Safety | Safe | Custom Indicator

Indicator #1

Percentage of residents initiated on antibiotics after proper assessment by registered staff and with actual diagnosis of urinary tract infection (Lakeland LTC Services Corporation)

Last Year		This Year		
CB	100	100.00	--	NA
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Will implement utilizing Public health Ontario's antimicrobial stewardship tool

Process measure

- Percentage of residents assessed by registered staff using Public health Ontario's antimicrobial stewardship tool for urinary tract infections upon symptom presentation

Target for process measure

- 100% of residents will be assessed using Public health Ontario's antimicrobial stewardship tool upon symptom presentation prior to communicating with physicians

Lessons Learned

Implemented Public Health Ontario's antimicrobial stewardship tool for all residents successfully who present with symptoms of UTI

Comment

Will continue to utilize the antimicrobial stewardship tool to effectively communicate the investigation results of all residents presenting with UTI symptoms

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #2	**CB**	**80**	**NA**	**--**	**NA**
Percentage of residents who respond positively to the statement : I enjoy my dining experience (Lakeland LTC Services Corporation)	Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Identifying opportunities to increase residents autonomy in cooking their own choice of food safely with in their capacity

Process measure

- % of residents who express- "I enjoy my dining experience"

Target for process measure

- 80% of residents will express- "I enjoy my dining experience"

Lessons Learned

Implemented residents cooking their own food in the private dining room within safety parameters.

Comment

Will continue to encourage residents who wish to cook their own food to enhance the dining experience within safety parameters.

Equity | Equitable | Optional Indicator

	Last Year		This Year		
Indicator #3	**89.53**	**100**	**91.67**	**2.39%**	**100**
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Lakeland LTC Services Corporation)	**Performance (2025/26)**	**Target (2025/26)**	**Performance (2026/27)**	**Percentage Improvement (2026/27)**	**Target (2026/27)**

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Lakeland will continue to work towards achieving the target of 100% completion of Equity, Diversity and Inclusion education module on Surge Learning by all staff

Process measure

- Percentage of staff who complete Equity, Diversity and Inclusion education module on surge learning

Target for process measure

- 100 % of staff will complete Equity, Diversity and Inclusion education module on surge learning

Lessons Learned

Has achieved 91.9% of completion of basic EDI training on surge learning by staff

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Lakeland Will continue to work towards improving the score as per created action plan (using CLRI tool kit) in the prevailing practices of Equity, diversity and inclusion

Process measure

- Equity, diversity and inclusion prevailing practices score improvement

Target for process measure

- Score will improve in each area of the prevailing practice to 25-50% post implementation of the action plan.

Lessons Learned

Two of the leadership members have successfully completed train the trainer advanced education for EDI.

Comment

Will start training all the employees for advanced EDI education in 2026

Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #4	**33.56**	**20**	**32.64**	**2.74%**	**20**
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Lakeland LTC Services Corporation)	**Performance (2025/26)**	**Target (2025/26)**	**Performance (2026/27)**	**Percentage Improvement (2026/27)**	**Target (2026/27)**

Change Idea #1 ☐ Implemented ☑ Not Implemented ☐ In Progress

Lakeland long-term care is currently working on “Elevate initiative” which is designed to elevate all staff to work to their full scope of practice.

Process measure

- Percentage of staff involvement in Elevate initiative

Target for process measure

- 100% of the staff will be involved in Elevate initiative

Lessons Learned

Incorporated Elevate initiative in to day to day operations of the home

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Implementation of Public health Ontario's Antimicrobial stewardship tool

Process measure

- Percentage of residents for which Public health Ontario's Antimicrobial stewardship tool will be used to assess urinary tract infections upon symptoms presentation.

Target for process measure

- 100% of residents will be assessed for urinary tract infection upon symptoms presentation using Public health Ontario's Antimicrobial stewardship tool

Lessons Learned

Has successfully implemented Public Health Ontario's antimicrobial stewardship tool in effectively communicating the investigation results for residents presenting with UTI symptoms.

Comment

Will continue to use antimicrobial stewardship for assessing residents presenting with UTI symptoms before communicating wit the physician for further treatment.