2025/2026 Continuous Quality Improvement (CQI) Initiative Report

Lakeridge Gardens

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2024-25 Quality Improvement Initiatives

In 2024-25, Lakeridge Gardens focused on avoidable emergency department visits and antipsychotic medications.

The target was to improve performance on avoidable emergency department visits was from 34.4 avoidable visits to 21. A summary of change ideas and their results in provided in Table 1.

Additionally, the aim to improve performance on antipsychotic medications was from 21.78% to 19%. The action plan and their results is also provided in Table 1.

2025-26 Priority Areas for Quality Improvement

Lakeridge Gardens used Ontario Health's Quality Improvement Plan (QIP) program priorities to identify and prioritize quality improvement initiatives. This year, 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 focus areas. These priorities are also reflected in the home's annual program plans to help prioritize and plan improvements in these areas.

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.

The 2025 Resident and Family Experience Survey ran from November 25, 2025, to December 19, 2025. Lakeridge Gardens achieved an overall satisfaction of 88.4%. The results of the survey were shared with Family Council on Monday, February 24, 2025, and Resident Council on Thursday, February 27, 2025. For team members, a summary report was posted on the quality improvement board of our home and Resident Home Areas on February 27, 2025, and discussed during Daily Management System Huddles.

Policies, Procedures, and Protocols Guiding Continuous Quality Improvement

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, as needed.

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 (QGlobal) accreditation program.

Sharing and Reporting

A copy of the of this Continuous Quality Improvement Initiative Report and the Quality Improvement Plan, including the progress report from 2024/2025 QIP, and the workplan for 2025/2026, was shared with the Family Council on May 26, 2025, and Resident Council on May 29, 2025. This was shared with team members at Daily Management System Huddles held in April 2025 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.

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Planned Quality Improvement Initiatives for 2025/2026

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 26.9 % to 21.7%

Change Ideas	Process Measure	Target for 2025/26
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. Percentage of residents with urinary tract infection 2. Percentage of 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)

Table 2: Percentage of residents who fell in the last 30 days.
Lakeridge Gardens aims to improve the percentage of residents who fell from 19.4% to 16.5%.

Change Ideas	Process Measure	Target for 2025/26
Implementation of RNAO Clinical Pathways Group 1 modules; Admission, Resident and Family Centred Care, and Delirium Clinical Pathways	Percentage of persons participating in developing their personalized plan of care	100% of residents participate in developing their personalized plan of care

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 2.9% to 2.3%.

Change Ideas	Process Measure	Target for 2025/26
Implement Standard Work for Skin and Wound Care Champions including auditing	Percent of compliance from Pressure Injury Prevention and Management Quality Check	Overall compliance: 85%
Online Surge Learning Management System and vendor education sessions e.g. Smith & Nephew's	Percentage registered staff (RN/RPN) who attended education	100% staff attend education

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
Lakeridge Gardens will formalize a Restorative Care Committee to oversee the Restorative Care Program	Percentage of residents who have worsened in activities of daily living (ADLs); bed mobility, transfers, eating, and toileting	34%
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%