



## RK MACDONALD NURSING HOME

Board Quality Report for 2024 – 25 & 2025-2026: Q1  Q2  Q3  Q4

**Timelines: Data Collection complete and reviewed at Quality Meeting hosted on the 2<sup>nd</sup> Thursday of April, July, October, and January at 2:30pm – Roost – Agenda: 1) Celebrate our successes, 2) update the Quality Improvement Plan**

Clinical and Operational Quality Indicators										
Indicator	Definition	2024-2025				2025-2026				Benchmark or target
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
# of PPCA Reports	# reported / # founded per quarter	2/1	0	1	0	0/1	0/0	1		0
# of Critical Incidents	# reported / # founded per quarter	1 /1	0	4/0	4/0	4/0	3/0	5		0
Pressure Injury Prevalence	% of residents who have a pressure ulcer in the facility on the day of the report. <b>Numerator</b> = # of people with wounds stage 2 or greater x1000 <b>Denominator</b> = the total census on that day multiplied by 100 to get a facility percentage <b>Example:</b> 10 residents with stage 2 wounds or greater / 136 residents in the facility on the day of the report=7.63% wound prevalence rate	2.72%	3.23%	6.22%	5.08%	5.42%	3.68%	2.97%		Benchmark: < 10%
Pressure Injury Incidence	% of residents who developed a pressure ulcer after admission to the Home. <b>Numerator</b> = number of residents who develop a new ulcer after admission <b>Denominator</b> = number of residents at the time of the report (same # as prevalence)	0.25%	1.49%	1.00%	1.02%	0.49%	0.74%	0.00%		Trend. Lower number is better.
Fall Rate / 1000 days	Numerator = Total # of Falls Denominator = Total # of Resident Days x 1000	24.9	23.0	6.89	6.82	6.10	6.04	6.59		

<b>Infection Rate/1000 days</b>	The # of infections in facility over the quarter Including respiratory, skin, urinary infection and sepsis. <b>Numerator</b> = # of infections in the Home <b>Denominator</b> = Total # of Resident Days on the care area x 1000	4.74	3.63	4.22	3.4	3.50	3.54	2.96		Trending only: Lower number is better.
<b>Handwashing Rates</b>	<b>4 Moments of Hand Hygiene</b> % Appropriate Hand Hygiene Practice by Health Care Workers	86%	84%	82%	83%	84%	83%	82%		Canadian Patient Safety Institute 80%
<b>Medication Errors</b>	Medication errors are preventable events related to the incorrect administration of medications (# with NO harm / # with harm)).	11/0	29/0	3/0	7/0	6/0	2/0	4/0		0 ~ 220,320 dispensed / quarter
<b>Admission Assessments</b>	% Completion of required assessment within allotted time frame	90%	100%	100%	92%	100%	100%	100%		100% (LTC PR)
<b>Experienced Based Resident First Voice Program Evaluation</b>	1 <sup>st</sup> Voice Program Evaluation – Indicators % = E – Enjoyment + FC - Feeling Connected + M - Meaningfulness	99%	94%	99%	100%	99%	99%	99%		80%
<b>Spiritual Services</b>	# of Spiritual Programs & Services	55	38	66	50	58	50	49		24
<b>Musical / Programming</b>	# of Music Programs	183	165	170	181	204	183	171		48
<b>Volunteer Hours</b>	# of Volunteer Hours	661	400	1160	1221	962	466	1049		450
<b>Licensing Review</b>	# of recommendations from bi-annual Licensing Inspection	0	0	0	7	3	0	0		Inspection in Nov. 2025
<b>HSK Room Audit</b>	Resident rooms audit once vacated by the previous resident	100%	100%	100 %	100%	n/a	100%	100%		100%
<b>Resident Data</b>	# of resident deaths	4	8	11	13	9	11	8		Comparison data
	# of residents discharged	2	1	1	4	1	3	1		
	# of residents admitted	5	11	13	14	12	15	9		
<b>Total # of WCB claims</b>	# Claims per Quarter	7	7	6	3	6	4	6		Target = 0
<b>WCB status Merit/Demerit</b>	Basic Industry Rate set by WCB. Below Industry rate = merit status	Merit	Merit	Merit	Demerit 004↓	.04↓	.04↓	.04↓	Merit .23	2026 Industry rate 5.84 -.23 = 5.61 ↓ based on costs for yrs. 22-24 Merit for 2026 2025 Industry rate 5.97 +.04=6.01↑ based on 21-23 yrs. Injury rates Demerit
<b>Lost Time</b>	Total # of Time Lost Claims for Quarter	6	0	3	1	0	2	3		Cost Claims down by \$11,871.82 ↓2025 from 2024 2024 ↓ Cost and claims down from 2023 by \$34,000.00
<b>Total # of Grievances NSNU &amp; Unifor</b>	NSNU: # grievances per quarter Unifor: # grievances per quarter	0 1	0 1	0 1	0 1	0 3	0 0	0 4		No Cost or Mediation, or Arbitrations (All Grievances Resolved for 2025) Good Union Relations – New Scheduler experiencing some miss scheduling/term

<b>% Sick Hours</b>	Sick Hours: $\frac{\text{Paid} + \text{Unpaid sick hours}}{\text{Standard \# of hours}} \times 100$	11.93%	12.86%	10.74%	10.31%	7.05%	6.71%	8.36%		Staffing complement change Students back to school Influenza Staff & residents
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		2024-25				2025-26				Notes
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
<b>Vol. turnover of Active Staff</b>	# of staff resignations or retirements / quarter	21	38	12	13	17	34	19		Q 3 = 19 staff departures - 3 Contract Ended (Summer /other) - 4 Return to school - 3 Full time Employment Elsewhere -1 Medically unable - 3 Pursue different Career - 2 Student Grads (Moved on to be RNs elsewhere) -3 Inactive students Retention Target: >70%
<b>Invol. turnover of Active Staff</b>	# of staff terminated involuntarily / quarter	1	3	1	3	0	2	1		
<b>Employee Retention Rate (new process to Q3)</b> 295 start 311 end 25 new hires 20 Term	# of employees at end of the quarter - minus new hires Divided by # of employees at start of the quarter Multiply by 100 = retention rate (higher % is better)	92.2%	85.4%	95.4%	94.3%	94.6%	88.6%	96.9%		
<b>Employee Turnover Rate (New process to Q3)</b>	Average # of employees at the start of the quarter + # of employees at the end of the quarter divided by 2 = average divide the # of employees who left the organization by the average # of employees Convert to % (x rate by 100) (lower % is better)							6.27%		Turnover Rate Target: <20%

LTC industry averages are extremely high, often **above 50% annually**, especially for CNAs, far exceeding general workforce benchmarks (around 10-20%).

File: Directors (T) Drive: Quality / Board Quality Report / 2025-26