Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 31, 2026

OVERVIEW

Guided by our vision of One System. Best Health. and supported by a dedicated team of nearly 9,000 staff, physicians, and volunteers, Lakeridge Health offers some of the broadest and most comprehensive acute care, ambulatory care, and long-term care services in Ontario.

The Quality Improvement Plan (QIP) is a core component of Lakeridge Health's broader quality agenda and is directly aligned with organizational efforts to improve both the quality of care and the experience of patients, residents, and clients. These efforts are grounded in the six dimensions of quality: care that is patient-centred, safe, timely, effective, efficient, and equitable. The QIP includes indicators that drive improvement and align with the corporate measures outlined in the 2026/2027 Annual Business Plan (ABP).

Lakeridge Health has adopted a "whole system quality" approach with a focus on quality planning, quality control, and quality improvement in the pursuit of "excellence every day". Lakeridge Health is further positioned to advance quality through its achievement of Accreditation Canada's Required Organizational Practices, the application of evidence-based, quality-based procedures to support standardized care, implementation of a daily management system where daily improvement is aligned to key measures, and the effective use of safety incident data to inform insights and action at both the program and organizational levels. In developing the QIP, the organization benchmarks its performance against established standards, drawing on sources such as the Canadian Institute for Health Information (CIHI), Hospital Service Accountability Agreements (HSAA), Ontario Health (formerly Health

Quality Ontario), and the Institute for Healthcare Improvement (IHI).

The 2026/2027 QIP indicators reflect key areas of quality improvement and are designed to ensure a focus on organizational priorities and planned or ongoing initiatives. By committing to the measurement of progress toward defined targets, regularly assessing the impact of improvement initiatives, and identifying lessons learned throughout the year, Lakeridge Health aims to optimize its improvement efforts and strengthen outcomes related to quality and safety for patients, residents, and clients, their families, and team members.

The following priorities were approved by the Quality Committee of the Board of Trustees for inclusion in Lakeridge Health's 2026/2027 QIP:

Hospital:
- 90th percentile ambulance offload time
- 90th percentile emergency department wait time to physician initial assessment
- Daily average number of patients waiting in the emergency department for an inpatient bed at 8 am
- 90th percentile emergency department length of stay for non-admitted patients triaged as low acuity
- 90th percentile emergency department length of stay for non-admitted patients triaged as high acuity

Long Term Care:
- Rate of ED visits for modified list of ambulatory care–sensitive conditions per 100 long-term care residents.
- Percentage of residents responding positively to: "Ability to make independent decisions regarding plan of care".
- Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened
- Percentage of LTC home residents who fell in the 30 days leading up to their assessment

The Quality Improvement Plan (QIP) is one component of Lakeridge Health's broader strategy to advance performance in key priority areas. In addition to the QIP, we develop a Corporate Scorecard as part of the Annual Business Plan. The Corporate Scorecard includes key quality, safety, human resources, and financial performance metrics where we are committed to achieving measurable improvement.

The Corporate Scorecard is aligned with the QIP while also capturing additional organizational priorities. Improvement initiatives for both QIP and Corporate Scorecard metrics are identified during the annual planning process, with progress tracked and reported throughout the year across multiple leadership and governance forums.

ACCESS AND FLOW

Ensuring optimal access and flow equates to patients receiving timely care in the right place across the healthcare system. Lakeridge Health is committed to supporting initiatives and strategies to support increased patient movement along the continuum of care; collaboration with program stakeholders is essential to supporting all aspects of the patient care journey.

Lakeridge Health has demonstrated a commitment to reducing

unnecessary length of time spent in acute care settings and facilitating return to the community.

There has been significant focus on reducing the number of Alternate Level of Care (ALC) patients to increase access to acute care beds by standardizing our approach to discharge planning and working with community partners to support discharge when patients no longer require acute care or specialized services. Clear processes have been created to delineate and flag challenges of increased patient movement related to Emergency Department (ED) volumes at each of our sites. Processes have been developed in collaboration with inpatient programs to optimize capacity when presenting volumes are high, and strategies and support embedded in standard work in the EDs to avoid admission for those patients who do not require admission for acute care reasons.

