

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)	32.71	28.40	H.J. McFarland home will continue to identify trends for improvement and implement proactive care strategies including: Early recognition of symptoms On-site treatment protocols Enhanced nursing assessment and monitoring Advanced care planning	

Change Ideas

Change Idea #1 Collaborate with the Nurse Led Outreach Team (NLOT) to provide additional education and support to our registered staff.

Methods	Process measures	Target for process measure	Comments
This initiative focuses on strengthening clinical knowledge and decision-making to help reduce avoidable emergency department visits and hospital admissions, ensuring residents receive the right care, in the right place, at the right time.	Our team will also be reviewing trends in hospital transfers to identify key areas of focus and guide ongoing education.	staff education, decreased hospital transfers	

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	100.00	100.00	The municipality and H.J McFarland home will continue to increase educational opportunities and prioritize the importance of DEI for all staff.	

Change Ideas

Change Idea #1 Through engagement, the home is looking at supporting the team members and residents to have more cultural opportunities

Methods	Process measures	Target for process measure	Comments
Explore culturally specific theme days that highlight traditional foods, language, customs, and arts.	number of cultural activities offered	participation improvement in cultural events of 25%	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	CB	100.00	The theoretical best possible performance for this indicator is 100%. Efforts are in place to reach our goal. We are providing DementiAbility education to all staff and focussing on embedding this emotion-based model of care.	

Change Ideas

Change Idea #1 Enhance communication and transparency within the home to ensure residents and family members feel heard, respected, and comfortable expressing their thoughts and concerns openly. This will promote a sense of safety, trust, and overall confidence in the quality of care provided.

Methods	Process measures	Target for process measure	Comments
family engagement nights, evoke portal, resident/ family council, food/ activity advisory committee	ensuring accessibility of survey to all residents, not only those with a CPS of 3 or lower	100% of the resident population contribute in some way to our survey/ have involvement	

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	CB	100.00	Open communication is essential for resident autonomy, safety, and quality of care, and for high performing homes this level is achievable. We will focus on continuing staff education and 1:1 conversation at admission and annual care conferences.	

Change Ideas

Change Idea #1 Home to increase communication and transparency, improving the comfort level of residents and family members to feel that they will be heard and that they can express their feelings/opinions openly to ensure quality of care in the home.

Methods	Process measures	Target for process measure	Comments
Supervisors all have an open-door policy and encourage discussion from residents and families to address concerns.	Team to be more responsive to concerns/complaints with quicker response and follow up.	reduction in number of complaints	

Safety

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	12.97	11.00	A realistic and achievable reduction that improves resident safety and aligns with best-practice benchmarks.	

Change Ideas

Change Idea #1 sharpen the falls program, add falling star program

Methods	Process measures	Target for process measure	Comments
Continue to hold monthly falls meetings and review residents who fell. Review those who need medication reviews, restorative/ physio referrals as a result of falls.	decrease number of falls	5-10% fall reduction	

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	33.33	25.00	This target puts H.J. McFarland home closer to the provincial average. Target is a realistic and meaningful reduction that improves resident safety and supports gradual progress towards meeting provincial average.	

Change Ideas

Change Idea #1 Provide enhanced behaviour supports for our residents

Methods	Process measures	Target for process measure	Comments
Review nonpharmacological interventions, involve BSO-MRT for additional interventions, conduct monthly behaviour support meetings to discuss residents and potential for de-prescribing	Number of residents without psychosis who are receiving antipsychotics	Ensure medication reviews are conducted regularly	

Measure - Dimension: Safe

Indicator #7	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	1.81	1.00	Worsening pressure ulcers are largely preventable with best-practice interventions. H.J. McFarland Home endeavours to reduce this metric further.	

Change Ideas**Change Idea #1** Resharpen wound care program

Methods	Process measures	Target for process measure	Comments
biweekly wound assessments completed on all residents with wounds. Additional training and sign offs completed for all registered staff on the use of wound care module to ensure accurate and complete assessment done at the time wound is discovered. Additional training on interventions to be completed when a new wound is found, including on return from LOA/ hospital	reduction in the number of residents with pressure injuries, as well as wound improvement noted during weekly assessments	Ongoing improvement of pressure injury healing. Immediate assessments completed by registered staff when pressure injury is found.	

Measure - Dimension: Safe

Indicator #8	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	8.01	2.00	Best-practice benchmark is no/very low restraint use. Our goal is to become a restraint free home.	

Change Ideas

Change Idea #1 move towards a restraint free LTC home

Methods	Process measures	Target for process measure	Comments
review restraint/ PASD policy, conduct monthly meetings to review residents with restraints	education on risks/ benefits of restraints to families and staff, as well as ensure follow up and monitoring of restraints	decrease in the number of residents with restraints, increase in number of physio referrals to look at alternatives to restraints	