

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 27, 2025



## OVERVIEW

Guided by our vision of One System. Best Health. and supported by a dedicated team of more than 8,700 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.

Our Quality Improvement Plan (QIP) is part of our broader quality agenda and is directly aligned with our efforts to improve both the both quality of care, and the experience of the patients, residents, and clients we care for, through the six dimensions of quality: care that is patient-centred, safe, timely, effective, efficient, and equitable. It includes indicators that drive improvement and are aligned with the corporate measures identified in our 2025/2026 Annual Business Plan (ABP).

The organization is further positioned to improve the quality of care delivered at Lakeridge Health through the achievement of Accreditation Canada's Required Organizational Practices, the use of evidence-based quality-based procedures to promote standardized care for patients, and the optimal use of safety incident data to provide insights and actions into our quality agenda at the program and organizational level.

In developing the QIP, Lakeridge Health benchmarks performance against established performance standards, drawing from 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 2025/2026 QIP indicators represent key areas of quality

improvement for the organization and are designed to ensure we are focused on organizational priorities and planned and/or current initiatives. By committing to measure the progress gained toward stated targets, assessing the impact of various change initiatives on an ongoing basis, and identifying lessons learned regarding measurement and implementation throughout the year, Lakeridge Health will optimize its improvement impact on the most salient metrics and, in so doing, improve quality and safety outcomes for patients, residents, and clients, and their families, as well as team members.

The following priorities were approved by the Quality Committee of the Board of Trustees for inclusion in Lakeridge Health's 2025/2026 QIP. The indicators are:

#### Hospital:

- Number of workplace violence incidents resulting in lost time or health care sought.
- Daily average number of patients waiting in the emergency department for an inpatient bed at 8 am.
- 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?
- Percentage of front-line staff in ED and Surgery who have completed relevant IDEAA education.

#### Long-Term Care:

- Rate of potentially avoidable emergency department visits for long-term care residents
- Percentage of long-term care residents who fell in the last 30 days
- Percentage of residents with a worsened stage 2-4 pressure ulcer
- Percentage of residents who responded positively to having a

voice in participating in care planning decisions and services received

## ACCESS AND FLOW

Lakeridge Health remains focused on optimization of capacity, access, and flow across the organization. In the past year, Lakeridge Health has put significant emphasis on working with internal and external partners to influence and facilitate patient flow.

Some examples include:

- Collaboration with external stakeholders to support discharge home directly from ED and the inpatient units when patients no longer require acute care services;
- Continuing to build collaborative relationships with regional acute care organizations to standardize approaches and efficiencies;
- Implementation of an overcapacity protocol to facilitate movement out of ED to inpatient units when volumes are meet set trigger points;
- Working with clinical programs to define processes to support flow and access to care;
- Focused efforts towards reduction of Alternate Level of Care volumes

Our efforts help to improve the patient experience, prevent unnecessary lengths of stay, and ensure access to the right care, in the right place, at the right time.

## EQUITY AND INDIGENOUS HEALTH

Lakeridge Health is committed to improving equity, cultural safety, and health outcomes for Indigenous communities in Durham and the Central East Region. With support from a two-year Ministry of

Health grant, the Central East Indigenous Cancer Program (CE ICP) has developed a two-day Indigenous Cultural Safety Training course, designed for Lakeridge Health staff and regional healthcare providers. This training fosters understanding and respect for Indigenous traditions, addressing barriers to care.

A second grant has enabled the CE ICP to conduct an environmental scan of palliative care services for Indigenous patients and caregivers. Through ongoing interviews with patients, families, and healthcare partners, the program is identifying gaps in care and developing strategies to enhance services.

Guided by the Indigenous Expert Committee and grounded in the 7 Grandfather Teachings, Lakeridge Health has also drafted an Indigenous Health Strategy. Key initiatives include:

- Delivering cultural safety training.
- Creating Sacred Fire Spaces to support spiritual practices.
- Showcasing Indigenous art throughout facilities.
- Incorporating Indigenous perspectives into the Bowmanville redevelopment project.