Lakeridge has a focused approach to the winter surge season and has developed an internal plan to ensure we are planning our strategy to accommodate increased volumes over the surge season. We continue to evolve our strategies and work collaboratively with stakeholders both within and outside of the organization to support patient care needs.

EQUITY AND INDIGENOUS HEALTH

Indigenous Health:

Lakeridge Health's commitment to Equity and Indigenous Health continues to deepen, grounded in meaningful partnerships, cultural humility, and a responsibility to advance reconciliation in the communities it serves. This work is reflected in a growing set of initiatives designed to strengthen relationships, improve care experiences, and honour the knowledge and traditions of Indigenous Peoples.

A key achievement has been the Indigenous Cultural Safety Training initiative, supported through a two-year Ministry of Health grant. More than 780 health care workers from over 30 organizations participated, demonstrating a strong regional commitment to learning and change. The training helped participants better understand the impacts of colonialism, recognize systemic barriers within health care, and build the skills needed to provide safer, more respectful care for Indigenous patients and families.

Lakeridge Health has also strengthened Indigenous engagement in planning and decision-making. The Indigenous Advisory Committee established for the Bowmanville redevelopment project ensures Indigenous perspectives help shape future spaces, supporting environments that are welcoming, culturally responsive, and aligned with community priorities.

In clinical care, Lakeridge Health has expanded access to culturally grounded healing through Traditional Medicine clinics, which honour Indigenous practices and provide patients with care that aligns with their beliefs and traditions. These services reinforce a more holistic and inclusive approach to wellness.

Dedicated roles also support Indigenous patients across programs, including an Indigenous Outreach Worker in Mental Health and Addictions and an Indigenous Patient Navigator through the Central East Regional Cancer Program, who provides cultural support throughout the cancer journey.

Inclusion, Diversity, Equity, Accessibility and Anti-Racism (IDEAA) Program and Health Equity Office:

In alignment with the recent QIP narrative request emphasizing equity as a driver of quality, safety, and system performance, Lakeridge Health continues to advance integrated health equity initiatives across clinical care, population health, and organizational design. Equity is increasingly embedded into how care is planned, delivered, and evaluated to address disparities in access, experience, and outcomes for diverse communities.

Lakeridge Health, in partnership with the Central East Regional Cancer Program, has demonstrated measurable impact through equity-focused initiatives supporting Black communities, including the EmpowerHer Cancer Screening event recipient of the 2024 Cancer Quality Council of Ontario Health Equity Award and the Black Health and Wellness Day delivered with Durham Community Health Centre. These initiatives exemplify how community partnership and targeted interventions improve preventive care access and population health outcomes.

To sustain and scale this work, Lakeridge Health has strengthened leadership and infrastructure by appointing a Chief of Population Health and Health Equity, alongside dedicated Health Equity Lead roles in Indigenous and Black health. These investments ensure equity is embedded as a core quality and safety function rather than a parallel initiative.

Within IDEAA, a key quality enabler has been the completion and adaptation of the Ontario Health sociodemographic data collection tool using a voluntary, opt-in approach that prioritizes patient autonomy, trust, and data sovereignty. This foundational work supports future QIP measurement, enabling the organization to identify inequities and track improvement over time.

Equity integration continues across policies, strategic planning, kaizen events, and major capital projects such as the Bowmanville Build, with active application in Emergency and Surgical Services, Indigenous navigation, Sickle Cell care, patient discrimination response, and accessibility. Together, these efforts align equity with quality improvement priorities by strengthening patient safety, workforce sustainability, and system accountability.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Lakeridge Health collects information to guide improvement activities from a variety of sources such as Patient and Resident experience surveys, compliments, concerns, Leader rounding, Program Patient and Family Advisor (PFA) councils, Resident and Family councils, and Patient and Family Advisors. The Ontario Hospital Association (OHA) Patient Experience Survey is offered to all patients who are discharged from the Medicine, Surgery, Healthy Aging, Women’s and Children’s programs. It is also offered to patients who visit our Emergency Department and Renal Program. To ensure equitable access to the patient experience survey, patients can participate in the survey via QR code, weblink, email, or in person with the assistance of a survey volunteer. We collect and share this data with the program leadership weekly to promote real time quality improvement. For clinical programs where the OHA survey is not implemented, the program participates in other regulatory survey programs or in-house surveys to obtain experience information to inform quality improvement initiatives.

