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.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / Oct 1, 2023, to Sep 30, 2024 (Q3 to the end of the following Q2)	15.29	14.00	Kingsway Lodge hired a nurse practitioner in late 2022, and had a turnover at Administrator in 2024. With the operation stabilized and the residents better know to the nurse practitioner and medical team, Kingsway Lodge has the ability to improve the management of management of many conditions rather than using the Emergency Department to provide care, unless absolutely necessary.	

Change Ideas

Change Idea #1   Resident condition program review to better manage conditions and to promote improved ambulation, mobility, and activity.

Methods	Process measures	Target for process measure	Comments
Review of pharmacy/prescribers, physiotherapy, and nursing programs that contribute to resident condition. Align programs with improved emphasis on resident condition.	Number of residents who receive enhanced services dedicated to improving their condition (e.g., Restorative Care or walking program).	20% increase in resident interventions for improving condition by the end of Q3.	

Change Idea #2   Engagement with studies or trials that seek to assist or enhance resident condition, or prevent resident deconditioning or falls risk.

Methods	Process measures	Target for process measure	Comments
Administrator and Director of Care to investigate enrolment options with geriatric institutes for conditioning studies.	Number of new studies enrolled. Number of new practice initiatives as a result of study enrollment.	20% of residents with new conditioning interventions by the end of Q3.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents (or family members if resident lacks capacity) who responded "agreed" to, "the temperature in the home is comfortable."	C	% / Residents	In-house survey / April 2025- March 2026	68.00	90.00	Initiatives are being taken to improve the individual preferences of each resident for the temperature of their room, where a significant amount of time is spent. Also, information has been collected on cold spots in common areas, which can have temperature enhancements.	

Change Ideas

Change Idea #1	Installation of supplemental heat sources in resident rooms that can enhance the ambient temperature and provided consistency to warmth, especially in colder months of the year.

Methods	Process measures	Target for process measure	Comments
Administrator to investigate options for supplemental heaters that may be thermostat-controlled and wall-mounted.	Number of supplemental heaters installed in resident rooms (total of 49 rooms).	50% of heater goal installed in Q2 and the remaining 50% of heaters installed in Q3. Survey for resident experience with temperature taken at the end of Q3.	

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Change Idea #2 Reduction of common area "cold spots" through supplemental heaters or other heat-loss reduction initiatives.

Methods	Process measures	Target for process measure	Comments
Administrator to identify common area cold spots through feedback from staff, residents, and visitors. Use of HVAC enhancements, including vent blowers, window insulation, and wall-mounted heaters, to improvement heat ratings and consistency of warmth.	Number of common area cold spots remediated through HVAC enhancements.	90% of cold spots identified remediated through HVAC enhancements.	

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Overall satisfaction rating for Communication, as identified by 9 indicators in the annual resident and family satisfaction survey.	C	% / Residents	In-house survey / April 2025 - March 2026	93.00	98.00	While Kingsway Lodge has a high satisfaction rating for Communication, feedback has been provided that reassurance is needed that information is flowing to the appropriate people, and that the resident or family needs to receive outcome communication when a concern is raised.	

Change Ideas

Change Idea #1   Amend the Concern Process to explicitly require that the concerned person receives outcome communication.

Methods	Process measures	Target for process measure	Comments
Administrator to assess current policies, practices and protocols for communication about concerns to ensure that alignment is made with resident or family expectations for information.	Number of policies, practices, or protocols revised, or new policies introduced, to improve outcome communication with concerns. Number of staff members who receive the updates.	100% of relevant policies, practices, or protocols updated by the end of Q2, allowing for sufficient implementation time. 100% of impacted staff members updated on the new policies, practices, or protocols.	

Change Idea #2   Improvement to flow of information employee-to-employee, between employees and residents/family members, and from managers to their reporting staff members.

Methods	Process measures	Target for process measure	Comments
Administrator to consolidate information flow processes into a single flow document for use in any information-sharing situation.	Completion of information flow document. Number of staff who are trained or educated in information flow expectations.	One consolidated information flow document produced by the end of Q2. 100% of impacted staff updated by the start of Q3.	

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Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded "Agreed" to, "Food is served at the correct temperature (hot food is hot, cold food is cold."	C	% / Residents	In-house survey / April 2025 - March 2026	74.00	85.00	Meal satisfaction is a carry-over priority from last planning cycle. Food temperature satisfaction remains lower than desirable, and our organization has the resources to make further improvements in this area.	

Change Ideas

Change Idea #1   Improvement food warming equipment.

Methods	Process measures	Target for process measure	Comments
Administrator and Director of Dietary to assess current equipment for food warming, and make recommendations for equipment purchasing to better maintain food temperature.	Number of pieces of equipment replaced or new investments for food temperature quality.	Two new pieces of equipment purchased by Q3.	

Change Idea #2   Process improvements to reduce food temperature loss either in transporting or serving food to residents.

Methods	Process measures	Target for process measure	Comments
Administrator, Director of Dietary, and Director of Care to review food transportation and serving processes for improved efficiency, delivery times, and service to residents.	Number of process improvements made. Number of staff trained/retrained in food process improvements.	Three process improvements made by the end of Q2. 100% of impacted staff trained on new food transporting and serving strategies.	

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of new workplace safety initiatives adopted and successfully completed as part of the WSIB Excellence Program.	C	Number / Staff	In house data collection / April 2025 - March 2026	0.00	5.00	Kingsway Lodge has enrolled in WSIB's Excellence Program as a strategy to improve the culture of workplace safety. We may completed up to five initiatives per year as part of this program.	

Change Ideas

Change Idea #1   Adoption and completion of five new safety initiatives as part of WSIB's Excellence Program.

Methods	Process measures	Target for process measure	Comments
Administrator and the Health & Safety Lead will work with an approved consultation to determine areas of need and initiatives for adoption for the current planning year.	Number of initiatives adopted and successfully completed as per the criteria outlined by WSIB.	3 target measures adopted by Q1 and completed by Q3. 2 additional target measures identified by Q2 and completed by Q4.	