In collaboration with community organizations, the Central East Regional Cancer Program hosts culturally responsive cancer screening events, such as Indigenous screening days. These initiatives address systemic barriers and ensure equitable access to culturally affirming cancer care.

Through these efforts, Lakeridge Health is working to build stronger relationships with Indigenous communities and create a healthcare environment that respects and honors their unique needs and traditions.

Inclusion, Diversity, Equity, Accessibility and Anti-Racism (IDEAA).

Inclusion, Diversity, Equity, Accessibility and Anti-Racism (IDEAA): Lakeridge Health is committed to advancing equity and fostering cultural safety through our IDEAA (Inclusion, Diversity, Equity, Anti-Racism, and Accessibility) program as part of our Multi-Year Action Plan. Over the past year, we have driven key quality improvement initiatives to enhance equitable care, focusing on three main areas: improving care for patients with Sickle Cell Disease (SCD) in our emergency departments (EDs), implementing the Health Equity Impact Assessment (HEIA) tool, and expanding education on equity across our leadership and teams.

#### Advancing Care for Sickle Cell Disease in the ED

To ensure equitable care for individuals with SCD, we have implemented critical changes:

- Expedited Care: Adjustments to the ED triage system now prioritize "Sickle Cell Crisis" to help meet the provincial quality standard of administering pain medication within 30 minutes of arrival.
- Enhanced Tools: We've finalized the purchase of vein viewers to improve the success rates of venipunctures and IV initiation, addressing challenges often faced by patients with darker skin tones or deeper veins.
- Standardized Procedures: Work is underway to develop a Standard Operating Procedure (SOP) for managing sickle cell vaso-occlusive episodes, aiming to standardize and improve care delivery.

These efforts are currently focused on the Ajax Pickering ED and will expand to other ED sites during the 2025/2026 fiscal year.

**Implementing the Health Equity Impact Assessment (HEIA) Tool**  
To integrate equity considerations into our work, we adopted and customized the CAMH HEIA tool. This tool guides the development and review of policies, procedures, and guidelines to ensure they address barriers to equitable care and consider equity-deserving populations. This initiative will continue to grow and influence decision-making into 2025/2026.

#### Expanding Equity Education

Equity education has been embedded into our Annual Business Priorities (ABP), requiring all leaders to complete at least four of six IDEAA modules. These modules provide foundational knowledge on the diverse populations we serve and are integrated into equity-driven initiatives like the Sickle Cell work.

Key achievements include:

- **Inclusive Leadership:** Over 220 leaders have completed Inclusive Leadership training as part of the Daily Management System (DMS).
- **Facilitated Debriefs:** Departments such as Healthy Aging and Medicine have requested debrief sessions to deepen their understanding of IDEAA learnings.
- **Frontline Education:** For the 2025/2026 fiscal year, equity education requirements will expand to include frontline teams in the ED and Surgery, building broader organizational knowledge and engagement.

Through these initiatives, we are driving meaningful progress toward equitable care and cultural safety, ensuring our systems and teams meet the unique needs of our diverse communities.

## PATIENT/CLIENT/RESIDENT EXPERIENCE

Lakeridge Health collects experience information to guide

improvement activities from a variety of sources such as patient and resident experience surveys, compliments, complaints, Leader rounding, program Patient and Family Advisor (PFA) Councils, and PFA presence on councils, committees and working groups, as well as Resident and Family Council.

Lakeridge Health launched the Ontario Hospital Association (OHA) Patient Experience surveys in April 2023. The surveys are offered to patients who have been discharged from the Medicine, Surgery, Healthy Aging and the Women's and Children's programs, as well as patients who have visited the Emergency Department. To ensure equitable access, patients can participate in the survey via QR code, weblink, email, or in person with the assistance of a survey volunteer. We are collecting and sharing this data with program leadership weekly to promote real time quality improvement.

The data, along with themes from compliments and complaints, is also shared with program leadership quarterly for use at program councils and 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 2024/2025 fiscal year.