The survey, concern, and compliment data is shared with program leadership quarterly for use at program councils to drive larger quality improvement initiatives. Themes seen across different programs are shared through the annual business planning process to influence our goals for the 2026/2027 fiscal year. The information shared from patients and families that influence change is shared with our community via “Your voice matters” posters that can be seen throughout our hospital and on our website.

Lakeridge Health has a robust Patient and Family Advisor program that engages in all programs across the organization. The PFAs are engaged in things such as membership on committees of the Board of Trustees, membership on program councils, committees and working groups, policy development, quality improvement events, patient education, strategic planning, and general orientation.

PROVIDER EXPERIENCE

Lakeridge Health continues to advance its commitment to being a Workplace of Choice by strengthening recruitment and retention practices, leadership capability, and organizational culture. Over the past year, targeted investments in workforce planning, talent development, and employee engagement have supported a more integrated and sustainable approach to provider experience. Together, these efforts enhance leader readiness, support employee growth, and create the conditions for a positive, inclusive, and high-performing workplace.

Recruitment and Retention: In Summer 2025, KPMG audited Lakeridge Health’s recruitment processes. Findings informed a multi-year workplan focused on improving communication, streamlining processes, and optimizing technology, aligned with the IDEAA Recruitment Strategy. Lakeridge Health continues to collaborate with clinical programs and academic partners to support upskilling in specialty nursing and allied health roles, while maintaining active participation in provincial workforce initiatives, including the Nursing Graduate Guarantee Program, the Community Commitment Program for Nurses, and the Supervised Practice Experience Partnership.

Talent Strategy and Leadership Development: An integrated talent strategy, anchored in the LEADS in a Caring Environment Framework, continues to guide leadership expectations and development. LEADS now serves as the shared language for leadership across the organization and is embedded through education, 360° feedback for Directors and Medical Directors, and individualized development planning. This approach strengthens leadership consistency, succession planning, and readiness to lead change.

Equity principles are integrated into LEADS education and assessment processes, reinforcing inclusive leadership and accountability across the performance cycle.

Workplace Culture and Psychological Safety: Improving workplace culture remains a key organizational priority. IDEAA and Organizational Development (OD), in partnership with Emergency and Surgical Services, have implemented targeted initiatives to strengthen team dynamics, professionalism, and psychological safety. This work included human rights education and the implementation of a restorative process for team conflict and complaints. Building on early results, workplace culture has been

established as a corporate business priority, enabling broader application and sustained impact. Leadership capacity has been further strengthened through targeted education, with 324 leaders completing Inclusive Leadership training. IDEAA has also advanced human rights and professionalism by clarifying expectations related to communication and conduct, while continuing to collaborate with recruitment teams to improve accessibility and inclusiveness in hiring practices.

Concern Resolution and System Modernization: Significant progress has been made in modernizing the complaints and concern-resolution system through collaboration between IDEAA, People Services, and Medical and Academic Affairs. The redesigned model integrates restorative approaches alongside formal processes to support early resolution where appropriate, address harm, reduce repeat incidents, and strengthen trust, while maintaining clear accountability, procedural fairness, and defined escalation pathways.

Workforce Optimization and Technology Enablement: Workforce optimization initiatives continue to improve operational sustainability and staff experience. The transition to dedicated staffing models within CSST has reduced scheduling inaccuracies, improved manager support, and created capacity for quality improvement. Ongoing optimization of ADP, UKG, and HRIS systems is enhancing leader visibility into scheduling and timecard activities, supporting more proactive workforce management.

Academic Affairs and LHEARN will enhance the learning environment through expanded simulation capacity, course offerings, etc. to support both learner and interprofessional team member training and education beyond clinical skills, to support both high quality care and team member retention. Academic Affairs continues to strategically review and strengthen academic partnerships to support continuous development and attract future talent.

