services. The process included internal self-assessment, engagement with residents, families, and other stakeholders, and an onsite evaluation conducted by peer surveyors. Lakeridge Gardens, as part of Lakeridge Health, were Accredited with Exemplary Standing under the Qmentum Global accreditation program.

Lakeridge Gardens is preparing for the transition to a new set of Accreditation Canada standards. The transition plan includes a gap assessment that is to be completed by September 2026. Priority setting will take place between October to December 2026 to in part inform program planning for the 2026/2027 fiscal year. The next Accreditation Canada onsite survey is anticipated in 2029.

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Sharing and Reporting

A copy of the of this Continuous Quality Improvement Initiative Report and the Quality Improvement Plan, including the progress report from 2025/2026 QIP, and the workplan for 2026/2027, was shared with the Family Council on Monday, May 25, 2026, and Resident Council on Thursday, April 30, 2026**.** This was shared with team members at Daily Management System Huddles held in April 2026 and posted on quality improvement boards. As part of our quarterly reporting schedule, the Quality Committee will continually review progress and share updates and outcomes with residents, families, and staff via existing committee and team meetings.

Planned Quality Improvement Initiatives for 2026/2027

Table 1: Rate of potentially avoidable emergency department visits for long-term care residents.

Lakeridge Gardens aims to improve the avoidable emergency department rate from 20.27 % to 18.3%.

Change Ideas	Process Measure	Target for 2026/27
Implement Antimicrobial Stewardship program with focus on respiratory illnesses	Percentage of residents who developed or have not improved from a respiratory illness	2.6% (residents who developed or have not improved from a respiratory illness)

Table 2: Percentage of residents who fell in the last 30 days.

Lakeridge Gardens aims to improve the percentage of residents who fell from 14.9% to 14%.

Change Ideas	Process Measure	Target for 2025/26
Implementation of the Registered Nurses Association of Ontario (RNAO) Falls Clinical Pathway	Percentage of residents at risk for falls who received a comprehensive falls assessment	100% of residents
Engagement in the PREVENT (Person-centred Routine Fracture PrEVENTion in Long-Term Care ((LTC)) program	Percentage of residents at risk for falls with a documented multi-factorial fall prevention or injury reduction plan	100% of residents

Table 3: Percentage of residents with a worsened stage 2-4 pressure ulcer.

Lakeridge Gardens aims to improve the percentage of residents with a worsened stage 2-4 pressure ulcer from 3.9% to 2.3%.

Change Ideas	Process Measure	Target for 2025/26
Implement PointClickCare ChartPick, a software enhancement to document altered skin integrity.	Percentage of residents at risk for falls with a documented multi-factorial pain management plan	100% of residents
Implement the RNAO Pain Clinical Pathway	Percentage of residents with worsened pain	8.3%

Table 4: Percentage of residents that residents who responded positively to the having a voice in participating in care planning decisions and services received.
Lakeridge Gardens aims to improve performance on this indicator from 87.6% to 92%.

Change Ideas	Process Measure	Target for 2025/26
Formalize a Restorative Care Programs for dining and locomotion.	percentage of residents whose mid-loss activities of daily living (ADLs) functioning for transfer and locomotion worsened or who remained completely dependent in mid-loss ADLs (ADL5A)	34%
Implementation of RNAO Palliative and End-of-Life Care Clinical Pathways	Percent of participants in care conferences who were satisfied with their involvement.	97%
Lakeridge Gardens will implement a walking program and dedicated space for Restorative Care in the Resident Home Areas.	Percentage of residents who worsened or remained completely dependent in transferring or locomotion	17.3%