For clinical programs where an OHA survey is not available, the program is participating in other regulatory survey programs or in-house surveys to obtain experience information to inform quality improvement initiatives. The information shared from patients through the surveys as influenced the development of standardized unit orientation in the Medicine and Healthy Aging programs, improved the use of the After Visit Summary, prompted the relocation of a clinic to a less triggering area of the hospital,

enhanced discharge education for new parents, the co-design of the Essential Partners-in-Care program at Lakeridge Gardens, and triggered an improvement event in the Emergency department to ensure patient privacy during assessments. Lakeridge Health has a robust PFA program engaged in all programs across the organization – from working groups to members of the Quality Committee of the Board of Trustees. The PFAs participate in quality improvement through document creation and revision, policy development, physical space changes, program and organization strategic planning, working groups, general orientation, and staff recruitment.

## PROVIDER EXPERIENCE

To support Lakeridge Health's annual priority to be a workplace of choice, several quality improvement initiatives are underway for FY 2025/2026. These initiatives aim to enhance team experience and strengthen recruitment and retention efforts for a healthier workplace.

- **Workforce Optimization:** Expand Master Rotation planning across Lakeridge Health to optimize daily staffing needs and improve future recruitment forecasting. Strengthen workforce planning by streamlining centralized scheduling activities and continuous evaluation of rotations to plan for future expansion. For Credentialed Staff, an annual forecasting process has been approved by the Medical Advisory Committee and adopted through department Chiefs and Program Directors working closely with Medical Affairs to appropriately plan for current and future needs.
- **Talent Management:** This strategy aims to create an integrated talent framework by aligning key foundational initiatives led by People Services including new compensation structure, job titling, and the development of an organizational competency framework.

In collaboration with Organizational Development (OD), implementation of performance development plan, succession planning, talent reviews, and the LEADS-based leadership capability framework and training will lead the way forward. The Credentialed Staff Leadership Policy Framework working Group defines development plan for Medical Affairs (MA).

- **Workplace Culture:** Lakeridge Health has made Inclusion, Diversity, Equity, Accessibility, and Anti-Racism (IDEAA) a top priority. In July 2023, we launched a three-year IDEAA Action Plan to formally embed these principles across the organization. The IDEAA Multi-Year Action Plan builds on our foundational work and deep engagement with the community, solidifying our commitment to advancing IDEAA throughout every aspect of our operations.
- Wellness: 'Code Lavender' is a support initiative for teams following a stressful event in which there is a need for immediate emotional or psychological support. Once initiated, timely, compassionate and trauma-informed care will be provided to support teams that are experiencing distress. By integrating these strategies into our organizational framework, Lakeridge Health is committed to attracting, retaining, and empowering top healthcare talent, fostering exceptional patient care and a thriving workplace environment.

## SAFETY

Patient safety programs and initiatives are a major focus for Lakeridge Health. Since go live of our new Clinical Information System (EPIC) in 2022, a priority for the hospital has been to reduce medication related patient safety incidents through utilization of bar code technology; specifically utilizing Bar Code Medication Administration (BCMA) functionality directly linked to EPIC. With this technology, nurses scan medications verifying the correct type and dose as well as verifying it is administered to the correct patient.

Although overriding medication and patient scanning is at times necessary, there is considerable effort needed to ensure clinical staff fully utilization this technology. Through the use of a corporate quality improvement approach, and by using novel mechanisms to audit and observe staff utilizing BCMA, a quality improvement initiative led by the professional practice department has shown to be extremely effective in improving medication safety.

95% BCMA compliance is widely considered the benchmark for acute care hospitals. Lakeridge Health's BCMA compliance has now risen significantly and is approaching the benchmark level consistently at or above 92% setting the stage for on-going medication safety practices across all hospitals. The lessons learned from this hospital-wide quality improvement initiative are being applied to many other patient safety challenges such as patient falls and hospital acquired pressure injuries.

## PALLIATIVE CARE

Lakeridge Health is known for our well-established and successful palliative care program. Lakeridge is committed to improving our

palliative care program through identification of gaps in optimizing the standards outlined in Palliative Care: Care for Adults with a Serious Illness (2024), and addressing those with new initiatives that are based on best practices. These initiatives aim to improve the palliative care knowledge of our care providers, improved identification of patients that would benefit from the palliative care approach to care and patient focused end of life care for our patients that have minimal or no support.