Medical Affairs will continue to advance modernized policies, clear expectations, strengthened onboarding, enhanced medical leadership infrastructure, strengthened model of care work, and improved performance management processes grounded in a restorative, learning lens and psychological safety. Medical Affairs continues to work with IDEAA to embed these principles into the work of the Medical Advisory Committee.

Integrated Provider Experience: Lakeridge Health is advancing a coordinated approach to provider experience that brings together staff, credentialed staff, and learners as a unified care team. Guided by the Talent Management Strategy and the LEADS framework, this work is jointly stewarded by People Services, OD, Medical Affairs, Academic Affairs, LHEARN, and operational leaders. Strengthening provider experience is central to workforce sustainability, recruitment, and retention.

Planned initiatives include enhanced recruitment and onboarding practices, clearer role expectations, leadership development pathways, structured transition planning, and strengthened workforce planning and scheduling models. Together, these efforts reduce fragmentation, improve staffing predictability, support engagement and psychological safety, and position Lakeridge Health to meet workforce needs.

SAFETY

Never events are a serious patient safety concern that should not occur if proper prevention measures are in place. At Lakeridge Health, all potential never events (e.g. pressure injuries) have a corporate improvement council in place or are part of regular oversight through clinical program leadership (e.g. suicide prevention and wrong site surgery). All never events have various mechanisms in place to manage the prevention of occurrence and harm.

Using hospital acquired stage 3+ pressure injuries as an example:
- corporate policy outlining the clinical compliance requirements to prevent and manage pressure injuries
- clinical information system (Epic) has hardwired alerts and required documentation
- various reports are available to monitor real-time prevalence and historical trends
- hospital-developed electronic direct observation audit is created to ensure local compliance (quality check)
- robust chart review/checklist process in place for any stage 3+ suspected hospital acquired
- quarterly hospital-wide point-in-time assessment of all patients for pressure injury documentation and practice compliance (International Pressure Ulcer/Injury Prevalence (IPUP) Survey™)
- monthly corporate improvement council is in place to monitor as well determine improvement strategies. On-going improvement strategies tracked through this group as well as a corporate improvement steering committee aligned to the corporate scorecard
- corporate education provided for all clinically relevant staff (e.g. inpatient nursing orientation) as well guidance resources for both staff and leadership available on the internal intranet (OASIS)

In summary, using pressure injuries as an example, Lakeridge Health has governance in place of never events balanced between both proactive and reactive quality systems to ensure never events rarely occur and if they do, a significant investigation is authorized to occur through Lakeridge Health's standard quality of care review approach.

PALLIATIVE CARE

Lakeridge Health is committed to ongoing quality improvement through initiatives that aim to improve access to palliative care, closer to home.

Lakeridge Health introduced the Hospital One Year Mortality Risk (HOMR) tool to aid in earlier palliative care identification and intervention on two medical units at the Oshawa and Ajax-Pickering sites. This aligns with the theme: Patient's Involvement in Decisions, Quality Statement 1, 4 and 5, as it initiates early advance care planning conversations, introduces symptom management strategies and improves the patient's quality of life by ensuring their individual goals and wishes are respected. We have since expanded HOMR to an additional four units with plans for further expansion to programs outside of Medicine. A working group of unit clinicians along with project leads, meet monthly to review data and feedback on adoption of this intervention.

Lakeridge Health is addressing the theme: Care closer to home and Quality Statement 1 through the development of a physician-led home palliative paracentesis service. Patients with end-stage illness frequently develop ascites, causing distressing symptoms. Until recently, paracentesis was only available in hospital. This program

now allows homebound palliative patients to receive paracentesis in their own homes, avoiding unnecessary acute care utilization in their final months of life. This program was recognized by Healthcare Excellence Canada through the “Right Care Challenge” awards for solutions that help patients receive “the right care, at the right time, in the right place”.

In an aim to improve equitable access to palliative care, as is outlined in the Palliative Care Health Services Delivery Framework, Lakeridge Health is expanding a Non-Oncology Palliative Program pilot, soon to offer a clinic supported by palliative physicians and a dedicated palliative nurse. Its goal is to provide palliative care earlier on in the non-oncology disease trajectory to improve symptom management, support advance care planning and to connect patients and families with community care services. This will be provided in person, virtually, or in the patient's home to ensure care in a person's preferred setting.

