



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 2nd 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	1/1	0
# of Critical Incidents	# reported / # founded per quarter	1 /1	0	4/0	4/0	4/0	3/0	5	3	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 x1000 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	2.72%	3.23%	6.22%	5.08%	5.42%	3.68%	2.97%	3.94%	Benchmark: < 10%
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)	0.25%	1.49%	1.00%	1.02%	0.49%	0.74%	0.00%	0.49%	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	5.98	

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	4.74	3.63	4.22	3.4	3.50	3.54	2.96	3.16	Trending only: Lower number is better.
Handwashing Rates	4 Moments of Hand Hygiene % Appropriate Hand Hygiene Practice by Health Care Workers	86%	84%	82%	83%	84%	83%	82%	80%	Canadian Patient Safety Institute 80%
Medication Errors	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	3/0	0 ~ 220,320 dispensed / quarter
Admission Assessments	% Completion of required assessment within allotted time frame	90%	100%	100%	92%	100%	100%	100%	100%	100% (LTC PR)
Experienced Based Resident First Voice Program Evaluation	1 st Voice Program Evaluation – Indicators % = E – Enjoyment + FC - Feeling Connected + M - Meaningfulness	99%	94%	99%	100%	99%	99%	99%	99%	80%
Spiritual Services	# of Spiritual Programs & Services	55	38	66	50	58	50	49	66	24
Musical / Programming	# of Music Programs	183	165	170	181	204	183	171	177	48
Volunteer Hours	# of Volunteer Hours	661	400	1160	1221	962	466	1049	1195	450
Licensing Review	# of recommendations from bi-annual Licensing Inspection	0	0	0	7	3	0	0	5	Inspection in March/2026
HSK Room Audit	Resident rooms audited once vacated by the previous resident	100%	100%	100 %	100%	n/a	100%	100%	100%	100%
Resident Data	# Of resident deaths	4	8	11	13	9	11	8	7	Information only
	# Of residents discharged	2	1	1	4	1	3	1	0	
	# Of residents admitted	5	11	13	14	12	15	9	6	
# Of WCB Physical injury claims	# Claims per Quarter	7	7	6	3	6	4	6	5	Target = 0
# Of WCB Psychological claims	# Claims per Quarter							New	0	
WCB status Merit/Demerit	Basic Industry Rate set by WCB. Below Industry rate = merit status	Merit	Merit	Merit	Demerit 0.04↓	.04↓	.04↓	.04↓	Merit	2026 Industry rate 5.84 -.23 = 5.61 ↓ based on costs for yrs. 22-24 Merit for 2026
Lost Time	Total # of Time Lost Claims for Quarter	6	0	3	1	0	2	3	1	Cost Claims down by \$11,871.82 ↓2025 from 2024 2024 ↓ Cost and claims down from 2023 by \$34,000.00
Total # of Grievances NSNU & Unifor	NSNU: # grievances per quarter Unifor: # grievances per quarter	0 1	0 1	0 1	0 1	0 3	0 0	0 4	0 3	No Cost or Mediation, or Arbitrations (All Grievances Resolved for 2025) (3) Jan-Mar 2026 – 1 Med 2 resolved
% Sick Hours	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%	9.16%	No outbreaks

		2024-25				2025-26				Notes
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Vol. turnover of Active Staff	# of staff resignations or retirements / quarter	21	38	12	13	17	34	19	28	Q 4 = 30 staff departures - 10 Inactive students - 1 End of Term (Mat Leave) - 2 Retired - 1 Deceased - 8 student CCA RN Nurse Grads (Moved to be RNS elsewhere) - 4 Pursue different Career - 1 Moved closer to Home - 1 unsuitable - 1 Term due went AWOL 3 mos. - 1 resigned Retention Target: >70% <ul style="list-style-type: none"> • Start of Q: 311 staff • Ended of Q: 307 • 26 new hires 30 Term positions
Invol. turnover of Active Staff	# of staff terminated involuntarily / quarter	1	3	1	3	0	2	1	2	
Employee Retention Rate (New process to Q3)	# 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%	90.4%	
Employee Turnover Rate (New process to Q3)	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%	9.6%	Turnover Rate Target: <20%

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