

## Access and Flow

### Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Lakeridge Gardens)	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	20.27	18.30	Target based on 10% reduction	Community Paramedicine LTC Plus

### Change Ideas

#### Change Idea #1 Antimicrobial Stewardship Program with focus on respiratory illnesses

Methods	Process measures	Target for process measure	Comments
a) Conduct baseline audit of the use of antibiotics for the treatment of respiratory illnesses b) implement evidence-informed practices of the assessment and management of respiratory illnesses i) registered and credentialed staff ii) monitor compliance with process steps through monthly home-wide Infection Prevention and Control Committee and Resident Home Area Daily Management System huddles	% residents with worsened or unchanged respiratory condition	2.6	Baseline 2.97 (PCC, Q3 25/26)

**Measure - Dimension: Timely**

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile ambulance offload time	P	Minutes / Patients	CIHI NACRS / December 1, 2024, to November 30, 2025, in alignment with the Pay for Results program	36.00	30.00	P4R Target	Durham Region Paramedic Services

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	Yes

**Change Ideas****Change Idea #1** Implementation of new version of Daily Management System (DMS)

Methods	Process measures	Target for process measure	Comments
Monitor ambulance offload time (AOT) performance, identify the key Pareto drivers preventing the target from being achieved, and use these insights to guide improvement initiatives.	Audit AOT standard work adherence when weekly average is above target	Audit completed 100% of the time the weekly average is above target	The new DMS supports daily review of key Pareto drivers, which will help teams to regularly focus on areas that may be preventing the target from being achieved.

**Measure - Dimension: Timely**

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department length of stay for nonadmitted patients with low acuity	P	Hours / ED patients	CIHI NACRS / December 1, 2024, to November 30, 2025, in alignment with the Pay for Results program	5.55	5.00	Target is 10% improvement from current year's performance	Ontario Health at Home, Community Care Durham, Lighthouse

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	Yes

**Change Ideas**

## Change Idea #1 Diagnostic Imaging (DI) turnaround times

Methods	Process measures	Target for process measure	Comments
Reviewing queuing patterns in DI and matching resources to demand	Monitor CT 90p Turnaround Time (ED-DI)	150 minutes for CT Turnaround	

**Measure - Dimension: Timely**

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department length of stay for nonadmitted patients with high acuity	P	Hours / ED patients	CIHI NACRS / December 1, 2024, to November 30, 2025, in alignment with the Pay for Results program	7.50	6.75	Target is 10% improvement from current year's performance	Ontario Health at Home, Community Care Durham, Lighthouse

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	Yes

**Change Ideas**

## Change Idea #1 Diagnostic Imaging (DI) turnaround times

Methods	Process measures	Target for process measure	Comments
Reviewing queuing patterns in DI and matching resources to demand	Monitor CT 90p Turnaround Time (ED-DI)	150 minutes for CT Turnaround	

## Change Idea #2 ED Admission Avoidance

Methods	Process measures	Target for process measure	Comments
Work with community partners to support discharge from ED in a safe and timely manner	Monitor # of referrals to Community Care Durham and Lighthouse each month	90 referrals per month	

**Measure - Dimension: Timely**

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
90th percentile emergency department wait time to physician initial assessment	P	Hours / ED patients	CIHI NACRS / December 1, 2024, to November 30, 2025, in alignment with the Pay for Results program	3.90	3.50	Target is 10% improvement from current year's performance	

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	Yes

**Change Ideas**

Change Idea #1 Optimize Physician Assistant (PA) / ED Nurse Practitioner (NP) / Geriatric Emergency Management (GEM) NP schedule

Methods	Process measures	Target for process measure	Comments
Aligning PA, ED NP and GEM NP schedule using queuing theory to best match schedules to patient arrivals	Monitor # of schedule vacancies	90% schedule coverage	

**Measure - Dimension: Timely**

Indicator #9	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 / April 1, 2024, to March 31, 2025 (i.e., FY 2024)	71.64	57.00	Target is 20% improvement from current year's performance	Ontario Health at Home, Community Care Durham, Lighthouse