These examples highlight how Lakeridge integrates proactive identification, evidence-based practices, and compassionate care to enhance the quality of life for our community.

POPULATION HEALTH MANAGEMENT

Lakeridge Health continues to advance population health management through strong cross-sector partnerships, data-informed planning, and a sustained focus on prevention, equity, and integrated care. Guided by population health–management principles outlined by the Rapid Improvement Support Exchange (RISE), our work prioritizes proactive, person-centred approaches that address both health and social needs across the continuum of care.

Cancer prevention and screening remain a core population health focus under Ontario’s 4 organized screening programs for Breast, Cervical, Colorectal, and Lung cancer. Lakeridge Health continues to partner with primary care, community organizations, and equity-focused groups to improve access to screening for underserved populations. Ongoing initiatives include provider training to increase screening capacity, sustainable screening pathways for unattached patients, public education on chronic disease prevention and screening eligibility, community-based outreach events, and targeted initiatives tailored to the needs of equity-deserving populations, including Black communities in Durham Region. These efforts are supported by coordinated communications strategies, including social media and participation in large community events to broaden reach.

As Lead Agency for the Durham Ontario Health Team, Lakeridge Health supports population health through integrated, primary care–led clinical pathways for chronic disease management. In collaboration with system partners, we continue to advance Chronic Obstructive Pulmonary Disease (COPD) and Chronic Heart Failure pathways and implement the Best Care model, which leverages interdisciplinary teams, including nurses and respiratory therapists, to provide coordinated, proactive care in the community.

Lakeridge Health operates Diabetes Education Programs and is advancing lower-limb preservation efforts in partnership with the Durham Ontario Health Team and the Mississaugas of Scugog Island First Nation. Collectively, this work supports population health by preventing avoidable complications of diabetes, reducing emergency visits and hospital admissions, and improving long-term

quality of life. By focusing on early identification, culturally safe education, and timely access to care, these initiatives help reduce health inequities and strengthen chronic disease management across the region.

Mental Health and Addictions (MHA) needs are addressed through sustained collaboration with community partners via the Integrated Planning Committee. Central Connect continues to provide timely access to MHA assessments, while localized partnerships support priority neighbourhoods and individuals experiencing homelessness.

Our partnership with Durham Community Health Centre is allowing us to provide increased access for sickle cell disease patients and to provide a population-based approach that includes screening, identification and treatment. It is our belief that given the racial composition of Durham includes populations at higher risk of having this disease, it is necessary to have these services. At Lakeridge Health, we continue to invest heavily in the provision of culturally sensitive care for this population.

In 2024–25, Lakeridge Health began foundational work to strengthen population health intelligence by planning a geographic population health mapping initiative. This work will integrate health, social, and system-performance data to inform future service planning, identify priority populations, and support more targeted, equitable interventions across Durham Region.

EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

#1 - Provide a status update for 1 or 2 of your hospital site's quality improvement priorities from the preceding year's EDRVQP audit. Include results and data where possible.

In response to Elder Care themes identified through the prior year's ED-RVQP audits (failed discharges/bounce-backs, under-recognition of delirium, weak discharge planning/transitions, and risk of hospital-acquired harm for frail seniors during prolonged ED stays), Lakeridge Health implemented Senior Friendly Initiatives in the ED, aligned to the strategic priority of Improving Access and Experience.

What we implemented (audit-driven countermeasures):
- Refresher education on CAM (Confusion Assessment Method) screening and Least Restraint Policy (embedded into mandatory skills days) to improve delirium recognition and safer management of responsive behaviours.
- Implemented a GEM Nurse Practitioner role with defined consult criteria and standard work to support staff education, admission avoidance where appropriate, and safer discharge planning/transitions (discharge rounds, community/primary care coordination, virtual follow-ups).
- Completed IPUPS audits with just-in-time feedback to strengthen prevention/management of pressure injuries for seniors who remain in the ED while admitted.

