

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #10	22.93	20	25.58	-11.56%	NA
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents. (Lakeside LTC Centre)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Recruit NP for the home to assist with the wound management program and overview medical needs of the residents.

Process measure

- # of suitable applicants # of successful interviews. # of offers made.

Target for process measure

- NP hired and working onsite by August 31, 2024

Lessons Learned

Unable to recruit an NP due to sector wide shortages.

Change Idea #2 Implemented Not Implemented

Improve the management of UTIs

Process measure

- # of registered staff educated. # of residents who are appropriately treated with antibiotics.

Target for process measure

- Implement Public Health Ontario's UTI program by May 31, 2024

Lessons Learned

Due to turnover of nursing management the home was unable to work on this.

Comment

Due to other priorities in the home, they will not focus on this indicator for the upcoming year.

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year		
Indicator #9	80.50	85	88.90	--	NA
Percentage of residents who recommend the home (Lakeside LTC Centre)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Create more of a family/home like environment.

Process measure

- # of staff appreciation events # of activities and meals from featured countries each month.

Target for process measure

- August 31, 2024

Lessons Learned

Staff appreciation events were held.

Change Idea #2 Implemented Not Implemented

Improve continuity of staff in the home by filling all open positions.

Process measure

- # of staff hired each month in nursing. # of interviews done.

Target for process measure

- Part Time PSW positions to be filled by July 1, 2024

Lessons Learned

Difficult due to constant change in DOC.

Comment

Exceeded expectations.

	Last Year		This Year		
Indicator #8 Percentage of residents who are satisfied with the food and beverages. (Lakeside LTC Centre)	46.50 Performance (2024/25)	68 Target (2024/25)	63.90 Performance (2025/26)	-- Percentage Improvement (2025/26)	NA Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improve the menu choices for the residents.

Process measure

- # of resident suggestions incorporated into the spring/summer menu.

Target for process measure

- New menu to be in place by June 30, 2024

Lessons Learned

Many revisions were made to the menu in 2024.

Change Idea #2 Implemented Not Implemented

Improve the presentation of foods for meals.

Process measure

- # of dining room audits completed each month on all floors. # of deficiencies identified

Target for process measure

- Presentation of show plates to be improved by May 31, 2024

Lessons Learned

Dining room audits were being conducted frequently in the early part of 2024, but management turnover has made this challenging.

Comment

Will continue to work on improving.

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of residents satisfied with communication from home leadership (Lakeside LTC Centre)	50.00	70	62.90	--	NA

Change Idea #1 Implemented Not Implemented

Communicate operational changes in a timely manner to residents and families.

Process measure

- # of emails sent out each month to families, residents and staff # of operational issues each month

Target for process measure

- Regular communication with residents and families by April 30, 2024

Lessons Learned

Management team turnover has made this challenging. Home is having difficulty filling management positions.

Comment

Will continue to work on communication.

Indicator #3	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of families who recommend the home . (Lakeside LTC Centre)	69.70	80	60.50	--	NA

Change Idea #1 Implemented Not Implemented

Implement Family and staff events every 6 months.

Process measure

- # of staff, residents and families attending Family event.

Target for process measure

- At least 1 Family/Staff event completed by July 31, 2024

Lessons Learned

Unable to implement due to staff turnover.

Indicator #2	Last Year		This Year		Target (2025/26)
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	
Percentage of families who are satisfied with the variety and timing of spiritual care services. (Lakeside LTC Centre)	32.00	50	50.00	--	NA

Change Idea #1 Implemented Not Implemented

Spiritual care services will provided to a wider range of denominations.

Process measure

- # of Catholic spiritual care visits # of non-denominational spiritual care visits # of residents attending non-denominational services.

Target for process measure

- September 30, 2024

Lessons Learned

We had more availability of communion, 1:1 visits by different denominations which was successful and will continue.

Comment

We met our target. We will not be focusing on this indicator for the upcoming year.

Indicator #1	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of families who are satisfied that the resident has input into recreation programs. (Lakeside LTC Centre)	26.30	50	41.40	--	NA

Change Idea #1 Implemented Not Implemented

Programs is implementing new activities in the home.

Process measure

- # of residents participating in Java Music Club # of Java Music sessions each month.

Target for process measure

- New program to be fully implemented and well attended by June 30, 2024

Lessons Learned

The Java Music Club was introduced to the home.

Comment

There was some improvement in this, but it will continue to be a focus in 2025 as we develop more programs for the cognitively intact residents.

Safety | Safe | **Optional Indicator**

Indicator #4	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Lakeside LTC Centre)	10.84	10	10.20	5.90%	10

Change Idea #1 Implemented Not Implemented

Complete medication reviews of residents who fall.

Process measure

- # of medication reviews related to resident falls. # of medication changes as a result of reviews.

Target for process measure

- New process to be in place by June 1, 2024

Lessons Learned

Home did not implement Referral system in PCC to be able to alert pharmacist.

Comment

Will work on this for the upcoming year.

Indicator #6	Last Year		This Year		
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Lakeside LTC Centre)	28.65	12	10.80	62.30%	10
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improve PSW involvement in BSO and residents with responsive behaviours.

Process measure

- # of PSWs attending BSO rounds. # of residents reviewed. # of non-pharmacological interventions initiated.

Target for process measure

- BSO Rounds will take place on all floors by April 30, 2024

Lessons Learned

BSO rounds done.

Change Idea #2 Implemented Not Implemented

2. Implement Dementiability program on 2nd floor

Process measure

- # of PSWs educated. # of new Dementiability activities added to 2nd floor. # of care plans updated to include Dementiability interventions.

Target for process measure

- Dementiability program will be implemented on 2nd floor by June 30, 2024

Lessons Learned

Was partially implemented. One of the trainers for Dementiability resigned from the home.

Comment

The home will continue to focus on this indicator.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #5	3.51	2.56	3.00	--	NA
Percentage of LTC residents with a worsening St.II-IV pressure wound (Lakeside LTC Centre)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Improve preventative skin care of residents.

Process measure

- # of PSW attending virtual sessions. # of residents with Cavulon at bedside.

Target for process measure

- December 1, 2024

Lessons Learned

PSW staff did attend virtual session with provider.

Change Idea #2 Implemented Not Implemented

Improve registered staff assessment skills.

Process measure

- # of registered staff attending Health Care Academy sessions. # of registered staff educated by NSWOC,WOCC(C) consultant from corporate.

Target for process measure

- August 31, 2024

Lessons Learned

NSWOC did provide education on site to registered staff in 2024.

Comment

We will continue to work on this indicator as we are not meeting corporate target.