Is this indicator related to:	
Emergency Department Return Visit Audits	No
Executive Compensation	Yes
Pay-for-Results Action Plan	Yes

**Change Ideas****Change Idea #1 Standardize discharge process for all medical units**

Methods	Process measures	Target for process measure	Comments
1. Roll out education to all medicine units on new standardized discharge process 2. Audit adherence to new standardized discharge process	1. Education rolled out to all medicine units 2. Develop acute medicine dashboard to track process measures (e.g. EDD within 24 hours of transfer in and Blaylock compliance) and outcome measures (e.g. % of inpatient discharges before 2 pm and time from discharge order to discharge)	1. Completed by June 30, 2026 2. Completed by June 30, 2026	

## Experience

### Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "Ability to make independent decisions regarding plan of care" (Lakeridge Gardens)	C	% / LTC home residents	In house data collection / 2025	77.90	85.00	10% improvement for 2025 results	RNAO / PointClickCare

## Change Ideas

### Change Idea #1 Restorative Care

Methods	Process measures	Target for process measure	Comments
a) Implement restorative locomotion and eating program with i) registered and non-registered staff education ii) Restorative Care Leads training of assessment, care planning, and interRAI coding b) Monitor enrolment and process steps through monthly home-wide Restorative Care Committee and Daily Management System huddles	% Residents Whose Mid-Loss ADL Functioning (Transfer and Locomotion) Worsened or Who Remained Completely Dependent in Mid-Loss ADLs (ADL5A)	34.3	Baseline 47.86% (PCC Q3 25/26)

## Change Idea #2 Implementation of RNAO Palliative and End-of-Life Care Clinical Pathways

Methods	Process measures	Target for process measure	Comments
a) Implement training and education plan for all registered and credentialed staff of the palliative and end-of-life clinical pathway including screening, assessment, care planning, and intervention b) Monitor compliance with process steps through monthly home-wide Pain and Palliative Care Committee and Daily Management System huddles	% participants in care conferences who were satisfied with their involvement	97%	93% (In house data FY 25/26)

## Safety

### Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Lakeridge Gardens)	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	12.65	14.00	5% improvement as current performance is better than national and provincial average. Internal current performance indicates 14.9%.	RNAO/ PointClickCare

### Change Ideas

#### Change Idea #1 Implementation of RNAO Falls Clinical Pathway

Methods	Process measures	Target for process measure	Comments
a) Implement training and education plan for all registered and credentialed staff on the RNAO Falls Clinical Pathway including screening, assessment, care planning, and intervention b) monitor compliance with process steps through monthly home-wide Falls Injury Prevention and Least Restraint Committee and Resident Home Area Daily Management System huddles	% residents at risk for falls who received a comprehensive falls assessment	100%	

## Change Idea #2 Person-Centred Routine Fracture preVENTion (PREVENT) Trial

Methods	Process measures	Target for process measure	Comments
a) Deliver education on the PREVENT trial to frontline teams through the use of Daily Management System b) Implement interventions based on assigned intervention group c) Routinely submit data collection	% of residents at risk for falls with a documented mutli-factorial fall prevention or injury reduction plan	100%	

**Measure - Dimension: Safe**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened (Lakeridge Gardens)	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	2.62	2.30	Provincial average	

**Change Ideas**

## Change Idea #1 Implementation of the PointClickCare ChartPic

Methods	Process measures	Target for process measure	Comments
a) Implement training and education plan for all nurses and personal support workers b) monitor compliance with process steps through monthly home-wide Skin and Wound Committee and Resident Home Area Daily Management System huddles	% of residents at risk for falls with a documented multi-factorial pain management plan	100%	

## Change Idea #2 Implementation of RNAO Pain Clinical Pathway

Methods	Process measures	Target for process measure	Comments
a) Implement training and education plan for all registered and credentialed staff b) monitor compliance with process steps through monthly home-wide Skin and Wound Committee and Daily Management System huddles	% residents with worsened pain	8.3%	Baseline 9.24% (PCC Q3 25/26)