Results to date:
- CAM/Least Restraints training: 86% completion and pass rate (target =80%).
- CAM completion for admitted patients >65: improved from no baseline to 86% compliance (target =80%).
- Pressure injury repositioning quality checks: 72% compliance (target 85%); increasing the reliability and volume of checks

remains an opportunity.
- 8am No Bed Admits (average daily): improved vs. FY24/25 baseline (LHAP 24.5?11.7; LHB 6.3?3.4; LHO 39.2?26.4), exceeding the 25% reduction target.
- 90th percentile ED LOS (admitted): improved (LHAP 68.8h?40.8h; LHB 50.1h?28.6h; LHO 70.0h?47.3h).

What these interventions are addressing: safer disposition for frail seniors, improved delirium screening and behavioural management, stronger transitions of care, and reduced hospital-acquired harm during prolonged ED stays.

Remaining gaps (identified again in this year's audits): diagnostic reliability (e.g., imaging thresholds, missed infections), escalation for high-risk physiology (sepsis/red flags), stroke/TIA pathway consistency, palliative/EOL access, discrepancy/callback reliability, medication access barriers, and structured documentation. These will inform the next cycle of senior-focused reliability work.

#2 - Share some of the quality issues identified during this year's audit. Describe quality improvement initiatives that are being planned or worked on to address these issues.

This year's Large Site ED-RVQP audit highlighted recurring quality issues across several domains. Key themes included diagnostic reliability and escalation (missed or delayed recognition of serious illness such as sepsis in immunocompromised patients, undertreatment of bacteremia, failure to repeat troponins/ECGs when indicated, and gaps in follow-up of radiology findings/discrepancies). Several cases reflected premature closure and narrow differentials (e.g., GI causes not considered once ACS was ruled out; alternative diagnoses not pursued in high-risk seniors and complex patients). The audit also identified frailty and safe disposition risks (recurrent falls, patients not at baseline at discharge, limited access to OT/geriatric resources, and inconsistent mobility readiness assessments). Additional issues included access and flow constraints (PIA delays/LWBS, limited after-hours ultrasound/diagnostic access, bed spacing), transitions of care and follow-up gaps (specialist access such as urology/thoracics, oncology cross-site coordination, rapid cardiac/echo follow-up), and documentation reliability (incomplete reassessment documentation, unclear shared decision-making when patients refuse admission/escalation, missing ECG uploads).

Planned work is currently in the theme confirmation and prioritization phase, using audit findings to select a small number of high-impact reliability opportunities for 2026. Likely focus areas under consideration include: (1) high-risk discharge safeguards (EMR prompts when abnormal vitals/oxygen are present at discharge, improved reassessment documentation), (2) diagnostic reliability bundles (radiology discrepancy/callback reliability; decision support for repeat troponin/ECG and imaging thresholds in high-risk groups), and (3) frailty-specific disposition reliability (standardized mobility/OT triggers and escalation pathways).

In parallel, we will continue to advance and spread last year's Elder Care initiative, including GEM supports, delirium screening reliability, and safer discharge planning for frail seniors.

EXECUTIVE COMPENSATION

As part of the 2026/27 QIP development and to help drive organizational performance and senior management accountability for the delivery of strategic objectives and priorities, Lakeridge Health's executives have a portion of performance-based compensation linked to achievement of the QIP indicator targets. The Board of Trustees have approved the selection of quality indicators for 2026/27. Performance-based compensation will be commensurate with the degree of success achieved in the meeting of improvement targets. 5 of the of the 9 QIP targets will be assigned to all executives eligible for Pay for Performance.

These indicators include:

Hospital:
- Daily average number of patients waiting in the emergency department for an inpatient bed at 8 am
- 90th percentile emergency department length of stay for non-admitted patients triaged as low acuity
- 90th percentile emergency department length of stay for non-admitted patients triaged as high acuity

Long Term Care:
- Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened
- Percentage of LTC home residents who fell in the 30 days leading up to their assessment

CONTACT INFORMATION/DESIGNATED LEAD

Petrina McGrath
Health System Executive, People, Quality and Practice
pemcgrath@lh.ca

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on _____

_____
Board Chair

_____
Board Quality Committee Chair

_____
Chief Executive Officer

_____
EDRVQP lead, if applicable

_____