



RK MACDONALD NURSING HOME

BOARD DASHBOARD

RK Macdonald Nursing Home - Board Quality Report: Resident Health Clinical Indicators										
		2022 - 2023				2023-2024				
Indicator	Definition	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Benchmark or target
# of Protection for Persons in Care reports	# of reported incidents to Protection of Persons in Care.	2	0	0	0	1	1			0
# of Founded PPCA reports	Measure the # of incidents that meet the criteria (DHW) over a determined period (quarterly).	2	0	0	0	pending	0			0
# of Critical Incidents reported to DHW-founded	Measure the # of incidents that meet the critical incident criteria (DHW) over a determined period of time	2	0	1	0	0	0			0
Pressure Injury Prevalence	% of residents who have a pressure ulcer in the facility on the day of the report. Numerator = # of people with wounds stage 2 or greater Denominator the total census on that day multiplied by 100 to get a facility percentage Example: 10 residents with stage 2 wounds or greater / 136 residents in the facility on the day of the report=7.63% wound prevalence rate	4.34%	6.75%	5.26%	7.25%	7.74%	4.70%			CIHI: wounds were reported in 10% of LTC and 30% of hospital-based Continuing Care clients. (2013).

RK MacDonald Nursing Home - Board Quality Report: Resident Health Clinical Indicators

Indicator	Definition	2022 - 2023				2023-2024				Benchmark or target
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Pressure Injury Incidence	% of residents who developed a pressure ulcer after admission to the Home. Numerator = number of residents who develop a new ulcer after admission Denominator = number of residents at the time of the report (same # as prevalence)	0.80%	1.04%	1.32%	0.75%	0.75%	0.75%			Trend. Lower number is better.
Fall Rate/1000 days	# falls per quarter/resident occupancy rate per Quarter. Numerator = Total Number of Falls Denominator = Total Number of Resident Days on the care area x 1000	6.35	5.45	4.56	6.30	7.56	10.23			CIHI: None Health Quality Ontario (external): 9% for long-term care
Infection Rate/1000 days	The # of infections in facility over the quarter Including respiratory, skin, urinary infection and sepsis. Numerator = # of infections in the Home Denominator = Total # of Resident Days on the care area x 1000	3.06	2.52	2.10	3.07	1.65	3.97			Trending only: Lower number is better.
Handwashing Rates	4 Moments of Hand Hygiene Percent Appropriate Hand Hygiene Practice by Health Care Workers (HCW)	93%	93%	97%	96%	93%	86%			Canadian Patient Safety Institute 80%
Medication Errors	Medication errors are preventable events related to the incorrect administration of medications	3	6	1	4	7	2			18 meds/res X 136 res x 90 days = ~ 220,320 meds dispensed / quarter
Medication Reconciliation	BPMH is collected and reconciled 1. within 24 hours of admission	100%	100%	100%	100%	100%	89%			100% Accreditation Standard

RK MACDONALD NURSING HOME – BOARD QUALITY REPORT: Internal Operational Health Efficiency Indicators

		2022 - 2023				2022-2023				
Indicator	Definition	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Benchmark or Target
License Review	# of recommendations from bi-annual Licensing Inspection - LTC Program Requirements	0	7	0	0	Nil	1			OHS Compliance = plan in place
Resident Data	# of resident deaths	13	15	9	13	16	10			Trending only
	# of residents discharged	0	0	3	0	1	1			
	# of residents admitted	10	26	17	13	17	9			

RK MACDONALD NURSING HOME – BOARD QUALITY REPORT: Staff Health / Learning and Growth Indicators

		2022 - 2023				2023 - 2024				
Indicator	Definition	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Benchmark Or Target
Total # of WCB claims	# claims per Quarter yr. & (quarter in bracket)	5	12	18 (6)	4	11 (7)	20 (9)			0
Lost Time	Total # of Time Lost Claims yr. & (quarter in bracket)	6 (2)	8 (0)	10 (2)	2	8 (6) as of Aug 29/23	10 (2) as of Oct 24/23			0
Total # of Grievances NSNU	# of grievances per current quarter	0 (0)	0	0 (0)	0	0	0			0
Total # of grievances Unifor	# of grievances per current quarter (# in current quarter in brackets)	4(2)	1	4 (0) Oct – Dec 22	0	0	0			0
% of Sick Hours	Numerator: Calculated Sick Hours 1) % percentage based on Total of all hrs. paid and sick 2) % Denominator: Total hours sick/worked X 100	8997.34 (10.90%)	8.5%	7924.25 (9.69%)	7973.72 (8.69%)	7903.48 (9.92%)	11,256.38 (11.73%)			Organization Target is 7% - target was implemented pre COVID **Q2 /23– Covid outbreak in Tangle & Maple may affect ↑Sick as well Surgery L
Voluntary turnover of Active Staff Non-Mgmt.	# of staff resignations or retirements (# in current quarter in bracket)	31 (19)	51 (20)	79 (28)	(6)	25 (19)	46 (21)			High # reflects students going back to school

Involuntary turnover of Active Staff Non-Mgmt.	# of staff whose employment was terminated involuntarily.	1 (1)	0	1 (0)	(1)	2 (1)	3 (1)			No Terminations
Joint Occupational Health and Safety	# of meetings hosted in this Quarter	1	3	3	3	3	2			Hired OHS Safety Consultant

RK MACDONALD NURSING HOME – BOARD QUALITY REPORT: Annual and Bi-annual Performance Indicators										
		2022 - 2023				2023 – 2024				
Indicator	Definition	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Benchmark / Target
Fire Marshal Inspection	Annual Fire Marshal Inspection occurs in February. Recommendations are followed up as required with a subsequent repeat inspection as necessary	Complete	Nil	Nil	1 7 follow ups complete	N/A	N/A			Last inspected in March
Resident & Family Satisfaction Survey	Annually Surveys tabulated and shared with RK Community	Nov.	Nov.	Survey complete & action plans pending	Nov.	Nov.	Nov.			80% positive responses,10% neutral and 10% negative
% of Active Staff Vaccinated for Influenza	As per the Long Term Care Program requirements	No data		COVID-19 100% Influenza – no data collected	Influenza – no data collected	Influenza – no data collected	Influenza – no data collected			Influenza vaccination is offsite – no data available
Department of Agriculture Inspection	Annual Inspection	Complete	Nil	Nil	In Place	N/A	N/A			Complete – no actions pending
WCB status Merit/Demerit	Basic Industry Rate set by WCB. Below Industry rate = merit status	Demerit	Demerit	\$6.17 ↓ to \$5.68 / \$100 payroll	Merit	Merit	Merit			Industry 6.13/ \$100

File: Accreditation (X) Drive: Quality Indicators ad Dashboard / Board Dashboard / 2023 / Master Score Card Q2 July– September 2023