Quality Statement 1: Identification and Assessment of Needs & Quality Statement 4: Goals-of-Care Discussions and Consent: Early identification and Intervention with Hospital One – Year Mortality Risk (HOMR) to go live 2025 on two medical units at two of the Lakeridge Health sites, Oshawa, and Ajax. Implementing the HOMR tool will proactively identify patients who may benefit from palliative care. For example, an elderly patient with advanced COPD may be flagged during their admission. This early intervention allows the palliative care team to initiate conversations about goals of care, introduce symptom management strategies and support advanced care planning improving the patient's quality of life and avoiding unnecessary aggressive treatments.

Quality Statement 1: Identification and Assessment of Needs & Quality Statement 6: Management of Pain and Other Symptoms As an RNAO Best Practice Spotlight Organization (BPSO), Lakeridge has demonstrated their commitment to providing evidence based palliative care. By integrating RNAO Best Practice Guidelines, such as pain and symptom management leads to enhanced patient outcomes. The implementation of standardized assessment tools and interdisciplinary collaboration, while addressing emotional and spiritual needs will ensure a more peaceful and comfortable end of

life experience.

Quality Statement 8: Psychosocial Aspects of Care Compassionate End of Life Support with the No-one-dies-alone (NODA) Initiative. Through the (NODA) program Lakeridge (Ajax) ensures that patients without family or social support do not pass away alone. Through the NODA program, trained volunteers provide a comforting presence in someone's final days, this initiative exemplifies Lakeridge's commitment to dignity and human connection at end of life.

These examples highlight how Lakeridge integrates proactive identification, evidence-based practices, and compassionate care to enhance the palliative care experience for patients and families.

## POPULATION HEALTH MANAGEMENT

Lakeridge Health is committed to improving population health through proactive and preventative measures, focusing on the social determinants of health. Leveraging healthy relationships with our community partners, Lakeridge Health is co-designing proactive, integrated and equitable solutions to improve the health needs of our community.

Efforts to improve cancer screening rates focus on community engagement initiatives, partner collaboration, and capacity building. Examples include:

- Offering facilitated training for health-care providers to increase screening capacity.
- Maintaining sustainable cancer screening pathways for unattached patients.
- Delivering public education sessions on chronic disease

prevention and cancer screening eligibility.

- Attending large community events, such as Ontario Hockey League (OHL) games, to broaden the reach of cancer prevention and screening messaging.
- Leveraging social media to expand awareness of chronic disease prevention and cancer screening.
- Collaborating with community partners to offer cancer screening and education events for underserved populations.
- Organized a cancer screening, education, and wellness event tailored to the unique needs of the Black communities in Durham.

As the Lead Agency for the Durham Ontario Health Team (DOHT), Lakeridge Health supports population health through integrated clinical pathways for chronic disease management. With the DOHT, we have launched the Chronic Obstructive Pulmonary Disease (COPD) Integrated Clinical Pathway and enhanced the Chronic Heart Failure Pathway. In partnership with the Medicine program, the DOHT is implementing Best Care, an evidence-based, primary care-led integrated chronic disease management model. This model leverages nurses and RRT's as case managers to provide the primary care component of pathways.

The community's Mental Health and Addiction (MHA) needs are addressed collaboratively with the Integrated Planning Committee (IPC). The IPC is a guiding and advisory body co-chaired by Lakeridge Health. The IPC brings together cross-sectoral organizations to co-develop strategies that meet the community's needs. To ensure timely access to MHA supports within Lakeridge Health, clients and patients receive an assessment within two business days of referral through Central Connect, a centralized referral system introduced in 2023. Additionally, the MHA program

partners with various community agencies to provide localized support in priority neighborhoods, including Backdoor Mission and 1635 Dundas Street, two local shelters for the unhoused population.

