

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.	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)	15.66	15.00	Kingsway Lodge has highly competent nursing staff, which includes a nurse practitioner. This staff also has access to primary care physicians at the local clinic, who also work as ED physicians. The nursing staff is expected to managed routine conditions without dependence on transfer to ED.	

Change Ideas

Change Idea #1 Nurse practitioner review of conditions that led to admissions in the prior fiscal year.

Methods	Process measures	Target for process measure	Comments
File reviews by nurse practitioner.	Percentage of file reviews completed of resident ED presentations.	80% of files reviewed.	

Change Idea #2 Increased training for conditions that led to ED presentations.

Methods	Process measures	Target for process measure	Comments
Following file reviews, nurse and nurse practitioner training and education on common conditions that lead to ED presentations.	New education or trainings completed.	3 new trainings completed.	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	90.00	100.00	To meet Equity goals, all identified staff will be required to complete equity and diversity training.	

Change Ideas

Change Idea #1 Mandatory training directive issued by senior management to complete training.

Methods	Process measures	Target for process measure	Comments
Assigned training on the Surge Learning platform.	Review of completed trainings each month; reminder to non-compliant staff.	100% of assigned staff to complete.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who participate in recreational programming.	C	% / Residents	In house data collection / April 2026 - March 2027	95.00	98.00	Recreational programming is meant to be tailored to the individual needs and desires. The target challenges Recreational staff to find activities for difficult-to-program residents.	

Change Ideas

Change Idea #1 Review of residents currently receiving no programming or at risk with very few recreational programming.

Methods	Process measures	Target for process measure	Comments
Participation review through Welbi software platform.	Identified residents either not receiving programming or at risk for not receiving programming.	6 residents who require enhanced program planning.	

Change Idea #2 New programming implemented for residents either not receiving programming or at risk with reducing participation.

Methods	Process measures	Target for process measure	Comments
Programming options developed by Recreational staff.	Number of new programming developed to capture difficult-to-program residents.	6 new programming initiatives completed.	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents on nutritional supplements	C	% / Residents	In house data collection / April 2026 - March 2027	28.00	24.00	Kingsway Lodge seeks to adopt improved "food first" nutritional programs for more residents, where full nutrition is received from food, rather than supplements. Kingsway's dietitian and nurse practitioner are committed to this initiative.	

Change Ideas

Change Idea #1 Identification of residents who may be eligible for a Food First diet.

Methods	Process measures	Target for process measure	Comments
File review by Dietitian (for food and nutrition) and nurse practitioner (for medication and supplement).	File reviews completed.	10 residents reviewed.	

Change Idea #2 Resident diets changed to Food First, thereby eliminating the need for supplements.

Methods	Process measures	Target for process measure	Comments
Dietitian tracking of supplement use.	Total residents on supplements.	A reduction to 25% of residents using supplements.	

Safety

Measure - Dimension: Safe

Indicator #5	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	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	9.09	8.00	Kingsway Lodge is training additional staff in wound care management, allowing for greater knowledge in managing wounds.	

Change Ideas

Change Idea #1 Enhance wound management abilities.

Methods	Process measures	Target for process measure	Comments
Provide wound-specific training to staff members.	Number of staff members who attend wound-specific training.	2 staff members.	

Change Idea #2 New wound care initiatives put in place to further prevent or better manage wounds.

Methods	Process measures	Target for process measure	Comments
ADOC to complete review of wound management practices for opportunities for new initiatives.	Number of new wound care initiatives put in place.	4 new practices adopted.	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents in daily physical restraints	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	46.94	2.00	Significant changes have been made to restraint practices that have reduced restraint use significantly. This quality work will continue in 2026-27.	

Change Ideas

Change Idea #1 Amend restraint policy to improve accuracy of restraint program.

Methods	Process measures	Target for process measure	Comments
DOC or ADOC review current restraint policy and cross-reference with legislation and best practices to improve the foundation of the restraints program.	Adherence of new policy to legislation and best practices.	Amended restraint policy that successfully meets legislative and best practice requirements.	

Change Idea #2 Staff training on new restraints policy.

Methods	Process measures	Target for process measure	Comments
DOC and ADOC to identify a training program for staff to understand the new restraint parameters.	Percentage of care staff who receive restraints training.	100% of care staff to receive training.	

Change Idea #3 Audit of restraint use.

Methods	Process measures	Target for process measure	Comments
ADOC to design and implement an audit program to ensure restraint expectations are being met.	Number of audits completed per month.	58 audits completed per month (i.e., one per resident).	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff who have attended at least one IPAC huddle	C	% / Staff	In house data collection / April 2026 - March 2027	CB	85.00	IPAC training, education, and competency is a quality area of focus for 2026-27. Staff huddles are a key learning opportunity for staff to engage with IPAC topics. Facilitators shall also seek-out opportunities to huddle with various staff types on various shifts.	

Change Ideas

Change Idea #1 Schedule huddles at various location and various shifts for staff access.

Methods	Process measures	Target for process measure	Comments
Review needed shifts and locations to capture all staff.	Numbers of huddles completed as well as number of distinct locations and times for huddles.	35 huddles completed in 5 departmental areas across 3 shifts.	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Total medication compressions completed over the fiscal year.	C	Count / Residents	In house data collection / April 2025 - March 2027	CB	10.00	Kingsway Lodge's Medical Director, Director of Care, nurse practitioner, and pharmacist have identified medication compression as a quality initiative to strengthen the medication safety program.	

Change Ideas

Change Idea #1 Chart review for residents with opportunities for medication compressions.

Methods	Process measures	Target for process measure	Comments
Nurse practitioner, in consultation with the Medical Director and pharmacist, to select residents to review for compression opportunities.	Number of residents eligible for medication compressions.	15 residents deemed eligible for medication compressions.	

Change Idea #2 Complete medication compressions on eligible residents.

Methods	Process measures	Target for process measure	Comments
From the list of eligible residents, plan for medication compressions in a manner to manage any unintended consequences.	Number of residents who undergo successful medication compressions.	10 residents will successfully undergo medication compressions.	