The IDEAA program at Lakeridge Health (LH) is proud to partner with Durham Community Health Centre (DCHC) to launch the Durham Sickle Cell Wellness Services. This initiative is dedicated to addressing the unique needs of individuals living with Sickle Cell Disease (SCD) in our community. Our initial focus is on establishing a mobile clinic to bring care directly to patients where they live, reducing emergency department visits by providing acute pain management on-site. Additionally, we aim to connect patients and their families with comprehensive wraparound services, including mental health support, primary care, and referrals to specialized services such as chronic pain management.

### **EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)**

In last year's submission (based on 2023 audits), an opportunity was identified to improve the rate of adoption of an Acute Coronary Syndrome (ACS) algorithm and improvement in Triage to ECG times. For the Triage to ECG initiative, the goal was to reduce Triage to ECG times in alignment with policy of 10 minutes or less. Two PDSA cycles were completed with changes to the physical layout and use of existing space, development of standard work and changes to workflow to support improvement in Triage to ECG times. The team continues to improve this metric through consistent monitoring and discussion at the daily management system huddles, providing timely feedback to teams and supporting root cause analysis as appropriate.

Regarding the ACS algorithm, the initiative is still in-progress. An environmental scan and literature review have been completed to support the development of an evidence-based ACS algorithm. The team is planning to complete a root cause analysis to understand variations in physician and nursing practice and develop strategies to support adoption of the ACS algorithm.

#### **Lakeridge Health Ajax Pickering Hospital**

In the chart audit, five sentinel cases were reviewed including 1 patient with a myocardial infarction who left without being seen, a case of pediatric sepsis, a sepsis/foot ulcer case, pneumonia/respiratory failure case that resulted in death and one AAA rupture. The two most common quality issues identified in this year's audit include delayed diagnosis secondary to lack of ultrasound imaging at night and concerns related to elder care related to discharge decision/disposition, management of patient and suboptimal discharge follow up. Based on the findings, the team will be looking to collaborate with the geriatrics team to understand best approach to supporting elderly patients who are living independently in the community, safe discharge home with community supports in place and to facilitate adequate disposition and follow up.

#### **Lakeridge Health Bowmanville Hospital**

In this year's audits, the most common quality issues that were identified include concerns with elderly or complex patients, consultant decisions or availability and lack of recognition of potentially higher risk, recognizing ACS in the context of normal troponin. Elder care was identified as a common quality issue across all sites and work will be underway to understand the current state

to support planning of related improvement initiatives.

#### Lakeridge Health Oshawa Hospital

In this year's audits, quality issues that were identified include recognizing ACS in context of normal troponin and ECGs, patients leaving without being seen or against medical advice and early discharge from geriatrics. The team will continue to the improvement plan with the goal of consistent adoption of the Acute Coronary Syndrome (ACS) algorithm across the program. The next steps for this work include completing a root cause analysis to understand barriers to application of the algorithm in current state. The team anticipates that education and training related will be required to support this initiative. Regarding patients who are leaving without being seen or against medical advice, there is current work underway including addition of another physician shift and optimizing one of high flow areas of the ED. A work plan has already been established and will be included in the ED annual program plan. Additionally, prioritizing elder care has been identified as a common quality issue across all sites and further steps will be taken to understand current state to support improvement initiatives.

## EXECUTIVE COMPENSATION

As part of the 2025/26 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 2025/26. These indicators will be monitored through both the QIP and the organization's corporate scorecard. Performance-based compensation will be commensurate with the degree of success achieved in the meeting of improvement targets. 4 of the of the 7 QIP targets will be assigned to all executives eligible for Pay for Performance. These indicators include Number of workplace violence incidents resulting in lost time or healthcare sought, Daily average number of patients waiting in the emergency department for inpatient bed at 8 am. Percentage of front-line staff who complete IDEAA education and, % of patients who felt they received enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?

**CONTACT INFORMATION/DESIGNATED LEAD**

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Board Chair Cordelia Clarke-Julien (signature)

Board Quality Committee Chair [Signature] (signature)

Chief Executive Officer [Signature] (signature)

EDRVQP lead, if applicable \_\_\_\_\_ (signature)

**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